

AN ABSTRACT OF THE THESIS OF

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Although the optimal identification of childhood sexual abuse in women through the use of the MMPI-2 has been studied, no researcher has attempted to use the same method on men. The current study used incarcerated men both sexually abused and non-sexually abused from the Kansas Department of Corrections to recreate the same study. There were 40 participants divided into two groups of 20 whose ages ranged from 18 to 64 years. A 48-item subset of MMPI-2 items used by Griffith et al. (1996) to assess the women was administered to the incarcerated men. Griffith, Meyers, and Tankersley (1996) used a cut-off score of 28 for the existence of abuse. The current study suggests a cut-off score of 13 rather than 28 is necessary. The reason for the lower cut-off scores for men relative to women are discussed.

THE CUT-OFF SCORES FOR THE MMPI-2 OPTIMALLY:
IDENTIFYING INCARCERATED MEN WITH HISTORIES
OF CHILDHOOD SEXUAL ABUSE

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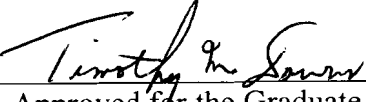
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CHAPTER 1

INTRODUCTION

How can childhood sexual abuse be optimally identified in adults? Can psychologists, therapists, or counselors produce an assessment capable of identifying early sexual abuse? “As victims report their incidents of abuse, there must be ways for discerning the impact and context of the abuse to assist them in allaying the effects of childhood experiences” (Valliant, Maksymchuk, & Antonowicz, 1995, p. 205). For example, psychologists have found that selected items on the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) correlate with the verbal report of early sexual abuse from women (Griffith, Meyers & Tankersley, 1996).

Can the MMPI-2 optimally identify the early sexual abuse of male clients? The purpose of the present study is to expand Griffith et al. (1996), which evaluated both heterosexual and lesbian women’s MMPI-2 scores for early sexual abuse, to include male clients. The present study used the verbal reports of sexual abuse as the indicator to administer the MMPI-2. These participants were also incarcerated men from one correctional facility who were either in treatment or those not in treatment. For the present study sexual abuse is defined as: “a child or a pubescent child, unwillingly experienced sexual intercourse; genital, anal, or breast fondling; oral-genital contact, forced observation of masturbation or nudity, with someone at least five years older than they” (Roland, Zelhart, & Dubes, 1989, p. 1160).

An adult’s claim of sexual abuse has usually relied on the individual’s memory. Optimally identifying sexual abuse could help the judicial system in deciding litigation against alleged abusers as well as help the therapist plan the treatment regime. If the MMPI-2 is capable of distinguishing between those individuals who have been sexually abused from those who have not, client recall will not be the sole source for diagnosis. Instead, external evidence can corroborate the abuse, giving the individual, the courts, and the therapist confirmation that the abuse was not “just a dream” so the healing can begin.

Optimally Identifying Childhood Sexual Abuse of Women

The Minnesota Multiphasic Personality Inventory (MMPI) was first published in 1940 by Hathaway and McKinley from the University of Minnesota (Groth-Marnat, 1990). The MMPI is a paper and pencil test, which can be administered in a group setting and consists of 567 affirmative statements that can be classified true or false (Groth-Marnat, 1990). The results of the test are then reported as scores on 10 basic clinical scales (Hypochondriasis (Hs), Depression (D), Hysteria (Hy), Psychopathic Deviate (Pd), Masculinity-Femininity (Mf), Paranoia (Pa), Psychasthenia (Pt), Schizophrenia (Sc), Hypomania (Ma), and Social Introversion (Si)) for interpretation. Three measures were added to estimate the validity of the clinical profile. The L (Lie) Scale is used to detect weaknesses, which most people are willing to confess, the F (Infrequency) Scale is used to detect the frequency of answers from the original standardized group, and the K Scale is designed to detect the respondent who attempts to conceal actual psychopathology or to appear in a more favorable light (Levitt & Duckworth, 1984). Many approaches to interpreting the MMPI have been developed, including Harris and Lingoes subscales, which group together items with similar content and are judged to reflect a single attitude (Graham, 1990), or critical items from the test itself (Groth-Marnat, 1990). Clinicians agree the MMPI is the most widely used verbal inventory of all time (Levitt & Duckworth, 1984). Though it was designed to provide psychiatric diagnosis, its applications have ranged far beyond this limited role.

The MMPI does not have a specified definition of sexual abuse. Rather, certain statements from the test have been put together, which have identified sexual abuse in women. Appendix A lists the 48 MMPI-2 items Griffith et al. (1996) found to identify sexual abuse in women.

Tsai, Feldman-Summers, and Edgar (1979) investigated 90 women divided into a clinical group, a non-clinical group, and a control group. Both clinical and non-clinical groups of women had been molested. Those individuals who were in the clinical group

had a 4-8 profile, which is an elevation on scales 4 and 8, on the MMPI, while the non-clinical individuals did not have elevations on their profile. The clinical relative to the non-clinical group had fewer orgasms during intercourse, more sex partners, lowered sexual responsiveness, less satisfaction with sexual relationships, and diminished perceived quality of close relationships with men. The clinical group of women appeared to have the same indicators as raped women. They found the clinical group to have stronger indicators due to a later age of molestation, stronger negative feelings associated with the molestation, and a higher frequency and longer duration of molestation than the women in the non-clinical group.

Researchers used varying methods to complete their inquiry into the childhood sexual abuse identification of women by using the MMPI. Roland, Zelhart, and Cochran (1985) looked at the difference between abused women as opposed to non-abused women and found specific items to be consistently answered the same on the abused women's MMPI. Griffith et al. (1996) looked at women who were from a mental health centers compared to those from a university and their sexual abuse history including their sexual preference (i.e., lesbian versus heterosexual women). There were discrepancies due to the other forms of abuse experienced by those who had been incarcerated. Other research looked at the women who were hospitalized or attending a mental health clinic as opposed to those women who were not. For these women it was a matter of how they perceived their abuse that lead to the differences on the MMPI.

Optimally Identifying Childhood Sexual Abuse of Women Through Diagnosis

The Diagnostic and Statistical Manual (DSM) was a result of World War II and the returning GIs suffering from mental trauma. In 1952 the American Psychiatric Association published the first classification system for mental health to reduce the confusion between the medical and mental classification systems. This classification system had only seven mental disorder categories. Between 1952 and 1974 the DSM was revised with the efforts of an international collaboration (Reid & Wise, 1995). In 1974, the

DSM-III was revised again so that it would be more appropriate for research and clinical work. The DSM-IV was the result of reorganization in 1988 by a 27-member Task Force. For the purpose of the current study, the Axis IV of the DSM-IV is used to list psychosocial and environmental problems that influence diagnosis, treatment, and prognosis (Reid & Wise, 1995). These factors come from the word of the client or from client based information. Unfortunately, the psychosocial and environmental factors may not optimally identify sexual abuse.

The best description of a sexually abused child can actually be found under perpetrator or pedophile in the DSM-IV. It states that a pedophile's focus

involves sexual activity with a prepubescent child (generally age 13 years or younger). The individual with Pedophilia must be age 16 years or older and at least 5 years older than the child...Some individuals prefer males, others females, usually prefer 8- to 10-year-olds, whereas those attracted to males usually prefer slightly older children. Pedophilia involving female victims is reported more often than Pedophilia involving male victims.... Individuals with Pedophilia who act on their urges with children may limit their activity to undressing the child and looking, exposing themselves, masturbating in the presence of the child, or gentle touching and fondling of the child. Others, however, perform fellatio or cunnilingus on the child or penetrate the child's vagina, mouth or anus with their fingers, foreign objects, or penis and use varying degrees of force to do so. (DSM-IV, 1994, 1994)

However, the present study used Roland et al.'s (1989) definition of sexual abuse: "a child or a pubescent child, unwillingly experienced sexual intercourse; genital, anal, or breast fondling; oral-genital contact, forced observation of masturbation or nudity, with someone at least five years older than they" (Roland et al., 1989, p. 1160).

Review of the Literature

Sexual Abuse of Women

Around 1920, sexually abused young women were classified as drug addicts or prostitutes (Roland, Zelhart, & Dubes, 1988). Unfortunately, knowing whether a woman is abused or not is difficult, because abuse happens across cultures, economic classes, and educational levels for example, anthropologist and historians have discovered that the

prohibition against incest has existed in all known societies and at all times of history (Lew, 1986, p.19).” Incest was prevented due to birth defects from children born by parents who were related, due to economic reasons, and due to the development of relationships outside of the immediate family. Although the 1990s have provided the setting for the victims of abuse to come forward and report earlier victimization without prejudice and without limited social reprisals, sensationalized reports by Hollywood stars and parents sued by children after “remembering” an abusive event under hypnosis brought senseless litigation (Valliant et al., 1995). The victims who have alleged abuse report their incidents of abuse in order to discern the impact and context of the abuse to assist them in allaying the effects of these childhood experiences (Valliant et al., 1995).

Meiselman (1980) studied 16 women reporting incestuous experiences and 16 women reporting nonincestuous sexual abuse or other forms of abuse. Meiselman found elevations on the Psychopathic Deviate, Schizophrenia, and Depression scales of both groups, with the incestuous group being slightly elevated over the nonincestuous group. She also found individual items on the MMPI to be greater over individual scales when referring to sex to have the greatest variation.

Roland et al. (1985) expanded Meiselman’s study by incorporating Freud’s seduction theory, and predicted that “women who experienced sexual assault early in life would be identifiable by the MMPI” (p. 763). They studied two groups of 51 women, those who reported early sexual abuse and those who did not report sexual abuse. Twenty-two (84%) of the sexually abused group and 14 (56%) of the non-sexually abused participants had elevated scores on the MMPI that were clinically significant or above ($T = 70$). K-corrected scales correctly classified 73% of the sexually abused group and 72% of the non-sexually abused group. They concluded that the MMPI is a reliable predictor of early reported sexual abuse in female clinical patients. Roland and his colleagues replicated their study in 1988. In this study, they believed “there would be a significant difference in responses to items on the MMPI between women who reported early sexual abuse and

those who did not [and that] these items, when considered as a separate subscale, would correctly classify more than 73% of the women who report sexual abuse” (p. 448). Based on 114 women volunteers from a university, 63 items out of 566 items from the MMPI correctly classify 84% of the cases. Roland and his colleagues did not give an interpretation of the MMPI to be used. Rather, they warned that the characteristics of sexually abused women could be described by taking the MMPI but that each individual should be interviewed properly when sexual abuse is reported. They gave this warning because of the 29% who were misclassified. More testing needed to be done to clarify between assault and sexual abuse, since both indicate trauma when assessed by the MMPI.

Nash, Hulseley, Sexton, Harralson, and Lambert (1993) studied 105 abused and non-abused clinical and non-clinical women to examine patterns of adult psychopathology and, more specifically, psychopathology’s association with childhood sexual abuse. They focused primarily on the MMPI and Rorschach (Ink Blot Test) responses of sexually abused individuals to determine whether they were more susceptible to using dissociation as a primary psychological defense. They specifically examined the relationship between childhood sexual abuse and adult pathology. Nash et al. defined sexual abuse “as the occurrence of sexual contact between a child less than 17 years old and an adult at least 5 years older. Contact must involve at least genital manipulation to orgasm of or by the child. Other seductive physical acts that did not involve genital contact did not meet criteria for sexual abuse” (p. 277).

The results showed that sexual abuse should be evaluated with information separate from the family environment. In fact, adult women who are sexually abused as children may show pathogenic symptoms from their home environment rather than that of sexual abuse. They also warn that the historical facts given by the abused may be exaggerated due to their perceptions. Nash et al. found sexually abused individuals deal with their abuse by or through dissociation. The findings show a cluster or pattern, also known as a triad of elevations, on the Hypochondriasis, Depression, and Hysteria scales

in accordance with sexual abuse. Higher scores for abused subjects were found only on the Hypochondriasis scale of the MMPI, which shows that women who have been sexually abused have more somatic complaints and feel something is physically wrong.

Briere and Elliot (1993) refuted Nash and his colleagues' findings by stating that if early sexual abuse negative by effect family functioning, then family functioning and sexual abuse have mutually reciprocating impacts. Of course, there is also the possibility that later perceptions of family functioning can be affected by sexual abuse history. If the assumption of causal antecedence is not met, then partial testing of abuse effects could be misleading.

Carlin and Ward (1992) hypothesized that the MMPI is more capable of detecting symptoms and syndromes than the DSM-III for measuring the kinds of adult psychopathology that results from childhood sexual abuse. They have looked at other studies, which examined abused and non-abused women, but they believe there are no homogeneous groups of individuals who have only been sexually abused. Therefore, it is evident that not every victim is affected in the same way. Research has focused on the significant number of individuals who report psychological and physical symptoms as a consequence of sexual abuse but there is also a percentage of victims who report little or no psychological symptoms. This does not mean that all victims of childhood sexual abuse are treated in the same way, rather it simply may be that individuals are affected in different ways and in varying degrees by the abuse which has been experienced (Steel, Wilson, Cross, & Whipple, 1996). There are different kinds of sexual abuse (e.g., voyeurism, fondling, etc.), different ages at which abuse occurs, different durations and frequencies of abuse, and different relationships with the perpetrator (e.g., stranger, father, uncle, etc.). Carlin and Ward found significant support for their hypothesis and suggested studies on subtypes of abuse should be conducted in the future. A similar study was conducted in 1979.

Engles, Moisan, and Harris (1994) studied 110 female outpatients to assess their MMPI scores in comparison with their childhood sexual abuse. They argued that differences attributed to childhood sexual abuse are instead related to unexamined variables such as clinical status (i.e., in therapy or not), social economic status, and age. Another problem with sexual abuse research has been the difficulty in measuring the long term duration of abuse. They also believed that childhood sexual abuse shows similar effects of Post Traumatic Stress Disorder, which is frequently measured through the use of the MMPI. They found a consistent pattern of elevations on Scales 4 (Psychopathic Deviate) and 8 (Schizophrenia) when assessing childhood sexual abuse by using the MMPI, the same 4-8 profiles reported by Tsai et al. (1979) for their clinical group of molested women. By no means is it certain whether childhood sexual abuse constitutes a risk factor for developing psychopathology or if it is just one of several markers of a dysfunctional early environment. Engles and her colleagues found that childhood sexual abuse effects should not be considered alone and that Scale 4 (Psychopathic Deviate) is a good predictor for childhood sexual abuse and physical abuse. They also indicated that no long range studies have been done on the trauma effects of childhood sexual abuse on men. They reported men as underrepresented in accordance with childhood sexual abuse due to men's lack of reporting and found sexually abused men to become perpetrator themselves.

Sexual Abuse of Men

An effective assessment of sexual abuse should have the same indicators for men as well as women. Men do not divulge such personal information unless they are given a specific reason, such as treatment. Much of the information gathered about men who have been sexually abused has come through their acknowledging of abusing children during treatment, when they realize they are perpetuating the cycle. Sex offenders, treated while incarcerated, indicated that they themselves were victims of child abuse. "Any sexuality has become so associated with abuse that to be sexual means to define oneself as abuser or

victim” (Lew, 1986, p. 56). Abused men who seek counseling find it difficult to admit that they were molested or raped by a man as a child and may ask the question “Am I man enough?” (Lew, 1986, p. 54). They equate their sexual abuse with homosexuality but do not think of themselves as “gay.” Many times these men go to the opposite extreme and develop homophobia, which also complicates their therapy and their work on developing self-esteem. They try to hide their shame, which makes finding out any facts behind their abuse difficult to obtain.

“Child abuse and destructive behaviors are not strictly female problems” (Sonkin, 1998, p. 11), although boys appear to be the victims of more physical abuse than sexual abuse. Men and women express their abuse in different manners. According to Gartner (1999, p. 195), male survivors of molestation express their “underlying sadness, loss and desolation” as rage; whereas female survivors express their loss with sadness and depression. Boys appear to feel responsibility for “one’s fate is part of the socialized masculine gender ideas every boy internalizes to some extent” (Gartner, 1999, p. 197). The boy feels as if he was giving the message that he wanted to have sex with the abuser but when the abuser told the boy that he is desirable, then the boy compounds his feelings of guilt.

Summary and Research Questions

Do profile configurations on the MMPI-2 differ on the basis of childhood sexual abuse? The only significant result found was that heterosexual women (58.97) have a higher Depression scale than lesbian women (51.16) and the heterosexual women’s *z* scores for abuse histories were higher. Do women differing in history of sexual abuse and sexual orientation respond differently to items on the MMPI-2 as shown by statistically different *T* scores on individual clinical scales? Engels et al. (1994) find that the subjects who reported sexual abuse, physical abuse or both all had similar results. Thus, all forms of abuse do not produce similar MMPI profiles and as such there is no way to distinguish

one from the other on the MMPI. Once again, the researchers warn against extraneous variables (i.e., verbal abuse, emotional abuse) that cannot be accounted for in each study.

The participants used by Roland et al. (1989) were volunteers from an undergraduate psychology course and therefore, were not representative of the population being studied. Most studies carried out in academic settings use available subjects. Caution must be placed on such studies' nonrepresentative samples. Studies comparing abused to non-abused individuals used weak, nonstandardized and non-normed measures of adjustment (Nash et al., 1993). Lastly, there is no way to filter out the effects that each form of abuse may have on a participant who has experienced more than one kind of abuse. Who is to say which form of abuse caused what damage because different forms of abuse may register the same way on the MMPI-2. Only the combination of MMPI-2 items (e.g., the 4-8 profile) allows the researcher or therapist to examine a profile for sexual abuse. Therefore, a small history survey was used in the current study to better differentiate between the effects of sexual and other forms of abuse. This survey also addressed the issue of the willingness of the participant, which is mentioned in the definition of sexual abuse used for this research study.

The MMPI-2 appears to be capable of optimally identifying whether a female client has been sexually abused as a child. However, is it as effective for men sexually abused as women?

Research Questions

1. Did more men who have experienced childhood sexual abuse score 28 or above on the MMPI-2 assessment than men who did not experience childhood sexual abuse?
2. Did non-abused incarcerated and abused incarcerated men produce the same pattern of MMPI-2 48 items, based on the 28 or above cut-off?
3. Do the patterns of the 48 items for the sexually abused men, based on the 28 or above cut-off from the research literature, optimally identify early childhood sexual abuse similar to the women surveyed in Griffith et al.'s (1996) study?

CHAPTER 2

METHOD

Participants

The participants were men between the ages of 18 and 64 years ($M = 32$; $SD = 11.2$) from a Kansas Department of Corrections (KDOC) facility. Both sexually abused and non-sexually abused men from Mexican-American (1%), African-American (36%), Native-American (13%) and Caucasian (50%) backgrounds were included. For the present study, sexual abuse is defined as: “a child or a pubescent child, unwillingly experienced sexual intercourse; genital, anal, or breast fondling; oral-genital contact, forced observation of masturbation or nudity, with someone at least five years older than they” (Roland et al., 1989, p. 1160).

The sample consisted of 40 men from the KDOC and more specifically from the El Dorado Correctional Facility (EDCF) and the Reception and Diagnostic Center housed within the EDCF, which ranged from minimum to maximum security inmates. Twenty of the men had experienced sexual abuse, and 20 are non-sexually abused men. Of the 20 men who had experienced sexual abuse, 13 of those men experienced male sexual abuse, 2 men experienced female sexual abuse and 5 men experienced sexual abuse by both male and female individuals.

Design

This study used a 2 x 2 between subjects χ^2 design. The independent variables were the presence or absence of childhood sexual abuse in reality and the presence or absence of sexual abuse according to the MMPI-2 cut-off score. The dependent variable was the number of participants assigned to the each of the four categories in the 2 x 2 design.

Materials

Although the Minnesota Multiphasic Personality Inventory-2 is a 576 item test, only 48 items were used for the purpose of this study. The same 48 items used by Griffith

et al. (1996) were examined. Hunsley, Hanson, and Parker (1988) conducted a meta-analysis and found the MMPI to have a moderate level of internal consistency ranging from .71 to .84 in the normative sample, which used a sample size of over 5,000 participants. According to Garb (1984) the MMPI's incremental validity is more accurate than social history or the memories of the individual and becomes increasingly more valid when combined with social history. The validity of the MMPI has been difficult to establish until strict psychometric properties were implemented. For the purpose of this study the neither the clinical scales nor the validity scales will not be examined for significance.

Procedure

Those clients who verbally identified that they had been sexually abused as a child to a therapist were asked to participate in the study by the therapist. The participants signed a consent form (Appendix B) in order to participate. Participants either gave permission for their MMPI-2, which was administered for other clinical purposes, to be examined or for the administration of the MMPI-2. They also completed a questionnaire (Appendix C) after they completed the MMPI-2 for demographic purposes.

Each participant's responses were scored by hand by looking at the 48 items considered to validate childhood sexual abuse used by Griffith et al. (1996). Those 48-items were then calculated by hand to see if each participant met the cut-off score of 28 items. Griffith et al. (1996) looked at each correct response as one of a 48 items and each one of the 28 items had be answered in a specific manner to be counted as one (see Appendix C).

CHAPTER 3

RESULTS

For Research Question 1, Griffith et al.'s (1996) cut-off score of 28 for women was used to optimally identify whether male participants had indeed been sexually abused as children or not. The cut-off score was based on the total number of the 48 MMPI-2 items the participants had checked.

Only 4 of the 20 sexually abused participants had scores of 28 or more. As expected, none of the 20 non-sexually abused participants met the cut-off. After lowering the cut-off score systematically to find the optimal predictive accuracy, the cut-off score of 13 optimally identified 17 of the 20 sexually abused inmates and 16 of the 20 non-sexually abused inmates were optimally identified, $\chi^2(1) = 14.44, p < .001$.

Research Question 1 asked whether more men who have experienced childhood sexual abuse score 28 or above than men who have not experienced childhood sexual abuse. The answer to this question was no as only 4 men out of the 20 sexually abused participants were optimally identified. However, lowering the score to 13 increased the ability of the MMPI-2 by detecting sexual abuse correctly in 17 sexually abused male participants.

Research Question 2 asked whether non-abused incarcerated and abused incarcerated men produced the same type of MMPI-2 pattern, based on the 28 or above cut-off. The answer is no. The patterns of categorization based on the cut-off score of 28 were not aligned with the self-declared abuse or lack of abuse of the participants.

Finally, Research Question 3 asked whether the patterns of the men interpreted based on the 28 or above cut-off optimally identify early childhood sexual abuse similar to the women surveyed in Griffith et al. (1996) study. The answer was again no (see Appendix D). When the cut-off score was 28, many men who professed to be sexually abused did not meet the cut-off, in contrast to the women in Griffith et al. (1996). When

the cut-off score was lowered to 13, however, about all of the men who were sexually abused were optimally identified.

Of the 48 MMPI-2 items, two items were only answered one time by the sexually abused male participants: item #18, which states “I am troubled by attacks of nausea and vomiting” and item #149, which states “The top of my head sometimes feels tender” (Hathaway & McKinley, 1943). Consequently only 46 of the 48 items (see Appendix E) contributed to the purpose of the study; therefore, Item #18 and Item #149 were not considered in the male participants’ patterns.

CHAPTER 4

DISCUSSION

The results of the present study found the MMPI-2 to optimally identify childhood sexual abuse in men who were incarcerated. The discussion is organized around three Research Questions and issues posed from the literature review.

The first Research Question asked, "Did more men who have experienced childhood sexual abuse score 28 or above on the MMPI-2 assessment than men who have not experienced childhood sexual abuse.?" Roland et al. (1985) reported women who had experienced childhood sexual abuse could be optimally identified through the MMPI. Griffith et al. (1996) replicated the study, finding a score of 28 items checked from a pool of 48 MMPI items could optimally identify childhood sexual abuse. The current research found that most of the same set of 48 items on the MMPI-2 can be used to optimally identify men who have been sexually abused. Two of the 48 items were unnecessary for men and a cut-off score of 13 items rather than 28 was more sensitive to detect childhood sexual abuse in men than the original 48 items reported by Griffith et al. (1996) for women.

The second Research Question asked, "Did non-abused incarcerated and abused incarcerated men produce the same MMPI-2 profile, based on the 28 or above cut-off?" Engles et al. (1994) looked at the attributes of those who had been sexually abused as children who were in therapy and those who were not and found differing attributes. When looking at the attributes of incarcerated and non-incarcerated men, different attributes were also found. Carlin et al. (1992) found that although abused individuals are abused differently, the MMPI is better at detecting sexual abuse than the DSM-IV. In the current study, no symptoms were used to differentiate those who had been sexually abused from those who were not; rather, participants' verbal acknowledgment of their abuse was used. Roland et al. (1989) warned not to use volunteers from a non-representative population

sample and in looking at the current study, further information needs to be gathered from among different populations of men who have been sexually abused as children.

The third Research Question asked, “Do the profiles of men interpreted based on the 28 or above cut-off from the research literature optimally identify early childhood sexual abuse similar to the women surveyed in Griffith et al.’s (1996) study?” Sonkin et al. (1998) reported that child abuse is not strictly a problem experienced by women. The current study supports Sonkin et al. (1998).

Related Issues

Differentiating between sexual and other forms of abuse is difficult. To correct for this factor, a questionnaire asking for specific forms of abuse was administered to the participants in the present study. Of the 20 individuals who were sexually abused, 11 were also physically abused, 10 were also emotionally abused, and 9 were also verbally abused. Of the 20 non-sexually abused individuals, 3 were physically abused, 3 were emotionally abused, and 2 were verbally abused.

Another difficulty is the ability of individuals to remember if they had indeed been sexually abused or whether they were influenced by other factors such as the suggestion to believe they had been sexually abused. For the purpose of this study, each participant first verbally verified that they had been sexually abused.

When comparing male and female results in sexual abuse research there is a very important factor to consider. Men are usually sexually abused by other men so the abuse is homosexual, which can decrease the report of male sexual abuse. As one participant commented, he was sexually abused by a woman in her 30s when he was 14 years of age, but at the time and until going through treatment, he thought it was “cool” to have been sexually active at such a young age. Many times men who have been sexually abused by women do not believe that they are “unwilling” parties, which therefore would not fit with the definition of sexual abuse used in this study. This factor must then be considered in further research and may be an underlying factor in the MMPI-2 responses.

Direction for Future Research

Participants who have been sexually abused but not incarcerated and not in therapy would be important populations to explore. It will be very difficult to obtain men who have been sexually abused as children without some sort of incentive and without humiliation or the fear of being labeled a homosexual. Most of the individuals in the current study who admitted to being sexually abused were also incarcerated for a sexually motivated offenses and were required to take treatment. Finding men in society willing to admit, without being forced, that they have been sexually abused will be difficult. Most men associate being sexually abused with homosexuality and many times do not want to admit any form of early homosexual contact, which they appear to equate with sexual abuse. In looking at the differences between men and women, it might be noted that women were studied over and over again without studying male victims of childhood sexual abuse. However, men were easier to optimally identify than women for childhood sexual abuse using the MMPI-2 cut-off scores. Hopefully, more men will be willing to participate in order to continue the research, which is needed for male victims of childhood sexual abuse. Male sex offenders who have been sexually offended may hopefully help in the research and possibly stop the continuation of abuse to other individuals either male or female by themselves and to the next generation.

This study only begins to optimally identify childhood sexual abuse in men. There are many other questions that need to be answered before the MMPI-2 can be used as a tool to optimally identify childhood sexual abuse in both men and women. Questions such as how to validate the 46 items, how to find those men who have been sexually abused as children who have not been forced into therapy and how to educate men who were sexually abused by women regardless of societal norms that sexual abuse involves a minor and an adult who engage in sexual relations regardless of gender. Many men think they are more of a man the younger they are when they have sexual relations with a woman. They do not realize that even though their bodies may be ready, their minds may not be, which

may cause trauma regardless of how young they are if they are not able to make a mature decision to engage in sexual relations.

A validated item screening tool would help in therapy and possibly the court room to identify those who have been sexually abused as children. This may also be used a screening tool for men who have difficulties with women.

In conclusion, this research study suggests a potentially new direction to take the MMPI-2 to use as a therapeutic tool. More research must be done in order to validate the conclusions which have been made. The most difficult area foreseen in the future is that of gathering participants to not only replicate the current study, but also to expand it to other populations (e.g., abused men not incarcerated). If the 46 items can be validated and proven to be reliable, it will be an invaluable measure for therapists. The MMPI-2 will allow the individual, who has been sexually abused, to know rather than to guess, which may alleviate some concerns and allow therapy to progress or even be concluded.

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APPENDIX A

INFORMED CONSENT

The Department of Psychology and Special Education at Emporia State University supports the practice of protection for human participants participating in research and related activities. The following information is provided so that you can decide whether you wish to participate in the present study. You should be aware that even if you agree to participate, you are free to withdraw as any time, and that if you do withdraw from the study, you will not be subjected to reprimand or any other form of reproach. If you have already completed the MMPI-2, then this form gives Rebecca Maltby permission to not only view your MMPI-2, but also take information from the answers given.

If you decide to participate, you will answer the questions contained in the Minnesota Multiphasic Personality Inventory-2 (MMPI-2). Information obtained in this study will be identified only by a code number.

Thank you for your participation. If you have any questions about this research, please feel free to contact me. I would be glad to answer them.

Rebecca Maltby
Box 311
El Dorado, KS 67042

“I, _____, have read the above statement and have been fully advised of the procedures to be used in this project. I have been given sufficient opportunity to ask any questions I has concerning the procedures and possible risks involved. I understand the potential risks involved and I assume them voluntarily. I likewise understand that I can withdraw from the study at any time without being subject to reproach.”

Participant

Date

Researcher

THIS PROJECT HAS BEEN REVIEWED BY THE INSTITUTIONAL REVIEW BOARD FOR TREATMENT OF HUMAN PARTICIPANTS.

APPENDIX B

The following 48 items from the MMPI-2 were selected as a tool to identify sexual abuse in women (Griffith et al., 1996). Of the 48 items a cut-off of 28 items is needed to meet the criteria for sexual abuse (not abused < 28 or abused \geq 28):

Items: 6	F	18	T	21	T
32	T	37	T	38	T
52	T	54	T	56	T
85	T	92	T	94	T
95	F	105	T	116	T
125	F	134	T	145	T
149	T	166	T	168	T
181	F	195	T	202	T
204	F	229	T	242	T
264	T	276	F	288	T
292	T	325	T	339	T
375	T	377	T	379	T
411	T	427	F	469	T
471	T	487	T	489	T
513	T	517	T	518	T
524	T	543	T	550	T

Example of the MMPI questions: “I have never indulged in any unusual sex practices” and “My sex life is satisfactory” appear to be two of the answers, which are answered false by those who have been sexually abused (Meiselman, 1980, p. 196).

ID # _____

Appendix C

Sexual Abuse History Information

For the present study sexual abuse is defined as: "a child or a pubescent child, unwillingly experienced sexual intercourse; genital, anal, or breast fondling; oral-genital contact, forced observation of masturbation or nudity, with someone at least five years older than they" (Roland et al., 1989, p. 1160).

1. According to the definition of sexual abuse have you been sexually abused?
Yes or No
2. How many individuals have sexually abused you? _____
3. What was the sex of the individual who sexually abused you?
Male or Female or Both
4. What forms of abuse were administered to you?
___ physical ___ emotional ___ verbal ___ sexual
5. Was this experience a pleasant or unpleasant experience? _____
6. What is your age? _____
7. What is your ethnic background?
Caucasian African American Asian American Native American
Mexican American Other please specify _____
8. What is the highest grade level you have completed? _____

APPENDIX D

The following 48 items from the MMPI-2 were selected as a tool to identify sexual abuse in women (Griffith et al., 1996). The total number of times each item was answered by male victims of childhood sexual abuse (n = 20) are shown below.

Items: 6	F = 5	18	T = 1	21	T = 14
32	T = 11	37	T = 9	38	T = 4
52	T = 4	54	T = 18	56	T = 15
85	T = 4	92	T = 4	94	T = 7
95	F = 7	105	T = 16	116	T = 6
125	F = 13	134	T = 6	145	T = 7
149	T = 1	166	T = 2	168	T = 3
181	F = 3	195	T = 9	202	T = 13
204	F = 2	229	T = 4	242	T = 8
264	T = 12	276	F = 5	288	T = 8
292	T = 6	325	T = 9	339	T = 13
375	T = 12	377	T = 13	379	T = 11
411	T = 12	427	F = 7	469	T = 9
471	T = 4	487	T = 9	489	T = 9
513	T = 14	517	T = 5	518	T = 19
524	T = 8	543	T = 9	550	T = 10

APPENDIX E

The following 46 items from the MMPI-2 were selected as a tool to identify sexual abuse in men. Of the 46 items a cut-off of 28 items is needed to meet the criteria for sexual abuse (not abused < 13 or abused \geq 13):

Items: 6	F	21	T	32	T
37	T	38	T	52	T
54	T	56	T	85	T
92	T	94	T	95	F
105	T	116	T	125	F
134	T	145	T	166	T
168	T	181	F	195	T
202	T	204	F	229	T
242	T	264	T	276	F
288	T	292	T	325	T
339	T	375	T	377	T
379	T	411	T	427	F
469	T	471	T	487	T
489	T	513	T	517	T
518	T	524	T	543	T
550	T				

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Rebecca Maltby
Signature of Author

12/12/01
Date

The Cut-off Scores for the MMPI-2
Optimally: Identifying
Incarcerated Men with Histories
of Childhood Sexual Abuse
Title of Thesis

Day Cooper
Signature of Graduate Office
Staff Member

12-14-01
Date Received

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