

SOC solutions of male survivors of childhood sexual abuse: an exploratory collective case study

by

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B.A.S., Washburn University, 2011
M.S., Kansas State University, 2014

AN ABSTRACT OF A DISSERTATION

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Abstract

This exploratory collective case study utilized structured interviews to investigate retrospective reports of potential losses in resources resulting from childhood sexual abuse (CSA) *and* whether Selection, Optimization, and Compensation (SOC) “Solutions” were used by six adult male survivors to help offset these losses. Within- and between-case analyses of thematic reports are offered. Specifically, a description of each case is presented with an overview of the analysis of both unique and shared SOC Solution responses. SOC is presented in developmental research literature as a model of self-regulation across the life span. Retrospective reports of the participants suggest they did not engage in self-regulation in response to this childhood trauma. Rather, their reports evidenced the use of reactive “holding strategies” as opposed to deliberate use of selection strategies. This suggestive discovery supports previous research indicating that child survivors of trauma may have reduced self-regulation capacities. Childhood self-regulation may occur through the support of an adult (“dyadic regulation”). Findings further illustrate that the abuse may increase isolation in childhood. However, isolation, as an immediate childhood response to the abuse, may have reduced their potential for dyadic regulation as they dealt with the abuse on their own. Participants reports indicated the use” holding strategies” in childhood that were typically maladaptive. This may have led to the use of maladaptive optimization solutions in childhood that supported these holding strategies. Participants’ reports indicate that they were unable to deliberately access and implement adaptive compensation solutions until they reached adulthood, where these solutions seemed to contribute to more effective loss-directed responses. Baseline reserve capacity and developmental reserve capacity related to adaptive responding in the SOC model are discussed in the present context of trauma. The contributions of this case study to theory building in both the SOC developmental literature and

clinical practice with male survivors of CSA are cautiously offered. Results may inform the theoretical reach of the SOC model, showing the limits of the self-regulation model when applied to childhood trauma. The study may inform clinical practice with this population by highlighting the importance of helping children self-regulate through dyadic regulation. Through this process, children may be guided by supportive adults to intentionally select adaptive goals to focus on following sexual abuse. Resources that male survivors may access and/or develop to adjust to the losses caused by childhood sexual abuse are offered.

Keywords: selection, optimization, and compensation model, male survivors of childhood sexual abuse

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Dedication

To male survivors of childhood sexual abuse. Know that you are not alone.

Chapter 1 - Introduction to the Problem

Statement of Problem

Childhood sexual abuse (CSA) as defined as experiences in which children are subjected to unwanted sexual contact involving force, threats, or a large age difference between the child and the other person (“The 1 in 6 Statistic,” 2014, para. 6) is widespread. (In the remainder of this dissertation, all boldface terms and concepts are defined in the Glossary in Appendix A.) For example, studies over the years have found that prevalence rates of male CSA in the United States range from around 4.8% (Fritz & Wagner, 1981) to 25% (Lisak, Hopper, & Song, 1996) while female prevalence rates range from 7.7% (Fritz & Wagner, 1981) to 75% (Perez-Fuentes et al., 2013). However, exact prevalence rates in the CSA literature are elusive and are influenced by many factors. These factors include how CSA is defined in a particular study (Hunter, 2006), the research methods employed including the use of retrospective studies (Dube, Anda, & Whitfield, 2005), clinical versus general populations studied (Dube et al., 2005), whether a person believes he or she was sexually abused (Widom & Morris, 1997), and how likely persons are to disclose to a researcher that they were sexually abused (Holmes, Offen, & Waller, 1997).

Differences in CSA prevalence rates between females and males have been consistently reported, with female CSA rates being, on average, one and a half to three times higher than males. Examining CSA rates for males and females, Draucker et al., (2011) found that among a population of 17,337 adult members of a health maintenance organization, 25% of women members reported physical contact sexual abuse as children, whereas 16% of men reported any type of CSA. In a sample of 26,229 participants, the Centers for Disease Control and Prevention (“Adverse Childhood Experiences,” 2010) found that 12.2% of adult respondents had

experienced childhood sexual abuse with a rate of 17.2% for women and 6.7% for men. Bagley, Wood, and Young (1994) found the prevalence rate for adult male survivors of CSA to be 15.5% while the rate for adult female survivors of CSA was 32%. In a national sample of 34,653 respondents, Perez-Fuentes and colleagues (2013) found prevalence rates of about 25% for men and 75% for women.

The National Center for Victims of Crime reports that 1 in 5 girls (20%) experienced childhood sexual abuse (“Child Sexual Abuse Statistics,” 2012) while “The 1 in 6 Statistic” (2014) states that 16% of men report experiencing sexual abuse before age 18. The report cautioned that this statistic, although high, may be lower than the true rate given that men are less likely than women to disclose sexual abuse (Holmes, Offen, & Waller, 1997) and because men are less likely than women to believe that they had been sexually abused (Widom & Morris, 1997).

Long-Term Effects of CSA: Losses in Resources

Childhood sexual abuse is a **non-normative** developmental event that can potentially create a shift in subjective experience and observable behavior of the child. The effects of CSA can be wide and enduring, enveloping the life span. These effects are briefly described here. Chapter 2 presents a review of select literature on the long-term effects of male CSA.

Compared to those who have not experienced CSA, adult male survivors of CSA are more likely to have PTSD and depression symptoms, abuse alcohol and drugs, have suicidal thoughts and attempts, experience difficulties in intimate relationships, and underachieve at school and at work (“The 1 in 6 Statistic,” 2014). Other psychological effects may include anger, fear, helplessness, isolation, sense of loss, legitimacy, masculinity issues, negative childhood peer relations, negative views about people, negative views about the self, problems with

sexuality, self-blame/guilt, and shame/humiliation along with susceptibility to anxiety, dissociation, hostility and anger, impaired relationships, low self-esteem, sexual dysfunction, and sleep disturbance (Lisak, 1994). Additionally, CSA can take control away from the child, creating a prevailing sense of powerlessness (Dube et al., 2005). Concerning relationships, CSA is associated with marriage and family problems for male survivors (Draucker et al., 2011) along with challenges concerning relational connections (Kia-Keating, Sorsoli, & Grossman, 2010). Little and Hamby (1999) found that for adult male survivors of CSA, childhood relationships were marked by a distinct sense of isolation (as a self-protective measure that carried over into their adult relationships), challenges seeking comfort from caregivers, an inability to connect consistently with caregivers, a lack of predictable support, and a lack of support concerning their sexual abuse experiences.

Male CSA survivors may experience the added challenge of adverse reactions from those they choose to confide in. They may, for example, feel ignored and invalidated by those who do not recognize that males can be sexually abused. Additionally, gender role issues may make men more likely than women to feel ashamed of the sexual abuse, to be less inclined to talk about it, and more likely to not seek help from professionals (“PTSD: National Center for PTSD,” 2014).

The long-term effects of CSA include the **loss** of internal and external **resources**. Among these losses in resources are a diminished sense of security, an inability to self-soothe, disrupted development of autonomy, lost trust in relationships and the world at large, decreased capacity for self-love and positive self-regard, inappropriate social behaviors that increase the likelihood of being rejected by peers, deficits in ability to successfully navigate social settings, increased feelings of shame, guilt, and alienation, difficulties relating to others, and a reduced curiosity about the self and one’s environment (Cloitre, Cohen, & Koenen, 2006). Furthermore, the child

survivor learns negative social expectations, or “working models of relating” characterized by “deviant patterns of relating” (Cloitre, Cohen, & Koenen, 2006, p. 16), potentially resulting in unhealthy relationships throughout life. These models of relating assume that all relationships are adversarial, that to be vulnerable is to be exploited, that happiness and pleasure can be overwhelming and thus should be avoided, and that intimacy ultimately leads to negative outcomes such as pain and betrayal (Cloitre, Cohen, & Koenen, 2006).

Cloitre, Cohen, and Koenen (2006) report that these deficits in emotional and social competencies are evident in child survivors’ adult worlds which are often marked by unemployment, frequently lost jobs, partners who threaten to leave or have left the intimate relationship, impaired ability to manage distress and negative emotional states, narrow expectations and lack of understanding that healthy relationships are to be characterized by mutual trust, respect, and support and limited skills to initiate and maintain healthy relationships and end unhealthy ones.

The child survivor, in an attempt to deal with the abuse in the present, may develop strategies that are both **adaptive** and **maladaptive** depending on context, which can be described as “protective factors” of resilience (Staudinger, Marsiske, & Baltes, 1995, p. 808). These short-term adaptive and maladaptive behaviors may extend into adulthood. On this Staudinger, Marsiske, and Baltes (1995) write, “what constitutes a protective factor in one context can be a risk factor in another, and vice versa” (p. 808). For instance, Cloitre, Cohen, and Koenen (2006) maintain that a highly traumatized childhood often involves putting energies into strategies for maximizing physical and psychological survival. These include physical strategies that attempt to put physical distance between the child and the perpetrator thus reducing one’s physical exposure to traumatic events, or psychological strategies such as numbing, denial, and

dissociation that work to put emotional distance between the child and the ongoing abuse. These strategies, adaptive in the immediacy of the abuse, work to protect the child survivor from the abuse and its ill-effects. However, continued use of these strategies may be maladaptive in adulthood, particularly in adult relationships where physical and emotional distancing become a usual pattern of relating to others.

Purpose

The Resource-Loss Model (discussed further in Chapter 2) as put forth by Cloitre, Cohen, and Koenen (2006) shows numerous losses suffered by survivors of childhood abuse. The Selection, Optimization, and Compensation (SOC) model (discussed further in Chapter 2) developed by Margret Baltes, Paul Baltes and colleagues (Baltes & Carstensen, 1996; Baltes, 1997; Baltes & Dickson, 2001; Lerner, Freund, De Stefanis, & Habermas, 2001) suggests that losses in resources can be offset through a process of accessing available resources (optimization) and/or developing new resources (compensation) to achieve loss-based goals (selection). The present study applies the Resource Loss Model and the SOC model to a collective case study sample of six adult male survivors of childhood sexual abuse. In doing so, the purpose of this exploratory collective case study research is to gain an understanding of the possible “**SOC Solutions**” these six participants may have identified, accessed, and utilized to offset possible losses in resources resulting from the sexual abuse experienced in childhood. This aim will be accomplished through a within-case analysis and between-case comparison of participant responses to interview questions developed by the author. The SOC Solutions participants have used will be identified by first examining the major losses in internal and external resources they may have experienced as a result of the sexual abuse. This study will identify SOC Solutions that may have been employed to deal with these losses. As a result, this

study may reveal useful information about the potential for SOC Solutions to help male survivors of CSA.

Significance of the Study

Confronting losses in life facilitates the “opening up of possibilities for continued growth and [allows] people to explore personal strengths” (Baltes & Freund, 2003, p. 33). Furthermore, Baltes and Freund (2003) note, “management of transient or permanent losses is a central aspect of human strengths” (p. 31). As a result, “the future is not something we simply enter but also something that we help create” (Baltes, Lindenberger, & Staudinger, 2006, p. 575). From this strengths-based perspective, the individual has within him- or herself the necessary strength and skills to create and implement solutions to life’s challenges. Putting these solutions to use helps the individual shape his or her future. As a goal-directed, strengths-based approach to human development, the SOC model suggests that the individual has the capacity to find solutions – SOC Solutions - within one’s self and to use these solutions to offset loss.

SOC Solutions may be useful for facilitating an increase in an individual’s **developmental reserve capacity** (DRC; Baltes, 1987). In order to understand DRC, an explanation of **baseline reserve capacity** (BRC; Baltes, 1987) is needed. BRC, as put forth by Baltes (1987), is an individual’s upper functional limit, or “performance potential” (p. 618), when all available resources (optimization solutions) are used at one time. DRC, then, refers to the addition of resources (compensation solutions), or “interventions” (Baltes, 1987, p. 618), that increase one’s upper performance potential limit. Baltes, Lindenberger, and Staudinger (1998) write that DRC, “is aimed at specifying what is possible in principle if optimizing interventions are employed” (p. 1048). The strengthening of performance potential through the addition of resources causes the upper BRC limit to rise; thus the individual’s baseline functional limit

increases and growth is experienced through an increase in the range of possibilities for development, or **plasticity**. SOC Solutions are the resources that contribute to one's level of functioning.

Although the SOC model has been applied in many different contexts and developmental domains such as work environment (Baethge, Muller, & Rigotti, 2015), family and work conflict management (Baltes & Heydens-Gahir, 2003) and daily happiness (Teshale & Lachman, 2016), the model has not yet been examined with survivors of trauma. The present study is the first to apply the SOC model to the experience of adult male survivors of childhood sexual abuse. Clinicians and family members may better assist male survivors in the pursuit of SOC Solutions by having an understanding of how male CSA survivors have used SOC Solutions, in both adaptive and maladaptive ways. This understanding may help “enhance developmental reserve capacity, promote growth, and move individuals beyond the normal developmental trajectory toward optimal levels of functioning” (Staudinger, Marsiske, & Baltes, 1995, p. 810).

Chapter 2 – Literature Review

This chapter presents the theoretical models that guided the study. A brief review of the research literature on some of the long-term effects of childhood sexual abuse of males is also presented. This literature review is provided to illustrate the losses in resources that male survivors of CSA sometimes experience. Lastly, the SOC model literature is reviewed. The SOC literature review illustrates the application of the model in multiple developmental domains, contexts, and populations. Additionally, the literature review demonstrates the various ways in which SOC strategy utilization has been measured in the literature. The literature base also reveals how SOC strategies can contribute to the development and well-being of the individual.

Theoretical Approaches

Resource Loss Model

Cloitre, Cohen, and Koenen (2006) developed the Resource Loss Model, which proposes that abuse in childhood may result in the loss of resources that would have otherwise helped mitigate the long-term effects associated with child abuse. Resources can be psychological (internal) or material (external) and are employed in times of adverse circumstances to adapt to the changing environment. Diminished resources in the aftermath of childhood abuse are experienced in the psychological domain with a loss of felt security and sensed optimism in life. Survivors of childhood sexual abuse may experience a lessening of material resources with the loss of family support and a change in living environment which may include changes to home, school, and community (Cloitre, Cohen, & Koenen, 2006; Foster & Hagedorn, 2014). Losses in psychological and material resources exacerbate the effects of the abuse and impact development that would have otherwise unfolded on a **normative** trajectory. Losing these resources contributes to the disruption of healthy attachments, which may influence the development of

deficient emotional and social competencies in childhood. These effects may continue to be experienced into adulthood (Cloitre, Cohen, & Koenen, 2006).

Compounding the interruption of developmental trajectories, childhood sexual abuse occurs at a critical period when developmental tasks such as emotional growth and social competence are taking place. Traversing these transitions in a healthy way requires support from caretakers, families, and communities, support that may be lacking as a result of the isolating nature of sexual abuse (Cloitre, Cohen, & Koenen, 2006). One potential outcome of childhood abuse is that these developmental tasks are subject to disruption, becoming “sources of vulnerability” (Cicchetti & Cohen, 1995, p. 9). This disruption may lead to the following losses for the child survivor: 1) a lessening of healthy attachments to caretakers; 2) loss of guidance and support in the development of emotional and social competencies; 3) loss of support from and connection to community thus further negatively impacting social competencies; 4) diminished self-regulatory capacity (Cloitre, Cohen, & Koenen, 2006); and 5) hindered adaptation capacity (Cicchetti & Cohen, 1995).

The “Interrupted Life”.

Due to the losses in internal and external resources resulting from childhood sexual abuse, a disruption to self-regulation and the capacity to form interpersonal relationships can potentially take place (Cloitre, Cohen, & Koenen, 2006). These losses may contribute to an end in normative developmental trajectories in childhood, leading to what has been described by Cloitre, Cohen, and Koenen (2006) as the “**Interrupted Life**.”. The interrupted life concept illustrates that the child survivor is set on a changed **developmental trajectory** following CSA. On this point Cloitre, Cohen, and Koenen (2006) observe that,

childhood abuse can derail the normal course of development and deprive the individual of important learning experiences that foster healthy and effective life skills. These include basic and complex skills such as the capacity for sustained attention, the capacity to express feelings effectively and appropriately, the capacity to use emotions as a guide for action, and the capacity to relate well to others and to enjoy relationships. (p. ix)

This may lead to the development of long-term effects in adulthood that may have been different had the abuse not occurred (Kramer, Seddon, Robinson, & Gwilym, 2015).

Life-Span Developmental Theory

Paul Baltes (1997) developed a holistic **theory** in which human growth and development unfolds across the life-span with the assumption that human development is lifelong, multidimensional, multidirectional, and plastic. Life-span developmental theory defines human development as the “full range of directional possibilities – from gain, to stability, to loss” (Staudinger, Marsiske, & Baltes, 1995, p. 804). The basic premise of this theory is that “there is no development without a loss, just as there is no loss without a gain” (Baltes, Lindenberger, & Staudinger, 2006, p. 570). The theory focuses on individual development across the life span, or ontogenesis. A key assumption of ontogenesis is that development occurs throughout life from conception into old age and ends with the death of the individual, with experiences and **adaptive processes** contributing to the development of the present person. Though Baltes focused primarily on older age and **successful aging** (Baltes & Dickson, 2001), his theory is applicable to other developmental periods and contexts throughout the life course including older adulthood (Baltes & Freund, 2003), the facilitation of well-being (Freund & Baltes, 2002) and industrial-organizational psychology (Baltes & Dickson, 2001).

Life-span development suggests that individuals engage in a continual process of what Baltes (Baltes & Baltes, 1990) termed **adaptive development** where a constant process of resource generation and compensation for resource losses occurs throughout life. Ebner and Freund (2007) describe adaptive development as a continuous lifelong process of adjusting to gains and losses, which takes place in multiple developmental domains. Baltes' view of adaptive development shows that while an "Interrupted Life" may materialize following CSA, development, however, does not stop. Instead, the simultaneous changes experienced in other developmental domains contribute to the continuous development of the individual despite encountering diminished resources resulting from the abuse.

The Selection, Optimization, and Compensation (SOC) Model

Out of Baltes' life-span developmental theory, Margret Baltes, Paul Baltes and colleagues (Baltes & Carstensen, 1996; Baltes, 1997; Baltes & Dickson, 2001; Lerner, Freund, De Stefanis, & Habermas, 2001) developed the selection, optimization, and compensation (SOC) model consisting of "self- management strategies" (Gestsdottir, Urban, Bowers, Lerner, & Lerner, 2011, p. 65). They suggested that these strategies (See Table 2.1) contribute to self-regulation and, ultimately, "effective life management" (Baltes & Freund, 2003, p. 29) throughout the life-span. The SOC model refers to processes of setting, pursuing, and maintaining personal **goals** in the face of losses in resources. Through this process, "self-corrective adjustments" (Carver, 2004) take place in which the individual attempts to bring the self in line with preferred goals (Vohs & Baumeister, 2004). SOC strategies are the driving force for continued development (Marsiske, Lang, Baltes, & Baltes, 1995; Freund & Baltes, 2002) and self-regulation.

Table 2.1

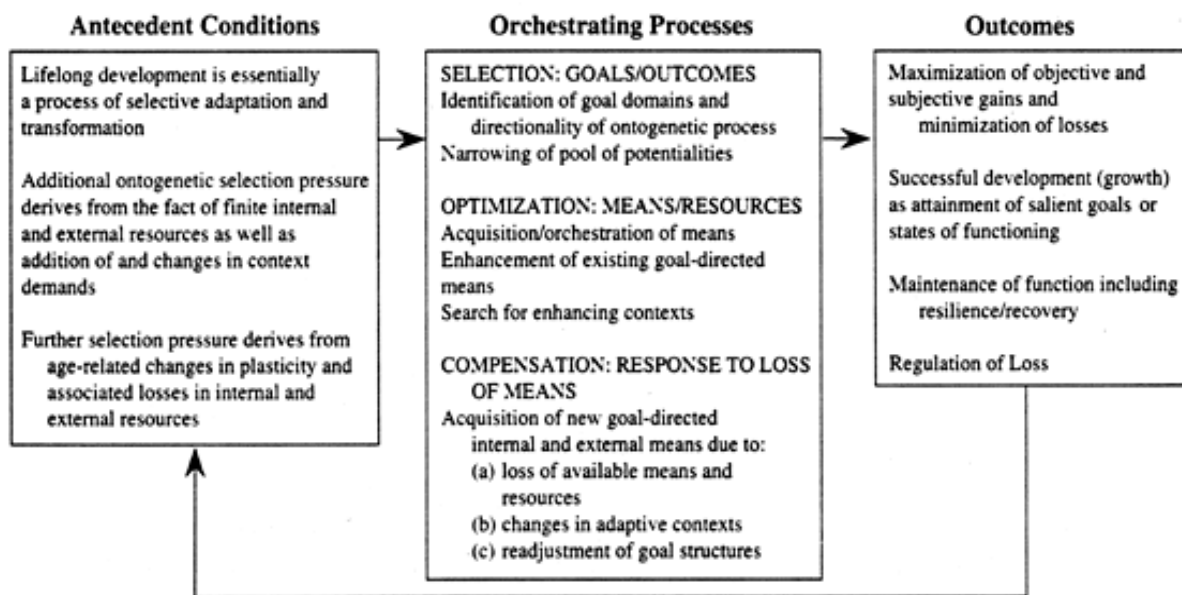
Selection, optimization, and compensation strategies (adapted from Baltes, Lindenberger, & Staudinger, 2006, p. 1056)

Selection (Goals/Preferences)	Optimization (Goal-Relevant Means)	Compensation (Means/Resources for Counteracting Loss/Decline in Goal-Relevant Means)
<p><i>Elective selection</i></p> <ul style="list-style-type: none"> - Specification of goals - Evolution of goal system (hierarchy) - Contextualization of goals - Goal-commitment <p><i>Loss-based selection</i></p> <ul style="list-style-type: none"> - Focusing on most important goal(s) - Search for alternate goals - Reconstruction of goal hierarchy - Adaptation of standards 	<ul style="list-style-type: none"> - Attention focus - Effort/energy - Time allocation - Practice of skills - Acquiring new skills/resources - Modeling successful others - Motivation for self-development 	<ul style="list-style-type: none"> - Substitution of means - Neglect of optimizing other means - Increased effort/energy - Increased time allocation - Activation of unused skills/resources - Acquiring new skills/resources - Modeling successful others who compensate - Use of technical aids - Use of assistance/help/therapy

The premise of the SOC model is that, when used together, behaviors involving selection, optimization, and compensation may: 1) aid development by increasing one's resources; 2) help maintain functioning when faced with challenges; and 3) help offset inherent and impending losses in resources (Baltes & Heydens-Gahir, 2003, p. 1006). The SOC model may contribute to the minimization of losses and maximization of gains. This is accomplished by the process of goal selection in the face of diminished resources (selection), goal pursuit via available resources (optimization), and counterbalancing loss/decline in resources through the acquisition of new resources (compensation; see Figure 2.1; Baltes, Lindenberger, & Staudinger, 2006). The SOC

model is summarized as “a process of resource generation and regulation” (Ebner & Freund, 2007, p. 97) over the life course driven by biological, social, and historical influences on the individual. Quite simply, the SOC model stresses “people’s efforts to do the best with what they have” (Rozario, Kidahashi, & DeRienzi, 2011, p. 225). Through SOC utilization, the likelihood is increased that the individual can meet and overcome the challenges that inevitably arise throughout life (Baltes & Freund, 2003, p. 30). Relevant to the present study, the use of SOC strategies may facilitate “recovery from loss” (Marsiske, Lang, Baltes, & Baltes, 1995, p. 52).

Figure 2.1
The selection, optimization, and compensation model (adapted from Baltes, Lindenberger, & Staudinger, 2006, p. 1055).



Accessing and utilizing available resources and developing new resources to offset losses may serve three adaptive tasks for the individual: 1) growth; 2) maintenance and resilience; and 3) regulation of losses (Baltes, Lindenberger, & Staudinger, 2006). Rallying available resources for growth is done to reach higher levels of functioning. Using available resources for maintenance and resilience helps to maintain levels of functioning when confronted with

challenges or in returning to pre-loss levels of functioning. The regulation of losses allows one to adequately function at lower levels when faced with loss. This occurs when maintenance of functioning is no longer an available option due to the type and amount of losses experienced.

Selection.

Selection involves choosing goals among limited and diminished options in domains where resources are available. The selection process also involves the crucial step of committing to chosen goals. Goals are important to human development because being committed to a goal helps direct attention which ultimately influences behavior. The result is that “selection acts to focus developmental trajectories and to reduce and make manageable the number of challenges and demands impinging on individuals” (Marsiske et al., 1995, p. 47).

Selecting goals assists with self-regulation through “managing the fundamental resource limitations inherent in all living systems” (Marsiske et al., 1995, p. 47). Thus, selection directs development (Marsiske et al., 1995). Marsiske et al. (1995) maintain that **successful development** is defined by whether or not the individual reaches the goals set for him- or herself.

Goals, according to Baltes, are dictated by a combination of personal needs and the environment and are thus distinguished by two selection processes: 1) *elective selection* which is the selection of goals based on needs and available resources and 2) *loss-based selection* which is the selection of goals based on responding to the loss of prior resources and/or abilities. Germane to the present study, loss-based selection may require giving up unattainable goals for new, achievable ones or refocusing attention and energy on new goals. With loss-based selection, one’s goal hierarchy is reconstructed or a search for new goals is pursued (Freund & Baltes, 1998). Baltes, Lindenberger, and Staudinger (2006) note that “selection can also involve the

avoidance of specific outcomes of development such as the undesired self” (p. 593). An example of selection would be focusing on learning Spanish as a foreign language in order to travel in Spain more effectively (see Table 2.2; Ebner & Freund, 2007, p. 96).

Optimization.

Optimization is the process of finding, accessing, and making good use of available internal and/or external resources in order to achieve selected goals (Baltes & Freund, 2003; Marsiske et al., 1995). In optimization, resources are “the means for achieving one’s goals” (Freund, 2008, p. 95), or “goal-relevant means” (Freund & Baltes, 2002, p. 643) and are used in order to function effectively. Optimization can be thought of as seizing on external opportunities (material) presented in life and putting to use one’s internal capabilities (psychological) to work toward achieving goals. Baltes, Lindenberger, and Staudinger (2006) maintain that optimization “involves processes aimed at the generation and refinement of means-ends resources and motivational-goal explication to achieve development-oriented positive outcomes (goals)” (p. 593). An example of optimization would be investing the needed time to learn Spanish (see Table 2.2; Ebner & Freund, 2007, p. 96).

Compensation.

Cicchetti and Cohen (1995) describe compensatory systems as “self-righting tendencies” (p. 12) that place the individual on a different developmental trajectory than before compensation strategies were deployed. Compensation “involves a functional response to the loss of goal-relevant means” (Baltes, Lindenberger, & Staudinger, 2006, p. 593) through utilizing newly developed resources or activating heretofore unused or unrealized internal and/or external resources. This process can be thought of as counteracting losses or avoiding diminished capabilities in certain developmental domains across the life span (“Selection, Optimization, and

Compensation,” 2002). Baltes and Carstensen (1996) state that compensation is important when previously used abilities or skills are reduced below an optimal level needed to function adequately in a specific domain set, such as is the case with resources before experiencing sexual abuse. Along with optimization, compensation is used to increase the likelihood that goals will be attained (Marsiske et al., 1995). Critically, compensation increases “functional limits” (Marsiske et al., 1995, p. 51) in certain domains in order to maintain development. This is the essence of developmental reserve capacity. An example of compensation would be hiring a Spanish translator when traveling in Spain if Spanish was not learned prior to the trip (see Table 2.2; Ebner & Freund, 2007, p. 96).

Table 2.2: SOC Strategy Examples (adapted from Ebner & Freund, 2007, p. 96)

Theoretical Framework	Central Strategies	Specific Examples
Model of Selection, Optimization, and Compensation	Selection	Focusing on Spanish as a foreign language
	Optimization	Investing more time to improve Spanish-language skills
	Compensation	Hiring a translator when traveling in Spain

Long-Term Effects of Childhood Sexual Abuse: Literature Review

Fergusson, Boden, and Horwood (2008) investigated possible correlations between CSA, childhood physical abuse (CPA), and early adulthood mental health outcomes in a 25-year

longitudinal study with a cohort of 1,265 New Zealanders followed from birth to age 25. The cohort consisted of children born during a 4-month period in mid-1977. The cohort was assessed at birth, 4 months, 1 year, at annual intervals to age 16 and then at ages 18, 21, and 25. The sample size over the years ranged from 1,001 to 1,025 (79-81% of the original cohort).

Retrospective reports concerning exposure to CSA prior to age 16 were obtained at ages 18 and 21 in which participants were asked if they had ever experienced any of 15 sexual activities that they did not want to happen. At ages 18, 21, and 25 participants were assessed for mental health issues using the Composite International Diagnostic Interview (CIDI). The following mental health issues were examined: major depression and anxiety disorders, conduct and anti-social personality disorders, substance dependence, suicidal ideation and attempts, and overall number of disorders. Several early childhood variables were controlled, including family socio-economic status, maternal age, maternal and paternal education, family living standards, paternal attachment, changes of parents, parental alcoholism/alcohol problems, criminal offending, illicit drug use, maternal and paternal care and affection, IQ, and gender.

Overall, the study found that CSA occurrence/non-occurrence accounted for about 13% of the mental health problems experienced in adulthood. In particular, those who experienced unwanted attempted or completed sexual penetration were 2.4 times more likely to develop a mental health disorder in adulthood compared to those in the cohort who did not experience CSA. Results indicate that there were no significant differences between males and females in the assessed for mental health issues.

In a year-long study involving 34,653 respondents to a non-probability national survey, Perez-Fuentes and colleagues (2013) examined the prevalence rates of CSA, risk factors associated with developing a broad range of psychiatric disorders among CSA survivors, and the

impact of frequency of CSA on lifetime expression of mental disorders. Respondents were assessed for alcohol and drug abuse and dependence; major depressive disorder; bipolar I and II disorders; dysthymia; panic disorder; social anxiety disorder; specific phobias; generalized anxiety disorder; PTSD; ADHD; and pathological gambling using The Alcohol Use Disorder and Associated Disabilities Interview Schedule – DSM-IV. Childhood sexual abuse was assessed for the first 17 years of life using questions from the Conflict Tactics Scale (CTS) and the Childhood Trauma Questionnaire (CTQ). The study controlled for possible confounding variables including history of child physical abuse (CPA) and/or neglect; parent psychopathology (including alcohol and drug use); witnessing parental domestic violence; parental incarceration; parental suicide; parental psychiatric problems; and low family support.

Results showed that adult survivors of CSA were significantly more likely to experience a psychiatric disorder than those who did not experience CSA. Specifically mentioned disorders were nicotine dependence, major depressive disorder, PTSD, and specific phobia. Additionally, it was found that adult survivors had higher rates of suicide attempts with the development of PTSD being the strongest association for suicide attempts. Increased risk for the development of mood, anxiety, and substance use disorders in the previous 12-months of the study was associated with higher frequency of being touched by the perpetrator and having touched the perpetrators body. Controlling for the confounding variables of history of child physical abuse and/or neglect, parent psychopathology (including alcohol and drug use), witnessing parental domestic violence, parental incarceration, parental suicide, parental psychiatric problems, and low family support decreased the risk for the development of all psychiatric disorders. However, the relationship between CSA and the development of major depressive disorder, bipolar

disorder, panic disorder, PTSD, ADHD, conduct disorder, and suicide attempts all remained statistically significant. Results were similar for both female and male survivors.

Easton, Renner, and O’Leary (2013) investigated possible reasons why male survivors of CSA in particular are at higher risk for attempting suicide than are female survivors of CSA and males who did not experience CSA. The study specifically examined the relationship between suicide attempts and severity of CSA, depressive symptoms, and masculine norms. Through a thorough literature review, the authors found that adhering to strict masculine stereotypes can lead to depression and that depression has been linked to higher rates of suicide in males. A key factor reported by the authors is that male survivors of CSA have a tendency to adhere to overly-masculine stereotypes, which, in part, can result in higher rates of depressive symptoms. In turn, it was hypothesized that this link explains why male survivors of CSA are more prone to suicide than female survivors of CSA and males who were not sexually abused in childhood.

For this study, a cross-sectional survey was employed using purposive sampling of 487 men who had been sexually abused in childhood. Average age of first sexual abuse was 10.3 years. The General Mental Health Distress Scale was used to assess for suicide attempts in the previous 12-month period and the Conformity to Masculine Norms Inventory was used to measure the level at which participants conformed to socially-constructed masculine norms. Depressive symptoms were measured using the Depression Symptom Scale while CSA was measured by self-report specifically inquiring about frequency of abuse and whether or not force was used, including physical abuse.

Logistic regression by Easton and colleagues was used to model the relationship between the number of suicide attempts in the previous 12 months as predicted by CSA severity, CPA, mental health, masculine norms, age, and race. Five variables were found to be associated with

higher risk of suicide attempts in the past 12 month period: duration of CSA; use of force during the sexual abuse; high conformity to masculine norms; level of depressive symptoms; and frequency of suicidal ideation. Specifically, if the abuser used physical force during the sexual abuse, the risk of a suicide attempt in the past year increased by more than 200%. If the sexual abuse occurred more than one time, the risk for a suicide attempt in the past year increased by 74%. Each depressive symptom increased suicide risk by 71%. Higher conformity to masculine norms increased suicide risk in the past year to 230%. Physical abuse during childhood alone was not a significant risk factor for suicide in adulthood. These findings lend support to the study's hypothesis that depression, conformity to masculine norms, frequency of CSA, use of force in CSA, and suicide attempts in adulthood are linked. The study shows the developmentally-associated impact of CSA into adulthood specifically, adhering to masculine norms, depression development, and risk for suicide attempts in adulthood.

The preceding studies show some of the possible long-term effects of childhood sexual abuse that are present in adulthood. However, it is important to note that surviving childhood sexual abuse does not automatically and always lead to solely negative trajectories and long-term outcomes. There exists potential for growth following the abuse. As Carstensen, Hanson, and Freund (1995) maintain, "environments challenge, but do not defeat, individual [adaptive] competencies" (p. 108). To explore this area, the present study began with the basic premise that "individuals may be able to overcome or postpone negative developments" (Marsiske, Lang, Baltes, & Baltes, 1995, p. 38). The study aims to identify the SOC Solutions that aid in overcoming losses in resources associated with CSA.

SOC Model Literature Review

Although developed with successful aging in mind, Baltes and Freund (2003) maintain that the SOC model is applicable to all parts of the life span and thus has been applied across numerous developmental ages, contexts, and domains from adolescence (Lerner, Freund, Stefanis, Habermas, & Tilmann, 2001) to old age (Freund & Baltes, 1998), from family life (Baltes & Heydens-Gahir, 2003) to work life (Baethge, Muller, & Rigotti, 2015), and from happiness (Teshale & Lachman, 2016) to level of engagement in activities (Zacher, Chan, Bakker, & Demerouti, 2015). The following literature review is intended to show the applicability of the SOC model across various contexts, domains, and populations.

Quantitative research on the application of SOC strategies has traditionally used the SOC Questionnaire to measure selection, optimization, and compensation utilization. Developed by Baltes, Baltes, Freund, and Lang (1995; 1999), the questionnaire assesses elective and loss-based selection, optimization, and compensation strategies. Example items from the questionnaire include: “Today, I focused on the one most important goal at a given time” (elective selection), “Today, when I couldn’t do something important the way I did before, I looked for a new goal” (loss-based selection), “Today, I made every effort to achieve a given goal” (optimization), and “Today, when things didn’t go as well as they used to, I kept trying other ways until I achieved the same result I used to achieve” (compensation).

Freund and Baltes (1998) investigated the applicability of the SOC model on wellbeing in a cross-sectional sample of 206 people aged 72 to 102. The purpose of the study was to investigate levels of subjective well-being, positive emotions, and the absence of loneliness in conjunction with utilizing the SOC model. SOC strategy utilization was measured by the 12-item version of the SOC Questionnaire. Results showed that participants who reported higher levels of SOC utilization, as measured by the SOC questionnaire, showed higher indicators of successful

aging outcomes. Taken together, selective optimization with compensation was positively related to five of the six indicators of successful aging: satisfaction with aging; lack of agitation; positive emotions; absence of emotional loneliness; and absence of social loneliness.

Baltes and Heydens-Gahir (2003) examined the influence of the SOC model in relation to job and family stressors and work-in-family (WIF) conflict and family-in-work (FIW) conflict. The sample consisted of 241 participants who worked at least 35 hours/week and were either married or living with a partner. Participants completed a one-time administration of the revised 12-item, 5-point Likert scale version of the SOC Questionnaire once thinking about work context and once thinking about family context. Also assessed were job involvement, job stressors, family involvement, family stressors and WIF and FIW conflict. Structural equation modeling using path analysis showed that 1) higher utilization of SOC behaviors in the work domain were negatively related to job stressors; 2) higher utilization of SOC behaviors in the family domain were associated with lower amounts of family stressors; 3) the use of SOC behaviors in both work and family contexts was related to lower amounts of job and family stressors and subsequently lower amounts of WIF conflict and FIW conflict. These results remained despite statistical control of hours worked, gender, job involvement, family involvement, social support, and supervisor support.

Teshale and Lachman (2016) examined the role of the SOC model on happiness among 145 participants aged 22 to 94 who completed a revised 4-item, 6-point Likert-type scale version of the SOC questionnaire as well as global and daily well-being assessments. All measures were completed nightly for 7 consecutive days. Multilevel modeling showed: 1) daily SOC score significantly predicted daily happiness where increased daily SOC use related to greater reported happiness; 2) middle-aged and older adults, but not younger adults, showed a significant positive

day-to-day relationship between SOC usage and happiness; 3) when individuals reported lower happiness, they reported higher SOC utilization the following day suggesting individuals may respond to lower wellbeing by adopting SOC strategies the following day.

Gignac, Cott, and Badley (2002) explored the role of SOC strategies on adaptational behaviors in a sample of 248 older adults with disabilities resulting from osteoarthritis. The researchers developed a 7-item measure that gauged respondent's appraisal of change in capacity of goals. Items included statements such as "I've had to set new goals for myself because of my condition." Adaptations were measured from self-report to the following "yes/no" questions: "Have you changed or modified the way that you do this activity (i.e., do you do it in a different way)?" and "Do you need assistance from another person or do you need a special gadget or a piece of equipment in order to do this activity?" A "yes" response elicited a follow-up question asking the participant to provide further details to their modifications. Responses were content analyzed and coded.

Results showed that all of the participants made at least one adaptation to manage their disability and that most reported all three types of adaptation (selection, optimization, compensation). These suggest that active planning and numerous strategies go into adjusting to avoid or minimize deficits in functioning with compensation strategies being reported more often than selection and optimization. Regarding compensation, participants reported a range of options available in their environment allowing them to compensate for losses. These ranged from modifying behaviors, to substituting one mode of operation for another, to using assistive devices to perform activities while they may be limited in their abilities to optimize (i.e., exercise) and select necessary daily activities (i.e., dressing and eating). Additionally, the lower frequency of selection was impacted by participants having fewer social resources, greater

perceptions of disability impact, and greater personal care disability. Optimization strategies were centered on utilizing resources for anticipating difficulties before they became problematic such as enhancing mobility through exercise and augmenting energy reserves in order to continue functioning.

In a qualitative study examining the use of “SOC Talk” of participants aged 77-78, Carpentieri, Elliot, Brett, and Deary (2017) found that those who maintained high well-being despite low physical functioning reported high use of SOC strategies while those participants with low well-being reported less use of SOC strategies. This finding supports the hypothesis that SOC mediates the relationship between physical functioning and well-being.

Using the 10-question physical function subscale of the Medical Outcomes Study Short Form Health Survey and the Warwick-Edinburgh Mental Wellbeing Scale, participants were placed into four groups based upon their current physical functioning ability and well-being scores. Group 1 consisted of participants with high well-being and high physical function. Group 2 participants had low well-being and low physical function. Participants in Group 3 had high well-being despite low physical function. Group 4 participants had low well-being despite high physical function. Semi-structured interviews were conducted and thematically coded, post hoc, for SOC Talk usage in each group. Responses were compared within and between groups.

Results showed that level of physical function was associated with different types of SOC Talk. Group 1, whose participants had the highest physical function, spoke more than other groups about elective-selection and optimization. Group 2, who had the lowest physical function, spoke of compensation the most. Group 3, who had above average physical function, used a mix of SOC strategies. Group 4, whose participants had low well-being despite high physical function, utilized very little SOC talk. Group 1 reported utilizing “relatively high amounts”

(Carpentieri, Elliot, Brett, & Deary, 2017, p. 356) of elective selection. The authors write that this usage was “a process that appeared to be related to their high level of physical functioning” (Carpentieri, Elliot, Brett, & Deary, 2017, p. 356).

All groups spoke of using the loss-based selection strategy. Two primary approaches from this strategy surfaced in the interviews: 1) “using loss-based selection to continue engaging in cherished activities but in less resource intensive forms;” 2) “using loss-based selection to choose from among a range of goal-relevant activities” (Carpentieri, Elliot, Brett, & Deary, 2017, p. 356). Optimization strategies were utilized the least amount by all four groups. This finding supports the hypothesis that it becomes increasingly difficult to invest in efforts to maximize functioning as physical resources decline in older age. Group 1 utilized optimization strategies the most in order “to improve their already good health” (Carpentieri, Elliot, Brett, & Deary, 2017, p. 356). Compensation, which reflected a desire to remain autonomous, was utilized the most by participants with low physical functioning and took two forms: 1) use of tools such as walking devices; 2) adaptation to the home in order to avoid or delay being forced out of their homes.

Compared to the other groups, Group 1 engaged in high levels of selection and optimization which the authors speculated contributed to this group’s future-oriented perspective where new goals were being set and new activities pursued. Group 2, whose participants were low in both well-being and physical functioning, was labeled by the researchers as “struggling,” meaning that the member’s were suffering but continuing on. This group utilized almost as much SOC talk, especially compensation and loss-based selection, as Group 1 and twice as much as the other two groups. For this group, compensation and loss-based selection were used to continue the pursuit of meaningful activities, “albeit in reduced form” (Carpentieri, Elliot, Brett,

& Deary, 2017, p. 357). Group 3 spoke of pursuing fewer goals in life but spoke of a desire to strive to achieve key goals in a non-diminished fashion through the use of compensation and loss-based selection. Finally, Group 4 seemed to allow “chapters of their life story to close” (Carpentieri, Elliot, Brett, & Deary, 2017, p. 358) through participant’s lack of “adaptive resolution” to physical declines (Carpentieri, Elliot, Brett, & Deary, 2017, p. 358). For this group, declines in physical functioning were not met with compensating strategies to offset these losses. This group engaged in half as much SOC talk as Groups 1 and 2 and one third as much SOC talk as Group 3.

In a qualitative study of 45 older adults aged 65 and older, Rozario, Kidahashi, and DeRienzi (2011) investigated SOC usage in later life to maintain, maximize, and generate resources in the context of chronic illness. Semi-structured interviews were conducted and analyzed to identify: 1) the goals of the participants; 2) resource allocation strategies used to attain set goals; and 3) patterns that explained the use of these various strategies.

The goals set by participants included: remaining independent; maintaining/securing informal relationships; remaining useful; keeping occupied/busy. Resource allocation strategies included selection, optimization, and compensation utilization. Concerning selection, participants selected appropriate goals, set desirable levels of goals, and prioritized goals in the face of diminishing resources. For example, one participant, a 76-year old widow, enjoyed volunteering her time to help others. However, she made the decision that spending her time with friends was the most valuable use of her time therefore she gave up volunteering to spend her limited time with friends. Another participant recognized a conflict in her goals of volunteering to help others and leisure time spent at the library. Ultimately, she gave up her library time in order to focus her perceived limited time on volunteering at the Senior Center.

For optimization of resource allocation for achieving goals, the majority of participants reported focusing on improving their physical abilities and/or physical health which consisted of some form of physical exercise in order to maintain current levels of functioning. Others reported that it was now necessary to take a break during physically strenuous activities in order to accomplish their goal of staying active. A few participants stated that it was important to continue practicing their skill sets so that they did not lose their abilities. One participant, a musician, practiced the piano daily for 30 minutes in order to keep his “fingers going.” Another participant, who played pool, reported playing daily in order to practice his playing techniques and not lose his ability to play at a certain level.

Due to diminished resources that are inherent with chronic illness, optimization strategies were not always available for participants to achieve goals. When obstacles to goal achievement were met, compensation strategies were employed. Typically, this had to do with mobility issues where participants compensated by using walking aides such as canes, walkers, and wheelchairs. Others reported that they now relied on the telephone to keep in contact with friends and family since they were no longer able to drive. Still others with available resources utilized taxis services to travel to family and friends.

The researchers identified “patterns of use” of resource allocation strategies to achieve goals. Participants utilized selection strategies to maintain a sense of independence by feeling that they were making choices to give up activities that they could no longer do instead of being forced to give them up due to diminished resources. Fewer instances of optimization were reported as compared to selection and compensation. The authors believed this was the case because inherent with chronic illness and aging comes an increase in diminished and lost resources thus making it more difficult to rally resources to achieve goals. Instead, compensation

strategies were more likely to be utilized to achieve goals. Two patterns of use of compensatory strategies emerged. First, those participants with available resources such as financial wealth had more compensating options available to achieve goals. For instance, those with financial wealth could utilize taxis services to visit loved ones. Thus, they felt more independent in exercising control over how they got around and did not feel like a burden to family and friends for transportation. Second, participants utilized reciprocity to reduce their feelings of being a burden to others by returning the help they received from their support network either by financial means or in kind.

Snelgrove, Wood, and Carr (2016) conducted a qualitative study of 27 participants aged 20 to 33 examining the adjustment processes of emerging adults living with chronic illness using SOC strategies to maintain leisure activities. Participant's selection of leisure activities were influenced by three processes: a consideration of uncertainty; a desire to avoid potential embarrassment; and an acceptance or rejection of constraints. Based on these considerations for selecting activities, optimization took the form of participants reframing their perspectives about leisure and life in a positive light and enhancing resources in order to make leisure activities possible. Concerning reframing perspectives on life, some participants began to value previously mundane and unimportant activities such as walking or cleaning house. Others had their perspective on life influenced by positive encouragement from family or by comparing themselves to other emerging adults with chronic illnesses who participated in leisure activities, although they were perceived to be "worse off" than how the participants viewed themselves. Participants enhanced resources by utilizing others who could assist with goals. For example, one participant wanted to make a record album but could not afford time in the recording studio because she could not work due to her illness. Therefore, she sought out others online with a

similar health condition who understood her situation and were willing to help her achieve her goal. Additionally, participants enhanced resources by learning about their illness and how to manage symptoms in order to continue with leisure activities. For instance, one participant increased her knowledge of how to manage her diabetes in order to continue to play basketball at a competitive level.

Compensation strategies employed were preparing for possible incidents, receiving support from others, and confronting negative situations. Participants learned to anticipate and plan for things that may go wrong while engaged in leisure activities thus reducing the amount of uncertainty they experienced. For instance, knowing who lives nearby that can assist if symptoms worsen while engaged in leisure activities. Receiving support from others who had similar health conditions was valuable for participants to feel involved in social leisure. Finally, confronting negative symptoms took the form of being assertive and standing up to others who attempted to limit leisure activities of the participants due to their chronic illness. For example, one participant reported standing up to a basketball referee who wouldn't let her play in a game because she was wearing a medical alert bracelet and "jewelry" was not allowed on the court. By standing up for herself she was eventually allowed to place tape over the bracelet and play in the game. The authors report that this is an important finding because it has been shown that when modifications to leisure activities take place, individuals are less likely to stay engaged in the activity. Being assertive allowed for participants to engage in leisure activities that did not have to be tailored to their health condition.

The preceding literature review demonstrates the usefulness of the SOC model in various developmental domains, contexts, and populations. Reviewing quantitative studies allows for a general understanding of the effectiveness of the SOC model but these studies do not necessarily

highlight which of the SOC strategies contributed most to the outcomes. However, the qualitative studies add a distinct layer of investigation that allows for specific understanding of which of the selection, optimization, and compensation “solutions” contributed the most to the measured outcomes and why. Influenced by these qualitative studies and findings, the present study uses the collective case study method to see if SOC solutions are used by adult male survivors of childhood sexual abuse to offset losses in resources.

Research Purposes

This exploratory collective case study seeks to identify if perceived psychological and material losses are experienced by male survivors of CSA following the abuse. Further, the study examines if the participants used specific Selection, Optimization, and Compensation strategies, “SOC Solutions,” to offset or mitigate the identified psychological and material losses.

Research Purpose 1

The first step in understanding SOC Solutions is to identify the major losses in resources that may result from childhood sexual abuse. Through within-case analysis and cross-case comparison, this descriptive study investigates the common and unique major losses in resources experienced by six adult male survivors following CSA. The study addresses the following research questions:

- 1) Do major losses in *psychological resources* (e.g., sense of security and optimism, attachment, life-meaning, resilience) occur for adult male survivors as a result of childhood sexual abuse? If so, what are these identified psychological losses?
- 2) Do major losses in *material resources* (e.g., social skills, relationships with family members, friends, school, and communities, healthy guidance and support) occur for

adult male survivors as a result of childhood sexual abuse? If so, what are these identified material losses?

Research Purpose 2

The present study examines whether male survivors of childhood sexual abuse use Selection, Optimization, and Compensation Solutions to offset or mitigate the major losses resulting from the abuse. The following research questions are investigated:

- 1.) Do male survivors of childhood sexual abuse engage in Selection, Optimization, and Compensation Solutions to offset the major losses resulting from the abuse?
- 2.) What similar and unique SOC Solutions do male survivors of childhood sexual abuse use to assist in offsetting losses in resources following childhood sexual abuse?

Research Purpose 3

Within case analysis and between-case comparisons will be made with respect to each of the purposes listed above. This affords exploration of both within- and between-person SOC Solutions that may be shown among individuals in the sample.

Chapter 3 - Method

This chapter outlines the methods of the present study. The rationale for the design and implementation of the methods are discussed. The study utilizes the exploratory collective case study method with cross-case comparison (Stake, 1995). This allows assessment of potential similar and unique major losses in resources experienced by male survivors following childhood sexual abuse (CSA). Additionally, the case study method with cross-case comparison is used to examine potential similar and unique selection, optimization, and compensation (SOC) solutions used to offset losses related to the abuse. Structured interviews using a standard interview guide were conducted.

Sample

It can be difficult for researchers to gain access to male survivors of CSA given the increased secrecy surrounding childhood sexual abuse of males relative to females. Adult male survivors are less likely than female survivors to report having been sexually abused. Additionally, they are also less likely to seek out and to receive therapeutic services (Holmes, Offen, & Waller, 1997). These factors make it challenging for researchers to identify, locate, and contact potential male participants for studies on male childhood sexual abuse. Moreover, those who are located may not be representative of the male survivor population. Therefore, purposeful sampling (Patton, 2002; Silverman, 2005) was employed for the present study.

Initially, participants were recruited from three Midwestern chapters of a male support group, *The ManKind Project*. However, after screening volunteers based on the inclusion and exclusion criteria (discussed below) this group did not yield any participants. Therefore, additional resources were sought. The first effort involved posting an advertisement of the study in a university announcement page that potentially reaches all of its students. This yielded one

participant who met all of the criteria to join the study. Next, an advertisement for the study was posted on the website *lin6.org* which is a website devoted to male survivors of childhood sexual abuse. This website has a page dedicated to researchers for recruiting male survivors of childhood sexual abuse. This route did not yield any participants. Finally, a recruitment notice for the study was placed on the Facebook page of *lin6.org*, which yielded five additional participants who met the criteria for the study. Four cases was deemed sufficient in order to achieve adequate cross-case comparison for an exploratory study. In the end, six cases were examined in this study.

The sample showed diversity in type of sexual abuse each participant experienced, duration of abuse, perpetrator of the abuse, age at time of abuse, and age at time of interview. Type of abuse ranged from intercourse, to oral sex, to fondling. Duration of abuse ranged from a single instance of abuse up to multiple years of ongoing sexual abuse. Perpetrators were different in each of the cases. Perpetrators included an older female relative, a priest, a neighborhood male pedophile, an older male family friend, a male janitor at school, and an older uncle. Age at time of the abuse varied in each case from early childhood to late adolescence. The median age of participants at the time of interview was 45.8 years. Overall, the sample spanned the age range of 27 to 56 years of age. The diversity of the population was accomplished through the recruitment process in which a heterogeneous sample was accessed via Facebook.

Inclusion Criteria

Participants selected for this study had to meet the following criteria: 1) adult male over the age of 18; 2) sexually abused prior to age 18; 3) willing and able to disclose portions of the sexual abuse experienced in childhood; 4) lived with the effects of the abuse for various durations of time; and 5) contributed to the wider age range sought for the research.

Exclusion Criteria

Due to concerns that talking about the sexual abuse would increase suicidal risk, participants were excluded from the study if they had attempted suicide at any point in time or had any suicidal thoughts in the previous 12-month period. Also, participants were excluded if they had a current substance use disorder diagnosis. Finally, participants were excluded from the study if they were currently in therapy. Based on these criteria, 18 men were excluded.

Debriefing

Following each interview, participants were given contact information for various local community sexual abuse treatment centers that could be contacted if any they experienced any distress from the interview. Additionally, a Debriefing Follow-up Check was scheduled in which the author inquired via email about any changes in behavior or negative thought processes that may cause the need for referral to a therapist. Finally, the author, who is a Licensed Marriage and Family Therapist, provided his contact information for participants to utilize, if needed. This was for assessment and referral purposes only to avoid conflict of interest. At follow-up, each participant indicated that he was functioning as usual and did not need any additional referral sources.

Research Design

Case Study Design

The present study utilized a collective case study cross-sectional design to examine 1) if there were similar and unique losses in resources experienced by male survivors following childhood sexual abuse; and 2) if there were similar and unique SOC Solutions utilized by adult male survivors that assist in offsetting losses following childhood sexual abuse. To accomplish these aims, both within-case analysis and cross-case comparison was conducted in the study.

Single occasion face-to-face structured interviews using a standard interview guide were conducted. Each interview was carried out in a similar manner with the same questions asked of all participants (Patton, 2002). Each interview question was operationalized to capture the essence of selection, optimization, or compensation. This was accomplished by adopting portions of the SOC questionnaire (Baltes, Baltes, Freund, & Lang, 1999; A. Freund, personal communication, September 5, 2017) and examples of SOC strategies listed in Table 2.1 to formulate qualitative interview questions. The author is not aware of any previous research using SOC interview questions.

Yin (2014) proposes that the case study should be thought of as “the opportunity to shed empirical light about some theoretical concepts or principles” (p. 40). In this regard, then, the present study aimed to shed empirical light on how adult male survivors of childhood sexual abuse utilize SOC Solutions. Shedding light on SOC Solutions is important for gaining a better understanding of how male survivors of CSA may offset losses resulting from the abuse. The selection, optimization, and compensation model provides a framework that guides this understanding of human development. As such, the case study design employed in the present study may make a contribution to theory building in both the SOC developmental literature and clinical setting for working with male survivors of CSA (Yin, 2014). Furthermore, the study may contribute to the development of operationalized SOC interview questions that may be used in future qualitative research with the model (J. Carpentieri, personal communication, September 15, 2017; P. Rozario, personal communication, September 13, 2017)

Data Collection Strategy: The Standard Structured Interview

Each interview was conducted, recorded, and transcribed by the author. The structured interview with a standard interview guide consisting of operationalized SOC questions was

selected as the data collection strategy. All participants were asked the same questions and in a fixed order. Interview questions were designed to enhance the content validity of the sub-dimensions of personal losses and selection, optimization, and compensation solutions employed by each participant. Interview questions for this study were adapted from components of the SOC questionnaire (Baltes, Baltes, Freund, & Lang, 1999; A. Freund, personal communication, September 5, 2017) and examples of SOC strategies listed in Table 2.1 This allowed for operationalized questions and thus increased the likelihood that participant responses reflected the categories of selection, optimization, and compensation solutions. The first interview, Mike, was used as a pilot to test question clarity and reduce redundancy in questions. After this interview, the number of questions was significantly reduced as it was evident that much redundancy existed in the initial interview.

Procedure

Screening

Screening was conducted by the author and took place via email. Screening was guided by the inclusion and exclusion criteria listed above. If a participant met any one of the exclusion criteria then he was informed that he did not meet the requirements for the study. Conversely, if a participant met the requirements for the inclusion criteria and did not meet any of the exclusion criteria, he was asked to set up a day and time to do the interview face-to-face or via phone.

Informed Consent

The ethical provisions of the study (related to research design, assigned risk level, and Statement of Informed Consent) were approved by Kansas State University's Research Compliance Office (Institutional Review Board) prior to the recruiting phase. Both the author and the second coder completed the required training courses put forth by Kansas State

University's Institutional Review Board. Protections for confidentiality included de-identifying information provided by the participants in each transcript and in possible publications and presentations. Participants were identified by the pseudonyms Mike, Aaron, Evan, Stanley, Caleb, and James.

Interview

The author conducted all interviews individually either at a local library or via telephone. Interview location was based upon where each participant lived. One interview was conducted face-to-face while the remaining five interviews occurred on the telephone. Interviews were recorded on the author's phone and immediately deleted upon transcription of the interview which occurred within 24 hours for each interview.

Question Formation.

The interview questions were designed to discover answers that address each of the research questions. The interview questions were developed through a review of the research examining operational formats of SOC used by other researchers. Additionally, the author engaged in personal conversations with several SOC researchers discussing SOC use in research dealing with life-event related changes. The interview questions were broken into four major sections – personal losses, selection, optimization, compensation – and were developed to target dimensions of SOC displayed in Table 2.1. The questions were designed to reflect content validity of the specific sub-dimensions of the SOC model. The questions were not previously vetted with a sub-sample of adult male survivors of childhood sexual abuse. The interview questions are included in Appendix B. The first interview, from Mike, was used to refine the interview questions and lasted 90 minutes. Based upon this interview, repetition across the

questions resulted in reduction in the number of interview questions. Each subsequent interview lasted no more than 45 minutes.

Internal Validity

Translational Validity

The interview questions were developed with "translational validity" in mind. Translational validity asks how well the researcher "translated the idea of the construct into its manifestation" and thereby "attempts to assess the degree to which you accurately *translated* your construct into the operationalization" (Trochim, 2016, p.130). This was accomplished through two translational validity types: 1) face; 2) content.

Face Validity.

In face validity, a measure is assessed for how well it looks like it is measuring what the researcher wants it to measure. Face validity describes how well the measure, on its face, seems like a good translation of the construct. For the present study, face validity was enhanced by discussion with Alexandra Freund (A. Freund, personal communication, September 5, 2017), a prominent researcher in the SOC model literature. Freund recommended constructing interview questions directly adapted from components of the SOC questionnaire (Baltes, Baltes, Freund, & Lang, 1999).

Content Validity.

Trochim (2016) defines content validity as "a check of the operationalization against the relevant content domain for the construct" (p. 130). This was accomplished through a review of the SOC literature which provided a thorough understanding of the model and its sub-dimensions. From this understanding, interview questions were developed. The initial questions reflected the sub-dimensions of SOC but, on their face, seemed too scholarly. Therefore, further

questions were developed with these constructs in mind but with language that reflected a better, more colloquial-sounding translation of each sub-dimension. The initial interview with Mike provided valuable information about how well the items were understood and adjustments to questions were made based on this feedback. For example, Mike's responses appeared to repeat from question to question, therefore the number of questions was reduced from 26 to 10.

Credibility of Researcher

Patton (2002) uses the phrase “empathic neutrality” (p. 51) to describe the preferred stance of the qualitative researcher in relation to the participants in the study as well as to the data. He writes that “the [qualitative] investigator’s commitment is to understand the world as it unfolds, be true to complexities and multiple perspectives as they emerge, and be balanced in reporting both confirmatory and disconfirming evidence without regard to any conclusions offered” (p. 51). The author's training as a counselor and therapist taught him how to maintain empathic neutrality in his previous clinical work by constructing professional boundaries around the therapeutic relationship. As a therapist he worked with one supervisor in particular on the concept of having “one foot in and one foot out” of the client’s life. This is the essence of empathic neutrality. Not so objective that the relationship seems sterile and detached but also not so subjective that the therapist loses sight of where the client ends and the therapist begins.

For this study, the author brought this understanding of empathic neutrality to the participants interviewed and the data analyzed. His years of training as a counselor and therapist and clinical experience working with survivors of sexual abuse qualify as the “intensive training and rigorous preparation” (Patton, 2002, p. 261) needed for observational and interviewing methods in qualitative research. As a result, the author was able to keep one foot in and one foot out of the participants’ stories and the data analysis.

External Validity

Generalizability

Case studies can be considered more generalizable when connections between cases are made. When participants with different social experiences report similar experiences there is a great chance that others would report similar experiences had they been interviewed in the study (Seidman, 2006). The present research compared cases in order to identify similarities in the experiences of the participants in use of SOC solutions. Thus, the similarities that were found across cases adds to the external validity, or “petite generalization” (Stake, 1995) drawn from this study.

Strengths and Limitations of Methods

A strength of the case study is that it allows for understanding the individual within context. Stake (1995) writes that the qualitative researcher strives to understand “the wholeness of the individual” (p. xii). Therefore, from a life-span developmental perspective, the case study strategy lends itself to understanding how the individual develops. As Staudinger, Marsiske, and Baltes (1995) maintain, the life-span developmental perspective is needed to “carefully consider *individuals* and their contexts” (emphasis in original, p. 804). The case study, with its focus on depth, richness, and context, provides an opportunity to carefully consider individuals and their context by gaining access to the SOC Solutions used by individual males following CSA.

Patton (2002) maintains that the personal nature of qualitative research is both a strength and a limitation. First, it is considered a strength because being involved in the interview allows for firsthand experience and understanding which works to add a unique and valuable perspective to the study. However, the personal nature of qualitative research can also be considered a limitation because personal involvement may lead to “selective perception” (Patton,

2002, p. 329) where certain data are included at the expense of other data depending on the researcher's perspective. Thus, "[researcher] closeness makes [...] objectivity suspect" (Patton, 2002, p. 569). To balance this limitation, each interview question is operationalized to capture the essence of selection, optimization, and compensation solutions. Additionally, the interviews followed a structured protocol. Doing so increased the likelihood that the participants stayed on task. Finally, a second coder was utilized for analyzing the data along with the author.

A final limitation is that the researcher is the primary instrument of the qualitative study. Therefore, there is risk that the subjective experience of the researcher heavily influences both the interview process and the interpretation of the data. This occurred during data analysis. The author's clinical experiences may have led him to expect participants to experience losses following the sexual abuse in childhood. Therefore, he was careful not to lead them to an answer regarding losses. A number of participants were not able to identify a material loss. This went against the author's preconceived ideas regarding material losses. Additionally, his training as a developmentalist may have led him to expect participants to report use of SOC Solutions when they did not do so. This was the case with Selection Solutions. The author believed that the participants would report Selection Solutions in childhood. As will be discussed, participants instead engaged in "holding strategies" (R. Scheidt, personal communication, September 14, 2018), whereby they used automatic responses to the abuse rather than deliberate acts of goal selection as the SOC model posits. This was not an anticipated outcome at the outset of the study.

Data Analysis Method

Step 1: Data preparation

Each interview was transcribed verbatim with the exception of identifiers being removed and/or altered. After transcription, each line of the written text was numbered in order to make data analysis more organized and coder-friendly. Subjective validation of questions was conducted by the author where each interview response offered by each participant was reviewed to determine whether or not the participants seemed to understand what each question was asking of him. After reviewing each transcript, it became evident that the participants understood what the questions asked and were able to answer them. An example of a partial transcription is found in Table 3.1.-

Table 3.1 Sample of Transcription of Interview

<p>48 What became most important for adapting to the loss? (selection) 49 Not letting anybody know. Burying it, you know I literally thought for a long time that 50 everyone just has those one or two secrets that they walk around with that you just have and 51 you, you don't do anything about, you just thought about those, and that was like well this 52 is mine. And this is just what I have to deal with for the rest of my life.</p>
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Step 2: Inclusion of second coder

In order to enhance objectivity in clarifying the understanding of key phrases and the labeling of themes, a second coder was brought into the project. The second coder holds a doctorate in marriage and family therapy and was chosen based on her previous experience with qualitative case analysis and her background as a therapist. She had no previous experience with the SOC model; therefore, she underwent training on the models. This included becoming familiar with the dissertation proposal as well as the coder training protocol. After reviewing these documents, the author and coder met to address any questions the coder had about the

models and the analysis protocol. This allowed for clarification of key concepts in particular differentiating optimization and compensation. This process allowed her to understand the Resource-Loss Model, the SOC Model, and operational foundation of the research. She also completed the required IRB trainings.

Step 3: Coding procedure

The steps used in the coding procedure were as follows:

- a. While reading each transcript, the coders individually began bracketing each unit of meaning of the responses that specifically pertains to:
 1. Psychological and material losses
 2. Selection, Optimization, and Compensation strategies
- b. Bracketed material was labeled individually by each coder with a word or phrase that best captured the essence of the content. This involved each coder identifying and labeling content themes for resource losses and each domain S, O, and C. within each unit of meaning.
- c. Coders met together in order to begin bracketing adjustment. Coders may have bracketed similar units of meaning or they may have placed brackets at different points in the transcribed text. Coders met to adjust the beginning and end points of brackets in order to reach agreement on bracketed material. This allowed coders to resolve any disagreements concerning bracket length. Bracketing adjustment may have involved adjusting longer brackets to reduce redundancy and text that did not capture resource losses or SOC Solutions. It may have also included lengthening a shorter bracket of one coder to match the bracket of the other coder if both agreed that the bracket captured a unit of meaning. Through this process, coders came to agreement to adjust their original brackets. In the event of coder disagreement, each unit of meaning was treated separately (two different responses).

d. After brackets were adjusted, the coders discussed the themes each used for the bracketed material. This involved coming to agreement on themes used for both shared and unique bracketed material.

The following are illustrations of these procedures:

a. **Bracketing:** This step involved bracketing ([...]) units of meaning (i.e., words, phrases, or paragraphs) that comprised the message content within each response. Each coder read the transcribed interviews to identify instances of participant's references to losses and uses of S, O, and C, bracketing where each reference began and ended. Thus, two separate categories were bracketed. These categories included: 1) *major psychological and material resource losses following childhood sexual abuse*; and 2) *SOC strategy utilization*. Brackets indicated the beginning and ending boundaries of each unit of meaning. The coders may have bracketed common material or, at times, bracketed completely different and non-overlapping units of meaning between the two of them, as Table 3.2 shows.

Table 3.2 Coder bracketing

What resources existed at the time of the loss that helped you adapt to the loss? (optimization)
Coder 1: [Maybe just kind of telling myself that I'm not the only one who probably been through this.]
Coder 2: [Just kind of knowing that I'm sure this has happened to someone. Maybe they're not on this side of Heaven where I am particularly in my city or my school but maybe they're in another city in my state or in a different state. I think just having that belief that there's someone else you know with a story like mine, maybe not exactly but still you know same issues, same effects, short term or long term. I think that kind of supported me to not go down the spiral, you know the deep rabbit hole like say commit suicide or start abusing myself]

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- b. **Labeling:** After a bracket was placed, each coder individually labeled the unit of meaning with a word or phrase that he or she thought best captured the essence of the participant's responses.
- c. **Bracketing adjustment:** One of the goals of this process was to take shared bracketed material and see if coders can come to agreement on bracketed material being cut down or expanded upon. Additionally, it consisted of trimming or cutting down on unnecessary words for longer brackets. However, it could also mean expanding a shorter bracket to match the other coder's longer bracket if both agreed that it provided a more meaningful unit of meaning. Coders shared thoughts about differences that existed in the size of each bracketed unit of meaning and also when both coders bracketed similar material.
- d. **Thematic analysis:** Each coder used words or phrases to label bracketed responses. The purpose of this step was for coders to compare the thematic labels each placed on shared, as well

as distinct (one coder only) bracketed material. The essence of this step was analyzing the bracketed units of meaning to derive an agreed upon theme. An example of theme identification is provided in Table 3.3.

Table 3.3 Example of Thematic Analysis

Theme	Overlapping Bracket: Optimization
Facade	88 [I think because I did the work so well, the sports so well, I 89 was a good student, because everything seemed okay there 90 was no reason for anybody to think there's something else 91 going on.]

Step 4: Cross-Case Analysis

Cross-case analysis was conducted by creating a table from data obtained from the thematic analysis. Where there was similarity between cases with regard to SOC strategies referenced, each domain was highlighted with the same color. For unique themes, each response was highlighted with a different color. See Table 3.4 for an example of how this analysis was conducted.

Table 3.4 Cross-Case Analysis

	Psychological Loss	Selection	Optimization	Compensation
Mike	Shame	Maintain SA secrecy	Overly invested in work and sports	Connection to others
James	Confusion and lost innocence around sexual identity and body	Redemption of innocence through faith in God	Talked to God about SA	Support from spouse
Stanley	Loss of self-confidence	Determined to overcome challenges	Seeking normality	Connection to others
Aaron	Lost self-esteem	Alcohol	Drinking Alcohol	Reading
Caleb	Loss of control/loss of power	Alcohol	Blocked feelings	Addressed feelings
Evan	Lost sense of self/identity	Self-satisfaction: using people for sex	Constructed new lifestyle focused on sex	Connection to others

Both within-case and between-case thematic analyses are presented in Chapter 4: Results.

Chapter 4 - Results

This chapter presents the findings from the study. A within- and between-participant case study format was used to describe the responses to interview questions developed by the author. The SOC Solutions used by each participant in this study were identified by first examining the major losses in internal (psychological) and external (material) resources he reported experiencing as a result of the sexual abuse. Following this, the selection, optimization, and compensation “solutions” utilized by each participant to offset these losses in identified resources are presented. The findings are presented in a “blended analysis” format of the combined personal narratives and thematic responses (solutions) that emerged from the coding. Tables are presented that show the resource losses and SOC Solutions used by each participant. The summaries presented at the end of each case presentation contain the author’s interpretations.

SOC Solutions: Within-Case Analysis

Case One: Mike

Mike, 32, was selected for the study from an advertisement placed on a university’s online student newsletter. He identifies as Caucasian. Mike was sexually abused in childhood from the ages of 6 to 9 by an older female relative. When asked about the most important *psychological loss* he experienced as a result of the sexual abuse he reported feeling *an increased sense of shame* (See Table 4.1 below for an overview of Mike’s resource losses and reported SOC Solutions).

Table 4.1 Mike Resource Losses and Reported SOC Solutions

	Psychological Loss	Selection (Holding Strategies)	Optimization Solutions	Compensation Solutions
Mike	Shame (feeling like a bad person, worthless, no value)	<p>Maintain SA secrecy</p> <p>Isolated with SA experience</p> <p>Cutoff from emotions</p> <p>Distractions (sports, pornography, work, sex, relationships)</p> <p>Masking (putting up a façade)</p>	<p>Overly invested in work and sports</p> <p>Seeking relief through work and sports</p> <p>Maintaining masking (façade)</p> <p>Compartmentalizing</p>	<p>Sexaholics Anonymous</p> <p>Established trusting connection to men</p> <p>Talked with men about distractions (pornography, sex, relationships)</p> <p>Involved in supportive community (religion)</p> <p>Shift in mindset: recognized self-worth and personal value</p> <p>Used SA experience to become helpful to others</p> <p>Therapy</p> <p>Leaned on close friendships</p> <p>Living a more authentic identity (no</p>

				<p>longer needed to pursue masking)</p> <p>Lessening the power of emotions by learning that emotions are temporary and neutral</p>
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	Material Loss	Selection (Holding Strategy)	Optimization Solutions	Compensation Solutions
Mike	Missing out on healthy, secure family	Not letting family in	<p>Guarding (minimal sharing with family)</p> <p>Friends became family</p>	<p>New friend support system</p> <p>Moved away from home and family</p> <p>Therapy</p> <p>Involved in supportive community (religion)</p> <p>Healthier romantic relationships</p> <p>Acceptance</p> <p>Forgiveness</p> <p>Connection with others:</p> <p>Became open to being</p>

				<p>supported (emotionally available)</p> <p>Became more comfortable in being vulnerable in sharing with others</p> <p>Became helpful to others (recognized self-worth)</p>
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Mike reported that after the abuse he felt he was a bad person who was worthless, of no value to anyone. Mike identified numerous loss-based *selection strategies*, that the author has termed “holding strategies” (R. Scheidt, personal communication, September 14, 2018), used to cope with the feeling of shame (See Appendix E for number of shared and unique themes identified by the coders). These holding strategies appear to be unintentional solutions that are set as an automatic reaction to the abuse. Holding strategies differ from Baltes’ formulation of loss-based selection strategies in that holding strategies are not consciously selected among alternatives in childhood, as is the case with adults who experience losses. A child who has suffered through trauma does not typically have the cognitive capability to scan and select available goals, that is, self-regulate, as an adult would (Bronson, 2000).

Each of the holding strategies reported by Mike were maladaptive defense mechanisms designed to keep him from becoming overwhelmed by the pain of the trauma. These holding strategies can be considered maladaptive because they did not contribute to psychological or physical well-being as is the case with adaptive strategies. He reported that immediately

following the abuse he engaged in the hold strategy of *maintaining secrecy around the sexual abuse*, saying,

I became more focused on how to not let people know. I spent all of that cognitive energy and emotional energy thinking about ‘How can I act like nothing happened? How do I not let people know? What are ways that I could feign that this doesn’t bother me?’ And so that became the priority.”

It would have been too much for Mike to bear if others were to find out that he was being sexually abused. Because he was maintaining this secret, he developed another holding strategy in which he *became increasingly isolated with the sexual abuse experience*. Therefore, he was left to navigate the sexual abuse experience alone without the support of others. At the same time, he recognized the painful feelings caused by the abuse. In an attempt to not become overwhelmed by these feelings he developed a holding strategy in which he became *cutoff from his emotions*. Through this process he engaged in another holding strategy which he identified as “*masking*” where he put up a façade that nothing was bothering him, that the abuse did not impact him. In fact, he tried to act as though the abuse had never occurred resulting in an inauthentic mode of being. He did this through engaging in holding strategies that were distractions such as *participating in sports, viewing pornography, work, sex, and unhealthy relationships*. These holding strategies helped him to avoid a psychological confrontation with the abuse experience altogether during the formative years of childhood and adolescence. He identified this facade as “the mask of masculinity.”

To implement these holding strategies, Mike began employing *optimizing solutions* by *becoming overly invested in sports and work* which helped him to *maintain the mask of*

masculinity. Through work and sports he sought relief from the sexual abuse experience, but eventually recognized that these holding strategies were not working, saying,

I poured myself into any work opportunities, sports just became...my drug, it was a distraction. I got some validation for being athletic or an athletic ability. But that was all while trying to satiate what had happened [the abuse] and it didn't [work].

He also engaged in the optimization solution of *compartmentalizing* where he "got very good at...blocking things out...difficult things, putting those on the shelf, locking those away, not dealing with it." Compartmentalizing is one way he was able to sustain the holding strategies of maintaining secrecy and becoming cutoff from emotions.

Recognizing that the optimization solutions he employed in childhood were not helping him heal from the sexual abuse, Mike began engaging in adaptive *compensation solutions* later in life. Compensation solutions can be considered adaptive because they may contribute to psychological and physical well-being. Put simply, compensation solutions entail "doing something different" than continuing to engage in maladaptive holding strategies and optimization solutions. Once implemented, compensation solutions facilitated "stories of transformation" in which Mike began to experience change that contrasted his childhood holding strategies.

Mike identified a turning point in his life where his previous perspective on religion shifted. Prior to this experience, he viewed religion as "deficit-oriented." That is, he viewed religion as something that focused on the bad things that a person has done and blames the individual for how he or she turned out in life. However, through developing the compensation solution of connecting to a *new religious community* he came to view religion, and himself, as "strengths-based." In other words, this new engagement with religion taught him that although

something bad had happened to him, he was not a bad person. The religious community showed him that he had personal strengths he could offer others. He stated,

This religious community came along and introduced me to this idea that [the sexual abuse] happened, yes, and it sucks, and you can still be helpful to our community, you still have something to offer, you still have something to give. So that shift in mindset was huge.

Mike further compensated for the childhood loss by engaging in the compensation solution of going to *therapy*. One of the keys to his therapy was when his therapist suggested he attend the support group *Sexaholics Anonymous (SA)*. Participating in this group was a powerful compensation solution Mike began to use. Being a member of this group allowed him to develop a further compensation solution in which he *reached out to other men in the SA groups* who had similar disruptive experiences with unhealthy sexual relationships and pornography. He stated, “So I realized that the opposite of...the isolation, was connection. And I started connecting...with other people, other guys that have had similar experiences or had wrestled with other sexual issues, having regular discussions with them.” As a result, he began compensating for the childhood psychological loss by *learning to establish trusting relationships* and in the process *becoming less isolated with the secrecy of the sexual abuse experience*. Through these relationships he learned that “the function of relationships changed from how might this work so that I don’t have to deal with [the abuse] to how can I be connected to people even in the midst of [the abuse].”

Over time, he learned that he could use his sexual abuse experience to be *helpful to other men who had also been sexually abused*, as he put it, “them helping me and I helped them too.” This *connection to other men* was a powerful compensation solution that helped reinforce the

mindset that he had something to offer others, that he was not a bad person because of the sexual abuse. Concerning this he said, “So I became more connected. I got more involved in community because I realized that the opposite of what I was doing to myself was being able to connect with other people even in the midst of it.” These connections led to valuable *friendships*, another compensation solution that Mike learned to lean on,

People that were okay with being around me when I was potentially not okay. So I didn't have to feign that I had it together at work or any other aspect. They were okay with me and I became okay sharing with them like, ‘Yeah, it’s just a difficult time right now.’

These friendships allowed Mike to live a more authentic identity in which the mask of masculinity, the mask of “nothing is bothering me,” was no longer needed, “It’s the mask that’s typically associated with masculinity, I didn’t feel like I had to hide behind it any longer.”

Mike came to terms with the fact that there will be times when he is not doing well because of the sexual abuse experience. As a result, he was able to *lessen the power of emotions by learning that they are temporary and neutral* – a key compensation solution that allowed him to stop cutting himself off from his emotions and instead feel them without becoming overwhelmed.

Mike identified the major *material loss* as *missing out on a healthy, secure family*. In order to cope with this loss Mike utilized the maladaptive *holding strategy* of *not letting family know who he was*, saying, “I really did kind of shut down.” The *optimization solutions* he used to achieve this strategy included what the coding process identified as “*guarding*.” Guarding refers to how Mike closed himself off to his family in which he shared very little, if at all, about his life, including the sexual abuse. He would have become overwhelmed if his family were to find out about the sexual abuse. To achieve the holding strategy of not letting family know who he

was, *his friends became like family members*, in essence making it easier for him to not let his family know who he was. However, he noted that he also did not share about the sexual abuse with his friends.

At the end of adolescence, Mike engaged in the *compensation solution of moving away from home and family to attend college*. This allowed him to put physical space between himself and his family, which was important because he no longer had to engage in the guarding optimization solution. In in the process of moving away to college, he developed a *new friend support system*, which was another influential compensation solution. Constructing this new support system gave him “access to people that were different than family members. Instead of family members just being aunts and uncles and cousins, it was mentors that were helpful. Basically my support system changed and that made a world of difference.”

Mike also identified *therapy and involvement in a supportive religious community* as compensation solutions that helped him cope with the loss. Through these solutions, Mike learned other compensation solutions including *developing healthier romantic relationships, accepting that the sexual abuse occurred, forgiving the person that abused him, and connections with others*. Connections to others helped him *become open to being supported*, essentially becoming emotionally available to others instead of emotionally cutoff and guarded from those around him. Connections to others also helped him *become more comfortable with being vulnerable in sharing with others and becoming helpful to others*, again recognizing that he has self-worth and is not a bad person.

In summary, Mike’s case highlights how holding strategies and optimization and compensation solutions contribute to different levels of functioning both in the immediacy of the abuse and later in life. As a child, Mike set holding strategies that could be considered

maladaptive because they contributed to continued distress. He sought these strategies through optimization solutions that reflected the use of available resources. These optimizing solutions helped to maintain the “status quo” of a baseline level of functioning in the immediate aftermath of the abuse as he pursued his set holding strategies. With optimization solutions he began using available resources for maintenance and resilience which helped him to maintain levels of functioning when confronted with challenges and losses. As a child, he quite simply was doing the best he could with the resources that were available to him at the time.

Mike began to engage in compensation solutions later in life by developing and accessing new resources which helped him to reach higher levels of functioning. With compensation solutions “stories of transformation” took place in which the initial loss-based holding strategies were no longer important and instead he compensated for the losses he experienced. In essence, he “did something different.” Engaging in compensation solutions is an indication of self-regulation in that regulation consists of a deliberate attempt to modify behaviors. Later in life, Mike began to deliberately change his behaviors when he gained insight that his holding strategies and subsequent optimization solutions were not working and as a result came to the conclusion that change was needed.

As previously noted, Cicchetti and Cohen (1995) describe compensatory systems as “self-righting tendencies” (p. 12) that place the individual on a different developmental trajectory than before compensation strategies were deployed. This is due to compensation increasing one’s “functional limits” (Marsiske et al., 1995, p. 51). Mike’s case illustrates the concepts of developmental reserve capacity (DRC) and baseline reserve capacity (BRC). BRC, as put forth by Baltes (1987), is an individual’s upper functional limit, or “performance potential” (p. 618), when all available resources are used at one time. DRC refers to the addition of resources, or

“interventions” (Baltes, 1987, p. 618), that increase one’s upper performance potential limit. The strengthening of performance potential through the addition of resources causes the upper BRC limit to rise; thus, the individual’s baseline functional limit increases and change is experienced. This occurred as Mike progressed throughout life and developed compensation solutions. For example, he reported his childhood being marked by secrecy and isolation but in adulthood, the opposite of this occurred as he began to connect with others and open up about the sexual abuse. Essentially, optimization solutions in childhood maintained the status quo in which Mike’s upper functional limit was not increased. In maintaining baseline reserve capacity Mike exhibited resiliency in the face of the losses he experienced. However, with compensation solutions “stories of transformation” took place in which his performance potential limit was elevated.

Case Two: James

James is a 27-year old African American who was selected for the study from an advertisement placed on the *lin6.org* Facebook page. He was sexually abused at age six by a teenaged family friend. He identified *confusion and lost innocence around sexual identity and body image* as the main *psychological loss* he experienced from the sexual abuse. (See Table 4.2 for an overview of James’s resource losses and SOC Solutions he utilized to cope with the sexual abuse).

Table 4.2 James’ Resource Losses and Reported SOC Solutions

	Psychological Loss	Selection (Holding Strategy)	Optimization Solutions	Compensation Solutions
James	Confusion and lost innocence around sexual identity and body	Redemption of innocence through faith in God	Maintain SA secrecy Protecting perpetrator by	Support from spouse Became emboldened to

			maintaining secrecy Avoidance of SA thoughts Making sense of SA Participated in religious practices Talked to God about SA Released guilt through devotion to God Acceptance of SA Church Love of family Telling self not alone in experiencing SA	communicate with others Hyper-attentive to SA in others Developed empathy
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	Material Loss	Selection	Optimization	Compensation
James	None identified	None reported	None reported	None reported

What became most important to James, the *holding strategy* he implemented, in the aftermath of the abuse was *restoring his lost innocence*. The *optimization solution* that was readily available to James in childhood that helped with redemption of his lost innocence was his *faith in God*.

Faith in God was something that James grew up with in his Christian family, although at times he admitted his faith waxed and waned throughout life. But in the immediate aftermath of the sexual abuse, James was able to turn to his faith as a source of strength to help forgive what he considered to be sins that occurred from the sexual abuse. This faith grew over the years since the abuse occurred and he believes has been helpful in healing from the sexual abuse. To illustrate, he stated,

It came to a point in my adult life where I just kind of like wanted to kind of just give it all up and just kind of just feel like I'm clean again...and so just kind of want to feel like I was you know clean and washed you know just by God's love and mercy.

What makes his faith in God an optimization solution is that *talking with God through prayer and meditation* is something that James could do immediately following the abuse. Being able to sort through the abuse under the guidance of his faith in God was helpful to him in feeling whole again. Two other optimization solutions he engaged in were *maintaining secrecy around the sexual abuse* and *protecting the perpetrator* through this secrecy. Being able to talk to God through prayer allowed him to work through the abuse while simultaneously maintaining secrecy in that no one would have to know about the abuse except for God.

James reported that as a child he asked God for forgiveness of what he considered to be his sins associated with the sexual abuse. By being forgiven, James was then able to put the abuse out of his mind for a period of time, which allowed him to engage in the optimization solution of *avoiding thoughts of the sexual abuse*. Along with asking God for forgiveness, James also talked to God about the abuse, which helped him work through it. Eventually he was able to *make sense of the abuse*, an optimization solution he used in childhood to help with redemption

of his innocence. At the same time, in childhood, James experienced a tremendous amount of guilt associated with the abuse but he found he was able to *release this guilt* through his devotion to God. He stated,

I didn't talk about [the abuse with other people], I ended up opening up with Him [about the abuse] even though my faith teaches me that He knows all things so but you know it eventually came to that point where I was releasing that and I devoted my whole heart to Him. I really want Him to have all of me and to you know just help me forgive myself...

Ultimately, he was able to *accept the sexual abuse*, saying, "I was devoted to my faith by just kind of releasing everything [to God], not just some things, but everything and calling it for what it was." James also reported the optimization solution of *the love of his family*. He mentioned that he did not explicitly talk about the abuse with any family members but that it was nice knowing he was supported through their love. His family helped him develop his faith in God. A final optimization solution that James used was *telling himself that he was not alone in experiencing sexual abuse*. Though in childhood he never met any other survivors of sexual abuse, it was, nonetheless, helpful for him to believe that other children had gone through a similar experience as he had. This mindset helped normalize his abuse experience.

Later in life James developed *compensation solutions* that helped him continue to heal from the abuse. He listed *support from his spouse* as the most important compensatory solution, saying,

I did disclose some of, I did disclose what I kind of like had went through in my childhood with my fiancé. I just kind of felt comfortable; I felt safe to share that with her and it was good; it was relieving.

Opening up with his spouse relates to another compensation solution he developed in adulthood, which is that he became *emboldened to communicate with others*, not just about the abuse, but about anything he took issue with. His goal was to not allow people to push him around or take advantage of him. Being able to find his voice allowed a shift from talking with God in his head to talking with others out loud about the sexual abuse he had lived through in childhood. Two final compensation solutions James identified were *becoming hyper-attentive to sexual abuse in others* and as a result *developing empathy for others*. This took the form of helping others by truly listening to their stories and being non-judgmental about their life situations. As a result he reported that he is better able to understand, appreciate, and respect people as individuals with unique experiences.

James did not identify any material losses.

In summary, James' case shows the importance of adaptive holding strategies and utilizing adaptive optimizing solutions in childhood to support these strategies. James set the holding strategy of redemption of innocence through faith in God. As a result, he sought to achieve this goal through using available internal and external resources. Having grown up in a family that stressed the importance of church and faith, James was able to turn toward prayer to work through the abuse with God (optimization solution). His case shows that some children do not have to wait until later in life to develop adaptive compensation solutions in order to experience a change in developmental trajectory. Instead, they can, on their own, or with the assistance of others, have a high baseline reserve capacity (BRC). Again, BRC refers to an individual's upper functional limit, or "performance potential" (Baltes, 1987, p. 618), when all available resources are used simultaneously. James' BRC upper functional limit was set high because he had the resource of his faith in God available to him prior to the abuse, a resource he

attributed to his family's connection to the Christian church that occurred prior to the sexual abuse. He reported that God was a readily available and pre-existing resource to him; therefore he could use this resource. He was able to begin working through the abuse in childhood by talking to God about the abuse instead of compartmentalizing or blocking thoughts and feelings around the abuse. God was a readily available psychological resource that James could turn to, lean on, and use for adapting to the psychological loss he experienced. Although he did maintain secrecy about the sexual abuse, being able to sort through the abuse with God appears to have been a healthy way for James to cope with the abuse. This may have been the prelude to him becoming emboldened to talk about the abuse with others later in life, a compensation solution he developed in adulthood. By "talking with God" as a child he learned that he had not sinned – had not done anything wrong – and that he was an acceptable person despite the abuse because he knew that God loved and forgave him. Thus, he was able to achieve redemption of innocence through faith in God.

James' case shows how important it is for children to have healthy resources available after sexual abuse and to access these resources sooner rather than later in life.

Case Three: Stanley

Stanley is 52-years old and identifies as Caucasian. He was selected for the study through an advertisement placed on the Facebook page of *lin6.org*. Stanley was sexually abused by a priest from the ages of 13 to 16. When asked about the main *psychological loss* he experienced as a result of the abuse he responded without hesitating that he *lost all of his self-confidence* (See Table 4.3 for an overview of Stanley's resource losses and SOC Solutions he utilized to cope with the sexual abuse).

Table 4.3 Stanley's Resource Losses and Reported SOC Solutions

	Psychological Loss	Selection (Holding Strategy)	Optimization Solutions	Compensation Solutions
Stanley	Loss of self-confidence	Determined to overcome challenges	Internal force to overcome challenges Maintain SA secrecy Seeking normality	Supportive friend Therapy Learned that SA story was valid Awareness of SA Telling trusted support about SA Receiving support/advocacy Seeking normality Accepted self as normal

	Material Loss	Selection (Holding Strategy)	Optimization Solutions	Compensation Solutions
Stanley	Lost family lifeline	Maintain secrecy	Compartmentalization Self-reliance Determined to overcome challenges	Awareness that SA was not one's fault Online SA support resources SA support books

				Participated in SA research Developed support system Validation of SA experience Testified in court against perpetrator Giving back by helping other survivors of SA Determined to overcome challenges Not defined by SA Gained self-assurance
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As a result of this psychological loss, his *holding strategy* was that he *became determined to overcome challenges in life*. On this strategy he stated,

I developed a mindset that I had to push through any sense of impediment because of my poor self-confidence, self-esteem. That I had to push myself to just kind of keep moving forward, take on every challenge that was thrown at me and it was my sense that if I took on these challenges and if I didn't continue to try to be successful that I was going to just basically keel over and let this sexual abuse define who I was.

Although on its face this holding strategy may appear adaptive, it may have led to Stanley working through the abuse alone without the assistance of others. This strategy may have contributed to Stanley turning within himself to cope with the abuse. To achieve this holding strategy, he *optimized by developing an internal force to overcome challenges*, saying, “I didn’t have a plan but it was just an internal force that, I just forged ahead with any challenge that was put in front of me, you know academic, school, career.” This statement seems to indicate that he was not intentionally setting goals to pursue in childhood but was instead reacting reflexively to the abuse in order to continue to function without becoming overwhelmed.

In order to overcome challenges, Stanley developed the optimization solution of *seeking normality*. He told himself that what happened to him and how his body reacted to the abuse had to be normal. If he was not able to rationalize the abuse as normal, then he would not be able to overcome life’s challenges. On this he stated,

And in that young 12-year old mind, I’m laying in this bed after being brutally raped and I’m saying to myself, ‘I got to be normal, I just have to be normal. You know, whatever happened to me, what my body did and stuff has to be normal. It can’t just be me.

By normalizing the abuse, Stanley was able to function in childhood because the normalization process prevented him from identifying as a person who had been sexually abused. He therefore developed another optimizing solution related to this which was *maintaining secrecy around the sexual abuse*. This entailed blocking out the abuse until he was in his late 20’s. In his mind what happened to him was normal and therefore was not sexual abuse. This also allowed him to begin working on overcoming challenges in life, his initial holding strategy.

In his early 20's, he began to develop *compensation solutions* that helped him begin to heal from the abuse. In particular, he turned to *a trusted friend* and a *psychologist* to reveal a portion of the abuse. Through these experiences, *his sexual abuse narrative was validated*. Regarding this he stated, "I think the biggest takeaway was it validated that, yeah, I was a victim of sexual abuse and that this is something, you know, this is something that does happen and it wasn't totally my responsibility." Even after these solutions were implemented, Stanley still had not reached full awareness that he had in fact been sexually abused. This came years later in his late 20's when he *learned through a job he held that he had been sexually abused*. This was a monumental moment for him because he was able to *begin telling the full abuse narrative to a trusted individual*, a powerful compensation solution. Through telling his story to a trusted "authority figure" (his boss) he was able to *receive support and advocacy*, another compensatory solution. In his words,

I go to my boss of the agency and I tell him about my, I tell him my story...And he's like 'Okay, that's quite a story. I got your back, I support you, man. Let's do this together.' It was an incredible chapter for me.

Over the years, Stanley continued to seek normality of the sexual abuse until he finally *accepted himself as being normal*, a powerful compensation solution that helped him heal from the abuse. He stated,

...all the categories that compose the iteration of the man I am and I can change some of these. I can, you know, educate myself and become smarter. I could invest differently and become wealthier. I could exercise and become more fit. But ultimately I have to accept myself at some point. Because even if I changed all of these attributes of myself I still am going to have to accept the newly minted

Stanley. So as that boy, I realized that I had to accept the fact that I was normal. And if I'm normal then what I experienced, my emotions, my desires, my thoughts, my passions are going to fall within the normal spectrum. And then there's nothing to act upon if you accept that you're normal.

The *material loss* Stanley identified was a *lost family lifeline*. In particular, he stated that he had an older male relative that would have stopped the abuse had he become aware of it. But the perpetrator cut off this lifeline by making Stanley feel ashamed of and at fault for the abuse thus silencing him. The end result was that Stanley had no one to turn to who would put an end to the abuse. The *holding strategy* Stanley used was to *maintain secrecy around the sexual abuse*. In order to maintain secrecy, Stanley developed the *optimization solution* of *compartmentalizing*. Being able to compartmentalize the abuse helped fuel the secrecy through “the whole ignoring skill...[the sexual abuse] didn't happen therefore I don't have to think about it or just don't think about it and I don't have to think about it.” Through compartmentalization, Stanley learned two other optimization solutions: *self-reliance* and *determination to overcome challenges* which both worked to help maintain the sexual abuse secrecy in that relying on himself to overcome challenges he had no need to confide in others about the sexual abuse. Instead, he navigated the aftermath of the abuse alone.

Stanley *compensated* for this material loss by eventually *gaining awareness that the sexual abuse was not his fault*. This allowed other resources to arise and help compensate for the loss. In particular, Stanley accessed other compensation solutions including *seeking out and developing a support group online, accessing sexual abuse support books, and participating in sexual abuse research studies*. These outlets helped facilitate his “stories of transformation” through *validating his sexual abuse experience and empowering him to testify in court against*

his perpetrator, two additional compensation solutions. Through his new found support connections, Stanley was able to further compensate for the loss by *giving back by helping other survivors of sexual abuse* (a reason he was participating in the current study), *learning that he was not defined by the sexual abuse*, and ultimately, *gaining self-assurance*, saying, “Yeah, I got my quirks,...but I’m doing pretty good. I’m doing pretty good.”

In summary, Stanley’s case, much like Mike’s case, shows that optimization solutions helped with current level of functioning and resilience in the face of losses. Optimization solutions, such as maintaining sexual abuse secrecy and compartmentalization, may be maladaptive but they assisted in being able to continue functioning with the loss – doing the best one can with the resources that are available. It is with compensation solutions, developed over the years post-abuse, that “stories of transformation” take place and a shift in functioning occurs from resilience to increased well-being. This, according to Baltes (1997) is due to compensation solutions increasing one’s upper functional limits, or developmental reserve capacity. This increase in upper functional limit produces a change from maintaining current level of functioning to a new, higher level of functioning. Compensation solutions for Stanley included *connecting with other survivors of sexual abuse and helping them start their own healing journey*. Additionally, *testifying in court against the perpetrator* helped Stanley heal from the abuse. With these solutions, a shift occurred from maintaining level of functioning to increased well-being culminating in Stanley accepting himself, abuse and all.

Case Four: Aaron

Aaron is a 52-year old Caucasian who was selected for the study through an advertisement placed on the Facebook page of *lin6.org*. He was sexually abused between the ages of 9 and 14 by an elementary school janitor. As part of the compliance that was part of the

abuse, Aaron was given alcohol by the perpetrator. At the time of his enrollment in this study, Aaron made it clear that though he survived the abuse, he does not yet identify as a survivor. This is because he feels as though he has some healing yet to do. While Aaron was able to answer the interview questions regarding compensation, he appeared to be implementing compensation solutions that did not facilitate “stories of transformation” and well-being. Instead, his compensation solutions, while effective for continuing to function with the losses of the abuse, had not yet led to offsetting the losses. He said, “It’s pretty much always the same. Nothing ever seems to change. I’ll hang in there. That’s what I’m going to do.”

The coders labeled Aaron as being in a “contemplative” state regarding engaging in adaptive compensation solutions. For example, Aaron reported he has not connected with other survivors of sexual abuse and help them, in contrast to the other participants in the study who implemented compensation solutions that facilitated connection to others and that were a part of their stories of transformation. Instead, he appeared to be watching other survivors on their healing journey through monitoring developments on the Twitter page of *lin6.org* where male survivors engage in a community of survivorship. This may be a good first step and perhaps has laid the foundation for him taking the next step of connecting with other male survivors.

Aaron identified *lost self-esteem*, *lost trust in others*, and *lost love and joy in life* as *psychological losses* experienced after the sexual abuse (See Table 4.4 for an overview of Aaron’s resource losses and SOC Solutions he utilized to cope with the sexual abuse). While he was certainly engaged in working on overcoming these losses, it was not clear from the interview if he had used adaptive compensation solutions to offset these losses.

Table 4.4 Aaron’s Resource Losses and Reported SOC Solutions

	Psychological Loss	Selection (Holding Strategy)	Optimization Solutions	Compensation Solutions
Aaron	<p>Lost self-esteem</p> <p>Lost trust in others</p> <p>Lost love and joy in life</p>	Alcohol	<p>Escaped feelings through drinking alcohol</p> <p>Maintained SA secrecy</p>	<p>Therapy</p> <p>Got sober to take care of alcoholic partner</p> <p>Reading as an escape</p> <p>Friend support</p> <p>Avoidance of SA thoughts</p> <p>Perspective: take things one day at a time</p> <p>Contemplating engaging with other survivors</p>

	Material Loss	Selection	Optimization	Compensation
Aaron	None identified	None reported	None reported	None reported

Drinking alcohol became a *holding strategy* for Aaron following the abuse. Because the perpetrator gave alcohol to Aaron during the sexual abuse, Aaron continued this behavior throughout childhood. From a young age, 9, he knew the effects alcohol had on blocking out the

sexual abuse experience and the associated painful feelings. His desire to avoid these feelings facilitated his alcohol consumption. Therefore, an *optimization solution* he implemented was *escaping the painful feelings associated with the sexual abuse* through the holding strategy of drinking alcohol. Likewise, *maintaining sexual abuse secrecy* was an optimization solution that facilitated his alcohol consumption. He stated, “I kept everything to myself and I didn’t tell anybody” saying he “would have died” if anybody found out about the sexual abuse. Alcohol helped him cope with the abuse and thereby eliminated any need of informing others what had happened to him.

Aaron reported *compensating* for the losses in adulthood by *going to therapy at age 20*. However, he stated that although he did go to therapy, he still has work left to do, “I actually have gone through therapy, I just didn’t, I really haven’t, you know, discussed how a lot of how I felt back then or how to get over you know feelings about myself...” This statement implies that Aaron has taken the first step of reaching out to others for help and he is aware that part of the healing journey for him may entail discussing and working through the abuse with a trusted other. For Aaron, the timing has not been right for this to take place. Aaron developed another compensation solution of *getting sober to take care of an alcoholic partner*. Again, Aaron has taken a step toward healing by removing the holding strategy involving alcohol consumption. Perhaps Aaron can further develop this compensation solution by working a program of recovery in which he connects with others who struggle with alcohol such as with the support group, *Alcoholics Anonymous*. Perhaps through this group he could begin to sort through the connection between the abuse and his use of alcohol.

He implemented the compensation solution of *reading as an escape* to help him take his mind off of the abuse,

I started reading, I started reading quite a bit. I know, that shortly after, I mean I became an avid reader and I could actually lose myself in reading which was very good. I could actually read part of a book and that I do, that was one of my great escapes. I literally enjoyed that. And actually about, that was the only escape I had.

While keeping him from confronting the abuse, reading may be a maladaptive compensation solution that keeps him isolated with the abuse. Reading also allowed for *avoidance of sexual abuse thoughts*, or “blocking,” another maladaptive compensation solution he implemented. This can be considered a maladaptive solution because by not confronting the abuse he may not be reaching optimal levels of well-being.

He stated that though he developed a reliable support system of friends he would never talk about the abuse experience and the abuse has remained a secret. Over the years he compensated by *developing a perspective on life to take things one day at a time* which helps him to not get overwhelmed by thoughts of the abuse. In addition, Aaron compensates by *contemplating engaging with other survivors of sexual abuse*, stating,

You know, *lin6*, I’ve been watching the tweets and you know that they have on there and you know I’m happy for a lot of those people who have overcome a lot of what they’ve done and you know maybe someday things will change for me but I’m not sure how to get there.

Aaron did not report any lost material resources.

In summary, Aaron is resilient. His reported optimizing solutions helped him to function with the abuse even though these solutions were maladaptive. His loss-based holding strategy of using alcohol set the stage for use of other optimizing solutions that were maladaptive, such as

escaping feelings. These solutions helped him to cope with the abuse and to live the best he could with the abuse experience. Therefore, he demonstrated resiliency by maintaining his baseline reserve capacity, or upper functional limit, through the use of optimizing solutions.

Case Five: Caleb

Caleb, a 53-year old Caucasian, was selected for the study from an advertisement placed on the Facebook page of *lin6.org*. He was sexually abused from the ages of 12 to 14 by a neighborhood pedophile who introduced Caleb to marijuana and would take advantage of him sexually by getting him high first. Caleb reported the major *psychological loss* he experienced following the abuse was *loss of control and power* (See Table 4.5 for an overview of Caleb’s resource losses and SOC Solutions he utilized to cope with the sexual abuse).

Table 4.5 Caleb’s Resource Losses and Reported SOC Solutions

	Psychological Loss	Selection (Holding Strategy)	Optimization Solutions	Compensation Solutions
Caleb	Loss of control/loss of power	Drinking alcohol and marijuana use	Friend support Block feelings	Alcoholics Anonymous Awareness of drug using behaviors Determination Became aware of feelings through sobriety Addressed feelings associated with sexual abuse

				Addressed connection between substance use and sexual abuse
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	Material Loss	Selection (Holding Strategies)	Optimization Solutions	Compensation Solutions
Caleb	Isolated from family	Telling SA story Protecting self through gatekeeping SA story	None reported	Supportive AA group Helping other sexual abuse survivors Therapy Acceptance Prayer and meditation Exercise Gaining power over SA story through sharing it with others Set boundaries with others

Caleb identified the *holding strategy* of *drinking alcohol and using marijuana* to numb the pain he experienced from the abuse. Drinking alcohol and smoking marijuana were what he became accustomed to while being sexually abused and therefore continued these behaviors. An

optimization solution he developed that supported the alcohol and marijuana use was *learning to block feelings*, saying, “I also had dissociative problems, so I had no feelings, I had no feelings, like I mean I could intellectually tell you what happened [with the abuse] but I had no feelings about what happened.” Because he knew from the abuse that alcohol and marijuana would numb his feelings, he turned to these substances. He also drew the *support from a close friend* whom he confided in about the abuse, which was an important optimization solution. Concerning his friend, Caleb said, “I had my best friend and my best friend knew what was going on and he was pretty much it.” Because he was able to confide in his friend, Caleb did not have to completely isolate with the abuse. Instead, he was able to feel supported and that someone cared for him.

The first *compensation solution* he identified was *attending and participating in Alcoholics Anonymous (AA)* to address his alcohol and marijuana use. Sobriety allowed him to compensate by *becoming aware of his feelings* in general and *addressing feelings associated with the sexual abuse* in particular:

Until I got sober and then I was able, I had to remove the drugs and then I was able to feel again, learn how to feel again, identify what the feelings were...It was like being reborn. Once I got sober and I could remove, once I removed the alcohol, see I was lucky in a lot of ways because there are a lot of people that get sober that have been abused but they can't address the abuse so they don't acknowledge the abuse and they continue to suffer. They may be sober but, and so like a lot of times you'll hear like in [AA] meetings, 'peeling away the onion to get to the core of who you are.' For me I didn't have any peeling of the onion because...the core was right there when I got into AA. The core, I mean it was I

had to deal with the core issues of who I was and what happened to me from day one.

Sobriety also allowed him to compensate by *addressing the connection between the substance use and sexual abuse*, saying,

This light went off and where I made the connection between the drug abuse and the molestation. I mean I knew I was an addict, I knew that I was sexually abused but I thought I was over the abuse because [the pedophile] went to jail...and so I figured...it was over. And so I really just thought my only problem was smoking pot. I knew that I was sexually abused but I never really connected the two until that moment...So then I said I smoke pot because that's what this guy wants me to do, the guy, the pedophile. I realized why I had been smoking because he wanted me to forget what he did to me and he wanted to have power over me. So if I smoked pot, or got drunk, got high, then he would continue to have power over me.

This led to other compensation solutions, *awareness of drug using behaviors* and *determination*, in which Caleb came to understand why he was drinking alcohol and using marijuana and then was able to take a stand against both the drug use and the pedophile, saying,

And I said, 'No way!' I said there is no way I can let this guy have power over me anymore. So that was when I went to a meeting the next day...my first AA meeting. And I've been sober ever since [27 years]."

A major *material loss* Caleb identified was *becoming isolated from family*. On this he said,

The getting high hindered me from being able to look deeply within myself. It kept me from feeling. I was dissociative so I basically separated myself from identifying with [the abuse] and keeping information about it from people like my family.

He engaged in the dual holding strategies of *telling the sexual abuse story*, on the one hand, but also *protecting himself through gate keeping the sexual abuse story*, on the other hand, in which he selectively chose those he shared the story with. This contributed to him feeling isolated from his family as he was not entirely comfortable sharing with them what had happened to him. He did not identify optimization solutions he used immediately following the abuse.

Caleb identified the *compensation solutions of being a part of a supportive AA group* later in life and *therapy*. With both of these solutions he felt safe enough to share parts of his abuse story which helped him begin to work through his feelings connected to the abuse. This was a significant change for him. In the past, he would avoid his feelings through marijuana and alcohol. But as an adult working a program of sobriety, he confronted his feelings and saw the value of beginning to work through them. In addition, he engaged in the compensation solutions of *prayer, meditation, and exercise* where he learned an important compensation solution – *acceptance*:

But it took me a long time to get over wanting to get over it. It was like I had to accept at some point and I don't really know when that was, you know, that there wasn't really going to be any particular time that I would ever get over the sexual abuse. So once I kind of got to that point...you always want to be over it but you know you can't be over it. It's like this weird kind of state of limbo that you're in. But I guess the best word I could tell you is I've accepted it.

Caleb identified *helping other sexual abuse survivors* as a compensation solution that has helped him heal from the abuse. Through helping others he has learned to set *boundaries with others* regarding his sexual abuse story and has *gained power over the sexual abuse story through sharing it with others*, two powerful compensation solutions. Regarding these solutions he said, “By helping you [with this study] it helps me because I get to share about [the abuse] again. And by sharing about it, it becomes less powerful than the last time that I shared about it.”

In summary, Caleb’s case indicates how important compensation solutions are for change to occur after the abuse. He identified very few optimization solutions (two solutions regarding the psychological loss and none concerning the material loss) used immediately after the abuse. However, as he matured he developed compensation solutions that facilitated his “stories of transformation” and helped him to better cope with the losses he experienced in childhood.

Case Six: Evan

Evan is a 55-year old Caucasian. He was selected for the study from an advertisement placed on the Facebook page of *lin6.org*. He was sexually abused between the ages of 8 and 16 by an older male relative. The *psychological losses* he identified were *lost sense of self/identity, innocence, and invincibility* (See Table 4.6 for an overview of Evan’s resource losses and SOC Solutions utilized to cope with the sexual abuse).

Table 4.6 Evan’s Resource Losses and Reported SOC Solutions

	Psychological Loss	Selection (Holding Strategy)	Optimization Solutions	Compensation Solutions
Evan	Sense of self/identity, innocence, invincibility	Self-satisfaction: using people for sex	Constructed new lifestyle focused on sex Music	Self-medicate with drugs, alcohol, pornography,

			<p>Lived up to self-imposed low expectations</p> <p>Constructed emotional wall</p> <p>Isolated from others</p>	<p>and acting out sexually</p> <p>Confided in wife</p> <p>Attended self-help programs</p> <p>Support from wife</p> <p>Learned in therapy to not live in the past and instead focus on the present</p> <p>Redefined sex as intimacy rather than using others</p> <p>Began helping other survivors</p> <p>Connection to other survivors</p> <p>Awareness of isolating behaviors</p> <p>Insight into sexual desire and acting out sexually</p>
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	Material Loss	Selection (Holding Strategy)	Optimization Solutions	Compensation Solutions
Evan	Lost connection to men and	Maintain SA secrecy	Masking (putting up a façade)	Self-awareness of drug using behaviors

	positive view of men Lost sense of family security		Self-medicated with drugs	Therapy Alcoholics Anonymous Connection with new friends group
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The *holding strategy* he identified was *gaining self-satisfaction by using people for sex*. As his first *optimizing solution*, he reported that he *developed a new lifestyle focused on sex*, saying,

[Sex] was really my whole life. I mean it took center stage over everything, over studying, over sports, over you know doing things I should have been doing for myself around education and work and that's just like it was almost every aspect of my life.

He also engaged in optimization solutions by using *music* as a means to escape the thoughts of the abuse: "My biggest resource when I was a kid...was music. Music was my escape from everything." Music, he reported, became a distraction from the abuse. Additionally, he optimized by *living up to self-imposed low expectations*. Evan reported,

I always had this attitude that I'm not good enough, I can't do that, I'm not good enough for that. It kind of, somebody explained this to me perfectly a few years back. I wrote myself a sentence, you know like a judge gives a sentence of whatever. So I wrote myself a sentence that I'm not good enough. And I've really lived up to that expectation of my own for a major part of my life.

Two final, connected maladaptive optimization solutions he implemented were *constructing an emotional wall* and in the process *becoming isolated from others*. These solutions prevented

others from knowing that the abuse occurred. It also kept others from knowing what he was feeling. As a result, he navigated the abuse alone as a child.

Evan identified *self-medicating with drugs, alcohol, pornography, and acting out sexually as compensation solutions* used later in life to avoid dealing with the sexual abuse. Then a shift occurred in which Evan began to experience healing from the abuse. This occurred by utilizing the compensation solution of *confiding in his wife* about the abuse story and *receiving support from her*. This support included *attending self-help programs* with him. These programs were for male survivors of sexual abuse. Attending these self-help programs was another powerful compensation solution. Through these self-help programs he developed other compensation solutions including *redefining sex as intimacy rather than using others, connecting with other male survivors of sexual abuse, helping other male survivors, gaining awareness of isolating behaviors, and gaining insight into sexual desire and acting out*. Eventually, Evan engaged in *therapy*, where he said he learned to live in the present as opposed to the past.

Material losses Evan identified included *lost connection to men, lost positive views of men, and lost sense of family security*. The *holding strategy* he used was *maintaining secrecy around the sexual abuse*. He developed the *optimization solution* of “masking” in which he put up a façade, stating,

I was a stud. Always had a girlfriend, always out with girls. You know always kind of being the overachiever of dating just to kind of you know quench my desire that, ‘Hey, I’m not gay. That’s not me. [The abuse] didn’t happen. I’m not that person. I’m this person, here look at me, I get girls.’”

Additionally he engaged in optimization solutions by *self-medicating with drugs* to avoid dealing with the abuse. Years later, he *compensated* through *becoming self-aware of drug using*

behaviors, attending Alcoholics Anonymous and gaining connection with a new supportive friends group. On this he stated,

So I guess what helped me was...just awareness. Like, 'Hey, you're not doing drugs just because they're there. You're doing drugs because you're self-medicating because you're killing the pain that's inside you.' And it's like, 'Oh! That's what I'm doing!' So we used to have Angel Dust which was really horrible chemical stuff that you would smoke and hallucinate and be sick for two days afterwards and I just did so much of that to escape and the kind of realization that I didn't have to do that and just kind of you know be okay was very helpful."

Finally, he compensated by attending *therapy* in which, again, he learned to live in the present instead of the past.

In summary, Evan's case, similar to Mike's and Caleb's, highlights the importance of compensation solutions in which "stories of transformation" take place and there appears to be a shift in trajectory away from maladaptive loss-based holding strategies and maladaptive optimization solutions in childhood. His maladaptive optimization solutions appear to be directly connected to the holding strategies he set. That is, maladaptive holding strategies may equal maladaptive optimization solutions. Optimizing solutions are helpful, however, with coping by maintaining the "status quo" of functioning in the immediacy of the abuse, but it is not until later when compensation solutions become available that we see a difference in coping strategies from maintaining functioning to positive outcomes such as connection to others and helping survivors of sexual abuse. With Evan this is evident when, for example, he engaged in optimization solutions in childhood by constructing an emotional wall as a self-protective measure that kept him from dealing with the abuse. But the opposite of this takes place in adulthood with the

compensation solution of confiding in his wife for the first time about the abuse. This allowed him to receive support from her and allowed him to take advantage of self-help programs that ultimately connected him to other male survivors, which was helpful for Evan's change process. Being able to increase his upper functional limit (developmental reserve capacity) through developing compensation solutions later in life appears to have been key for him to experience a shift from being resilient (maintaining functioning) to experiencing increased well-being (increased functioning).

Between-Case Comparison

This portion of the results section provides a comparison of participant responses to the interview questions regarding psychological and material losses and selection, optimization, and compensation solutions employed. Unique and shared themes are presented.

Demographics

The sample spanned the age range of young adulthood to middle adulthood. Additionally, there was variance in type of perpetrator and ages at time of abuse. Aaron, 52, was abused between the ages of 9 and 14 by an elementary school janitor. Caleb, 53, was abused between the ages of 12 and 14 by a stranger pedophile. Evan, 55, was abused between the ages of 8 and 15 by an older male relative. Stanley, 56, was abused between the ages of 13 and 16 by a priest. Mike, 32, was abused between the ages of 6 and 9 by an older female relative. James, 27, was abused at age 6 by a teenaged family friend.

Resource Losses

Psychological Losses

All of the men were able to identify at least one major psychological loss that occurred following the sexual abuse in childhood and all responses were unique. The psychological losses

were: *increased shame; lost sense of identity, innocence, and invincibility; loss of control and power; lost self-esteem; lost trust in others; lost love and joy in life; loss of self-confidence; and confusion and lost innocence around sexual identity and body.* These losses reflect the broad range of lost psychological resources that boys can experience in the immediate aftermath of the abuse and are by no means exhaustive of the potential psychological losses that can be experienced.

Selection (Holding Strategies)

McClelland et al., (2010) define selection as “making choices and setting goals in the face of constraints on one’s time and other resources” (p. 517). Self-regulation is comprised of setting goals and making choices based on these selected goals. Self-regulation, according to McClelland et al., (2010), consists of

a deliberate attempt to modulate, modify, or inhibit actions and reactions toward a more adaptive end where one alters one’s mode of thinking, feeling, or behaving to reach a goal, which one would not obtain by remaining in the current mode. (p. 510)

Bronson (2000) maintains that children are not capable of such intentional, goal-directed behavior, writing, “Young children’s choices and actions are especially affected by emotional-motivational coloring because they are less able to separate feelings from thoughts and behaviors. They are also less likely to reflect consciously before they act” (p. 31). What appears to have happened for the participants in this study is they simply reacted to the trauma in childhood in the best way they could often at the expense of adaptive coping strategies. There does not appear to have been an intentional review of available loss-based goals to select from.

Rather, the participants reported that as children they simply reacted to the trauma in an attempt to protect the self from becoming overwhelmed by the emotions and pain caused by the abuse.

For Bronson (2000), the child self-regulates in relation to others, a concept she labeled “dyadic regulation” (p. 60). Cloitre, Cohen, and Koenen (2006) write that childhood abuse may disrupt self-regulation and interpersonal capabilities. An important finding from the present study is that a traumatic experience may have caused the participants to isolate from others in childhood thereby impeding the ability to self-regulate through dyadic regulation. Therefore, there did not appear to be self-regulation or dyadic regulation taking place during childhood. Instead, the implementation of defense mechanisms took place in order to function in childhood. As children, each participant did not appear to make a conscious choice among alternatives regarding selection. Instead, each engaged in automatic defense mechanisms, “holding strategies,” that worked to help the child function by protecting him from fully experiencing the pain of the abuse. During childhood, there was an automatic reactive response to the abuse that was often maladaptive. As children, the participants did not deliberate between adaptive and maladaptive selection strategies and then made a decision. Rather, they simply went with what worked to prevent becoming overwhelmed by emotions.

Alcohol use was a shared holding strategy reported by two of the men. For one of these men, Aaron, this loss-based holding strategy was sought because the perpetrator had provided alcohol to him during the abuse which helped him to not feel anything while being abused. Therefore, in order to continue not feeling, alcohol use became most important for him in the immediacy of the abuse. Four men reported unique holding strategies, which included: *maintaining sexual abuse secrecy, isolating with sexual abuse experience, distractions including sports, pornography, work, sex, and unhealthy relationships, masking or putting up a façade,*

self-satisfaction through using people for sex, marijuana use, determined to overcome challenges, and redemption of innocence through faith in God. These reflect the loss-based strategies that served as protective factors following the abuse. One of these responses is indicative of adaptive strategies – redemption of innocence through faith in God. This can be considered an adaptive strategy because it did not contribute to further distress but instead appears to have promoted well-being. The remaining loss-based strategies seem to be maladaptive promoting secrecy, isolation, and masking. They also served as distractions from thinking about and having feelings associated with the abuse.

Optimization

Carpentieri, Elliot, Brett, and Deary (2017) define optimization as “efforts to augment or enrich one’s capacities in order to continue functioning” (p. 354). This was evident in the identified optimization solutions reported by all six men in which they simply were doing the best they could with what was available at the time in order to function after the abuse. Optimizing solutions reflect coping the best way one knows how. Given that optimization solutions were available in the immediacy of the abuse, in childhood, it is not surprising that these solutions worked to simply “plug the holes of the dam” (R. Scheidt, personal communication, June 13, 2018). For example, Mike optimized by *maintaining “the mask of masculinity”* which included him portraying to those around him that nothing was bothering him, that he hadn’t been abused. He also learned to *compartmentalize* by putting the sexual abuse experience into a compartment in his mind that he did not have to think or talk about. Evan *imposed low expectations on himself, constructed an emotional wall, isolated from others, and developed a new lifestyle focused on sex.* Caleb learned to *block his feelings associated with the sexual abuse.* Aaron engaged in *drinking alcohol and smoking marijuana, changing his*

behaviors and becoming unruly, feeling as though he grew up too fast (as a result of drinking alcohol), and maintaining secrecy around the sexual abuse.

Stanley developed optimization solutions that were both adaptive and maladaptive. An adaptive solution was *an internal force to overcome challenges*, which helped to offset his lost self-confidence resulting from the abuse. He also developed the maladaptive solution of *maintaining secrecy around the sexual abuse*. James also developed adaptive and maladaptive optimization solutions. Maladaptive solutions included *maintaining sexual abuse secrecy* and *protecting the perpetrator by maintaining secrecy*. He developed quite remarkable adaptive optimization solutions for a child. He *worked through the abuse in his head by talking to God through prayer*. This allowed him to *make sense of the sexual abuse and assuage and expiate guilt that he experienced from the abuse*. Remarkably, he also *told himself that he was not the only child to go through abuse*, which allowed him to take comfort in knowing that he was not alone in going through sexual abuse.

Compensation

Carpentieri, Elliot, Brett, and Deary (2017) define compensation as “the use of alternative means to pursue goals or maintain desired states in the context of resource loss” (p. 354). With compensation solutions, “stories of transformation” take place for five of these men in which new resources were sought out, developed, and utilized throughout life. As noted previously, Cicchetti and Cohen (1995) describe compensatory systems as “self-righting tendencies” (p. 12) that place the individual on a different developmental trajectory prior to the development of compensation solutions. Compensation increases “functional limits” (Marsiske et al., 1995, p. 51). With optimization solutions available resources are used for maintenance and resilience which helps to maintain levels of functioning when confronted with challenges and losses. By

contrast, with compensation solutions a change in functioning occurs with newly developed internal and external resources.

The concepts of developmental reserve capacity (DRC) and baseline reserve capacity (BRC) are important to consider for understanding how optimization and compensation solutions contribute to level of functioning. BRC, as put forth by Baltes (1987), is an individual's upper functional limit, or "performance potential" (p. 618), when all available resources are used at the same time as is the case when using optimization solutions. DRC refers to the addition of resources, or "interventions" (Baltes, 1987, p. 618), that increase one's upper performance potential limit (e.g., the addition of new compensation solutions, or resources). The strengthening of performance potential through the addition of new resources raises the upper BRC; thus the individual's baseline functional limit increases and change is experienced. Five of the men in the study engaged in "stories of transformation" when discussing identified compensation solutions. These solutions may have contributed to a change in functioning and well-being. The compensation solutions identified appear to be opposite of the optimization solutions used in childhood which simply worked to maintain the status quo of functioning immediately following the sexual abuse.

Mike identified *establishing trusting relationships with men, talking to other men about distractions which included pornography, sex, and unhealthy relationships, getting involved in a supportive community, recognizing self-worth and personal value, participating in Sexaholics Anonymous, using the sexual abuse experience to become helpful to others, going to therapy, leaning on the support of close friendships, living a more authentic identity in which he no longer needed to pursue masking, and lessening the power of emotions by learning that emotions are temporary and neutral*. In contrast to the optimization solutions he used in childhood (i.e.,

becoming overly invested in work and sports as a way to seek relief, maintaining masking, and compartmentalizing) his compensatory solutions make it clear that he experienced a change later in life.

Although Evan identified *self-medicating with drugs, alcohol, pornography, and acting out sexually* as compensation solutions used later in life, he also told “stories of transformation” in which he *confided in his wife about the sexual abuse* and, in turn, *received her support, learned in therapy to not live in the past and, instead, to focus on the present, redefined sex as intimacy rather than using others, helped other survivors of sexual abuse, connected with other survivors, gained awareness of isolating behaviors, and gained insight into sexual desire and acting out sexually*. These contrast with his identified optimization solutions of *constructing a new lifestyle around sex, living up to low expectations, constructing an emotional wall, isolating from others, and using music as an escape from the sexual abuse*.

Caleb’s compensation solutions included *becoming more religious, joining and participating in Alcoholics Anonymous, becoming aware of drug using behaviors, increasing determination, becoming aware of feelings through sobriety, addressing feelings associated with the sexual abuse, and addressing connection between substance use and sexual abuse*. These are in contrast to the optimizing solution he used of *blocking feelings*.

Stanley identified the following compensation solutions: *going to therapy, learning that the sexual abuse story was valid, becoming aware that he had been sexually abused, telling a trusted support about the sexual abuse, receiving support and advocacy, seeking normality, focusing on career, and accepting himself as normal*. These are in contrast to his optimization solution of *maintaining secrecy around the sexual abuse*.

James experienced positive outcomes immediately following the abuse by implementing numerous adaptive optimization solutions in childhood. He experienced transformation at that time such as being able to *make sense of the sexual abuse* and *releasing guilt associated with the sexual abuse* both of which were brought about by *talking to God*. Additionally, he optimized by *telling himself that he is not the only child to experience sexual abuse* therefore he was not alone with it. Additionally, he also experienced change later in life with the implementation of compensation solutions. These solutions included *confiding in and receiving support from his wife regarding the sexual abuse, becoming emboldened to communicate with others, and developing increased empathy*.

Material Losses

Four of the six men reported unique material losses. These included: *missing out on healthy, secure family; lost connection to men and positive view of men; lost sense of family security; isolated from family; and lost family lifeline*. Two men, Aaron and James, did not identify any material losses and thus no selection, optimization, and compensation solutions. Therefore, material losses do not appear to always take place following childhood sexual abuse.

Selection (Holding Strategies)

As noted, McClellan et al, (2010) define selection as “making choices and setting goals in the face of constraints on one’s time and other resources” (p. 517). To reiterate, it did not appear that as children the participants engaged in a deliberate decision making process regarding which goals to set. Rather, each simply automatically reacted to the abuse in the best way he knew how. Two men, Evan and Stanley, identified the holding strategy of maintaining *sexual abuse secrecy* while the other two men identified unique strategies including *not letting family in, telling the sexual abuse story, and protecting self through gatekeeping (guarding) the sexual abuse story*.

Telling the sexual abuse story and *protecting self through gatekeeping the sexual abuse story* appear to be adaptive loss-based holding strategies in that they contributed to working through the sexual abuse narrative and keeping the self out of the potentially harmful position of revealing the story to people who may not know how to respond supportively to it. The other loss-based strategy, *not letting family in*, set by Mike, appears to be maladaptive in that it contributed to family not fully knowing what he had gone through thus maintaining secrecy and promoting isolation around the sexual abuse.

Optimization

As noted previously, Carpentieri, Elliot, Brett, and Deary (2017) define optimization as “efforts to augment or enrich one’s capacities in order to continue functioning” (p. 354). In childhood, these men coped with the material losses in the best way they could with the resources that were available. In the reported optimization solutions there is a blend of adaptive and maladaptive solutions developed and employed in childhood. Adaptive solutions included *friends becoming like family*, *developing self-reliance*, and *developing determination to overcome challenges in life*. These solutions can be considered adaptive because they did not promote further distress and may have facilitated increased well-being. Maladaptive solutions included *guarding (minimal sharing with family)*, *masking (putting up a façade)*, *self-medicating with drugs*, and *compartmentalization*. These solutions contributed to isolation in childhood and not being able to work through the abuse story at that time, essentially maintaining the status quo, or level of functioning.

Compensation

Carpentieri, Elliot, Brett, and Deary (2017) define compensation as “the use of alternative means to pursue goals or maintain desired states in the context of resource loss” (p. 354). With

compensation solutions, a change in functioning occurs through the use of newly developed internal and external resources. As with the compensation solutions employed for psychological losses, the compensation solutions for material losses included “stories of transformation” in which a change occurred for five of the men over time. With Mike he *developed a new friend support system, moved away from home and family, took part in therapy, became involved in a supportive religious community, developed healthier romantic relationships, accepted the abuse, forgave the perpetrator, connected with others, became open to being supported (emotionally available), became more comfortable in being vulnerable in sharing with others, and became helpful to others (recognizing self-worth)*. Evan *became aware of drug using behaviors, took part in therapy, joined and participated in Alcoholics Anonymous (AA), and developed a connection with new friends group*. Caleb *discovered a supportive AA group, helped other sexual abuse survivors, accepted the abuse, took part in therapy, engaged in active prayer and meditation, developed an exercise regiment, gained power of sexual abuse story by sharing it with others, and learned to set boundaries with others*. Stanley *gained awareness that the sexual abuse was not his fault, connected with online sexual abuse support resources and books, participated in sexual abuse research, developed a support system, gained validation of sexual abuse experience, testified in court against the perpetrator, gave back by helping other survivors of sexual abuse, is determined to overcome challenges, is not defined by the sexual abuse, and gained self-assurance*.

These compensation solutions are a departure from pursuing the initial loss-based holding strategies set in childhood. Part of the “stories of transformation” consists of gaining awareness that these initial maladaptive strategies are not working and, therefore, the optimization

solutions, while maintaining functioning, are not contributing to well-being and therefore, a change is needed in which adaptive compensation solutions are implemented.

Chapter 5 - Discussion

This chapter presents a discussion of the research findings from the study. The clinical and developmental implications of the findings regarding the participant's use of SOC Solutions will be discussed. Implications for research on coping with sexual abuse will be shared. Finally, strengths and limitations of the study and suggestions for future research will be addressed.

Clinical Implications

This study contributes in a number of ways to the knowledge base of clinicians working with male children who were sexually abused. First, setting adaptive goals appears to be important in order for adaptive optimization solutions to ensue. These optimization solutions may contribute to healthy short-term outcomes. For example, Aaron pursued an adaptive holding strategy of redemption of innocence through faith in God, which may have resulted in the adaptive optimization solutions of talking to God about the sexual abuse, releasing guilt through devotion to God, and accepting the sexual abuse. Conversely, maladaptive strategies may have led to maladaptive optimization solutions. For instance, Evan reacted to the abuse by placing importance on maintaining secrecy around the sexual abuse which may have contributed to the maladaptive optimization solutions of masking and using drugs and alcohol. Findings suggest how important it may be for these children to be intentional in setting adaptive loss-based goals immediately following the abuse.

However, there is a catch to this. An important finding from the study is that children who have experienced severe trauma may not be deliberately selecting goals. Bronson (2000) maintains that children do not have the capacity to self-regulate on their own; rather, they develop self-regulation in relation to others. She terms this “dyadic regulation” (p. 60) in which the child is not solely responsible for developing self-regulatory capabilities.

The recalled reports from the adult men in this study suggest that it is possible that, as children, they may have automatically implemented holding strategies on their own. Their reactions to the abuse may have increased their sense of isolation, cutting off the opportunity to use others in "dyadic regulation." Due to this lack of dyadic regulation, the child does not intentionally decide between an adaptive and maladaptive goal as is required of self-regulation. Rather, the child simply tries to cope with the abuse and therefore engages in reactive selection of the most available and feasible goal to pursue. The study indicates that this is often a maladaptive goal. These unintentional selection solutions are referred to as "holding strategies" (R. Scheidt, personal communication, September 14, 2018) because they keep the child from becoming overwhelmed by painful emotions brought on by the abuse.

Participants' reports show that whether these goals are deemed maladaptive or not sets the stage for adaptive or maladaptive optimization solutions. For the men in this study, maladaptive holding strategies may have led to maladaptive optimization behaviors that served to maintain functioning instead of contributing to short-term positive outcomes beyond the identified loss. For instance, the holding strategy of maintaining sexual abuse secrecy may have contributed to maladaptive optimization solutions that included becoming overly invested in distractions, maintaining masking, and compartmentalizing. While these optimization solutions served an immediate purpose by aiding in maintenance of functioning, i.e., resiliency, they ultimately may have delayed positive outcomes until adaptive compensation solutions took effect in adulthood.

Taking Bronson's (2000) dyadic regulation into account, the clinician working with a sexually abused male child and his family may facilitate self-regulation by discussing the importance of selecting adaptive goals to offset the losses he experienced from the abuse. Then,

the clinician might work with both the family and the child on setting adaptive goals to pursue (selection solutions). Once set, the clinician can assist the family to help the child identify healthy internal and external resources (optimization solutions) that he can use to pursue the set goals. For example, some of the participants identified connection with others as adaptive compensation solutions that came about years after the abuse in adulthood. These connections were made after suffering alone with the abuse for years. Perhaps a clinician working with an abused male child might help him set the goal of connecting with others instead of isolating with the abuse, which may allow for the adaptive optimization solution of confiding in a trusted adult. In this way, years of unnecessary suffering could be eliminated. In short, the clinician may find it useful to engage in dyadic regulation with these children. This intervention is offered with caution as it is based on the experiences of six participants in the study. Further research is needed in order to find the effectiveness of setting adaptive goals immediately following sexual abuse in childhood.

An important finding from the study is that compensation solutions set in adulthood appear to be opposite of or in direct contrast to the holding strategies set in childhood. In this study, compensation solutions are referred to as “stories of transformation” because these solutions take on a different feel than the original holding strategies. For example, Mike’s holding strategy in childhood was isolating with the sexual abuse experience while his compensation solution in adulthood was using the sexual abuse experience to help others. Through this process, he was able to connect with others and no longer isolate himself from others due to the abuse experience. He stated that in adulthood he realized that the opposite of what he was doing, isolating, was connecting to others and therefore sought out these connections in order to experience increased well-being.

Perhaps the answer to which compensation solutions adult male survivors of CSA might develop lies in the holding strategies employed in childhood. Clinicians working to facilitate self-regulation in adult male survivors of CSA can perhaps help these men to identify the holding strategies used in childhood and then construct adaptive compensation solutions that are the opposite of these maladaptive holding strategies. For example, the cases of Evan and Caleb show that in childhood each turned to alcohol to avoid dealing with the sexual abuse experience. In adulthood, each eventually participated in *Alcoholics Anonymous*. Thus, each got sober and was subsequently able to directly confront the abuse experience. A clinician working with an adult male survivor of CSA who copes by drinking alcohol can help facilitate his “story of transformation” by showing him the benefits of *Alcoholics Anonymous* and then connecting him to this organization.

Developmental Implications

This study may contribute to the developmental knowledge base by raising the possibility that the SOC model is not always a model of self-regulation. As children, the participants did not appear to be engaged in self-regulatory processes. However, as adults there appeared to be a shift in their ability to self-regulate. Therefore, the self-regulatory features of the SOC model may describe adult functioning better than the functioning of children, who have suffered severe trauma. McClelland, et al., (2010) define self-regulation as

a deliberate attempt to modulate, modify, or inhibit actions and reactions toward a more adaptive end where one alters one’s mode of thinking, feeling, or behaving to reach a goal, which one would not obtain by remaining in the current mode. (p. 510)

This self-regulatory process may exceed the cognitive capabilities of children, especially ones who have suffered severe trauma. Based on the adults' reports, as children they did not seem to be intentionally selecting goals from available options. Rather, the children seemed to simply attempting to avoid becoming overwhelmed by the emotions and pain associated with the abuse. Their cognitive capabilities at the time may have prevented them from surveying available selection choices and making a deliberate selection of which goal to pursue in order to live with the abuse. Instead, they appeared to use defense mechanisms to avoid pain. For example, some participants reactively engaged in secrecy and isolation in order to protect themselves from the perceived pain resulting from others finding out about the abuse. The trauma acted as a barrier to intentional selection strategies.

Each participant reacted automatically to the losses caused by the abuse by engaging in "holding strategies" (R. Scheidt, personal communication, September 14, 2018), seemingly unintentional, often maladaptive, selection strategies. Each one then pursued these holding strategies with available resources in order to function with the losses. For five of the men, these holding strategies were maladaptive as were the majority of the ensuing optimization solutions used. These means ultimately did not contribute to positive outcomes but instead "maintained the status quo" of current level of functioning, or baseline reserve capacity. Although these holding strategies and optimizing means were maladaptive because they did not contribute to increased well-being, each served the purpose of helping the child live with the abuse by not becoming overwhelmed by the emotions resulting from the trauma. Baltes and Freund (2003) state that SOC use contributes to "effective life management" (p. 29). The maladaptive holding strategies and optimization solutions each child implemented were effective in the sense that he was able to live with the abuse, that is continue to function, throughout childhood.

The findings suggest that each participant may have been doing the best he could with the resources he perceived were available at the time of the abuse. This can be summed up with the visual of the child “plugging the holes of the dam” (R. Scheidt, personal communication, June 13, 2018) in which he implemented holding strategies and optimization solutions in order to cope with the trauma of the abuse. For example, substance use along with isolating from loved ones, maintaining secrecy around the sexual abuse, compartmentalization, and masking did not contribute to positive long-term outcomes, but did serve the immediate purpose of protecting the child from the pain of the abuse and allowed him to function throughout childhood.

It was not until adulthood that most of the men developed seemingly healthier compensation solutions that may have contributed to positive outcomes – “stories of transformation.” This is when deliberate attempts were made to “modulate, modify, or inhibit actions and reactions toward a more adaptive end where one alters one’s mode of thinking, feeling, or behaving to reach a goal, which one would not obtain by remaining in the current mode” (McClelland, et al., 2010, p. 510). That is, self-regulation began to take place in adulthood. Cognitively, the adults were able to make an intentional decision on which goals he would like to pursue and what means to use to achieve these goals. These included connecting with other men and helping other survivors of sexual abuse.

To date, little, if any, research has applied the SOC model to individuals dealing with severe stressors and losses induced by trauma. This study is the first to contribute to the SOC model literature by filling the current gap that exists in the SOC literature concerning SOC Solutions used by male survivors of CSA. Thus, the study can contribute to life-span developmental theory building and SOC model development. In particular, it shows how important it may be for children to self-regulate in childhood. That is, it may be important for

children to be intentional in setting adaptive goals in childhood following the abuse as this sets the stage for subsequent use of adaptive optimization solutions to achieve these goals. Findings from this study suggest that the crucial first step of the model, as Baltes envisioned, is the setting of adaptive goals.

However, a key finding is that children may not be able to deliberately choose adaptive goals to pursue but instead may engage in unintentional holding strategies that help them continue to function despite the abuse. Instead, children self-regulate in relation to others, that is they engage in “dyadic regulation” (Bronson, 2000, p. 30). Therefore, it becomes important for adults, including clinicians and safe family members, to work with these children on examining the adaptive selection solutions available to him in order to prevent the child from simply reacting to the abuse to avoid painful emotions.

The study also shows that compensation solutions came about later in life and that the majority of these solutions seemed functional and adaptive. The SOC model applied to this group of men shows that most of them sought a better way to live their lives and that compensation may be needed in order to experience positive outcomes *if* adaptive selection and optimization solutions are not developed and used immediately following the abuse. The SOC model can be applied to this population in childhood by stressing the importance of selecting adaptive goals and optimizing means in order to experience positive outcomes sooner rather than later in life.

Implications for Coping and Adaptation

Findings from this study may help inform the knowledge base on coping with sexual abuse. For example, Judith Herman presents a sequential 5-stage model of trauma recovery: 1) A Healing Relationship, 2) Safety, 3) Remembrance and Mourning, 4) Reconnection, and 5)

Commonality. Through this phasic process, the survivor begins to recover and heal from the abuse. Five of the participants reported that as children they lacked a healing relationship whether it be with a therapist, parent, teacher, or other trusted adult. Therefore, they did not feel safe sharing the abuse and thus did not engage in remembrance and mourning through sharing the abuse narrative with others. It was not until later in life, in adulthood, that four of these men were able to compensate for their losses by connecting with other survivors of sexual abuse. As a result, each experienced normalization by recognizing that others had gone through similar situations with abuse and sexual behaviors. The exception to this was James who as a child immediately following the abuse sensed he had a healing and safe relationship with God in which he was able to talk with God about the abuse and ultimately was able to release the guilt he experienced from the abuse. Additionally, he felt forgiven by God and came to accept the abuse because God accepted him for who he was. He was also able to “connect” with other survivors of abuse by telling himself that he was not the only child to go through the abuse. Although he never met other survivors of childhood sexual abuse, he was able to ascertain that he was not going through the abuse alone.

Additionally, four men reported the importance of connecting with other male survivors but these connections came much later in life as a way to offset the maladaptive optimization solutions developed and employed in childhood. Perhaps it is important to help connect abused children with others who have been abused instead of allowing them to wait until later in life to make these connections on their own. These connections can be with other children who have been abused or with adult mentors who were also abused in childhood. These findings speak to the importance of identifying children who have been abused and establishing healthy, healing relationships with them in order for them to feel safe sharing the abuse.

Strengths and Limitations of Study

The following strengths of the study are noted. 1.) The case study allows the researcher to look in-depth at the experiences of participants and learn about the ways each used the SOC model after childhood sexual abuse. 2.) As volunteers, participants may have been more in touch with the abuse experience and able to discuss aspects of it. 3.) Participants were recruited from a national organization consisting of individuals who have been sexually abused. 4.) The open-ended interview questions regarding psychological and material losses and SOC utilization were designed to assess each of these areas. This reduced the length and quantity of responses which facilitated the coding process. 5.) The interview was piloted with the first participant, Mike, which was used to clarify questions and reduce the number of questions. 6.) The researcher is a clinical counselor who has worked with adult survivors of childhood sexual abuse. He was purposely selected as a coder to allow his clinical experience to enhance validity of the coding. 7.) The second coder is a marriage and family therapist with experience with qualitative coding practices. She brought validity to the study through her clinical experiences. 8.) The study suggests some possibilities rather than probabilities of the selection, optimization, and compensation solutions reported by men who were sexually abused in childhood and therefore was designed to elicit more questions than answers. 9.) The case study strategy can test the SOC model by shedding light on its applicability for childhood self-regulation following traumatic experiences. 10.) The author believes the study is the first to operationalize SOC interview questions. 11.) Finally, as a descriptive collective case study, this study can stimulate future SOC model research applied to various traumas.

The following limitations are noted. 1.) This descriptive study is exploratory in nature and does not directly support correlational or causal inferences. 2.) The coding process did not

attempt to find the strength of associations between losses and SOC Solutions, or between SOC components themselves. 3.) Research on SOC model applications with severe trauma is in the exploratory stage and therefore this is the type of study needed at this point. 4.) A majority of the participants were volunteers selected from an organization (the Facebook page of *lin6.org*). Thus, they may or may not represent the wider membership of the organization much less a larger national population of sexually abused men. 5.) The exclusion criteria eliminated potential participants who had been suicidal in the previous 12 months, attempted suicide at any point in time, had a current substance use diagnosis, and who were currently in therapy. 6.) It is difficult to determine the degree of sampling or selection bias represented by the participants. 7.) The study is retrospective, asking adults to recall memories of their childhood trauma experience. Additionally, the way each viewed their childhood experience may have changed due to changes in emotional reactions to the events over time. 8.) The data were collected at the same point in time. This makes it difficult to say anything about developmental factors that may have influenced participants coping abilities over time. 9.) The SOC model does not target or specify psychological processes behind selection, optimization, or compensation solutions. It also does not explain how effective the solutions are for dealing with the abuse over time. 10.) It is possible that different coders may identify different or additional themes than those identified by the coders in this study. 11.) One of the coders is the researcher. Therefore, a “bias toward verification” may have influenced the identification of themes during the coding process.

Future Directions

Future research on applications of the SOC model with this population might attempt to specify age shifts marking transition from maladaptive optimization solutions to adaptive compensation solutions. It could also investigate what causes this shift. Is this transition simply

due to the maturation process? Does the abused individual reach a point where he experiences too much stress and pain and seeks a change? Does a “turning point” occur in his life such as encountering a role model or joining an organization in which he decides to try out new resources? Along with this, future research might investigate if length of abuse and gender of perpetrator influence the use of adaptive and maladaptive SOC Solutions.

Future research with child survivors of sexual abuse might explore the importance of setting adaptive loss-based goals in childhood and then investigate whether or not the child achieves positive outcomes at a younger age than did the men in this study. Additionally, many of the men in this study discussed how sexual abuse was not talked about by society when they were children and, therefore, there were fewer resources available at the time. For example, the internet is a resource some of the men wished were available to them as children so they could research sexual abuse and connect with other survivors. Future research might focus on whether child survivors of sexual abuse connect with and use new resources and how these resources might contribute to positive outcomes in childhood.

Finally, it might be valuable for clinicians for future SOC researchers to continue developing qualitative interview questions that capture participants’ use of selection, optimization, and compensation solutions when dealing with issues of stress, trauma, and coping.

Conclusion

Rozario and colleagues (2011) sum up the SOC model as “people’s efforts to do the best with what they have” (p. 225). This study indicates that this is the case. Participants reported that as children each sought available internal and external resources and used them to live with the abuse. There appeared to have been an automatic response to the abuse whereby the men did not self-regulate as children. This study indicates that the SOC model may not be applicable to

childhood self-regulation following trauma. Most of the strategies and means used in childhood were maladaptive and did not contribute to positive long-term outcomes. However, these strategies and means, although maladaptive, helped the child to do the best with what he had immediately following the abuse. It was not until later in life that each realized these means were not working optimally and developed adaptive compensation solutions to overcome the losses associated with the sexual abuse. This speaks to the importance each of us has in providing healthy resources and outlets for children who have been sexually abused so that they do not have to go it alone, where they are left to their own devices to decide what they will use to cope with the trauma of the abuse. Bronson (2000) believes the child cannot and should not be left alone to develop self-regulatory capabilities. Instead, children should be “supported and guided by caregivers and by culture” (p. 60).

As was the case for the participants in the study, their childhood reactions to the sexual abuse show that compounding the child’s capacity to self-regulate in childhood is the isolation that accompanied the abuse, thereby rendering dyadic regulation an impossibility. As children, the participants were unable to self-regulate due to their cognitive capabilities at the time of the abuse. Additionally, they were unable to engage in dyadic regulation with others due to the isolating nature of the abuse. Therefore, as children, the men reported holding strategies that placed emphasis on overcoming the abuse on their own without the assistance of others. Having the support of a safe relationship is necessary for overcoming traumatic experiences. As Merrick, Ford, Ports, and Guinn (2018) write, “By ensuring that all children have access to safe, stable, nurturing relationships and environments, we can prevent or alleviate the effects of adverse childhood experiences” (p. 7).

It is difficult to identify the sexually abused child. Therefore, we can begin to help this population by starting a dialogue in our communities, schools, and families where all children are brought into the conversation. Communities could take the lead on this by training clinicians and teachers to be aware of warning signs that may indicate a child is being abused. Based on reports from the men in this study, these signs could include the child becoming isolated from others and/or emotionally shutting down and using drugs and alcohol. Schools can continue to take part in this conversation by having regular discussions with children regarding what sexual abuse is and the resources in the community that are available to the abused child. In this way, children who have been sexually abused know where to turn. By turning to well-trained and prepared resources, these children will be able to avoid isolating themselves with the abuse and engaging in maladaptive holding strategies. Instead, they will be able to connect with caring resources that can assist with developing adaptive coping strategies. Finally, families play a role as well. Parents can have regular, open conversations with their children about sexual abuse thus normalizing it and reducing the shame a child may feel when they do confide in someone about the abuse. Families can also become aware of the signs and symptoms of sexual abuse so that children can be identified earlier. As a result, they can be connected with community resources to help eliminate years of unnecessary isolation, pain, and suffering.

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Appendix A - Glossary

Adaptation – “Passive or reactive changes of the organism in response to changing contextual demands [and] proactive behavioral changes arising out of organism volition for mastery and challenge in particular domains” (Marsiske, et al., 1995, p. 42). These changes can be adaptive or maladaptive and can occur both proximally and distally in life (Baltes, 1987).

Adaptive – altering one’s actions following a distressing event increases the likelihood of “improving the potential for sustainable psychological and physical well-being” (McClelland, Cameron Pointz, Messersmith, & Tominey, 2010, p. 510).

Adaptive development – “the lifelong growth process of the strategic interplay between selection, optimization, and compensation (SOC) in order to successfully adapt to situations where developmental losses exceed gains” (Snelgrove, Wood, & Carr, 2016, p. 35).

Baseline Reserve Capacity - the upper range of an individual's performance potential, when, at a given point in time, all available resources are called on to optimize an individual's performance” (Baltes, 1987, p. 618).

Childhood Sexual Abuse - experiences in which children are subjected to unwanted sexual contact involving force, threats, or a large age difference between the child and the other person (“The 1 in 6 Statistic,” 2014, para. 6)

Compensation – the use of alternative means to pursue goals or maintain desired states in the context of resource loss (Carpentieri, Elliot, Brett, & Deary, 2017, p. 354).

Developmental reserve capacity – the individual’s potential for adaptation and growth in the face of lost resources. Growth comes about through the process of activating or increasing new resources as one encounters contextual events and age-related changes. The result is that as reserve capacity increases so too does the potential for positive plasticity.

Developmental trajectory – “the [...] functioning of a system early in ontogenetic time may have long-term consequences for its functioning later in time” (Marsiske, Lang, Baltes, & Baltes, 1995, p. 36).

Elective selection - activity selection that is not motivated by a decline or loss (Carpentieri, Elliot, Brett, & Deary, 2017, p. 354).

Function – maintaining current level of baseline reserve capacity.

Gain – higher levels of efficacy in a developmental domain (Marsiske, Lang, Baltes, & Baltes, 1995).

Goals - “states that people desire or fear for themselves and consequently want to achieve, maintain, or avoid” (Emmons, 1996, as cited in Rozario, Kidahashi, & DeRienzi, 2011, p. 225).

Human development – the process of decline and growth across the life span. The full range of directional possibilities – from gain, to stability, to loss (Staudinger, Marsiske, & Baltes, 1995).

Interrupted life – due to non-normative life events, the child is set on a changed developmental trajectory (Cloitre, Cohen, & Koenen, 2006) leading to developmental outcomes in adulthood that would have been different had the event not occurred (Kraye, Seddon, Robinson, & Gwilym, 2015).

Life-Span Developmental Theory - individual development across the life span, or ontogenesis.

A key assumption of this view is that development occurs throughout life, from conception into old age and ending with the death of the individual, with earlier experiences and adaptive processes contributing to the development of the present person. In life-span developmental psychology ontogenesis is not merely a process of aging and maturation. Continuously adapting, through available internal and external resources, to the gains and losses experienced over the life course is at the heart of human development.

Loss – impairment of effective functioning (Marsiske, Lang, Baltes, & Baltes, 1995).

Loss-based selection – “activity choice in response to resource loss and implies a restriction in the range or intensity of activities” (Carpentieri, Elliot, Brett, & Deary, 2017, p. 354).

Maladaptive – altering one’s actions following a distressing event leads to continued psychological and physical distress.

Model – an overall framework for looking at reality (Silverman, 2005, p. 98).

Non-normative – events that are not expected to occur for all individuals.

Normative – events that are expected to be universally experienced by all individuals.

Optimization – efforts to augment or enrich one’s capacities in order to continue functioning (Carpentieri, Elliot, Brett, & Deary, 2017, p. 354). Devoting available resources toward achieving selected goals (McClellan, Cameron Pointz, Messersmith, & Tominey, 2010, p. 518). Focuses on increasing resources (Carpentieri, Elliot, Brett, & Deary, 2017, p. 355) to enhance one’s current functioning status (Rozario, Kidahashi, & DeRienzi, 2011, p. 226).

Plasticity – “the range of possibilities and limits of development” (Staudinger & Bowen, 2010, p. 254).

Resources – personal (psychological) or environmental (material) characteristics that support a person’s interaction with his or her environment (Freund, 2002, para. 2).

Resource-loss – the support from personal and environmental characteristics is temporarily or permanently interrupted as a result of the occurrence of an event and/or the aging process.

Selection – making choices and setting goals in the face of constraints on one’s time and other resources (McClellan, Cameron Pointz, Messersmith, & Tominey, 2010, p. 517).

Selection, Optimization, and Compensation Model – considers how the individual negotiates his or her own life-span development within the context of culture and society (McClellan,

Cameron Pointz, Messersmith, & Tominey, 2010, p. 517) through minimizing losses and maximizing gains.

Self-regulation – “a deliberate attempt to modulate, modify, or inhibit actions and reactions toward a more adaptive end where one alters one’s mode of thinking, feeling, or behaving to reach a goal, which one would not obtain by remaining in the current mode” (McClelland, et al., 2010, p. 510).

SOC Solutions – the identified, accessed, and utilized strengths of the individual that work to offset losses in resources and increase developmental reserve capacity.

Successful aging – encompasses selection of functional domains on which to focus one’s resources, optimizing developmental potential and compensating for losses – thus ensuring maintenance of functioning and a minimization of losses (Freund, 2002, para. 6).

Successful development – “takes place when a person maximizes the relative number of desirable goals or outcomes in his or her life and minimizes undesirable outcomes by carefully selecting appropriate, achievable goals, by finding successful ways to reach those goals, and by committing to a goal in the face of lost means to achieve a goal when appropriate” (Gestsdottir, Urban, Bowers, Lerner, & Lerner, 2011, p. 65).

Theory – a set of concepts used to define and/or explain some phenomenon (Silverman, 2005, p. 98).

Unknown Self - sexual abuse survivors reflect on the person that they could have or should have been had the sexual abuse not occurred. The Unknown Self materializes from life being interrupted by childhood sexual abuse, setting the survivor on a drastically altered developmental trajectory where the survivor assumes that a happier, more successful person would have emerged in the absence of the sexual abuse (Kraye, Seddon, Robinson, & Gwilym, 2015).

Appendix B – Interview Questions

Interview Questions.

I am engaged in a study that might help us understand how males who survived childhood sexual abuse have coped with their experience. While the focus of the study is not on the specifics of the sexual abuse itself, it is important to the study that aspects of the abuse are taken into account in order to develop context, a case profile, and your story. With that said, can you please tell me:

Your age:

Do you have any children? If so, how many?

Your relationship status:

Have you ever been divorced?

Which race do you identify with?

How old were you at the time of the abuse(s)?

Without providing his or her identity, who was(were) the perpetrator(s)?

Psychological Loss

1. For the following questions, we will be talking about a lost psychological resource you experienced that resulted from the sexual abuse you just described. Think of psychological resources as internal supports. For example, a psychological resource may be the sense of optimism a person has in life. Think of a loss as support that is interrupted or that goes away entirely. Are there any questions about these definitions?

What was the one major psychological loss you experienced either immediately following the abuse OR over the years since the abuse?

Selection

2. What became most important for adapting to the loss?

Optimization

3. Resources can include psychological (that is, internal) or material (that is, external) support. What resources existed at the time of the loss that helped you adapt to the loss?

Compensation

4. What new resources became available that helped you adapt to the loss?
5. What new skills did you develop that helped you adapt to the loss?

Material Loss

6. For the following questions, we will be talking about a lost material resource you experienced that resulted from the sexual abuse you described earlier. Think of material resources as external supports. For example, a material resource may be the guidance a person receives from a teacher at school. Think of a loss as support that is interrupted or that goes away entirely. Are there any questions about these definitions?

What was the one major material loss you experienced either immediately following the abuse OR over the years since the abuse?

Selection

7. What became most important for adapting to the loss?

Optimization

8. Resources can include psychological (that is, internal) or material (that is, external) support. What resources existed at the time of the loss that helped you adapt to the loss?

Compensation

9. What new resources became available that helped you adapt to the loss?
10. What new skills did you develop that helped you adapt to the loss?

Appendix C - Coder Training Protocol

This process is presented in detail in Chapter 3.

Instructions to coder:

1. Complete KSU IRB training.
2. Read chapters 1 and 2 of proposal in order to gain understanding of the problem, the Resource-Loss Model, and the SOC Model.
3. Read through the interview overall.
4. Read the interview a second time. This time look to answer the question: do participant answers match questions for S, O, and C?
5. Bracket the portion of the interview that specifically pertains to:
 - a. Psychological and material losses
 - b. S, O, and C strategies
6. Label brackets with word or phrase that captures the essence of the participant's responses.
7. Bracket adjusting. Coders meet to remove verbiage from brackets that does not fall within S, O, or C.
8. Coders meet to identify and agree upon themes each used for resource losses and each domain S, O, and C.
9. Coders meet to discuss findings, similarities and differences, of the first interview.
10. Proceed through steps 3-8 for remainder of interviews.

Appendix D: Number of Shared and Unique Themes Identified by Coders

Case One: Mike

	Shared	Unique
Selection	6	0
Optimization	6	0
Compensation	20	0
Total	32	0

Case Two: James

	Shared	Unique
Selection	1	0
Optimization	4	7 (7 coder 2, 0 author)
Compensation	4	0
Total	9	7

Case Three: Stanley

	Shared	Unique
Selection	2	0
Optimization	3	4 (3 coder 2, 1 author)
Compensation	13	6 (4 coder 2, 2 author)
Total	18	10

Case Four: Aaron

	Shared	Unique
Selection	1	0
Optimization	6	0
Compensation	7	0
Total	14	0

Case Five: Caleb

	Shared	Unique
Selection	3	0
Optimization	1	1 (0 coder 2, 1 author)
Compensation	12	2 (2 coder 2, 0 author)
Total	16	3

Case Six: Evan

	Shared	Unique
Selection	2	3 (3 coder 2, 0 author)
Optimization	5	2 (1 coder 2, 1 author)
Compensation	13	1(1 coder 2, 0 author)
Total	20	6