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The Voices of Male Survivors: The Lived Experiences of Adult Male Victims of Child Sexual Abuse

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Abstract
Prior to the 1980s, very little was understood about childhood male sexual abuse (CSA). Prevailing societal norms and values, secrecy inherent in the abuse and limited public awareness kept male victims of CSA in the dark to suffer alone. This study seeks to understand the experiences of adult male victims of childhood sexual abuse and its intersection with their masculinity. The study enlists the participation of 16 adult male victims of CSA and through a mixed methods design, utilizing the Trauma Symptoms Checklist (TSC-40) and a rigorous qualitative interview shines a light on their experiences and common themes experienced by this population.

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This work is dedicated to all of the brave men who participated in the study, and male victims of child sexual abuse everywhere, who sit alone with their victimization in silence. The study is also dedicated to my family and the members of my Dissertation Committee who provided immeasurable support and guidance.

Abstract

Prior to the 1980s, very little was understood about childhood male sexual abuse (CSA). Prevailing societal norms and values, secrecy inherent in the abuse and limited public awareness kept male victims of CSA in the dark to suffer alone. This study seeks to understand the experiences of adult male victims of childhood sexual abuse and its intersection with their masculinity. The study enlists the participation of 16 adult male victims of CSA and through a mixed methods design, utilizing the Trauma Symptoms Checklist (TSC-40) and a rigorous qualitative interview shines a light on their experiences and common themes experienced by this population.

Introduction

The phenomenon of male sexual victimization is not new. Evidence of male victims of child sexual abuse is recognized and recorded throughout human history. Despite the pervasive existence of the phenomenon of male sexual victimization, in only the past 30 years have societies and professionals recognize the existence, incidence, and impact of this form of interpersonal trauma.

In contrast, the existence of female victims of sexual assault is present in western culture and receives professional attention as a result of the emergence of the rape crisis movement of the 1970s.Through its feminist philosophy and practice, the movement challenges core societal values related to misogyny, male violence, and systemic oppression of rape victims. Through a legacy of advocacy, the rape crisis movement increases public awareness regarding the many complex dynamics of sexual assault, gives voice to its prevalence, and has made substantive advances in the areas of: rape crisis services; law; education; awareness; and, victim's rights. In 1974, Ann Wolbert Burgess and Lynda Lytle Holmstrom identified the traumagenic dynamics experienced by rape victims (disruptions to normal physical, emotional, cognitive, and interpersonal behavior) as Rape Trauma Syndrome (Burgess, & Holmström, 1974).

The gains made by the rape crisis movement are many and are significant to our understanding of sexual victimization. Despite gains made, the rape crisis movement does not include male victims of sexual violence. Typically, males are only conceptualized as the primary perpetrators of sexual assault. The feminist foundations of the rape crisis movement (i.e. the existence of oppression, need for female empowerment, efforts to address misogyny, and discrimination etc.) leave little or no room for the inclusion of male victims of sexual abuse. For

much of past history leading up to the end of the 20th century, male victims of child sexual abuse, unrecognized, suffered in silence.

Beginning in the 1980s and into the 1990s a collective of professionals emerged to bring light to the issue of male childhood sexual abuse. With the arrival of professionals dedicated to the awareness and understanding of male child sexual victimization, male victims are brought into the light and provided with a gender-specific guide toward recovery. Early leaders in the field of male sexual victimization included: Briere, Runtz & Wall, 1988; Cermak & Molidar, 1996; Dimock, 1988; Draucker & Petrovic, 1996; Etherington,1995; Fromuth & Burkhart, 1989; Gartner, 1999a; Gilgun & Reiser, 1990; Gill & Tutty, 1999; Gonsiorek, Bera & LeTourneau, 1994; Holmes & Slap, 1998; Lew, 1988; Lisak, 1994; Myers, 1989; Nasjleti, 1980; Risin & Koss, 1987 and others.

Following the foundational understanding established by our leading figures, the current 21st century community of professionals examining male sexual victimization is presently advancing the field and building upon the significant contributions made by early leaders.

We understand that a victim can experience a range of biopsychosocial-spiritual reactions to sexual violence. Many individuals who suffered sexual abuse during childhood carry the effects of the abuse throughout their lives (Perez-Fuentes et al., 2013).

Every victim is different, but many feel alone, scared, ashamed, and fear that no one will believe them. Other common reactions include changes in sleeping patterns, eating habits, and an increase in drug or alcohol use. Sexual violence can affect an individual's long-term ability to work and maintain healthy relationships (Perez-Fuentes et al., 2013).

Researchers continue to document the widespread harmful impact that sexual assault has on both male and female victims. Within the past 30 years, we identified the complex mental health effects and, today, researchers suggest that victims of sexual violence are the largest group of persons with Post-Traumatic Stress Disorder (Foa & Rothbaum, 1998). Post-Traumatic Stress Disorder (PTSD) is commonly experienced by survivors of family violence and sexual assault. In one study, approximately 30% to 65% of survivors of family violence experienced PTSD at clinically significant levels (Gorde, Helfrich, & Finlayson, 2004).

With our current understanding of the high incidence and significant impact of child sexual victimization, greater research and awareness is still desperately needed to assist male victims in their efforts toward recovery. Furthermore, with the watershed advances to our understanding of trauma in the past 20 years, it is imperative that we acknowledge the unique qualities inherent in male victimization and infuse recent developments in trauma-informed practice.

The present study advances our understanding of the impact of the abuse experienced by male victims of child sexual abuse on their masculinity, their relationships, functioning and their identity by asking: How does childhood sexual abuse (CSA) impact the meaning attributed to masculinity in a population of adult male victims of CSA?

This research examines the intersection of gender development and CSA among male victims prior to, during, and following their abuse. Salient findings from Article I include the following themes: compounded isolation; post-traumatic anger; sex/intimacy dichotomy & trauma; predictive masculine socialization. Salient findings from Article II include the following themes: male survivor as protector, fixer, helper; What would you tell a boy; what therapists should know; and male survivor specific advocacy.

Rationale for the Present Study:

Recent events in the past two decades increased public awareness of male victims of child sexual abuse. From the Penn State abuse scandal involving Assistant Coach Jerry Sandusky, the alleged sexually perpetrating behaviors of Michael Jackson, to the widespread institutional child abuse by officials of the Catholic Church, the public is exposed to the horrors of child sexual abuse. Increased awareness connected to these events is good, but is hardly sufficient to fully understand the hidden nature of this form of interpersonal abuse, the prevalence and impact, and the unique dynamics inherent in the experiences of male victims of child sexual abuse. Public awareness campaigns, like the "NoMore" campaign and the "#MeTooMovement," raise awareness. But despite such efforts, they have not adequately represented male victims of child sexual abuse and their unique challenges.

In many ways, male victims of child sexual abuse remain a virtually invisible population of victims. This is witnessed through: our lack of male survivor specific advocacy and awareness; limited professional practice and research understanding in this area; high prevalence and low disclosure rates for male victims; the continuation of societal beliefs that do not recognize men as victims; and, the corresponding perpetuation of taboo and stigma assigned to this victim population. Despite efforts by advocacy groups such as "MaleSurvivor.org" and "1in6.org," we still have a long way to go in developing our understanding, providing meaningful and widespread advocacy, and addressing cultural barriers to disclosure and help-seeking for male victims of sexual maltreatment.

As a licensed clinical social worker with over 25 years of practice and administrative experience, I witness first hand our failure as professionals to adequately understand the complex dynamics intrinsic in serving a population of men who experienced sexual abuse. From boy

victims of child sexual abuse, who live with their abuse alone in silence, to teen boys who struggle with their identity and the maladaptive behaviors emulating from an abuse that is unrecognized, and finally, to adult male victims who, without adequate professional assistance, seek to make meaning of experiences that few around them understand or can relate to, victims continue to struggle alone.

For the many reasons stated above, this dissertation's intent is to give voice to the experiences of male victims of CSA and, through an empirically-based process, advance our field knowledge and societal awareness. From there, the study provides recommendations for action that can improve our practice and awareness efforts. A critical first step in the process was to enlist the Dissertation Committee participation of leading experts in the field. Next, it was important to secure a meaningful sample of participants ranging in age, point in recovery, geographical location, and nature and frequency of abuse experience. The study is designed to provide ample and broad opportunity for the participants to share their experiences retrospectively and to the present.

What follows are the first two articles. Each of the articles is the culmination of the 16 participant's experiences. The first article thematically explores what the participants "want us to know about their abuse" and the second thematically examines "what we need to know to help them." The articles are designed to be both stand alone and complementary. I am grateful for the participation of the 16 brave men who, through their vulnerability and honesty, shared their experiences. This study is dedicated to them and all boys and men who suffer in silence. Their voices must be heard.

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Introduction

Prior to the late 1980s, we understood very little about the unique needs of male child sexual abuse (CSA) victims. The population of male victims of CSA was virtually invisible in the research and practice literature. Barriers to understanding the phenomenon of male sexual assault victimization and its dynamics still exist and are often attributed to societal beliefs and expectations about masculinity and victimization. This study enlists the voices of 16 adult male victims of child sexual abuse.

The present study asks the question: How does childhood sexual abuse (CSA) impact the meaning attributed to masculinity among a population of adult male victims of CSA? Through a qualitative interview process the participants identified the following salient themes: experiencing a compounded isolation during and following their abuse; the pervasive presence of post traumatic anger; the notion of predictive masculine socialization as a factor in how their masculinity was conceptualized during and following the abuse; and, lastly, a present-day dichotomy between their sexuality and intimacy resulting from their abuse.

Background

Over the past few decades, several prominent incidents raised public awareness of male childhood sexual abuse. From the horrific institutional child abuse within the Catholic Church, the sexual victimization of boys by Pennsylvania State University assistant football coach Jerry

Sandusky, to the alleged sexually offending behaviors of celebrity Michael Jackson, the media have spotlighted the public health problem of child sexual abuse (CSA).

Most studies of CSA focus on the sexual abuse of girls (Cermak & Molidar 1996). As a result, many mental health practitioners feel under-informed and ill-equipped to effectively understand and treat boys and men with histories of CSA. Despite the increased attention, there is still a scarcity of published research that can contribute to our understanding of the experience of male victims of child sexual abuse. Research validates that child sexual abuse (CSA) is a harmful reality for a large proportion of boys. Research also identifies the varied forms of trauma associated with CSA for male survivors (Alaggia & Millington, 2008; Dhaliwal et al. 1996; Dube et al., 2005; Finkelhor, 1990; Gartner, 1999a; Holmes & Slap 1998; Spataro et al. 2001). Although the outcomes for male survivors vary, victims are at increased risk for depression, suicide, addictions, aggression, sexual dysfunctions, and PTSD (Alaggia & Millington, 2008; Briere et al., 1994; Dube et al. 2005; Garnefski & Diekstra 1997; Holmes & Slap 1998; Putnam 2003).

Although the research on CSA and male victims is limited, what is available consistently shows that the sexual victimization of males does occurs at high rates (Fergusson et al. 1996; Finkelhor 1990; Lisak, Hopper, & Song, 1996; Putnam 2003). A recent meta-analysis concludes that between 3 and 17% of boys, worldwide are victims of CSA (Heim et al., 2013).

Many boys and men find it difficult to disclose sexual abuse or seek treatment because acknowledging sexual abuse undermines their sense of being masculine or of being perceived by others as masculine (Alaggia, 2005; Easton, Saltzman & Willis, 2014; Garnefski & Diekstra 1997; Holmes & Slap 1998; Paine & Hansen, 2002). As a result, sexual victimization of boys appears to be underreported, and boys and men are under-represented in clinical populations

(Gold et al. 1999; Violato & Genius 1993). With the estimated prevalence of CSA of boys and limited practice research, more research is needed to understand and serve male victims of CSA (Merrill et al. 2001).

One contributor to the under-reporting of male victimization is that male victims may be silenced by gender expectations that emphasize that men exhibit only their most powerful, invulnerable characteristics (Gartner, 1999a; Lisak, 1994). Furthermore, the general public, witnessing the prevalence of males as perpetrators of violence may be unable to accept the notion of men as victims.

Joseph Pleck in his book *The Myth of Masculinity* (1981) challenges the essentialist perspective of a static and prescriptive notion of masculinity. He formulates a construct that he terms "masculine gender role strain" for understanding the demands of masculine social norms and each male's lifelong ever-changing challenges in relation to such norms. Pleck hypothesizes that males are pressured by the societal gender expectations of strength, competition and non-femininity and the result, throughout the life course, is the competing demands of a pervasive male gender role strain. Because of myths about masculinity, gender role strain, gender role socialization, and stereotyping that prevail, it is imperative that practitioners treating male victims of CSA address developmental and cultural aspects of masculinity, in conjunction with the effects of sexual abuse. Such pervasive myths are profoundly damaging to males who have experienced sexual abuse, and they directly impact male victims' desire and ability to seek treatment and support.

The present study operates from the premise that one's gender is constructed socially throughout the life span from social expectations, experiences, and examples (O'Neil, 2015). The process of gender development is not linear, but is circular and is ever-changing. The process is

influenced by context and shaped by history, location, culture, and environment. Gender construction should be understood through a dynamic developmental lens with an understanding of how infants, children, teens, and adults at various stages receive, interpret, and incorporate gender socialization. O'Neil (2015) describes the ongoing gender role transitions occurring throughout the lifespan and challenges us to refrain from a static position, preferring instead to adopt a perspective of dynamic gender identity shaping and reshaping that is fluid and is shaped by experience.

Trauma can impact and influence the gender socialization process in many ways. We, as social animals, are typically unaware of the forces and influences that contribute to our gender development. Some forms of trauma can have a very significant impact on our gender development and the meaning we attribute to "male" and "female" (Kia-Keating et. al., 2005).

Child sexual abuse (CSA) may have a detrimental impact on males' ongoing gender formation and consequently struggle with meaning attributed to "masculinity." Such injuries to core identity may result in a range of problems, including hypermasculinity, rigid hegemonic masculine identity structure, homophobia, etc. (Gartner, 1999a).

In an effort to better understand the potential injury to gender formation and trauma experienced by males in response to CSA, a full retrospective understanding of the gender socialization process and the meanings attributed to masculinity, pre-, during, and post- abuse is crucial. An examination of the intersection between gender formation and trauma will result in a deeper understanding of the male victim's experiences. The intersection of CSA trauma and gender formation may present unique and blended dynamics essential to addressing male victims of CSA at various stages of life and recovery.

The present study enlists the voices and experiences of adult male victims of child sexual abuse to discern the impact of their abuse on their masculinity and their later experiences, relationships and functioning.

Methods

Design

The study design is a cross-sectional retrospective mixed-methods design. The study uses a phenomenological approach to understanding the meaning attributed to "masculinity" and the impact on meaning resulting from child sexual abuse among a sample of adult male victims of child sexual abuse. The study format follows the Interpersonal Phenomenological Analysis (IPA) approach outlined in Smith, Flowers & Larkin's (2009) *Interpretative Phenomenological Analysis: Theory Method and Research.* The approach outlined by Smith, Flowers & Larkin (2009) is nomothetic focusing on the lived experience of the participant and the "phenomenon" being studied. Data are gathered through an in-depth semi-structured interview seeking to extrapolate descriptive comments, linguistic comments, and conceptual comments pertaining to the subject of the study and the experience of the participant (Smith, Flowers & Larkin, 2009). The method follows a six-step approach to data analysis. The steps are as follows: Step 1: Reading and re-reading; Step 2: Initial noting; Step 3: Developing emergent themes; Step 4: Searching for connections across emergent themes; Step 5: Moving to the next case; Step 6: Looking for patterns across cases (Smith, Flowers & Larkin, 2005).

Criteria for determining trustworthiness follows from Guba and Lincoln's (1985) constructs for dependability, credibility, transferability, and confirmability. Dependability is assured through the use of an interview schedule and systematic data analysis and coding system

following from the procedure outlined by Smith, Flowers and Larkin (2005). Credibility is established through the study's prolonged exposure to participants and process as well as through persistent observations. Researchers identify that through a sizable sample of over 10, the study increases credibility with a thick and rich data set (Morse, 2005). This study enlists 16 participants. Detailed descriptions of themes, verbatim questions and responses permitted transferability and confirmability through a systematic analysis of language, themes, and traumagenic attributes as determined through both the semi-structured interview and the TSC-40.

Sampling

The sample consists of 16 participants recruited through a purposive approach using convenience sampling from the 60 rape crisis centers throughout the Commonwealth of Pennsylvania and the "1in6" advocacy organization (https://1in6.org).The sample population is comprised of English-speaking adult male victims who are over the age of 18 and who are self-identified victims of child sexual abuse prior to age 13 and are presenting for, connected to, or are receiving services.

The study uses the Centers for Disease Control and Prevention (CDC) definition for child sexual abuse. The CDC (2010) defines CSA as: "any completed or attempted (non-completed) sexual act, sexual contact with, or exploitation (i.e., noncontact sexual interaction) of a child by a caregiver" (Leeb, 2008). For the purposes of this study, our definition of CSA is limited to abuse experiences beginning before age 13. This narrows our sample to participants who experienced CSA prior to or during latency and prior to adolescence. No exclusion criteria are applied to the perpetrator characteristics. Specifically, perpetrators could or could not be caretakers and incidents of abuse could range from a single incident to many.

The study sample consists of 14 Caucasian, 1 African-American, 1 Bi-racial men (n=16) who ranged in age from 23 to 67 years. The table below describes the demographics of the sample, the age of onset of abuse, and the length of the abuse. Pseudonyms are used to identify each participant and other identifying information was changed to protect the confidentiality of the participants and their experiences. Ten of the participants were from the continental USA, five were from Canada, and one participant was from the United Kingdom. All but two men reported abuse from a male perpetrator. Relationship to the perpetrator was primarily male caretakers and/or family members with two participants reporting abuse from acquaintances.

Chart of Participants

NAME	AGE	RACE/ETHNICITY	AGE OF ONSET	LENGTH OF ABUSE
Don	***56***	***Caucasian***	***13***	***2-3 years***
Bill	***67***	***Caucasian***	***11***	***1 year***
Jules	***24***	***Biracial***	***12***	***5 years***
Sam	***61***	***Caucasian***	***9***	***6 years***
Steve	***54***	***Caucasian***	***7***	***7 years***
Chris	***28***	***African-American***	***5***	***5 years***
Wyatt	***23***	***Caucasian***	***10***	***1 incident***
Wayne	***42***	***Caucasian***	***3***	***2+ years***
Mark	***49***	***Caucasian***	***9***	***several days***
Art	***31***	***Caucasian***	***8***	***3 years***
Dave	***35***	***Caucasian***	***4***	***7 years***
Ian	***64***	***Caucasian***	***2***	***7 years***
Kevin	***35***	***Caucasian***	**11**	***1 incident (maybe more)***
Nick	***37***	***Caucasian***	***7***	***1 incident-maybe more***
Dylan	***53***	***Caucasian***	***12 and 14***	***days and months***
Jeff	***54***	***Caucasian***	***9***	***1-2 years***

Measures

Trauma Symptom Checklist-40. The TSC-40 is a research measure that evaluates symptomatology in adults associated with childhood or adult traumatic experiences. It measures six aspects of posttraumatic stress and other symptom clusters found in some traumatized individuals. "The TSC-40 is a 40-item self- report instrument consisting of six subscales: Anxiety; Depression; Dissociation; Sexual Abuse Trauma Index (SATI); Sexual Problems; and, Sleep Disturbance, as well as a total score. Each symptom item is rated according to its frequency of occurrence over the prior two months, using a four-point scale ranging from 0 ("never") to 3 ("often"). The TSC-40 requires approximately 10-15 minutes to complete, and can be scored in approximately 5-10 minutes**:** Studies using the TSC-40 indicate that it is a relatively reliable measure (subscale alphas typically range from .66 to .77, with alphas for the full-scale averaging between .89 and .91). The TSC-40 and its predecessor, the TSC-33, have predictive validity with reference to a wide variety of traumatic experiences "(Briere & Runtz, 1989, psychometrics).

Qualitative Interview. Semi-structured interviews were conducted via phone or in a private office, on-site, in one of the 60 rape crisis centers licensed by the Pennsylvania Coalition Against Rape (PCAR). Five participants completed the interview in-person and eleven completed the interview via phone interview.

Participants completed a single in-depth semi-structured interview lasting between 1 and 3 hours (n=16). The interviews are based on measures exploring the phenomenon of masculinity (pre, during, and post abuse) and the relationship between gender development and CSA. The measures are from research and field knowledge. Interviews were taped and later transcribed

verbatim and verified for accuracy. Field notes captured observations and key phrases. All field notes are included in data for analysis.

Results

Results are generated from both the administration of the TSC-40 and through the qualitative interview process. Results highlight new areas of understanding to serve and advocate for male victims of child sexual abuse.

Trauma Symptom Checklist (TSC 40):

Study participants completed Briere and Runtz's Trauma Symptom Checklist- 40 (1989)- TSC-40. All 16 of the study participants completed the TSC-40 (n=16). The TSC-40 has a range from 0 to 120. Participant scores ranged from 12 to 85 indicating a broad range of tramagenic impact in the sample population. The mean for participants in this study was 45.31 (SD=20.49) and the median was 44.5.

These scores are consistent with those found in other clinical samples (Whiffen, Benazon, & Bradshaw, 1997: Male and Female sample using the TSC– 40: Males: m= 29.5–54.7; Elliott & Briere, 1992; Females m=26.03).

The TSC-40 contains six subscales: Dissociation; Anxiety; Depression; SATI (Sexual Abuse Trauma Index); Sleep Disturbance; and, Sexual Problems. The sample scored highest in the areas of Anxiety and Sexual Problems.

Scores from the Anxiety subscale reveal that 75% (12/16) of participants scored high on feeling tense all of the time, 56.3% (9/16) report experiencing nightmares in the last month, and, 50% (8/16) reported experiencing flashbacks in the last month. Given the fairly high reporting of

anxiety, nightmares, and flashbacks, I can conclude that participants, in a state of high physiological arousal, experienced past emotional memories, in certain circumstances, that were established during their abuse resulting in flashbacks and nightmares (van der Kolk, 2002).

In the area of Sexual Problems, 68.8% (11/16) of the participants reported "not feeling satisfied with your sex life," 56.3% (9/16) reported "sexual overactivity" in the last month, and 50% (8/16) reported "being confused about their sexual feelings."

Research examining the nature of the impact on later sexuality among adult male survivors of CSA identifies gender-specific impact including; fears related to being homosexual, fears related to becoming a perpetrator, sex as an effort to regain power, the presence of erection and/or ejaculation as a sign of complicity and enjoyment, hypersexuality, hyposexuality, sexual difficulties, concerns about their role as a father, and questioning related to sexual identity (Bartoi, Kinder, & Tomianovic, 2000; Beitchman, et al., 1992; Davis & Petretic-Jackson, 2000; Etherington, 1995a,1995b; Gartner, 1999a; Kia-Keating, Grossman, Sorsoli, & Epstein, 2005; Lew, 1980; Lisak, 1994; Lisak, Hopper & Song, 1996; Najman et al., 2005; Perera, Reece, Monahan, Billingham, & Finn, 2009).

Results from the administration of the TSC-40 confirm prior research and also highlight the traumagenic impact that male victims may experience related to their sexuality (i.e. flashbacks, anxiety, numbing and physical sexual problems).

Thematic Analysis of Interviews: Salient Themes

This study seeks to advance our understanding of the impact of child sexual abuse on the changing gender construction of male victims prior to, during, and following their abuse. From there, understanding is extrapolated from interview themes. Data are discussed and applied with

reference to: 1) considerations for therapy; 2) dynamics affecting disclosure; 3) dynamics affecting help-seeking; and, 4) advocacy for male victims of child sexual abuse.

The qualitative interviews revealed four overarching themes: compounded isolation; post-traumatic anger; the sex/intimacy dichotomy; and, issues related to predictive masculine socialization.

Compounded Isolation. Participants unanimously identified isolation as the most insidious experience occurring during and following their abuse. Essentially isolation, resulting from their abuse, prohibited the necessary social connections to recognize the abuse as abuse and begin the healing process.

The data reveal an interplay of internal barriers male victims of CSA experience related to:

Ignorance:
1) not knowing male sexual abuse exists as an experience in our culture and,
2) not recognizing that it happened to them.
Containment:
3) isolated by the intra-abuse experience with the abuser: threats, shame, fear and powerlessness,
4) combined with the dynamics intrinsic in family secret keeping,
5) in a culture where the expectation is that boys don't cry, they are strong and can suck it up.

This newly conceptualized model depicting the interplay of isolating forces is what I will refer to as *compounded isolation*. Throughout the interviews all participants reported experiencing compounded isolation.

1) All participants acknowledged the importance of *"naming it"* from both the perspective of: 1) sexual abuse happens to males; and, 2) I am a victim. Most reported a gradual or abrupt

revelation of sorts when realizing that sexual abuse happens to boys combined with their capacity to identify as a victim.

One participant indicated;

"I felt like a great weight was lifted once I knew other boys could be sexually abused and I knew it happened to me- it finally made sense- Aha"

Similarly, another participant stated:

"It probably wouldn't have been until I would say my late teens that I was aware that boys could be sexually abused, sexually assaulted."

Don described the ownership resulting from ignorance that sexual abuse happens to boys: *"The younger guys have a hard time with it. I think you need a certain measure of wisdom to start believing it wasn't your fault because you believe so much to your core that you were the cause for this. The person raping you doesn't have to manipulate you to believe that, you almost assume that automatically because you don't have the language, you don't have the experience, you don't have any of that stuff."*

Primary to the lack of understanding of the male sexual abuse victim experience, is the overarching cultural belief system and how it shapes our understanding of gender experiences and expectations. Consistent with the research, participants revealed an ignorance that boys could be victims of child sexual abuse.

One study participant expressed:

"You have such an idea, you have such a sense of isolation where this did not happen to anyone else, it was just me. This does not happen to boys."

Another participant expressed the challenge of disclosing without an understanding of what he experienced:

"The thought of telling anyone was just-- It just didn't even dawn on me. I mean I don't even know what happened to me, I didn't know this happened to boys- who would believe me."

One participation describes the isolating secrecy:

"You feel like you're hiding it but then it's so radioactive that they gotta see it. Like something in me is gonna give me away."

Another acknowledged the isolation prior to discovering other male victims exist:

" It feels like we don't have anyone to look at and to say `oh yeah, I went through that too,' but that's really not true because like I told you, some of the feelings that I had inside didn't get released until this year when I went to the '1in6' because I was actually talking to somebody that had been through it and I didn't know other men were out there."

Misinformation and misunderstandings of male victims of sexual assault is largely due in part because of the presence and perpetuation of males-cannot-be-raped myths (Kassing, Beesley, & Frey, 2005; Kassing & Prieto, 2003). Burt describes rape myths as "prejudicial, stereotyped or false beliefs about rape, rape victims, and rapists" (Burt, 1980, p. 217).

2) A second co-occurring dynamic further complicates the isolation experienced by male victims. Study participants expressed a lack of awareness that they are, in fact, victims of this perceived non-existent form of trauma. Don expressed his personal breaking of the ignorance of his status as a victim:

" It's the first time I used it in reference to myself and believed I was a victim. That was the eureka moment. It was integral to my story and I know a lot of guys kind of have a similar experience where somehow they realize for the first time."

Andrew echoed this experience:
"So, when he told me about it, that was probably my eye-opener that I said oh, so I am a victim."

One participant describes the isolation as paramount to his distress:
"I guess my biggest message, and I've said this a little bit, is that feeling like you're alone in anything that's like this is the absolute worst thing."

Another participant describes the struggle to feel valuable:
"So, it affected me more than just in my perception of what a man is, it affected me just to be accepted as like an equal person."

When study participants indicated these "Aha" moments, "this happens to boys and it happened to me," many expressed a sense of relief. Easton, Leone-Sheehan, Sophis and Willis (2015) describe these cognitive insights and attribution of blame as "turning points" in recovery for victims. Turning points are understood as those actions, experiences, and insights that lead to healing and post-traumatic growth.

3) The third contributing factor to the existence of a compounded isolation is the intra-abuse experience defined by the relationship with the abuser, and oftentimes threats from the abuser. Study participants consistently acknowledged the secrecy and threats intrinsic to their relationship with the abuser.

Sam describes how demeaning and threatening his abuser was to him:

"He used to tell me I was stupid and that I was ugly. And for many, many years I believed that. He told me that if I told anyone he would kill me."

Don describes his abuse from a Catholic priest:

"He told me that I couldn't tell anybody especially my uncle. If I told, God would be angry and I would burn in hell."

Furniss (1991) describes keeping the secret practiced by victims of sexual violence, whereby victims avoid disclosure due to factors such as threats from the perpetrator and the likelihood of disbelief from caretakers and family. The very nature of the taboo relationship between victim and perpetrator creates optimal conditions for secrecy and isolation. The grooming process further reinforces the victim's isolation and disconnect from any/all protective factors such as family. Von Hohendorff, Habigzang, & Koller (2017), in their research interviewing boy victims of child sexual abuse, confirm the interplay between the broader societal invisibility of male sexual abuse, the ignorance of the phenomenon of male sexual abuse as a reality, and the micro-dynamics of secrecy and concerns about disbelief that result in a compounded isolation for male victims.

4) The fourth factor, secret keeping, in a broader sense as a family practice, is understood by researchers as a mechanism that is vital to the functioning and constitution of the family (Morgan, 2011). In the context of CSA, study participants highlighted the intrinsic quality of family secret keeping as an isolating dynamic.

Ian describes:

"*Nobody in the family would speak about it. It was always in the air."*

Steve describes the inherent threat to the family:

"So, if we talked about it, it would destroy our family and everything we pretended to believe."

Dylan described his secret keeping:

"I wasn't going to let the cat out of the bag and ruin my family."

McLeod and Thomson (2009) describe how family identities are shaped by the everyday speech acts and silences. Researchers study secret keeping and identify the common reasons why individuals do not share secrets. Common themes are the result of an individual's capacity to predict/anticipate the consequences of revealing the secret. They include: risk that the confidant will evaluate them negatively after learning the secret; shame; proclivity to protect self, family and others; and, fear of retribution (Petronio, 2002; Petronio, & Bantz, 1991; Petronio, Reeder, Hecht, & Ros- Mendoza, 1996).

5) The fifth factor speaks to elements of the male socialization process where boys are expected to be strong, not express emotions, and suck it up (Pleck, 1981). All of the participants addressed their personal experience of male socialization. Despite how constrictive or liberal this process was, each acknowledged the larger social messaging received that boys are to be strong, not emotional, and most importantly, not like girls.

Wayne expressed: *"…boys and men aren't victims, that is for girls."*

Sam describes his boyhood experience dealing with his abuse:

"You suck it up. You suck it up and deal with it. You should be mentally tough enough to handle it."

He goes further to describe:

"…before I started playing football, I didn't start playing football until tenth grade, I wore this horribly ugly corduroy coat. I kept it on all day long. I just felt a need to cover my body. It was my armor… I needed to be tough."

Post Traumatic Anger: The Acceptable Male Emotion: Socio-cultural influences can have a profound effect on how we define and execute our gender. Boys and men are pervasively subjected to the influences of culture that prescribe acceptable and non-acceptable male traits. The literature commonly identifies characteristics of the culture's masculine gender expectations, including: aggression; rejection of feminine characteristics; stoicism; preoccupation with sex; being an economic provider; sexuality; and, being the protector of home and family (O'Neil, 2015; Pleck,1981).

Of considerable importance to this study is the gendering of emotions in western culture. Prescriptive norms associated with hegemonic masculinity prohibit the expression of many thought-to-be female emotions and permits, and encourages the expression of anger in men (O'Neil, 2015).

Male anger and aggression are modeled, widely permitted and, oftentimes, celebrated throughout society. From a standard of hegemonic masculine traits, anger is the acceptable male emotion. Sam, a victim of child sexual abuse, describes how his anger was permitted and celebrated in his youth:

"I was filled with rage. I played football. I was a linebacker; it felt good to hit somebody and hit them hard, and I was rewarded for that. I was an All-State linebacker two years in high school. I was dirty, poor sport. I would snap and I was praised for being angry."

Research acknowledges the phenomenon of externalized anger as a common expressive trait for male victims of child sexual abuse (Baljon, 2011; Gartner, 1999a; 1999b; 2005; Lisak, Hopper & Song, 1996; Romano & DeLuca, 2001).

Every participant in the study indicated the presence of extreme and enduring anger from childhood into adulthood.

Jules explains:
"I still hold on to the abuse. It never goes away. The anger never goes away. It can get easier, but it is like you are always carrying this suitcase around with you—it can be unpacked and get lighter but it never goes away."

This dynamic supports Newman and Peterson's (1996) premise that male child sexual abuse victims experience chronic anger for years following the event. Sam indicated the challenging task and discomfort of containing his anger:

"*You can only hold it in so long and then it comes out sideways- my anger, my violence."*

Participants describe how it was acceptable to be angry and how it was the ideal emotion to preserve a safe distance between them and the rest of the world:

Sam describes, *"…when I was angry nobody could get to me."*

Others reported an indiscriminate displacement of anger in multiple areas of their lives and a pervasive distrust and anger toward authority figures, particularly male authority figures.

Jules describes his indiscriminate anger:
"I kind of dived-- I was an angry man. Angry at everything and everyone, everywhere- especially angry at anybody in a position of authority and power—I was angry all the time."

Similarly, Chris explains:

"…but I did not trust authority figures at all. Teachers, principals, football coaches, police, anybody I did not respect. Like adults I didn't trust, I avoided them or gave them a ton of my anger. I was angry man, to everybody."

The displaced anger was consistently reported as the "go-to-emotion" and reportedly caused great distress and damage to a plethora of social relationships. Many participants indicated a need to squelch the anger by using drugs and alcohol.

Sam explains:

"My chronic anger had a role in my drug addiction. I think I used heroin to mask the pain and the anger. I used football to mask the pain and let the anger out."

Similarly, Dylan explains:

"*…for years I hid my anger with drugs and alcohol. I didn't want anyone to see my anger. It was there all of the time."*

The connection between the displaced anger and prior abuse was one of only a few initial insights reported as consequences to the abuse. For many of the men, they did not know that males could be sexually assaulted and did not identify as victims but knew early on (many in their adolescence) that their anger was directly related to what happened to them. And for many men, not only did the anger damage social relationships, result in self-medicating, but was also identified by family and friends as the identified "problem." Furthermore, men often reported a primary healing/treatment need as getting behind their anger. Most acknowledged their displaced anger as a secondary emotion masking a broad range of less acceptable male emotions.

Chris advises victims to get behind their anger:

"It's not your fault. He needs a really good place to get to what's behind his anger 'cause if he doesn't, it's not gonna end well."

Several participants advised therapists to respect and understand the anger as an amalgamation of deeper more complicated emotions. Essentially, anger was the primary vehicle to emote in response to their victimization. Napier-Hemy (1994) indicates that adult male victims of child sexual abuse often experience intense anger from their abuse and it can be an overwhelming emotion that quells other emotions too difficult to express. For example, and of particular importance to male victims of sexual abuse, past studies support a link between shame and anger (Hoglund & Nicholas, 1995).

Don describes his anger:

"Man don't take away my anger until I can understand all of the other feelings. My anger is all I got."

Wayne describes his therapy experience:

"Therapy doesn't work for me. Every therapist wants to address or medicate my anger. Not one of them tried to understand where it comes from."

The Sex/Intimacy Dichotomy and Trauma: The Abuse of One's Sexuality. Most participants in the present study reported sexual dysfunction related to their abuse. For them, sex involved traumagenic reactions, and intimacy's challenge was one of trust and vulnerability. Jeff stated:

"Sex and intimacy are two very different things as a result of my abuse. I was never comfortable with sex, but I crave the closeness found in an intimate relationship."

Consistent with the trauma literature, male participants in the study experience conventional traumagenic impact (Frewen & Lanius, 2015; van der Kolk, 2003). Many of the participants expressed experiencing flashbacks, triggering, and sexual hyper/hypo sexuality related to their present sexuality.

Interview reports were consistent with the results of the TSC-40 identifying the presence of traumagenic responses during sex. Ian describes his sexual experiences as:

"…beginning with a rush and ending in terror."

Steve describes challenges with his sexuality resulting from his abuse:
"I used to have a problem orgasming. I used to be unable to achieve orgasm for a lot of different reasons, I guess. But I go between afraid to even have sex or to be compulsively sexually active. So, it is a whole spectrum."

Sam accounts his trauma response during sex:
"Looking back, I think I've stayed walled off too much. There were certain times during sex that nothing was said, but if there was a specific position or similar activity, I just went rigid, I just froze--it causes body memories."

He further describes his trauma triggers:
"I remember his smell. He was clean, it wasn't a dirty smell, but he would parade around in his underwear in front of me and I can remember that smell. Any chance he had, he would let me see him naked. That still pops into my head during sex."

Don draws a connection between his abuse and his present sexual relationships:
"I'll be very frank here. I cannot have an orgasm with oral sex because of the mental images."

Jules explains how his sexuality was linked to his trauma and identifies the intentions of his sexual experiences:

"Sex was for thrill seeking, attention seeking, and control."

Studies show that individuals who have experienced trauma, when experiencing elements of the original trauma (i.e. sexual interactions), may have psychophysiological reactions indicating a conditioned response to certain reminders (triggers) of the trauma. When met with a number of similar sensory elements that represent the original trauma (such as being touched, being exposed to like places, scenarios, and smells), trauma victims can be activated to react as if they are being traumatized all over again (van der Kolk, 2002).

Most study participants identified trauma cues (i.e., triggers) related to their sexuality. Many described flashbacks, negative physical sensations, numbing, and freeze responses as common in their present adult sexuality. Other described hypersexuality and self-destructive behaviors as defining themes related to their adult sexuality.

Steve describes his feelings of hyperalert:

"…it's like I'm exhausted. And when I mean alert, I mean I'm always on guard. Sex is scary and dangerous."

Both Don and Jules report having flashbacks to their abuse during their present sexual relationships. Don states:

"There are things I can't do during sexual relationships with my wife because it takes me back there."

Jules describes his early adult sexuality as dangerous and numbing:

"Sex for me was danger and to get control… my whole body would go numb."

Past studies explore the relationship between childhood sexual abuse and later adult relationships. In comparison to individuals without a reported history of CSA, abuse survivors report a lower level of relationship satisfaction (DilLillo & Long, 1999; Holman, 2001; Kia-Keating, Grossman and Sorsoli, 2010; Mullen et al. 1994). Other researchers report lower relationship stability in victims of child abuse (Cherlin et al. 2004; Colman & Widom 2004; Mullen et al. 1994). Kia-Keating, Grossman and Sorsoli (2010), through a qualitative study, confirmed that male victims of CSA often struggle with intimacy and developing and sustaining adult relationships.

Participants in the present study report difficulty with adult romantic relationships. Of particular interest was the dichotomous experience of sex and intimacy as distinct. Many participants reported an impassable boundary between sex and intimacy. As Jules states:
"…there is a big difference between sex and intimacy."

Steve further explains:
"I did have a partner for three years, we have split up, and even when I was with him, sex was always something that is a big question mark in my head. Even though I have it and I've had quite a bit of it, it doesn't feel like I can go very deep beyond the superficial part when you love somebody and you have sex with them, it's hard for me to do both of those."

Some participants described a clear distinction between sex and intimacy while others reported much effort asserted throughout their adult life to achieve a union of sex and intimacy in romantic relationships. The majority of participants reported no healthy long-term romantic relationships and acknowledged difficulties arising in romantic relationships as a result of their abuse.

Wayne describes his relationship challenges:

"There is a lack of trust. It's very difficult for me to trust people who either should be close, close family members and friends and stuff like that, or for more romantic partners, again, opening up and being trustful and being intimate has been a real struggle for me and continues to be a struggle for me today. Being able to express my emotions was huge challenge for me kind of earlier on and then over the last few years as I've learned more about how to positively appropriately express my emotions, I've been rebuffed by female partners, again, who have the stereotypical male masculine, `Well why the hell are you telling me this? Men don't talk like this, kind of thing."

He goes on further to explain:

"Not that I've had a ton of sexual partners but I have the tendency to be quite impulsive, or starting relationship like that. And there has been a tendency to either over commit or to kind of do the opposite and just like kind of keep everybody at arm's length."

Chris describes how pervasive the abuse is to all of his relationships:

"I haven't had a functional healthy romantic relationship. It affects all levels of family, friends and even people to partner in life."

Predictive Masculine Socialization. Not surprisingly, participants in this study describe the challenging interplay between their victimization, their concept of masculinity, and their gender development. Consistent with the research of Kia-Keating, Grossman, Sorsoli and Epstein (2005) male participants identified less confusion and angst related to their masculine socialization in homes where there were less rigid hegemonic masculine norms. Interviews revealed two potential mediating factors, the presence of a positive supportive male and a family culture of openness to identity formation, as predictors of future gender identity and gender perceptions.

Positive supportive older male in their youth during or following the abuse. The presence of a positive supportive older male during or following the abuse is likely uncommon for many child victims of sexual abuse (McGuffey, 1998). But for those who do have positive male role models, there may be support for reduced injury related to their masculine identity development.

Jules describes:

"My dad is my best friend I learned that the abuse doesn't make you not a man- victimization does not discriminate."

Jules further explains that his father's positive presence was his model for being a man. He explains that his abuse resulted in many problems, but his masculine identity was not one of them.

Chris also explains the positive influence of his father:

"Being a man was the way I looked at my dad growing up. I wanted to be like the athletes I saw growing up, the doctors I saw, any male figure in authority I had looked up and respected because my father's a police officer, so I had an impression of society to be in a certain type of way/"

Both of these examples demonstrate what is likely uncommon for boy victims of child sexual abuse, a strong father figure distinct from their abuser. The presence of a positive male role model may serve as a protective factor to male gender strain and confusion for victims of CSA.

Don describes his masculinity in relation to his abuse:

"I honestly do not have issues about being a man. I had my uncle and my father to look up to. My abuser was not my model for manhood."

A family culture of openness to broad identity discovery and the absence of rigid hegemonic gender expectations. Few of the study participants acknowledged experiencing a family culture of openness to broad identity discovery; specifically, families where the children are empowered to explore and develop their identity. Martin and Ruble (2010) describe gender development as a fluid process influenced initially by the socializing forces of the family. Egan and Perry's (2001) research supports the notion of healthy psychosocial gender development as optimized when children are secure in their concept of themselves as a member of their sex, yet feel free to explore cross-sex, less gender prescribed, characteristics.

Jules and Don describe homes where identity exploration was encouraged.

Jules describes his early socialization experience:

"My parents were very progressive and open-minded. Allowed me and my sister the freedom to discover who we are. My father taught me that male equals respect and being morally good. Now masculinity and femininity are fluid to me."

Don describes the openness to emotional expression in his childhood home:

"It was just like it's okay to cry. And my parents raised us to not be afraid of our emotions and to talk about things. I mean it has to have a lot to do with how I processed things. I wasn't afraid of my emotions."

Some study participants acknowledged family support in various other areas of identity development including sexual orientation, artistic interest, and experimenting with appearance. Consistent with the findings of Kia-Keating, Grossman, Sorsoli and Epstein (2005), participants from families with more rigid hegemonic gender expectations experienced great challenges related to their abuse and their masculinity.

In contrast to the experiences of Jules and Don above, other participants were raised in a more restrictive home environment where rigid traditional masculine traits were taught and expected.

Sam, coming from a family with very rigid gender expectations where little boys were expected to be tough, play sports, and "*no sissy stuff*," explains how his socialization prescribed how to handle challenges and emotions:

"We don't want to talk about it. It's almost like being a snitch, a tattle-tale. You suck it up. You suck it up and deal with it. You should be mentally tough enough to handle it."

Similarly, Bill explains how his socialization limited the expression of his emotions:

I had an older brother and two younger brothers. We were taught traditional male stuff—to be a provider and protector. Don't talk about your feelings, take care of others and be a man."

Wayne explains:

"*Boys don't cry. And even as I got older, that men don't and that men don't seek out help, men help themselves."*

Ian described how he rejected the model of masculinity found at home and built his own schema for masculinity. He described the need to *"divorce his family of origin"* and embrace the feminism and equality of the 1960's and 70s.

Dylan described his early efforts to find normalcy: *"I just kept trying to return to being a normal boy."*

The study findings indicate the presence of a positive male role model and/or a family culture of openness to gender identity formation as mediating factors to masculine identity injury. Some of the distinctions between how study participants were socialized may be

attributed to generational difference. Men expressing more hegemonic male socialization were in the older third of the study sample and men who expressed greater openness to identity discovery and less hegemonic norms were in the youngest third of the sample. The middle third was split.

Discussion

Trauma

Results from the administration of the TSC 40 indicate the study sample scored highest in the areas of Anxiety and Sexual Problems. Participants consistently reported high overall anxiety and conventional PTSD responses related to their current sexual behavior (i.e. flashbacks, dissociation, numbing and physical sexual problems).

Trauma researchers acknowledge that trauma victims can react to later stress as if earlier trauma was still happening (Courtois & Ford, 2009; Frewen & Lanius, 2015; Levine, 1997; van der Kolk, 1994). Practitioners who treat trauma victims are faced with the challenge of helping victims process and integrate their trauma experience without re-traumatizing them (van der Kolk, 2002). Neuro-sequential trauma models provide sound efficacy for the experiences related to anxiety reported by participants. This treatment is approached from a "bottom up" process where arousal, sensations, and emotions from the more primitive areas of the brain (i.e. limbic system and brain stem) are addressed first as a precursor to moving into the higher functioning processes, found in the frontal cortex, of memory, language, and meaning (Courtois & Ford, 2009; Damasio, 1999; van der Kolk, 1994, 2002). Practitioners working with male child sexual abuse victims should assess for the presence of PTSD symptomology and, where appropriate, incorporate trauma-based neuro-sequential models to address the conventional traumagenic reactions identified in the areas of generalized anxiety and the conventional PTSD symptoms

experienced in their present sexual relationships (i.e. flashbacks, dissociation, numbing and physical sexual problems).

Sexual Problems

Embracing one's sexuality would be challenging to anyone who previously experienced a sexuality loaded with betrayal, guilt, shame, and overstimulation (Gartner, 2005). Researchers identify the relationship of CSA to later adult sexual functioning in both women and men (Vaillancourt-Morel, et al., 2015). Victims of CSA may experience a low frequency of intercourse (Dennerstein, Guthrie & Alford, 2004), heightened sexuality (Wilson & Widom, 2008), negative sexual attitudes (DiLillo et. al., 2007), and a broad range of sexual dysfunction (Najman, Dunne, Purdie, Boyle, & Coxeter, 2005).

Consistent with the challenges to masculinity described, sexual assault victims are at increased risk of developing Post Traumatic Stress Disorder PTSD (Feeny, Foa, Treadwell, & March, 2004). Trauma is reported in almost 50% of individuals who have been sexually assaulted and it is suggested that sexual assault survivors are the largest victim population experiencing PTSD (Feeny, Foa, Treadwell, & March, 2004). Practitioners should assess present and past interpersonal relationships to determine impact of early CSA abuse experiences on relationships.

Compounded Isolation

Male victims of CSA may experience a multi-dynamic compounded isolation resulting from their abuse. Forms of isolation include: 1) not knowing males can be victims of sexual abuse; 2) not knowing they are a victim; 3) isolation resulting from the grooming process and the threats/secrecy inherent in the relationship with the abuser; 4) isolation from the broader notion

and practice of family "secret keeping;" and, 5) their existence in a culture that tells boys to keep their feelings contained and to "suck up" hardships. The concept of compounded isolation introduces a new relationship between five inter-related forms of isolation that, through their interaction/connection lead to a complex and qualitatively distinct form of isolation for male CSA victims.

Central to the participants' experience, is the "virtual incarceration" of sitting alone with their abuse. The interplay of dynamics described above defining compounded isolation are the summation of those factors contributing to this toxic isolation. It was clear that recovery required the presence of a "relationship," i.e. family member, significant other, child, therapist, etc. In a compounded isolation, without such a relationship, participants were stuck in their abuse. Core to their recovery was "breaking free" of the compounded isolation and taking the enormous risk to connect to another. Often in a myriad of bad relationships, participants identified a positive relationship as the catalyst to their recovery. Don indicates that his recovery did not earnestly begin until his wife was aware of his abuse and assisted him to address each of the five components of compounded isolation. For others, positive relationships took many forms including; a significant other, offspring, a friend, therapist, or someone they were helping. High levels of intimacy were not reported as a pre-requisite for the relationship. Sometimes the relationship was professional or as a mentor or helper.

Consistent with the phenomenon of compounded isolation described above, Willis, LaCoursiere Zucchero, DeSanto-Madeya, Ross, Leone, Kaubris, Moll, Kuhlow, & Easton (2014), described the notion of dwelling in suffering as:

"Prior to healing, survivors perceived themselves as being trapped in the past and within a social-psychological world of being misunderstood where moving beyond suffering was a

constant struggle. Time seems to have stood still for these men while they were Dwelling in Suffering. The past abuse overshadowed their present and its possibilities, as well as their futures (p. 572)."

The authors further support the present study's notion of the existence of a compounded isolation by indicating that male victims often live a life that there is a lack, or non-existence, of insight related to how there is a relationship between their ongoing distress and their past abuse (Willis et. al, 2014). Zeligman, Bialo, Brack and Kearney (2017) explored the notion of loneliness, a characteristic of isolation, as a moderator between trauma and post traumatic growth. Their research suggest that loneliness is a barrier to post traumatic growth. This further emphasizes the debilitating nature of isolation victim's experience.

An understanding of the compounded isolation experienced by male survivors may assist to better understand and respond to low disclosure rates and help-seeking in this population. The impact of sexual trauma on male victims is fairly well documented as it relates to disclosure and help-seeking behaviors (Alaggia, 2005; Cashmore & Shackel, 2014; Dimock, 1988; Dorais, 2002; Easton, Saltzman, & Willis, 2014, Easton, 2012; Gartner, 1999; Lamb & Edgar-Smith, 1994; Lew, 1988; London, Bruck, Ceci, & Shuman, 2005; O'Leary and Barber, 2005; Paine & Hansen, 2002 Ullman & Filipas, 2005). Studies examining disclosure rates for male victims of child sexual abuse indicate a range of early disclosure rates from 10 to 33% (Easton, 2013, Holmes and Slap 1998). The vast majority of male victims of child sexual abuse never disclose their abuse and for those who do report commonly delay disclosure (Easton, Saltzman & Willis, 2014; Easton, 2012; Holmes & Slap, 1998) Variables that contribute to disclosing abuse and seeking help include a broad range of personal, relational, and sociocultural barriers (Easton, 2012; Willis et. al, 2014).

Hegemonic societal expectations add barriers to disclosure and expression resulting in additional isolation. The abuse, occurring in a cultural context, where males are not expected to be victims is of substantial significance to male survivors of CSA throughout their lives (Gartner, 1999a; Lew, 1988; Lisak, 1994). Much of the research examining rape myths focuses on female victims. More recently there is an increased examination of rape myths related to male victims and how these myths create barriers to disclosure and help-seeking (Gartner, 1999a; Gonsiorek, Bera & Le Toumeau, 1994; Lisak, 1993).

Turchik and Edwards (2012) outline prevalent male rape myths in the literature as follows: men cannot be raped; "real" men can defend themselves against rape; only gay men are victims and/or perpetrators of rape; men are not affected by rape or not as much as women; a woman cannot sexually assault a man; male rape only happens in prisons; sexual assault by someone of the same sex causes homosexuality; homosexual and bisexual individuals deserve to be sexually assaulted because they are immoral and deviant; and, if a victim physically responds to an assault he must have wanted it (Anderson, 2007; Donnelly & Kenyon, 1996; Garnets, Herek, & Levy, 1990; Gartner, 1999a; Gonsiorek, Bera, & Le Toumeau, 1994; Kassing & Prieto, 2003; Sarrel & Masters, 1982; Struckman-Johnson & Struckman-Johnson, 1994; Turchik & Edwards, 2012; Yeager & Fogel, 2006).

Sociocultural expectations for male gender performance and prevailing male rape myths support the evidence for the presence of a compounded isolation: victims do not know that male CSA exists, therefore do not know they are victims, are silenced by the offender relationship, family secret keeping and the broader social messaging related to male expectations not to share emotions or exhibit "victim" behaviors.

More research is needed to examine the complexities and the interplay of the concept of compounded isolation experienced by male victims of child sexual abuse. Understanding how the dynamics of this concept interact and impact victims, disclosure and help-seeking is imperative to our practice and advocacy efforts.

Post Traumatic Anger

Male victims of CSA, not surprisingly, often experience significant anger resulting from their abuse. Consistent with past research, this anger can be debilitating and challenging to contain. Male victims express great difficulty and discomfort with their anger but also acknowledge anger as their "go to" emotion. Participants in the present study caution practitioners not to attempt to "take away" their anger, but rather help them to understand it and get behind it to other more difficult emotions.

Understanding the complicated emotions behind the anger should be the work of therapy. Results from the present study indicate that efforts that bypass taking time to understand and validate anger, for an approach that seeks to extinguishes/reduces anger only may be misguided. Romano and DeLuca (1995) suggest that counseling approaches may best begin by assisting the clients to fully express their angry feelings toward the offender, and from there, explore the difficult emotions and vulnerabilities that may lie beneath anger.

Most of the participants identified their anger as chronic and debilitating; yet, described this emotion as essentially necessary to them for the purpose of emotional release. Many indicated initially becoming defensive in therapy when efforts were designed to *"…take away my anger."*

The dynamic of preserving, validating, and titrating anger is somewhat counterintuitive and should be understood by professionals serving victims of all forms of trauma. Kemper (1987) acknowledges the survival value of anger as acting to energize the body in the presence of danger. Anger is in essence the emotion that protects the individual from other vulnerabilities. Therapy approaches that fail to recognize anger as a protective feature may be at risk of harming clientele who are not ready to extinguish their go-to means of emotional expression.

Sex/Intimacy Dichotomy

Participants in the present study express a distinct differentiation between sex and intimacy. For them, sex is reported to be saturated with conventional traumagenic responses, issues of control/mastery and reactivity. Intimacy is described as the dangerous vulnerability intrinsic in an authentic connection with another. Some of the participants indicated that sex and intimacy are completely distinct while others struggled, in relationships (often times unsuccessfully), to unite sex and intimacy. Furthermore, male victims consistently reported conventional PTSD responses related to their current sexual behavior (i.e. flashbacks, dissociation, numbing and physical sexual problems).

Over the past two decades, researchers propose that child sexual abuse can result in a range of harmful effects on mental health, relationships, and long-term sexual problems (Bartoi & Kinder, 1998; Easton, Coohey, O'Leary, Zhang, & Hua, 2011; Holmes & Slap, 1998, Gartner, 1999a). Past studies examine a variety of sexual assault victim populations and outline a range of potential dysfunctions ranging from: sexual inhibition; avoidance or aversion; low desire, and pain (McCallum, Peterson, & Mueller, 2012) to compulsive impulsivity, high risk sexual behavior, and, multiple partners and promiscuity (Wilson & Widom, 2008). An early study by Kendall-Tackett, Williams & Finkelhor (1993) demonstrates correlations between the gender of

the victim and the age of victimization to a response of sexual hyperactivity (externalization) and inhibition (internalization). Specifically, boy victims are more inclined to report as hypersexual and girl victims more inhibited (Aaron, 2012; Holmes & Slap, 1998; Najman et al., 2005). Additionally, Kendall-Tackett, Williams & Finkelhor's study (1993) indicates that earlier onset of child sexual abuse victimization is positively correlated to increased externalization.

Understanding the relationship or non-relationship of sexuality and intimacy for victims has implications for practice. Study participants ranged from those with a clear impenetrable distinction between sex and intimate relationships resulting from their abuse, to others who asserted great effort over time in attempt to unite sex and intimacy (some successful and most unsuccessful). Furthermore, neuro-sequential trauma-based interventions are indicated to address the conventional body-based traumagenic responses described in the participant's sexual experiences.

Predictive Masculine Socialization

Consistent with the research of Kia-Keating et. al (2005), males reported a need to renegotiate their construct for masculinity when raised in homes where more traditional hegemonic masculine behaviors and expectations existed. Conversely, this study revealed; males who reported the presence of more liberal conditions to gender identity formation and/or the presence of a positive male role model reported much less, or no, impact to their developmental masculine identity formation.

Two key factors emerged from this study as possible mediating factors related to the experience of child sexual abuse in males and healthy masculine socialization.

1) Positive supportive older male in their youth during or following the abuse

2) A family culture of openness to broad identity discovery and the absence of rigid hegemonic gender expectations.

The presence of one or both of the above may serve as a protective factor and reduce the injury to the victim's gender development. Rutter (1985) describes protective factors as the characteristics of the victim and the environment that modify, ameliorate, or alter the victim's response to trauma. Past studies identify: significant adults, peers; support from family; and, absence of substance abuse and maternal depression as correlated with resiliency in victims of child maltreatment (Afifi & MacMillan, 2011; Herrman et. al., 2011). Aspelmeier, Elliott & Smith (2007) found secure attachment with parents to be a protective factor against the impact of child sexual abuse in women. Daignault and Hebert (2009) found that support from the father served as a protective factor in a sample of adolescent girls who were victims of CSA. The work of Conte (1985) and Gilgun (1990, 1991) found that boys who had a confidant during and following their abuse were less prone to developing symptoms. Their research contends that that victims who are afforded the opportunity in a positive relationship were able to linguistically encode their abuse experience and, consequently, were less likely to re-enact their abuse.

Domhardt, Munzer, Fegert, and Goldbeck (2015) conducted an extensive review of the literature examining resiliency factor and victims of child sexual abuse. Their review did not identify research studies that examined the relationship of boy victims with their fathers. Additional research should examine the impact of child sexual abuse in male victims on their masculinity specifically examining the influence of; positive male role models, social supports and parental support.

Each of us is influenced by our family culture. It is typically from the context of family that we approach the developmental task of gender identity formation. From the foundation of

family, we incorporate our experiences and the out-of-the-nest messaging received to construct our identity. Childhood trauma victims commonly assimilate their trauma, in some manner, in to their development. Not surprisingly, research indicates that prior experiences with gender formation, and the meaning attributed to gender, have a relationship with the impact of the trauma and the ensuing gender identity of the male sexual abuse victim (Gartner, 1999a; Kia-Keating, Grossman, Sorsoli, & Epstein, 2005; Lisak, 1995).

Because of the everchanging gender identity "reshaping" and research indicating that gender role conflict and strain correlate with men's psychological problems over the lifespan (Levant & Powell, 2017; O'Neil, 2015). Child sexual abuse (CSA) may have a detrimental impact on males' ongoing gender formation and consequently struggle with meaning attributed to "masculinity." Such injuries to core identity may result in a range of problems, including hypermasculinity, rigid hegemonic masculine identity structure, homophobia, etc. (Gartner, 1999a; Lisak, 1993).

Additionally, male victims of sexual abuse can be silenced by the gender stereotyping of a patriarchy that demands that men exhibit only their most invulnerable qualities. Pleck's (1981;1995) notion of gender norm strain acknowledges a process where men are challenged to navigate the onslaught of male gender expectations throughout their lifetimes. Gender role expectations are reinforced by culture and internalized through the ongoing process of gender socialization (Connell, 2005; Gilmore, 1990; Levant & Powell, 2017; O'Neil, 2015; West & Zimmerman, 1987). The process of male gender development can be particularly challenging for male victims of child sexual abuse (Gartner, 1999a; Lew, 1988; Lisak, 1995). This study indicates that the presence of a family culture of openness to identity discovery may reduce the impact of CSA on a male victim's gender identity.

The study's results support the importance of assessing and addressing early male socialization with this population in therapy (Gartner 1999a; Good & Mintz, 2005; Kia-Keating, Grossman, Sorsoli & Epstein, 2005; Lisak, 1995; Mahalik, J. R., Good, G. E., & Englar-Carlson, M. 2003). Results also highlight the importance of assessing the family culture of boy child sexual abuse victims to determine the potential impact on gender identity formation.

Conclusion

A key strength of the study is the capacity to enlist a sample of adult male victims throughout the USA, Canada, and one from the United Kingdom. The study's intention is to advance our knowledge and address the question: How does childhood sexual abuse (CSA) impact the meaning attributed to masculinity in a population of adult male victims of CSA? From there, discussion addresses: 1) considerations for therapy; 2) dynamics affecting disclosure; 3) dynamics affecting help-seeking; and, 4) advocacy for male victims of child sexual abuse.

The approach was to extrapolate robust data from the lived experiences of male victims of CSA and give voice to an under-served population of victims. Given the complexity of the phenomenon of masculinity and the many dimensions of lived experience and personal biography, a qualitative approach was determined best to ascertain the many layers of meanings, thoughts and feelings of each participant. A purely quantitative approach would be greatly limited in its ability to extrapolate and analyze the proposed study's data. Furthermore, the identified themes have direct implications for considerations for therapy, dynamics affecting disclosure, dynamics affecting help-seeking and advocacy for male victims of child sexual abuse the study will contribute to a growing body of literature seeking to understand and serve male victims of CSA. Results discussed will be transferred into practice recommendations for the

Pennsylvania Coalition Against Rape (PCAR) and the National Sexual Violence Resource Center (NSVRC). Specifically, insights revealed from the study will be disseminated to Pennsylvania's network of rape crisis centers (PCAR) and provided to the National Sexual Violence Resource Center (NSVRC) to be distributed nationwide. Findings will better equip counselors and advocates with much needed information related to the unique experiences and needs of the male population of CSA victims.

Limitations are consistent with other studies engaging participants seeking treatment who may be at a determination/action phase of change. The sampling strategy of enlisting interested participants seeking or receiving services at one of the 60 rape crisis centers in Pennsylvania or connected to the "1in6" organization represents a sampling limitation/bias. Participants are not representative of the much larger population of male victims who do not identify as victims, seek treatment and are not motivated toward disclosure and/or services. Generalizability was limited by the sub group characteristic of males, in this population, who are either seeking services or connecting to web-based information on male victims of CSA. Furthermore, limiting the study sample to English-speaking participants limits the generalizability of results and recommendations to non-English speaking victims. The primary data collection process of a combination of face-to-face interviews and phone interviews also has inherent limitations. Conducting interviews via phone limited the interviewer's ability to read non-verbal communications. Despite these limitations, the phone interview may have provided the participant with greater safety to demonstrate the vulnerability necessary to honestly and thoroughly answer difficult interview questions.

The preponderance of identified community service providers for victims of sexual assault are providers within the rape crisis center network. Historically rape crisis centers are

predominantly feminist organizations. Males presenting for services have potentially overcome or disregarded this barrier to service. In addition, as a retrospective study, barriers to gathering data may include: impaired memory; and, past/present dissociation and repression. Data may be biased or positively/ negatively influenced by using a male interviewer. Sallee and Harris (2011) conducted research exploring the influence of gender in qualitative research studies of masculinities. Findings indicated that male subjects were more open with male researchers and more obscure and reserved with female researchers. It is our hope that using a male interviewer may have enhanced the data gathering process.

The present study advances our understanding of the experiences of male victims of child sexual abuse. The study builds upon previous literature and highlights new insights through the voices of men. New understanding related to; compounded isolation, post-traumatic anger, sex/intimacy dichotomy and predictive masculine socialization can assist those who serve and advocate on behalf of male victims of CSA.

Specifically, prevention experts and public child welfare case workers should incorporate the 5 dynamics of compounded isolation into their understanding and practice when assessing for CSA, working with families, providing training and serving male victims of CSA. With an understanding and application of the complex interplay of the isolating factors experienced by male victims of CSA, early identification, disclosure rates and help-seeking for male victims may increase. Resistance to counseling can be better understood due to compounded isolation and post traumatic anger understood as a symptom of CSA trauma. Furthermore, findings can help counselors appreciate the utility of the male victim's anger

Similarly, advocates and counselors will be better equipped to understand and respond to the unique isolation experiences of male clients. Compromises in personal and interpersonal

functioning related to the impact of compounded isolation, post-traumatic anger and the sex/intimacy dichotomy can be assessed for and addressed. Through an understanding of predictive masculine socialization, counselors can better assess the environmental factors contributing to, or protecting from, injury to masculine identity. A greater understanding, put into action, of the findings of the present study will enrich services for male victims and equip professionals with the information needed to effectively advocate on their behalf.

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The Voices of Male Survivors II: The Lived Experiences of Adult Male Victims of Child Sexual Abuse and What We Should Know to Help Them.

Introduction

Over the past three decades researchers have examined the characteristics related to male victims of child sexual abuse. Much of this work focuses on the impact, prevalence, disclosure, and recovery pertaining to this previously invisible population of victims. The present study interviewed 16 adult male victims of child sexual abuse to further understand their experiences as boys and, in the present, as men. Participants highlighted the importance of understanding what we should know to help them. Themes are organized as follows: the therapeutic benefits of helping; advice to boy victims; what participants believe therapists should know; and, the need for male-survivor specific advocacy.

The present study seeks to understand the phenomenon of masculinity and its changing development through the life span as it relates to each participant's unique victimization and trauma and their efforts to address and make meaning, of their abuse. Findings are derived from respondents' answers to the TSC-40 measure of trauma symptomology and interview themes. The results are organized around the themes of: 1) considerations for therapy; 2) dynamics affecting disclosure; 3) dynamics affecting help-seeking; and, 4) advocacy for male victims of child sexual abuse. This article highlights the adult male survivor's feelings and their need to do and recommend for other victims in their journey toward recovery. The article concludes by examining the need for advocacy specific to male survivors of child sexual abuse.

Background

When the fluid process of healthy gender identity is disrupted in childhood as a result of child sexual abuse, victims are challenged to incorporate the meaning associated with the abuse into their development. For male victims, the experience and disclosure of sexual abuse may produce fears of being weak or emasculated, being perceived as homosexual, or being perceived as responsible for the abuse (e.g., Gartner, 1999; Romano & De Luca, 2001). The "unrealistic internalized ideal of manhood" creates the belief that males are not supposed to be victims (Gartner, 1999, p. 70). Victims of CSA consistently report experiencing shame and guilt (Baljon, 2011; Dorahay, 2011; Lisak, 1994). Socialization processes and cultural gender expectations may exacerbate feelings of strength and a failure to live up to their gender role by not doing enough to stop the abuse or protect themselves (Gartner, 1999; Lisak et al., 1996). Finkelhor and Brown, in their 1985 influential work, outlined a systematic framework for understanding the impact of child sexual abuse. Through a broad review of the literature the authors identified four traumagenic dynamics experienced by victims of child sexual abuse. Traumatic sexualization, betrayal, stigmatization, and powerlessness are core dynamics that victims experience. Finkelhor and Brown's (1985) work established a foundation for much of the future research examining the impact of child sexual abuse.

Early studies examining the impact of child sexual abuse on male survivors acknowledge the importance of further research to understand the relationship of victimization to the individual's meaning attributed to masculinity and the injury to masculinity identity. In an early work, Dimock (1988), using data derived from questionnaire and case records with 25 male subjects, proposed the notion of "masculine identity confusion." Dimock's study just began to scratch the surface of our understanding of the relationship between masculinity and CSA.

Similarly, Myers (1989) interviewed 14 adult male victims of CSA and describes "gender identity fragility" as an area of impact and an issue for future research.

The arrival of Mike Lew's 1988 book *Victims No Longer: Men Recovering from Incest and Other Sexual Child Abuse* provided male victims with a gender-specific guide toward recovery. For many years, Lew's work served as the single source for practitioners working with male victims. Lew's book speaks to many of the dynamics experienced by victims and dedicates a chapter to addressing masculinity and the challenges related to the cultural gender norms.

With an increased awareness of male victimization, the literature incrementally grew in the mid-1990s to include Lisak (1994) and his study of male victims of CSA. Employing a qualitative interview process, Lisak identified a number of themes related to post-trauma experiences including masculinity issues. Etherington (1995), Draucker and Petrovic (1996) and Gill and Tutty (1999) all conducted qualitative studies and reported the presence of themes of powerlessness, betrayal, anger, fear of homosexuality, issues with sexual identity and gender identity, anxiety, and difficulty with interpersonal relationships. All of the studies are limited in their findings, with less than 20 subjects in each study.

In the beginning of the 21st century, Alaggia (2005, 2008) conducted two studies seeking to delve deeper into the adult male experience following CSA. Alaggia (2005) conducted in-depth interviews with 30 adult male and female victims to discern any potential gender differences. Male victims experience greater difficulty with disclosure because of fears of being seen as homosexual or as a victim. Alaggia and Millington (2008) conducted a phenomenological study with 14 male victims seeking to understand the lived experience of adult male victims of CSA. The research highlighted the tremendous vulnerability experienced by victims of child sexual abuse.

McGuffey (2008) carried out a five-year interview study with 62 parents of boy victims of CSA. The interviews highlighted the heightened anxiety parents experience associated with racial and male identity among their male children who were victims of CSA. The study affirms the necessity of an understanding and consideration of cultural values and gender norms when seeking to understand the impact of CSA on boys and their families. In an effort to dig deeper, Kia-Keating and her colleagues conducted two interview studies to assess meaning associated with masculinity and relationship challenges among male victims of CSA. The first study (n= 16) reported a common struggle among participants between containing and resisting traditional masculine norms (Kia-Keating, Grossman, Sorsoli, & Epstein, 2005). The second study (n= 16) supported the barriers experienced by victims in interpersonal relationships (Kia-Keating, Grossman & Sorsoli, 2010).

Using a focus group method, Dorahay and Clearwater (2012) uncovered the themes of self-shame, power of doubt and denial, uncontrollability, and dissociation as strong barriers to recovery for male victims of CSA. The authors emphasize the construct of shame and central to all meaning making related to the abuse.

The largest studies, conducted by Easton (2013; 2014) and Easton, Coohey, Rhodes, & Moorthy (2013), surveyed a large purposive sample (n=487) to ascertain characteristics related to disclosure and elements that foster post-traumatic growth among male victims of CSA. Participants ranged in age from 18 to 84 years of age and 90.9% of the participants were white males. Subjects were recruited on-line. Easton et al. (2013) also indicate that the use of physical force by the offender contributed to later distress among the victims and early childhood stressors contributed to later mental distress. The second study of older-age men at the time of the study reported that those abused by a family member are more likely to delay disclosure

(Easton, 2013). The third study revealed that post traumatic growth was most likely among men who have a better understanding of the abuse experience (Easton et al., 2013) and who ascribe to less traditional masculine norms (Easton, 2014).

Incidence of Male Child Sexual Abuse

The research community has grappled for more than 30 years to establish valid prevalence rates for male child sexual abuse. Due to variations in methodologies, sampling, and the unique nature of victim populations, researchers and practitioners have still not reached a consensus. Many researchers indicate that prior to 1980 there was little or no mention in the literature of male victims of child sexual abuse. This is often attributed to the low rates of disclosure and help seeking common to male victims of child sexual abuse (Romano & DeLuca, 2001). Cultural barriers related to gender roles and the inherent secrecy of child sexual abuse are also significant to the variation of prevalence estimates (Mujica, 2018).

Early estimates of male victimization included low-range prevalence from around 3 to 4% (Kercher & McShane, 1984; Siegal et al., 1987; Fritz, et. al., 1981), to 6 to 8 % (Baker & Duncan, 1985; Risin & Koss, 1987) to higher range estimates including: 16 to 34% (Finkelhor, 1990; Fromuth & Burkhart, 1987; Lisak & Luster, 1994; Uriquiza & Keating, 1990). It is clear that early attempts to establish agreed-upon prevalence rates for male victims of child sexual abuse varied greatly and were inconsistent. Much of the past research collected data from small and limited clinical samples, offenders, or non-clinical samples of college campuses

As awareness about the under-served and under-recognized population of male survivors of child sexual abuse increased through the 1990s, greater attention and better designed studies emerged to determine incidence rates. Holmes and Slap (1998) conducted a systematic review

examining 166 studies representing 149 sexual abuse samples from 1985 to 1997. The studies indicate a wide range of prevalence estimates ranging from 4% to 76%. Boys at higher risk for child sexual abuse were typically younger than 13, of lower socioeconomic status, non-white, and not living with their birth fathers (Holmes & Slap, 1998).

Dube et al. (2005) conducted a retrospective cohort study of 17,337 adult HMO members in San Diego from 1995 to 1997. Sixteen percent of males and 25% of females reported child sexual victimization. More recently, Heim, Barth, Bermetz, Trelle and Tonia in their 2013 meta-analysis of the prevalence of child sexual abuse worldwide reviewed 55 studies from 24 countries from 2002 to 2009. Their analysis was consistent with the findings of Dube et al. (2005) and revealed prevalence estimates ranging from 8 to 31 % for girls and 3 to 17 % for boys (Heim et al., 2013).

The National Incidence Study of Child Abuse and Neglect (NIS) conducted for the United States Department of Health and Human Services is carried out about every 10 years to provide updated estimates of the incidence of child abuse and neglect in the U.S. and measure changes in incidence (Sedlak et al, 2010, p. 1). The most recent survey, NIS-4, estimated between 135,300 (1.8 per 1,000) to 180,500 (2.4 per 1,000) children were sexually abused in the years 2005-2006. Researchers indicate rates of CSA for females range between 8 to 31% and 3 to 17% of males from western societies (Barth, Bermetz, Heim, Trelle &Tonia, 2012). Recent systematic reviews indicate an alarming rate of CSA worldwide at averages of 18 to 20 % for females and 8 to 10% for males (Pereda, Guilera, Forns & Gòmez-Benito, 1994).

Many researchers and practitioners, generally, but reluctantly, accept the range of 3 to 17% for male victims of child sexual abuse. Why is it so challenging to establish valid prevalence rates for the child sexual abuse of male victims? Is there a gendered difference

intrinsic in male victims of CSA that differentiates them from their female counterparts in terms of reporting and acknowledging their abuse? Some practitioners and researchers assert that male victims are more prone to conceal their victimization. Nasjleti (1980) contends "that male victims may be more inclined to conceal their victimization to prevent themselves from being labeled as: a) inadequate, feminine-like male; b) the instigator of the abuse; c) homosexual; or, d) not a victim" (p. 371)**.** Fear of being characterized by one of several social stigmatizations may lead male victims to believe that there is too much risk in disclosing their sexual abuse (Struve, 1990). Cultural norms for masculinity of physical power, sexual prowess, sexual aggression, and the denial of physical and emotional pain further complicate the male victim's response to self-report to surveys of child sexual abuse. Despite inconsistency in establishing an agreed-upon prevalence rate for male CSA, researchers and practitioners acknowledge that prevalence rates are high and disclosure and treatment-seeking rates are low (Alaggia, 2005). There needs to be greater attention to understand the unique gender-specific dynamics experienced by male victims of CSA in our effort to diminish barriers to disclosure and help seeking and to more effectively provide meaningful and lasting treatment.

Victims commonly seek to "make meaning" of their abuse experiences. The process of "meaning making" can be manifested through dysfunctional thoughts and behaviors (i.e., self-defeating thoughts, self-blame, self-destructive behaviors, and in the context of problematic interpersonal relationships). Conversely, victims may seek more functional and healthy avenues to make meaning of their experiences (i.e., therapy, altruism and helping, advocacy, and in the context of positive interpersonal relationships) (Binder, Mcniel, & Goldstone, 1996; Easton, Coohey, Rhodes & Moorthy, 2013; Kia-Keating, Sorsoli & Grossman, 2010). From a foundational understanding of the impact and the high prevalence of male child sexual abuse, the

present study examines the lived experiences of male victims of CSA, their attempts to "make meaning" and the impact of their abuse on their masculinity and adult functioning. This study highlights the adult male victim's perspective on what we need to know to help them.

The research literature is limited in addressing the first-hand accounts of male survivors of CSA, their experiences, how we can help them and their advocacy needs as an under-recognized victim population. The present study operates from the research question: How does childhood sexual abuse (CSA) impact the meaning attributed to masculinity in a population of adult male victims of CSA?

Through a qualitative interview process the participants discuss the following salient themes: the survivor as protector, fixer, helper; what advice they would give a boy victim of CSA; what therapists should know about their trauma; and, lastly, a call for male-survivor specific advocacy.

Methods

Design

The study design is a cross-sectional retrospective mixed-methods design. The study uses a phenomenological approach to understanding the meaning attributed to "masculinity" and the impact on meaning resulting from child sexual abuse among a sample of adult male victims of child sexual abuse. The study format follows the Interpersonal Phenomenological Analysis (IPA) approach outlined in Smith, Flowers & Larkin's (2009) *Interpretative Phenomenological Analysis: Theory Method and Research.* The approach outlined by Smith, Flowers & Larkin is nomothetic focusing on the lived experience of the participant and the "phenomenon" being studied. Data are gathered through an in-depth semi-structured interview seeking to extrapolate

descriptive comments, linguistic comments, and conceptual comments pertaining to the subject of the study and the experience of the participant (Smith, Flowers & Larkin, 2009). The method follows a six-step approach to data analysis. The steps are as follows: Step 1: Reading and re-reading; Step 2: Initial noting; Step 3: Developing emergent themes; Step 4: Searching for connections across emergent themes; Step 5: Moving to the next case; Step 6: Looking for patterns across cases (Smith, Flowers & Larkin, 2005).

Criteria for determining trustworthiness of the findings follows from Guba and Lincoln's (1985) constructs for dependability, credibility, transferability, and confirmability. I assured dependability through the use of an interview schedule and systematic data analysis and coding system following from the procedure outlined by Smith, Flowers and Larkin (2005). I assured credibility through the study's prolonged exposure to participants and process as well as through persistent observations. Researchers identify that through a sizable sample of over 10, the study increases credibility with a thick and rich data set (Morse, 2005). The present study enlisted 16 participants. Detailed descriptions of themes, verbatim questions, and responses permitted transferability and confirmability through a systematic analysis of language, themes and traumagenic attributes as determined through both the semi-structured interview and the TSC-40.

Sampling

The sample consists of 16 participants recruited through a purposive approach using convenience sampling from the 60 rape crisis centers throughout the Commonwealth of Pennsylvania and the "1in6" advocacy organization (https://1in6.org). The sample population is comprised of English-speaking adult male victims who are over the age of 18, who are self-identified victims of child sexual abuse prior to age 13, and who are presenting for, connected to, or receiving services.

The study uses the Centers for Disease Control and Prevention (CDC) definition of child sexual abuse. The CDC (2010) defines CSA as: "any completed or attempted (non-completed) sexual act, sexual contact with, or exploitation (i.e., noncontact sexual interaction) of a child by a caregiver" (Leeb, 2008). For the purposes of this study, my definition of CSA is limited to abuse experiences beginning before age 13. This will narrow the sample to participants who experienced CSA prior to or during latency and prior to adolescence. No exclusion criteria are applied to the perpetrator characteristics. Specifically, perpetrators could or could not be caretakers and incidents of abuse could range from a single incident to many.

The study sample consists of 14 Caucasian, 1 African-American, and 1 Bi-racial men (n=16) who ranged in age from 23 to 67 years. The table below describes the demographics of the sample, the age of onset of abuse, and the length of the abuse. Pseudonyms are used to identify each participant and other identifying information is changed to protect the confidentiality of the participants and their experiences. Ten of the participants are from the continental USA, five are from Canada, and one participant is from the United Kingdom. All but two men reported abuse from a male perpetrator. Relationship to the perpetrator was primarily male caretakers and/or family members with two participants reporting abuse from acquaintances.

Chart of Participants

NAME	AGE	RACE/ETHNICITY	AGE OF ONSET	LENGTH OF ABUSE
Don	***56***	***Caucasian***	***13***	***2-3 years***
Bill	***67***	***Caucasian***	***11***	***1 year***
Jules	***24***	***Biracial***	***12***	***5 years***
Sam	***61***	***Caucasian***	***9***	***6 years***
Steve	***54***	***Caucasian***	***7***	***7 years***
Chris	***28***	***African-American***	***5***	***5 years***
Wyatt	***23***	***Caucasian***	***10***	***1 incident***

Wayne	***42***	***Caucasian***	***3***	***2+ years***
Mark	***49***	***Caucasian***	***9***	***several days***
Art	***31***	***Caucasian***	***8***	***3 years***
Dave	***35***	***Caucasian***	***4***	***7 years***
Ian	***64***	***Caucasian***	***2***	***7 years***
Kevin	***35***	***Caucasian***	**11**	***1 incident (maybe more)***
Nick	***37***	***Caucasian***	***7***	***1 incident-maybe more***
Dylan	***53***	***Caucasian***	***12 and 14***	***days and months***
Jeff	***54***	***Caucasian***	***9***	***1-2 years***

Measures

Trauma Symptom Checklist-40:

The TSC-40 is a research measure that evaluates symptomatology among adults with childhood or adult traumatic experiences. The TSC-40 measures six aspects of posttraumatic stress and other symptom clusters found in some traumatized individuals: Anxiety; Depression; Dissociation; Sexual Abuse Trauma Index (SATI); Sexual Problems; and, Sleep Disturbance, as well as a total score. Each symptom item is rated according to its frequency of occurrence over the prior two months, using a four-point scale ranging from 0 ("never") to 3 ("often"). The TSC-40 requires approximately 10-15 minutes to complete, and can be scored in approximately 5-10 minutes**.** Studies using the TSC-40 indicate that it is a relatively reliable measure (subscale alphas typically range from .66 to .77, with alphas for the full-scale averaging between .89 and .91). The TSC-40 and its predecessor, the TSC-33, have predictive validity with reference to a wide variety of traumatic experiences (Briere & Runtz, 1989, psychometrics).

Qualitative Interview

Semi-structured interviews were conducted via phone or in a private office, on-site, in one of the 60 rape crisis centers licensed by the Pennsylvania Coalition Against Rape (PCAR). Five participants completed the interview in-person and eleven completed the interview via phone interview.

Participants completed a single in-depth semi-structured interview lasting between 1 and 3 hours (n=16). The interviews are based on measures exploring the phenomenon of masculinity (pre, during, and post abuse) and the relationship between gender development and CSA. The measures are from research and field knowledge. The interviews were audiotaped and later transcribed verbatim and verified for accuracy. Field notes were used to capture observations and key phrases. All field notes are included in data for analysis.

Results

The present study reveals results from both the administration of the TSC-40 and through the qualitative interview process. Results highlight new areas of understanding to serve and advocate for male victims of child sexual abuse.

Trauma Symptom Checklist (TSC 40).

I administered Briere and Runtz's Trauma Symptom Checklist- 40 (1989)-TSC-40 to each of the 16 study participants. The TSC-40 has a range from 0 to 120. Participant scores ranged from 12 to 85 indicating a broad range of tramagenic impact in the sample population. The mean for participants in this study was 45.31 (SD=20.49) and the median was 44.5. These scores are consistent with those found in other clinical samples (Whiffen, Benazon, & Bradshaw,

1997: Male and Female sample using the TSC– 40: Males: m= 29.5–54.7; Elliott & Briere, 1992: Females m=26.03).

Scores from the Anxiety subscale indicate that 75% (12/16) of participants scored high on "feeling tense all of the time," 56.3% (9/16) report experiencing nightmares in the last month and 50% (8/16) reported experiencing flashbacks in the last month. Given the fairly high reporting of anxiety, nightmares, and flashbacks, I can conclude that participants, in a state of high physiological arousal, experienced past emotional memories, in certain circumstances, that were established during their abuse resulting in flashbacks and nightmares (van der Kolk, 2002).

In the area of Sexual Problems, 68.8% (11/16) of the participants reported "not feeling satisfied with your sex life," 56.3% (9/16) reported "sexual overactivity" in the last month, and 50% (8/16) reported "being confused about their sexual feelings."

Salient Themes from the Qualitative Interview

The Male Survivor as Protector, Fixer or Helper. Participants in the present study consistently reported a need "to do something" related to their individual recovery. They highlighted a feeling of compassion arising out of their abuse and a drive to put this compassion into action through service to others. Don describes:

"I think it's more often than not that survivors develop an enormous deep compassion and empathy for others, and for me it just felt natural to really get involved with a lot of organizations."

Wyatt indicated: *"Giving to others can be a massive healing thing for yourself."*

Jules describes how integral helping is to his healing: *"I want to help. To me survivor equals helper."*

Chris describes the influence of "helping" on his healing:

"I've never connected with therapy. I can write. I'll tell you what, therapy for me is. Therapy for me is like helping others."

Wayne speaks to his drive to help more vulnerable males:

"I follow the Batman and Robin syndrome of having a male who is willing to help someone who's more vulnerable and I think that still to this day kind of drives me in the work that I do."

Kevin stated: "…*you get an attaboy by helping. Helping others saved my life."*

A number of study participants also indicate a need to "protect" someone or something. Many of the participants described a proclivity to want to protect friends and family from knowing about the experience of abuse.

Jules describes his need to protect others:

"So, it was just kind of interesting you've got to protect people, protecting people from having to know about this. You keep it to yourself to protect people in your lives."

Wayne describes his compulsion to protect his family from his abuse:

"No four-year-old should be Rambo. Every one of these little kids, man, think they need to be Rambo and even though they know their parents love them, they've still got to be Rambo. They've got to be Rambo for their parents, too, because they've got to protect them, they've got to protect everybody."

Bill indicates that his family should never know about his abuse. He reports having spent his entire life protecting them from knowing about what happened to him:

"My family, I don't want them to know. They would have sympathy- not good- I need to protect them from this."

Bill further describes himself as a life-long "fixer:"

"I am a fixer. That's what I do and have done throughout my career--"I would come in and fix things."

Participants expressed a recurring theme of the need to protect their family and others around them. This may be consistent with widely recognized prescriptive male norms to act as a "protector" (Levant & Powell, 2017; O'Neil, 2015; Pleck, 1981). Furthermore, it may contribute to the victim's efforts to re-establish control and mastery.

Jules, like the other participants, acknowledges his need to re-establish control and mastery:

"…after the abuse I was very dominating for a long time. I was trying to get control."

Wayne states:

"For myself I know I've been a volunteer at a SPCA shelter for about five years and that has helped me immensely. It gives me a sense of control."

Survivor Advice for Boys. I asked participants, "What would you tell a boy who was sexually abused?" The intent of the question was to solicit the participant's advice to boy victims based upon their own experiences. This particular question, more than others, elicited an emotional response from every participant. The participants' answers could be construed as an exercise in personal identification and may represent what they wish had been said to them as a boy victim.

Steve connected the question to his own experiences:

"Well a lot of my therapy has revolved around me visualizing my younger self as a separate entity and somebody that I didn't know that was a stranger…. I really have empathy for my young self that I didn't have before 'cause I would blame myself."

Prominent themes from the participant answers include:

1) You are not alone;
2) There is nothing wrong with you;
3) It wasn't your fault;

4) You should talk to someone you trust; and,
5) Things can get better.

Chart A depicts the relationship between the participant's advice, the anticipated belief system of the victim and the corresponding traumagenic dynamic resulting from CSA. Essentially the advice given by victim participants may reinforce our understanding of core dynamics resulting from CSA (i.e., victims are isolated/alone, feel changed/different, and blame themselves etc.) The participants, from their personal experience, go further to encourage the boy victim to share their experiences, as a needed step toward recovery, and, lastly, offer reassurance that hope still exists.

Chart A

Statement	**Victim Perception**	**Dynamic of CSA**
You are not alone	I am alone	Compounded Isolation
There is nothing wrong with you	There is something wrong with me	Stigma/ Shame
It wasn't your fault	It is my fault	Self-blame/Powerlessness/Shame
You should talk to someone you trust	I cannot tell anyone	Fear/Shame/Secrecy/Compounded Isolation
Things can get better	Things won't get better	Hopelessness

You are not alone- I am alone

The experience of isolation resulting from the abuse is widely supported in the sexual abuse literature (Alaggia & Millington, 2008; Briere & Elliott, 1994; Dorais, 2002; Dorahay & Clearwater, 2012; Easton, Saltzman & Willis, 2014; Gartner 1999; Lew; 1980; Lisak, 1994). The experience is particularly salient for participants in the study who identified isolation as a primary barrier to recovery.

Steve confirms the debilitating condition of isolation:

"*I would tell him that he's not alone. That's by far the most important thing he should know,"*

Jules also states: *"You are not alone. There are others who understand."*

And Don describes the primacy of addressing the isolation:

"*You're not alone. First and foremost, you are not alone."*

There is nothing wrong with you- There is something wrong with me

In their early research Finkelhor and Browne (1985) outlined the four traumagenic dynamics resulting from child sexual abuse as stigma. It is common for male victims of CSA to feel "forever changed" in response to their victimization. In addition to shame, victims grapple with questions related to personal identity including: Am I gay? Will I be an abuser? Am I responsible for my abuse? Am I a failure as a male? etc. (Gartner 1999; Lew, 1988; Lisak, 1995). Don details some of the traumagenic responses that lead to male victim's shame/stigma:

"*There's nothing wrong with you. Every thought you've had, every feeling you've had, every way your body responded, it's natural, it's normal, it's not within your control, so don't be afraid of it."*

It wasn't your fault- It is my fault

It is common for male victims of child sexual abuse to own their victimization. This is likely due to many factors that are imposed through the grooming process, the isolation, shame, and ignorance of their place as a victim (Gartner 1999; Lew, 1988; Lisak, 1994).

Sam speaks to the how pervasive the self-blame is: "*It's just you have to live with something that you had nothing to do with but yet you blame yourself for your whole life for."*

You should talk to someone you trust- I can't tell anybody

Given the dynamics described above- isolation, stigma, and self-blame, it is not surprising that male victims of CSA are resistant to disclosing the abuse. The resistance is further

intensified by the abuser's grooming and the victim's perception of the social invisibility of male sexual abuse. Researchers examining the proclivity for victims not to disclose their abuse identify a number of barriers to disclosure including: age at the time of abuse; relationship with the abuser; expectations of negative response to disclosure; the presence of family violence; social isolation; shame; fear; and, feeling responsible (Alaggia & Kirshenbaum, 2005 Easton, Saltzman & Willis, 2014; Goodman-Brown, Edelstein, Goodman, Jones & Gordon, 2003; Paine & Hansen, 2002)

Chris describes the connection between "keeping it in" and telling somebody:

"*Tell somebody. You can only hold it in so long and then it comes out sideways. It will come out sideways; rage, violence, substance abuse."*

Bill advises: *"…make yourself well- talk to a counselor."*

Steve offers support: *"I would tell him that he really does need to talk about it, that he needs to share it with someone that he trusts. That it's okay to admit that it happened."*

Things can get better- Things won't get better

Most of the study participants described how the abuse remains present in their lives. Jules describes how challenging it is for him to live with his past abuse:

"I still hold on to the abuse. It never goes away" "The pain never goes away. It can get easier, but it is like you are always carrying this suitcase around with you—it can be unpacked and get lighter but it never goes away" "The memories don't go away."

Steve*: "It's gotten better for me but I don't think it ever will get completely better."*

Jules: "…*certain things don't go away. I won't ever truly experience the joys of life that others have. I am constantly searching for who I am…multiple incidents of abuse change a person internally."*

Chris: *"...it affects every aspect of your life. It's not something that is just like oh, I'll deal with this in the bedroom, I'll deal with this at home where it affects the family. It affects everything and if you don't have good mastery over your own emotions and yourself, psyche or your mental health, it can weigh on every interaction you have."*

Sam: *"It will never leave me."*

All of them acknowledge the impact of their abuse but still recognize that things can get better for victims.

Steve: "*It's hard as it may seem for him to know right there in the moment but eventually things do get better."*

Jules: *"...things will get better."*

Bill: *"...its not the end of the world.*
"

Don: *"...it's gonna be okay."*

What Therapists Should Know. Participants in the present study identified barriers to seeking treatment as: the compounded isolation experienced as a result of the abuse; shame; and, cultural gender expectations that men don't express their feelings and seek help.

Consistently participants spoke to the interplay of not knowing this was abuse, that they were abused and that it happened to other boys. Ian described his epiphany as: *"...this is a thing, and it happened to me!"* Jeff described how he attended a presentation at his daughter's school and was shaken to realize, *"I am a victim!"* Dylan made a connection between his maladaptive behaviors and his abuse: *"Oh! the drinking and the drugs are because of the abuse!"*

Similarly, the shame experienced by participants, and well established in the literature, was a barrier to accessing services (Dorahay & Clearwater, 2012; Finkelhor, 1990; Gartner, 1999; Lisak,1993, 1994; Lew, 1988). Don described his prevailing shame as: *"You feel like you're*

hiding it but then it's so radioactive that they gotta see it. Like something in me is gonna give me away."

One participant described his shame:

"You feel worthless and then you feel more worthless and more worthless…. Professionals need to understand how deep our shame is. It's like shameful. I had an orgasm with this man. This was shameful because that's not supposed to happen and the only reason that would've happened is, I wanted it to happen. So, what's wrong with me?"

Participants described experiences where professionals were judgmental and did not take the time or interest to understand their abuse experiences. Don stated: *"I think that the counselors need to not dismiss the man when he starts talking about his abuse. It is almost like they don't want to hear it."* Kevin describes his negative experiences in therapy: "*I say to therapists, "Don't act like you know." Psychiatrists are the worse. Don't treat the symptoms, help me to look at my abuse."*

Similarly, Steve describes his experience" *"I felt like I was always searching in therapy for what's wrong with me and how do I fix it …. No one picked up on the things that I'm finding out now."*

Ian stated: *"Don't invalidate me! Take the time to understand my trauma."*

Participants in the study also identified male-specific issues to consider in therapy. Wayne describes a common perception: "…*boys don't cry…. men don't cry and men don't seek out help, men help themselves."*

Many of the tasks intrinsic in therapy such as admitting the need for and requesting help, reliance on others, recognizing and expressing feelings, are anathema to hegemonic notions of

masculinity (Good & Mintz, 2001; Robertson & Fitzgerald, 1992; Wisch, Mahalik, Hayes, &Nutt, 1995).

Ian provided advice for therapists: *"Therapists need to be aware of culture and how men are socialized"*

Sam describes his perspective on how men approach therapy: "*We don't want to talk about it. It's almost like being a snitch, a tattle-tale. You suck it up. You suck it up and deal with it. You should be mentally tough enough to handle it."*

Participants in the present study also indicate the challenge of identifying and understanding emotions related to their abuse. Nick stated: "*It is harder for men to talk about it."* Kevin further reinforced a typical male gender prescription: *"Men don't show emotions."*

Wayne provided advice for therapists:

"…just allow the person they're talking to just some time and space to say what they need to say because like I said, for myself, I literally did not have the words to express what I was feeling, what I was thinking, and so it took time."

The theme of practicing a non-judgmental approach to listening with patience was a common perspective for all participants in the present study. Most participants expressed that they were eventually successful in processing the thoughts and feelings related to their abuse when receiving services from a patient trauma-informed professional who was an empathic listener.

Participants also identified anger as their go-to emotion. O'Neil (2015) describes that norms associated with hegemonic masculinity prohibit the expression of many thought-to-be female emotions and permits, and encourages the expression of anger in men. Men in the present study acknowledged an understanding of anger as the socially "acceptable" male

emotion. Nick described how he was easily triggered and masked his anger through drugs and alcohol. He described anger as his: *"…go to response."* Kevin described how: *"…anger takes over."* Despite the tussle experienced between releasing and restricting their anger, participants indicated a need for therapists to validate and *"…not take away…"* their long-held anger. This notion has implications for treatment, especially for modalities that begin from the point of affect regulation. Participants expressed the need: *"…to get beneath their anger."* Some participants described their anger as masking other more vulnerable emotions.

Participants consistently reported sexual dysfunctions in present sexual relationships related to their abuse. Each described his presently sexuality as containing traumagenic reactions, and describes intimacy's challenge as one of trust and vulnerability.

Most of the study participants expressed experiencing flashbacks, triggering, and sexual hyper/hypo sexuality related to their present sexuality. Interview reports were consistent with the results of the TSC-40 identifying the presence of traumagenic responses during sex. Ian describes his sexual experiences as: *"…beginning with a rush and ending in terror."*
Most participants identified trauma cues (i.e., triggers) related to their sexuality. Many described flashbacks, negative physical sensations, numbing, and freeze responses as common in their present adult sexuality. Others described hypersexuality and self-destructive behaviors as defining themes related to their adult sexuality. All participants described a clear distinction between sexual behaviors and intimate relationships. Jeff stated:
"Sex and intimacy are two very different things as a result of my abuse. I was never comfortable with sex, but I crave the closeness found in an intimate relationship."

Past research indicates adults with a history of child sexual abuse reported lower levels of relationship satisfaction compared to participants with no reported history of CSA (Cherlin et.

al., 2004; Colman & Widom, 2004; DilLillo & Long, 1999; Holman, 2001; Kia-Keating, Grossman & Sorsoli, 2010; Mullen et al. 1994). Not surprisingly, participants in the present study reported difficulty with establishing and maintaining adult romantic relationships whatever their sexual orientation. Most noted a dichotomy between sex and intimacy. Jules stated: *"…there is a big difference between sex and intimacy."*

Wayne described his challenges with relationships:

"It's very difficult for me to trust people who should be close, close family members and friends and stuff like that, or romantic partners, again, opening up and being trustful and being intimate has been a real struggle for me and continues to be a struggle for me today."

Male Survivor Specific Advocacy. In recent years there is an increase in public awareness campaigns related to sexual harassment and sexual violence. Both the "NoMore" campaign and the "#MeToo" movements receive widespread attention in the media. Despite the increased attention, many male victims feel that present movements do not represent men and their unique challenges as sexual assault victims.

Dylan expressed his concern with the existing sexual violence campaigns: *"We need to change the messaging from "This happens to women to—this happens to people."* Most participants went further to indicate that inclusive sexual violence campaigns (i.e., males and females) are not only inadequate but may also be detrimental to male victims who feel emasculated by their victimization. Similarly, many, if not most, of the rape crisis centers grew out of the feminist movements of the late 1960s and early 1970s. Many of the rape crisis centers have gendered names such as The Women's Center of ……., Women in Action…., Women Against Rape, The YWCA etc. Participants in the present study report that such agencies are not

welcoming to male victims, possess an identity that is further emasculating and often time see males as perpetrators only. Because of their feelings of invisibility, participants adamantly expressed the need for male survivor-specific awareness and advocacy.

Kevin described the need for a *"MenToo Movement."* All of the participants, without exception, acknowledged the increased need for male survivor specific awareness. Adult male survivors of childhood abuse typically acknowledge the sexual abuse of males as a violation of masculine gender norms, and further believe that that society does not recognize the existence of male sexual victimization (Alaggia & Millington, 2008; Dorahy & Clearwater, 2012; Easton et al., 2014; Gagnier & Collin-Vézina, 2016; Gill & Tutty, 1999; Kia-Keating et al., 2005; Lisak, 1994; Sigurdardottir et al., 2012).

Many study participants identified the absence of male-survivor public awareness as a contributor to the compounded isolation they experienced as a result of their abuse. Jules explains: "*Male victims and female victims are different" "They are different because of the man box that we are put in."*

Kevin explains the conundrum of being a male victim: "*We need to have the courage to challenge the norm and speak up…more awareness is needed." "Society says you need to be quiet—that's exactly what our perpetrators told us."*

Wayne describes the desperate need for awareness:

"*I would encourage other men, other male survivors to do anything and everything they can to shed light on the subject. I know it can be very painful but even doing something like what I'm doing and what you're doing, it's huge. And any man that can be encouraged to participate in studies, in interviews in the media whether it's personal blogs or whatever it happens to be,*

whatever media form you choose, just get the word out, get the word out, get the word out because there are far too many people like myself who suffered for too many years in silence."

Participants stated that male rape myths need to be debunked over and over again. Ian stated: "*We need greater victim sensitivity. We need to stop looking at the issue from the perpetrator's view point- men can be victims too."*

Many men felt that it is only through male survivor specific advocacy could the public understand the experiences and prevalence of male sexual victimization. Furthermore, with increased public awareness, boy victims might receive information earlier to name the abuse and begin to recognize that they are victim.

Don states*:*

"…heightened public awareness about male child sexual victimization will go a long way to eliminating the shame and stigma and feeling alone we feel as boy victims."

Participants recognized the good work of organizations like "1in6" and "MaleSurvivor," but felt that far more attention to the issue is needed. Wayne described following the work of a former professional hockey player who publicly disclosed his childhood sexual victimization: *"Boys need more role models and survivors to speak out—let them see that our public heroes can be victims too"*

Discussion

The present study's results indicate themes related to: the male survivor's traumatic sexualization; the survivor's need to protect, fix, or help someone or something; survivor advice to boy victims (i.e., you are not alone, it wasn't your fault, talk to someone and things can get better); advice for therapists; and survivor recommendations for male survivor-specific advocacy.

TSC-40 and Traumatic Sexualization. Participants in the present study reported difficulties in the areas of sexuality. Most indicated traumatic stress in current sexual relationships. Trauma symptoms reported include: flashbacks, numbing, triggering and dissociation.

Consistent with the study participant's experiences, trauma researchers acknowledge that trauma victims can react to later stress as if earlier trauma was still happening (Courtois & Ford, 2009; Frewen & Lanius, 2015; Levine, 1997; van der Kolk, 1994). Practitioners who treat trauma victims are faced with the challenge of helping victims process and integrate their trauma experience without re-traumatizing them (van der Kolk, 2002). Neuro-sequential trauma models provide sound efficacy for the experiences related to anxiety reported by participants. This treatment is approached from a "bottom up" process where arousal, sensations, and emotions from the more primitive areas of the brain (i.e., limbic system and brain stem) are addressed first as a precursor to moving into the higher functioning processes, found in the frontal cortex, of memory, language, and meaning (Courtois & Ford, 2009; Damasio, 1999; van der Kolk, 1994, 2002). Because sexual assault victims are at increased risk of developing Post Traumatic Stress Disorder (PTSD) (Feeny, Foa, Treadwell, & March, 2004), neurosequential trauma treatment models are recommended to address anxiety and traumatic sexualization among male CSA victims.

Research examining the relationship of CSA to later adult sexual functioning among both women and men, points out that victims of CSA may experience a low frequency of intercourse (Dennerstein, Guthrie & Alford, 2004), heightened sexuality (Wilson & Widom, 2008), negative sexual attitudes (DiLillo et. al., 2007), and a broad range of sexual dysfunction (Najman, Dunne, Purdie, Boyle, & Coxeter, 2005; Vaillancourt-Morel, et al., 2015).

Specific research examining the nature of the impact on later sexuality among adult male survivors of CSA identifies gender-specific impact including: fears related to being homosexual, fears related to becoming a perpetrator, sex as an effort to regain power, the presence of erection and/or ejaculation as a sign of complicity and enjoyment, hypersexuality, hyposexuality, sexual difficulties, concerns about their role as a father, and questioning related to sexual identity (Bartoi, Kinder, & Tomianovic, 2000; Beitchman, et al., 1992; Davis & Petretic-Jackson, 2000; Etherington, 1995a,1995b; Gartner, 1999; Kia-Keating, Grossman, Sorsoli, & Epstein, 2005; Lew, 1980; Lisak, 1994; Lisak, Hopper & Song, 1996; Najman et al., 2005; Perera, Reece, Monahan, Billingham, & Finn, 2009).

Results from the administration of the TSC-40 confirm prior research and also highlight the traumagenic impact that male victims may experience related to their sexuality (i.e., flashbacks, anxiety, numbing and physical sexual problems). Professionals who work with this population should assess for the presence of trauma in present day sexuality. Furthermore, it is recommended that for this population intervention strategies related to sexuality employ trauma-informed modalities.

Survivor as Protector, Fixer, Helper. Victims of trauma can experience a broad range of adverse effects resulting from their trauma (Herman, 1992; McCann & Pearlman, 1990). Recent research examines resiliency (Christiansen & Evans, 2005; Luthar & Cicchetti, 2000; Masten & Coatsworth, 1998), and the experience of post-traumatic growth as potential positive consequences to trauma (Hobfoll et al., 2007; Linley & Joseph, 2004; Tedeschi et al., 1998).

Current trauma literature acknowledges the benefits experienced by victims when engaged in altruistic and helping activities (Easton, Coohey, Rhodes, & Moorthy, 2013; Gartner, 1999, 2005; Lew, 1988; Lisak, 1994; Staub & Vollhardt, 2008; Tedeschi, Park, & Calhoun,

1998). Participants in the present study consistently described the healing experienced when acting in the capacity as protector, fixer, and/or helper. Participants described the intrinsic benefits of "receiving through giving" as essential to their recovery journey. Practitioners should incorporate this understanding into their assessment and intervention practices. Recovery efforts that encourage getting involved with social causes and connecting with other male survivors may have greater efficacy for this population than traditional talk therapies.

The notion of healing through protecting, fixing, and helping provides support for prior research that indicates how trauma victims may restore a sense of power and self-worth through altruistic actions and through transferring internalized traumagenic thoughts and feelings into externalized behaviors that help and protect others (Courtois, 1988; Easton, Coohey, Rhodes & Moorthy, 2013; Frewen, & Lanius, 2015; Herman, 1992; Kia-Keating, Grossman, Sorsoli, & Epstein, 2005).

Staub and Vollhardt (2008) describe the concept of "altruism born of suffering" to describe the phenomenon of resiliency and post-traumatic growth experienced by victims, after victimization and trauma. "Altruism born of suffering" is witnessed through experiences that foster healing, helping and caring for others. Trauma can be transformed into a personal benefit as well as a community benefit (Bloom, 1998).

Staub and Vollhardt (2008) further describe the change in orientation from self to others where victims can exercise empathy and come to see others in a positive light followed by the belief in their personal strength to care for others in need. Staub (2005) calls this a shift to a "prosocial value orientation." Grossman, Sorsoli and Kia-Keating, (2006) describe how some male survivors of CSA, in their effort to make meaning of their experiences, have a strong inclination to help others.

The notion of healing through protecting, fixing and helping may prove to be beneficial for survivors. The impetus and quality of the practice of "altruistic acting" should be evaluated case by case to assure that the practices are in fact, beneficial and not preventing or hindering other recovery needs. Future research should continue to examine building opportunities for "altruistic acting" as a strategy for recovery.

Survivor Advice for Boy Victims. Participants were asked what would they tell a boy who was sexually abused. This question elicited an emotional response from each of the participants. Consistently they provided the following advice:

1) You are not alone;

2) There is nothing wrong with you;

3) It wasn't your fault;

4) You should talk to someone you trust; and,

5) Things can get better.

Responses reinforced the victim experiences of being alone, feeling changed and different, self-blame/ shame, the importance of reaching out for help, and the possibility of healing and hope.

Professionals working with this population should incorporate the 5 dynamics of compounded isolation into their assessment and intervention practices. The notion of compounded isolation provides a deeper perspective of the isolation experienced by male victims and identifies five key components working together to create a qualitatively distinct isolation experience for male victims of CSA.

The components of compounded isolation are:

Ignorance:

1) Not knowing male sexual abuse exists as an experience in our culture; and,

2) Not recognizing that it happened to them.

Containment:

3) Isolated by the intra-abuse experience with the abuser: shame, secrecy and powerlessness;

4) The dynamics of secret keeping; and,

5) Surrounded by a culture where the expectation is that boys don't cry, they are strong and can suck it up.

Participants in the present study unanimously identified the isolation and self-blame, intrinsic in the notion of compounded isolation, as primary to the boy victim's experience with all other recovery contingent upon understanding and addressing these core features of a) feeling alone b) to blame for the abuse c) forever changed and d) unable to tell anyone. An understanding of the interplay of the 5 dynamics resulting in compounded isolation is imperative to our efforts to recognize, serve and advocate for male victims of CSA.

What Therapists Should Know. Participants in this study consistently indicated their frustration and negative experiences with therapists. Prominent themes include: therapists not respecting their anger, judgmental therapists, therapists who treat the symptoms not the trauma, and the need for therapists to understand the socio-cultural context of the male victim experience.

These experiences speak to the necessity of therapist to be trauma-informed operating from the paradigm of "what happened to you?" not "what is wrong with you?" (Courtois & Ford, 2012). Furthermore, the above examples speak to the importance of establishing an empathic relationship.

Only in the past three decades have researchers conducted empirical studies to investigate the effectiveness for treatment of childhood abuse survivors (Cohen, Mannarino, Murray, & Igleman, 2006). With recent advances in the understanding of trauma, it is critical that practitioners serving adult male victims of child sexual abuse practice from an empirically supported neuro-sequential model of trauma therapy (Briere, 2002; Courtois & Ford, 2012; van der Kolk, 2005, 2015). Perry (2012) describes the benefit of a neuro-sequential model of trauma treatment. The intention of this approach is to conceptualize treatment through a developmental perspective, utilizing an understanding of the most recent advances in neurobiology indicating how individuals respond to threat and adaptively/maladaptively respond their trauma (MacKinnon, 2012). "Bottom-up" approaches begin by recognizing the activation of the primitive areas of the brain as foundational to trauma's impact. Interventions should proceed from the more primitive areas of the brain-sensing, physical symptoms to higher levels such as the limbic system –feeling brain and frontal cortex-thinking brain (Levine, 1997; van der Kolk, 2014).

Central to addressing the trauma experienced by male victims of CSA is creating a safe environment. Chouliara, Karatzias, Scott-Brien, Macdonald, MacArthur, and Frazer (2012) conducted a systematic review of research examining adult male and female survivors of child sexual abuse perspectives on helping services. Their findings identify the importance of a safe therapeutic relationship, respect, flexibility, and the importance of an even balance of power.

Participants also identified the necessity of professional competence related to understanding trauma. Negative experiences included: abuse of power, sexual interest in the client by the practitioner, and over prescription of medications.

Taylor and Harvey (2010) conducted a meta-analysis that examined the effectiveness of treatment services for adult survivors of child sexual abuse. Their analysis indicated that, generally, therapeutic approaches (59 treatment approaches) for the treatment of the effects of child sexual abuse are of benefit for adult survivors, and these effects are maintained for at least six months following services. Results indicate areas of benefit as including: trauma symptoms; self-worth/self-esteem; interpersonal relationships; and, addressing the internalizing/externalizing symptoms.

Similarly, Ehring, Welboren, Morina, Wicherts, Freitag, and Emmelkamp (2014) conducted a meta-analysis examining treatment related to post-traumatic stress and childhood sexual abuse in adult survivors. Results indicate that trauma-specific interventions were of more value than non-trauma-focused approaches.

Qualitative analysis of treatment approaches indicate that survivors of sexual violence tend to identify both positive and negative treatment experiences. Clients identified the importance of practitioners being abuse-focused, having a practitioner who is competent in trauma-focused approaches, and is non-judgmental (Courtois & Ford, 2012; Gill & Tutty, 1999; Martsolf, Draucker, Cook, Ross, Stidham, & Mweemba, 2010; Price, Hilsenroth, Petretic-Jackson, & Bonge, 2001).

Practitioners who seek to help adult male victims of CSA should keep in mind the possibility that the victim may have great difficulty allowing intimacy and sexuality to co-exist.

Some participants, as a result of their abuse, maintained a firm distinction between sex and intimate relationships. Others described ongoing, often futile, attempts to unite sex and intimacy. The traumagenic experiences reported during present day sexual experiences and the challenges to develop positive trusting relationships are central to the victim's capacity to establish meaningful relationships and social support.

Research examining men and therapy highlights discrepancies between socialized conceptualizations of masculinity and the popular perception of therapy and mental health services (Mahalik et al., 2003, Scher, 1990). Gender definition associated with masculinity in modern American society primarily grows out of the core traditional male values of strength, protection, competition, status, invulnerability, and avoidance of femininity (O'Neil, 1990). Researchers indicate that men view participating in therapy as anathema to their masculinity. Therapy is perceived as emphasizing feminine traits (i.e., help-seeking, expression of emotions, vulnerability etc.) (Scher, 1990). This dynamic is likely aggravated in male survivors of CSA who typically feel emasculated by their abuse.

Practitioners serving male victims should be mindful that this population may: be sensitive to judgement; have difficulties connecting emotions to their abuse; present with anger (their go-to emotion); have an initial need to hold on to their anger; and be reluctant to participate in therapy due to gender expectations that dictate males do not seek help and cannot be victims. In addition, male victims of CSA should be assessed for the presence of traumagenic reactions during present day sexual relationships. Additional impact of early abuse on later and present-day relationships should also be explored.

Male Survivor Specific Advocacy. Participants in this study describe an inability to connect with inclusive sexual violence campaigns (i.e., male and female). They express how current

sexual violence campaigns and rape crisis centers can be emasculating due to their female gendered identities resulting from feminist movements of the past. Each participant was adamant in his expressed need for male survivor- specific advocacy and awareness. The men noted the high prevalence of male CSA and the contrasting "invisibility" of male victims of sexual violence in our society. They further identified the need for awareness, role models and increased visibility of the issue to assist boy victims, alone with their abuse, to come out of the darkness. Therefore, public service awareness campaigns should be male specific for victims of CSA. Awareness campaigns should highlight other male survivors and should be highly visible throughout communities. To counter the phenomenon of compounded isolation, male survivor specific awareness campaigns and educational programming should repeatedly occur in settings for school-age children (i.e., schools, places of worship, recreational activities etc.)

Conclusion

Findings from the present study confirm prior research and advance knowledge of the male experience of CSA in the areas of: assessing for and addressing present day traumatic sexualization; conceptualizing the need to productively "do something" as a recovery strategy; confirmation of the centrality of a compounded isolation experienced by boy victims of CSA; recommendations for therapists from the experience of participants; and the pressing need for male survivor specific advocacy.

Limitations are consistent with other studies engaging participants seeking treatment who may be at a determination/action phase of change. The sampling strategy of enlisting interested participants seeking or receiving services at one of the 60 rape crisis centers in Pennsylvania or connected to the "1in6" organization represents a sampling limitation/bias. Participants are not representative of the much larger population of male victims who do not seek treatment and are

not motivated toward disclosure and/or services. Generalizability is limited by the subgroup characteristic of males in this population who are either seeking services or connecting to web-based information on male victims of CSA. Furthermore, limiting the study sample to English-speaking participants limits the generalizability of results and recommendations to non-English speaking victims. The primary data collection process of a combination of face-to-face interviews and phone interviews also has inherent limitations. Conducting interviews via phone limited the interviewer's ability to read non-verbal communications. Despite these limitations, on the other hand, the phone interview may have provided the participant with greater safety to demonstrate the vulnerability necessary to honestly and thoroughly answer difficult interview questions.

Historically rape crisis centers are predominantly feminist organizations. Males presenting for services have potentially had to overcome or disregard this barrier to service. In addition, as a retrospective study, barriers to gathering data may include impaired memory and past/present dissociation and repression. Data may be biased or positively/ negatively influenced by using a male interviewer. Sallee and Harris (2011) conducted research exploring the influence of gender in qualitative research studies of masculinities. Findings indicated that male subjects were more open with male researchers and more obscure and reserved with female researchers. It is my hope that using a male interviewer may have enhanced the data gathering process.

A key strength of the study is that it enlists a sample of adult male victims throughout the USA, Canada, and one from the United Kingdom. The study's purpose is to extrapolate robust data from the lived experiences of male victims of CSA. Furthermore, the study gives voice to an under-served population of victims. Given the complexity of the phenomenon of masculinity and the many dimensions of lived experience and personal biography, a qualitative approach is the

best to ascertain the many layers of meanings, thoughts and feelings of each participant. A purely quantitative approach would be greatly limited in its ability to extrapolate and analyze the proposed study's data. Furthermore, the identified themes have direct implications for: considerations for seeking therapy: dynamics affecting disclosure; dynamics affecting help-seeking; and advocacy for male victims of child sexual abuse. The study will contribute to a growing body of literature seeking to understand and serve male victims of CSA. Results will be transferred into practice recommendations for the Pennsylvania Coalition Against Rape and the National Sexual Violence Resource Center. Specifically, insights revealed from the study will be disseminated to Pennsylvania's network of rape crisis centers (PCAR) and provided to the National Sexual Violence Resource Center (NSVRC) to be distributed nationwide. Specifically, I will share; the dynamics of compounded isolation and implications for practice, the need for male survivor-specific advocacy and recommendations for counselors. Findings will better equip counselors and advocates with much needed information related to the unique experiences and needs of the male population of CSA victims.

The information provided through participant interviews from the present study highlights the importance of meaningful and quality practitioner training and practice. Participants also consistently described the need for greater male survivor-specific advocacy and awareness. An understanding of the themes revealed in the study can increase our capacity as a society, and as practitioners, to respond to the voices of those who so bravely participated in this study.

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CONCLUSION

The two papers that make up this dissertation outline the results and insights derived from a cross-sectional, retrospective, mixed-methods research study. The study utilized a phenomenological approach to understanding the impact on the individual's construction and experience of masculinity resulting from child sexual abuse among a sample of 16 adult male victims of child sexual abuse. The study format followed the Interpretative Phenomenological Analysis (IPA) approach outlined in Smith, Flowers & Larkin's (2009) *Interpretative Phenomenological Analysis: Theory Method and Research.* In addition to the semi-structured qualitative interview, the study utilized the Trauma Symptom Checklist (TSC-40) developed by Briere and Runtz, (1989) to assess traumagenic impact.

The present research study answers the question; How does childhood sexual abuse (CSA) impact the meaning attributed to masculinity in a population of adult male victims of CSA? The findings in the first paper pertain to the research question and what adult male survivors want us to know about their experiences. The findings in the second paper relate the victim's experiences and what we should know to help them.

Sixteen adult male victims of child sexual abuse were recruited through a purposive approach using convenience sampling from rape crisis centers throughout Pennsylvania and male participants involved with the "1in6" organization. The study sample consisted of 14 Caucasian,1 African-American, 1 Bi-racial men (n=16) who ranged in age from 23 to 67 years.

I constructed interview questions to draw out information both retrospectively (from boyhood) and from the present day as a man. Participants consistently drew from the past and applied their boyhood abuse experiences to present day thinking and functioning. They were

encouraged to explore their experiences pre-abuse, during the abuse, and at different points following the abuse leading to the present. Study participants were clearly at different points in their recovery ranging from first disclosure to those who have received services and have processed their trauma for decades. Each participant was forthcoming and demonstrated an authentic vulnerability to answer questions and candidly share their experiences.

SUMMARY OF FINDINGS

Answers to the research question, "How does childhood sexual abuse (CSA) impact the meaning attributed to masculinity in a population of adult male victims of CSA?" reveal several common themes from the victims' past and present experiences. The study confirmed much of what we already know about this victim population. Specifically, participants acknowledged the following: fears related to becoming a perpetrator; fears related to being gay; challenges with interpersonal relationships; fear related to disclosing abuse; suicidal ideation; depression; shame; and, concerns related to fatherhood (see Alaggia & Millington, 2008; Etherington, 1995; Gartner 1999a, 1999b; Lew 1988; Lisak, 1994).

The present study identified new insights and considerations related to the following themes. Eight areas emerged from the interviews:

- Compounded isolation
- Post-traumatic anger
- Sex/Intimacy dichotomy & trauma
- Predictive masculine socialization
- Male survivor as protector, fixer, helper

- What would you tell a boy?
- What Therapists Should Know
- Male Survivor Specific Advocacy

Article 1.

Findings in Paper 1 represent the impact of CSA on the masculinity of adult males and what they want us to know about their experiences. I discuss four areas: the presence of a compounded isolation, the nature of post-traumatic anger, a present-day perceived dichotomy between sex and intimacy; and mediating factors related to the abuse and masculine socialization are identified and discussed.

Compounded Isolation

Male victims of CSA may experience a multi-dynamic compounded isolation resulting from their abuse. Layers of isolation include: 1) not knowing males can be victims of sexual abuse; 2) not knowing they are a victim; 3) isolation resulting from the grooming process and the threats/secrecy inherent in the relationship with the abuser; 4) isolation from the broader notion and practice of family "secret keeping;" and, 5) their existence in a culture that tells boys to keep their feelings contained and to "suck up" hardships.

Male victims are reticent to disclose abuse or seek help due to the amalgamation of dynamics defining compounded isolation. Furthermore, compounded isolation keeps the phenomenon of male sexual abuse hidden, private, and personally toxic. Addressing compounded isolation in both the helping arenas and advocacy arena is primary to opening the door for male victims to

come forward for help and to speak out. All other services, intervention etc. are contingent upon our capacity to address compounded isolation.

Post- Traumatic Anger

Male victims of CSA, not surprisingly, often experience significant anger resulting from their abuse. Consistent with past research, I found that this anger can be debilitating and challenging to contain. Male victims express great difficulty and discomfort with their anger, but also acknowledge anger as their "go-to" emotion. Participants in the study caution practitioners not to attempt to "take away" their anger, but rather help them to understand it and get behind it to other more difficult emotions.

Male victims of CSA experience deep and enduring anger (Baljon, 2001; Briere, Evans, Runtz & Wall, 1988; Gartner, 1999b; Kia-Keating, Grossman, Sorsoli, 2010). What is less well understood is how this anger is known and experienced by victims. Men in the present study expectedly reported angst related to their anger, but further reported an "ownership" of their anger as their only avenue to express emotion related to their abuse. Practitioners who practice from such an understanding are at less risk of a miscalculated approach that disempowers and strips the male victim of their only, albeit typically maladaptive, means of emotional expression. Participants in the study consistently advocated that anger be validated, not removed, but also that treatment efforts "get behind" the anger to more vulnerable emotions.

Sex/ Intimacy Dichotomy and Trauma

Participants in the present study expressed a distinct differentiation between sex and intimacy. For them, sex was reported as saturated with conventional traumagenic responses, issues of control/mastery, and reactivity. Intimacy was described as vulnerability intrinsic in an

authentic connection with another. Some of the participants indicated that sex and intimacy are completely distinct, while others struggled, in relationships, to unite sex and intimacy.

Using the Trauma Symptoms Checklist (TSC-40) in conjunction with the qualitative interview process proved particularly salient to understanding post-abuse sexuality. Most participants in the study reported conventional PTSD symptomology (flashbacks, dissociation, numbing, night terrors, etc.) related to their adult sexual relationships regardless of their sexual orientation. Beyond this very prevalent dynamic, all participants also reported their sexuality is an area where they continue to struggle.

Predictive Masculine Socialization

Consistent with the research of Kia-Keating et. al (2005), males reported a need to renegotiate their construct for masculinity when raised in homes where more traditional hegemonic masculine behaviors and expectations existed. Conversely, males who reported the presence of more liberal conditions to gender identity formation and/or the presence of a positive male role model reported much less or no impact on their developmental masculine identity formation. This phenomenon reinforces the influence of the external social forces that shape identity. This study revealed that good male role models and a permissive culture to explore their masculine identity were mediating factors resulting in resiliency and had limited to no impact on their healthy masculine identity development.

Article II.

Findings in Paper 2 represent the impact of CSA on the masculinity of adult males and what we need to know to help them. Four areas: the benefits of altruistic actions to recovery;

advice from adult survivors to boy victims; what participants think therapists should know; and the need for male survivor specific advocacy are identified and discussed.

Participant interviews highlight the importance of meaningful and quality practitioner training and practice. Participants also consistently described the need for greater male survivor-specific advocacy and awareness. An understanding of the following themes increases our capacity as a society, and as practitioners, to respond to the voices of those who so bravely participated in this study:

Male Survivor as Protector, Fixer and Helper

Victims benefit when engaged in altruistic and helping activities (Easton, Coohey, Rhodes, & Moorthy, 2013; Gartner, 1999a, 1999b; Lew, 1988; Lisak, 1994; Staub & Vollhardt, 2008; Tedeschi, Park, & Calhoun, 1998). Participants in the present study consistently described the healing experienced when acting in the capacity as protector, fixer, and/or helper. Participants described the intrinsic benefits of "receiving through giving" as essential to their journey. This insight has implications for practice where recovery strategies typically are "received" by the client. Practitioners should assist clients to identify and enhance those pro-social altruistic behaviors where "giving" is indicated.

What Would You Tell a Boy?

I asked participants what would they tell a boy who was sexually abused. This question elicited an emotional response from each of the participants. Consistently they provided the following advice: 1) You are not alone; 2) There is nothing wrong with you; 3) It wasn't your fault; 4) You should talk to someone you trust; and, 5) Things can get better.

Responses reinforced the victim experiences of being alone, feeling changed and different, self-blame/ shame, the importance of reaching out for help, and the possibility of healing and hope.

Advice for Therapists

Practitioners serving male victims should be mindful that this population may: be sensitive to judgement; have difficulties connecting emotions to their abuse; present with anger (their go-to emotion); have an initial need to hold on to their anger; and, be reluctant due to gender expectations that dictate males do not seek help and cannot be victims.

Male Survivor Specific Advocacy

Participants in this study described an inability to connect with inclusive sexual violence campaigns (male and female). They described how current sexual violence campaigns and rape crisis centers can be emasculating due to their female-gendered identities resulting from feminist movements of the past. Each participant was adamant in their expressed need for male survivor specific advocacy and awareness. They emphasized the high prevalence of male CSA and the "invisibility" of male victims of violence in our society. They further identified the need for awareness, role models, and increased visibility of the issue to assist boy victims, alone with their abuse, to come out of the darkness.

Central to participant's experiences was the "virtual incarceration" of sitting alone with their abuse. It was clear that recovery required the presence of a "relationship," i.e., family member, significant other, child, therapist etc. In a state of compounded isolation, without such a relationship, participants were stuck in their abuse. Core to their recovery was "breaking free" of the compounded isolation and taking the enormous risk to connect to another. Often in a myriad of bad relationships, participants identified a positive relationship as the catalyst to their

recovery. Positive relationships took many forms including: a significant other; offspring; a friend; a therapist; or someone they were helping. High levels of intimacy were not reported as a pre-requisite for the relationship. Sometimes the relationship was professional or involved having a mentor or helper.

Also critical to their "breaking free" of their compounded isolation was awareness, specifically, awareness that CSA happens to boys and that they, are in fact, victims. This awareness often would arrive in the context of a positive relationship. At other times, their own insight was validated in a positive relationship.

RECOMMENDATIONS FOR PRACTICE:

Based upon the findings from the present study, the following are recommendations for practice: Child welfare systems should incorporate knowledge related to compounded isolation into CPS investigations. Specifically, investigators should understand that male victims do not know that boys can be victims and that, in fact, they are victims. This understanding should also include recognizing the interplay of the victim-perpetrator relationship, family secret keeping, and broader societal messages prescribing traditional masculine norms and expectations.

Therapists working with male victims of CSA should assess for, and address, the following: Impact to masculinity and the need to re-negotiate masculine identity; healing opportunities "to do something" through giving back; the impact of family secret keeping; difficulties with intimacy and sexuality; and, trauma symptoms related to present day sexuality.

Service providers should also increase opportunities for CSA male victims support groups and, when possible, provide options to select either male or female counselors. Service providers should also practice from a trauma-informed model and be cautious not to treat

symptoms only. Clinicians should make efforts to de-stigmatize therapy for male clients. Rape crisis centers should incorporate practices that are not potentially emasculating or unwelcoming to male victims of CSA.

Study participants unanimously identified the need for greater male survivor-specific advocacy. Greater media attention highlighting male sexual victimization is needed and advocates should identify and showcase adult male survivor role models. School-based prevention and educational programs should include information about male sexual victimization.

RECOMMENDATIONS FOR FUTURE RESEARCH:

Future research should interview boy victims of CSA to support, confirm, or refute the findings in this study. Future research should also more deeply examine the influence of the presence of an adult male role model on the resiliency of boy victims of CSA. A particular focus of additional research should be the interplay of forces culminating in compounded isolation with reference to disclosure and help-seeking. Additional research is needed to understand the connection between adult sexuality and early sexual trauma and the implications for practice. As we learn more about this population and their needs, future research should evaluate existing male survivor support groups and provide guidelines for best practice models. The present study also demonstrates the need for increased male survivor-specific advocacy and media campaigns to bring this issue out of the darkness for victims and communities.

REFLECTIONS:

From the onset, through the development, execution, and analysis of the present research study, the primary objective was to give voice to male victims of CSA and their experiences, past

and present as well as future aspirations. Past qualitative studies (i.e. Alaggia, 2005; Alaggia & Millington, 2008; Etherington,1995; Draucker & Petrovic,1996; Gill & Tutty,1999; Kia-Keating, Grossman, & Sorsoli, 2010; Kia-Keating, Grossman, Sorsoli, & Epstein, 2005; Lisak, 1994) have also proceeded from this aim. Questions for the semi-structured interview process were constructed to ascertain the experience of CSA past, present and future for each of the participants. Particular emphasis was placed on the "qualities" of masculinity and masculine development. Consistent with past studies, participants shared a wide-range of experiences connected to their CSA experience. As the interviewer, I established a safe space to share and let them speak freely. Participants ranged from first-time disclosure to years of receiving services and family support. An initial challenge for the study was the recruitment of participants. Male victims of CSA often suffer in silence and are reticent to disclose their abuse. The study was approved by the University of Pennsylvania IRB to modify the design to include phone interviews. This alteration was critical to enlisting participants. By the conclusion of the study, I had interviewed 4 participants in a one-to-one face-to-face interview and interviewed 12 via phone. There seems to be no evidence that the interview process was compromised by the phone interviews. In fact, participants shared deeply and expressed a great deal of emotion on the phone interviews.

Consistent with the findings of Sallee and Harris (2011), none of the participants expressed or demonstrated apprehension sharing their experiences with a male interviewer. Without exception, participants expressed feeling relieved and empowered following the interview. Some expressed anxiety prior to the interview but participated nonetheless. Participants showed the courage to be vulnerable often sharing very personal details and feelings.

After completing the interview process, the coding process identified broad common themes. Common themes were then scrutinized for their relationships and more complex themes were identified. For example, the five components outlined in the theme of compounded isolation were assessed for their relatedness and included under the broader theme. The complex theme was then understood by the interplay and relationship of the subthemes. Participant quotes were used to illustrate themes and to provide a human voice to the experience.

I scored theTSC-40 and evaluated it as a stand-alone instrument and compared against the data to the qualitative interviews. Not surprisingly, the TSC-40 confirmed the prevailing anxiety and traumagenic sexual problems experienced by participants. Of particular interest was the reporting from all 16 study participants of significant PTSD symptomatology experienced during present day sexual relationships. As early as 1985, Finkelhor and Browne (1985) identified "traumatic sexualization" as one of their 4 core impact areas related to CSA. It is likely that at different points in their recovery journey, participants may not have received assistance to respond to their personal traumatic sexualization.

The dissertation's two articles contribute to our understanding of the experience of child sexual abuse for male victims. The prevailing mandate is to listen to them and empathically understand their experiences. Furthermore, this research confirms the desperate need for increased male survivor-specific awareness and the importance of breaking compounded isolation through social connectedness. If we fail to adhere to this need, male survivors of child sexual abuse will continue to suffer alone in silence.

Our biggest adversaries to this challenge are the established societal beliefs and male rape myths where the general belief is that: males aren't victims; males cannot have sex against their will; if a victim ejaculates, he consented; male victims are gay and somehow wanted it; male

victims will become offenders and boys can protect themselves against sexual abuse Gonsiorek, Bera & Le Tourneau,1994). If we are to help boys, we must move past our ignorance and faulty belief system. It is imperative that we believe them, listen to them and shine a light on the experiences of male victims of child sexual abuse.

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