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PRACTICE RESEARCH

# Male Child Sexual Abuse: A Phenomenology of Betrayal

**Ramona Alaggia · Graeme Millington**

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**Abstract** Being deeply understood relies on the ability of the social work clinician to have authentic and genuine empathy for their client. This phenomenological study sought to understand the lived experience of men sexually abused as boys in their childhood, and what life is like for them as sexual abuse survivors in adulthood. Analyses of fourteen male survivors' narratives into the abuse they experienced as children, and the meaning they make of that experience today, offer insights for therapists. Findings suggest that therapists have a responsibility to ask male clients about sexual victimization, even when this is not the presenting problem but they exhibit sexual abuse related problems; an obligation to educate one's self on responding therapeutically to disclosure; a duty to receive training to counsel sexually victimized males; a responsibility to advocate for the development of men's services; and taking an active role in shifting attitudes towards men's vulnerabilities.

**Keywords** Child sexual abuse · Male sexual victimizaton · Male survivors · Treatment · Phenomenology · Narratives · Qualitative research

## Introduction

There has been an explosion of research on child sexual abuse (CSA) over the past three decades. Most investigations that have been reported in the literature have focused on the sexual abuse of girls, and significantly less attention has been paid to male child sexual abuse (MCSA). In fact, in the literature prior to 1980, it is rare to find any reference to MCSA at all. Clinicians working with sexual abuse survivors, the professional and research literature, and the media have portrayed CSA as a phenomenon that almost exclusively involves female victims and male perpetrators (Cermak and Molidar 1996). The research on MCSA is limited but what is available consistently shows that the sexual victimization of males does occur at significant rates (Cawson et al. 2000; Fergusson et al. 1996; Finkelhor 1994; Putnam 2003; Rind et al. 1998). Moreover, although the outcomes for male survivors vary, they are at increased risk than non-abused males of developing immediate and long-term mental health problems. These problems include depression, suicide, addictions, aggression, and sexual dysfunctions (Dube et al. 2005; Garnefski and Diekstra 1997; Holmes and Slap 1998; Putnam 2003).

Some boys and men have difficulty disclosing sexual abuse or seeking treatment for it when it does occur because they perceive that socially-defined gender roles cast males as strong, tough, and not in need of protection; thus, they perceive that the abuse castes doubt on their masculinity (Alaggia 2005; Garnefski and Diekstra 1997; Holmes and Slap 1998; Kia-Keating et al. 2005). Furthermore, the degree to which boys and men have been victimized is often minimized by others, because those who are victims are perceived as weak. Male weakness is associated with feminine traits, something that is devalued in sexist cultures (Alaggia 2005). These factors may go a long way toward clarifying why MCSA appears to be underreported, and why boys and men are under-represented in clinical populations (Gold et al. 1999; Violato and Genius 1993). Still, getting a clear picture of the extent

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of MCSA, and the effect it has on boys' and men's lives, is both complicated and challenging.

## Overview of the Literature

There is little consensus among researchers about the prevalence and incidence of CSA. Prevalence rates are based on retrospective reporting, while incidence refers to numbers drawn from studies examining current cases. The majority of studies of CSA indicate that girls experience sexual abuse more frequently than boys, 2.5 to 3 times higher than boys (Putnam 2003), but that MCSA is a common and serious problem (Cawson et al. 2000; Fergusson et al. 1996; Finkelhor 1994; Holmes and Slap 1998; Putnam 2003). In a comprehensive review of the CSA literature, Putnam (2003) found that "prevalence rates are 16.8% and 7.9% for adult women and men, respectively" (p. 269). Most recent prevalence estimates in the United Kingdom cite from 3% to 29% of males and 3–36% of females reported experiencing CSA (Cawson et al. 2000). In an earlier review of CSA rates, a meta-analysis of studies that sampled college students estimated a prevalence of 14% for men and 27% for women (Rind et al. 1998). Gorey and Leslie (1997) reviewed 16 cross-sectional surveys of CSA and, when adjustments were made for differences in samples, response rates and definitions generated a 7.9% prevalence for men and 16.8% for women. Polusney and Follette (1995) suggested in their meta-analysis that the MCSA prevalence rate in North America is 13–16% in the general population and 13–23% in clinical samples. Putnam's (2003) 10-year review also showed that community samples ranged from 4% to 9% of men reporting unwanted sexual experiences prior to 18 years of age. Finally, a review of large population-based studies in 19 countries revealed a range of prevalence rates of CSA for males from 22% to 29% (Fergusson et al. 1996; Finkelhor 1994; Finkelhor et al. 1990).

In terms of incidence studies, one recent Canadian study found that, of the investigations for CSA, 37% of cases involved boys (Trocmé et al. 2005). In a large U.S. study of children's mental health services, almost half (47.5%) of the children with a history of sexual abuse were boys (Walrath et al. 2006). Earlier large-scale incidence studies of CSA among children and adolescents reported sexual abuse rates for boys ranging from 4% to 16% (Bagley et al. 1995; Boney-McCoy and Finkelhor 1995; Hibbard et al. 1990; Lodico et al. 1996; Nelson et al. 1994; Risin and Koss 1987). A number of studies conducted with specific population groups yielded, as expected, higher MCSA prevalence rates than those conducted among the general population. For example, 39% of juvenile male sex offenders (Ryan et al. 1996); 59% of male inmates in a U.S. county jails (Johnson et al. 2006); 76% of serial rapists (McCormack et al. 1992); and 26% to 38% of male psychiatric patients reported experiencing CSA (Bernstein et al. 1997; Jacobson and Herald 1990).

Discrepancies in rates for MCSA can be largely explained by the use of a variety of definitions for sexual abuse, clinical and community samples (e.g., psychiatric inpatients, incarcerated men, college students), and diverse data collection methods (e.g., interviews, surveys, and other methods). This inconsistency, coupled with the fact that many cases of male sexual abuse are not reported, makes it problematic to pinpoint rates of MCSA with any certainty. However, it is clear that male sexual abuse is a frequently occurring phenomenon (Gartner 1999; Speigal 2003).

Studies of the impact of sexual abuse in children (of both genders) have found the most common negative outcomes to be emotional and behavioral problems, posttraumatic stress disorder, depression, suicidality, anxiety, substance abuse, aggression, self-esteem issues, academic problems, and sexualized behaviors (Beitchman et al. 1991; Finkelhor and Berliner 1995; Garnefski and Diekstra 1997; Kendall-Tackett et al. 1993; Putnam 2003; Walrath et al. 2006). Research on the impact of sexual victimization on males, specifically, is in early stages and, as such, must be interpreted with caution. Limitations among these studies include: a tendency to measure only one type of victim outcome, insufficient attention to how family history and personal characteristics mediate outcomes, a dearth of prospective longitudinal studies, and an over-reliance on convenience samples and retrospective accounts (Forouzan and Van Gijseghem 2005; Fromuth and Burkhart 1987).

Even within the context of these limitations, it seems important to note that serious CSA effects have been described for adult men. Studies of the long-term psychological impact of MCSA have found that sexually abused men are at an increased risk for a host of disorders, including major depression, suicide, addictions, post-traumatic stress disorder, anxiety disorders, antisocial personality disorder, dissociation, as well as behaviors related to sexual identity or sexual offending behavior (Friedrich et al. 2001; Gill and Tutty 1997; Holmes and Slap 1998; Kia-Keating et al. 2005; Lisak 1994; Martin et al. 2004; Salter et al. 2003; Spataro et al. 2004; Walrath et al. 2006).

The question of whether adverse effects of CSA are different for men and women is an interesting one that is only beginning to be addressed in the research literature. A handful of studies have started to examine gender differences in CSA (Alaggia 2005; Denov 2004; Garnefski and Diekstra 1997; Gold et al. 1999; Walrath et al. 2006), but studies specifically comparing gender differences in disclosure and the effects of CSA are generally still

lacking. This has not changed significantly since Violato and Genius (1993) noted that our knowledge of gender differences and CSA are quite "tenuous, conflicting and ambiguous" (p. 43).

The research literature that is available does suggest, however, that there are similarities, as well as distinct differences, in CSA effects between men and women. Use across several studies of standardized measures, such as the Trauma Symptom Checklist, has shown no significant differences between men and women (Briere et al. 1988; Heath et al. 1996; Roesler and McKenzie 1994). Similarly, a prospective cohort study of the long-term associations between CSA and mental health issues found that, in adulthood, "male victims show associations to most adverse mental health outcomes that are just as strong as those shown in females" (Spataro et al. 2004, p. 418). On the other hand, some investigations concluded that men are less likely than women to experience depression and engage in acts of self-harm (Boudewyn and Liem 1995), and that women are more prone to prolonged periods of depressive episodes (Zlotnick et al. 2001). Other studies found that male sexual abuse survivors are more likely than female survivors to experience anxiety and suicidality, have greater substance abuse issues, and exhibit more externalized aggressive characteristics (Denov 2004; Garnefski and Diekstra 1997; Gold et al. 1999). Moreover, Garnefski and Diekstra found sexually abused boys to have worse outcomes for symptom expression than girls, and Gold and colleagues (1999) claimed this gender effect continues into adulthood. It is difficult to tease out these contradictory research findings because of methodological factors such as significant differences in the sample characteristics.

What we can glean from the literature to date, however, is that there are significant adverse effects of CSA for some men, and that these are not always identified or given full credence, even by those whose profession it is to help such men. It may be important for therapists not only to understand that adverse effects can exist and that they may be serious in nature, but also to be familiar with how these effects may play out in the everyday lives of men. An informed and sensitive therapist response is vital to successful treatment for the trauma of CSA (Denov 2004; Garnefski and Diekstra 1997).

In this study, we sought to generate knowledge, through a phenomenological reduction, on the effects of boyhood sexual abuse on the present lives of men, and to understand how those effects found expression in men's everyday lives. More specifically, by delving deeply into the narratives of men who had experienced MCSA, we searched from some understanding of the phenomena of their abuse as they experienced it as children, and the meaning they made of that experience as adults living with the effects.

## Method

The primary aim of the study was to understand the disclosure processes and effects of CSA on both female and male survivors. In the study sample of 40 participants just over one quarter was male survivors, comprising the subsample currently being reported on. All participants were recruited through social service agencies, using a snowball method of sampling. The men selected here, then, were from a clinical population.

The mean age of the 14 men was 41.1 years, with the youngest participant being 28 years old and the eldest 65. Ages were relatively evenly distributed, with no clustering around one age range. Eight of the men described themselves as middle-class, and the remaining six viewed themselves as working poor and struggling, especially with housing. At the time of the interviews, four of the participants were homeless or insecurely housed (e.g., hostels). Eleven of the men had post-secondary education of at least 3 years (community college and university), but some were not using the diplomas and degrees they had earned to their potential. Five men were in stable co-habiting relationships, and the other nine were divorced and currently single. In some cases, there were multiple divorces and relationship break-downs. Six were fathers, with an average of two children. Four of the men identified themselves as homosexual.

The participants were asked to self describe their cultural, ethnic, and racial roots. Three men were Aboriginal, one Métis, one East Indian, one Afro-Canadian and the remaining eight men described themselves as Caucasian with Euro-Western backgrounds. Nine participants said they were raised as Christians (two were practicing and seven were non-practicing Christians at the time of the study), one was Atheist, one Agnostic, one Buddhist, and two believed in the Creator and followed Aboriginal teachings.

The 14 men had experienced a variety of types of MCSA, ranging from childhood abuse that was disclosed at the time to recovered memories later in adulthood, and from victims of a one-time assault to those who had experienced multiple victimizations. None had serious mental health concerns (one of the exclusion criteria), such as suicidal depression or an active psychotic illness. The majority had received treatment for psychological, emotional issues at some point in their lives.

In-depth interviews were conducted that produced substantial narratives for each of the 14 men. The main features of the interviews were: (1) the experiences of sexual abuse when the men were boys; (2) their process of telling about their experiences; (3) the impact of the abuse on them as children and as adults and; (4) the meanings they attached to these experiences. The interviews themselves were carried out by the principal investigator, and followed questions set out in an open-ended guide.

These questions explored individual and family history; family background and dynamics; sexual abuse onset, duration, type; strategies used by the perpetrator; disclosure attempts and outcomes; misperceptions and beliefs developed by the victim; nature and quality of primary/significant relationships in childhood, adolescence and adulthood; and environmental and cultural influences.

Data from the interviews were generated using the Long-Interview Method (LIM), an inductive and heuristic method developed by McCracken (1988). McCracken has found that categorical saturation on specific topics can be reached after 6–8 cases. After analysis of the 14 narratives of this study, we were confident that no new information was coming forward, that is, that saturation had been reached, on the questions we intended to pursue. For this reason, no additional sampling was pursued.

Phenomenological reduction was the primary method of data analysis in which transcendental (descriptive) and hermeneutical (interpretive) analyses was conducted (Ray 1994; van Manen 1997). In phenomenological inquiry, the ability to bracket and suspend judgment is critical to ensuring authenticity of the data (van Manen 1997). As a female researcher I was aware of biases I held about men as victims and indeed I was initially taken aback by their stories of victimization. I was also influenced by notions that men are more likely to be aggressors and perpetrators, and therefore minimized information that as children, boys are just as vulnerable to victimization as women and girls. My intensive clinical work of over 15 years with sexual abuse and subsequent research work acted as both liabilities and assets to the research. To help enhance analysis and bracketing, I enlisted a male research partner (the co-author) who, though knowledgeable in the field of psychology, clinical practice, and phenomenological approaches, held few a priori notions about CSA in terms of theoretical frameworks and research. Also, he brought a needed perspective on aspects of male sexuality. The author and co-author independently coded the transcripts, then developed interpretations of these data together. Finally, theoretical triangulation was implemented for the interpretation of these data, a procedure recommended as being particularly useful for analyzing complex qualitative data (Padgett 1998).

Reliability was addressed through credibility, dependability, and transferability, typically used to establish trustworthiness in qualitative investigation (Lincoln and Guba 1985). Ensuring trustworthiness included prolonged engagement, persistent observation, and reflexivity through peer debriefing and theoretical triangulation (Drisko 1997; Padgett 1998). Prolonged engagement was achieved by the primary author's 15 years of practice experience in treatment of CSA in children's mental health centers and private practice. Persistent observation was obtained through extensive contact with participants in pre-interview screening, in-depth interviews, and de-briefing calls. Reflexivity and peer debriefing occurred through on-going discussions expanding the data interpretations, and exhausting various avenues of explanation. Dependability and confirmability were arrived at through audio-taping and transcribing verbatim the interviews, relying on independent coding to reduce researcher bias and providing quotes to confirm that findings were grounded in the data. The study's materials and procedures were approved by the University of Toronto Ethics Review Board.

## Results

All 14 men in this study were abused when they were boys by men. The predominant experience was of being abused by older males who were either in a parent-like role or a position of authority and trust. In three cases where there was more than one perpetrator, other perpetrators included a female. Four of the men suffered intra-familial abuse; six were abused by someone outside of their family, and four were abused by both a member of their family and someone outside of their family.

Pinpointing the ages of abuse onset was a challenge because of repressed memories, difficulty in recall, victimization that occurred before the age of four, and multiple incidences. Yet, most participants experienced their first event of victimization before the age of nine (one at age 11), and a third of those before the age of four. While specific demographics regarding the age of abuse would provide additional insights into this population, our primary focus of the study was to understand their reflective experience and interpretations.

## Emergent Themes

A transcendental, descriptive analysis of these data depicting the child victims' experiences during their childhood were initially completed, producing the four distinct themes that are described below. The second stage of hermeneutical, interpretive analysis focused on the participants' reflections as adults and the meaning they made of their abuse, producing three additional themes.

### I. Childhood/Adolescence

#### *Denial*

Many of the participants as children and teens used various forms of denial to block out the sexual abuse that had

occurred. One way that denial manifested was in forgotten or repressed memories. Five men in the sample reported recovery of abuse memories or flashbacks later in life. For some this occurred when they were recovering from substance abuse, during periods of sobriety, or in tandem with significant life events (e.g., marital break-up, birth of child). This theme was evidenced in the narratives as follow: "When I first started to disclose, I had just (pause)… at 37, my wife had left me. I had a major breakdown. I was a drug addict and alcoholic at the time." The following description exemplifies how disclosure is further complicated when this is a sudden and unexpected revelation:

> My first experience with alcohol was that, boy, I didn't have to remember anything ugly… I had now been dealing with all my memories of my childhood that had been flooding in from the understanding that this is not normal. Umm, all of a sudden [in recovery] I was flooded with information that I had blocked out.

Another common form of denial was substance abuse, where alcohol and other substances were used by many of the abused boys considerably beyond what would be viewed as typical adolescent experimentation. Substance use/abuse was, at the same time, a coping mechanism to deal successfully with painful memories and to block out thoughts and feelings that were too hard to bear. Two of the men also said:

> It was like an obliterated drunk, or unless I could get my hands on some pharmaceutical downers, kind of thing. Yeah, totally. Well it's a good blocker too in terms of your thought process.

Ten of the participants developed significant substance abuse problems that followed them into adulthood, most of whom sought treatment for their addictions.

### *Early Sexualization*

One of the most enduring effects described by all of the respondents was the impact of their abuse on their sexual development and behavior. Even before puberty, and during adolescence, participants described serious sexual acting out behavior. One participant stated, "Yeah, um in my teenage years I would sleep with anything that moved." This description is also interesting in the way the speaker used language to objectify women (the participant identified as heterosexual). Others became involved in the pornography industry, or, more commonly in the sex trade as described by the following participant:

> I discovered the nightlife of the streets, and I became a male hustler. And I was ripe for it. I was emotionally deprived. I hadn't gotten any kind of attention. I didn't know what love was. I didn't know. I just fell into this lifestyle.

Four participants admitted to being involved with the law for sexual offences. As adolescents, they had acted out in sexually aggressive ways that were considered to be criminal:

> I was acting out all over the place. I was very promiscuous even back then. I got more promiscuous as I got older but y'know, that, that trouble I had was, was where I was acting out in a sexually curious way. And, uh, inappropriately with females and I mean I got into trouble with the law for that.

Perhaps one of the clearest examples of the impact they felt as children that continued to reverberate throughout their sexual development, was described in the following way by another study participant:

> There was so much trying to process through it, but the one thing I really vividly remember is that as I left, I had an erection. And I remember thinking, 'Oh my God. What does this mean?'... In retrospect, that incident really set back my sexual development like to the dark ages, to the dark ages.

### *Confusion Around their Role and Responsibility in the Abuse*

The most frequently recurring theme that surfaced was the men's perceived complicity in their abuse, and the ensuing conflicted feelings the men reported about this. One participant made the connection of complicity to his physical sexual arousal, while simultaneously feeling disgust, "It'd make me sick, like touching him, that my body would react." Another participant used similar language and elaborated to describe how he was drawn to the pleasurable aspects of the physical act, but afterwards feeling revulsion at what had taken place:

> I wanted it. I mean I stayed there. I let it happen, it felt good. I mean although something told me it was wrong and, you know, when I ejaculated it felt great. But then after I'd feel, like, sick to my stomach.

Confusion around complicity further affected disclosure. One participant explained, "When I first disclosed, I felt very guilty about my childhood abuse, around certain abuses because I would go back and allow it to happen over and over again." In some cases the perpetrator(s) bribed or provided the victim with material rewards so that the behavior was further reinforced. This dynamic also prevented disclosure for some of the respondents: "I didn't

want it to go away either, right, because it seemed better than home life anyway. And so, if you say anything, you don't get to go over."

Physical pleasure was not the only catalyst for experiencing feelings of complicity. Some men described the affection they received as a residual outcome of the abuse. For example:

> And even though it's fractured, I do have some memories of going back to my father ... and I feel horrible about that but I understand also that he loved me. I mean it was this affection time.

These conflicted and diametrically opposed sets of feelings between pleasure and revulsion; desire and guilt; wanting and fearing; affected the men profoundly:

> But going through it, it was very much a case in point where well the reason that I was abused was because I wanted it, or I enjoyed it or I liked it, right?"

### *Specialness*

A number of the men interviewed described feelings of *specialness* that they attributed to their being abused. They believed they had acquired knowledge or special qualities as a result of early sexualization that set them apart from other children:

> I used to think I was special because I thought, 'Hey I'm 10 years old, 11 years old and you know I could have kids.' I was ejaculating and I was sexually active in my mind. You know, so I always thought I was well not sexually active but active like I knew about sex and you know the fact that this man was showing me. I thought 'Oh I was above everyone at that age.'

On a relational level, one study participant poignantly described his attraction for one of his perpetrators, and later the confusion he felt when he realized the exploitative nature of their encounters:

> See, being introduced to it at that young age and not knowing much about it, it really excited me and because one of her girlfriends I really liked. I had the sexual stuff with her too, made me feel, 'Ah this is great. I feel that this older person, this person I like, likes me and this is good.' It also felt good.

Further, for some there was a sense of sexual prowess, "I even told a few friends oh yeah I can have kids, bragging meaning that you know that was my way of saying, 'yeah I you know I could masturbate or I could ejaculate'..."

These feelings seem to have sprung from a place of pervasive neglect, since a number of the men described emotionally barren families where the predominant affective expression was anger and belittlement. It is not surprising to hear their statements of wanting to belong somewhere, anywhere, regardless of the context:

> Even though the abuse was happening and it was consistent, so was their behavior. I knew what to expect at all times. I felt I belonged somewhere. I felt I was wanted. I felt I was, had a sense of being needed.

The preceding themes were drawn from the men's descriptions of their childhood victimization. The following themes represent the effects they felt into adulthood and the meaning they made of their sexual abuse.

## II: Making Meaning as Adults

### *Anger and Rage*

Nine participants, when reflecting on their lives and the role their childhood victimization played, repeatedly described the anger and rage they went on to feel and act upon. One participant explained a homicidal rage that emerged in his late twenties:

> I found out later in life. I went through a very volatile period, where yeah I was going to kill people, man... I was really freaking. I was going into another sate of extreme hyper-vigilance. I was actually starting to hunt people down.

At one point he took to carrying a gun, waiting for some moment of anticipated confrontation.

Another participant detailed how this rage affected his relationships and haunted him through two failed marriages: "I was a very aggressive, sadistic, controlling, manipulating person. That's how I lived my childhood, my adulthood." Another respondent explained how this rage played in many everyday activities: "I would get angry. Actually, rageful. I had a history, have a history of road rage."

On the other hand, five of the men turned this anger inward and expressed problems of depression and suicidal thoughts. For example: "If it, if I really allowed myself to feel that it was my fault, there's only one way that you would end that and suicide has been a constant exit strategy." Another respondent explained, "Looking back on it I was, I lived in depression a good part of my life. I guess my behavior was totally suicidal."

### *Sexual Disturbance and Ambivalence*

Sexual intimacy as a part of an intimate relationship was reportedly deeply affected by their victimization.

Regardless of how the men viewed the sexual abuse in their childhood, most ended up with serious issues of sexual disturbance as adults that pervaded their intimate relationships. Some of them described an inability to have spontaneous sexually intimate relationships without the specter of their abuse intruding. One study participant explained that he did not have sex with his wife during their honeymoon: "Well, it played out the only way it played out, was she thought I was gay because of the low interest in sex. And I said the only pleasure that I had with sexual feeling was masturbation." Some men described an endless stream of encounters devoid of any real emotional meaning: "Um a large amount of partners, um, even today my first reaction a lot of times is, I wonder if I could sleep with them. Um, chronic masturbation." Others were plagued by memories and flashbacks during sexual relations as this respondent explains:

> I get contact induced flashbacks and freak out anxiety episodes and shit like that. Its based in touch, smell, anything, you know what I mean? Triggers it off, yeah. So I've just found now lately, I just don't go there man. I just don't go there anymore, for a while now.

A further concern voiced by several respondents was their inability to have long-term relationship. If they ventured into one, they wondered how to explain their sexual abuse history.

> The biggest thing for me growing up in my late twenties was the ability to develop a relationship with the opposite sex. You wanted to get married, but you couldn't say anything.

As stated painfully by another respondent, "So for me to come out and say well a man did this to me sexually or I gave a man a blow job, whoa!" Some of the men thought they would just soldier on and try to make the best of it, but this strategy often failed for them: "I had this idea that if I got married, if I had somebody that would, that was willing to, to accept me, then I must be okay. But it wasn't, it blew up in my face."

The experience of being abused by a same sex perpetrator strongly shaped the men's perceptions of their own preferred sexual affiliations, prompting them to ask, "Am I gay or not?" This caused anxiety and rumination as they sorted out their preferred sexual affiliation. All but two of the men considered their current sexual affiliation to be shaped by their abuse experience. In the other two cases, the men were able to separate their abuse experience from their preferred choice of sexual partners and they did not feel their affiliation was affected by being abused by a man. It was common for participants to express confusion and questioning on this point, though, as exemplified by the following statement:

> You know there was always a question of if I allowed myself to have that type of sexual behavior with a man doesn't that make me homosexual? You know? So I was always questioning myself.

For some this resulted in distressing behavior. As this participant describes that even up until the time of the interview he struggled with sexual preference:

> I was more messed up when I left there because that's when I started to have gay encounters after that. And before that it might have happened once, maybe twice, because of what happened to me and everything. Like, I like women. But that [gay sex] just started happening. And then I just started going downhill.

### *Loss and Hope*

The men interviewed reflected on the global impact of the childhood sexual abuse on their current lives, and ten of them spoke about losses, and the heavy toll abuse has had on their lives. One man stated: "I just saw that my life was, was slipping by me, and I had already alienated myself from my family. There was no family, no friends." Another participant described this impact in remarkably similar ways: "I mean I've been packing this stuff around for a long, long time. And I've been running from it and I've been afraid and I am, you know, running out of time. My life is passing me by."

Yet there were other participants who believed there were transformative aspects in disclosing and working through the sexual abuse issues. This shaped their worldview, as explained by the following study participant:

> It's really weird after you suffer abuse for a long time, how clearly you see injustices. I'm embarrassed to be a member of the human race, guy. And then I feel sorry for us, man.

Another man described how his reactions have been made more positive by his experiences: "If anyone uses their position of power to put someone down, or to try to negate what they're saying, I'm all over that."

In spite of their abuse, often long-term, the men in this study spoke of a remarkable resilience and insisted on being seen for their strengths: "Probably the thing that's been my biggest asset is my fighting spirit." As well, some men expressed the need not to be viewed as damaged: "I tell people I don't want them to treat me like this bird with a broken wing."

## Discussion

From psychodynamic traditions, to humanism, to cognitive behavioral approaches, being able to truly and deeply understand a person's world lies at the very heart of doing therapy (Kahn 1997). Being understood relies on the ability of the social worker to have authentic and genuine empathy for their client. Above and beyond all other considerations in therapy, trust and betrayal run, intertwined, as undercurrents throughout the therapy and need to have special attention paid to them. This is especially the case when the initial betrayal occurs at early ages and in such profound ways as is common in sexual abuse. Collectively, the men in this sample described numerous ways in which as children they were tricked, bribed, and coerced into having sexual relations with adults in positions of trust.

In the current era of evidence based practice, although it is important to incorporate approaches with demonstrated effectiveness, more than ever we need to be reminded of the importance of the context of our client's lives throughout the therapeutic process. This phenomenological analysis helps us to make certain that we do not de-contextualize our clients' experiences. Through a deepened understanding of the lived experience of sexually abused men, their narratives offer directions for therapy.

It was not the intent of this study to essentialize the male experience of sexual victimization, but there were, nonetheless, striking similarities across the interviews. In spite of sampling limitations, the men's detailed narratives of sexual abuse described symptoms and revealed themes that are supported by other research. For example, Terr's (1990, 1994) work on traumatic memory loss and recall of painful memories cites detailed accounts and symptoms associated to sexual victimization as markers of the events' occurrence. Clearly there was evidence of both in these interview data.

Disclosing sexual abuse for the men in this study was a challenging venture in the face of socialized gender roles that promote images of men as immune to victimization or as inadequate when victimized. These data remind us that patriarchy is just as harmful for men as it is for women. Indeed, consistent with previous literature (Alaggia 2005; Garnefski and Diekstra 1997; Holmes and Slap 1998), we found in this study that men who have been sexually abused by same sex perpetrators may find it harder to disclose or seek treatment because of the perceived threat to their masculinity and sexual identity. Whether these dynamics make it more difficult for them to disclose than for women is a futile debate to engage in. It is simply important to acknowledge that this is another dimension of disclosure, specific to men, that needs to be recognized and effectively dealt with in therapy.

A related point is that boys' and men's stories of sexual abuse are not always believed or taken seriously, even in therapy. In this sample, the majority of men delayed disclosure but the few early disclosers experienced insensitive and even harmful responses. Betrayal of this nature was experienced when a few of the men risked disclosing early, in the face of numerous obstacles, and were disbelieved or their accounts were minimized. The lesson for therapy here is that MCSA can and does happen, and that when it is revealed it needs to be taken seriously.

Men's denial, rage, and confusion about their roles in the abuse, special*ness*, early sexualization, disturbances in sexuality and intimacy, profound feelings of loss, and themes of hope and resilience emerged consistently across interviews. Many of these themes are identified in previous research for both genders in varying degrees. To date, however, these have been identified through research methods that define these experiences primarily in terms of symptoms and pathologies.

One theme that emerged from these data, which has not been dealt with sufficiently in the literature, is that of the victim's special feelings that arose from the abuse experience. Finkelhor and Browne's (1985) conceptual traumagenic model identified this outcome as a residual effect of the sexual victimization resulting from the perpetrator's tactics to encourage the sexual relationship with the use of material bribes and affection. Yet we know little about how this manifests for men. Throughout the present study, there were cases where the child victim, having experienced relationship outside of the normal realm of expected child-adult behavior, internalized feelings of special*ness* about himself. Although the sexualized relationship was clearly a boundary violation, this may not have been experienced as a violation by the child at the time of the abuse. Instead, encounters were fueled by the child's curiosity, pleasure, need for affection, or need for approval. Taking into account the emotional and social deprivation experienced by the boys in this sample (and described elsewhere in the sexual abuse literature), the relationship offered an intimate experience where many of the boys felt prized and rewarded. The relatively visible arousal state for boys may have reinforced in their minds that the encounter was a positive one. Consequently, they often perceived themselves as being an active participant, a perception that caused considerable ambivalence and often tremendous pain. It is this ambivalence and pain that need to be recognized and made a focal point in therapy.

Complicating matters, when the adult male survivor tries to recover a sense of control over his life, he often looks back at his experiences and recognizes intentional behavior on his part. It is essential for healing to acknowledge such thoughts as they emerge in therapy, but

it should be anticipated that such thoughts can produce considerable conflict in men. The processing will raise the questions of whether the survivor believes that he intentionally took part in the sexual activity to gain a sense control in a powerless situation—perhaps increasing his feelings of self-efficacy in the face of extreme despair. Once internalized, such beliefs may make sustaining healthy adult relationships more difficult. Thus, this question is tied closely both to perceptions of past and present self-esteem, and to ways the men deal with other people and their circumstances in their adult lives.

The findings of this study are limited by the relatively small sample, and the fact that this was predominantly a clinical sample. Future research could draw on a larger sample to unearth a wider range of experiences that may provide a more comprehensive picture. Another constraint of this study lies in its retrospective design. When people recount events that occurred in childhood, they are susceptible to memory failure, especially when memories were forgotten, delayed or repressed and later recovered. Distortion of remembered events and revision of events over time are also potential problems in recall. Corroborating the sexual abuse through other sources was not possible in this study due to the relatively older study participants, and the fact that very few had ever had their sexual abuse investigated by child protection workers. On the other hand, the study aim was to explore the phenomenon of MCSA as it was understood by the men themselves, and thus the "truthfulness" of their experiences is much less important than their current perceptions of the sexual abuse. The study focused on their interpretations and (re)constructions of the events that were troubling to them.

## Implications for Practice

Paying attention to male client's unique histories, distinctive aspects of the abuse and unanticipated outcomes are important considerations in therapeutic work. Spiegel (2003) and Gartner (1999) spoke to betrayal as operating at several significant levels in acknowledging and responding to MCSA: interpersonal (sexual victimization of the child as an individual); community (few therapeutic supports for males); societal (men are viewed as perpetrators not victims); and cultural (any sexual encounters for males are wanted). In the face of these pervasive attitudes, when men reluctantly come forward as sexual victims, their experiences are often minimized or simply not taken seriously (Denov 2004). There is a danger of having betrayal replicated in therapy if any of these attitudes are present within the therapist, or if the therapists' unfamiliarity with this phenomenon renders them ineffective. Therapists must take a non-judgmental and open stance, accepting different perspectives.

How should therapist approaches differ for male and female sexual abuse survivors? In many ways similar issues need to be addressed for both men and women. Resolution of shame, anger, stigma, relationship failures, disastrous disclosure outcomes, and trust ruptures are common therapeutic goals for all CSA survivors. However, there seem to be some distinguishing features for therapy with male survivors. Revisiting confusing, disempowering, "feminizing" experiences may present an especially strong threat to men. Reinforcing that all children, regardless of gender, are vulnerable to victimization is an important message. These data also dealt predominantly with boys abused by men. Same-sex sexual abuse raised questions about their sexual preferences and orientations, and concerns about homophobic attitudes from others. Therapists should be open to discussing these issues in accepting ways, suspending judgment. Validating their fears is also important as they may very well experience homophobic slurs and attacks from others regardless of their sexual affiliation. They will need permission and a safe place to express feelings related to perceived complicity before being able to recognize the coercive context wherein the abuse occurred. This requires training and honest appraisal of the therapists' own attitudes and values. Finally, developing an understanding of how their deprivation drove their need for closeness will be necessary terrain for exploration.

Intrusive sexualized thoughts were also problematic. For example, some of the men relayed that as adults they experienced child-focused sexualized thoughts (fear of abusing children). This is not as often reported as a fear in sexually abused women (Alaggia 2005). The degree of vigilance required to prevent child-focused sexualized thoughts from surfacing may require ongoing effort on the part of the men, but may also result in feelings of guilt, and self-loathing. Due to the taboo surrounding acknowledging such thoughts, bringing them into therapy can be a complex, but necessary, undertaking. In these situations more than ever, the therapist's attitude and response is critical.

Therapeutic strategies need to be carefully thought out and timed. For example, thought stopping is one intervention that may provide immediate relief, but the issue and the timing of an intervention to minimize it need to be explored first. Moving too quickly to a thought stopping intervention might result in negative effects. The men in this study spoke at length about troubling thoughts, and at times described therapy experiences that did not allow them to articulate them. This is another instance where therapists need to suspend judgment so that they do not inadvertently send negative messages, given that these thoughts are unintentional and attributable to the traumatic

injury. At the same time, therapists need to determine when it is appropriate to intervene, given that such thoughts may cause undue anxiety for the men, and may jeopardize the safety of children.

Any of the themes outlined above may produce considerable anxiety when explored. Thus, timing becomes a key issue. The therapist needs to allow the client the opportunity to disclose without the therapist pre-empting, foreclosing, or offering premature interpretation. Further, therapists are not immune to the misconceptions or taboos associated with MCSA. Exploring themes related to MCSA requires that the therapist acquire a degree of comfort with the topic. Although this may seem rudimentary to therapy, the men in this study revealed in their narratives that their disclosures in therapy were not always supported or responded to in a therapeutic way. The survivor may be exquisitely tuned in to discomfort and disbelief in others, and may harbor fears of being judged.

## Conclusion

The narratives of the men in the present study help to inform clinical work in the area of MCSA. Several of the themes raised confirm on-going issues for men victimized as children, but also extend our understanding of the challenges they face in their current everyday lives. These data indicate that social workers in their role as therapists should be guided by specific considerations. These include: a responsibility to ask male clients about sexual victimization, especially when this is not the presenting problem but they exhibit sexual abuse related problems; an obligation to educate one's self on responding therapeutically to disclosure of MCSA; a duty to receive training to counsel sexually victimized males; responsibility to advocate for the development of men's services; and taking an active role in shifting attitudes towards men's vulnerabilities. Sensitive therapist response to disclosure, and appropriate approaches designed specifically for abuse related issues, are vital to successful engagement and treatment for the trauma of CSA.

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