

COUNSELING INTERVENTIONS FOR MALE SURVIVORS OF CHILDHOOD SEXUAL  
ABUSE

by

GERALD KENNETH CRETE

(Under the Direction of Anneliese A. Singh)

ABSTRACT

The author explored the lived experience of male survivors of childhood sexual abuse and their female partners. The author also provided professional counselors and other mental health professionals with appropriate counseling interventions that can be used alongside existing counseling theories (e.g. family systems theories, trauma models, cognitive behavioral, etc.). The first chapter introduced the dissertation, provided a rationale for the study of male survivors and their partners in the form of a call to action, offered some relevant background information on the topic such as trauma rates, and described the method of inquiry, theoretical lens and structure of the manuscript. The second chapter included a literature review and a case vignette that described how to use Emotionally Focused Couple Therapy (EFT) with male survivors of childhood sexual abuse and their partners. The third chapter included a literature review and a qualitative study that explored the resilience strategies of male survivors of childhood sexual abuse and their partners by using the participants' words to demonstrate important themes from their lived experiences. The researcher presented and discussed suggestions for future research and implications for practice. The fourth chapter concluded the study with a personal reflection of the research process and lessons learned by the primary

researcher. The main theoretical lens used in this study was Relational-Cultural Theory (Miller, 1976; Jordan, 2009). Other theories used in this study included Emotionally Focused Couple Therapy (Greenberg & Johnson, 1988; Johnson, 2004), Family Systems Theory (Bertalanffy, 1956; Bowen, 1978; Minuchin, 1974), Attachment Theory (Bowlby, 1969, 1988), Ambiguous Loss Theory (Boss, 2006, 2007, 2010), Judith Herman's trauma model (Herman, 1992), and Briere's (2004) self trauma model.

**INDEX WORDS:** Childhood sexual abuse (CSA), Resilience, Male survivors, Trauma, Men and masculinities, Emotionally Focused Couple Therapy (EFT), Relational Cultural Theory (RCT)

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GERALD KENNETH CRETE

B.A. (Hon.), Queen's University, Canada, 1992

B. Ed., Queen's University, Canada, 1993

M. Ed., Liberty University, 2009

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GERALD KENNETH CRETE

Major Professor: Anneliese A. Singh

Committee: Brian A. Glaser  
Georgia B. Calhoun

Electronic Version Approved:

Maureen Grasso  
Dean of the Graduate School  
The University of Georgia  
May 2013

## DEDICATION

For all the boys and men who have suffered in silent shame due to the experience of childhood sexual abuse. I affirm your resilience and look forward to a brighter future where all children are protected and every person recognizes his or her inherent dignity as a child of God.

*“The greatest challenge of the day is: how to bring about a revolution of the heart, a revolution which has to start with each one of us.”—Dorothy Day*

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## TABLE OF CONTENTS

	Page
ACKNOWLEDGEMENTS .....	v
CHAPTER	
1 INTRODUCTION .....	1
Structure of the Manuscript .....	4
Trauma Rates and the Effects of Childhood Sexual Abuse .....	6
Male Childhood Sexual Abuse and Male Socialization .....	7
A Qualitative Approach .....	9
Theoretical Lens: Relational Cultural Theory .....	10
References .....	13
2 LITERATURE REVIEW AND CASE STUDY: EMOTIONALLY FOCUSED COUPLE THERAPY FOR MALE SURVIVORS OF CHILDHOOD SEXUAL ABUSE AND THEIR PARTNERS .....	22
Literature Review .....	25
Case Vignette: Story of Brandon and Monique .....	38
Case Discussion .....	48
Recommendations for Counselors Using Emotionally Focused Couple Therapy with Male Survivors and their Partners .....	50
Conclusion .....	51
References .....	52



Table 1.1: Common Effects of Childhood Sexual Abuse for Men.....	60
Table 1.2: Counseling Implications for Using Emotionally Focused Couple Therapy with Male Survivors of Childhood Sexual Abuse and their Partners .....	61
3 RESILIENCE STRATEGIES OF MALE SURVIVORS OF CHILDHOOD SEXUAL ABUSE AND THEIR FEMALE PARTNERS .....	62
Literature Review.....	65
Theoretical Framework of Study .....	68
Method .....	73
Methods of Trustworthiness .....	80
Findings.....	82
Discussion.....	162
Future Research, Practice and Advocacy.....	171
References.....	174
4 CONCLUSION: RESEARCHER REFLEXIVITY AND THEORETICAL AND METHODOLOGICAL LESSONS LEARNED .....	190
References.....	201
Appendix A: Timetable of Study .....	205
Appendix B: Post-Selection Demographic Questionnaire for Male Survivor.....	206
Appendix C: Post-Selection Demographic Questionnaire for Partner .....	208
Appendix D: Interview Protocol .....	209
Appendix E: Themes in the Literature .....	212
Appendix F: Participant Descriptions .....	213

## **CHAPTER 1**

### **INTRODUCTION**

Recent research on adult survivors of sexual trauma has revealed that 1 in 5 men have experienced sexual trauma in their lifetime and that 1 in 71 men have experienced sexual assault (Black et al., 2011). Despite these high numbers, the research and corresponding treatment protocols focused primarily on female survivors (Alaggia & Millington, 2008; Getz, 2011; Romano & De Luca, 2001). Childhood sexual abuse is defined as sexual acts, such as touching or penetrating, between a child and an older person (Jacob & Veach, 2005; Martin, Campbell, & Hansen, 2010). The overall goal of this dissertation is to research counseling interventions for male survivors of childhood sexual abuse and their female partners. This goal is achieved through the presentation of two distinct components in the manuscript. The first is a manuscript which presents and discusses counseling interventions that are appropriate to use with male survivors of child sexual abuse and their female partners. The second is a phenomenological study designed to educate counselors about resilience strategies of male survivors of childhood sexual abuse within the context of their relationships with female partners. Additionally, the researcher has attempted to identify throughout the dissertation the multicultural and social justice issues throughout the dissertation that are related to the resilience experiences of male survivors of child sexual abuse and their female partners. A final goal of this dissertation is to interrupt the stigma and silence associated with male survivors of child sexual abuse and their female partners.

There is a social stigma associated with male victimization which explains why male survivors of sexual abuse avoid treatment (Mejia, 2005; Sorsoli, Kia-Keating, & Grossman, 2008). Most child sex abuse research and treatment protocols to date have focused on girls and women (Alaggia & Millington, 2008; Getz, 2011; Romano & De Luca, 2001). Very few studies have explored the relational challenges of male survivors (Kia-Keating, Sorsoli, & Grossman, 2009). Recent scandals involving the sexual abuse of boys in churches (Hogan, 2011; Wirenius, 2011), schools (Irvine & Tanner, 2007; for example, Joe, 2013; “Schools Look,” 2013), athletic training facilities (Copage, 2012; Deacon, 1997; Stirling, Bridges, Cruz, & Mountjoy, 2011), and with the Boy Scouts (“Boy Scouts,” 2013; “Boy Scouts of America,” 2012; Crum, 2012) have raised public awareness about the prevalence of sexual abuse of boys. However, the males who experience childhood sexual abuse still face tremendous social barriers to seeking and receiving help.

Sexual abuse scandals reported in the media usually focus on the perpetrator and the institutions where the abuse took place for obvious legal and ethical reasons. The survivors of sexual abuse remain nameless victims unless an adult survivor decides to come forward with his or her story. Beginning in the early 1990’s American female celebrities such as La Toya Jackson, Roseanne Arnold, and Oprah Winfrey raised social awareness by challenging social taboos and shared their experiences of sexual abuse (Gorman, 1991). More recently male professional athletes (Matheson, 2011; “Sex Abuse Scandal,” 2009) and male entertainment celebrities (Brent, 2010; “Tyler Perry,” 2011) have come forward with their stories of childhood sexual abuse. This relatively new development has the potential to reduce the stigma of sexual abuse experienced by men and positively change social attitudes about the victimization of men in society.

Male survivors of childhood sexual abuse need a safe place to overcome social stigma and share their stories in their own words (Etherington, 2000; Lemelin, 2006). The phenomenological study in Chapter 3 provides an opportunity for survivors and their partners to find their own voices and describe their experiences (Polkinghome, 2005). Whenever a disenfranchised, marginalized or isolated group is given an opportunity to share their stories, it is revolutionary in so far as it breaks silence and shame (Hartling, Rosen, Walker, & Jordan, 2004), and potentially changes social attitudes (Campbell, 2009) and heals cultural wounds (Duran, Firehammer, & Gonzalez, 2008). Lemelin (2006) describes himself as a “wounded healer” who tells his story of personal transformation and growth in order to help himself and others. Celebrity survivors Sheldon Kennedy (Kennedy & Grainger, 2011), Theo Fleury (Fleury & McLellan Day, 2009), and Don Lemon (Lemon, 2011) have all published autobiographies in an effort to raise awareness and help others. In this spirit, the researcher acknowledges his own history of childhood sexual abuse and notes that his research interests stem from a desire to advocate for others, promote social change, and improve available resources and treatment options for male survivors and their partners.

Counselors with a social justice perspective strive to facilitate individual growth in their clients and at the same time encourage social change (Crethar, Rivera, & Nash, 2008). Counselors as advocates are motivated to challenge societal oppression such as the current environment in which survivors and their partners are often left isolated and without community resources. Relational Cultural Theory (Jordan, 2002, 2009; Miller, 1976; Miller & Stiver, 1997) complements social justice counseling and recognizes that oppression is often present within interpersonal relationships (Birrell & Freyd, 2006). Counselors with these perspectives often have to confront unhealthy cultural norms that dictate that men should become more independent

and more emotionally restrained rather than more connected and more relationally competent (Alaggia & Millington, 2008; Kia-Keating, Grossman, Sorsoli, & Epstein, 2005; Jordan, 2009).

The decision to interview men and their partners in Chapter 3 is based on respect for the family system (Bowen, 1978) and it is grounded in the Relational Cultural Theory (RCT) belief that true healing takes place in relationships and through deeper levels of connection (Jordan, 1997, 2009). This study also allows the voices of female partners to be heard. Many female partners of abuse survivors struggle with a sense of isolation, and the fear of the unknown (Nelson & Wampler, 2000). Female partners often feel they have no safe place to share the challenges they face, the sorrow and anger they feel about what was done to the man they love, not to mention their sense of helplessness they may experience when issues arise (Jacob & Veach, 2005).

### **Structure of the Manuscript**

Chapter 1 introduces the dissertation, provides a rationale for the study of male survivors and their partners in the form of a call to action, offers some relevant background information on the topic such as trauma rates, and describes the method of inquiry, theoretical lens and structure of the manuscript.

Chapter 2 is a conceptual article which focuses on the use of Emotionally Focused Couple Therapy (EFT) and its applicability with male survivors and their partners. It includes a literature review, an application, and reference section. The goal of this manuscript was to demonstrate how Emotionally Focused Couple Therapy, an established methodology for treating both couples and trauma survivors, might be used as an effective therapeutic intervention with male survivors of sexual assault and their partners.

Chapter 3 includes a qualitative phenomenological study on resilience strategies of male survivors of childhood sexual abuse and their partners. It also includes a literature review, findings, and reference section. Chapter 3 documents the lived experience, needs and strengths of a group of male survivors of childhood sexual abuse. Five resilient couples were interviewed together and apart and their stories were compared in order to find overarching themes. Goals of the study included assisting counselors in understanding the needs of male survivors and their partners as well as contributing to the creation of relevant counseling interventions that might complement existing treatment protocols. Male survivors comprise a surprisingly large subset of men, but are typically socialized to keep this deeply personal trauma secret due to a fear of how others would respond (Sorosoli, Kia-Keating, & Grossman, 2008). Across a diverse group of participants and responses, some clear common themes emerged from the study and are documented to increase awareness of successful resilience strategies.

Chapter 4 is the conclusion and it includes a reflection on the researcher's experiences during the research process. The goal of the conclusion is to provide a more personal perspective of the research study and how the research process affected the researcher and how lessons learned might affect future research of this type. The 4-chapter manuscript style of this dissertation makes possible the publication of Chapter 2 and Chapter 3 in academic journals and therefore provides another avenue for distribution of findings and implications. The manuscript style dissertation allows for greater access to the findings for counselors who might work with male survivors and their female partners. As an alternative format, the manuscript style also allows for greater flexibility and creativity which facilitates a multidimensional approach to the complex topic of men, childhood sexual abuse, and female partners of survivors.

## **Trauma Rates and the Effects of Childhood Sexual Abuse**

Recent statistics that describe the experience of sexual trauma for men and boys reveal that there is a significant societal problem that remains largely unaddressed. According to Yehuda (2009), 1 in 10 men develop PTSD during their lifetime. The National Intimate Partner and Sexual Violence Survey (NISVS) reported that 1 in 71 men have experienced unwanted anal or oral penetration and that 1 in 5 men have experienced other forms of sexual assault (Black et al., 2011). Previous studies had estimated that 1 in 6 boys have experienced sexual assault (Briere & Elliot, 2003; Dube, Anda, & Whitfield, 2005). This difference might be explained by an increase in sexual abuse or an increase in men reporting sexual abuse. The discrepancy may also be explained by differences in how sexual abuse is defined. Sexual assault for boys and men is often accompanied with physical force or threats (Finkelhor, Hotaling, Lewis, & Smith, 1990). Male survivors of sexual assault are more likely to be assaulted by multiple perpetrators and on multiple occasions (Pino & Meier, 1999). Along with combat and interpersonal violence, sexual trauma is one of the main factors in the development of PTSD in men (Briere & Scott, 2006).

Men report numerous personal, physical, psychological, relational, addictive and other problems as a result of surviving sexual assault. (Harford, Grant, Yi, & Chen, 2005; Jayawickreme et al., 2012; Kessler et al., 2005; Tolin & Foa, 2008; Turchik, 2012). Men also struggle with issues related to gender role conflict (O'Neil, 2008) and the intersection of male privilege and oppression which is complicated by sexual assault. Male survivors of childhood sexual abuse experience many repercussions including tremendous shame (Brady, 2008), restricted emotions (Jacob & Veach, 2005; MacIntosh & Johnson, 2008), identity and sexual

problems (Schraufnagel, Davis, George, & Norris, 2010), anger, and aggression (Alaggia & Millington, 2008; Aosved, Long, & Voller, 2011).

### **Male Childhood Sexual Abuse and Male Socialization**

Western culture values individualism and relates power to competition and strength (Jordan, 2009). Men who have experienced childhood sexual abuse are the victims of violence and betrayal. Sexual abuse reflects a form of oppression committed by a person who uses his or her dominance against another. Trauma survivors may lose their sense of self and their ability to trust others (Johnson, 2002). This might be exacerbated by the presence of other forms of oppression such as sexism, homophobia, classism, and racism. In addition to trauma and other types of societal oppression, male survivors also process masculine norms which are part of the normal socialization process of most boys (Levant & Richmond, 2007; Lisak, 1995). Some of these norms represent hegemonic (Connell & Messerschmidt, 2005) and “power over” values (Walker, 2008) which can be strong triggers for male survivors. These triggers might encourage male survivors to overcompensate and adopt so-called hyper-masculine traits, become excessively aggressive and competitive, and exercise privilege in a way that harms others (Mankowski & Maton, 2010). It is also possible for male survivors of childhood sexual abuse, like many men who experience gender role conflict, to retreat from the pressures of these hegemonic values and become more disenfranchised which can lead to depression or other mental illnesses (O’Neil, 2008). O’Neil (2008) demonstrates a correlation between personal and institutional sexism and gender role conflict for men which includes restrictive emotionality, restrictive affectionate behavior between men, issues with success, power, and competition, and conflicts between work and family relations. Male survivors of childhood sexual abuse report these struggles associated with gender role conflict as well as possible struggles with



“depression, suicidality, anxiety, substance abuse, aggression, self esteem issues, academic problems, and sexualized behaviors” (Alagia & Millington, 2008, p. 266). Relational Cultural Theory, multicultural counseling, and liberation psychology represent theoretic approaches that can help address the intersection of trauma and sexism as well as any other forms of oppression such as racism, ableism, and classism that may also be present.

Male survivors of childhood sexual abuse often present with relational challenges which include intimacy issues, emotional discomfort, alienation, and anger (Kia-Keating, Sorsoli, & Grossman, 2009). Female partners of male survivors may experience vicarious trauma (Jacob & Veach, 2005). As a result of the male socialization process and their experience of childhood sexual abuse, male survivors may have many relational challenges (Jacob & Veach, 2005; Kia-Keating, Sorsoli, & Grossman, 2009). Emotionally Focused Couple Therapy was chosen as an intervention for Chapter 2 for multiple reasons. Since many survivors were abused by an attachment figure or someone they knew well, a counseling approach based on attachment theory addresses the underlying insecure attachments that were caused by trauma (Bowlby, 1988; Johnson, 2002). As a therapy based in part on family systems theory, Emotionally Focused Couple Therapy considers the family structure and the systems that influence it (Greenberg & Johnson, 1988). Most importantly, the experiential component of Emotionally Focused Couple Therapy provides an in vivo experience of reconnection and emotional processing for the survivor with his partner (Johnson, 2004).

Despite the fact that many male survivors experience significant personal and relational challenges due to childhood sexual abuse and potentially intersecting forms of oppression, many men not only survive but thrive and grow. Men who make meaning from their abuse experiences demonstrate resilience, and they do this through helping others, changing cognitions,

and engaging spirituality (Grossman, Sorsoli, & Kia-Keating, 2006). Rather than focusing on individual hardiness, Jordan (1992) identifies resilience as intrinsically connected to relationships. When self esteem is based on collaboration and authentic connection rather than self sufficiency and individual accomplishments, then mutual empowerment is possible (Hartling, 2008). This corresponds to Johnson's (2004) focus on creating a safe haven that is based on secure attachment, trust, mutual empathy, and security. Recovery for male survivors of childhood sexual abuse involves reconnecting with others, becoming vulnerable, and accepting painful feelings (Kia-Keating, Grossman, Sorsoli, & Epstein, 2005). As a survivor who has developed resilience through helping others, engaging spirituality, rejecting hegemonic masculine standards, and experiencing deep levels of connection and mutual empathy with his partner, the researcher set out to understand how this phenomenon is experienced by other male survivors and their female partners.

### **A Qualitative Approach**

In order to respond to the literature gap, the researcher took a phenomenological approach in chapter 3 to gain a fundamental understanding of the experiences of male survivors of childhood sexual abuse and their female partners. This approach allowed for the experiences of both survivors and partners to be shared in their own voices. Although the researcher attempted to bracket his own biases (Moustakas, 1994), which involved putting aside his own experiences as much as possible, the fact that he is also a survivor could not be completely dismissed. The researcher, in accord with an interpretive-constructivist position, asserted that participant experiences represented multiple realities (Wertz, 2005). The researcher and the participants co-constructed meaning as they interacted throughout the research process. In addition to this, the researcher also operated from a critical-ideological position which included a

commitment to end oppression and promote a fair and just society (Morrow, 2007). The researcher's own history of childhood sexual abuse, therefore, provided a rich interpretive and critical perspective which is expressed primarily in Chapter 4. A research assistant and an auditor helped facilitate the triangulation process (Yeh & Inman, 2007). The researcher used semi-structured interviews in order to provide some structure while allowing the participants the freedom to explore aspects of the topic that were important to them.

### **Theoretical Lens: Relational Cultural Theory**

In Chapter 3 the researcher described findings from a phenomenological study of the resilience of male survivors of child sexual abuse and their female partners. Using Relational Cultural Theory (Jordan, 1997, 2009; Miller, 1976; Miller & Stiver, 1997) as the primary theoretical lens, the researcher discussed the relational movements that led to greater resilience for this particular sample. Throughout the manuscript, the researcher explored the intersection of privilege, trauma, and marginalization experiences as they relate to counseling with male survivors of child sexual abuse and their partners.

Relational Cultural Theory scholarship began with founder Jean Baker Miller's publication of *Towards a New Psychology of Women* (1976). Later Relational Cultural Theory scholarship focused on growth fostering relationships (Miller & Stiver, 1997) and the "5 Good Things" that they produced (Miller, 2004). Relational Cultural Theory also challenges the western focus on individuation, separation and autonomy (Hartling, 2008; Walker & Baker, 2008) which is a particular problem for many men. Relational Cultural Theory significantly contributed to the critical analysis of gender (Miller, 1976) including the ongoing study of men and masculinities (Miller, 1983; Bergman, 1995). Relational Cultural Theory addresses the particular deficits of male survivors which typically include increased isolation, poor

relationships, and profoundly damaged interpersonal connections. Relational Cultural Theory also has a focus on relational growth, mutual empathy, and developing deeper levels of connection which complements Emotionally Focused Couple Therapy (EFT) which is the focus of Chapter 2.

Relational Cultural Theory also complements the researcher's own integrative approach, Men's Liberation Theory (Crete, 2011) which incorporates not only Relational Cultural Theory but also aspects of liberation psychology (Montero & Sonn, 2009; Nelson & Prilleltensky, 2005), social justice counseling (Crethar, Rivera, & Nash, 2008), multicultural counseling (Constantine, Hage, Kindaichi, & Bryant, 2007), and recent scholarship on the new psychology of men and masculinities (Kiselica & Englar-Carlson, 2010; Levant & Pollack, 1995; O'Neil, 2008). This integrated approach enabled the researcher to better capture the complexity of the phenomenon of male childhood sexual abuse. In this dissertation, Relational Cultural Theory and multicultural counseling theory contributed to an understanding of the contextual and relational experiences of male survivors of childhood sexual abuse which was then informed by a gendered analysis of the experience of men and the impact of male behavior in society. Liberation psychology understands hegemonic masculine norms as a form of psychological and social oppression from which men can experience a change of consciousness (Freire, 1972) and liberation from being an oppressor (Duran, 2006). As victims of childhood trauma, male survivors have also experienced oppression by others who exercised power and privilege at the time of the abuse. In addition to these intersections of gender, interpersonal dynamics, privilege, and oppression, the researcher was also conscious of the importance of trauma theories since the male research participants were all survivors of trauma. In this regard, the researcher was

primarily influenced by Herman's (1992) trauma stage model, and Briere's (2004) self trauma model.

Herman's (1992) model divides the healing process into stages which include 1) safety, 2) remembrance and mourning, and 3) reconnection. Counselors help survivors to achieve important goals at each stage. During the remembrance stage survivors make meaning of their loss while in the reconnection stage they connect with others and develop a new and empowered identity as a survivor. This complements both a multicultural as well as a liberation psychology approach with its focus on meaning making followed by renewal and advocacy. Briere's (2004) self-trauma model complements relational models such as Relational Cultural Theory and attachment models such as Emotionally Focused Couple Theory but takes into account that survivors of trauma must reprocess their perception of relationships, the world and themselves. Since trauma interrupts developmental tasks, counselors not only help identify unhealthy coping strategies, but they help their clients return to earlier experiences in life before the trauma (Briere, 2002). These models provided two useful frameworks for understanding how to work through trauma with clients and they complement Relational Cultural Theory and Emotionally Focused Couple Theory as well as liberation psychology, social justice, and multicultural theories.

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## CHAPTER 2

# LITERATURE REVIEW AND CASE STUDY: EMOTIONALLY FOCUSED COUPLE THERAPY FOR MALE SURVIVORS OF CHILDHOOD SEXUAL ABUSE AND THEIR PARTNERS<sup>1</sup>

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Most of the scant research on the effects of childhood sexual abuse on couples focuses on the male partners of female survivors (Jacob & Veach, 2005; MacIntosh & Johnson, 2008). Although it is estimated that one in six men (Briere & Elliot, 2003; Deblinger & Heflin, 1996; Dube, Anda, & Whitfield, 2005) experience childhood sexual abuse before the age of 18, there are relatively few research-based counseling approaches targeted for this population. Childhood sexual abuse is defined as sexual acts, such as touching or penetrating, between a child and an older person (Jacob & Veach, 2005; Martin, Campbell, & Hansen, 2010). It is also estimated that one in five men (Black et al., 2011) experience sexual assault during the course of their lifetime. Many men refuse to self-identify as victims and will not voluntarily initiate individual counseling (Mahalik & Rochlen, 2006; Sorosoli, Kia-Keating, & Grossman, 2008) due to negative attitudes toward psychological help seeking (Mahalik, Good, & Englar-Carlson, 2003). Men typically under-report psychological distress such as depression (Berger, Addis, Reilly, Syzdek, & Green, 2012). Men are more likely to engage in couples counseling, at their partner's behest, to address relationship problems associated with alcohol abuse, anger management, and absence from family life (Englar-Carlson & Shepard, 2005; Mahalik, 1999).

The above mentioned challenges underscore the need to develop counseling interventions that address the effects of trauma and masculinity issues within the context of relationships. Counselors working with couples need to be prepared to evaluate for sexual trauma and utilize appropriate counseling interventions. Although there are many family systems or couple-based theoretical models that may benefit male survivors of childhood sexual abuse and their female partners, the author proposed Emotionally Focused Couple Therapy (EFT) because it is an empirically validated couple intervention model (MacIntosh & Johnson, 2008) and it is suited for male survivors because it addresses trauma, attachment issues, and emotional regulation within



the context of the relationship (Johnson, 2002). The purpose of this article is to outline the unique challenges of male survivors and their partners, and then apply the stages of Emotionally Focused Couple Therapy to their particular needs.

Although male and female survivors struggle with similar challenges, there are unique characteristics of the male experience that should be considered by counselors working with this population. Scholars have suggested that male survivors are more likely to exhibit aggressive behaviors and struggle with gender identity confusion (Romano & De Luca, 2001). Male survivors are also more likely than female survivors to engage in problematic sexual behaviors, lack emotional expression (Jacob & Veach, 2005), and experience alexythemia (Karakis & Levant, 2012). Normative male alexythemia is the inability of men to put emotions into words caused by traditional masculine role socialization and endorsement of traditional masculine norms (Levant, Good, Cook, O'Neil, Smalley, & Owen 2006). Men are particularly vulnerable to feelings of inadequacy, loneliness, and a fear of intimacy due to the impact of sexual abuse and a sense of gender inadequacy (Kia-Keating, Grossman, Sorsoli, & Epstein 2005; Lisak, 1994). The development of relational competence and intimacy is a particular challenge since male survivors struggle with conventional masculine expectations of “toughness, stoicism, and sexual prowess” (Kia-Keating, Grossman, Sorsoli, & Epstein, 2005, p. 175). See table 1.1 for a summary list of the most common effects of childhood sexual abuse for men collected from the references used in this conceptual study.

It is important to consider the particular circumstances and needs of the female partner of a male survivor who may experience vicarious or secondary trauma (Jacob & Veach, 2005). The female partner of a male survivor may experience symptoms similar to those of a female survivor of childhood abuse. A recent study by Walker, Sheffield, Larson, and Holman (2009)

revealed that in couples where the man reported a history of childhood sexual abuse, there was a higher incidence of contempt and defensiveness for self and partner. Many studies have demonstrated how childhood abuse can negatively affect marital quality (e.g., Larsen, Sandberg, Harper, & Bean, 2011). A counseling intervention, therefore, that addresses the emotional intimacy needs of the couple while providing gender affirmation for the male survivor and psycho-education and support for the female partner would likely produce positive results.

Emotionally focused couple therapy (EFT) is an empirically tested and effective model and methodology for working with couples (Greenberg & Johnson, 1988; Johnson, Hunsley, Greenberg, & Schindler, 1999; Johnson, 2004) which has also been shown to have particular applicability with trauma survivors (Johnson, 2002; MacIntosh & Johnson, 2008). Emotionally Focused Couple Therapy combines aspects of person-centered therapy, structural family systems theory, experiential therapy and attachment theory with a focus on emotional experiences and secure bonding. Combined with a solid understanding of the specific needs and issues facing male survivors and their partners, Emotionally Focused Couple Therapy provides an opportunity for a particularly effective treatment option.

### **Literature Review**

The author researched previous literature related to counseling male survivors of sexual abuse and female partners and examined how the principles of Emotionally Focused Couple Therapy might be applied. A case vignette based on the principles of counter storytelling and pedagogical case studies illustrated how Emotionally Focused Couple Therapy might be used with male survivors and female partners in a clinical setting. Counter storytelling often uses narrative to expose and explore experiences of racial oppression (Delgado, 1989; Solorzano & Yosso, 2001). In this case, a counter storytelling approach explored how a counselor addressed

gender issues with a male survivor of childhood sexual trauma and his female partner. A pedagogical case study is a research strategy where a phenomenon is examined in a real-life context in order to educate others (Barnes, Christensen, & Hansen, 1994).

### **Understanding Male Survivors of Childhood Sexual Abuse**

The concerns of male survivors may be overlooked or underestimated because men are often viewed as the holders of privilege and the agents of oppression. Additionally, men tend to hold *themselves* to a standard of masculinity that precludes weakness, vulnerability, and victimhood (O’Neil, 2008). In western and patriarchal cultures, boys and men do not often share their emotional life with others (Jacob & Veach, 2005; Komiya, Good, & Sherrod, 2000; MacIntosh & Johnson, 2008), least of all their experiences of abuse (Mejia, 2005; Sorsoli, Kia-Keating, & Grossman, 2008). A great deal of relatively recent psychological study has begun to examine the ways in which men are socialized to uphold hyper-masculine and hegemonic gender roles that are in fact psychologically and physically harmful to themselves, their loved ones, and society at large (e.g., Connell & Messerschmidt, 2005; Englar-Carson & Stevens, 2006; Levant & Richmond, 2007; Mankowski & Maton, 2010; O’Neil, 2008). This is especially salient for men who come from cultures that espouse a more traditional view of masculinity (Levant et al., 2003). There is also an emerging view that many men, whether sexually abused or not, experience a primary violation in early childhood through a process of relational disconnection (Bergman, 1995) and this condition is only exacerbated when a boy is sexually abused because it typically leads to intense isolation (Kia-Keating et al., 2005; O’Leary & Gould, 2009; Reinert & Edwards, 2009). Traditional masculinity espouses patriarchal values and insists that men adopt dominant and aggressive behaviors (Englar-Carlson & Shepard, 2005; Levant & Pollack, 1995). For young male trauma survivors, who experience the world as an unsafe place (Johnson, 2002),

traditional or hegemonic male socialization may create high anxiety, depression, a sense of shame, anger, and aggression (Meyerson, et al., 2002). The experience of sexual violation is compounded when a boy's masculine identity is further compromised by the pressure to live up to norms that value dominance and invulnerability (Kia-Keating et al., 2005).

The research on gender role conflict with men has shown that suppression of feelings and gender role strain leads to all sorts of negative outcomes such as depression, violence against women and children, bullying, suicide, homophobia, and serious health problems (O'Neil, 2008). Male survivors of childhood sexual abuse are up to ten times more likely to report suicidal ideation than other men (O'Leary & Gould, 2009). Romano and De Luca (2001) reviewed the existing literature and described how abused children suffer from higher incidences of posttraumatic stress disorder, depression, sexually inappropriate behavior and self-injurious behavior compared to non-abused children. Romano and De Luca also described how male survivors more often struggle with substance abuse, sexual orientation confusion, mood disorders, anxiety disorders, and difficulty managing anger compared to men without histories of abuse. Larson, Newell, Holman, and Feinauer (2007) reported that male survivors have particular challenges initiating, maintaining and developing interpersonal relationships and that they are more likely to be single than their non-abused male counterparts. Male survivors are also more likely to take an avoidant stance or an aggressive pursuer stance when they are in a relationship.

Previous research has indicated that male survivors are more likely to have difficulty expressing empathy, and male survivors may also struggle with a need for attention, insecure attachment, avoidant behaviors and are more likely to manipulate others (Larson, Newell, Holman, and Feinauer, 2007; Olson, 1990). The main overarching negative effects of childhood

sexual abuse for men included insecure attachment, depression, guilt, self-esteem issues, anxiety, sexuality issues, and an inability to trust. Despite all of this, male survivors still engage in intimate relationships and commit to long term relationships such as heterosexual marriages. Men are not as likely to present for therapy in order to address abuse issues, but they are more likely to engage in couples counseling as a result of intimacy problems and sexual dysfunction (Anderson & Miller, 2006; Colman & Widom, 2004). For this reason, counselors working with couples should assess for a history of childhood abuse. From a systemic perspective it is important for counselors to work with the survivor and his partner in order to reverse traumatic reenactments and to increase secure attachment in both.

### **Understanding Partners of Male Survivors of Childhood Sexual Abuse**

Few research studies exist that study the partners of female survivors of childhood sexual abuse (Jacob & Veach, 2005). Fewer still study the female partners of male survivors (Jacob & Veach, 2005; Nelson & Wampler, 2000). Preliminary investigations suggest that female partners often feel disenfranchised during the counseling process and that the survivor confuses them for the abuser (MacIntosh & Johnson, 2008). This view may be due in part because survivors often reenact abusive patterns with their partners and that sexual experiences with their partners may trigger memories of abuse (Jacob & Veach, 2005). Survivors struggle with being able to trust their partners while also feeling intense self-shame (Kim, Talbot, & Cicchetti, 2009).

There are no in depth studies which exclusively study how a female partner of a male survivor adapts or reacts to these relational difficulties over time. In one recent study of couple relationships and childhood sexual abuse, it was discovered that “males’ experience of childhood sexual abuse (CSA) had a greater impact on their perceptions of self and partner’s contempt and defensiveness than females’ experience of CSA” (Walker et al., 2011, p. 37). The same study

also found that female partners of male survivors reported higher levels of contempt and defensiveness for themselves as well as for their male partners. There is evidence from this study that indicates that if both partners experienced childhood sexual abuse then they were less contemptuous of each other and themselves (Walker et al., 2011). It follows then that a female partner of a male survivor who has not experienced childhood sexual abuse will experience higher levels of anxiety. The study also supports the idea that a man needs to experience empathy in his intimate relationship which he can presumably feel if there is a shared sense of victimization. So where does this leave the non-abused partner?

Jacob and Veach (2005) discussed how female partners of male survivors experience vicarious or secondary trauma. Maltas and Shay (1995) describe three components of trauma contagion: shattered belief assumptions, chronic stress, and the reenactment of sexual abuse within the relationship. The third component is unique to survivors of sexual abuse and this involves interchangeably reenacting the roles of victim and perpetrator. As female partners take on the role of victim, they are prone to focus so much on their partner's needs that they ignore their own.

Jacob and Veach (2005) discovered several factors that affected the female partners in significant ways. One important factor was the timing of disclosure. Men typically shared this information after a life event, an event in their relationship or because of a media event. A partner might react negatively if disclosure occurred after marriage rather than before, or if disclosure happened as a result of being caught in infidelity. Another factor was whether the male survivor experienced issues with sexual orientation and gender identity (Easton et al., 2011). A partner might react with any number of emotions including sympathy, fear, or a sense of betrayal. In various cases men either acted out sexually with other men as they reenacted their

abuse (Catania et al., 2008; Relf, 2001), or they attempted to prove their heterosexuality by acting out with other women, and/or they experienced confusion about their male identity. A partner might react with confusion, hostility, or disbelief. It would be interesting to explore how men's disclosures and behaviors would affect the female partner's sense of self especially as it relates to her identity as a woman. Female partners often felt blamed and helpless in the face of their partners' deep rooted shame, anger, and sense of unworthiness. Male survivors' coping techniques often include suppressing their feelings and minimizing the effects of their abuse which only exacerbate their female partners' sense of helplessness.

As a result of all this, Jacob and Veach (2005) revealed how female partners lost trust in their male survivors and became more stressed and irritable. In some cases female partners suppressed their own anger and became more socially isolated. In other cases female partners minimized or denied the impact of their partner's childhood sexual abuse on their families and used escape behaviors or exhibited psychological problems. Female partners often felt powerless, impatient and numb. Jacob and Veach described how female partners took on the roles of caretaker, peacemaker, sleuth, or head of household. Communication with their male survivor was dysfunctional as they became more emotionally and spiritually disconnected. Female partners of male survivors often felt disconnected or objectified during sex and experienced extremes in sexual frequency between abstinence and hyper-sexuality. As stated above, Emotionally Focused Couple Therapy provides an empirically tested counseling model for couples that addresses the specific needs of individuals who have experienced trauma as well as their partners.

## **Emotionally Focused Couple Therapy with Male Survivors and their Partners**

Emotionally Focused Couple Therapy typically consists of the following three stages: cycle de-escalation, restructuring interactional positions, and consolidation/integration (Johnson, 2004). Counselors take on the role of “collaborative partner” and “process consultant” who are able to genuinely empathize with male survivors and their partners. The following section describes the process of using Emotionally Focused Couple Therapy with male survivors of childhood sexual abuse and their partners. Unlike other counseling and trauma models that focus on the trauma survivor in individual sessions, EFT counselors include the male survivor and his partner in the sessions together in order to facilitate new cycles and behaviors and create corrective emotional experiences (MacIntosh & Johnson, 2008).

### ***Cycle de-escalation.***

According to Johnson (2004), the first stage of Emotionally Focused Couple Therapy involves addressing the couple’s negative cycle. During this part of the process the counselor helps the couples to identify the behaviors and emotional expressions that hinder intimacy. Male survivors begin to recognize that their reactivity (e.g. anger and defensiveness) or their emotional detachment stems from feelings of sadness, isolation, loss, or abandonment. A connection needs to be made between these current feelings and previous trauma. When a child experiences a trauma, he learns that the world is a dangerous place where he has no control. Feelings of helplessness and fear challenge his sense of self and prevent him from securely attaching to others. The underlying reason that he is anxious or emotionally detached is that he believes that others are untrustworthy and that he is unlovable. This important first step allows him the opportunity to make the connection between his past trauma and his current relational challenges. But, more importantly, he begins to express his primary emotions in a safe and



accepting context where his feelings are validated by the counselor. The counselor can intervene during “contempt-defend” interactions by identifying the cycle when it appears (Walker et al., 2009). The enemy is not his partner; rather, the enemy is the trauma-induced cycle of reactivity and/or detached avoidance.

Meanwhile, the male survivor’s partner has the opportunity to hear him express his true feelings of loss, helplessness, and sadness – possibly for the first time. The partner begins to understand how the survivor’s trauma has impacted their relationship in negative ways (MacIntosh & Johnson, 2008). Typically, the partner also identifies ways in which she has also experienced forms of abuse or neglect that has also led to a disorganized attachment stance (Johnson, 2002). A common dynamic among married couples is for male partners to suppress their emotions while female partners experience rejection (Jacob & Veach, 2005). Female partners then become ever more fearful and anxious while their emotional expressions are amplified. Both emotional detachment and clinging anxiousness are expressions of insecure attachment which can be caused by traumatic experiences in childhood (Bowlby, 1988). In this first stage of Emotionally Focused Couple Therapy, the couple begins to see that the common enemy is not their partner but the negative cycle of insecure attachment (Johnson, 2002).

MacIntosh and Johnson (2008) studied female survivors and their partners and observed that a common experience during therapy for survivors was either emotional flooding or numbing when the survivor discussed her pain. According to Johnson (2002), the role of the counselor is to guide the non-abused partner to soothe and comfort the survivor when this occurs. Survivors are also prone to disassociate when feelings become too intense. This can also be managed by the counselor who helps the survivor to stay present during the sessions through the use of breathing and focusing strategies. Flooding and affect deregulation are most pronounced

when the survivor experiences intense feelings of shame and when the non-abused partner blames the survivor for the problems in the relationship. The quiet of de-escalation was also frightening to the survivor who was hyper-vigilant and could not feel safe. When the survivor, in this case female, shared more of her story to her partner, the incidence of disassociation, flooding, and fear decreased (Johnson, 2002). Ultimately, survivors have trouble truly trusting their partners. It remains to be seen whether these same issues would similarly affect male survivors, but current research about male survivors in individual therapy would support the above concerns (Alaggia & Millington, 2008; Anderson & Miller, 2006; Romano & De Luca, 2001).

One of the emotions that may be difficult for male survivors to express is that sexual contact with their partners may lead to a feeling of re-victimization (Johnson, 2002). Male survivors must learn to express their fears and anxieties related to sexual contact in an environment where their partners will respond with empathy and understanding. In this way, partners become allies in healing (MacIntosh & Johnson, 2008). When their partners respond with compassion, the cycle of traumatic reenactment is broken and survivors learn that there is safety in vulnerability with their partners. Male survivors of childhood sexual abuse also begin to recognize their own self-worth and the value in expressing their feelings. Additionally, these feelings become a means toward true intimacy rather than a secret shame.

An important resiliency step for childhood sexual abuse survivors occurs when survivors express a desire not to repeat the past and to seek personal growth (Kia-Keating et al., 2005; Lamar, 1984). Emotionally Focused Couple Therapy provides an opportunity for healing experiences that will facilitate resilience and reconnection rather than more isolation and shame.

Survivors need to be able to talk about their trauma, express their own feelings, and experience understanding from others.

***Restructuring interactional positions.***

Once negative cycles have been recognized, partners explore their primary emotions in a deeper way and develop an awareness of their true attachment needs (Johnson, 2002). For male survivors this is often a difficult but rewarding experience. Their true but often hidden fears are brought to light and their unspoken longings are articulated. At times counselors must use the technique of “evocative responding” which Johnson (2004) describes as tentatively bringing forth the unspoken elements present in the survivor’s words. Male survivors begin to realize that they can express their real identity without losing themselves in their relationships. The survivors’ partners may have difficulty accepting this information at first because it is new but counselors facilitate this integration by pointing to the new cycles that are being created as partners take on the role of supporter-listener (Jacob & Veach, 2005). The counselor asks the couple to share their primary emotions and attachment needs to each other. Male survivors may also have trouble being empathic listeners because they have trouble putting their concerns on hold (Larson et al., 2007) but counselors, immersed in the experience, are there to facilitate this process. At times counselors will use the technique of “emotional conjecture/interpretation” described by Johnson (2004) as giving form to the nonverbal cues of the clients. In the presence of the counselor, the couple then experiences a new way of relating to each other. Male survivors become less hostile and emotionally engage while their partners become more accepting and less critical.

Ideally, male survivors are soothed and comforted by their partners in this process and in return learn to soothe and comfort them (Johnson, 2002). Effectively, a safe haven is created

which promotes self confidence and allows them to trust their partners. Male survivors learn that they can disclose their deepest pains and personal disappointments and their partners will respond with empathy. In return male survivors are freed from reactivity or detachment in order to attend to their partners' emotions and attachment needs. This corresponds well with Lamar's (1984) final resiliency steps where survivors develop coping skills including self-nurturing and handle the past through expression of emotions and the development of wisdom.

There is an opportunity here for male survivors to recognize and share how their past abuse has affected their masculine identity development (Kia-Keating, et al., 2005). They may not do this purposefully so counselors must be on the alert to make the connection when it is appropriate. It might be helpful to process directly how sexual abuse affected the survivor's sense of being a man. *Why was it so hard for you to disclose that you were a victim of sexual abuse?* A male survivor may have trouble admitting that he was a victim because this is seen as an admission of weakness. *Did you ever connect your feelings of inferiority to your past abuse?* A male survivor may not recognize that his own feelings of insecurity and low self esteem are related to a sense of unworthiness stemming from past abuse. He may feel like a fraud or an imposter fearful of revealing his true feelings. It might however come up in more subtle ways such as relations with other men at work, difficulty making male friends, and fears that he can never be good enough.

It is important here for counselors to explain how gender norms are socialized and to discuss positive aspects of non-hegemonic masculinity (see Kiselica & Englar-Carlson, 2010). But equally if not more importantly, it is beneficial for male survivors to share their feelings in a supportive, empathetic environment that provides affirmation for their self worth as men. Counselors can help them see that it is in fact a *courageous* man who faces his fears, shares his

heart, and builds strong healing relationships (Englar-Carlson & Shepard, 2005). Partners can express pride in the fact that their male survivor partners have chosen the difficult path of becoming vulnerable. Male survivors begin to see that the past abuse has robbed them of their ability to be emotionally competent persons but they can now turn things around. With the support and encouragement of their partners they are able to take control by ending the old cycle with its defensiveness and emotional disconnection and they can choose a new cycle that involves honesty, trust, and empathy.

If a male survivor has reenacted past abuse cycles outside the marriage by engaging in inappropriate, risky, and compulsive sexual behavior (Alaggia & Millington, 2008; Brady, 2008; Lisak, 1994; Romano & De Luca, 2001; Schraufnagel, Davis, George, & Norris, 2010; Walker et al., 2009), he and his partner will need to address this in a program for sexual addiction (Carnes, Murray, & Charpentier, 2005; Levine, 2010). If he vacillates between hyper-sexuality and sexual abstinence, then the couple may benefit from sensate focusing or other sex therapies that target sexual dysfunction. Emotionally Focused Couple Therapy can help either scenario by providing a safe place for survivors to discuss their sexual concerns, fears, and behaviors (Johnson, 2004). By addressing these difficult issues, survivors break free from the isolation, shame, and guilt that these secrets produce (Johnson, 2002). An offending survivor also recognizes that these behaviors are part of the cycle of abuse and not merely a reflection of his moral rectitude. He doesn't have to live in despair and he discovers that his partner is there to work through these issues with him. This can only happen when the survivor's partner is also part of the process and learning about the cycle and effects of childhood sexual abuse. The partner's reactivity is also addressed through this process as she externalizes the problem as well. This applies to a survivor's other addictive and escape behaviors that may be present such as

alcoholism, workaholism, and overeating (Easton, et al., 2011; Lisak, 2004). The key here is that the negative cycle and the coping mechanisms are addressed and processed in the context of a supportive relationship (Johnson, 2002).

Over time, survivors become able to re-interpret their past trauma in light of their greater relational competence (Johnson, 2002). Trauma survivors become able to make meaning out of the past tragedy and adapt to new relationships with different cycles of interaction (MacIntosh & Johnson, 2008). For male survivors, they must renegotiate both masculine norms and the experience of childhood abuse. Kia-Keating et al. (2005) describe this as containing and resisting masculine roles in order to heal. They are not limited to the role of victim or abuser. At this juncture, partners take on the role of emancipator by allowing survivors to take responsibility for their own healing (Jacob & Veach, 2005). Survivors are able to adopt a new masculine identity that includes many positive traits such as confidence, honesty, and gentleness. They become more empathetic, nurturing, supportive and affectionate as they adopt a broader scope for their roles as husbands, fathers, lovers, and/or partners.

### *Consolidation/integration.*

Male survivors are able to integrate a newly reconstructed gender identity that includes emotional and relational competence into their experiences as survivors of sexual abuse (Kia-Keating, et al., 2005). This is accomplished in the context of a nonjudgmental alliance with their counselors and growth fostering relationships with their partners that are characterized by empathy and secure attachment (Johnson, 2002). Survivors are able to recognize and change the negative generational patterns from the past by living out healthy patterns in the present.

Once a couple has created a safe and secure base (Bowlby, 1988; Simpson & Rholes, 1998), the counselor may support them in exploring other areas such as finances, child rearing

and sex. These issues are more easily solved because they no longer symbolize relational failure. Female partners are also freed from chronic codependent behavior and are able to initiate self-care activities, cultivate a support network, develop a deeper spirituality and help others (Jacob & Veach, 2005). At this stage partners report higher levels of self-esteem and inner strength as they become more independent. Emotional and sexual intimacies are recovered as trust is rebuilt. Couples report a renewed friendship that includes humor and playfulness as their ability to be open and vulnerable with each other increases (Johnson, 2002).

### **Case Vignette: Story of Brandon and Monique**

In the tradition of counter storytelling (Delgado, 1989; Solorzano & Yosso, 2001), and pedagogical case studies (Barnes, Christensen, & Hansen, 1994), the following case vignette tells a story that is not frequently told: the story of a male survivor of childhood sexual abuse and his female partner as they engage in couple counseling and address the issue of past trauma. This story challenges the myths of traditional masculine socialization by showing how one male survivor and his partner began the journey of healing and renegotiating masculine norms. It also challenges cultural myths that male survivors are bound to become abusers or that they are permanently damaged sexually (Senn, Carey, & Venable, 2008). Counter storytelling allows the experience of marginalized groups to come to life in order to reveal its complexity (Solorzano & Yosso, 2001). The case method applies theory to real life examples for the purpose of instruction and illustration. Brandon, Monique and Rick are composite characters based on clinical experiences with male survivors and their partners.

Brandon and Monique have been married 15 years. They have twin girls, Emily and Emma, aged 8 years. Brandon is a former police officer who is now a sales representative for a technology company. Monique is a stay at home mother and piano teacher. Monique has

known for nine years that Brandon was sexually abused as a child by his older brother, Shane. Brandon shared his history of abuse with his wife when she was pregnant with the twins. They had been watching the movie *The Prince of Tides* and Brandon started sobbing uncontrollably. Brandon revealed to Monique that his older brother, who was five years older, molested him beginning when Brandon was 8 years old. At the age of fourteen when Brandon told his father what had been happening, Brandon's father struck him across the face. Since then, Brandon had never spoken to anyone about it until that night when he shared it with his wife Monique.

The couple kept busy raising their twin girls but Monique noticed that Brandon became more and more depressed. He refused to communicate with her or engage in sexual intimacy, stopped hanging out with his old friends, and worked longer hours. When Brandon was at home, he spent hours playing games on the computer. Monique reacted angrily, called him names, and sometimes threw household objects at him. Brandon continued to emotionally retreat away from her. After years of frustration, Monique insisted that she and Brandon attempt couple counseling. Reluctantly, Brandon agreed.

The marriage counselor, Rick, met with Brandon and Monique together, then with each of them separately, then together again. The purpose of these sessions was to gather information about their histories and assess the current state of their marriage. It wasn't until the fourth session that Brandon felt comfortable sharing with Rick his history of childhood sexual abuse. Monique also shared that both her parents were alcoholics and that she was estranged from them. Rick explained that traumatic experiences cause apprehension, create emotional confusion, threaten our sense of self, and cause us to see the world as unsafe and unpredictable (Johnson, 2002, p. 37). Rick also described insecure attachment styles, avoidant and anxious, that may be the result of trauma. The goal of couple therapy, Rick explained, is to develop secure attachment



within the relationship. He used Susan Johnson's analogy that their relationship was like a dance (Johnson, 2004) to provide hope that change was possible.

During the individual sessions, the counselor Rick empathized with each individual by carefully listening to and entering into their experiences. With Brandon the counselor was prepared to address masculinity related issues:

Counselor: I know that many guys find it hard to put into words how they feel (normalizing).

Brandon: Yeah, most of the time, I don't even know how I feel. I get home, tired from work and I just can't face her or anyone. I know I'm being a jerk but I can't handle it.

Counselor: It's hard for you to make sense of your emotions when you feel overwhelmed...

Brandon: Yeah... (long pause). Yeah.

Counselor: Many guys aren't raised to process and express their emotions. Instead we learn to just suppress them (joining). The problem with suppressing them, or bottling them up inside, is that they have nowhere to go, and this can lead to sadness or depression. Do you relate to that?

Brandon: I do. When I was a kid, I used to cry a lot and wet my pants. My brother used to make fun of me and call me a "pussy" ... My dad would just tell me to tough it up. His face was always so stern. The only time I saw my dad react to anything was in an angry rage. When he got mad, he put his fist through the wall. I promised myself I wouldn't be like that.

Counselor: So what do you do with your emotions when they are very strong?

Brandon: I guess I just kind of turn them off...

Counselor: You don't let yourself feel anything?

Brandon: No, I just shut down.

Counselor: How do you feel right now as you're talking about it?

Brandon: Kind of sad.

Counselor: It's OK to feel sad sometimes. It's hard for guys to break old patterns and become comfortable with sharing our emotions in healthy ways.

The counselor normalized the client's experience by saying "many guys find it hard..." and he joined with Brandon when he used the pronoun "we" on several occasions. The client felt accepted and then was willing to share some of his experiences and feelings.

In a session together, Brandon and Monique discussed their evening routine:

Monique: He gets home from work, late, maybe around 8PM, and I'm trying to get the girls into bed. He plays with them for a few minutes, then he goes to his computer. I clean up and then head to bed. By the time he heads upstairs, maybe at midnight or one in the morning, I'm already asleep. We don't even have sex anymore. This isn't a marriage.

Brandon: You're right. I'm a terrible husband (sarcastically).

Counselor: Brandon, what happens to you when your wife describes the nightly routine?

Brandon: I don't know. I've heard it before.

Counselor: Is it too difficult to process? What do you hear her say?

Brandon: She thinks I'm useless and I can't do anything about it.

Counselor: So you feel useless and hopeless?

Brandon: Yeah.

Counselor: You're tired when you get home from work. You sense that she is unhappy with you and wants more from you than you can give. So you give up and shut down.

Brandon: Yeah.

Counselor: And this is the cycle that has been playing out for a while in your marriage. And this makes both of you feel alone and disconnected?

Brandon: Yeah, I want to be better than that (tears forming).

Counselor: You want to be there for your wife but when you get home you feel like you can never please her so you distance yourself from her. And this dynamic makes you feel sad?

Brandon: Yes.

Counselor: Turn your chair around a bit and look at her. I'd like you to start with, "I know that you are frustrated with me, but when I get home and I feel useless, I shut down to avoid the pain."

In this interaction the counselor helped Brandon focus on his own emotion and helped him reformulate his response to Monique. His behaviors and secondary emotions were masking his core feelings. The counselor guided Brandon in sharing his core feelings.

The counselor's first goal was to de-escalate relationship stress and create a secure base between Brandon and Monique (Johnson, 2002; Simpson & Rholes, 1998). Rick chose to maintain the pattern of couple sessions followed by two individual sessions so that Brandon might receive individual therapy to process the sexual abuse and Monique might also receive individual therapy to process her feelings. Brandon was also referred to a support group for male survivors of childhood sexual abuse. Once the secure base was formed with Monique, healing of trauma within the relationship may begin. When the couple established new ways of

emotionally relating to each other and created new interactional positions, the effects of childhood sexual abuse may be addressed in session:

Counselor: Brandon, how has the group been going?

Brandon: Very well. It has been something for me to hear the other guys' stories. Even after I shared my stuff with Monique, years ago, I still felt alone, like there was something wrong with me. She didn't make me feel that way, she was great -- I just didn't have anyone who really understood what I was going through.

Counselor: It can be very powerful to know you're not alone and that other guys are also trying to heal from similar wounds.

Brandon: Yeah.

Counselor: We've talked quite a bit about creating a "safe haven" in your marriage where you feel secure enough with each other to talk about painful subjects. Do you feel comfortable spending some time talking about how childhood sexual abuse has affected your marriage?

Brandon: Yes, I think so.

Counselor: Monique, is that alright with you as well?

Monique: Yes.

Counselor: Monique, would you share a bit about your perspective.

Monique: I found out about it when I was pregnant with the twins. And my first reaction was that I wanted to comfort him. I felt so bad for him. I was angry that his brother did that to him and I was angry that his dad basically attacked him when he shared about it. But I was also a little scared. I mean, I was about to have a baby, well as it turned out two babies, with this guy and all of a sudden I realized that there was this whole thing

about him that I knew nothing about. We had been married for about eight years and all this time I knew nothing about this major traumatic thing in his life. And I really knew nothing about sexual abuse, well I had a few girlfriends that I knew had been molested as kids, but I didn't know about guys. I didn't know how it might affect him. I also wondered about all the times he seemed distant or easily irritated in the past – was this part of it?

Counselor: So you felt both sad and scared at the same time? You felt bad that he had been hurt but you were also afraid of the unknown.

Monique: Yes, and then, every time he would pull away from me or become distant, I would wonder if he was in trouble and I didn't know how to help him.

Counselor: You felt helpless.

Monique: Yes, and alone. And I was also afraid that if I pushed too hard and asked too many questions that I might make him angry or hurt him some more in some way. I started questioning myself every time he acted irrationally and I started blaming myself.

Monique's words demonstrated some of the vicarious trauma experienced by partners of abuse survivors (Nelson & Wampler, 2000). She struggled with dichotomous feelings of compassion and confusion. The experience of being shut out was isolating and she began to blame herself for his struggles.

When ready, Brandon began to share his feelings about the past abuse and how it affected him in the present:

Brandon: This is going to be hard for me.

Counselor: I understand. It takes a lot of courage to talk about painful things. I'm proud of the progress that you and Monique have been making. A lot of guys never do this hard

work. It is heroic that you are willing to face these dragons in order to heal and because you love your wife and your family so much.

Brandon: Ok (pause). After my brother abused me I felt physical pain but also shame (pause, Brandon provides more details about the abuse). I was nothing to him but someone to use (pause, tears forming, Counselor: you're doing very well, Monique takes his hand). I wanted so bad to tell someone but I was afraid. He threatened me that if I told anyone that he'd tell everyone that I was a fag (pause, deep breathing). And I really started to believe that there was something wrong with me. Other kids at school started picking on me more and I did nothing or I would just cry and they would laugh at me. I learned to just stuff in all my feelings.

Monique: I am so sorry that this happened to you. But I love you and I'm here for you.

Brandon: (tears forming) I know...

Counselor: Brandon, just now, you took a big risk and shared with Monique how you felt as a child. You shared how you felt alone and threatened and how you shut down your emotions in order to survive. How did it feel when Monique took your hand just then?

Brandon: (tears) It felt good... (she leans her head against his shoulder) I didn't feel judged.

Counselor: It takes a lot of strength to open up and be vulnerable like that, especially after what you experienced (Brandon nods). Monique, how did it feel for you when Brandon shared his past experiences?

Monique: Oh my, I just feel so bad for him and I hate it that he felt that way as a child.

The truth is that I don't see him that way at all. He is a strong and caring man who takes good care of me and the girls. I know that he works hard, and I really appreciate that. A

lot of the time things are great. It's just that sometimes, and more often lately, he is more distant and he seems more depressed (tears forming). And I just don't know what to do because I feel like I'm losing him (tears).

Counselor: So when he shared a moment ago, how did it make you feel about him and your relationship?

Monique: It made me feel better. It was like, he is human and he's opening up to me!

Counselor: So you liked it?

Monique: Yes! I want him to share with me how he feels and what he's going through.

Counselor: Did you feel more secure?

Monique: I felt like I could trust him because he opened up.

Counselor: Did you hear that Brandon (smiling)? When you share your feelings, even the painful ones, it is really important to her and she feels more connected to you and more secure in the relationship.

Brandon: I never really thought of it that way before. I thought that if I shared that stuff with her that it would be like giving her a burden and I didn't want to do that.

Monique: There's no burden I can't handle as long as we're together (both tearing up).

Counselor: So, the most important thing for you Monique is to be emotionally connected to Brandon. And when he pulls away from you, then you feel more anxious. But when you open up to her, she feels more secure. Does that make sense?

Brandon: I can see that now.

Counselor: And how does it feel now that you shared today?

Brandon: You know, I actually feel better. It feels good to get that off my chest. It's nice not to feel judged.

Counselor: I'm proud of both of you today, and I'm really impressed by how much you both have grown in the last few months.

Brandon and Monique: Thanks.

In this interaction Brandon's disclosure was received with empathy and support. This kind of exchange may only happen after the couple has developed a secure base. The counselor was careful to validate new empathic responses and to reframe the interactions to focus on attachment concerns.

### **Case Discussion**

Brandon initially presented as emotionally distant and absent from family life (Englar-Carlson & Shepard, 2005; Mahalik, 1999). Jacob and Veach (2005) noted that, as reported by female partners, lack of emotional expression is a unique difference between male survivors of childhood sexual abuse and female survivors. Restricted emotionality is also one of the characteristics of gender role conflict in men (O'Neil, 2008). Brandon's experience of male socialization as a child included stoicism, aggression, anger, sexual abuse, and violence. Brandon was taught to associate emotions with shame. When his brother called him a "pussy," this called into question his masculinity and reinforced a hegemonic and sexist attitude toward women. Brandon learned to fear femininity (Lisak, 1994) and suppress his emotions (Kia-Keating, et al., 2005). His father and his brother did not comfort or soothe him when he was in distress and provided little to no emotional support. This trauma facilitated the development of an insecure attachment style characterized by detached avoidance (Bowlby, 1988; Johnson, 2002). Brandon managed his experiences independently because others could not be trusted. Kia-Keating et al., (2009) described the need for "relational recovery" for male survivors of childhood sexual abuse and emphasized the need for safe relationships and a sense of belonging



in order to combat isolation and chronic disconnections. Brandon had also learned from his father and brother that the only acceptable emotion for men was anger (Levant, 1995). The counselor helped Brandon see that the old patterns were unhealthy and that it was natural to share emotions. Rick also helped to normalize Brandon's experiences by helping him see that many men have also been raised to suppress emotions. The counselor provided Brandon with information about the effects of emotional suppression on a person's physical and mental development.

By empathizing with and reframing Brandon's experiences, the counselor was able to help Brandon communicate with Monique in a more productive manner. Brandon learned to access and share his core emotions in a way that restored connection with Monique. Over time Brandon and Monique were able to experience secure attachment (Bowlby, 1988; Johnson, 2004). Brandon also needed individual therapy to address the sexual trauma from his childhood. He also benefited from meeting and sharing with other men (Kiselica & Englar-Carlson, 2010) who had also experienced childhood sexual abuse. Brandon expressed a desire for more male friends and deeper levels of human connection (Kia-Keating, et al., 2005).

Monique processed her ambivalent feelings and experience of secondary or vicarious trauma (Jacob & Veach, 2005; Nelson & Wampler, 2000). In individual sessions, Monique recognized that she supported Brandon and her daughters but failed to look after her own needs. She expressed that she didn't know what to do with the information that Brandon had been sexually abused as a child. She had taken on the role of "peacemaker" (Jacob & Veach, 2005, p. 290) who always tried to maintain harmony. When Brandon's negative behaviors did not change, she felt frustrated and powerless which made her angry. This anger produced shame as well as feelings of resentment against Brandon. The counselor helped Monique develop a

support network with friends and family members. In time Monique assumed the role of “supporter-listener” (Jacob & Veach, 2005, p. 292) as she rebuilt her self esteem, established personal boundaries, and recognized her own inner strength. As communication improved with Brandon, so did their emotional and sexual intimacy.

The counselor focused particular attention on creating a good rapport with Brandon. Rick was aware that men often resist counseling and consider the entire counseling process as running counter to masculine norms (Englar-Carlson & Shepard, 2005; Mahalik et al., 2003). In anticipation of this stigma, Rick was up front about the fears that men often have that they will be forced to change and that the counselor will side with the female partner (Englar-Carlson & Shepard, 2005). Rick purposefully empathized with Brandon and focused on his male strengths (Englar-Carlson, 2010). The counselor valued Brandon’s role as provider and his desire to love and protect his family. Rick also honored Brandon’s resiliency and affirmed his courage and heroism, both positive traditional masculine characteristics, in order to support him in a meaningful way. In time Brandon became more and more emotionally available. In later sessions, Rick emphasized that all children are vulnerable to victimization and he validated Brandon’s fears about his own sexuality as normal for any male abused by another male (Alaggia & Millington, 2008). Part of the recovery process for Brandon included rejecting unhealthy traditional masculine norms by asking for assistance, accepting and sharing feelings, and reconnecting with others (Kia-Keating, et al., 2005). Rick also used humor when appropriate to join with Brandon and relieve some emotional tension (Englar-Carlson, 2010). In the end, Monique received Brandon’s disclosure with understanding and compassion which facilitated mutual empathy and relational growth in the marriage.

## **Recommendations for Counselors Using Emotionally Focused Couple Therapy with Male Survivors and their Partners**

Since Emotionally Focused Couple Therapy provides both an integrated theoretical model and a structured approach, there are direct implications for the practice of professional counseling with male survivors of childhood sexual abuse and their partners (see Table 1.2). As with most experiential therapies, Emotionally Focused Couple Therapy relies on a strong therapeutic alliance since male survivors who present with their partners for couple counseling may or may not wish to immediately disclose a history of childhood sexual abuse. Counselors must create a safe context for possible disclosure by modeling unconditional acceptance, empathy and positive regard. Counselors may evaluate for childhood abuse and neglect using formal written protocols but they may also evaluate informally by asking couples to share their life stories. As the relationship grows and couples begin to trust their counselor, they are more likely to share more painful experiences. As couples learn about the connection between past trauma and present behavior, they begin to externalize their problems and the shame and guilt begins to lift making disclosure more likely.

Emotionally Focused Couple Therapy provides a treatment option that helps couples recognize negative relational patterns based on trauma-induced insecure attachment and create new patterns based on secure attachment. In order to accomplish this shift, counselors guide clients through a process where they learn to regulate their feelings and express their primary emotions. This may require extra care on the part of counselors working with male survivors because of the potential need to renegotiate a masculine identity wounded by abuse. Within the context of a loving relationship based on mutual empathy, the sharing of true attachment needs, and the creation of a safe haven, couples experience healing and restoration.

## **Conclusion**

Emotionally focused couple therapy provides a systemic therapeutic option that addresses the needs of the individual male survivor as well as his partner. It can be adapted to consider the unique needs of male survivors which may include gender identity confusion, sexual infidelity and dysfunctions, as well as emotional numbing and flooding. Emotionally Focused Couple Therapy identifies the negative relational cycle and works within the context of the relationship to change insecure and codependent behaviors. Male survivors face the pain of their past trauma within the context of a loving and accepting relationship. They also learn to recognize and renegotiate the negative masculine norms that are barriers to healing. Meanwhile, survivors' partners learn about the effects of vicarious trauma and also process their feelings. Counselors work directly with couples to create new experiences that promote healing, empathy, trust-building, and secure attachment. In time these positive and growth fostering attitudes and behaviors are integrated into the fabric of the relationship.

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Table 1.1

*Common Effects of Childhood Sexual Abuse for Men*

General Effects	Specific Observations
Emotional Problems	Shame and guilt Anger/hostility/aggression/irritability Emotional flooding and numbing Suppressed feelings/poor emotional expression
Relational Challenges	Reenact early trauma in the relationship Verbal and physical attacks against partner Negative perceptions of the partner Communication, trust and intimacy problems Vicarious trauma for the partner Child rearing challenges Power and control issues
Masculine Identity Conflict	Gender identity confusion and doubts about masculinity Anonymous sex and/or hyper-sexuality Difficulty with disclosure
Sexual Problems	Hyper-sexuality or sexual anorexia Intrusive memories from childhood sexual abuse Sexual offending behavior Sexual infidelity and promiscuity
Addictive Behaviors	Escape behaviors (e.g. workaholism, pornography) Obsessive and compulsive behaviors Substance abuse (e.g. alcohol, drugs)
Psychological Disorders	PTSD, depression, anxiety Conduct disorders and personality disorders Dissociation, somatization, suicidal ideation
Poor Self-Concept	Low self esteem, feelings of contempt and defensiveness Self absorption, inferiority, isolation, alienation
Life Adjustment Difficulties	Academic and career problems Relational problem

Table 1.2

*Counseling Implications for Using Emotionally Focused Couple Therapy with Male Survivors of Childhood Sexual Abuse and their Partners*

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1. Create a therapeutic bond based on trust and safety
2. Evaluate for a history of physical, emotional, and sexual trauma
3. Identify the negative cycle which may involve reactivity and/or avoidance
4. Educate couples about the effects of trauma in relationships including the differences between secure and insecure attachment. Help clients see the relationship between past trauma and current relational challenges
5. Assist partners of male survivors of childhood sexual abuse in recognizing the effects of vicarious trauma when present
6. Develop a therapeutic context where male survivors of childhood sexual abuse can identify and express their primary emotions
7. Guide clients through the difficult process of emotional de-escalation and regulation
8. Create a therapeutic environment where male survivors of childhood sexual abuse can share their stories of trauma and experience support and understanding
9. Assist male survivors in renegotiating masculine norms and developing a positive masculine identity
10. Refer clients to sexual addiction programs and/or sex therapists when appropriate
11. Assist clients in externalizing the negative cycle and working together to create a new cycle characterized by mutual empathy, vulnerability, and self-nurturing
12. Integrate and celebrate new relational patterns based on secure attachment

### **CHAPTER 3**

## **RESILIENCE STRATEGIES OF MALE SURVIVORS OF CHILDHOOD SEXUAL ABUSE AND THEIR FEMALE PARTNERS<sup>2</sup>**

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<sup>2</sup> Crete, G. To be submitted to the *Journal of Counseling and Development*.

Male survivors of childhood sexual abuse are largely overlooked by society (Sorsoli, Kia-Keating, & Grossman, 2008), rarely self-identify as victims (Alaggia, 2004; O’Leary & Barber, 2008; Stander, Olson, & Merrill, 2002), and are undertreated by the mental health profession (Kia-Keating, Sorsoli, & Grossman, 2009). Childhood sexual abuse is defined as “sexual acts between a youth and an older person in which the dominance of the older person is used to exploit or coerce the youth for sexual stimulation” (Martin, Campbell, & Hansen, 2010, p. 1481). Another compatible definition is “sexually touching or penetrating a child or coercing a child to sexually touch or penetrate the abuser” (Jacob & Veach, 2005, p. 285). According to the National Intimate Partner and Sexual Violence Survey (NISVS), 1 in 71 men in the United States have experienced sexual assault that involves oral or anal penetration which is an estimated 1.6 million men (Black et al., 2011). More than one quarter (27.8%) of these men were assaulted before the age of 10. The NISVS also reports that 1 in 5 men have experienced some form of sexual violence other than sexual penetration (being made to penetrate someone else, sexual coercion, unwanted sexual contact, and/or non-contact unwanted sexual experiences) which amounts to roughly 25 million men in the United States. Sexual violence against men is not limited to any particular ethnic or racial group. Of the 25 million men who have suffered sexual violence in the United States alone, 22.6% were African American, 21.5% were White, 26.2% were Hispanic/Latino, 20.1% were Native American, and 15.7% were Asian.

Despite a growing societal awareness and concern, the reality is that mental health professionals are not generally well prepared to work with male survivors of sexual abuse. Getz (2011) quotes Dr. Rodriguez of the Rock Island, IL Men’s Center: “Most clinicians are trained to work with women and children – it’s just always been the focus of sexual abuse” (p. 20). The development of treatment protocols and services appropriate to male survivors has been



hampered by men's understandable reluctance to seek treatment and by the scarcity of existing research about male sexual abuse, with even less research on the experience of partners of male survivors.

The purpose of this phenomenological study was to document the experience of adult male survivors of sexual abuse and to describe the resilience strategies used by male survivors with their partners. For purposes of the current study, the research defined resilience as the ability to adapt to harsh or difficult situations and/or environments, the willingness to engage future situations and relationships rather than avoid them, and the ability to thrive despite the aforementioned situations and/or environments (Werner-Wilson, Zimmerman & Whalen, 2000). Resilience can then be summarized as having three levels: adapting, growing, and thriving. For men who have experienced childhood sexual abuse, this second level, which involves engagement over avoidance, may be the most difficult because it entails facing the social stigma surrounding abuse, negotiating gender constructs associated with traditional masculine norms, and embracing vulnerability as a pathway to healing.

Hutchinson and Lema (2009) identified resilience as a practice or activity rather than an inherent quality making it clear that resilience is something that can be learned. Hartling (2003) claimed that resilience can be developed through growth fostering relationships. Hyman and Williams (2001) examined resilient outcomes, defined as competence in the face of hardship, with 136 female survivors of childhood sexual abuse. Bogar and Hulse-Killacky (2006) conducted a phenomenological study of 10 female survivors of childhood sexual abuse and discovered that interpersonal skills, competence, self esteem, spirituality and helpful life circumstances facilitated resiliency. Processes that facilitated resilience included coping strategies, refocusing and moving on, active healing and achieving closure (Bogar & Hulse-

Killacky, 2006). Walsh, Blaustein, Knight, Spinazzola, and Van der Kolk (2007) discovered that the strongest predictor of future forced adult assault in women is childhood sexual abuse. For female survivors of childhood sexual assault, resiliency to sexual assault was related to locus of control and positive coping (Walsh et al., 2007).

Pauline Boss (2006, 2007, 2010) described the concept of ambiguous loss as a loss that is unclear, traumatic, relational, confusing, and caused by something external rather than personal pathology. Childhood sexual abuse qualifies as an ambiguous loss. For example, the sexual identity confusion that is typical of male survivors as well as the fear of the unknown that is typical of female partners of male survivors constitute ambiguity. Boss (2006) explained this loss as an unresolved and disenfranchised grief that challenges relationships and averts closure. Disenfranchised grief refers to a grief that society does not acknowledge (Doka, 1989). Male survivors who live in silent shame and their female partners who experience vicarious trauma do not often have a means to process their loss. Boss (2006) asserted that resilience is built within supportive communities and within positive social and family relationships. Resilience is also developed by finding meaning, revising attachments, normalizing ambivalence, reconstructing identity, and discovering hope (Boss, 2010). Dialectical or paradoxical thinking, which involves “both-and” thinking rather than creating false dichotomies, helps resolve ambiguous loss (Boss & Carnes, 2012). The ability to tolerate ambiguities such as imperfections and unanswered questions promotes resilience (Boss, 2006).

### **Literature Review**

Men who have experienced childhood sexual abuse report many serious psychological difficulties into adulthood (Banyard, Williams, & Siegel, 2001; Easton, Coohy, O’Leary, Zhang, & Hua, 2011; O’Leary, Coohy, & Easton, 2010; Sikes & Hays, 2010) including intense

feelings of shame and guilt (Brady, 2008; Lisak, 1994; Romano & De Luca, 2001). Male survivors may have trouble expressing their emotions (Jacob & Veach, 2005) and may easily become hostile (Alaggia & Millington, 2008; Aosved, Long, & Voller, 2011; Jacob & Veach, 2005; Lisak, 1994; MacIntosh & Johnson, 2008; Paolucci, Genuis, & Violato, 2001; Romano & De Luca, 2001) or experience emotional numbing (MacIntosh & Johnson, 2008). Survivors of childhood abuse may reenact early trauma in their current relationships (Aosved, Long, & Voller, 2011; Barnes, Noll, Putnam, & Trickett, 2009), which may include verbal and physical abuse. They are more likely to have negative perceptions of their partner and struggle with power and control issues including differences in child rearing strategies (Birrell & Freyd, 2006; Kim, Talbot, & Cicchetti, 2009). Partners often report that it is difficult to achieve and maintain intimacy with their male survivor partners due to a loss of trust after incidents of infidelity, physical assault or emotional threats (Jacob & Veach, 2005; Kia-Keating, Sorsoli, & Grossman, 2009).

Male survivors who were abused by males often report confusion surrounding gender identity and express doubts about their masculinity (Alaggia & Millington, 2008; Lisak, 1994). This confusion is related to a feeling that they were somehow responsible for the abuse and the awareness that they experienced both pleasure and disgust during the abuse (Romano & De Luca, 2001). This perpetual confusion is exacerbated by simultaneous feelings of fear and desire which can contribute to internalized homophobia (O'Leary & Gould, 2010). Male survivors may choose to maintain hegemonic masculinity in an attempt to deny the challenges to their heterosexuality (Tharinger, 2008). Some survivors cope with this by being hyper-sexual with women or by reenacting the abuse with other men (Alaggia & Millington, 2008; Brady, 2008; Catania, Osmond, Folkman, Pollack, Canchola, Chang, & Neilands, 2008; Lisak, 1994; Paolucci

et al., 2001; Romano & De Luca, 2001; Schraufnagel, Davis, George, & Norris, 2010). In relationships male survivors often report intrusive memories of childhood abuse and a variety of sexual dysfunctions such as erectile dysfunction, sexual anorexia or hyper-sexuality (Andersen, 2008; Easton, Coohy, O'Leary, Zhang, & Hua, 2011; Senn, Carey, & Venable, 2008). Some male survivors become promiscuous and/or engage in sexual offending behavior (Schraufnagel et al., 2010). Common escape behaviors by male survivors include workaholism, alcoholism, over-eating, and excessive and compulsive use of pornography (Alaggia & Millington, 2008; Brady, 2008; Dube, Anda, & Whitfield, 2005; Jacob & Veach, 2005).

Male survivors typically report low self esteem and feelings of contempt (Alaggia & Millington, 2008; Brady, 2008; Lisak, 1994; MacIntosh & Johnson, 2008; Romano & De Luca, 2001). They may experience a heightened sense of inferiority, alienation and isolation.

Psychological disorders most often reported include depression, anxiety, PTSD (Alaggia & Millington, 2008; Brady, 2008; Briere & Elliot, 2003; Dube, Anda, & Whitfield, 2005; Lisak, 1994; MacIntosh & Johnson, 2008; Maikovich, Koenen, & Jaffee, 2009; Paolucci et al., 2001; Romano & De Luca, 2001; Schraufnagel et al., 2010; Tang & Freyd, 2009), conduct disorders (Paolucci et al., 2001), personality disorders (Alaggia & Millington, 2008), dissociation, somatization and suicidal ideation (MacIntosh & Johnson, 2008; O'Leary & Gould, 2009). The following variables influence whether male survivors of childhood sexual abuse are more likely to attempt suicide: the duration of sexual abuse, the use of force during the abuse, high conformity to masculine norms, and depressive symptoms (Easton, Renner, & O'Leary, 2013).

Crete (2012, in review) reviewed the literature concerning female partners of male survivors and found that there were a few studies where the survivors were both male and female, but only one, Jacob and Veach (2005), focused exclusively on female partners of male

survivors. Limited as it is, research on partners of child sexual abuse survivors focuses on vicarious trauma (Jacob & Veach, 2005), feelings of being left out of the therapeutic process (MacIntosh & Johnson, 2008), and feelings of contempt and defensiveness for self and partner (Walker, Sheffield, Larson, & Holman, 2009). In order to address the literature gap, an important component of this study was the inclusion of female partners of male survivors. Partners can provide insight into their own lived experiences as well as that of male survivors.

### **Theoretical Framework of Study**

Relational Cultural Theory (Hartling, 2008; Jordan, 2009; Miller, 1976, 2004; Miller & Stiver, 1997) and Emotionally Focused Couple Therapy (Greenberg & Johnson, 1988; Johnson, 2002, 2004) are complementary approaches that focus on relational and emotional competence. Both theories promote mutual empathy as a pathway to healing and both theories have been used to treat survivors of trauma. Whereas Relational Cultural Theory emphasizes cultural influences, Emotionally Focused Couple Therapy provides more structure to the therapeutic process and includes partners. Men's Liberation Theory (Crete, 2011) is an integrative approach created by the author which combines liberation psychology (Montero & Sonn, 2009; Nelson & Prilleltensky, 2005), multicultural counseling (Constantine, Hage, Kindaichi, & Bryant, 2007), and social justice counseling (Crethar, Rivera, & Nash, 2008) and applies them to the particular needs and considerations of men as both agents and victims of oppression. This multifold lens will allow for a deep and thorough analysis of the data.

### **Relational Cultural Theory and Male Survivors of Childhood Sexual Abuse**

Jean Baker Miller first developed Relational Cultural Theory (RCT) in her book *Toward a New Psychology of Women* (1976). In it she proposes that healthy relationships are central to psychological wellbeing and that this is important to understand the social and cultural contexts

that prevent clients from experiencing growth fostering relationships. Relational Cultural Theory minded counselors help their clients see relational competence as developing throughout the lifespan. This positive development, which is described as relational movement, can be thwarted by the ideology of western individualism (Comstock et al., 2008) which promotes hyper competition (Walker, 2008) and self-sufficiency (Jordan, 2009). Relational violations, such as experiences of isolation and shame (Kim, Talbot, & Cicchetti, 2009), create trauma which can only be repaired through new and healthy relationships (Birrell & Freyd, 2006) which foster mutual empathy, authenticity, and increased relational competence (Hartling, 2008; Jordan, 2000).

Miller describes relational movement as the transforming process of moving from disconnections into deeper connections (Miller & Stiver, 1997). A deep sense of connection produces the “five good things” which includes more energy, the ability to act in the world, a better understanding of the self, greater self esteem, and more motivation (Miller, 2004). Disconnections cause shame, a sense of being unlovable, marginalization, disempowerment, and a feeling of condemned isolation (Hartling, Rosen, Walker, & Jordan, 2004, Jordan, 2009). The central relational paradox refers to the concept where individuals who desire deeper connections nevertheless employ strategies that lead to further isolation (Jordan, 2009; Miller & Stiver, 1997). Relational Cultural Theory counselors assist clients by helping them develop new relational strategies and challenge fears caused by negative relational images (Jordan, 2004).

Although Relational Cultural Theory has traditionally been used with women, it has a tremendous potential to transform the lives of men. Studies by leading researchers in the men’s movement have revealed that men experience early relational trauma through a negative socialization process based on the western values of individualism, self-mastery, and self-

sufficiency (Bergman, 1995). Men experience psychological distress in the form of depression and anxiety caused by gender role conflict (O'Neil, 2008). Men are often limited by narrow, restrictive, and oppressive values based on a hegemonic view of masculinity (Levant & Richmond, 2007; Mankowski & Maton, 2010). The negative factors associated with the oppressive gender socialization of men in western culture are further exacerbated when a boy or man is sexually abused (Kia-Keating, Grossman, Sorsoli & Epstein, 2005). Sexual abuse constitutes not only a physical violation but a severe relational violation especially when it is committed by a trusted family member, coach, clergyperson, scoutmaster, or family friend (Tang & Freyd, 2011). Relational Cultural Theory provides a way for male survivors to heal through new or restored relationships based on authenticity and mutual empathy (Jordan, 2009).

### **Emotionally Focused Couple Therapy and Male Survivors of Sexual Abuse**

Emotionally Focused Couple Therapy (EFT) developed by Susan Johnson and Leslie Greenberg (1988) combines principles of attachment theory (Bowlby, 1969; 1988), systems theory (Bertalanffy, 1956; Bowen, 1978; Minuchin, 1974; Minuchin & Fishman, 1981), and experiential therapy (Rogers, 1951) and has been shown to help couples where one or both have experienced trauma (MacIntosh & Johnson, 2008). Emotionally Focused Couple Therapy counselors help clients recognize their reactive and/or avoidant patterns and move toward secure attachment. This is accomplished by reframing or restructuring emotions and helping couples turn to each other for comfort. In so doing they create new emotional experiences which facilitate change (Johnson, 2004).

Emotionally Focused Couple Therapy complements Relational Cultural Theory with its focus on emotion, empathy, and the need for relationships (Greenberg & Johnson, 1988). Clients work on expressing their attachment insecurities and developing stronger relationships based on

trust. Clients are allowed to develop a therapeutic bond with the counselor and within this bond they learn how to access and process their emotions. The counselor then helps the couple restructure their interactions using a variety of skills such as reflection, validation, evocative responding, heightening, empathic conjecture, and reframing each person's behavior (Johnson, 2004). Counselors guide the couple as they change the overall interactional patterns of the relationship, deepen engagement, and create a secure base. Emotionally Focused Couple Therapy is particularly relevant for male survivors because childhood sexual abuse typically causes profound insecurities especially if the abuse was committed by an attachment figure or if an attachment figure failed to protect the child (Tang & Freyd, 2011). Children in these situations learn that they cannot trust others and that their needs are not important (Bowlby, 1969). Adult survivors often reenact the dysfunctional patterns of their childhood in their relationships (Johnson, 2002). Emotionally Focused Couple Therapy provides a way to confront these negative patterns in the couple's relationship and to create new ones based on trust, empathy, and self-care (Bowlby, 1988; Johnson, 2004).

### **Men's Liberation Theory and Male Survivors of Childhood Sexual Abuse**

Crete (2011) proposed Men's Liberation Theory (MLT) which integrates liberation psychology (Duran, Firehammer, & Gonzalez, 2008; Freire, 1972; Nelson & Prilleltensky, 2005; Montero & Sonn, 2009), social justice counseling (Comstock et al., 2008; Constantine, Hage, Kindaichi, & Bryant, 2007; Lewis, Arnold, House, & Toporek, 2002; Ratts, Toporek, & Lewis, 2010), multicultural counseling (Delgado, 1995; Ivey, 1994; West-Olatunji, 2010), and Relational Cultural Theory (RCT) with recent scholarship centered on the psychology of men and masculinities (e.g. Kilmartin, 2010; Kiselica & Englar-Carlson, 2010; Levant & Pollack, 1995; Mankowski & Maton, 2010; O'Neil, 2008). The central purpose of Men's Liberation



Theory, which at this stage is an integrative approach rather than a fully developed theoretical model, is to raise the consciousness of men to recognize how the oppressive character of male privilege has prevented them from attaining their full relational and emotional potential. The suffering of men, which mirrors the suffering of male survivors of sexual abuse, is typically either pathologized or marginalized in our culture. Men experience a form of psychological oppression even when they participate as agents in an oppressive system. The challenges faced by less privileged men are considered along with other potential intersections of oppression such as classism, racism, sexism, ableism, and homophobia, to name a few. Also, Men's Liberation Theory considers the negative effects of men as both oppressors and oppressed on their partners and children. Men's Liberation Theory actively challenges societal beliefs that limit the healthy emotional and relational expression of boys and men, in an effort to improve the psychological wellbeing of all.

Counselors as advocates can raise awareness and encourage social change that promotes healthy expressions of positive masculinity (Kiselica & Englar-Carlson, 2010). Hegemonic masculine socialization contributes to a host of challenges such as violence against partners, alcohol abuse, poor parenting, violent crime, anxiety and depression, high risk sexual behaviors, and homophobia (Mankowski & Maton, 2010). Men are five times more likely than women to commit suicide and 95% of our prisons are filled with men (Lujan & O'Neil, 2009). Men's Liberation Theory seeks to improve relational competence over the lifespan. "The fragmentation caused by violation of human bonds can be healed through creation of new healing human bonds" (Birrell & Freyd, 2006, p. 57). Counselors facilitate this by helping men develop empathy and compassion for others and by helping men process their feelings of shame and low self worth.

Institutional forms of oppression must also be identified where they exist as well as ways in which factors such as the economy, global conflict, terrorism, and even environmental and biological threats may affect men's psychological wellbeing (O'Neil, 2008). This worldview which is characterized by fear and violence intersects with western values of individualism, negative male stereotypes, and inadequate and unfulfilling gender roles to create a modern man who is insecure, filled with shame and fear, disconnected from others, and yet retains an unexamined internalized dominance. Men's Liberation Theory seeks to use an integrated feminist, social justice, multicultural, and liberation psychology approach to advocate for change at multiple levels of society from the personal sphere to the larger cultural realm.

The goal of this study was to explore the lived experience of resilient male survivors and their partners. This information is intended for use by counselors of male survivors as they attempt to incorporate strategies that assist clients in moving from one level of resilience, such as adapting, to higher levels such as growing and thriving. This study of the resilience strategies of male survivors of childhood sexual abuse and their female partners was guided by the following research questions:

- 1) How have male survivors experienced sexual trauma and its consequences?
- 2) What are some of the resilience strategies adopted by male survivors of sexual abuse and their partners?
- 3) How do male survivors and their partners learn and implement these resilience strategies?

### **Method**

The researcher chose a qualitative design in order to understand the significance of committed relationships in the healing and resilience of male survivors of childhood sexual

abuse. Since the lived experience of male survivors and their partners is still poorly understood (Jacob & Veach, 2005), a phenomenological approach seemed appropriate in order to understand the depth and complexity of this phenomenon (Creswell, 1997; Hays & Singh, 2011; Wertz, Charmaz, McMullen, Josselson, Anderson, & McSpadden, 2011). Qualitative methods, such as phenomenology, allow for greater analysis of social justice, multicultural, and gender concerns (Ponterotto, 2005). The researcher's primary theoretical lens, Relational Cultural Theory, with its focus on mutual empathy, mutual empowerment, and non-hierarchical relationships (Freedberg, 2007; Jordan, 2000; Miller, 1976; Walker, 2008), aligns well with the constructivist and critical-ideological philosophical underpinnings (Morrow, 2005) of qualitative and phenomenological work. The researcher therefore did not assume the position of expert but collaborated with participants to fully understand their experience.

Qualitative methods provided an opportunity for this researcher to embrace his multiple roles as researcher-activist, researcher-counselor, and researcher-survivor. In qualitative work there is an opportunity to understand the meanings that men who have experienced childhood sexual abuse make of their life experiences and give them a voice to share both their struggles and their resiliency. Female partners of male survivors are another group that is most often invisible or living in silence (Jacob & Veach, 2005; Nelson & Wampler, 2000). The researcher worked to "co-construct" meaning with participants in order to gain a richer understanding of the complexity of human experience (Morrow, 2007). The research experience itself, for both researcher and participants, was a form of activism (Kiselica & Robinson, 2001) as the process challenged unhealthy social constructions and provided an interactive forum for marginalized and oppressed people to share their stories (Singh & McKleroy, 2010).

The phenomenological tradition seeks to understand the fundamental nature of subjective human experience by observing a small number of participants for an extended period of time (Creswell, 2007; Polkinghorne, 2005) and developing an understanding of how they connect with their environment (Hays & Singh, 2011). Researchers in this inductive tradition typically bracket their own preconceived ideas and look for patterns and themes that will provide greater insight into the meaning of a given phenomenon (Moustakas, 1994). The current study operated from an interpretive-constructivist paradigm in which the experiences of the researcher and the participants were understood as multiple realities and meaning were co-constructed (Morrow, 2007; Wertz, 2005). This co-construction began in the interview process and continued in the member checking stage (Hays & Singh, 2011). The researcher named and processed his biases, interpretations, and reactions in the researcher journal. Aspects of the critical-ideological paradigm were also used as participant stories were analyzed in order to identify possible experiences of oppression (Morrow, 2007). The researcher, as a former English teacher who is currently working as a marriage and family counselor, values the qualitative tradition which lends itself to personal narratives, interviews, and creative exploration (Creswell, 2007). He also valued the detailed information about client experience that corresponds with professional counseling practice (Hays & Wood, 2011).

### **Procedure**

A purposive sample of partnered men who have experienced childhood sexual abuse and report resilience were recruited via hardcopy and electronic correspondence to counselors, diocesan victim support centers, social media outlets (Facebook and Twitter), and male survivor online support networks. 5 couples (10 individuals) met the following criteria: (a) adult male (or female partner), (b) experienced sexual abuse as a child (or female partner of male who has

experienced sexual abuse), (c) self reports resilience in personal, emotional, academic, and/or professional lives, and (d) in a committed relationship for at least two years.

Approval from the Institutional Review Board (IRB) of the University of Georgia occurred in August 2012, 10 persons (5 couples) who met the above criteria participated. Interviews were conducted over a four month period at Holy Family Counseling Center or in a quiet comfortable location agreed to by the participant and the interviewer. A description of the study with an explanation of its purpose was explained to all the participants before the interviews were conducted. Participants signed an informed consent agreement which warned them of the potential risks of participating in this study including the possibility of revisiting painful memories from the past. The individual and group interviews lasted approximately 90 minutes each. The researcher/interviewer modeled unconditional positive regard and empathic listening during the interviews in an effort to create a respectful and accepting environment. Member checking (Creswell, 2007), where the participants reviewed the transcripts, was used to verify that they genuinely reflected the meaning of their experiences.

## **Participants**

The participants included 5 male survivors who self identify as resilient despite their experiences of childhood sexual abuse and their 5 female partners (see Appendix F for a brief description of all 10 participants). For the purposes of this study, sexual abuse is defined as “sexually touching or penetrating a child or coercing a child to sexually touch or penetrate the abuser” (Jacob & Veach, 2005, p. 285) by someone at least five years older than the child. A partner is defined as someone with whom the male survivor has sustained a relationship for at least two years. Resilience is defined as overcoming or adapting to adverse circumstances (Werner-Wilson, Zimmerman & Whalen, 2000) and will be measured by participants self

reporting that they have found a measure of happiness and healing in their primary relationship (Hartling, 2008; Jordan, 1992, 2004) and at least one other area of their life (education, employment, fathering, overcoming substance abuse, etc.) despite personal challenges and hardship caused by the sexual abuse (Alaggia & Millington, 2008; Aosved et al., 2011; Barnes et al., 2009; Banyard, Williams, & Siegel, 2001; Brady, 2008; Easton et al., 2011; Jacob & Veach, 2005; Lisak, 1994; O’Leary et al., 2010; MacIntosh & Johnson, 2008; Paolucci et al., 2001; Romano & De Luca).

### **Instrumentation**

Demographic information was gathered using a demographic questionnaire (Appendices II and III) which included age, socioeconomic status, ethnicity, and sexual preference. Additional information about the number of perpetrators, the relationship(s) of the perpetrator(s) to the survivor, then other traumas (e.g. physical and verbal abuse) was also gathered.

Survivor participants were asked to participate in two semi-structured interviews: one two hour individual session and one two hour session with their partner. The partner participants also participated in an individual session as well as the session with their male survivor partner. All interviews were tape recorded, and an interview guide protocol was used (see Appendix D) to provide some structure and to clarify information, but participants were free to explore topics that they considered significant in their life stories.

### **Researcher Positionality**

The researcher completed a master’s degree in school counseling and worked for eight years as a school counselor first at Pinecrest Academy and then at Horizon Christian Academy, both private schools in Cumming, Georgia. At Horizon he was responsible for K-12 counseling, special education services, and international student services. He began the PhD program in

Counseling and Personnel Services (CACREP accredited Counselor Education and Supervision program) at the University of Georgia in 2010 and was accepted into the Marriage and Family Certificate program in 2011. Currently he serves as a marriage and family counselor at Holy Family Counseling Center under the supervision of a licensed marriage and family therapist and a licensed professional counselor and sex addictions specialist. As a counselor at Holy Family, he counsels couples, families and individuals with a variety of presenting problems including depression, anxiety, trauma, and grief. He gives talks at a number of parish churches and he is a facilitator at an annual diocesan retreat for male survivors of sexual abuse. He leads a therapy group for men with sexual addictions and co-leads a therapy group for men who struggle with anxiety and depression.

The researcher sees himself as an agent of change in the lives of men. In his work he helps men who struggle with their relationships and the stresses of everyday living. As a counselor he assists men as they process past traumatic experiences and develop greater emotional competence and relational resilience. As an advocate he strives to raise awareness in the educational and counseling communities, as well as in the general population, around the issue of male sexual and relational trauma. In this way he is active in professional associations such as the American Men's Studies Association and the Society for the Psychological Study of Men & Masculinity (Division 51 of the American Psychological Association). It is his hope that through consciousness raising among men that society as a whole will benefit.

The role of researcher in this study incorporated aspects of counselor, activist, and survivor. The researcher provided a safe nonjudgmental environment where survivors and their partners might share their life stories. He did not act as the authority on the subject because that authority was shared with participants who were in fact providing him with information about

their experiences and assisting him with his project. Participants were motivated to share their stories so their voices might be heard and so that they might help others. The researcher and the participants then joined together on a mission to effect social change by potentially helping other survivors and their partners.

### **Data Collection and Analysis**

The researcher used a semi-structured interview protocol (Creswell, 2007) as a general guide but each participant was encouraged to explore important thoughts and feelings relevant to the topic. The duration of each interview was approximately 90 minutes. There was one interview with the male survivor, one interview with his partner, and one interview together. The interviewer made notes about his impressions and conceptual understanding after each interview. The researcher transcribed each interview verbatim and used open coding to initially analyze the data (Creswell, 2007; Hays & Singh, 2011; Moustakas, 1994). The participants reviewed the transcripts and were invited to clarify their comments, elaborate on important themes, and/or delete content that did not represent an accurate reflection of their experiences (Williams & Morrow, 2009).

The codes were then developed into larger themes (Creswell, 2007; Hays & Singh, 2011). Participants were asked to review the themes in accord with the phenomenological practice of member checking and to allow them to participate as co-researchers (Berrios & Lucca, 2006). The male survivors and their partners validated whether the themes reflected their experiences and were given the opportunity to contribute any additional reflections (Morrow, 2005, 2007). The researcher remained open to reflexivity throughout the process as he processed his thoughts, reactions, and feelings in his researcher journal (Hays & Singh, 2011). These themes were then presented and discussed in the Findings section of the current study. The final codes were also



compared to themes identified in previous research (Appendix E) in order to support previous findings and/or highlight the discovery of new themes (Hays & Singh, 2011).

The first step of the data analysis process involved the analysis of the transcripts and bracketing personal biases (Moustakas, 1994) as much as possible despite researcher positionality as a counselor, activist and survivor. The second step included listening to the audio tape, reading and rereading the transcripts, and underlining participant comments that described their experience (Creswell, 2007; Hays & Singh, 2011). The third step included writing a reflexive journal and checking researcher assumptions throughout the process. The fourth step involved participant member checking of the transcripts (Berrios & Lucca, 2006). The fifth step consisted of clustering identified comments and creating a codebook of themes (Hays & Singh, 2011). Horizontalization was employed to identify important non-repetitive themes (Moustakas, 1994). After each interview, the researcher refined the codebook in order to allow for data verification and recursivity. In this way themes were reduced to essential units (Hays & Singh, 2011). The sixth step included reviewing field notes and journals. The seventh step involved organizing the themes and then going back and using participant thick descriptions to support and illustrate each theme. Once this was accomplished, the researcher then analyzed the themes and descriptions based on the researcher's theoretic lens (primarily Relational Cultural Theory). The researcher was careful not to employ that lens until the data was already organized into themes. The final seventh step involved presenting the audit trail to a neutral auditor who validated that the results were supported by the data (Hays & Singh, 2011).

### **Methods of Trustworthiness**

The researcher achieved data quality and quantity by following qualitative research protocols (Creswell, 2007; Hays & Singh, 2011). Phenomenological research is less concerned

about sample size (Yeh & Inman, 2007) but about finding rich data (Williams & Morrow, 2009). The length of time of each interview (60-90 minutes) and the number of interviews (3) provided rich data. The researcher reinforced trustworthiness when he interviewed each couple and then interviewed each member of the dyads separately. This process created a certain amount of redundancy and data saturation (Johnson, Hayes, & Wade, 2007). Redundancy occurred when the researcher reached a point where no new information was gained from further data collection (Williams & Morrow, 2009). Less new information was revealed by the second and third interviews. This was evident during the horizontalization process when the data points were charted on a spreadsheet. The data points were color coded by interview which made it possible to visually observe the reduction of new data.

Thick direct quotes from the interviews also provided a measure of trustworthiness since the voices of the participants themselves were the main focus of the data analysis (Williams & Morrow, 2009). In addition, the researcher triangulated the data by periodically comparing it to similar studies of the same phenomenon (Anderson & Miller, 2008; Jacob & Veach, 2005; Johnson, 2002). The researcher sent transcripts to participants in the member checking phase in order to include them in the research process and ensure that the data truly represented their thoughts and experiences (Creswell & Miller, 2000). The research assistant, a doctoral student at the University of Georgia, also reviewed and coded the transcripts. The researcher then compared his codes to the codes of the research assistant in order to identify any biases and potentially missed themes. An external auditor, a licensed professional counselor who works in private practice in Johns Creek GA, reviewed the transcripts, the code books, the data charts, the research notes, and the reflexive journal as another means to ensure methodological trustworthiness.

The researcher monitored his biases by writing a reflexive research journal during the research process. As a partnered male survivor, this exercise helped the researcher remain conscious of how similar stories to his own might influence his analysis and interpretation. As Torres (2004) observed, “trustworthiness prompts the researcher to reflect on both decisions and behavior during the inquiry process” (p. 460). Methodological thoroughness, verification, and validation were achieved by conducting meticulous literature reviews, keeping a reflexive journal, analyzing data, coding data, member checking with participants, and conducting an external audit.

### **Findings**

The researcher observed that each couple described themselves as on a journey of healing and personal growth. After coding the transcripts and grouping the data into themes or topics, sixteen different themes appeared in all or most of the transcripts. Some of these themes, such as difficulties with trust and security/safety, seemed to contradict each other. Half of the themes were negative feelings or situations and the other half were positive. The positive themes represented positive relational outcomes. After careful analysis it was discovered that the relational challenges lined up against the positive relational outcomes and that each pair represented different poles on a shared axis: insecurity/trust, self-hatred/acceptance, isolation/advocacy for others, restricted emotions/connection, etc. There was also evidence for movement from one pole towards the other, either in the course of their marriage or even during the interviews themselves. An individual’s self-described placement on the axis was not static. The male survivors detailed their fear of becoming vulnerable but also described how they were overcoming those fears and becoming more open with their emotions. The men explained that they still experienced shame but were in the process of learning to receive love from their

partners. The male survivors expressed their feelings of unworthiness and self doubt but described how they were growing in their relationships and making courageous choices. They also described how they sometimes fell back into old patterns even after making progress. Nevertheless, most of the relational movement was positive as the couples processed and shared their feelings and experiences. This appeared to support Jordan's (2004) statement that "movement toward empathic mutuality is at the core of relational resilience" (p. 28).

In many instances the couples expressed sentiments that were consistent with the experience of ambiguous loss (Boss, 2006, 2007, 2010). The couples demonstrated resilience when they were able to hold thoughts and feelings that might appear contradictory (Boss & Carnes, 2012). Female partners sometimes expressed sadness and hurt at the same time as forgiveness and empathy. Male survivors held feelings of shame and guilt at the same time as love and acceptance. Male survivors often expressed fear and courage concurrently. Female partners sometimes held multiple and conflicting emotions such as compassion, sorrow, anger and love all at once. One female participant described her awareness of the fact that her partner might make mistakes and even disappoint her but she balanced this with deep compassion for his loss. Community support in the form of support groups and church groups facilitated resilience (Boss, 2006). Male survivors made meaning from past abuse experiences in the form of writing projects, public speaking, running support groups, and helping other survivors (Boss, 2010).

Despite differences such as the duration of the relationship, time of disclosure and severity of childhood abuse, each couple demonstrated resilience and relational movement away from the eight relational challenges (see Table 2.1 below). These eight relational challenges represent either internal themes, external themes, or response themes. Each of these relational

challenges moved toward a positive relational outcome. Each negative theme matched with a corresponding relational outcome becomes a relational movement.

Table 2.1

*Eight Relational Movements*

<i>Levels of Resilience: Adapting → Growing → Thriving</i>	
Relational Challenges	Relational Outcomes
<i>External Themes</i>	
Past abuse	Therapeutic processing of abuse through individual, group, and/or couples counseling
Isolation	Finding a purpose and advocating for others
<i>Internal Themes</i>	
Self hatred and shame	Acceptance and mutual empathy with partner
Insecurity	Development of greater trust in self and partner
Fear and hopelessness	Development of deeper relationship with God and helping others
<i>Response Themes</i>	
Restricted emotionality	Development of deep level of connection with partner
Identity crisis	Embracing differences as strengths and reprocessing masculine identity
Negative coping	Development of a positive vision of the future with partner

The eight relational movements included a movement from (1) past abuse to therapeutic processing of abuse through individual, group, and/or couple counseling, (2) isolation to finding

a purpose and advocating for others, (3) self hatred and shame to acceptance and mutual empathy with partner, (4) insecurity to a development of greater trust in self and partner, (5) fear and hopelessness to development of deeper relationship with God and helping others, (6) restricted emotionality to development of a deep level of connection with partner, (7) identity crisis to embracing differences as strengths and reprocessing a masculine identity, and (8) negative coping to the development of a positive vision of the future with partner. As individuals move from one pole of the relational movement to the other, they also develop greater levels of resilience from adapting to growing to thriving.

In most, but not all of the relational movements, it is the male survivor who experiences the negative theme such as self hatred, restricted emotionality, abuse, or an identity crisis, but as he joins and works with his female partner, both members of the dyad experience the relational outcomes such as security, faith, purpose, or a new vision for the future.

The findings below are grouped by relational movement with excerpts from the transcripts to support each one, except the first movement which presents each male survivor's background and a brief description of how they have processed their experiences therapeutically. Each subsequent section moves from the negative or challenging themes or topics to the positive ones in order to better understand each phenomenon and to demonstrate the relational movement at play. At the end of each section the researcher provides a brief analysis from a Relational Cultural Theory (RCT). This analysis was conducted only after all the coding, themes, and relational movements were identified.

## **The Movement from Past Abuse to Therapeutic Processing of Abuse through Individual, Group, and/or Couple Counseling**

The male survivors in this study all experienced significant sexual abuse as children (see Appendix F). At the age of ten Amy's husband Mike was abused by a male cousin and then abused again while in high school by a college student. At the age of four Delia's husband James was sexually abused for six months by one of his mother's boyfriends. From the ages of four to ten Donna's husband Doug was sexually abused by his biological father. Ali's fiancé Steve was sexually abused by a male babysitter when he was four years old and then again by a priest when he was thirteen years old. Valerie's husband Peter was sexually abused by a teenager when he was eight years old. Peter also suspected that he was sexually abused before the age of five but has no memories of that age.

All the male survivors also report serious dysfunction in their families of origin. As well as absentee and/or abusive fathers, most of the male survivors describe mothers who exhibited codependent behaviors and poor boundaries. As a young child, Peter was neglected by his biological mother and had to resort to eating out of trash cans. He was later physically abused by several foster "mothers." James' mother often had multiple sexual partners and her gambling addiction resulted in homelessness for the family. He describes her as consistently making poor choices and very manipulative. Mike's mother, the child of an alcoholic, exhibited excessively controlling behaviors. He describes her as self absorbed and high maintenance. Doug describes his mother as generally supportive and encouraging but nervous, anxious, and easily intimidated. Mike, James, and Doug all appear to have been 'parentified' as children. Mike describes behaviors by his mother that might be classified as covert incest.

All of the male survivors engaged in some mental health counseling in order to process their experience of sexual abuse as well as the other traumas and family of origin issues from their past. As a result of their different but disturbing past experiences, these male survivors tend to question what is normal. They were often raised to act like things were normal when they weren't. Mike's family avoided problems and put on an act of the perfect family. Peter had to learn about normal parenting from his adoptive parents. Doug's wife Donna describes in horror a surreal incident early in her marriage where Doug's father (his abuser) showed up unexpectedly at their home on Christmas. Donna had never met Doug's father before and she was shocked when everyone including Doug acted like everything was fine. Counseling helped these men process their feelings. In Doug's case he needed to recognize that he had suppressed anger. All of the men needed to grieve their lost childhood.

As well as individual counseling, most of the male survivors found a form of group processing helpful as well. Mike attended a Weekend of Recovery sponsored by MaleSurvivor and he also participated in online recovery chat groups. Doug experienced group therapy for men who struggled with same sex attraction. Steve participated in a trauma recovery group as well as sobriety recovery groups. Peter benefited from an online adoption support group and was able to reconnect with his long lost younger sister. James and Delia describe extensive pre-marital counseling that was extremely beneficial to the future success of their marriage.

Self care is another important factor, often neglected, in the healing process for these male survivors. Most of the men describe hectic work situations and overwhelming home responsibilities. Donna laments Doug's tendency to put the needs of others ahead of his own. Amy describes Mike as unable to relax. Valerie complains that Peter takes on so much



responsibility that he can find little enjoyment in life. Counseling, along with healthy eating, exercise, and down time were all named as important aspects of self care.

### **The Movement from Isolation to Finding a Purpose and Advocating for Others**

Male survivors of abuse and their partners often feel alone with their struggle and complain that there are too few available resources. Judith Jordan (2004b) expressed that, “the movement to help others often becomes key to the transformation of private pain and isolation into compassion for the suffering of all human beings” (p. 39). An important theme expressed by all the participants was the importance of helping others. This began with a strong sense of empathy for other survivors and their spouses. One participant, Mike, expressed his empathy for men like him who feel that their self esteem is based on achievements:

And so those people are trapped, where I was, feeling worthless and feeling like the only way that they can prove their worth is through the creation of the good family, and company and success and all these other kind of things. And so I feel empathetic to those people, like I think those are the hidden among us.

Mike began writing a blog in order to reach out to other male survivors and now he is considering writing a book. “Am I being prepared for potentially doing something that is helpful to others? Then I think I am which is weird.” Another informant, James, also felt called to make a difference and help others by writing a novel about a boy who must process his experience of sexual abuse. James and his partner Delia have consistently chosen jobs where they can make a positive difference in the lives of children. Another participant, Steve, channeled his desire to help others first by engaging as a sponsor in Alcoholics Anonymous and then by assuming leadership roles in other recovery-based support groups. Another contributor, Doug, worked as a social worker and was actively engaged in community-based advocacy efforts as well as treating

survivors of trauma. Doug's partner Donna formed a support group for female partners of abuse survivors. One important means to healing trauma was to join with others and become mobilized (Jordan, 2004b).

### **The Movement from Self Hatred and Shame to Acceptance and Mutual Empathy with Partner**

Male survivors typically reported high levels of self loathing and self blame. After experiencing severe physical abuse as a young child, Peter remained open to the possibility that he shared some blame:

She [foster care provider] made sure I had a lot of physical abuse. I think one time I think I messed in my pants and she took a coat hanger and tore me up from one side down the other and took my pants and rubbed it all over me, so do I remember what kind of response I had once that was discovered, no, did I provoke it? I don't remember that part, I'm not saying I didn't do something that might have pushed somebody to the edge...

Any kind of abuse represented a power imbalance. In this situation Peter was in need of assistance and understanding but instead he was cruelly punished. In the end he was convinced that he was deserving of shame and that he might be responsible for the damage. In this way he blamed himself based on supposed inadequacy (Hartling, Rosen, Walker & Jordan, 2004b). In contrast, Peter described how years later his adoptive parents did not give up on him and how he felt about himself:

They never gave up on me, whereas in my head, everybody had always given up on me, and of course there were times when I thought I was just so bad, right, you know, I was just not a good person, or I was evil, obviously I'm the common denominator so

obviously there's a problem here. It took me a long time to figure out that was not the case.

Peter experienced shame and condemned isolation which was a deep sense of “unworthiness to be in connection, a deep sense of unlovability, with ongoing awareness of how very much one wants to connect with others” (Hartling, et. al., 2004, p. 106). When he developed genuine connections with others, in this case with his adoptive parents, he began to see himself with their eyes and accepted himself.

Mike described himself as “damned to hell” for having unhealthy sexual compulsions. His partner Amy described his sense of self as something permanently damaged that he could not bear to speak about:

I don't know that Mike feels like he's pretty much perm...what is the word he uses? It's like 'permanently destroyed' or 'forever broken', he uses those kinds of words like he never thinks he's gonna...and I don't know whether he thinks it's the feelings that got him into this mess to begin with will never go away. I don't know what he's talking about and if you ever try to get under that, you know, with me he doesn't really want to talk about it, he almost just wants to talk about it in general terms...

In the case of Doug, his feeling of self-hatred was compounded with negative attitudes associated with sexual identity confusion:

It took me awhile before I could tell her [Donna] that I struggled with sexual compulsions related to the abuse I suffered, *but all through that she was very supportive, and I didn't feel condemned by her*, but it wouldn't have taken much for me to feel condemned by her cause I was carrying so much shame and so much self hatred.

Both Doug and Mike experienced condemned isolation based on a false belief that their sexual confusion made them unlovable. Doug and Mike expressed conflicted feelings because their abusers were men and this resulted in internalized homophobia and feelings of shame. Mike's shame was based on judgment and blame and caused him to sink into disempowering silence (Hartling, et. al., 2004). He felt that he was unworthy of connection. With courage, Doug was able to work through some of that disconnection in order to rebuild connection with Donna. Donna's empathy for his struggle helped him to overcome shame as he came to believe that someone might respond with compassion to his experience.

### **Guilt.**

Many of the men expressed tremendous guilt in letting their female partners down. Mike expressed remorse for not disclosing his sexual struggles before he married his wife:

I feel like I have been disingenuous to her [in not disclosing] so it was my thing and I was going to deal with it and it wasn't to bother her and I was really building a relationship with her, and I feel like I've broken that so now this damage and all this other kind of stuff sort of falls underneath all that; she didn't really get to choose, *she didn't choose me damaged*, right, so I know that's a strong word and I'm not supposed to use that kind of word but that's what I mean, she didn't have the choice, she didn't make that as a, so let me think if she had been raped and then she didn't tell me and then she had some, you know the same kind of concept, right? So I feel it's more unfair to her I guess... It's a hard one but I think that I have lived my entire life with guilt so I do well with guilt.

Mike's feelings of guilt were based on "shame, secrets, and inauthenticity [which] clearly take us out of connection" (Jordan, 2004, p.58). Although his specific behaviors made him feel guilty

and caused problems in his marriage, it was the more globalized feelings of shame that kept him from changing or connecting.

The following interaction revealed that Peter felt frustration and guilt at his perception that he let his partner Valerie down sexually. He challenged her when she tried to minimize the impact for her:

Interviewer: Is there anything that has been difficult for you?

Valerie: Not really, I think we talk about everything. I think he could be a little bit more sexually adventurous sometimes but I think I'm bringing him out of that a little bit. I'm a little more adventurous than you [to Peter]. He works on it and I'm patient. I don't care, be a hundred year old and try something new.

Peter: But you're lying too.

Valerie: I'm not lying.

Peter: Cause you do care and it does frustrate you. I see it.

Valerie: On occasion it does. It's not like a major thing. It's not like the most frustrating thing in the world.

Peter: I didn't say it was.

Despite the disconnection here, the fact that Peter addressed the issue directly allowed them to begin sharing how they felt. The disconnection allowed them to face their frustrations and later, as they continued to discuss the problem, they were able to grow closer.

Doug described his decision to disclose his history of abuse to Donna and included his feelings of shame and the sense of being damaged:

But one thing that I realize looking at it now was that I was really looking for a deeper level of connection with someone and I feel like I found it, or I was getting there. And

there was this side of me that was damaged or broken or was shameful that I felt like I needed to expose. So I'm glad I did.

Doug's movement from shame to vulnerability led to a deeper level of connection. As he moved out of silence and trusted Donna with his feelings of brokenness, he developed more self worth because he realized that he could be part of a meaningful relationship. Courage was the "antidote to shame" (Hartling, et. al., 2004, p. 126) and helped bring Doug more fully into connection.

### **Affirmation and understanding.**

James shared his frustration that his wife may not always understand his experience and that he could not process his feelings with her:

Interviewer: The fact that she doesn't fully know your experience, how is that for you?

James: It is hard, and it's hard in the way that it's part of her nature in being strong.

She's not a touchy feely person so she doesn't want to go over every little feeling I might have and so I don't have a way to process that when those things come up other than with myself or with other friends, so I have found ways to do that and I have friends who are writers who are also survivors or a local friend who is also a survivor so I have ways of checking in, I can talk to my sister-in-law, she's a survivor and she accepts me unconditionally, you know, and I have friends that love me and accept me unconditionally so I can share some of those things but stuff that would probably be kept to a couple, I don't really have a way to deal with that.

James' frustrations represented a disconnection from Delia who sometimes made him feel isolated. James explained that it is her strength that caused her to disconnect. Jordan (2004) described a "defensive disconnection as a means to feeling strong and self sufficient" (p. 48).

James received affirmation from teachers in high school when he wrote poetry about his abuse experiences:

So for me it was safe to write about and I was actually encouraged by my English teacher there to write, at first I was writing this crap, rhyming poems, and then quit goofing around and actually write, and when I started doing that then he was blown away by stuff I was writing, and I won a lot of awards for it, and it was a big risk I think, but I was still ok with it.

In this case James was supported in his vulnerability which was based on respect, care, and empathic listening and contributed to a sense of security (Jordan, 2004b).

Amy described her empathy for Mike which was based on an understanding that his parents failed to protect him from sexual abuse:

Can I empathize with him? Yes, I can empathize with him, yeah. I can understand that the things that happened to him as a child not only with the people that were brought in to his life, all were brought into his life through his parents, and his parents did not protect him.

Amy later also remembered how she was able to forgive Mike because she felt empathy for his struggle with the consequences of sexual abuse:

What type of person would I be if somebody basically cried out for help, and said 'I didn't understand [their struggle]'? And so I kind of had to give him another chance...It's like if somebody says that they didn't understand [that the cause of his infidelity stems from sexual abuse], that it's the first it was discovered that this [sexual abuse] could be what caused all this, and that he needs help for it, I mean what kind of person would I have been if I didn't help him? So I did something I thought I'd never do

which is basically forgive him and move forward. Obviously it's hard and it's not as easy as everyone makes it seem.

Amy expressed sadness and pain at the same time as empathy and forgiveness as she grieved and processed her feelings (Boss & Carnes, 2012). Jordan (2004b) claimed that the "movement toward empathic mutuality is at the core of relational resilience" (p. 28). Amy was able to begin a reconnection with Mike because she began to move from isolation toward understanding which was fueled by empathy.

Peter's partner Valerie also experienced past trauma and this was helpful because she could better empathize with him. He did not want to be pitied or receive sympathy which he perceived as perhaps false and unhelpful. He valued the fact that his wife could understand him:

It is because of what she's been through. It wasn't like telling a normal person all these bad things happened, most women are very nurturing, there's this motherly instinct ... and so you share this with a woman and they of course want to hug you and nurture you, which isn't a bad thing, but if you haven't been through that or been very close to a situation like that you cannot relate, you cannot understand, for example when I was in the funeral business one thing I never said when I was counseling families was "I know what you're going through" because I had not lost a mother or a father or a brother or a sister at that point in my life I never lost anyone close to me so I couldn't do that because in my brain that was a very important distinction, and maybe that's because of what I had been through but unless you've been in the situation or been close to the situation you cannot relate, cannot understand and it's truly a pointless conversation, I'm not looking for sympathy, I'm not fishing for, you know, nurturing or that kind of stuff, so I feel more



comfortable sharing things with people if they can relate or at least have an adequate level of understanding.

Peter expressed a need for genuine or authentic empathy and understanding. The paradox was that he wanted understanding but he feared that any understanding he received might be false. His defensiveness was a disconnecting strategy that was necessary when he was being abused and neglected. Now it operated as a possible barrier to intimacy with his wife.

Doug was affirmed by his wife Donna when she acknowledged that he was not protected as a child. Her position helped him to overcome his self blame. Donna shared:

I guess part of the way I thought about it was that I felt like people in his life had just allowed things to happen and hadn't really taken responsibility for their role or relationship with him. Particularly I was thinking of course, definitely as a father and as a mother, and the other people in his family who might have protected him. I was in my heart very critical for a long time of the people who failed to protect him and it was like, for me, I was not going to do that.

Donna's response involved witnessing to the pain, validating her husband, taking responsibility, and expressing sorrow which is consistent with how Jordan (2004) suggested we resolve the state of disconnection caused by trauma. Donna believed that affirming her husband was important to his recovery. An important component to this affirmation included physical and sexual affirmations:

I think affirming is important, I think all of us can get wound up in our own heads about our inadequacies as a person, as a spouse, as a parent whatever, I think in particular for men who have been abused affirming is important and I think especially for men who have been abused they've really been attacked in their sense of self and masculinity and

so I think that's an important area for a wife to affirm her husband to be able to let him know she's attracted to him and that she sees him as very other than herself ... I don't really know what the challenges might be for other couples with survivor issues but I do think that a strong and close consistent sex life is a good thing and I think it's especially important for men, and this is my point of view but I think women benefit really a lot from touching, and hand holding, and compliments and those kinds of affirmations of the bond of marriage and I think that men benefit a lot from sexual intimacy and the release that sex brings to them ... and I think if your sex life is good then it's something to run with because I think it can be a very healing component to have a joyful and fun and active sex life.

In this regard, Doug and Donna's relationship might be described as a "growth fostering relationship" (Miller & Stiver, 1997) because of the growth in energy, creativity, sense of self worth and desire for more connection. Doug described how her affirmation brought about healing and transformation in his life:

I feel that having someone who loves me, believes in me, is willing to fight for me, who sees me as heroic, who sees me as a gifted and wonderful person is extremely affirming and I think that is a healing presence, and I'm very grateful and in fact I feel very blessed that this person, my wife, loves me as much as she does and more than I think anyone could, so that is powerful and that is transforming, so I think that I've definitely been pushed in my relationship to become more vulnerable and to work through some of my issues, it's not that she's been pushy to me, it's just that in the course of the relationship things come up and we've had to work through them.

Transformation was described as “openness to being moved by the other person” and “openness to being seen by the other person” (Jordan, 2004, p. 56). Donna’s affirmation facilitated Doug’s transformation as he became willing to be vulnerable and received her love. This demonstrated the movement from self hatred and shame to empathy and understanding.

### **Unconditional love.**

Even when it was difficult to accept, the men learned that their partners loved them unconditionally and this was a powerful force for healing and change. Mike realized that Amy was not going to abandon him. The new “story” was that she chose to stay with him:

I can’t imagine being in her shoes, and I sort of expected her, because part of my story is abandonment or destruction, so I sort of expected her to abandon and destroy, and she didn’t. It’s almost more difficult to live or deal with *that*, because that’s not the story you’re used to. I’m used to someone walking away or not upholding their side or whatever that is, so, but she stayed.

Mike struggled with accepting the fact that she loved him unconditionally and that he might rest securely, but he still experienced unexplained feelings that something was wrong and that the world was not safe:

Interviewer: Do you feel you have received a kind of unconditional love [from Amy]?

Mike: Yeah, well it’s hard for me to believe or accept it, but it has to be true, and I’m constantly like, I’ll go to bed and wake up in the morning and sense that something in the house is off and be like ‘what’s wrong?’

Doug’s wife Donna expressed her love this way:

I loved Doug with all my heart and I wanted to be the one who would behave differently [than his family] who wouldn’t let him down. I was committed to him and it was

frightening to jump into marriage with someone who had what I realized was a serious issue, one which I didn't understand at all, but on some level it was exciting because, I really believed in him and I believed our love and our marriage would make it through. And I think the things I'm saying were true then and are true now [25 years later].

Doug articulated his feelings this way:

I do think that having a relationship that is based on unconditional love, as close as you can get to that in human terms, and trust and security really has made a positive difference in my life and knowing that I have a family that loves me and I'm crazy about them.

Peter and Valerie shared the following exchange:

Valerie: I guess we just love each other the way we are and as we develop, the more we grow, the more we learn about each other

Peter: I think there's a certain level of acceptance, acceptance at least for me and I think it's probably mutual

As each survivor learned to accept the love of his partner and deepened his connection with her, there was further growth in the relationship. "The zest and vitality of a couple's relationship comes from movement – not from connection alone, but from *growth* in connection" (Hartling, et al., 2004, p. 168).

### **No judgment.**

James described his relationship with his wife Delia as one without judgment even though she knew about his abuse history and his personal struggles:

She is my anchor, sometimes she wields it as a weapon and smacks me over the head with it [laughter] and then she completes me in a way and contributes to me in a way that

*draws out many good things in me*, and she knows all the dirty nitty-gritty stuff in my past that doesn't affect the way that... she doesn't judge me for that.

Lack of judgment coupled with Delia's loyalty and consistency, enabled James to grow in his relationship with her and experience transformation. Delia described herself as a non-judgmental person, who empowered rather than pitied survivors:

I think it's because I'm not judgmental. I'll give you a hug. I'm not going to say "poor you"; but I'll give you a hug and say: You know what, you're stronger than that. Don't call yourself – I don't let them call themselves victims – I don't let them call themselves anything negative. You know, you're a survivor, you're gonna use it, you can get through it, you're stronger than that.

Jordan (2009) described the "ideal movement is toward authenticity, mutual empathy, and mutual empowerment." (p. 4). Delia helped James stay authentic and this empowered him in the relationship.

Donna saw Doug as having been deeply wounded and she expressed tremendous compassion for the boy that he was. She accepted the possibility that he might make mistakes but she saw her role as loving him and not judging him for mistakes that came from his wounding:

I've gone on different journeys in terms of my anger, rage, hatred for the person who hurt him and for the people who let him down. But when I think about that person who he was, one thing I know is that I would have wanted that boy, if I couldn't save him or protect him, I would have wanted him to grow up and have somebody love him the way that I love my husband. And so, loving him feels good to me. Loving him is my way of taking it back. And I know not everybody has had the good outcome that we've had in

our marriage and I don't mean that if he had not been able to stay the course or if things come apart, that it wasn't the right thing to do, I'm just saying that I had faith in him and it has been a good result and I'm full of gratitude and I'm full of compassion for those that didn't get there.

Donna was able to simultaneously hold both her fears of the unknown and her compassion for her partner's pain which helped her process her grief and facilitated relational resilience (Boss, 2006). Empathy facilitated this movement toward authenticity and mutual empowerment.

Jordan (2009) described empathy as "a complex cognitive and affective capacity, fuels this movement, as it is at the heart of our sense of resonance and responsiveness to others." (p. 4).

Donna's expressions of compassion and empathy, along with Doug's positive response to that love, demonstrated the healing transformation brought about by relational movement. As Jordan (2004b) expressed, this "movement toward empathic mutuality is at the core of relational resilience" (p. 28).

### **Male survivor strengths.**

Female partners affirmed their survivor partners by recognizing their strengths and the ways they showed resilience. Delia described her appreciation for the resilience in her marriage and her belief in a positive future:

Delia: [responding to a question about good outcomes in her marriage] I think the sensitivity, I think just the resiliency, I think that resiliency that you pretty much only see when kids have dealt with – I don't wanna just say CSA [childhood sexual abuse], but when they have dealt with a lot of the crap that... both James and I have - you look at our past and you say – how the heck did they come out as well as they did. And that's probably what makes us blessed.

Interviewer: So you respect that resiliency?

Delia: Yeah. Oh, yeah.

Interviewer: And it means something to you.

Delia: And then you look and you see, well if he's come this far where is he gonna go? – I can't wait to see, you know. And then we look at where we've come from, from when we got married to where we've come now, and, you know, it's just getting better, so, where can we go from here.

Delia acknowledged her husband's resilience and looked to the future with hope and excitement. Their relationship was also growth fostering as it led to energy, creativity, knowledge and clarity about past experiences, greater self worth and a desire for more connection (Miller & Stiver, 1997).

Ali described Steve as a person with strength, "I guess I just think that he's a strong person and so, he handled it really well and like other things that have happened to him in his past, he's handled really well." Donna reflected on her husband's qualities and strengths:

Doug's a very strong and you know, male kind of a guy, he's got a big voice, and he's got dark hair, he's got a bit of a presence, and all that stuff, and so he can seem commanding or intimidating, I mean, he's not an intimidating person but he has a lot of strength, but he's also extremely kind and compassionate and gentle and he can be wounded, and he can be, and his heart goes out, he's very empathetic, so if anything as I've learned more about him over time, I've perhaps learned that his heart is more tender, his compassion is very deep and I've learned to respect that more and to understand that more, that's sort of who he is. To me, loving someone is about those things, valuing and enjoying them, as they are who they are.

Donna later explained her faith in Doug and how she admired him for the way he had responded and the man he had become:

If something went wrong, it wouldn't be about him letting me down, it would be about him being wounded, and for that I could have faith in him to do his best, and that I needed to understand that his best might not be perfect, might have really big problems with it. And since then my feelings have gone through complicated educational levels, in some ways they haven't changed, it comes back to my initial response which is one of compassion for Doug, sorrow for his pain, anger that this happened and for the person who did it to him, and love and respect and admiration for how he has responded to this hurt in his life and for the man that he has become, that about sums it up.

According to Jordan (2009), "in order for empathy to facilitate change, each person must see, know, and feel the responsiveness of the other person" (p.4). Peter felt that he met Ali's needs and this affirmed him:

One of my biggest weaknesses is my need to be responsible, so knowing all the things she's been through I want to go an extra step to make her feel safe, to make her feel loved, or to make her feel cared about, cause every other day, and I'm exaggerating (Valerie: I know) cause it's like sometimes it's every other day she just wants to get rid of everything, start over and nothing matters anymore and yet I know she's a packrat and I know there are these things that are ultra sentimental and I know, cause I've pulled them out of the trash enough, I know that she really doesn't want to get rid of that, and I know that I have to do things differently, I have to get her what she needs for that, unfortunately not all the times she needs the things I can do that for various reasons I can't, if there was a scorecard, if it was a grade book, I wouldn't have 100 in that class



but I would have an A+ in that class, you know, I think I do better than the average husband.

The relational movement from self hate and shame to acceptance and mutual empathy was a critical one for couples who were processing past trauma such as childhood sexual abuse. The power imbalance of childhood abuse and chronic disconnections in childhood and adolescence led to self blame and condemned isolation. Survivors often expressed that they felt damaged and unworthy. Personal failures, which stemmed from the abuse, led to further self denigration, self doubt and feelings of inauthenticity. Survivors may have felt that they were unworthy of love due to guilt and shame. They may also have felt that they were inadequate in meeting the needs of their partner. Despite all these challenges, resilience came through connection with others. The female partners above took a non-judgmental stance with their partners and were understanding, protective, compassionate, and affirming. The women above admired their partners' strength and affirmed their resilience. The men made the choice to be more vulnerable and expressed a desire for genuine empathy and understanding. This resulted in transformation, growth in connection, healing, and mutual empowerment.

### **The Movement from Insecurity to the Development of Greater Trust in Self and Partner**

#### **Male survivor insecurities.**

All the male survivors struggled with issues of trusting others, especially other men. Mike commented on how his parents failed to protect him and did not even consider the source of his anxieties:

So then in high school I made friends with a guy who was four or five years older than I was, he came over, spent the night, same kind of thing [took advantage of him sexually], but I tried to protest against him and my parents encouraged the relationship. And I can

specifically remember telling them, he was going to have me over to his house for my birthday and this was right after that started, and I didn't want to go. And so he called, and I have my line upstairs and my parents have a line downstairs, right, and he called me and I made an excuse and said I couldn't go, and then he called my parents and they told him no, we hadn't told him he couldn't go, they didn't know how to take a hint, like, if my daughter didn't want to go to somebody's house if she like made up an excuse or whatever, I would be all over that, like why? What about this is a problem? They basically drove me up there and delivered me to his hands. So that continued, and he was probably four or five years older than me.

Mike felt betrayed by his primary attachment caregivers. This trauma often led to feelings of insecurity which resulted in an inability to love oneself and an inability to trust others (Johnson, 2002). Mike described how he has issues trusting even those who were close to him:

I don't trust anybody. I second guess everybody a million times. I have two people in my life right now, including one guy in business, and I'm like what do you do, why do you stay around? It's taken me forever to 'get' him. He could be my father, he's like a father figure, he's helped me with business, he's been around for like seventeen years and he gave me this book, love yourself kind of thing. I feel like he's been given to me as a father figure, but I trust him like 95%, there's 5% that I don't know that I could ever get there.

Sometimes post-abuse trauma occurred through the system. James and his sister testified in court against their abuser, their mother's ex-boyfriend. James remembered how his feelings during this process and how his experiences with court officials and counselors made it more difficult for him to trust others:

They took my sister's testimony and she was a year and a half older than me. She was able to give her testimony and he was pretty much sentenced to seven years for the both of us, based on her testimony. But they didn't take mine - mine was given to the judge in judge's chambers, and then they brought him in to the room in handcuffs, and there were police and people around, you know, but I didn't feel safe. And they didn't assure me that I was safe. I don't understand why it is so difficult for adults to understand that if you were abused like that when you were four years old, you don't think that adults are trustworthy... when I went in, counselors gave me sodas and candy bars and asked me to tell what happened - well - that's the same stuff that *he* did; well, what - are they gonna abuse me? In my mind they weren't doing what they needed to do. But we were one of the earlier cases; this was in the 70's.

Jordan (2004b) explained that trauma, especially multiple traumas, can make the world appear as no longer "benign but malevolent, lacking in meaning and unjust ... others are a source of threat and the self is felt to be unworthy" (p.37). According to Johnson (2002), the world becomes unsafe and unpredictable as a result of trauma. Peter also described how he struggled with trusting others:

Part of the problem, my fault, in my previous marriages is that there is a level of trust that is hard for me, I still have a hard time trusting people, I tolerate people, don't get me wrong, I tolerate people as far as giving them second and third chances, but as far as truly trusting people, there are very few people I trust.

Before the age of ten, Peter endured one abusive foster care situation after another until he was finally placed in a loving home. During his teen years he began to rebel against all authority. In

the context of marriage counseling, he realized that his adoptive parents were worthy of trust and that his previous abusive experiences had prevented him from appreciating them:

We had family counseling with a psychologist and it was the first time in my 20s when I understood what she meant, parents wear white hats, in reference to western movies where the bad guys wear black hats and the good guys wear white hats, she was trying to express to me that my parents were the good guys. I guess I didn't see that at the time, I saw them as typical teen aged rebellion stuff amplified so I think some of that came up in those counseling sessions.

When asked how he developed trust in his current marriage, Peter replied that it had to do with communication and genuine listening:

I don't know. I think part of it is a communication thing because you can listen to somebody without listening, so you're not really listening; or you can know they're really listening because they stay in the conversation with you, and I think with our communication it was apparent to me. I didn't know why at the time but it was clear to me that she was listening, emotionally she was listening, she was not feeling my pain necessarily but she really understood what I was really saying and even the stuff I wasn't fully saying yet, she understood all that and because I felt listened to I guess, was kind of the main thing.

Jordan (2004b) described the importance of “dependability, respect, care and empathic listening [which] contribute to a sense of security” (p. 39). Doug shared how his insecurities correlated with his feelings of disconnection with his wife Donna. He preferred to talk through conflicts rather than leave them unresolved. When they couldn't be resolved, he tended to withdraw and become isolated:

I get very anxious and very insecure when I detect, you know, that you're [Donna] upset. And so I like to resolve it right away. I don't like to let it go on. Where it gets hard for me is if I feel like I can't resolve it, or if, which hasn't happened a lot, but it's happened once in a while, where I probably curl up into my own world if I feel like I can't do anything, or I feel helpless, or I'm not actually thinking of an actual example right now, so I would say for me, um, based on the childhood that I had, I don't do that well with insecurity. I don't do well with, you know, unresolved conflicts. So I think we do tend to talk through those things. I would say that we're in a bad place when I feel I can't do that and I retreat more into myself and if I get isolated then I get in a more dangerous place, a more insecure place, I feel very alone in the universe, kind of thing. But when we're connected, you know, then we're on the same page generally and we're understanding each other then it's very good.

The isolation that Doug felt might be resolved through reconnection with his wife Donna. His past trauma sometimes made it difficult for him to overcome this disconnection (Jordan, 2004c).

### **Female partner insecurities.**

Female partners of male survivors may have difficulties with trust because of their own experiences of trauma or vicarious trauma resulting from living with a trauma survivor. In the following emotional exchange, Peter's wife Valerie explained how difficult it was for her to trust others:

Valerie: He's always saying you've got to be able to trust people, you've got to be able to trust people. I don't trust anybody. I have a really hard time trusting anybody... at all, so when he doesn't trust in himself ...

Interviewer: What does that do for you? [pause] That makes you feel... [pause] scared?

Valerie: Yeah (long pause) cause I've just started to trust.

Interviewer: Is there any part of you that wants to reach out to him when he says that, to reassure him, or do you just kind of retreat?

Valerie: I don't know. Which is stronger? Because both goes on, reassurance and retreat, but which is stronger, the self preservation [i.e. retreat] or... the other [i.e. reassurance]?

Valerie later offered that the reason she trusted Peter was that she believed that he always tried to do the right thing:

Valerie: [Describing Peter] Do what you're supposed to do cause it's the right thing to do, in all things in all the experiences I've had with him no matter what he's doing whether it pisses me off or not, he does it because he thinks it's the right thing to do.

Interviewer: That's a foundation of trust.

Valerie: Right.

Interviewer: It's not always agreement but at least you know...

Valerie: I know where it's coming from, I know his heart is in the right place even if his head is not exactly.

The interview revealed that Valerie's movement, from insecurity to trust, was a process and it occurred through her relationship with Peter.

Donna described how she trusted her husband Doug because of his honesty, his direct nature, and his desire to confront problems:

And one of the things that I really liked about Doug was that he was not very big on hypocrisy, not much of a fluff-sayer. He didn't go around saying mean things but he wasn't going to go around saying flowery stuff that wasn't true. I'm trying to think of an example but if you went to somebody's house and they were going, oh I'm so sorry the

dinner is burned, he wouldn't be saying oh it's the best dinner I've ever had. I don't know how to explain it but *I knew that when he told me something it was true*, and that was really important for me from a confidence perspective. I also appreciated that he's much better about bringing up things that need to be addressed, and he does it, usually, in a very kind way. And so I think that helped us grow closer.

Ali expressed how she felt security in her relationship with Steve based on their mutual sharing of trauma stories:

I think it makes you feel safer to be with somebody and tell them something and like wow, maybe the same thing hasn't happened but you have your own understanding of trauma and I guess difficulty in life and so it makes it maybe easier for him instead of me just never having dealt with anything.

Relational competence existed when both partners represented themselves authentically and exercised mutual empathy and understanding (Jordan, 2004c). Ali also noted that her relationship with Steve represented a positive move toward stability:

It was really nice meeting someone who's stable and has my back and be supportive and so I was able to just better myself in a lot of ways and get over a lot of things sort of clean up my act so to speak. And so sometimes he's [Steve] like "Oh, is this life too boring for you?" and I always say it's what I want, like it's not that we don't have fun but I'm kind of like done with the party lifestyle and so... it's not boring...it's hard to explain.

For Ali, the relationship with Steve was a safe haven and it was growth fostering. The stability in her life was not boring because their connection brought energy, clarity about her relationships, creativity, greater self worth and a desire for more connection (Miller & Stiver, 1997).

### **Intimacy issues.**

The four married couples all reported a generally positive sex life. Mike described his marital relations with Amy as “great sex.” Doug reported that intimate marital relations with Donna was “beyond what he could have hoped for.” James, however, worried that he believed his wife would prefer an increase in the frequency of marital relations. He felt confident that their sexual relations were otherwise very positive. Valerie expressed a desire for her husband Peter to be more adventurous during their intimate relations and this made Peter feel that he disappointed her. Peter described that he struggled with sexual intimacy and that it was related to his past abuse and the fact that he did not have any examples of healthy intimacy as a child:

As far as intimacy goes as a grown man, a married man, there were just certain parts of intimacy that I simply could not do, absolutely could not do, oral sex being one of them, I didn't like either side of that, um, and I lacked intimacy in general, sex was a mechanical thing, it was a physical, you know, kind of thing and that's what it had to be about, I tried, I tried to be very logical, I tried to be inquisitive and read books and whatnot, cause I didn't have a normal childhood where you see mother and father, where you see the handholding, I didn't really have a whole lot of that.

James believed that his wife would complain about their sexual relationship and he felt conflicted about that:

And you know, my wife [Delia] will probably say there's not enough sex going on. She kind of feels like my libido is low but when it's there, it's great. I don't know. I'm a bit conflicted about that.



James explained that his wife's attitude sometimes interfered with his desire. He also valued intimacy before sex, and he struggled with feelings of inadequacy as well as triggers associated with his past abuse:

It's hard to do everything and have time, and my wife, even though she's got that harsh edge, sometimes that cuts across into our intimacy. Sometimes she can be abrasive or abrupt and that kind of kills it for me, you know. I'm a bit of a romantic so I need a bit of time together, intimacy, and then lead into sex. Our sex is great, it's fine, I wish it was more, and yet, I struggle to be enough to satisfy her. And sometimes things are stirred up or triggered and that puts me off to it [sexual intimacy].

These insecurities represented disconnections that might lead to further isolation and shame.

They may also have represented a false idea of male strength, one that was based on a privileged model of success and competence.

Mike and Amy described their sex life as very positive. Donna described her husband Doug as a "great lover" and she espoused the importance of wives being sexually generous with their husbands. Doug expressed some feelings of sexual inadequacy and difficulty in verbalizing his sexual desires. Steve's wife Ali expressed surprise that he was not more physically affected by his childhood sexual abuse, but the couple did not plan to consummate their relationship until after marriage. Ali made the following observation:

I felt bad about it because I know he'd been shot and he'd been molested by a babysitter too so it was like...I'm actually surprised how he handles everything. The fact that he was abused does not seem to affect our intimacy at all. You'd think that he would not like to be touched at all or like to be near people so it doesn't really seem to leave any problem. So I wouldn't truly say he's upset by it.

Male survivors' difficulties or lack of difficulties when it came to physical intimacy may have depended on the severity of the abuse they endured or on the degree of healing they had experienced. Their willingness to engage their partner in a discussion about their insecurities may also have been an important factor in the healing process.

**Fear of abandonment.**

As described above, Mike feared that Amy would abandon him and the fact that she chose to stay with him had a powerful impact on his recovery. Mike also explained how Amy's decision not to leave him demonstrated her unconditional love:

Well I think the number one thing that she did is not leave me because I expect in all aspects of my life to be abandoned, whoever you are you will eventually decide this doesn't work for you ... and so I sort of expected her to leave me, and not leaving and caring about me is one of those things that helps me to heal because you know that it is possible to have someone who shows more unconditional love than, I guess knowing there's more unconditional love from that than I would have known otherwise.

Here Mike transitioned from insecurity to trust. He still had many doubts but he was beginning to recognize that her love was sincere and that she did not plan to abandon him.

**Fear of repeating abuse and the protection of children.**

Doug's wife Donna described her previous struggles and fears about possible reenactment scenarios and how she would handle them:

The only reasons I would ever leave Doug would be safety issues with the kids, which given that they're adults now is not a problem, or if he hated me and wanted to be free of me or left me ... The thing that I think we all fear is a reenactment that involves a child. That's the thing that would be horrifying and fearful. But there are all kinds of other

reenactment scenarios or acting out or whatever that could be disruptive to a marriage so I'm not in a child situation that makes things, it's a whole different ball of wax, when you're not even having to think about that issue, but when it comes to the other things you have to, at some point you have to face those demons in the night, and you just ask yourself, um, what would you do, and there's not really an answer for that, it's just the same as before, it's prayer, and it's hanging on to them because you love them. It's a tough question. I haven't really talked about it before.

Peter shared that his greatest fear was that he would lose control and harm his children or hurt others in some way. He worried that mental illness in his family might suddenly manifest itself and/or that his past sexual experiences might affect him now:

But what I was saying earlier is that morally I've got these boundaries and masturbation is wrong and sex with multiple people is wrong, and I still did them, and I can't explain it but I still worry, I have this fear in my head going back, the older I get, the more information we have out there, seeing the news, seeing these horrible things that happen and then and everything comes out as to what they did and whatnot, I really worry that these sexual deviant things that I did, if maybe that was a warning for somebody else, and I don't see the warning, and I'm going to do something worse down the road, cause I can only blame not being educated for so long ... [he describes a fear based on mental illness in his family] is there some secret time bomb in me that's going to blow up some day and I'll go on a raping rampage or I'm going to run my life off because I want to be bisexual, I just worry that there's something around the corner, I mean do I have those kinds of urges, no, but I just have this unquenchable fear that there's a psychological thing that is ticking somewhere that a switch is going to go off and (pouf), and some of these things

that are wrong and you can't do cause they're wrong, suddenly that line is not going to be there anymore, there's going to be a door or a window that I have to go through.

Peter sometimes had trouble believing in his ability to control events and doubted himself. The repetitive violations from his past affected his personal sense of strength and self sufficiency despite the evidence to the contrary.

The male survivors in this study who had children all reported a strong desire to protect their children from abuse. This desire led to the setting of healthy boundaries and at times also hyper-vigilant behaviors. In connecting his past abuse with his current behavior, Mike recognized that he was extra cautious with his daughter and that protecting her had a restorative importance for him:

Definitely it is helpful to understand that [connection between past abuse and later behaviors]. I don't know that it makes me feel any better. So, I understand it, but that doesn't mean that I'm cool with it or okay with it, it doesn't mean that I can interact or – because I believe very much that my parents failed me in, like, a huge way but it makes me like hyper – I know from this I'm hyper-vigilant about my daughter.

Peter shared a fear that he would not know that his children were in danger:

The other fear I have is that the kids are going to be in a situation with another adult, and I'm not necessarily going to recognize that that's what's going on, so I've always been afraid I'm not going to be able to protect them from that kind of stuff and that's not good.

Peter also expressed a need to restore the past through his children by giving them a life that was better than his own:

I always wanted to have kids, but part of it was that I wanted to give them what I didn't have, almost a way for me to give back in a sense, not really but kind of. I knew that

what happened to me wasn't right and so I had to make up for it in some other child's life and I wanted to do it right and show that I could be a responsible parent.

This desire by many survivors to somehow make up for the past by being a good parent represented a desire to transform the culture from disconnection to connection. This form of resilience meant that they were no longer immobilized by shame and isolation; instead they were making an effort to restore connection. They transcended self interest and showed a capacity to love others. They believed in their own ability to effect change when they consciously and actively improved the life of another person.

### **Emotional attachment and authenticity.**

All the participants affirmed that they were emotionally attached to their partners. Mike's wife Amy expressed that they were emotionally attached but that had been challenged by Mike's recent disclosure of his abuse and acting out which caused her to doubt his authenticity and that of others. They were working together through the trauma to rebuild their trust and an important component of that for her was learning to empathize with his struggle:

I think that we're definitely emotionally attached. Of course there is always the question, after surviving through the trauma that I've been through there is always that question, "is this really what he wants" so [tearful] that's part of us rebuilding and working, you know, so I mean we're working on it so he's still here, you know and we're still together, so I think that that is just something that we work on and build on to learn, because when you've been devastated and your whole world turned upside down, you begin to question the authenticity of not only the person that you've known for so long but everybody, you know, so you kind of have to rebuild that together and figure out – you know that helps sometimes to empathize with him.

Whereas Amy had to rebuild trust with Mike because of the trauma to their marriage, Steve's fiancé Ali felt that they were beginning their marriage with authenticity. Nevertheless, both relationships were grounded on an emotional attachment. Ali explained how their sharing made them more emotionally attached. She felt that she really knew him:

Being there emotionally for each other, being able to talk about stuff maybe we don't want to talk about with any other person, being supportive about it so that even if it is hard to talk about, you can still do it, and I would say that is a big thing with me is that, just being able to say it, the verbalizing it to anybody is harder than anything, yeah it's probably just brought us closer and sort of not having any of those walls there, and so knowing that you're building a future with somebody that you really do know.

James explained that his attachment with Delia was based on being real with each other and that she understood him:

Yeah. I think she gets me and even though she doesn't tolerate all of my quirks, you know, if I'm trying to talk to her and she's trying to go to bed, she'll say "no, I'm going to go to bed. Goodnight, Love you, goodnight." .... But it works for us, the way we communicate. We both are real with each other, we communicate with each other, we speak the truth and we come back to things and we don't let it fester.

Doug's wife Donna described her connection with Doug in no uncertain terms:

I feel deeply, deeply emotionally attached to my partner, deeply attached, I care for him and I truly believe that he cares for me, and I love him and I will always love him no matter what happens and no matter what I should find out tomorrow or for the rest of my life, if he were suddenly cruel to me from tomorrow to the rest of my life, I could never

stop feeling the love I feel for him because it's grounded so deeply. I feel a very complete emotional connection with Doug.

Despite their different circumstances and struggles, all the couples described their relationships as grounded in connection and empathy, even when in some cases trust needed to be restored.

### **Supporting each other and friendship.**

All the participants affirmed that they enjoyed a friendship with their spouse. The couples reported that they accepted each other, complemented each other and brought out the best in each other. Doug and Donna believed that relational resilience involved sensitivity toward each other and maintaining a strong connection. James and Delia described resilience as taking charge and creating a vision for the future. Both couples recognized the need to sometimes let go of minor grievances but always address serious issues. Steve and Ali described resilience as working through bad things together. Humor and playfulness were also described as important components for friendship and happiness.

The movement from insecurity to greater levels of trust was important. The male survivors in the study said they have challenges trusting others and often experienced the world as unsafe. Disconnections with their partners often led to more insecurities and greater levels of isolation and shame. There was often a fear of abandonment and a fear of losing control and hurting someone else. In some cases the female partner had also experienced childhood trauma or else vicarious trauma and she had trouble trusting as well. Movement toward greater levels of security was established through communication, active listening, and mutual sharing. Emotional attachment, authenticity, friendship, and an active sex life were all important in maintaining a sense of safety. Survivors also developed a greater sense of security when they effected positive changes in the lives of others.

## **The Movement from Fear and Hopelessness to the Development of a Deeper Relationship with God and Helping Others**

All five couples identified themselves as Christians who were active in their respective churches, and all five couples described how their faith and spirituality were important components of recovery, healing, and resilience. Steve was molested by a priest and although he continued to be a devout Catholic, he had to process his feelings about priests and the church in general. James, Doug and Peter were not raised in typical church-going environments and yet they were all three attracted to the church at a very young age. All the male survivors experienced some struggle with their relationship with God as they processed their experience of abuse. All the female partners, except Ali, who was a convert from Judaism, were raised in traditional Christian homes. All the couples expressed that their shared faith was an important bond that sustained them during difficult times.

### **Struggle with God.**

All of the male survivors in this study struggled at one time or another with their relationship with God. Mike attributed his current struggles with a belief that God was teaching him a lesson and his wife Amy stated that Mike considered himself punished by God. She said, “You know, he thinks he’s being punished when he’s going through something, so all of these things, yeah. It’s a place where we’re just kind of existing at until we’re at the other side.” Mike stated that God was “messing” with him on more than one occasion. He described God as punishing him and that even though his church taught that God was love, he still believed that God has damned him and that he was bound to have a tragic life:

Oh, God in my world is a punisher, He’s not who he’s supposed to be. I’m Baptist or Presbyterian or whatever, I see God as, the Baptist Church teaches that God is love and



that God is good but I see him as that punisher, if you don't do what you're supposed to do then I'm going to make your life tragic, I will take my hand from you. And I told you that before all this happened I assumed that I was damned to hell. I was like, I'm going to hell, my job is to make sure that Amy and Karen are taken care of, that their lives are good.

James recalled how there were times when he questioned God because he believed that he was doing his best but he could not find work and the family was in dire financial circumstances:

So am I super perfect Christian? No, I swear, I sin, I mess up, but I still keep getting up every day and I keep trying and I don't give up and I keep trying to be resilient and recently my struggle has been about being out of work, and not knowing my calling, and my destiny, and I felt like I was off track with that, I felt like I was obedient to write the book, and then I'm like ok God where are you? Where's the provision? ... and we were moving in the direction of foreclosure, can't get a job to save my life, what the heck is going on, where are you God?

Ali described how Steve had been able to separate individual priests who had failed in serious ways from all priests or from the church in general. Nevertheless, he sometimes struggled to reconcile his faith in the church with the sexual abuse that he experienced:

I notice it only comes out, he is still wary about priests like when we talk about having kids and sending them to Catholic schools, that's already been decided [that they will go to Catholic schools] Like we've talked about kids for four years like everything's really planned out and you know he was an altar boy when it happened, like the whole thing is really cliché as far as the molestation stories go...so I've asked him if he wanted our kids to be altar servers, would you want them to be involved in that and he kind of doesn't

which is odd only because he is really religious and devout but there's still that kind of nagging question about it ... he still has these feelings like, "I don't want my kids to be alone with priests in general."

Peter discussed his struggles with God and whether the abuse he suffered was a form of punishment. Although he recognized that his ideas were not theologically sound, he still felt that God was punishing him:

There was this one time in my life that I got away from God, there were times when I thought God left me, and I thought I was angry at God, because if God is such a loving God, why did God allow me to go through these things because other than original sin, I did not do anything to deserve what happened to me as a kid, you know I have this weird screwed up thing, and I know this is against my actual beliefs, but I still had this belief in my head that the bad things that happen in life is God's way of punishing us for our sins, so if something bad happens after I majorly sin, I know that's my demerit, that's my spanking, *and God doesn't work that way*, but still in my head that's how it works so if there are all these bad things going on then I must be sinning more than I realize, warped perception.

### **Thankfulness and gratitude.**

All of the participants expressed gratitude despite their trials. James considered himself blessed that he was not more "messed up". Both he and Delia recognized how God had placed people in their lives that had helped them. James believed that God guided them on their journey and this also inspired them to want to help others:

I also think that God navigated us through this weird path that we were on, this weird upbringing ... We sort of became more aware of that as we reflected back on our lives and

our upbringing, we saw how the situation here where God moved in a put this person here to help up deal with this, and then this person came along, so we sort of feel like we were blessed when we were growing up, even though, even through, this tip of the iceberg that we've just shared with you. If I had opened the Pandora's Box and I started talking through this and that that I lived through it's like, how is it that I lived through this, how is it that I'm not more messed up than I am? I don't understand it, I don't know how to explain, so but we feel like we were blessed along the way, we had people come along and help us deal with all those difficulties. Yeah, there was crappy stuff but there was also blessing, too. And that's what caused us to just wanna pay that forward.

Peter expressed gratitude for his abuse because it made him the man he is today. He felt that his negative experiences taught him responsibility and prevented him from being spoiled:

I'm thankful, screwed up as this whole thing is, I am thankful for all the abuse I went through, I am thankful for all of the stones I had to walk across to get to where I am today because it's only those things that have made me who I am today because my [adoptive] parents spoiled me like you wouldn't believe and if I had been raised that way I would have been a spoiled brat probably strung out on drugs with an ivy league education and all these kinds of things but I wouldn't have any sense of responsibility.

Peter also commented that God had some purpose in allowing the abuse to take place. He believed that God worked through him to comfort and support Valerie:

God gives us this stuff for some other purpose down the road, and it's in this marriage that I've realized some of that purpose cause I've heard and said some things and I don't know where it came from, God kind of took over my body and these words came out of

my mouth and it was explained in a way that made her understand because she's had, because she's had a lot of bad stuff happen both as a child and in her first marriage.

**Suffering and transformation.**

Peter discovered that although others abandoned him, God did not:

You could ask anybody today about my parents, they are good Christian people, and so I had that, and thank God I had that, because when I strayed and turned my back on God, like my [adoptive] parents hadn't given up on me, I could always come back to God.

James learned that God wanted to take care of him and did not want the abuse to happen. James discovered that the abuse he endured broke God's heart. James was able to experience love from God in a profound way:

It was later on that I understood freewill more, but at first I had to understand that God didn't want that to happen, that wasn't in His plan, that was just this guy's plan ... once I understood that God didn't want that to happen and that it broke his heart to watch that happen, then I had a connection that was very strong, and very early on, that was sort of the bedrock of my faith was wow, and then it was more like, even though I had this really screwed up life, I was lucky to have my grandmother who was a Christian and she was this really strong good role model in my life ... I always knew that I had God, and I knew that He really loved me and that it broke His heart that I had to go through that and I felt really loved for the first time.

James eventually saw God's purpose and how God wanted to work through him to make a positive difference. He believed he was inspired by God to write a novel about a boy who had experienced sexual abuse in order to help others:

I felt like God was giving me a clear direction that you have to write this now cause I had thought, oh, I should put this off and wait till the boys are older and I have free time, and that's when I should write. But He's like, no, do it now.

James' wife Delia also saw how God might take something like abuse and turn it into something that might help others:

I wouldn't want him to be abused, I don't like that fact that he was abused – you never want to hear about that happening to anyone, ever. I don't dwell on that. I think it has empowered him in many ways and I think God is going to use that in many ways and I think that God uses all things for good, so I think there is more to this story, I think there is more to my husband's story. So he was abused and he went through the trial and he went through these things and he wrote this book, and maybe it will help someone or maybe it won't, but maybe it helped him to write it, and maybe we are being called to help others. It's something we've often talked about. I think that is the effect of the abuse. That's where we look at things and that's how we take things.

Peter's relationship with God allowed him to express his emotions more fully because he discovered that God wanted to have a greater emotional connection with him that transcended duty, responsibilities, and achievements:

I let myself be emotional with God and I realized God wants to be emotional with us, he wants that intimacy with us and not just going to mass every week, not just being good little Catholics and do what we're supposed to.

Donna described how her relationship with God prevented her from obsessing. She also prayed over her husband and her children:

I could have become very fearful and obsessed about knowing that I was doing everything I could to protect everyone in my family and to support my husband in whatever he was going through. I think that if I did not have my faith in God I could have become a nut job in that way, and I felt it was very important to try hard to do my job and then put it in God's hands and I hope that I will never find that I made a mistake that was serious for anybody in my family, but if I ever do then that will be how I will deal with it because I did put it in God's hands. I spent a lot of time at night when I was stressed and Doug was asleep and I would pray over him and sometimes I would make the sign of the cross over Doug while he slept or put my hand over his head over his groin, his penis, or his feet, or his hands, or his heart and just pray for him, and that part of him, and for all of him. I prayed for my kids too, I felt that having a relationship with God helped me balance vigilance with peace and trust, I think that was important.

Doug described how the example of Jesus had helped him make sense of his own suffering and later transformation. In this way he adopted a non-stereotypical and non-hegemonic masculine identity based on empathy, understanding, and compassion for others:

My Christian faith and the example of Jesus' suffering has helped me to identify with a different kind of man, in other words a man who heals and a man who brings wisdom, and a man who suffers and dies for others and then is renewed and transformed, I relate to that man, because he's the opposite of my abuser and he understands suffering, and I understand suffering, and my suffering I think has made me more compassionate and more empathic and that's actually a good thing, and my wife agrees with that so I don't mind being counter cultural and I don't mind not being a stereotypical guy and I'm proud of that.

The movement from hopelessness to a greater relationship with God and helping others began with a struggle with God as the survivors worked through their feelings of being punished or abandoned and asked questions about why God allowed suffering to happen. In cases of clergy abuse there was the added struggle of how or whether to trust the church again. The survivors described a journey where they learned that God did not want their abuse to happen and that God had not abandoned them. They described experiences of God's love and this helped them to express emotions more freely. They also expressed gratitude for the positive transformations that had taken place in their lives through the recovery process. They were thankful to others who had helped them, grateful for their own resilience, and actively engaged in activities to help others. The church community had the potential to be a place of support where positive images of masculinity might be developed through spiritual growth. Examples of growth and resilience such as Peter's community involvement, James' novel writing or Doug's revised vision of manhood all represented what Jordan (2004c) described as "new images of strength, in which vulnerability, connection building, serving others, seeking justice, and being encouraged and emboldened *by community as we build community*" (p. 25) that transformed culture from disconnection to connection.

### **The Movement from Restricted Emotionality to the Development of a Deep Level of Connection with Partner**

As the couples described their journeys from disconnection to greater levels of connection, one theme appeared over and over and that was the importance of communication. Active listening emerged as the most important part of communication. Peter and Delia valued open and direct communication. Doug and Donna described catharsis and healing that came

from truly listening to each other. Mike shared that he was able to begin to trust Valerie because she carefully listened to him.

**Fears vulnerability.**

Mike feared that becoming vulnerable would only harm her and he compared his struggle with the experience of war:

I know what you're saying [about the benefits of opening up], on the vulnerable side, I think that when people say that I automatically translate that to let me share this terrible nightmare with you and I'd like you to wallow in the dark with me, and like, why would I invite anyone into that world, like why would I have that conversation, why would I – it's like the person who's been through a war, why would I tell you the story? I don't even know why you would benefit from the story.

Later, Mike equated being vulnerable to being selfish:

Well it's like something you watch on a TV show, and they there's something like Killer Clowns from outer space, and you went to sleep and dreamed about killer clowns from outer space, so like it's this whole thing of putting something into somebody's world that you should never have in your world and now you are trying to figure out how to. And I feel I'm open now, like I know I'm having the situation, like I know the route better, of being vulnerable as being selfish.

When asked about what helped him become vulnerable, Steve replied:

People go through periods in their life, they change jobs, they change friends, personality, um, at a certain point you realize that whoever you were is not necessarily who you are now, and that may have brought about the openness in me.



Steve was willing to change and accept a new identity. Steve then discussed the false idea that vulnerability was a female quality. Steve explained that through education he learned that our modern norms are not timeless universal norms. He also expressed that he felt more freedom to be himself. When asked how he overcame the male stigma against being vulnerable and expressing emotion, Steve replied:

Maybe years of being an English major [laughter], read enough poetry you start thinking in flower language I suppose. This is an aside but in the 18<sup>th</sup> century men would dress up almost feminine-like wearing so much makeup and things like that, the idea was to confuse the female heart, in other words by being more sensitive and being more feminine they could confuse a woman and therefore win her over for worse objects of course; this is what rakes would do in the 18<sup>th</sup> century. And I guess for me, I never adapted that [being a rake or wearing make-up] and made it a part of my personality. I realized that being less “open” may be more a part of our time than it has been for all time, and I guess with some academic background you can realize things have not always been the way they are now, and that you can express more fluidity in who you are and be more open.

In the following interchange, Peter articulated that he had a fear of being completely known and this fear was linked to being judged:

Interviewer: Is there anything you would want to know more about?

Valerie: Not really, unless there's something he wants to talk about, I'd like to know everything about everything usually, but not on my time, I'm patient, about everything.

Peter: I do have difficulty with that. I do have this fear, this fear of somebody knowing everything, and part of it is that it's embarrassing or it's not relevant to the relationship, the situation or whatever.

Valerie: Or you think somebody will think different of you.

Peter: Yeah, I'll get to that, yeah part of it is judgment, that is one of my biggest weaknesses in life is that I'm afraid of being judged.

Doug explained why it was hard for him to be vulnerable and how it related to trust:

I mean she really can't understand why it is so hard for me to be vulnerable and to share things and she can't always understand why I withhold things, and she thinks maybe it's because I don't trust her or something, and she doesn't really understand that about some things I can't trust, and that I'm so wounded in some ways that I can't even articulate my feelings at times.

Donna shared how Doug's disclosure brought them closer together as a couple:

He made himself profoundly vulnerable to me on that evening. My heart broke for him and I wanted to comfort him and at the same time it drew me closer to him. The fact that he opened up to me, made him, made our relationship more precious to me. It gave me a lot to think about. It didn't in any way negatively affect how I thought about him and felt about him. So that wasn't part of the reaction.

### **Difficulty sharing emotional pain.**

As expressed above, Mike avoided sharing his painful emotions with his wife Amy because he viewed it as a nightmare that would only be a burden for her. She believed that he still did not share his emotions and that he compartmentalized his life. When asked if their post-disclosure relationship was more positive or more different, Amy replied:

I would say it's different, like re-learning who he is and not that he shares everything with me cause I still think that he likes to keep things away from me and protect me and deal with things on his own, he's not completely open, you know, like for example his weekend [of recovery for sexual abuse survivors] that he went away, he told me it was a great experience, he experienced all this but he didn't necessarily tell me everything, he didn't tell me a lot of specific things, you know so he's kind of like that, like he still wants to protect me, he still wants me to, I guess for me to be in his family box, this is my family and this is how I live my seemingly normal life, and that kind of stuff so, so integrating the thing that he has kept a secret, with me, I think is difficult for him.

In fact, Amy herself experienced a great deal of pain which was explained to her by her counselor as vicarious trauma. In this interaction she expressed how painful it was for her that he was unwilling to share his feelings and talk with her. When asked what she had done that had worked to help her cope, Amy responded:

I don't know. Like what I said with what the other therapist told me was try to think about it at a certain time ummm understanding it as a traumatic thing that happened to me. I don't know what I do. I don't know if there's anything I've done that has necessarily helped. I need to get advice for that. It is still very painful. I mean what was I supposed to do?? Obviously it's still sensitive you know. You know he really doesn't want to talk about it, you know, because it makes him, it's painful for him to talk about it and to talk about why so if it ever comes up it's like he doesn't want to talk about it in details. He just doesn't want to talk about it.

Amy discussed how Mike wanted to move forward and erase the past despite the fact that she still experienced pain:

I did eventually get to the place where I could say that I forgave him and that we could move forward and then let's put it behind us and then and try to move forward from it. I guess what he expected was a complete, and in a way, you are supposed to be clean-slated, *but still the pain was still there*, you know, so we still have to deal with that but I think that's what he wishes- is that he can just literally erase it from his life and so we, you know, it took some time and we just tried to move forward from that point.

In some cases it is the female partner who was unwilling to process painful emotions.

James described above how his wife Delia did not often want to process painful emotions with him. Delia expressed the position that it was important to move forward and leave the abuse in the past in order for it to break its hold:

I think everyone brings with them all of their experiences, all of their prior experience, and you mostly have some good, you probably have some bad, and you bring it all to the table and you say this is who I am, but we need to go forward from here. And you hopefully leave that all behind, thank you or no thank you, I don't need to be part of that anymore, you no longer have that hold on me and hopefully we've broken that.

Here Delia described her frustration when talking with James about issues and how she felt overwhelmed by the process:

There are times we try to talk and sometimes it doesn't work because one of us talks too much and others of us don't like to listen to so much talk. He tends to talk a lot, a lot, a lot and I can't get a word in edgewise and so it is hard, and he knows that, he knows. And by the time he's done talking, I'm done with the conversation. I don't want to hear any more and I don't want to talk anymore because I can't – it's too much for me to process.

Peter described that he was emotionally restricted in the past because no one ever taught him about expressing a range of emotions:

Peter: Back in my early days as a teenager and in my early twenties I was either happy, horny or angry, that was it, there was no, you know it's ok to be a little sad, it's ok to be anxious, there's so many other emotions out there, but still to this day I'm feeling certain things and I can't tell you what I'm feeling

Interviewer: Why do you think you were so emotionally constricted then? Where did that come from?

Peter: I honestly think it was a conditioned response, nobody told me that you're feeling this way, and first of all it's ok to feel that way, but secondly you're feeling this way and this is what that emotion is ... I didn't have anybody to say, you know, to explain this is what this emotion is and this is what it feels like, whether it be a positive or negative emotion so I think that's part of it and the other thing I think it was just my measured response, because I had to respond in one of two possible ways, it was to be bounce off the walls and be happy or excited or it was to be very angry, mad and mean physically or verbally.

Later Peter discovered a range of emotions and became comfortable with expressing them. He had to overcome a reluctance to shed tears. He later viewed expressing more emotions as a process of integrating male and female aspects out of a motivation to be a good single parent. He regarded this integration as rebelling against societal norms:

It wasn't until my girls were teenagers that I started trying to be more emotional, I mean not all sad and cry and this kind of stuff, but I allowed myself to cry at a couple of different movies, you know if I was going to be a single parent, by golly I was going to

be a single parent, if I was going to be both mother and father then I was going to be mother and father by golly, so I learned how to do finger nails, I learned how to do hair, I went to get mani-pedis, which you'd really enjoy and should try, and I started reading a little bit more to learn how girls think, cause I had two little girls, and you know what, that did something that was completely contradictory to society cause I'm not supposed to do these kinds of things, I'm not supposed to be in touch with my emotions, I'm not supposed to cry at movies but I was doing it anyway, I always was a bit rebellious, and sometimes it's not always a bad thing.

James described a similar transformation and linked his lack of emotional expression as a boy to his abuse. He now made sure that he taught his boys to appropriately express their emotions:

My dad's generation they weren't supposed to cry or have any emotions and here I am this super sponge of emotion, so I don't really line up with the definition of what it means to be a "man", you know you're not supposed to cry, well, for me, I didn't cry and I was numb to my emotions because of my abuse, I retreated into myself and didn't let myself have any feeling of anything for years, I can count on my hand how many times I cried in my life, because I was so shut off from my emotions, and that was the way that I coped, and I understand now that that was what I was doing back then, but back I didn't know that it was so destructive, so when I see my boys acting like that, I don't let it go, I deal with everything right away, because I know it matters a lot, you know I seek out books that talk about masculinity from a godly man perspective cause I didn't have that.

In the case of Steve, he liked discussing his feelings and sharing his internal struggles with his fiancée. He described the importance of naming the abuse and how that broke its power over him:

Interviewer: You said you've been dealing with it and processing it for years now, what has been the most important part of that processing? What has helped you the most?

Steve: The most is actually *naming it*; it's always easy to blame all your problems on one trauma that's obvious to everybody that you're more open to talk about [than childhood sexual abuse]. So if you're hurt in a car accident, or in my case being shot, it's always easy to point and say all your problems come from *that*, when in fact there may be underlying problems that may even be deeper like childhood abuse, that may have been repressed to the point that you don't even think about them, but it may have something to do with why you act the way you do.

Interviewer: So naming the sexual abuse was a big step?

Steve: That was probably the biggest step. The first time I was actually honest and told people about it, I think at that moment a lot of my bad behaviors just [he makes a swoosh sound] or the desire to do acting out almost kind of vanished.

Steve's fiancée Ali also expressed the importance of naming the trauma and processing it emotionally:

Being there emotionally for each other, being able to talk about stuff maybe we don't want to talk about with any other person, being supportive about it so that even if it is hard to talk about, you can still do it, and I would say that is a big thing with me is that, just being able to say it, the verbalizing it to anybody is harder than anything, yeah it's probably just brought us closer and sort of not having any of those walls there, and so knowing that you're building a future with somebody that you really do know.

Amy addressed the importance of Mike learning to open up which was facilitated through counseling:

We started going to the therapist together, and that was essential, because you know he had been keeping all these secrets ... He was not revealing this other person, so going was helpful, and us learning how to communicate and talk about things appropriately and to learn how to listen to each other, pinpointing what the problems are, that sometimes he will see something one way and refuse to listen to me, or it will become a combative conversation instead of one that we can deal with and work on something. It can depend on what kind of mood he's in or what he's going through and going is helpful in communicating and getting to a place of healing. So maybe going to therapy was helpful because it helped him to open up to help us to kinda figure out where the holes were and where the hurt was for him, so that we could kind of mend and heal from that.

**Vulnerability.**

Amy explained that it was important to her that Mike opened up with her and did not try to work through his issues on his own:

If he leaned on me more, you know I know he doesn't want to but if he leaned on me more and shared, it would help me to feel like more I was a part of the solution and healing of the marriage, than again talking with other people about it or doing things on his own or struggling with it on his own. Cause that's what he's done for the past 40 years, or however long, he dealt with it on his own, right so that represents danger to me, but you know we're working on it.

The desire to work through problems alone may reflect the western masculine norm of individualism. Jordan (2004c) claimed that the "denial of vulnerability is one of the greatest costs of male socialization" (p. 16). Doug's wife Donna expressed similar concerns about her



husband not relying on her. She questioned herself and whether she had been too needy in the relationship:

I just wish he would be as diligent about leaning on me, letting me understand how I can help with other things. And of course I ask myself if maybe I haven't been the wife to him that would enable him to do that, perhaps I have been a little too needy and he holds back what he thinks I can't handle. So that concerns me these days if we get right up to date on how these things have affected our marriage and relationship.

Peter described the process of becoming vulnerable with his wife Valerie and how she did not hurt him when she might have:

She has been privy to some really deep times in my life and she's held it very, very well, we've had two arguments, most people wouldn't consider them arguments but for us they were, we've had two of those situations, those times when people throw up these things just to hurt you and make you feel bad, and why we do it, I don't know. We want to hurt the people we care about, and so I know sometimes she could've done that, and she didn't do that.

Jordan (2004c) described one component of relational competence as “experiencing vulnerability as inevitable and a place of potential growth rather than danger” (p. 15). Peter also described that becoming more vulnerable with Valerie had also helped him process the death of his mother:

I'm still trying to process the death of my mother, it gets easier over the years, I've now told people at work, there are certain days of the year, there are certain seasons that are difficult and I cry like a baby, and it's kind of like counseling in a way because in that whole process I'm expressing things emotionally or I'm trying to process.

When asked how he learned to become vulnerable, Steve explained that he realized that he was not the only one to experience trauma and that he simply decided to take the risk to be transparent:

I suppose, just transparency, at the end of the day, I think some revelation may have hit me before I started dating Ali, and it may have been that, honestly, Steve, most people have gone through similar things, also, if you just tell her about everything it's not a big deal, so some sort of like transparency mission, let's just be honest about everything and see what happens.

### **Disclosure.**

At one point or another, survivors had to face disclosure of the sexual abuse and in some cases disclosure of the negative consequences associated with the abuse. Four of the male survivors interviewed in this project disclosed their history of sexual abuse at the beginning of their relationships. Early disclosure appeared to have had a positive impact on these relationships as well as on the healing process. Mike was the one participant who did not choose to disclose at the beginning of his relationship. After twenty years of marriage, his wife discovered that he was having a sexual relationship with another man. When she confronted him, his whole sexual history was revealed and she and their counselor identified and named his childhood experiences as sexual abuse, something he had never given himself permission to consider. This forced disclosure, although agonizing and difficult at the time, helped validate him as a survivor of sexual abuse and began the slow and painful healing process. She explained the disclosure this way:

I found out that he was unfaithful and then, when I confronted him with it, he just immediately blurted it out, you know, he didn't know it was CSA [childhood sexual

abuse], he just thought it was him because he participated in it or he wanted it...he was confused when it happened ... he's been seeking out help since his childhood but they were toxic people and were always giving him bad advice, and so he didn't know or understand and so he just immediately blurted it out, *and I was like that should have never have happened to you*, then you know of course I told you that I had recommended that he go for some help.

Doug described his yearning to share his struggles when he was a teen:

I remember that I wanted to tell somebody and I remember thinking, I was very involved in church activities, and I remember thinking that I wanted to tell a priest, but I never did at that time, the first person I ever shared it with was my best friend in high school and he was just quietly supportive, and so that was positive, and in college I shared it with a few more people, a couple of friends who were very supportive, and a priest who actually did some healing prayer with me and really helped me work through and process my feelings about what had happened.

Doug also described the negative experience of having his mother discover the childhood sexual abuse through someone else:

My parents separated for other reasons because my father was prone to drunken violence and then later it came out when my stepbrother had read my diary and shared that with my mother and the whole thing came out and I was of course mortified and my mother was already upset and frazzled dealing with a new blended family and now seemed completely emotionally devastated by learning this, so my worst fears really came true when it became, when it was revealed. I don't remember getting any real kind of support.

Doug described disclosure to his wife as a positive experience because she was supportive:

When I thought the relationship might become more serious, I thought it was important to share with her what happened to me and how I understood it then. And I did. And that was actually very healing for me as well. I had shared my experience with just a few people, maybe three or four people. And in those instances where I shared anything with people it was generally positively received. It was very difficult for me to do and um anyhow when I shared with my wife she was very supporting and loving, well she wasn't my wife then, but she was very supportive about it and loving about it and understanding.

Steve's fiancé Ali believed that his willingness to disclose was partly because of the recovery work that he had done with Alcoholics Anonymous:

He'd never told his parents or anyone about his sexual abuse by the priest. And I think because he was in AA, and his sponsor knew about it, and his sponsor told him he needed to tell somebody about it, so he was writing an email to somebody at the church, somebody in the archdiocese, to tell them about it, and that's when I first heard about it because he also decided to share it with me.

Ali explained that it was important to her that he disclosed his abuse early on in their relationship. She was also able to disclose difficult things from her past and he did not judge her.

This created a positive foundation for the future:

I think maybe because it happened at the beginning [disclosure of his sexual abuse], and like I was saying, just who we both are and where we both came from, that may have made a difference too just because a lot had happened to me and I had brought a lot onto myself. And so him not judging me for it, and maybe just learning about everything at the beginning, that may have helped out.

Peter also disclosed his history of abuse to Valerie before they were married. This helped her to trust him and share her own struggles. His honesty and transparency was also an important foundation for their marriage:

Valerie: I just figured he could understand some of mine more because he'd been through it. I believe we actually understood each other some

Interviewer: So that helped because he could relate to your wounds and things you'd been through, someone who actually understood what it's like to go through pain and difficulty and yet...

Valerie: and was actually honest about it.

Interviewer: Did it make it easier for you to share?

Valerie: Definitely. Cause I've told him things I haven't even told my mother.

### **Accessing and processing emotions.**

Valerie described Peter as being able to identify her emotions better than she could. James depicted himself above as an "emotional sponge." Ali offered that Steve was "caring, supportive, I think he's sensitive, like most guys he doesn't like to hear that he's sensitive, but sometimes I think he's more in touch with his emotions than I am." Ali was impressed that Steve was not afraid to appear weak, although she did comment, like Delia above, that it might be overwhelming at times. Overall, however, Ali was grateful that Steve was willing to share his feelings:

Especially things that are traumatic or make them [men] seem weak, like I'm surprised he doesn't seem to have that much of a problem being open with me about how he feels because a lot of the times he's the one who wants to talk about the feeling side of a lot of things, and so I'm kind of lucky in that aspect that it's not like pulling teeth to get him to

explain to me how he feels because he's in touch with his emotions and he likes talking so right there [chuckles] ... It can be almost too much.

When asked about his ability to share his emotions, Doug responded that he was comfortable with expressing emotions despite some challenges. He felt that his experience of abuse actually helped him in this area and that he was more emotionally expressive than most other men:

Most of the time I do [express my feelings] and I am a person who is able to cry and I am very empathetic toward other people and I really think that my abuse has helped me to be a more empathetic person. There are some wounds and there are some places that if you touch I might not be able to handle the emotions well, but mostly actually I feel that I am more in touch with my emotions than most men.

The movement from restricted emotionality to deeper levels of emotional connection was hampered by fears of becoming vulnerable, fears of being judged, and difficulties with trust. Sometimes it was the male survivor and sometimes it was the female partner who had difficulty processing pain. The fact that men were often socialized to handle problems independently and not to express a range of emotions may present barriers to healing and recovery. When men challenged these restrictions, they became freer to be themselves and more willing to change and take on a new positive identity. Early disclosure, communication, and becoming comfortable sharing emotions were signs of resilience and recovery.

### **The Movement from Identity Crisis to Embracing Differences as Strengths and Reprocessing a Masculine Identity**

#### **Sexual identity confusion.**

All of the men in this study experienced sexual abuse at the hands of other men. All but one of the men described conflicted feelings associated with their sexual identity, and these same

men said that their identities were sexualized at a very young age. None of the men identified themselves as gay.

Mike described his first sexual experience which was with his cousin as confusing for him and caused him to question his identity:

I ended up having this cousin, and the cousin was always sort of in between houses and didn't have places to stay and that kind of thing, my parents being charitable, moved him into the house with us, and moved him into my bed and my bedroom and he was there for six months, and I didn't know anything about sex really at my age. I was between 10 or 11, and so he started doing things to me and of course, I had never, my first orgasm was with him, and I didn't even think it was childhood sexual abuse because he was near my age but probably much more sexually mature and obviously probably had somebody do the same things to him. That was the other thing that was really confusing for me cause I was like, well obviously this is what he knows and does so I should know and do too, and I would say I was probably more sheltered because I was a late bloomer, youngest in my class where I think he was the oldest, and he had been through all these different life experiences, his mom had had lots and lots of boyfriends and men through the house whatever, so basically that started for me confusion, what am I, who am I, what does that mean? That kind of thing, he was there for six months.

Mike also described how he felt like he was a target for men who would abuse him. He recently recognized that he was repeating a pattern where he continuously hoped to connect and create friendships with other males, but instead he felt that he was always used sexually and abandoned:

Well, having these sexual experiences young and dealing with my overall sexuality, I've tried not to be confused about it, but I've always been the target of somebody, or I've

been in the same repeated relationships. Now that I look back on it, it's easy to see it in retrospect, I was just repeating the same behaviors, thinking maybe this time I can fix it. Maybe this time this person won't abandon me; this time I can really be friends with him. I had an expectation that any male relationship will end with some type of sex involved ... and so I would get into relationships with guys in which it would begin with friendship, but I knew there would be an expectation of something sexual.

Mike later explained his sexual confusion and attempted to understand his same sex attraction:

I believe very strongly that, what was it I saw, I think it was on a church sign or something, we were up in the mountains and it said, any experience taught with pleasure is always remembered, or something like that, something along those lines, so is my same sex attraction because my first sexual experience was with a guy? Right? And that was what I was taught. Or am I programmed that way? I mean I've read, I've got tons of stuff and so is it because my dad was an absentee father, or that he didn't really bond with me? So am I longing for that bonding, like that father figure, that substitution? Cause even today he's a fraud, everything's fun and games and there's no like real connection. So I really try to figure it out because some people will say it's not a choice, right? And I maybe believe that that's true cause you can get to a certain point, and if I hadn't gotten married when I did, I think I could have easily just had an alternate lifestyle. But I don't regret because I think I have a stronger understanding of why someone might have that programming, right? So nurture versus nature?

Mike chose to marry Amy hoping that it would resolve his sexual identity confusion. The sexual confusion did not go away but Mike and Amy were able to have a positive sex life:



I also believed that maybe it would cure me and maybe if I, cause I had never had sex with a woman before I got married, so I was like maybe if that was the case if I could enter marriage and understand that I liked sex that way, cause I'm fine, I don't have a problem, cause some of the other people that you talk to who are gay say that they are not attracted at all, Amy and I have great sex, it's not a problem.

Doug explained his confusion related to his sexual identity and his frustration that he would never know who he might have been without the sexual abuse:

I had some sexual confusion, I felt like I was afraid a little bit about that, and that I wasn't prepared to share then. There was so little support for me to really have the opportunity to share that and to voice my concerns. And I did voice them to my pastor and he helped me a little bit to process that. But I didn't know where to go with that. I knew that wasn't you know, I knew that I wasn't gay, but I knew that I had confused triggers and confused reactions to things that didn't make sense to me and I hated it. I felt strongly that it was related to the abuse. So for me there was a feeling of anger and frustration that if that hadn't happened to me, I wouldn't have to deal with this, or if that hadn't happened to me, nature would have unfolded normally and I would be who I am. And now I have to somehow figure out who that is despite having to be in this crappy, horrible situation. So, you know, I'm struggling with all these things, maybe not completely consciously, and wanting a healthy happy relationship and having aspirations around marriage and children and life.

Doug shared his fears about getting married:

For one thing we were committed to having sex after we got married and not before. And for me there was some anxiety about whether there would be more consequences that I

just didn't know. Fortunately I think in that regard there weren't, so it's positive, and it worked out, at least on that level. Some of the struggles and confusion that I had sexually weren't gone or weren't taken away because of getting married or something like that, but I was relieved that I was able to have a healthy normal sex life with my wife.

Peter described the sexual confusion that he struggled with as he processed his experience of sexual abuse. As a young man he worried that others would assume he was gay and this was the source of a great deal of fear and anxiety for him. He attempted to compensate for these fears by behaving in hyper-masculine ways:

I had the normal feelings I think. I just felt really dirty. I didn't want to know about this [past experiences of sexual abuse] and definitely nobody wants to know about it because they're going to say I'm bisexual or maybe I'm just gay and in the closet and this kind of thing, I had a very big fear of that actually, I wondered if that stuff made me gay and I wondered if I was macho enough so I wouldn't be perceived that way, and I think that's normal for young men in middle school and high school to have that macho kind of thing but I was overcompensating for it because I was not on the sports teams, I was in the marching band, I didn't have some of the other male macho kinds of outlets ... I was really worried about that, you know, people are going to accuse me of that, or maybe I really am that, but I can't be that, because I knew that was wrong, and I knew that wasn't something I was going to explore.

#### **Absent and dysfunctional fathers.**

All of the men in this study had absent and/or abusive fathers. Mike described his father as an absentee workaholic who operated at a superficial level. James' father, a Vietnam veteran, was mostly absent and otherwise physically abusive. Doug's father sexually abused him for

years and then died. Steve's parents divorced when he was young and it was only in Steve's 20's that he began rebuilding a relationship with his father. Peter never knew his biological father and had no positive male role models in his life until he was adopted.

**Self esteem and self doubt.**

Peter and Valerie discussed externalized versus internalized self esteem. In this interaction Valerie identified that Peter was very critical of himself:

Peter: That's building self esteem isn't it [accomplishing things]?

Valerie: No, that's putting your worth in what you're doing instead of yourself

Peter: I guess that's true because I've kind of judged myself based on what I can do

Valerie: You're your worst judge. I can never judge you near as harshly as you do  
neither can anybody else

Mike expressed that he was very afraid of what others thought of him and how this limited his interaction:

I think everyone has an opinion and I'm scared to death to tell anyone my opinion cause I don't want them to tell me I'm wrong, cause I formed all of this and if you tell me I'm wrong and I don't agree with it, you're going to knock me off my pillar, like I feel like I have all these pillars, that was one thing I had all these pillars and they all got busted and I had to rebuild all these pillars, like what happened to me as a kid, what my family was really like...I was timid to tell anyone my new opinion cause that person might not agree and that might make me have some doubt and all of a sudden I'd go back into this spiral.

Resilience and self esteem often came from a freedom from self-denigration (Jordan, 2004b), but in Mike's case chronic disconnections stemming from his childhood created debilitating self-doubt.

### **Achievement orientation.**

In order to build a positive image of themselves, many survivors focused on career related achievements. Mike described how he focused on work and his responsibility to take care of others as a way to avoid his personal issues and this caused an identity crisis:

The concept of my job here is to make sure that I take care of other people and that I'm really disposable and that kind of thing, and part of that issue, too, I mean I had all the classic symptoms of not only the sexual abuse but then, you know, my parents are crazy, so – and so dealing with a lot of that and I, had like complete identity crisis through the period of time of, well why have I done anything that I've done, like have I done it because I wanted to do it or did I do it because I wanted to prove somebody else wrong or because I wasn't allowed to fail, those kind of concepts, so um, you know, my job up until a couple of years ago but I would say that it probably still stays the same, sometimes, is to take care of everyone, make sure that everybody's okay.

Doug described how he responded to trust issues and shameful feelings by becoming an overachiever:

I think that I have a difficult time trusting people especially men; I'm more comfortable having a few close friends. I mean, how did I overcome shame? Probably I've been something of an overachiever and so I've had to prove who I am and some of that I've done by being smart through education, and through my career.

### **Images of manhood.**

One way that male survivors learned to overcome their identity issues was to redefine their image of manhood. In so doing they began to accept that masculinity can take many forms and they are not restricted to negative culturally created stereotypes. Peter described above how

he adopted masculine and feminine qualities when he became a single parent. Steve also described above how he accepted a fuller range of emotional expression despite restrictive masculine norms. James and Delia described above how they viewed themselves as nontraditional parents because they saw their roles as interchangeable:

Mike saw himself as having some feminine qualities that he recently chose to embrace, I've had to be ok with who I am, so in a lot of the work I do I actually think it helps because they talk about the fact that women are better managers and better leaders and I think I'm more empathetic than most guys are because I feel like I'm more in touch with maybe the feminine side of myself, so instead of running from it and even more recently like in the last couple of years I choose to embrace it, I like to shop and I enjoy a lot of lame shows and movies that other women might and I'm ok with it, and I'm not much into sports, I'll watch football cause Amy likes to but I'm not going to apologize for it.

Mike expressed that there had been a cultural shift in the last fifteen years where people would define themselves without the typical constraints of traditional norms:

Facebook is breaking the gender because there is no gender anymore, because some people like this or like that and it's more about the individual, and a lot of the work I do is about the individual and not about mass media, you know in fact all the work I do is around we're not told who to be any longer, we define who we are and kind of choose our experiences and engagements.

James discovered that humility was not weakness but a deeper strength. He actively engaged in and embraced a nontraditional expression of masculinity:

What I've learned is, um, a lot of people think humility is a weakness, and I know that a lot of the girls at [the home for girls] thought that because I was humble, and a lot of time

I appeared to be soft, that I was weak, because the men in their lives had screamed and yelled and flexed their muscles and proved the kind of men that they were by their manner, but I went in the other direction, and I found a strength that was much deeper and so that worked for me.

Doug questioned his masculinity because of his early experiences of sexual abuse by his father. He did not feel that he exhibited traditional masculine traits. Later he chose nontraditional jobs and he and Donna chose a nontraditional parenting approach:

The whole question about masculinity is interesting because at a very young age when I first figured out there was something wrong with me and my father, I really did question myself as a man, as a young man, and my whole masculinity. I was a really sensitive kid, I was not very athletic, I wasn't on any teams, I wasn't a jock, I was more of a book worm, I didn't feel like I was popular at school and so I grew up disliking my father because he represented a lot of what I thought of as stereotypical aggressive angry male behavior and I was a guy who was sensitive and I like cared about people and I even went into jobs that were not traditionally male jobs and I even in my marriage I took on more of a parenting role.

Doug saw this, much like Peter above, as a form of social rebellion. He eventually recognized that his best qualities were in fact masculine qualities even if some of them were nontraditional ones:

I've had to buck the system and be comfortable with that and that hasn't always been easy because men like to talk about sports and I don't like sports, men like to fix things around the house and like hobbies around boats and cars and I'm not mechanical um I'm more artsy oriented, I like film and I like writing and I like working with people and I'm

more nurturing and all those things coupled with the same sex attraction struggle really made me question my manhood and I really had to recognize that I actually did have a lot of male qualities, I think that I'm courageous, I like to defend against injustice, I am hard working, I like to protect my family, I am caring and honest and I'm nurturing and I think all those are actually male characteristics.

Childhood sexual abuse perpetrated by other boys or men typically caused male survivors to question their manhood. They often developed a sexualized identity where they felt confused and targeted by others. They struggled with the possibility that they were gay and any same sex attractions were a source of anxiety. They often felt that the sexual abuse had robbed them of choice and it had prevented them from knowing how they would have turned out sexually without it. Their fears often caused them to engage in hyper-masculine behaviors and become overachievers in the workplace. These problems were exacerbated by absentee or abusive fathers and a sense that they did not conform to traditional masculine social norms. The movement from identity confusion to resilience and recovery involved reprocessing their masculine identities. Survivors learned to accept a range of emotional expression and embraced traditional "feminine" qualities or behaviors if they desired them. They became comfortable taking on nontraditional roles and accepted nontraditional expressions of masculinity as valid.

### **The Movement from Negative Coping to the Development of a Positive Vision of the Future with Partner**

All the male survivors described negative and/or destructive ways in which they tried to cope with their childhood sexual abuse. Amy was confused by Mike's unexplained volatility that she later understood as a form of insecurity. Delia reported that James at times over-reacted to her tone of voice when he was tired or felt unappreciated. Peter sought out counseling for his

anger management problem. Steve attended recovery groups and found sobriety from alcoholism.

### **Suppressed needs.**

Male survivors often suppressed their own needs or had trouble receiving love. James described a time in their marriage when they were working constantly and he became accustomed to ignoring his own needs:

With our job at [home for girls] it was just so much work, we worked like 120 hours a week, cause you work around the clock, you're on duty all the time, and if the girls are up in the middle of the night you have to get up and deal with that, you can't just let them do whatever. And we had sicknesses that went through the house where all 12 of them were puking and I'm puking and we had to clean it all up and sterilize everything and vacuum everything and wash everything, and times twelve, that's a lot of work. So, I got in the habit of suppressing my needs a lot and got used to that and so it was a real kill blow... we had this long period of no sex, for months and months.

Doug stated that he struggled with expressing his needs, especially his sexual needs:

The reality is that I have some pretty big wounds and I can't let anyone in those, my wife has seen more than anyone else what those wounds look like and how I feel about them but I do have a barrier and a limit and I do have difficulty expressing myself; sexually we have a good relationship but I do struggle with an inability to talk about sex sometimes, I'm not as open about what I want, just feeling comfortable about being open about sexual things because I think I wish I was, I'd like to figure it out a bit better but that's where it is.

Doug's wife Donna expressed the same problem this way:



I don't think Doug would tell me that when we're having sex and you do this, it's difficult for me; it seems like that's too much to ask for him to be that objective or clinical, so I'm sure that there are things that are hard for him and that he needs and he can't find a way to tell me or that he's afraid it would hurt me if he did, I'm pretty sure that happens but I haven't yet found out how to close that gap.

Doug's silence revealed an underlying shame which led to suppressing his own needs. Their ability to talk about this disconnection was an important beginning even if they didn't have all the answers. Relational Cultural Theory taught that "relationships naturally move through periods of connection, disconnection and reconnection" (Hartling, et. al., p. 108). Peter also recalled his inability to recognize and articulate his own needs:

You ask me what I want? I don't know what I want. Ask her when we go out to a restaurant, it takes me forever to order because I don't know what I want because I'm so used to doing what I'm supposed to do and I'm not really putting my needs first because that's kind of selfish and being selfish is really contradictory to my moral view on the world. I think we're supposed to be self-less not selfish.

Peter commented that his inability to be sexually adventurous related to an inability to express his needs and receive love:

I tend, and I can go back and forth on this but at times it's hard for me to be loved or to allow myself to be loved, and some of the reflection and feedback I got from her [Valerie] kind of elevates that and it makes me uncomfortable, as goofy as that sounds.

Peter added that he was frustrated by this inability to receive love:

It makes me uncomfortable when people do things for me, I was in a bad car accident and needed help, it made me feel uncomfortable and guilty that I owed people, and they

cooked meals and did things that good Christian people are supposed to do especially if for members of your Sunday School and church and whatnot, but I felt guilty and felt like I had to make it up to them and whatnot ... It frustrates her [Valerie] sometimes because she wants to do things for me, just to show me love, and it makes me feel uncomfortable, and it's almost like, you don't feel that I'm good enough or I don't deserve it, I don't understand it, I never really understood it.

In the examples above where the men were unable to receive love, it may have been due to a sense of unworthiness and inability to trust. The effects of trauma can hinder movement in relationship and threatens resilience. When a child is raised in an exploitative environment where trust has been chronically betrayed, it leads to shame, self-blame and withdrawal (Jordan, 2004b).

### **Power struggles.**

Mike reflected that he did not always trust his wife Amy because she had withheld information from him in the past. He also revealed how he withheld information from her because he determined that it wouldn't help her. There appeared to be a power struggle over self-disclosure in the relationship:

I'm not used to things being face value. And I have had times when I have pushed her and there's been something wrong, and she's been saying there wasn't anything wrong, and that's by far the worst thing you can do to me, so just be up front and honest and let me know, don't drag me out cause I was used to being drug out for days. Is there anything wrong? No, nothing, nothing, nothing, well, you didn't do da da da two days later. So for two days I've suffered knowing that something isn't the way they're supposed to be versus just being honest and tell me, so she's done that in our relationship

so it makes me more nervous, cause she says I'm not an open book but the only thing I'm not an open book about are the things that I don't know how this helps you. It might be something I'm dealing with on my own and for me to share it with you seems selfish.

Mike was upset when she decided not to share information and yet he chose not to share information. Jordan (2004c) described relational competence as including “movement toward mutuality and mutual empathy” (p. 15); and yet, “survivor skills – dissociation, hypervigilance, isolation, and lack of trust – all take a person out of connection” (Jordan, 2004, p. 37). Mike exhibited all four “survivor skills” above which perhaps explained his difficulty with self disclosure and authenticity. The difficulty for him to move relationally toward acceptance, security, relationship with God, and a deeper level of connection may have to do with the challenge in letting go of previous survival based coping skills – self-reliance, isolation, independence, repression, and dissociation.

### **Substance abuse.**

Before his relationship with Ali, Steve reported that he abused alcohol. Doug also noted that he often avoided his negative feelings by using alcohol and other means of escape:

She [Donna] painted a very nice picture, and I think that's often true, but I think that I zone out more than I should, whether it's you know, just go, zone out, have drinks, watch TV, do things to just not deal with things, with stress, insecurity.

Donna later offered her concerns that Doug abused alcohol and that this created distance in their relationship which also made her angry:

I think he does use alcohol to distance himself from his emotions, I think he thinks of it as relaxing but I think there's more to it than that. I understand more than most how alcohol can give you a distance from feelings that are a little overwhelming or painful. I

don't mean that every time he gets upset he drinks, he has a pattern of unwinding with alcohol. For me the loss of access to a person when they're altered by alcohol is a denial of intimacy that I get angry about, that I experience like an abandonment, a way of being dismissed so that's, I understand that as a tactic, but I don't probably react very well to it.

### **Masturbation.**

Most of the male survivors described feelings of shame and guilt because of excessive masturbation used to cope with negative emotions. James explained it this way:

I was sexually aware very young. There's a good amount of masturbation and things, I didn't know what was normal compared to what my experience was. So there was a lot of shame and guilt with all of that, trying to figure things out.

Peter shared how excessive masturbation became a coping strategy for him:

I remember this very specifically, I woke up having a wet dream, masturbating without even realizing it, and I liked it [laughter] so I started doing it more often ... Masturbation may be normal at that age and that kind of stuff, but I know there have been times in my life when I was extremely stressed that I would masturbate a *whole lot*, that's not normal.

### **Male survivor "acting out" and trauma reenactments.**

Mike discovered that his acting out with other men was directly related to his experiences of childhood sexual abuse. Doug identified that the greatest negative impact of childhood sexual abuse on his and Donna's lives had been his compulsive use of pornography. In the context of therapy, he discovered that his acting out was about reenacting the sexual abuse he experienced as a child:

When I have acted out or done things that I see now as kind of a reenactment of my own trauma and in that sense I feel I haven't been as faithful to the marriage as I intended to

be, and that's very painful for me, that's what feels like the worst thing for me in terms of the impact. The fact is that the trauma still has some power over me and I hate that.

Doug later added how he learned to cope with the desire to reenact the trauma:

I saw that my, my sexual compulsions, as a threat but at the same time I had to accept, accept the fact that the abuse had affected me and had affected the way I see other men, and how I respond sexually sometimes, and *I had to learn that I have a choice now* and that even though I have thoughts or feelings I don't have to act on them, early on I did make some bad choices and I did act on those and what I discovered after a certain amount of therapy and reflection really, my discovery was that I was really not looking for intimacy and relationship with other men sexually, I was reenacting the same trauma that I experienced in my abuse.

Doug went on to comment how he resented the loss of control that the abuse has caused and he searched for ways to resolve his underlying needs in a healthy way:

I learned that what I was trying to do was to somehow resolve the abuse by reenacting it, and that is still hard for me to comprehend because there is an implication that I lost some control or that I'm on some kind of autopilot and I resent that because a lot of my resilience has been around taking charge and creating a vision for who I want to be and what kind of life I want to live and so the idea that I'm stuck in some kind of loop, some kind of traumatic reenactment loop really bothers me, so I've had to really think about how can I resolve the abuse that happened to me in a way that is healthy and I'm still working on that.

### **Female partner coping challenges.**

Partners often felt isolated, alone, and without adequate information as they tried to understand how best to help their male survivors. Mike's wife Amy said she cried a great deal because the pain of betrayal was still very fresh. She felt insecure because he wouldn't open up more. Doug's wife Donna had a sense of alarm when he seemed unhappy and this caused her to live with many fears and insecurities. She doubted herself and believed that she should be better equipped to meet his needs. Donna sometimes threw things when she was alone or engaged in vigorous physical activities to manage her anger. James' wife Delia claimed that she did not want to talk with other spouses of survivors and James wondered if this was not a form of denying the reality of this issue in their marriage.

Amy felt personally devastated by discovering both her husband's infidelity and his childhood sexual abuse at roughly the same time. She had few resources and no one with whom to share her pain. She felt that she no longer knew the man she had been married to for nearly twenty years:

Oh my gosh. It was devastating. It was like I couldn't believe that this, this is not the person that I've known for so long, and so coming to grips with who, I mean I'm still coming to grips with who he is, you know, who are you and all these things so it was very traumatic. I did and still do sort through things in my head. I mean what's the truth, you know, I'm very skeptical about everything.

Amy was angry because she felt he was hiding his true self:

Yeah, I mean he's obviously been doing that for how many years. It was probably 18 years or something like that he was pretending to me or he was just protecting, he says he was protecting me and I'm like, *you were protecting me?* But he was keeping something

from me is what he was doing, and then he was pretending to be big and strong and really inside he was not.

When asked if she would find a support group for wives helpful, Amy responded with concerns that their situation might become public knowledge. She believed the social stigma around childhood sexual abuse is greater than the stigma around substance abuse. In the end she expressed a desire to have other women in similar situations to talk with:

I think that it would be [helpful to find a support group for women] but again, until he's really ready, how do we 'out' ourselves from this right? Also, is it about the CSA [childhood sexual abuse], or is it the infidelity? How do you 'out' yourselves in your community with something like this. Mike says he almost wishes he was an alcoholic because then people in the community would be more accepting of it and then he could go and tell somebody, "Oh I have a problem with drugs or alcohol," and that would be easier than going to tell somebody this. Is there a group specifically for what I have to go through? Yeah, that would be great to have somebody to talk with and hear what other people do.

Before marrying Doug, Donna described how she was unable to find any resources for female partners of male sexual abuse survivors and that any information she did find made her very nervous:

The problem was that there was just no information or help available to me that I could find in my own little way of looking. So much of what was there, in terms of literature, this was 20 years ago before the internet, and I was going to little book shops and going to bookstores and trying to find things. The literature on abuse was almost exclusively for women. I used to buy books because in the 12 chapters there would be one case study

about a male, and I would buy the book. And I went looking everywhere that I could. I had a friend who worked in a hospital setting, who was an assistant to a doctor who dealt with a lot of child abuse cases, so I had a little bit of the more horrific end of some of the background related to childhood sexual abuse, but I didn't have any real legitimate mainstream adult recovery information available to me. And I was not safe to tell people because the little bit that anyone talked about it, it was like stay away, it's a bad thing.

Donna attested to a sense of isolation, that she has no safe place to talk about her experience.

She underlined the fact that she felt very alone trying to cope with this problem in her life.

Recently she felt connected to the stories she heard about other survivors and their families.

When asked how she had been able to process this issue, she responded:

Very inadequately with books, very helpful to talk to my one friend, to talk to her then, but on the deeper levels of living a married life with someone who's a survivor, I really have never been able to talk to anybody about that. There is no safe place to talk about that. And there are good things to say too but it feels like it would be a betrayal, I have been very fortunate to talk to Doug about it and it has been very cool for me in the work that he does now related to this [as a social worker who assists trauma survivors], I love hearing about his work, I love learning more about what he's understanding, I feel connected in some way to spouses because I hear a little bit about the people he works with and I pray for them, I don't know details of course, but I feel less alone knowing that there are resilient couples out there working through this.

Ali explained that she really didn't understand what her husband Steve had gone through and so she didn't pretend that she did:



Sometimes cause I know that it's hard to understand stuff like that, I know that a lot of how I deal with stuff is with my own personal experience, in a lot of situations I have enough personal experience that I can talk to people about stuff because I know where they're coming from or I know what the future will hold or I know where it's going because I've been there, so *in this I don't really know*, but one thing that I don't like is for people to try and understand something they don't understand, so if I had been through some stuff and people were acting like they know and that would just bring out anger, cause you don't know, so don't act like you do.

Ali and Steve joked about the fact that he was the first person that she felt hadn't abandoned her and this had given her a sense of security:

Steve: There are times when bad things happened to Ali and she was surprised that I would stick around or that I would want to help out

Ali: It's just so much easier for people to run, exactly if it's not your problem, then it's a lot easier to be like, Oh, you have fun with that

Steve: Have fun! It's good knowing you! [laughter] Have a good life!

### **Overcoming.**

James and Delia associated God's promises to transform suffering into something beautiful with the idea of overcoming abuse:

We've still managed to stick together and work it out and overcome. And we're so committed to that idea of overcoming probably due in a large part to the abuse that defined who – part of who we are, but you know, I am motivated to push to overcoming because I want back what was taken from me. I expect a return on what was taken and I am promised that, so that's what I'm going after. I have things like God says, He takes

beauty from ashes, and he takes that horrible stuff that happens to you because of free will and He turns it around and gives it back to you seven times over and allows you to take it and turn it into something else. That's why I wrote that book.

All the participants warned of the dangers of a victim mentality and all the male survivors reported that they do not want pity or sympathy. Donna entered marriage with the firm conviction that she did not want to be a rescuer or a fixer. Delia took a hard line against victim thinking and was a proponent of tough love. She encouraged others by looking at positives and at focusing on the future. Steve and Ali both appreciated that neither one of them had a victim mentality. Peter expressed strong disdain for being mothered by anyone who didn't understand his experiences.

### **Choice.**

An important component of resilience and healing involved an experience of empowerment to make healthy choices rather than being defined by the past. Early on Doug made the choice not to be like his abusive father. He learned that he may take control of his life and not be doomed to reenact his experiences of sexual abuse. Peter learned that he made the right choices when he changed his behaviors in order to be a better parent. The following exchange illustrated Steve's attitude about making healthy life decisions:

Interviewer: I consider that [changing lifestyles], for both of you, heroic, cause it takes a lot of courage to make big changes and to do things differently in order to have a different outcome.

Steve: It's funny you say that, if you say heroic I always think of great sacrifices, cause ultimately that's what a mythological hero is, someone who sacrifices all for others um, and the thing is to change you have to make huge sacrifices so, you have to give up

things, and sometimes in hindsight it seems like giving up certain things that are bad for you doesn't seem like a sacrifice, it's just the smart thing to do.

The movement from negative coping to a positive vision of the future required a great deal of heroism as well as personal and relational transformation. Male survivors of childhood sexual abuse often had trouble with self disclosure, may have abused substances or acted out with excessive masturbation, pornography use, or reenacted past traumas. Female partners sometimes coped with these issues with crying, anger, self doubt, and denial. They complained that there were no resources for them, no one for them to talk with, and a general lack of knowledge about the issue. Positive coping strategies included books, friendships, and sharing with their partner. Overcoming these challenges involved turning to God, avoiding a victim mentality, helping others, and making sometimes difficult choices that were healthy, involved some sacrifice, but were future oriented. For the men, this generally meant seeking treatment for addictive behaviors and trauma-related compulsions.

### **Discussion**

The participants in this study self identified as resilient and appeared to be at various levels (adapting, thriving, and growing) of resilience (Werner-Wilson, Zimmerman & Whalen, 2000) along each of the eight relational movement continuums. There was also some evidence in many of the couples that there has been movement along those continuums during the course of their relationships. This supported the notion that resilience may be learned (Hutchinson and Lema , 2009). The couples expressed feelings of ambiguous loss and expressed disenfranchised grief (Boss, 2006, 2007; Doka, 1989). Male survivors and their female partners found meaning in their past trauma, processed attachment issues, and found hope for the future (Boss, 2010). The framework of eight relational movements made it possible to organize the common

experiences of all the participants. Taken as a whole, these relational movements potentially described an aspect of the life journey of survivors and their partners towards greater resilience, healing, and deeper levels of connection. Consistent with Hartling (2003), resilience occurs in growth fostering relationships. Resilience represents a multidimensional and developing process rather than one that is static and linear.

The male survivors in this study all demonstrated resilience as they adapted, thrived, or grew in various ways as they processed the experience of past sexual abuse. These male survivors did not want to be identified as victims and exhibited an internal locus of control (Walsh, et al., 2007). The men in the study learned that vulnerability represented growth rather than danger (Jordan, 2004c). This was a more difficult lesson for some than others and required a great deal of courage. They had to work through their sense of shame and self loathing (Jordan, 2004b), which resulted in silence and disconnection, in order to cultivate meaningful growth fostering relationships based on mutual empathy and respect (Hartling, et al., 2004). They often rebelled against negative social norms related to masculinity and instead redefined their images of manhood to include a greater range of emotional expression and nontraditional parenting styles (Kia-Keating, et al., 2005). All the men had a strong desire to protect others from abuse and to help others who were struggling with past abuse.

In this sample, the female partners did not judge or pity their male partners but instead they admired, encouraged, and empowered them. Consistent with attachment theory and Emotionally Focused Couple Therapy, female partners expressed compassion for the pain and suffering caused by childhood sexual abuse (Johnson, 2002, 2004). Female partners affirmed the resilience and strength of their male partners and actively listened to them when they shared their

experiences and their struggles. Female partners supported their male survivors as they sought ways to help others and effect positive social change.

The couples in this study demonstrated resilience in their deep connections with each other. Their relationships were based on emotional attachment, friendship, trust, authenticity, and an active sex life (Greenberg & Johnson, 1988; Johnson, 2004). The men were willing to be influenced by their partners and the women were willing to empathize and understand the suffering of the men. The couples actively listened to each other and worked through difficult problems together. Male survivors experienced healing and transformation when their partners witnessed their pain, affirmed them, and expressed sorrow (Johnson, 2002). The men felt greater self worth when they were able to build a meaningful relationship with their female partners. When the highest level of resilience was achieved, the couples experienced a greater sense of self worth, more energy, affirmation, a willingness to be influenced or changed, and a willingness to receive love (Miller & Stiver, 1997).

The five couples expressed gratitude for the healing they had experienced. Each of the participant couples described accessing their religion as a significant aspect of their coping in healing from childhood sexual abuse. Themes of thankfulness and spirituality were consistent with Bogar and Hulse-Killacky's (2006) phenomenological study of female survivors of childhood sexual abuse which affirmed that interpersonal skills, competence, self esteem, and spirituality contributed to resiliency. The male survivors in this study were able to process a great deal of their grief, abandonment issues, emotional restrictiveness, and masculinity issues through their relationships with God and in their church communities. The fact that they had processed their own trauma in turn propelled them to help others in their community who were also struggling. The notion of overcoming emerged as survivors and their partners made

meaning out of suffering and were able to make healthy choices for themselves and make a difference in the lives of others.

In tables 2.2 and 2.3, the researcher summarizes the resilience strategies observed during this study. Table 2.2 outlines resilience strategies of male survivors table 2.3 outlines strategies of female partners of male survivors.

Table 2.2

*Resilience Strategies for Male Survivors of Childhood Sexual Abuse and their Partners*

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1. Engage in individual and group counseling
2. Actively participate in self care activities (physical, emotional, intellectual, spiritual, and relational) such as exercise, prayer, meditation, reading, and quality time with others
3. Courageously become vulnerable to a trusted partner
4. Intentionally strive toward authenticity with others
5. Challenge negative social norms around masculinity
6. Communicate with partner about struggles and personal issues
7. Build self esteem through meaningful relationships with others
8. Cultivate relationships with others that are based on mutual empathy and understanding
9. Identify relationships that are growth fostering and be open to influence and change
10. Foster a spirit of gratitude and thankfulness
11. Look for ways that suffering can be used to understand and help others

Table 2.3

*Resilience Strategies of Female Partners of Male Survivors of Childhood Sexual Abuse*

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1. Engage in individual and group counseling
2. Actively participate in self care activities (physical, emotional, intellectual, spiritual, and relational) such as exercise, prayer, meditation, reading, and quality time with others
3. Cultivate empathy and understanding towards partner's experience of abuse
4. Share personal struggles in order to foster mutual empathy and communication
5. Admire partner for his resilience and encourage him in his journey of healing
6. Actively listen to partner when he chooses to share his thoughts and feelings
7. Affirm partner in his masculinity and engage with partner in healthy and generous sexual activity whenever possible
8. Support partner in his efforts to help others and effect social change
9. Process feelings of fear and insecurity with trusted others (friends, clergy, support group)
10. Find a safe way to inform partner when overwhelmed
11. Foster a spirit of gratitude and thankfulness

The findings in this study seemed to align with previous studies that explored the experiences of male survivors of sexual abuse. Childhood and adolescent themes as described by Alaggia and Millington (2008) such as early sexualization, denial, confusion around their role and responsibility in the abuse were evident when the men shared their stories. Consistent with the findings of Jacob and Veach (2005) and Romana and De Luca (2001), James, Doug and Peter described problems with excessive masturbation, compulsive pornography use and other sexual behaviors at a very young age as part of a sexualized identity. Mike was confused about his role in the abuse and did not even define his experiences as abusive until he was an adult. Many of the men were confused because there were parts of the abuse that they found pleasurable. For many years Peter denied that the abuse ever happened, he repressed his earliest memories, and later he believed that he may have been partly responsible for the abuse he suffered.

Consistent with the findings of Kia-Keating, Grossman, and Sorsoli (2005) and Lisak (1994), the men in this study expressed issues with anger, betrayal, fears, helplessness, homosexual issues, isolation, loss, masculinity issues, negative schemas about self, problems with sexuality, self-blame and guilt, and shame and humiliation. Many of these topics mirrored the relational challenges that emerged from this study. These included self hatred, identity crisis (which corresponds to masculinity issues), fear and hopelessness, and isolation. The theme of negative schemas about people appeared to some degree in this study under the category of difficulty trusting others. The themes of legitimacy and negative childhood peer relations did not appear in this study explicitly but neither were they consistently contradicted. Doug described himself as unpopular as a child while James described himself as very popular. Peter thought he was unpopular but later re-evaluated that belief. Both Doug and Mike described themselves as loners and nerds.

Many of the themes found in Jacob and Veach's (2005) study with couples were also found in this study such as infidelity by the male survivor, extremes in sexual frequency, loss of trust, sex triggers survivor's memories of abuse, female partner taking on roles, and male gender renegotiation. Two of the five survivors in this study reported infidelity. Many of the men reported that their wives desired an increase in sexual frequency but there was a general consensus that sexual activity among the married participants was generally positive. The men did not report any sexual dysfunctions per se but some did report some issues with intimacy. The issue of female partners disguising their own sexual intimacy issues never came up and was not explored by the researcher. The issue of sex triggering memories for the male survivor came up a few times but was not a major theme. The women in this study represented some of the roles described by Jacob and Veach (2005). Amy might be described at different times as a caretaker, sleuth, and peacemaker. Donna and Delia have held the roles of head of household/breadwinner. Donna expressed a struggle with whether she should be more of a caretaker and/or a sleuth. Valerie at times assumed the role of caretaker. None of the women, and least of all Ali and Delia, took on the roles of colluder or enabler. Perhaps the reason that the participants of this study did not take on the worst characteristics described in Jacob and Veach's study or the contempt and defensiveness described in Walker, Sheffield, Larson, and Holman's (2009) study can be explained by this study's focus on resilience.

All four of MacIntosh and Johnson's (2008) themes, emotional flooding, emotional numbing, dissociation, and constricted range of affect may be identified in most of the participants of this study. Many of the wives complained that their male partners checked out or zoned out emotionally. Some of the men described themselves as having difficulty processing their emotions, identifying their emotions, and expressing their emotions. Two of the men



described dissociation in the form of traumatic reenactments. But once again, where the participants exhibited these symptoms in smaller measures may be explained by this study's focus on resilience. Unlike any of the studies mentioned above, one of this study's criteria for participation included self-identified resilience. Since I was researching couples who had found some measure of healing and growth despite the trauma, it makes sense that the participants in this study would report less severe symptoms.

Kia-Keating, Sorsoli and Grossman (2009) examined relational challenges, healing, and relational recovery, not just problems and symptoms. They identified challenges in the areas of intimacy, emotional discomfort, alienation and anger. The participants of this study also experienced challenges in these four areas. In Kia-Keating, Sorsoli and Grossman's study, healing came about by talking and exploring emotions which was also strongly evident in this study. They identified optimism which I believe corresponds well with an attitude of overcoming. They identified self-understanding which corresponds in various ways with affirmation, security, and vision for the future, and purpose. They also identified helping others which was another major theme of this study and appeared in spirituality and advocacy. In the areas of relational recovery Kia-Keating, Sorsoli and Grossman identified finding safe relationships, belonging and helping others, relational management (which included boundaries, anger, trust, and intimacy), and acceptance. All these themes appeared in this study in very clear ways. Safe relationships and belonging were seen in the themes of acceptance, empathy, security and connection. Relational management cut across multiple areas in this study especially security and connection, and positive vision for the future.

According to Reinert and Edwards (2009), a close relationship with a mother or mother figure did not mediate against depression or sexual problems when a father or father figure

committed abuse or mistreatment to his son. Doug and James both had abusive fathers and experienced depression and sexual problems. Mike and Peter both had absent or distant fathers and experienced depression and sexual problems. Steve, the only one who had regular and positive contact with his father, expressed the least amount of depression and no sexual problems. One possibility is that a healthy and ongoing relationship with a father or father figure contributed positively to the development of resilience.

All of the relational challenges of this study, which included self hatred, restricted emotions, insecurity, violation, negative coping, identity issues, fears, and isolation, appeared in some shape or form in the above mentioned studies. Since the current study also focused on relational movement and resilience, new positive themes also emerged and some of these had been identified by Kia-Keating, Sorsoli and Grossman (2009) above. Themes that emerged from the current study included development of a deeper relationship with God (spirituality), creating a vision for the future, and reprocessing a masculine identity. Although Grossman, Sorsoli, and Kia-Keating (2006) identified engaging spirituality as a meaning making unit in their study of resilient male survivors, it was only identified in a few of their participants. The spirituality theme may have emerged to a greater extent in the current study because the participants were all Christians. This theme might still have appeared with participants from other religious traditions. It is not clear whether non-religious participants would have expressed this same theme in some other way, perhaps as an existentialist search for meaning, or if this theme would simply have been absent. A vision for the future may relate to Kia-Keating, Sorsoli and Grossman (2009)'s concept of optimism but it also encompasses aspects of overcoming, developing resilience and the power of consciously making new choices. Although Lisak (1995) and Kia-Keating, Grossman, Sorsoli, and Epstein (2005) discussed the issue of deconstruction

and reconstruction of masculinity, it is primarily in relation to and in contrast against the perpetrator. The notion of reprocessing one's masculine identity in terms of new concepts of what it means to be masculine was confirmed as very relevant to male survivors who so often struggled with feelings of inferiority and confusion related to their manhood.

Most of the research in the area of childhood sexual abuse focused on female survivors. Most of the research on couples and childhood sexual abuse is still focused on female survivors and their male partners. Alaggia and Millington (2008), Kia-Keating, Sorsoli, and Grossman (2005), and Lisak (1994) interviewed only male survivors, whereas Jacob and Veach (2005) interviewed only female partners. MacIntosh and Johnson (2008) interviewed both female and male survivors and their partners but the large majority of participants were female survivors. One of the unique dimensions of the current study was that only male survivors and their female partners were interviewed.

### **Limitations of the Study**

The purpose of this phenomenological research project was to gain a greater understanding of the lived experience of male survivors of childhood sexual abuse and their female partners with a specific focus on resilience strategies. The data collected in this study supports and contributes to a small but growing body of research on male survivors of sexual trauma. This researcher did not intend to provide information that might be generalized to all male survivors of sexual abuse. The participants of the current study identified as both resilient and happily partnered so the findings are meant to help researchers and clinicians better understand resilience in order to perhaps better understand how to help less resilient survivors achieve greater depths of healing. There was no attempt to understand the phenomenon of less resilient survivors, non-partnered survivors, or survivors who have become sexual offenders.

There was no control group and no attempt was made to differentiate between the effects of sexual abuse trauma and other traumas in the lives of the participants except through the process of horizontalization which narrows down common themes among all the participants. This study did not include a religiously, culturally or ethnically diverse sample of participants, nor did it look at gay or transsexual partners of male survivors of sexual abuse.

The researcher's own bias as a partnered white male Christian survivor meant that he could easily relate to the experience of the participants. The researcher quickly built a positive rapport with the participants and there was an atmosphere of mutual empathy during the interviews. The connection between researcher and participants facilitated openness and rich data collection. This same connection, however, may have resulted in a loss of objectivity on the part of the researcher. The researcher might have made assumptions about the personal resilience or relational competence of the participants based on his own level of resilience and interpersonal skills. The researcher's own belief that healing takes place through growth fostering relationships and deeper levels of connection may have influenced him to ask about those qualities rather than other ones.

### **Future Research, Practice and Advocacy**

There are many possible directions that future research can take in the area of male survivors of abuse and their partners. This study could be replicated with a culturally diverse group of participants or with gay or transgender partners.

The information gained from this study might be used to develop a survey questionnaire that might then be used to undertake quantitative research. A useful survey would be difficult to create without an understanding of the phenomenon that this type of qualitative research provides.

Future research might target specific variables that impact resilience such as the relationship between male survivors and their fathers or a father figures as well as the overall relationship between survivor attachment styles and the development of resilience. A multigenerational approach might be taken to explore the family and relationship dynamics in both survivor and the partner families of origin. Future research may also investigate the effects of survivor resilience on survivors' children and when, how, and why disclosure occurs with children, adolescent or adult children of childhood sexual abuse survivors.

The current study is also meant to assist counselors gain a better understanding of the issues with which male survivors and their partners struggle. It may help them know which questions to ask and which topics may be particularly sensitive for individuals and couples. The concept of relational movement may also help practitioners to conceptualize where their clients currently struggle and where their clients might like to be. The eight relational movements may provide a beginning roadmap for counselors and their clients as they process the effects of trauma and work toward healing and greater levels of relational satisfaction. Future research can test and further develop the concept of these eight relational movements. Future research might find that these eight movements can be condensed for the sake of practicality, or else expanded upon in order to more fully grasp the complexities of these issues. The current research, building upon previous research in this area, and complementing effective and existing trauma focused therapies, may also be used to augment and develop counseling interventions.

Lastly, the current study and future research may be used to better advocate for male survivors and their female partners. Activists may lobby for more prevention and recovery programs aimed at both preventing child abuse and supporting adult survivors. The issue of male sexual abuse should not be addressed without an examination of hegemonic masculine

norms that harm all boys and men. Advocates may also work toward changing unjust laws such as the statute of limitations on prosecuting child sex abuse cases. This study also corroborated previous research which indicated that female partners need more support in the form of literature, support groups, and community understanding. Advocacy efforts might focus on creating public awareness around the shame and isolation experienced by female partners in order to eliminate the social stigma that still exists.

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## CHAPTER 4

### CONCLUSION: RESEARCHER REFLEXIVITY AND THEORETICAL AND METHODOLOGICAL LESSONS LEARNED

My academic research into the topic of men and their experience of childhood sexual abuse began with a “social justice quilt” (Singh, 2010) that I was asked to construct at the beginning of my doctoral program in a social justice and advocacy class taught by Dr. Anneliese Singh. The “social justice quilt” was a creative activity where I reflected on my own personal experiences of oppression and privilege within the context of social justice movements. I included pictures of men and women of faith who have inspired me such as Catholic Archbishop Oscar Romero, Anglican Archbishop Desmond Tutu, Blessed Mother Teresa, and Dorothy Day. I also included men and women who actively spoke out against the sexual abuse of boys such as NHL hockey player Sheldon Kennedy. I explored my family’s experience of oppression related to being French Canadian and Native Canadian. I also reflected on how later political movements in Canada that brought about bilingualism, universal healthcare, and affordable education have given me opportunities. Up to that point I had been interested in the topic of school counselors and their role as educational leaders. The quilt project, however, forced me to seriously reflect on my own experiences of privilege and oppression and so I explored the fact that I was a white Catholic male and how those three factors afforded me privileges of which I was largely unaware (Wise, 2005). However, I also realized that as a man I had spent most of my life actively opposing what I considered to be hegemonic male attitudes and behaviors ranging from sexist jokes to violence against women and children. I valued collaboration over

competition, emotional authenticity over stoicism, and connection over independence. I worked in fields such as education and mental health counseling which are currently dominated by women. I chose to be a stay at home dad while my children were young. I actively support my wife in her career as a business executive. I have helped raise my daughters to be strong independent women. What made me different than many men? And then, considering the quilt, where had I experienced oppression and who were my role models?

I then realized, with a surge of both excitement and terror, that my own experience of childhood sexual abuse, and my response to it, had significantly shaped me into the man that I am today. My own experiences of shame, disconnection, isolation, and fear had taught me painful lessons about marginalization and disenfranchisement. I felt that I did not fit in with other men. I felt that there was something profoundly wrong with me. I lived in silent shame. But the story did not end there. I found comfort in my relationship with God and I made connections with others. I created a life that was different and yet some of that shame remained deep within me. I remember when NHL hockey player Sheldon Kennedy first revealed that he had been sexually abused as a child by his former coach. This had a profound effect on me. Here was a man, a hockey player no less, who was willing to come forward, share his pain and suffering, break silence, and advocate for change. Since then other men have gradually come forward. As I reflected on all that, I made the decision to include on my social justice quilt the fact that I had been abused and I included my heroes, the men who have come forward and the others who have supported them. Then, in an act of rebellion, I broke silence and publicly shared to my doctoral cohort that I was a survivor. The professor's note back to me was, "I affirm your resilience." Since then, I have been breaking silence whenever I felt that it would help raise awareness of the issue or whenever it might help another person.



I continued to consider my male privilege and the history of male privilege in general. Many of the men I have encountered in my life, even the outwardly successful ones who exercise their privilege with impunity, were in unhappy marriages, had few deep friendships, and behaved in self-destructive ways. I began to read the works of Jim O'Neil and learned about the concept of gender role conflict. I realized that there was a growing body of research that questioned traditional western constructs of masculinity (Kilmartin, 2010; Kimmel & Messner, 2010; Kiselica & Englar-Carlson, 2010; Levant & Pollack, 1995; O'Neil, 2008). This was all very interesting and I shifted my research interest to include collaborations between school counselors and English teachers that would help boys process their experience of masculinity. Meanwhile I presented at American Men's Studies Association conferences and I engaged in discussions with members of APA's Division 51 (Society for the Study of Men and Masculinities). I also learned more and more about advocacy groups such as MaleSurvivor who were actively raising awareness about the issue of childhood sexual abuse. MaleSurvivor is dedicated to prevention and healing of sexual victimization of boys and men, and the organization conducts retreats for male survivors, educates on the topic of male sexual victimization, and advocates for societal change. Professionally, I transitioned from school counseling to marriage counseling and I began to work with more and more male survivors of sexual abuse. Despite groups such as MaleSurvivor, I soon discovered that there are still very few resources available for male survivors and there are even fewer resources for their partners. Suddenly it became clear that I needed to conduct research that might support the healing of male survivors of childhood sexual abuse.

The decision, or perhaps the calling, to conduct research in the area of male survivors and their partners came around the same time Oprah gathered 200 male survivors on her television

program. Not long after that was the Sandusky trial. I considered these and other awareness raising activities to be signs that I was headed in the right direction and that my work would be timely and useful and important. I engaged my topic with the zeal of an activist, and with a strong heart for the men who have been injured, and for their partners who have also suffered. Instead of bracketing my feelings and preconceived notions that were based on my own experiences, I attempted to name them and be accountable to them.

I chose the manuscript style of dissertation because of its creative format and its many social justice implications. I wanted to explore the issue from several dimensions and I wanted my research to be very practical and useful for practitioners. I also wanted to be able to distribute my findings in academic journals.

Researcher reflexivity and critical reflection are integral components of the research process (Finlay, 2002; Ryan & Golden, 2006; Sampson, Bloor, & Fincham, 2008; Speer, 2002). Mainstream scientific methods privilege traditional notions of objectivity and personal detachment (Speer, 2002) whereas feminist and social justice research approaches promote transformative research practices that consider power and privilege (Harding & Norberg, 2005; Heron, 2005; Halton, Murphy, & Dempsey, 2007; Sakamoto & Pitner, 2005). Ryan and Golden (2006) defined reflexivity as “honesty and openness about how, where and by whom the data were collected and locates the researcher as a participant in the dynamic interrelationship of the research process” (p. 1192). Reflexivity improves the credibility and thoroughness of the research process and makes visible the positionality of the researcher (DeSouza, 2004). Reflexivity helped me as a researcher recognize how I have influenced data collection and analysis as a “co-constructor” of knowledge (Finlay, 2002).

My reflexive research journal chronicled my experiences and biases as a researcher during this project. One of the recurring themes found in my journal was the challenge of finding participants. I began this endeavor with the strident and idealistic belief that my study was so novel and important that others would be excited to participate in order to make a difference in changing the lives of male survivors and giving a voice to female partners of male survivors. The participants that did come forward shared my vision and did want to make a positive difference for change. What I did not account for was the shame and stigma that is still associated with the sexual abuse of male children. I encountered men who were interested and willing candidates but whose partners were unwilling. More than once I heard a man say, “My wife is very private.” I tried to explain that one of the goals of the study was to give voice to these women in order to potentially support women, like them, who lived in silent anguish. Some of the men I spoke with had recently participated in either Oprah’s television project or Dr. Fradkin’s book project and their wives felt that they had been through enough. I appreciated that and I respected them for participating in other projects. I can certainly understand that one can reach a point of saturation where one’s life seems consumed by this one issue. Perhaps many male survivors were reluctant to include their wives in a process that would involve sharing intimate details of their relationship. I had to learn more than once that everyone is on a journey and not everyone is at the same place on that journey.

I distributed the informational letter to over twenty targeted mental health professionals in the Atlanta area who advertised that they worked with survivors of child abuse. I did not receive any responses from any of them or any referrals from any of them. I did meet with one friend who is a local psychologist and he was very positive and interested in my study. He put me in touch with a group of men who had started a support group for male survivors of sexual

abuse. Although this did not generate any participants for my study, it did raise my spirits, and I became better connected with a grassroots movement in my community that I plan to support in the future. I learned that it is still very important to make personal contact with people rather than relying on email or online means alone.

I did go on an unexpected journey into the world of social media that produced good fruits for my project. I discovered that there were many advocacy groups represented on twitter including MaleSurvivor, which is the leading advocacy and support group for male survivors of childhood sexual abuse. I dusted off my almost completely unused twitter account and got to work. I “followed” hundreds of individuals and advocacy groups on twitter. I created a Facebook page for my study containing all the same information that can be found on my informational. I then started sending out “tweets” to targeted individuals and advocacy groups which included a link to my Facebook page. I communicated with Dr. Fradkin, the psychologist featured on Oprah who has worked for decades with male survivors. I communicated with Chris Anderson who is the president of MaleSurvivor. Chris agreed to send my study to a number of men who would likely be interested. I also communicated with former NHL hockey player, survivor, and advocate Theo Fleury who “retweeted” my study to thousands of his followers. Three of the five couples who did participate in this study came as a result of my social media efforts. I am now also more aware of national and international survivor advocacy groups and I’m learning about their efforts and participating where I can. It is my hope that my study will contribute to the advocacy work of groups such as MaleSurvivor and contribute to the growing body of research about counseling male survivors of childhood sexual abuse (e.g. Andersen, 2008; Alaggia & Millington, 2008; Jacob & Veach, 2005). In the future, counseling interventions targeting male survivors of childhood sexual abuse can be developed based on

mine and other research. These interventions can be evaluated using emerging qualitative methods (Hill, 2012).

Despite all this positive excitement and all these wonderful connections, I still faced a lot of silence and awkwardness about my study. I learned that people are very uncomfortable with my topic. Most recognize intellectually that my topic is important and relevant and timely, and most will regard childhood abuse of any kind as a terrible tragedy, but few people want to openly address the problem. I presented on the topic of male survivors of sexual abuse at the American Men's Studies Association Conference in Minneapolis, MN in March of 2012 and again at the Southern Association of Counselor Education and Supervision in Savannah, GA in September of 2012 and although people who attended were respectful and at times slightly interested, I found that most people kept a certain distance. I had to reflect a great deal on my passion and enthusiasm compared to my perception that others were lukewarm. Was it because, as a survivor myself, I was biased and expected everyone to feel the way I do? Might it be that this was such new information that they were in shock and needed time to process and digest it? I observed an exchange on Facebook where one person responded to another (a survivor) that he found it hard to believe that 1 in 5 men experienced sexual abuse. The male survivor responded, "I'm glad you live in a world where that could be hard to believe." I cannot say that I understand why I have experienced resistance, mostly passive, to the work I'm trying to do. But I know resistance when I feel it. Perhaps it is that people are uncomfortable with the notion of men as victims and all that that implies? Perhaps it has something to do with the reluctance of men to come forward with their experience of sexual abuse. The courage of my heroes, Sheldon Kennedy, Theo Fleury, and Tyler Perry is all the more impressive when one considers the social stigma associated with disclosure. I now add to that list of heroes Antwone Fisher, Derek Luke, Sugar

Ray Leonard, Carlos Santana, Gabriel Byrne, Axl Rose, and Drew Carey. I'm excited because more and more men are coming forward and I hope that their courage will change people's hearts and undo the stigma associated with this issue.

Since this is a phenomenological study, my goal was to study a small number of participants in greater depth. I never intended to interview hundreds of couples. I set a minimum of five couples and I met that minimum. I had been hoping to interview up to ten couples. I now realize that five couples (which include a total of 15 interviews and over 200 pages of data) is a tremendous amount of work for an individual researcher. I chose to transcribe the interviews myself which is time intensive but allowed me to become very familiar with my data. If I had had more participants, I think the process of transcribing alone would have been overwhelming. In the end, the five couples interviewed provided rich and useful data. I see this study as a starting point for further research on this topic and I'm pleased with the results.

I was bothered by the fact that all my participants were white Christians. I had really hoped to find a diverse pool of participants so that I might understand how this issue affected men of different ethnicities. As it was difficult to find willing participants, I had to be content with the couples that did come forward. I wondered if there was an issue of privilege at play in that willingness to come forward. If, as a rule, men don't come forward with their brokenness because of a perceived threat to their masculinity, perhaps white men possessed enough privilege to allow them to overcome that obstacle. Why were the men and their wives all practicing Christians? Perhaps there was something about having an active spiritual life that allowed these men to process their pain and suffering in a way that brought about resilience and a willingness to share. There are probably other reasons that might explain the demographics of my participation population such as access to social media, access to counseling services, and

cultural attitudes to therapy and disclosure by men. In the future, I will look at different ways to recruit men from diverse cultural and religious backgrounds in order to broaden the scope of upcoming studies.

Although I was attracted to qualitative research and its focus on understanding and describing human experience (Polkinghorne, 2005), I began the research process with uncertainties about how to apply phenomenological methods during the data collection stage and how to conduct phenomenological analysis. I followed the methodology outlined by my major professor, Dr. Anneliese Singh, and researched the qualitative tradition used by many counseling psychologists and counselor educators (Haverkamp, 2005; Hays & Wood, 2011; Hays & Singh, 2011; Moustakas, 1994; Polkinghorne, 2005; Ponterotto, 2005; Wertz, 2005; Yeh & Inman, 2007). I learned that interviewing participants provided rich data with meaning, but I also discovered that other creative expressions might have also provided rich data such as art, prompts, photographs, group dialogue, poetry, journal writing, and blogs. I also learned that I need to find creative ways to interact with potential participants aside from traditional interviewing. For example, I attended a support group for survivors in the hopes of finding participants. Several men were very interested in talking with me and shared many details of their stories with me, but in the end they did not sign up for the study. It is possible that their wives were not interested in participating. It is also possible that they preferred a more informal venue. Perhaps men of color would also be more likely to participate if I found a more informal venue for sharing stories. I would like to explore ethnography as an option for researching diverse male survivors such as men of color.

As I was conducting the interviews, I was struck by how different each couple's experiences were and I was concerned that as a phenomenological study I would have a difficult

time finding common ground. Even as I coded the interviews, I wasn't sure if there would be common themes between the various participants. This concern, coupled with the challenge in finding willing participants, gave me a great deal of anxiety. It wasn't until the horizontalization process that I could see common themes emerge from the data. I discovered that each couple was in a different place on a continuum, in fact they were on different places on multiple continuums, and so that is why their experiences appeared so different from each other. I remember when the realization struck me: each couple, and in fact each individual, was *moving* in a direction towards greater resilience and healing. But each couple was in a different place on that journey. There wasn't one path they were walking down, or one issue they were overcoming, but it was multiple paths and multiple issues. I also realized at this time why so much of the internal data for each couple seemed contradictory, not just contradictions between couples or between individuals, but contradictions in the very words of each participant. How might one person say that they hated themselves in one breath and then later say that they had experienced unconditional love? How might they say that they feared vulnerability and were unable to disclose only to later reveal that they had greater access and processing of their emotions than most people? How might they express heart breaking fears, struggles, and insecurities while attesting to resilience, transformation, and a desire to help others and change society? The truth is that each couple and each individual is on a healing journey that involves a process. The relational challenges that emerged from the data, self hatred, restricted emotionality, insecurity, violation, negative coping strategies, an identity crisis, fear and isolation were mapped against positive themes that emerged from the data which include affirmation, vulnerability, trust, processing, positive vision, reprocessing manhood, spirituality, and advocacy. Survivors and their partners did not move at the same pace on each continuum. They



also did not always go perfectly from point A to point B as sometimes the journey was cyclical and needed to be repeated in one way or another. This suddenly made sense to me in relation to the Relational Cultural Theory concept of relational movement. These couples were all moving from disconnection to connection, from isolation and shame to mutual empathy and dignity, from insecurity to greater trust. When I came to this realization, my data, my study even, started to make greater sense because it had a practical application. The role of the counselor can be to help couples see the journey and understand where they were headed. This also fit for me with Sue Johnson's systematic approach to Emotionally Focused Couple Therapy. When couples can identify the dysfunctional dance they are dancing and see a vision for the dance they both *want* to engage in, then suddenly they have hope and motivation and purpose. I hope and pray that my study can help create a framework for individuals and couples who are looking for a path that will bring about greater healing.

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Appendix A

Timetable of Study

<b>Activity</b>	<b>Date</b>
Submit prospectus to advisor for initial review.	February 2012
Prospectus defense	March 2012
Complete IRB forms and receive approval	March 2012
IRB Approval	April/May 2012
Selection of couples	June and July 2012
Individual and Couples Interviews	August to October 2012
Data analysis (coding, themes, etc.) and Member Checking	October 2012 to December 2012
Member Checking	January 2013
Final dissertation writing	December-February 2013
Defend dissertation	March 2013

## Appendix B

### Post-Selection Demographic Questionnaire for Male Survivor

\*Identifying information such as your name will not appear in the published research study

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Age: \_\_\_\_\_

Please check the appropriate responses:

1) Highest level of education achieved:

- Did not finish High School
- High School
- Associates Degree
- Bachelor Degree
- Graduate Degree

2) Ethnic or cultural identification

- African American
- Latina/o or Hispanic
- Native American
- Southeast Asian or Pacific Islander
- White or Caucasian
- Other: \_\_\_\_\_

3) Individual Income:

- Under \$20,000
- \$20,000-\$40,000
- \$40,000-\$80,000
- \$80,000-\$150,000
- Over \$150,000

4) I was sexually touched and/or penetrated as a child (under age 18) by an adult or another child who was 5 or more years older than me

- Yes
- No

5) Do you self identify as:

- Exclusively heterosexual
- Exclusively homosexual
- Bisexual

6) As a child, I was made to sexually touch and/or penetrate an adult or another child who was 5 or more years older than me

- Yes
- No

7) How many years have you been in relationship with your partner?

- Less than two years
- 2-5 years
- 6-10 years
- 11-20 years
- 20+ years

8) I continue to find satisfaction in this relationship and I plan to continue

- Yes
- No

9) Three words I would use to describe my relationship with my partner

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

10) Number of Perpetrators: \_\_\_\_

Relationship of Perpetrator(s) to me:

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Appendix C

Post-Selection Demographic Questionnaire for Partner of Male Survivor

\*Identifying information such as your name will not appear in the published research study

Name: \_\_\_\_\_ Partner Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Please check the appropriate responses:

1) Highest level of education achieved:

- Did not finish High School
- High School
- Associates Degree
- Bachelor Degree
- Graduate Degree

2) Ethnic or cultural identification

- African American
- Latina/o or Hispanic
- Native American
- Southeast Asian or Pacific Islander
- White or Caucasian
- Other:  
\_\_\_\_\_

3) Individual Income:

- Under \$20,000
- \$20,000-\$40,000
- \$40,000-\$80,000
- \$80,000-\$150,000
- Over \$150,000

4) I self identify as:

- Exclusively heterosexual
- Exclusively homosexual
- Bisexual

5) I became aware that my partner had experienced childhood sexual abuse

- At the beginning of the relationship
- One or more years after the relationship began
- From someone other than my partner

6) How many years have you been in relationship with your partner?

- Less than two years
- 2-5 years
- 6-10 years
- 11-20 years
- 20+ years

7) Two words I would use to describe my relationship with my partner

- \_\_\_\_\_
- \_\_\_\_\_

## Appendix D

### Interview Protocol

These questions are meant to serve as prompts. All questions will not necessarily be asked.

Research Question 1: What are the resilience strategies used by male survivors of sexual abuse and their partners?

Interview Questions for Male Survivor:

- 1) Tell me about your experience of childhood sexual abuse.
- 2) What skills or strategies or approaches did you develop to help you cope and heal from your experiences of abuse?
- 3) When and how did your partner learn of the abuse? How was that experience for you? How did it affect your feelings toward them? Yourself?
- 4) What has been the hardest part of a being a survivor who is in a committed relationship with someone who has not had that same experience?
- 5) Has your intimate partner relationship(s) helped you to cope and heal from your experiences of abuse? If so, in what way(s)?
- 6) Describe experiences of shame and isolation in your life related to the abuse. How did you overcome those difficult experiences and the feelings they evoked?
- 7) Do you express emotions easily with your partner? Why or why not?
- 8) What images or standards come to mind when you think of masculinity and being a man? How do you relate personally to those images? Has your experience of sexual abuse affected the way you see yourself as a man?
- 9) Do you feel empathy toward your partner? If so, how did you learn to do that?

### Interview Questions for Partner of Male Survivor:

- 1) How did you first learn about your partner's experience of childhood sexual abuse?
- 2) How did you first react to this information? How have your views or feelings changed (or not) over time?
- 3) How has your partner's childhood sexual abuse affected your marriage/relationship?
- 4) How has your partner's childhood sexual abuse affected you personally?
- 5) How have you been able to process this? (e.g.: shared with others, support group, therapy, read books, found resources)
- 6) Can you identify any positive aspects of being partnered with a male survivor?
- 7) What has been the hardest part of being partnered with a man who has experienced sexual abuse
- 8) What skills, strategies, or approaches have you learned or used to help you build a better relationship with your partner? Do you believe any of these are particularly important to a relationship with a survivor?
- 9) Do you feel empathy for your partner? Are you able to express that empathy? If so, how did you learn to do that?
- 10) Do you feel your partner expresses empathy for you? If so, has this always been the case?  
If not, how did this empathy develop?

Research Question 2: How do male survivors and their partners learn and implement these resilience strategies?

### Interview Questions for the Couple:

- 1) Share with me some background. Tell me about your story as it relates to your relationship and the issue of childhood sexual abuse in your lives.
- 2) What are the ways in which you as a couple grow in intimacy and heal past hurts?

- 3) How do you resolve conflicts?
- 4) How do you address painful and difficult emotions caused by interpersonal conflicts?
- 5) How do you react when your partner is in emotional distress?
- 6) Do you feel emotionally attached to your partner? Do you know he/she will always be there for you? If yes to either of the previous questions, how do you know this to be true?
- 7) How have you built (or rebuilt) trust in your relationship?
- 8) How do you express empathy for each other?

## Appendix E

### Themes in the Literature

#### **Alaggia & Millington (2008):**

##### *Childhood/adolescent themes:*

Denial  
Early sexualization  
Confusion around their role and responsibility in the abuse  
Specialness

##### *Adult meaning making:*

Anger and rage  
Sexual disturbance and ambivalence  
Loss and hope

#### **Kia-Keating, Sorsoli & Grossman (2009)**

##### *Relational challenges:*

Intimacy  
Emotional discomfort  
Alienation and anger

##### *Healing:*

Talking/exploring emotions  
Optimism  
Self-understanding  
Toleration of emotional distress  
Helping others

##### *Relational recovery:*

Finding safe relationships  
Belonging and helping others  
Relational management  
(boundaries, anger, trust, intimacy)  
Acceptance

#### **Lisak (1994):**

Anger  
Betrayal  
Fear  
Helplessness  
Homosexuality issues  
Isolation, alienation, and loss  
Legitimacy  
Masculinity issues  
Negative childhood peer relations  
Negative schemas about people  
Negative schemas about self  
Problems with sexuality  
Self-blame and guilt  
Shame and humiliation

#### **Jacob and Veach (2005)**

##### *Couples:*

Infidelity by the male survivor  
Extremes in sexual frequency  
Power and control issues  
Loss of trust  
Sexual objectification of partner  
Sex triggers survivor's memories of CSA  
Sexual dysfunctions  
Female partner takes on roles: caretaker, peacemaker, sleuth, head of household/breadwinner, colluder and enabler  
Female partner disguises own sexual intimacy issues

#### **MacIntosh & Johnson (2008):**

Emotional flooding and numbing  
Dissociation  
Constricted range of affect

## Appendix F

### Participant Descriptions

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Participants Pseudonyms	Description	Years Married
Mike and Amy (40's)	Mike is business executive and Amy is a home maker. They have one teen aged daughter. Mike was sexually abused by a cousin at the age of ten and then abused by a college student while he was in high school. He also experienced covert incest by his biological mother.	19
James and Delia (30's)	James is a teacher and behavioral assistant for children with special needs and Delia is a chef. They have young boys. James was sexually abused for six months by his mother's boyfriend at the age of four. His abuser was convicted and sent to jail.	12
Doug and Donna (50's)	Doug is a social worker/case worker and Donna is an immigration lawyer. They have two grown children in college. Doug was physically and sexually abused by his biological father from the age of four to ten.	25
Steve and Ali (20's)	Steve is a graduate student and Ali is a hair stylist. They have been together for two years and are now engaged to be married. Steve was sexually abused by a male babysitter at the age of four and then by a priest at the age of thirteen. He also survived a gunshot wound as the result of a carjacking at the age of twenty one.	Engaged
Peter and Valerie (40's)	Peter is a tax accountant and Valerie is a home maker. Peter has three children from his first marriage. Peter experienced severe neglect and physical abuse as a child by multiple female caregivers. It is suspected that he experienced sexual abuse under the age of five. He was also sexually abused at the age of eight by an older teenager.	1