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The Development of Intimate Partner Relationships among Men Sexually Abused
as Children

A dissertation submitted

by

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ANTIOCH UNIVERSITY SANTA BARBARA

in partial fulfillment of
the requirements for the
degree of

DOCTOR OF PSYCHOLOGY
in
CLINICAL PSYCHOLOGY

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Abstract

This phenomenological study sought to understand the experience of seven men who came forward to contribute and discuss their intimate partner relationships for what relational intimacy could reveal about themselves, the meaning of intimate partnership, and their understanding of being in intimate relationships. The theoretical assumptions applied to this study are: (a) Childhood sexual abuse interferes with the ability to achieve deeper experiences of idealized love; (b) Negative effects of adult relational attachment are manifested in anxiety related to sexual intimacy, fear of emotional intimacy, and inability to fulfill dependency needs such as trust, love, and security; and (c) There is decline in the development of a strong therapeutic alliance. This research was guided by two central questions: (a) Research Question 1: What are the lived experiences of intimacy among men who were sexually abused as children? and (b) Research Question 2: How do men who were sexually abused as children describe their experiences with intimacy? Research data were gathered and organized by utilizing a phenomenological approach. An interpretative phenomenological analysis was used to analyze transcripts of participants interviews. Based on their experiences in developing intimate partner relationships, the participants were able to construct meaning about their childhood sexual abuse and intimate partner

relationships. Nineteen themes emerged: (a) interpersonal safety woven in the fabric of sexual abuse, (b) need for trust, connection, and openness, (c) ambiguity in the need for emotional reassurance and mistrust of interpersonal relatedness, (d) sexual dysfunction, (e) emotional/intimacy distance, (f) healing while attempting to negotiate intimate relationships, (g) vulnerable to being hurt/betrayed, (h) disintegration of real and perceived intimacy beliefs, (i) understanding, (j) communication, (k) non-abusiveness, (l) exposure to relational bonding and interconnectedness, (m) religion and faith, (n) loyalty, (o) physical/verbal affection, (p) conflicted adult relational attachments, (q) fear of sexual intimacy, (r) fear of emotional intimacy, and (s) fear of vulnerability.

These themes were organized according to three overarching themes: (a) negative intersubjectivity, (b) ambivalence in the need for emotional interconnectedness and mistrust of interpersonal relatedness, and (c) insecure adult relational attachments. The electronic version of this dissertation can be found at the OhioLink ETD Center, www.ohiolink.edu/etd.

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Chapter I: Introduction

Rationale for the Study

Over the course of the researcher's primary educational and clinical training experience, a strong curiosity emerged regarding psychological trauma and the neurobiological effects of childhood sexual abuse. This was partially attributed to the researcher's firsthand experience with this phenomenon via family and close friends, but primarily with clients. In the role of a clinician, the researcher encountered an extraordinary number of sexual abuse survivors, became inundated with multiple descriptions of child sexual abuse, and was profoundly touched by their struggles and successes. These experiences fostered the need to understand the complexities of this phenomenon further and provide specialized clinical treatment services that would hopefully have a greater impact among survivors.

Many survivors' lives are impacted by childhood sexual abuse; this impact transcends beyond the person's lived experience and greatly impacts participating, surrounding, and interacting systems such as family, friends, intimate partners, and other professionals. Learning of survivors' traumatic experiences can vicariously impact others and create secondary effects of trauma.

Taking into account the time constraints for completing the study, the researcher was confronted with studying adult men, women, or both. However,

the field of research regarding childhood sexual abuse among women seemed to have been studied considerably. A careful exploration of current studies involving male survivors revealed that this phenomenon needed to be studied more closely due to the paucity of current research involving male survivors' intimate partner relationships.

The review of current and past studies seemed to generalize sexually abused men's experiences of intimate partner relationships by reporting a list of relational challenges that failed to illustrate the deeper attachment issues and withheld men's genuine experiences in intimate relationships. This increased the researcher's interest in survivors' experience of intimate partner relationships that moved beyond the broad categorization of negative relationship aspects that may or may not have been unique to survivors. The researcher wanted to capture the essence of the survivors' experience in intimate relationship as a means to provide more depth of understanding by interviewing survivors and obtaining their first hand experiences and descriptions related to the phenomenon being studied.

Moreover, the purpose of this research was to gain a better understanding of the complexities involving childhood sexual abuse and its role in the development of intimate partner relationships through a human development and attachment perspective. This approach takes into account how sexual abuse impacts early attachment patterns, emotional and social development, and the understanding of the world in relation to others that leave abused children more

vulnerable to developing unhealthy adult attachment relationships. It is important for the researcher to explore the process of human development in order to investigate male sexual abuse survivors' ability to engage and connect in healthy intimate partner relationships and explore the quality of attachment to their partners.

Initially, the focus was on men who had been sexually abused as children and the experience of intimate relationships from their female partners' perspectives. However, in considering the feasibility of this type of study and the potential barriers to accessing participants, the researcher eventually decided to interview sexually abused men, keeping in mind that the nature of the study would create difficulties in finding participants. However, the researcher assumed that interviewing men would elicit richer information regarding their experience of intimate partner relationships as opposed to the interpretation or lived experiences of their partners. This resulted in the choice to explore the development of intimate partner relationship among this population. The title is meant to capture the essence of human development in abused men as it pertains to the formation, engagement, and sustainment of intimate partner relationships. The following operationalized definitions will be used to guide the reader through the study.

Definitions

For the purpose of this study the following definitions of sexual abuse were adopted. Briere (1996) described *sexual abuse* as a

sexual contact with a child that either is accompanied by force or threat of force regardless of the ages of the participants, or (b) involves an adult [or the abuser to be 5 or more years older] and a child, regardless of whether there is deception or the child understands the sexual nature of the activity. (p. 8)

In addition, Finkelhor, Hotaling, Lewis, and Smith (1990) outline the acts that constitute sexual abuse. Sexual abuse may consist of any of the following: attempted or completed sexual intercourse (i.e., oral, anal, or vaginal); fondling, grappling, kissing, or rubbing up against the child in the context of a sexual abuse situation; photographing the child nude; exhibiting their body parts to the child; or having the child view any type of sex act.

This study uses the following operational definition of *experience* or *lived experience*. *Experience* refers to the meaning of the experience as it is lived by that person in relation to a particular phenomenon (Creswell, 2007; Englander, 2012).

For the purpose of this study the term *description* is utilized to capture the essence the person's lived experience through describing how the phenomenon was experienced and what was experienced in relation to the phenomenon (Creswell, 2007).

Intimate partner relationship is a concept that is difficult to accurately describe; however, this study will offer three definitions that will generally be referred to in regards to intimate partner relationships within the context of this research. One source defines intimate relationships as an “interpersonal relationship where there is a great deal of physical or emotional intimacy [that] is characterized by romantic or passionate love and attachment” (“Intimate relationship-Definition,” 2010, para. 1).

However, from a poetic perspective, the poet Pablo Neruda describes intimate relationships as an evanescent love that makes no sense and is neither perfect nor ideal, but is unconditional and uncomplicated. It is also a sensual and passionate relationship that comes from a deeper place and unites the couple forever. Intimate relationships foster honesty, authenticity, and a connection with body and emotion in which neither person can live without the other one (DC Aries, 2012).

The researcher offers the following description of intimate partner relationships that best operationalizes the concept for the purpose of this study. Intimate relationships are not merely a physical and sexual attraction to another person, but rather an interdependent connection with a special understanding between two people that share an emotional attachment, unconditional love, affection, fulfillment, trust, and acceptance. It entails having a sense of safety, mutual respect, and in-depth knowledge of one another in which either person can

openly and genuinely express their thoughts and feelings free of judgment.

Intimate relationships are characterized by transparency, emotional containment, emotional responsiveness, and reciprocation.

This study provides the following operational definition of *intimacy*.

Intimacy can be described as “balance of control and vulnerability in a committed relationship” (Peake & Steep, 2005, p. 81). Intimacy allows for both parties to influence the relationship, to voice their needs and have those needs met, and to promote interrelationship safety that allows the expression of vulnerability.

Background

Many survivors experienced childhood sexual abuse as devastating and traumatic, which has strongly influenced researchers’ focus on the negative effects of sexual abuse (McElheran et al., 2012). As a result, research has identified several adverse psychological and physiological effects (Lisak, 1994; McElheran et al., 2012) that may persevere into the future unless resolved (Briere, 1996). The most notable deleterious effects are poverty of emotional capacities, high rates of mental health disorders, poor physical health, high-risk behavioral problems, cognitive deficits, social difficulties, and traumatization (Boudewyn & Liem, 1995; Lisak, 1994; Maniglio, 2010; Medrano, Hatch, Zule, & Desmond, 2002; Wang & Holton, 2007).

The exposure to childhood sexual abuse can tarnish the development of intimate relationships with oneself and others by decreasing one’s sense of self,

agency, and self-worth (Lisak, 1994). Because the abuse occurs within the context of a relationship it is important to understand the learned “patterns of behavior that are harmful to themselves or others, or that restrict their development and prevent them from attaining adequate functioning” (Briere, 1996, p. 22).

Effectively addressing this type of trauma and its influence on interpersonal and intrapersonal relationships requires an appreciation for how relationships are developed, experienced, and sustained (McElheran et al., 2012).

This phenomenological study investigated the immediate and long-term impact of childhood sexual abuse and the protective factors sheltering survivors from more permanent effects. In addition, it focused on the gender socialization of masculinity among sexually abused men by exploring male socialization and idealized masculinity. This study further explored the positive and negative impact on the therapeutic alliance and therapeutic relationship with mental health professionals treating this population. Lastly, it explored men’s experiences in intimate partner relationships in an effort to understand the lived experiences and construct knowledge that would inform mental health treatment, diagnosis, and interventions.

Some of the prevalent factors sheltering sexually abused boys from enduring severe trauma are positive familial responses, the establishment of constructive support systems, optimistically reframing their abuse experience (Grossman, Kia-Keating, & Sorsoli, 2006), coping mechanisms, and resilience

(Kestenbaum, 2011) . *Trauma* can be defined as “the experience of feeling frightened, objectified, and helpless in the face of human aggression or situational calamities” (Wilcox, Richards, & O’Keeffe, 2004, p. 344). Therefore, based on these current findings it is evident that abuse alone is not a precursor to developing or maintaining mental health disorders or engaging in toxic intimate relationships. Research has shown that considerations involving discriminating antecedent or succeeding factors and their correlates continue to remain unresolved.

A pivotal factor to consider is the role society plays in relation to maintaining traditional gender attitudes. Disbelief regarding male childhood sexual abuse inadvertently functions to invalidate their experiences (Durham, 2003; Teram, Stalker, Hovey, Schachter, & Lasiuk, 2006). The vacillating feelings of embarrassment, betrayal, fear, doubt, and inadequacy reinforced by male socialization can be experienced as abusive in and of themselves (Etherington, 1997). The emotional intensity may trigger feelings of re-victimization that are equivalent to the abuse or even more psychologically harmful due the potential of being re-traumatized (Durham, 2003). This suggests survivors can perceive the sexual abuse, their intersubjective experiences, and the disconfirming reactions of others as a form of de-masculinization that serves to perpetuate the abuse and mistrust of others.

In addition, the amount of trepidation experienced by others can irreparably damage the psyche and prevent male survivors from building adequate ego-strength needed to combat and overcome trauma (Teram et al., 2006). Mejia (2005) states that:

social beliefs and expectations of masculinity have made it difficult for male survivors to seek out the therapeutic help they need [and yet, men's] response to trauma is in part simply a generic human response [that is] shaped by their gender socialization. (p. 32)

These perceptions limit the acknowledgment and acceptance of male victimhood. However, research demonstrates that men are indeed victims and do experience pain, suffering, and sadness as a result of sexual abuse (Durham, 2003; Etherington, 1997; Mejia, 2005) even when they are socially pressured to deny or minimize the abuse (Sorsoli, Kia-Keating, & Grossman, 2008). Concealing sexual abuse can be exhausting and can produce conflicting feelings regarding one's personal expectations and the demands of others.

Correspondingly, clinicians' personal beliefs can influence a survivor's sexual abuse discourse and prejudice against disclosure, meaning making, and resolution (Mellor & Deering, 2010; Teram et al., 2006). Present studies indicate that many therapists continue to experience discomfort, uneasiness, or apprehension towards addressing male sexual abuse histories, even when there is clear evidence indicating this maybe the underlying problem (Yarrow & Churchill, 2009). However, what remains ambiguous is whether the assessment

paucity of sexual abuse among men is due to a dearth of screening tools or intentional avoidance on the part of the clinician. Nonetheless, trivializing problems and having a poor understanding of symptoms' potential origins in childhood trauma can affect decisions about prognosis, diagnosis, and treatment (Anda et al., 2006). Therefore, clinician's beliefs prior to disclosure and implausibility following confessions could potentially re-traumatize survivors (Mellor & Deering, 2010).

It is this researcher's assumption that childhood sexual abuse impairs survivors' ability to reach into deeper experiences of idealized love and interferes with attachment. *Idealized love* can be defined as an unselfish, blissful, uncomplicated, and innocent type of love (Chopra, 2010) that involves being tolerant of others and having intimate and profound feelings of devotion for another person ("Love," n.d.). This may manifest in anxiety related to sexual intimacy, fear of emotional intimacy, and inability to fulfill dependency needs such as trust, love, and security. These manifestations call for a greater understanding of the nature of trauma and new way of looking at trauma that cannot be measured or accurately depicted through quantitative science. Nonetheless, it is important to understand the processes that men undergo as a result of sexual abuse in order to foster healing and provide adequate support. Having a better understanding allows men's voices to be heard, increases greater empathy among mental health professionals, and campaigns for specialized

assessment and treatment protocols. The factors outlined emphasize the use of qualitative research and demonstrates interest in understanding the essence of human experience.

There is a paucity of research investigating men's development and their experiences in intimate partner relationships. Therefore, this study investigated men's lived experiences of intimate partner relationships through the use of a qualitative phenomenological approach. Phenomenological research is described as "the need to understand a phenomenon from the point of view of the lived experience in order to be able to discover the meaning of it" (Englander, 2012, p. 4). According to Moustakas (1994) phenomenological research is the return to *experience*. Phenomenology attempts to capture the essence of the lived experience by returning to the experience and providing a comprehensive description thereof.

Transcendental phenomenology was utilized to further understand the lived experiences of sexually abused men, as well as provide an opportunity for silenced voices to be heard, and to understand the contexts in which participants address the issue of sexual abuse as it relates to intimate partner relationships. More importantly, phenomenology strives to empower individuals to share their lived experiences, to have their voices heard, and reduce the power dynamic that often exists between a researcher and participants (Creswell, 2007). Even though transcendental phenomenology may not be the only avenue by which to construct

knowledge of the human experience, it continues to be, according to Moustakas (1994), “a science of pure possibilities carried out with systematic concreteness and that it precedes and makes possible empirical sciences the sciences of actualities” (p. 28).

The application of transcendental phenomenology focuses primarily on the participants’ descriptions of the experience and the use of *epoche principles*. This allows the researcher to suspend his/her personal tenets, pre-understandings, and interpretations as much as possible (Creswell, 2007; Englander, 2012). This can be accomplished by reducing external environmental influences, being open minded when looking at things, and mindfully describing things as they are, in order to provide a receptive presence and understand meanings and essences (Moustakas, 1994).

The purpose of this phenomenological study was to understand the subjective meaning of developing intimate partner relationships among sexually abused men by asking participants to describe their lived experience of recovery from childhood sexual abuse and listening to adult males’ experiences of intimate partner relationships. Therefore, this phenomenological study examined the sequelae of childhood sexual abuse by exploring how trauma obstructs child development, how mood disorders hamper attachment, how anxiety interferes with trust, and how these domains collectively influence, shape, or determine the trajectory of males’ experiences in intimate partner relationships.

Some researchers postulate that traumatic life events can be overcome by having a sensitive listener listen to a survivor's trauma narrative and model empathy (Kestenbaum, 2011). Therefore, it is fundamental for clinicians to help clients construct a more valid therapeutic response: a response that provides a sensitive holding environment, appreciates the sequelae of childhood sexual abuse, candidly addresses these experiences, and teaches new ways of coping with the traumatic event. Attachment theory has had a profound influence on psychology and psychotherapy (Skourteli & Lennie, 2011). Research has found that adult attachment styles tend to inform and influence the development of therapeutic relationships (Saucer, Anderson, Gormley, Richmond, & Preacco, 2010); therefore, this relational framework seeks to understand the individual's past and current relationships by identifying salient aspects related to their attachment relationships (Siegel, 1999; Skourteli & Lennie, 2011). Reviewing current literature on the aforementioned areas and interviewing male survivors to obtain a description of their sexual abuse narratives and experience of current or the most current intimate partner relationships will accomplish this.

Chapter II: Review of the Literature

Men and Childhood Sexual Abuse

Child abuse takes place at a critical time in development when children are learning emotional regulation skills, developing social skills, establishing a sense of attachment to caregivers, and understanding the world in relation to others (Briere, 1992; Cobb, 2007; Goldfinch, 2009; Perry, 2002; Powers, Ressler, & Bradley, 2009; Wang & Holton, 2007). Some researchers have demonstrated that a significant degree of trauma decreases the malleability of developing neurobiological attachments, decontaminates organized mental frameworks, and compromises functioning later in life (Perry, 2002), subsequently impacting normal development over the long-term (Briere, 1992). Sexual abuse can negatively affect prognosis for change, achievement, and confidence (Wilson, 2010), as well as internalized deprecating cognitions, inaccurate self-concepts, poor affect regulation, disorganized attachments (the emphasis of this study), low behavioral inhibition, and increased dissociation (Goldfinch, 2009). For many, sexual abuse can accelerate psychological and cognitive complaints that interfere with biopsychosocial development, learning, and academic achievement (Porche, 2011). The following sections will explore the underreported instances of male sexual abuse, therapist countertransference and how it impacts men's ability to discuss and process these issues, survivors' internalized perceptions of abuse, and

resilience as it pertains to the development, establishment, and maintenance of intimate partner relationships.

Social and cultural implications. Childhood sexual abuse is characterized by secrecy, isolation, and silencing of its victims (Durham, 2003). Therefore, adverse male childhood sexual experiences tend to be unrecognized, which is a potential justification for the lack of research in this area (Teram et al., 2006). The invisibility of this phenomenon may contribute to the oversight of male victimization by researchers, practitioners, and reporting agencies (Barnett, Miller-Perrin & Perrin, 2005). Barnett et al. (2005) report, “child sexual abuse has never been unequivocally defined, and this lack of consensus among professionals in the field continues to inhibit research, treatment, and advocacy efforts” (p. 89). However, in the last 10 years there has been a slight increase in interest regarding male childhood sexual abuse, which has resulted in efforts to determine the scope of the problem and allocation of resources to provide male survivors with treatment (Grossman et al., 2006). Nevertheless, sexual abuse continues to be recognized as a complex and multifactorial social problem for which much remains to be discovered and understood (Barnett et al., 2005).

Conversely, some professionals are reluctant to report sexual abuse (Barnett et al., 2005), which may contribute to the social denial of boys being victims of abuse (Durham, 2003). This microcosmic effect deflects the social implications and defuses the responsibility and collaborative responses by health

and social care services (Wilcox et al., 2004). It also redirects the blame and responsibility to the survivor (Durham, 2003). Additionally, preexisting social and cultural norms assume boys always thrive through sexual experiences, even if they were obtained through sexual abuse, and tend to minimize and/or glorify the abuse (Barnett et al., 2005). This makes it even harder for men to identify sexual abuse and express feelings of helplessness or vulnerability (Durham, 2003). Having to disclose sexual abuse at the hands of a male can be even more stigmatizing based on the implied associations with homosexuality (Barnett et al., 2005) and the lack of manliness in preventing the abuse (Lab & Moore, 2005). According to Saucer et al. (2010), the therapeutic relationship provides an introspective reflection of the person's overall experiences in intimate relationships. Therefore, treating clinicians need to be aware of the potential for men to minimize abuse and the implications for past, current, and future intimate relationships, especially when assessing current needs and determining the course of treatment.

In addition, Yarrow and Churchill (2009) explored the experience of 32 counselors and psychologists working with male survivors of sexual trauma from a phenomenological approach. The purpose of their study was to describe the gender differences in introjections of and responses to sexual victimization in therapy and increase awareness of male survivor's therapeutic needs. The following six themes emerged: (a) the therapist's gender was important to

survivors, (b) professional concerns, (c) the importance of the therapeutic relationship, (d) transference/countertransference, (e) that male and female abusive experiences are the same, and (f) attention to clients' presenting problems. Of the participants, 87.5% reported survivors preferred their therapist's gender to be the opposite of their abuser's gender. In addition, 25% of the participants expressed a concern regarding greater disclosure difficulties among men and different experiences accessing therapy than female survivors. Most importantly, 31.25% of the participants did not feel competently equipped to provide services to male survivors, 31.25% expressed apprehension about their own feelings of vulnerability and questioned whether they were the right therapists for the work, and 34.38% of the participants would prefer to refer the client out. These results suggest that many mental health professionals continue to experience discomfort and a lack of competence when working with male sexual abuse survivors. The findings raise the question if therapists are able to provide affirmation, acceptance, and validation of male survivors' experiences. It also raises the issue of whether therapists are able to promote healthier attachment patterns that would allow men to be more transparent, vulnerable, and reciprocate gestures of affection towards intimate partners. It also raises another important question as to whether survivors are ready to experience intimacy with their therapist and whether that will influence how they internalize new intimate experiences.

Survivors that rely on external validation from others as a basis for developing safety and self-esteem may not have the capability to develop an “internal model of reality from which to evaluate therapist statements” (Briere, 1996, p. 53). The absence of self-reference can create a dysfunctional dynamic within the therapeutic setting that may discourage survivors from obtaining mental health services. Furthermore, this relational dynamic can intensify the existing fragile sense of self, exacerbate diffused interpersonal boundaries, and increase the sense of relational betrayal that can bleed into intimate partner relationships.

Moreover, research continues to demonstrate compelling evidence that sexual abuse of men is not a widely accepted social issue or as open for discussion as that of female survivors (Lab & Moore, 2005). These social and cultural barriers are relevant to nondisclosure, and mental health therapists need to be aware of their relevance in order to facilitate sexual abuse disclosure. The social pressures bestowed upon men make it more challenging for them to endorse victimization, acquire social support, seek therapeutic assistance, or develop a functional framework in regards to the abuse (Grossman et al., 2006).

Early sexual experiences. There is a wide range of outcomes linked to recalling early sexual experiences as *abusive* or *nonabusive*. It is postulated that the negative impact derives from the nature and extent of abuse, the relationship to the perpetrator, and the survivor’s perception of the sexual experience (Okami,

1991; Steever, Follette, & Naugle, 2001; Wilcox et al., 2004). This is reflected in how survivors choose to interpret the abuse, conceptualize their experience, and select narratives to accommodate distressing or invulnerable experiences. The way in which a person authors his/her own story contributes to his/her self-understanding, construction of reality, and quality of life (Anderson & Hiersteiner, 2008). Creating a narrative affords some survivors the opportunity to deconstruct their prepackaged meaning of the abuse and create new relevant meaning that authors their preferred story; it is the process by which the past, present, and future are connected to form self-awareness (Siegel, 2001). This can help many survivors regain a sense of control over their lives and “create environments wherein [they] can notice and harness their own powers, capabilities, and competencies” (Baird, 1996, p. 1). Having a sense of control promotes the development of coherent narratives and increases the person’s capacity to integrate his experiences across time and through interpersonal communication. However, individuals that are not able to develop cohesive narratives may be at risk of developing poorly constructed realities and lack the ability to make sense of their internal and external worlds (Siegel, 2001).

For some survivors, the process of engaging in cohesive narratives can serve as a preventative factor whereby survivors can refute incompatible internal representations of self and others (Bacon & Richardson, 2001) and create a functional response to the trauma (Anderson & Hiersteiner, 2008). Cohesive

narratives afford survivors the opportunity to heal from their traumatic experiences, increase self-empowerment and authorship (Baird, 1996), dispel myths of child sexual abuse (Mejia, 2005), persevere in life, define themselves apart from the abuse, and establish a differentiated sense of self (Bowen, 1993). Differentiation occurs when a person is able to have a clear sense of *self* and is able to relate or connect with others without losing his/her individuality. Sexual abuse survivors that are able to author a coherent narrative (Siegel, 2001) and sustain a differentiated sense of self can acknowledge their dependence on intimate partners and remain calm in the face of interpersonal rejection, criticism, and conflict (Bowen, 1993).

Furthermore, Mejia (2005) asserts that each person's intersubjective experience of the sexual abuse will determine whether the event is perceived or experienced as traumatic. A person's *internal base* develops in the context of attachment and internalization of caregivers' perceptions and expectations in childhood (Briere, 1992). The internal base can be described as the function by which individuals are able to regulate behaviors designed to achieve close proximity to a caregiver (Bacon & Richardson, 2001). Due to difficulties in relating to self, survivors are prone to identity confusion, lack of boundary awareness, and feelings of personal emptiness that permeate daily social interactions and impact development and functioning throughout their lives (Vandervoort & Rokach, 2003).

In contrast, a study conducted by Okami (1991) found positive self-reports of childhood and adolescent sexual contact with older persons in a descriptive study of 46 males and 33 females. In examining clinical and non-clinical samples the study revealed 67.1% had experienced positive outcomes and 21.5% had reported negative experiences, whereas 11.4% remained neutral. Of the 67.1% reporting positive outcomes, 81.8% was comprised of male survivors reporting positive experiences, with 98.2% of the 81.8% expressing sexual and physical desire or satisfaction during the sexual contact. It is important to highlight that the majority of men reporting positive outcomes were from a non-clinical sample and they did not endorse the presence of force or violence and did not label the contact as sexual abuse. Based on this study, men who describe their sexual experience as non-abusive are more likely to report no impact or minimal impact on adult attachments related to child sexual abuse. The present study explored how men chose to label their sexual encounter and the influence it had on their recollection of the event, their self-perception, and their intimate relationships.

In a more recent study Steever et al. (2001) investigated the relationship between men's perceptions of their earliest sexual experiences and psychological functioning in adulthood. He compared 20 self-identified male survivors of childhood sexual abuse with 20 men who met the legal definition of sexual abuse, but did not identify themselves as survivors. They found higher degrees of psychological distress and negative experiences associated with individuals who

self-identified as sexual abuse survivors, whereas men who did not experience the abuse as forceful or coercive were generally not found to suffer from profound negative psychological ramifications. These findings raise the question if sexually abused men who rate their abuse more positively are less likely to experience tumultuous adult relationships or whether they are just as likely to experience adult relational impairments as men who describe their experience as sexual abuse.

Subsequent studies have discovered additional characteristics related to early sexual encounters. Dolezal and Carballo-Diequez (2002) examined the perception of childhood sexual experiences among 100 gay and bisexual men. This study found that it was more likely for the 59% of men who felt they were abused to have experienced threats and physical force that placed them at greater risk for more severe and prolonged psychological and emotional pain. More importantly, the results demonstrated that negative sexual experiences were highly associated with the child's lack of willingness to participate and younger age of exposure to sexual experiences. The experience of forceful sexual intimacy and the negative psychological effects associated with unwanted early exposure to sexual intimacy can impact adult relational intimacy and the establishment of intimate relationships.

However, Riegel (2009) found that a majority of sexually abused men who engaged in boyhood sexual experiences (boy and older male sex) expressed

positive perceptions and effects. Nine out of every 10 respondents reported they consented to the sexual experience, enjoyed the experience at the time, and experienced no ill effects afterwards. However, acts involving performing oral sex and performing or receiving anal sex were not associated with positive effects.

Lastly, Bauserman and Davis (2008) found that erotophilia, the personality trait associated with more acceptance of various sexual behaviors for self and others and greater sexual satisfaction, to be a significant contributing factor in positive responses to early sexual experiences, adult sexual attitudes, and later sexual adjustment.

However, Lab and Moore (2005) suggest that men tend to minimize underage sexual experiences with adults. Twenty-three of the 74 male participants in this study met the criteria for sexual abuse; however, 35% did not describe the experience as sexual abuse. Of these 23 abused men, only 15 labeled their experience as abusive, whereas the eight remaining participants did not consider their experience to be abuse. The group that considered their experiences to be abusive had experienced more threats, force, and bribes, which increased the likelihood for greater psychological distress. With regard to female perpetration, both groups demonstrated a greater tendency to describe these experiences as non-abusive. Overall, participants generally avoided labels such as sexual abuse and preferred to use terms such as *experimentation* or *horseplay* to describe early sexual encounters. Based on these results it is presumed that lower psychological

distress is related to describing the sexual experience as non-abusive, but it is unclear as to how sexually abused men's psychological functioning in adulthood would impact the development of intimate partner relationships or whether both groups would experience similar challenges.

In addition, Arreola, Neilands, and Diaz (2009) reported that forced sex generated a higher preponderance of psychological distress. Overall, these studies suggest that individuals who frame their experiences as negative also tend to rate the experience as more coercive, whereas individuals who consider their early sexual experience as non-abusive tend to experience more positive psychological outcomes (Steever et al., 2001). Nonetheless, survivors who have reported genuine pleasure in these early sexual experiences have also reported a host of psychological symptoms such as somatic complaints, physical problems, and academic decline that appear to be connected to the sexual abuse (Hollander, 2004). In spite of the person's positive or negative perceptions regarding the abuse many survivors may still develop a host of psychological symptoms that can change their psychological well-being, such as poor physical health (Wilson, 2010), depression (Maniglio, 2010; Medrano et al., 2002), anxiety (Benoit, Bothillier, Moss, Rousseau, & Brunet, 2010; Jakobsen, Horwood, & Fergusson, 2010), substance abuse (Johnson et al., 2005), suicidality (Afifi, 2008), dissociation (Agargun et al., 2003), decrease in sexual adjustment (Bauserman & Davis, 2008; Easton, Cooney, O'Leary, Zhang, & Hua, 2011), and poor adult

attachment (Bacon & Richardson, 2001). The adjustments needed to accommodate the abuse can cause significant strains at various stages in intimate relationships, whether in the early stages of dating or during the later stages of committed relationships. However, childhood resilience, which equips a person to prevail against child sexual abuse and promotes healthier relationships later on in life, has been attributed to men who experienced less psychological distress after the abuse.

Resiliency. Several studies have demonstrated that some children who undergo trauma, abuse, and loss appear to emerge stronger, whereas other children seem to emerge more wounded from these experiences (Gillespie, Phifer, Bradley, & Ressler, 2009; McCrory, DeBrtio, & Viding, 2010). The ability to overcome adversity, remain emotionally stable over time, and be successful in life has largely been attributed to *resilience*, a term that has been widely used to describe “an individual’s capacity for successfully adapting to adverse and traumatic life events” (Wilcox et al., 2004, p. 344). According to the American Psychological Association (n.d.), the most significant contributors to resilience include having caring, loving, trusting, and supportive relationships within and outside the family.

Resilience has been found to be one of the moderating variables promoting cognitive, psychological, and spiritual functioning. It is has been noted that after working toward recovery and healing, many survivors are able to live

rich, fulfilling, and accomplished lives (Grossman et al., 2006). It seems as though accepting the abuse, being able to understand what happened to them, and being able to make sense of their past is paramount to positive adaptation. Antonovsky (1996) refers to this as a *sense of coherence*, which is the degree to which a person is able to perceive his/her experience as comprehensible, manageable, and meaningful. Survivors are then able to receive healthy adult attachment representations and establish healthier adult attachments.

For many survivors, the process of integrating the past and present, coming to terms with the past, and accentuating one's purpose in life has led to more favorable outcomes. The use of narration is a way of reclaiming their lives, their history, and their experiences (Lemelin, 2006). By virtue of being able to share their narratives, many survivors are able to engage in various contextual frames of reference that allow them to understand the abuse, experience self-empathy and compassion towards others, and possibly even go on to become social advocates of change (Wilcox et al., 2004). This also allows survivors to experience deeper levels of trust and connection with themselves and others, which are vital skills needed for the development of intimacy with intimate partners.

Durham (2003) speculates the following:

The research may have helped the young men reframe and come to terms with some of their thoughts and feelings, about being abused, allowing them to reflect on how they have managed so far, but it will not have

significantly changed the material circumstances of their lives and it will not have taken their memories away. (p. xv)

Nonetheless, having a more open forum to discuss and resolve these issues has immensely helped men recover from these experiences and move on with their lives. As a consequence they are much more primed to engage in relational honesty, responsible assertiveness, and problem-solving.

Grossman et al. (2006) found three fundamental approaches to comprehending a history of abuse in the narratives of 16 resilient men. These styles consisted of creating meaning through action, cognitions, and spirituality. *Action* refers to helping others and utilizing self-expressions to identify, describe, and process the abuse. *Cognitions* assist with understanding the psychology of the perpetrator, including understanding the abusive act, the perpetrator's motives, and the role of the self in the abuse. *Spirituality* is perceived as the unique intersubjective experience that cultivates forgiveness. Having the ability to engage in benevolent acts or *survivor missions* is a two-fold process that fosters resilience and encourages active agency in one's recovery. It also inadvertently produces healthier ego strength that facilitates a reconstruction of the abuse and promotes sympathetic responses towards others. Survivors that are able to develop a cohesive account of the abuse, express understanding and forgiveness towards their abusers, and diffuse their sense of responsibility in the abuse are better

equipped to empathize with their partners' experiences, negotiate relational conflicts, and express appropriate affect in intimate relationships.

Furthermore, altruistic activities have been found to elevate one's sense of self and promote self-actualization (Wilcox et al., 2004). Similarly, spirituality or existential well-being allows some survivors to accept their feelings of stigmatization and serves as an essential ingredient in recovering from sexual abuse (Feinauer, Middleton, & Hilton, 2003). Adult survivors that have been able to reassign the responsibility for the sexual abuse to their abusers reported better quality of lives and higher self-esteem (Lev-Wiesel, 2000). Feinauer et al. (2003) reviewed information gathered from 983 respondents to a survey, 582 of which reported being sexually abused as children. Overall, the study concluded that childhood sexual abuse can damage the development of a healthy sense of self and decrease the level of existential well-being. However, the findings also reveal that of the participants who scored higher on the Adapted Measure of Existential Well-Being generally reported fewer distress symptoms. These findings suggest that spirituality enables survivors to displace their internalized sense of self-blame and shame while introducing more meaningful interpretations of their lives that go beyond the abuse.

Adverse physiological and psychological effects. There is ample evidence indicating that abusive childhood experiences can cause permanent effects that persist into adolescence and adulthood and conceivably compromise

lifetime satisfaction, productivity, and longevity of survivors (Anda et al., 2006; Cobb, 2007; Wang & Holton, 2007). Despite the lack of visible effects following sexual abuse, few studies demonstrate sexual abuse as being benign or harmless (Briere, 1996). However, some studies have found that not all sexual abuse survivors demonstrate signs of adverse reactions and are minimally impacted following trauma (Grossman et al., 2006; Walker, Holman, & Busby, 2009). However, even though a few studies have found that survivors are able to demonstrate mild reactions or remain asymptomatic, many more survivors have been profoundly impacted by child sexual abuse (Kendall-Tackett, Williams, & Finkelhor, 1993). For the most part, sexual abuse hurts children and when the abuse is left untreated it often leads to adults feeling hurt as well. The extent of the wounds are contingent upon many factors, such as the severity, duration, and frequency of abuse, available interpersonal resources, who the offender was, age of the abuse, other people's responses to disclosure, and the use of physical force during the abuse (Briere, 1996; Wilson, 2010). These relational dynamics set the precedent for future attachment patterns and intimate relationships.

While less information is known about child sexual abuse among males, there is plenty of evidence indicating a wide range of damaging sequelae related to abuse (Schraufnagel, Davis, George, & Norris, 2010; Sorsoli et al., 2008). Steever et al. (2001) found that 15 out of the 20 participants who identified as sexual abuse survivors were sexually abused by men, the majority of the cases

involved some form of sexual intercourse, and 50% of these participants reported it was an incestuous experience. Additionally, Corby (2001) and Kendall-Tackett et al. (1993) argue that incest survivors of prolonged abuse by father figures who were subject to penetration during the abuse and threats of violence or harm usually experience significant damage to the psyche and severe psychological and emotional deficits when others did not believe that the abuse had occurred. However, according to Boudewyn and Liem (1995), most researchers have not adequately differentiated the various contexts in which sexual abuse occurs, making it difficult to distinguish abuse-specific from abuse-concurrent, abuse-antecedent, or post-abuse events. *Abuse-specific* refers to an isolated incident of abuse, whereas *abuse-concurrent* means the abuse coexists with other forms of abuse (i.e., neglect) or other significant family disruptions and/or additional stressful events. *Abuse-antecedent* refers to preexisting abuse, and *post-abuse events* occur after the abuse. Therefore, to conceptualize the experience of men, this study explored various predominant characteristics of abuse. These characteristics consist of depression, substance abuse, dissociation, and anxiety.

The relationship between childhood sexual abuse and adult depression has been well documented in the literature. However, there are many confounding variables that are still being explored. For instance, Boudewyn and Liem (1995) investigated the presence of depression and suicidality among male and female survivors. They found that 7.43% males and 7.58% females reported the same

frequency of depression when there was no significant difference in severity, frequency, or duration of abuse. In addition, their study revealed no significant differences in suicide rates between males (.48%) and females (.56%) as a result of childhood sexual abuse, but overall women had a higher probability of engaging in more acts of self-harm behavior. Nonetheless, experiencing depression can lead to emotional apathy, numbing, distancing from others, and lower interest in social or sexual activities, all of which can affect existing interpersonal relationships and/or negatively influence future intimate relationships.

In contrast, Powers et al. (2009) assessed the protective role of family in the development of depression among 378 subjects and found no statistical significance of perceived family support and adult depression for male or female survivors. However, the findings did reveal that emotional abuse and neglect were higher predictors of adult depression. In addition, they discovered that friendship was a protective factor in the development of adult psychopathology and depression, but mostly for women. This suggests that family support does not safeguard against the development of adult depression with respect to sexual abuse. There are varying degrees of depression, however, and male survivors who experience depression are at risk of social and family relationship impairments.

To provide further clarity, Maniglio (2010) explored the impact of childhood sexual abuse on the etiology of depression through a meta-analysis.

After reviewing 160 studies consisting of 60,000 subjects, Maniglio concluded that there was insufficient evidence suggesting childhood sexual abuse is a significant factor in depression, but rather a general and nonspecific risk factor of depression. This is because survivors are also at higher risk for depression and other forms of psychopathology as a result of abuse. Based on the evidence presented, sexual abuse is not an absolute determining factor for depression. There may be other existing variables acting independently or interactively with tertiary factors (i.e., gender, age when abused, severity of abuse, relationship to the perpetrator, exposure to other forms of abuse, and maladaptive family functioning) that influence the development of depression. Nonetheless, these findings raise the question of whether the feelings of anger, detachment, and anxiety experienced in depression prevent some survivors from returning to a prior level of closeness or developing a level of closeness in relationships and whether depression contributes to maladaptive or dysfunctional acting out behavior.

The researcher offers the following description of acting out that best operationalizes the concept for the purpose of this investigation. Acting out refers to the inability to control one's anger, impulses, and behaviors that are intended to reduce the build up of tension, anxiety, or any distressing emotional state. This behavior can be self-destructive, aggressive, or unsafe towards others (Briere, 1996). Such behaviors are driven by a variety of reasons or psychological

processes. They have a functional purpose and are highly adaptive in the aftermath of abuse; unfortunately, these behaviors can become maladaptive in the long-term. Research has found substance abuse to be a common self-injurious act associated with male sexual abuse (Afifi et al., 2008; Anda et al., 2006; Johnson et al., 2005). Overall, acting out behaviors yield specific risks such as decreased interpersonal closeness, trust, communication, and conflict resolution that ultimately affect how the survivor acts with others and how others respond to him/her.

The decreased threshold for uncomfortable feeling states leads some survivors to seek refuge in substance abuse to alleviate psychological and emotional distress and avoid interpersonal conflict (Medrano et al., 2002; O'Hare, Shen & Sherrer, 2010). The chemical is perceived as a *complex compensatory mechanism* that “is done by maintaining an equilibrium, albeit addicted, through self-regulation and self-medication behaviors directed at adaptation” (Padykula & Conklin, 2010, p. 352). This false sense of self-regulation deepens the dysregulation within the attachment system.

For instance, Medrano et al. (2002) utilized a self-report instrument to examine current levels of psychological distress and severity of childhood trauma among 676 substance abusers. Medrano et al. reported that male and female substance abusers tend to report higher rates of sexual abuse than non-substance abusers. Psychological distress significantly increased as the severity of childhood

trauma increased. Elevated distress subscales were related to continued drug use and self-medicating behaviors that exacerbate avoidant responses for temporary stress relief. Avoidance refers to “conscious, intentional behavior designed to reduce contact with stressful phenomenon, and less consciously chosen defenses used to reduce anxiety and other negative effects” (Briere, 1996, p. 60). Survivors tend to struggle with closeness, suppression of feelings of anger, and controlling impulsive acts (Briere, 1996). According to Trippany, Helm, and Simpson (2006), avoidance establishes a pattern of interaction in which survivors push intimate partners away by finding fault with them.

In a different study, O’Hare et al. (2010) found that individuals with severe mental illness in adulthood had a 41.7% rate of exposure to sexual abuse, with women having higher victimization rates. The findings revealed that 31.4% of males’ subjective distress was directly related to high-risk behavior such as substance abuse, suicide attempts, self-harm, and high-risk sex, which significantly mitigated distress related to physical and sexual abuse and posttraumatic stress disorder symptom severity. These same behaviors may limit normal functioning and access to help later on in life, as well as diminish the ability to resolve traumatic stress (Briere, 1996). In fact, they may be responsible for increasing risk for additional trauma and rendering survivors more susceptible to developing posttraumatic stress disorder (O’Hare et al., 2010). In addition, Johnson et al. (2005) found a 30% prevalence of substance use among

incarcerated males with a history of childhood sexual abuse. They theorized that using mind-altering substances provides some detachment from the environment, anesthetization of painful emotions, and an escape from trauma-related memories. Engaging in this level of active avoidance creates a physical and emotional distance within intimate relationships and eventually diminishes the ability to be connected to others. By utilizing phenomenological methods of inquiry, this present research sought to illuminate the factors associated with this degree of avoidance and capture survivors' intersubjective experiences related to these coping styles.

Briere (1996) states that "Abuse-related instrumental behaviors are those activities that were adaptive during the period in which sexual abuse occurred, but that may or may not be relevant to the post-abuse environment" (p. 29).

Physiological regulation is described as the infant-caregiver exchange of congruency and attachment through which an infant can expand effective coping skills for managing distress. This form of regulation is characterized by two extremities: hyperarousal and dissociation (Padykula & Conklin, 2010). Many survivors utilize dissociation as a means of achieving symptom relief comparable to substance abuse based on these early psychobiological imprints. *Dissociation* is a way of externally managing distressing and painful internal experiences (Briere, 1996). There are recent speculations concerning pathogenetic mechanisms of dissociation and trauma (Agargun et al., 2003; Bacon & Richardson, 2001).

Pathogenetic mechanisms are defined as “the role of trauma in precipitating acute dissociative states or chronic dissociative conditions” (Agargun et al., 2003, p. 139).

Agargun et al. (2003) examined the combination of co-occurring nightmares, dissociative experiences, and the impact of childhood traumatic events. They found a strong relationship between nightmares and traumatic experiences, mostly among female survivors. Of the men reporting having nightmares often, 55% had been exposed to at least one traumatic experience in childhood. The frequency, duration, and intensity of nightmares affect survivors’ and intimate partners’ ability to get enough sleep and inadvertently increase mood swings that leave the couple more vulnerable to poorly resolved or unresolved interpersonal conflict. In addition, the survivor’s symptoms can increase the effects of vicarious or secondary trauma that can sometimes cause partners to have similar feelings or reactions of having been through trauma (U.S. Department of Veterans Affairs, National Center for PTSD, 2007).

Furthermore, sexual abuse has been found to be a consistent factor in the development of pathological dissociative states, which refers to a person’s attempt to resolve attachment dilemmas related to the abuser and the non-protective caregiver (Bacon & Richardson, 2001). Bacon and Richardson (2011) argue that dissociation can distort the process of developing a cohesive sense of self and foster disorganized patterns of attachment to one’s caregiver(s). According to

Briere (1992), disorganized attachment patterns are “the presence of depersonalization, derealization, compartmentalization, and so on may produce splits or shifting boundaries in the child’s sense of self” (p. 46). These researchers conclude that having a poorly developed sense of self that consists of split off parts of the self and diffused interpersonal boundaries contribute highly to attachment-related problems. These findings question the degree to which men experience dissociative symptoms and at what point this process functions as a self-protective coping mechanism in adult attachments. It also raises the question of whether dissociation as a coping skill prevents intimacy from developing or whether it promotes a frivolous pathway to precarious behaviors that curtail the experience of intimacy with others later on in life. This present phenomenological study explored survivors’ experiences with dissociative symptoms and the degree to which dissociation influences the development of adult relationships in order to increase knowledge of these aspects of male sexual abuse.

Sociocultural factors of sexual abuse are not widely acknowledged in regards to treatment (Durham, 2003). According to Briere (1992), mental health treatment is highly dictated by the worth associated with a diagnosis and the application of a theoretically appropriate treatment for the identified disorder. Since the majority of mental health theory has been established outside of the context of child abuse, traditional diagnosis and treatment of survivors can be easily disregarded or misinterpreted (Briere, 1992); therefore, there is a high

propensity to pathologize sexual abuse and trauma-related behaviors into mental health diagnoses. This can interfere with assessing, interpreting, and/or treating the person's symptomatology (Goldfinch, 2009), thus leading to potentially inadequate or even destructive forms of intervening (Briere, 1992). In particular, survivors that exhibit classical trauma-related responses such as behavioral problems, lack of social skills, and inflexibility to change tend to attract more common diagnoses such as attention deficit hyperactivity disorder, oppositional defiant disorder, possibly Asperger's disorder, and more recently bipolar disorder (Goldfinch, 2009). The proper use of diagnosing can be beneficial in treating some individuals, but it can also be disadvantageous for others.

Stress Response to Trauma

There is sufficient evidence illustrating that male survivors' intimate adult relationships can be impacted by traumatic childhood events. The lifespan approach underscores that most, if not all, developmental issues arising in adolescence typically originate in childhood and persist into adulthood (Cobb, 2007). The activation of trauma may lead to heightened states of stress, causing a person to become more vulnerable to higher levels of hypervigilance, hypersensitivity, and hyperarousal during interpersonal conflict. According to McCrory et al. (2010), the reoccurrence of distressing events, timing, and duration can tax the body's hormonal stress system, leading to exaggerated responses and suboptimal functioning. These authors speculate that experiencing a heightened

sense of danger and impending doom reduces a person's ability to attune to other people's feelings, increases the chances of being perceived as tense and demanding, and decreases their ability to relax or be intimate with others (U.S. Department of Veterans Affairs, National Center for PTSD, 2007).

In addition, a person with a history of sexual abuse may become overly sensitive to frivolous stressors, which is attributed to having a narrower window of tolerance for lower stress incidents. This stress response could influence the development of stress disorder symptoms (Walker et al., 2009; Wilson, 2010). Similarly, Porche (2011) states, "stress management systems establish relatively lower thresholds for responsiveness that persists throughout life, thereby increasing the risk of stress related disease and cognitive impairment well into adult years" (p. 983). Many studies have found that experiencing severe stress can affect the strength of memory consolidation and accessibility of emotional regulatory capacities (Hopper, Frewen, van der Kolk, & Lanius, 2007). Typically, long-term intimate relationships require well-developed emotional and interpersonal awareness to thrive; therefore, the absence of appropriate responsiveness or sensitivity threatens the foundation of healthy adult attachments (Siegel, 2001). The present study increased awareness regarding survivors' self-evaluation of emotional and interpersonal skills in relation to adult intimate relationships.

Furthermore, a survivor's high-stress environmental conditions can develop or exacerbate preexisting psychiatric symptoms or disorders (Porche, 2011). Research demonstrates that unsafe environments combined with poor verbal and emotional communication, unresponsive parenting, and social isolation decrease the child's chances of mastering self-soothing skills and increase the likelihood of experiencing traumatic events more profoundly (Goldfinch, 2009). These children tend to be easily overwhelmed when challenged with academic failure and engage in aggression, defiance, and impulsive or destructive behavior towards others. Creeden (2009) found that the age of traumatization, frequency of abuse, and availability or lack thereof by caregivers influence the outcome of psychological consequences.

For instance, some traumatized individuals are unable to engage in the present moment and are prone to returning to the emotional state when the brain was engaged during the trauma (Hopper et al., 2007). The sense of being wrenched back and forth from the present to the past can yield unprocessed physiological memories. These remnants become imprinted in the mind and lead to dysfunctional perceptions, responses, and attitudes about the self, others, and the world (Hopper et al., 2007; Siegel, 1999). This leads to a disjointed brain that is not properly connected with itself, resulting in varying levels of fragmentation or split off parts of the self. Some survivors may remove meaning and separate parts of a whole that belong together after experiencing sexual abuse (Burgo,

2011). This type of mental splitting can be utilized as a defense mechanism to deflect intolerable feelings and emotions. Some survivors may feel overwhelmed and threatened by these feelings and emotions related to the abuse, causing them to become preoccupied with defending against those experiences for self-preservation and survival. For some survivors this degree of psychological defense can result in social relationship impairments (Hopper et al., 2007).

Childhood Sexual Abuse and Human Development

Research speculates that most abused children experience some variation of cognitive and language delays, inattentiveness or overactivity, disturbances in attachment, and interpersonal relatedness problems (Perry, 2002, 2009; Zeanah, 2009), which increases the risk of immature motor, social, emotional, physical, academic and behavioral functions (Anda et al., 2006; Goldfinch, 2009; Graham-Bermann, Howell, Miller, Kwek, & Lilly, 2010). According to Frazier, West-Olatunji, St. Juste, and Goodman (2009), survivors can experience impairments or a regression of developmental milestones, such as wetting the bed or inability to feed themselves. These emotional deficiencies and behavioral symptoms can result in strained attachments to caregivers (Prather & Golden, 2009), a lack of introspection, tendency to avoid situations, having poor insight into the cause and effect, and poor awareness regarding their own behavior (Goldfinch, 2009).

Nevertheless, research has demonstrated that the timing of developmental experiences and exposure to traumatic events impact individuals differently

(Perry, 2009). Multiple studies have reported that traumatic stress changes a person's information processing system, subsequent behavior, psychiatric symptoms, academic performance, interpersonal functioning, and intimacy well into adulthood (Anda et al., 2006; Graham-Bermann et al., 2010; Goldfinch, 2009; Perry, 2002, 2009; Porche, 2011; Zeanah, 2009). For instance, survivors may be less competent at processing abstract cognitions, memory retrieval, or integration of new information (Siegel, 2010). In addition, subsequent behaviors such as substance abuse, delinquency, suicide/suicide attempts, cutting and/or physical aggression towards others can result in mental health disorders such as depression, anxiety, oppositional defiance, personality disorders, etc. (Anda et al., 2006). This type of behavior can negatively impact survivors' ability to be present and learn within a school environment and engage in appropriate peer interactions, thus impacting interpersonal skills and relationship development (Perry, 2002). Generally speaking, these negative effects can impair social relationships, occupational and/or vocational functioning, emotional regulation skills, and interpersonal relatedness in an attempt to regain lost relationships or secure current relationships (Prather & Golden, 2009). The aim of the present study is to provide additional information regarding the experiences of male survivors of child sexual abuse and their connection to intimate relationship through exploring male survivors' emotional regulation skills and interpersonal relatedness within a relational framework.

Emotional development. Survivors experiencing a significant degree of psychological distress and dysfunctional development are compromised in their ability to emotionally regulate their internal states and emotional orientation to the world (Briere, 1992): core features of human agency (Bandura, 2003). Human agency is being a self-examiner of one's functioning, which includes the capacity to understand one's environment, manage one's environmental condition, self-reflect, evaluate personal efficacy, and assess one's own thoughts and actions. Through human agency people are able to evaluate their motivation, their commitments, and the meaning of life, resolve conflicts, examine activities, and organize priorities while remaining emotionally self-regulated. Emotional regulation skills are described as the ability to express emotions, recognize the feelings of others, engage in emotional self-control, and demonstrate the capacity to empathize with others affective states (Blandon, Calkins, & Keane, 2010; Sarin & Nolen-Hoeksema, 2009). Previous research shows that individuals with a higher capacity to tolerate distress, self-control emotional responses, and express positive emotions are able to engage in healthier pro-social behavior (Blandon et al., 2010), whereas the absence of affect regulation can lead to internalizing critical statements about oneself and concomitant blame (Briere, 1992). Distorted self-perceptions arise from survivors' attempts to make sense of the abuse and can increase their sense of guilt, shame, and responsibility, and intensify their belief in their inherent badness.

Emotional competence is a collective integration of emotional regulation and self-efficacy skills utilized during social interactions and when building relationships. Emotional competence leads to the development of social competence, defined as a reflection of a child's "ability to be effective in [his/her] social interactions with respect to achieving [his/her] goals" (Bandon et al., 2010, p. 2). In a longitudinal study of 253 children, Bandon et al. (2010) examined the prediction of children's emotional and social competence by assessing maternal parenting behavior and toddler risk. Risk-taking is characterized by externalizing behavioral problems and poor emotion regulation capacities.

In the Bandon et al. (2010) study, analysis revealed no significant statistical correlations between maternal parenting and children's emotional and social competence. Their study did show that among children who displayed higher risk levels, maternal control tended to be more detrimental to their emotional competence. In addition, the study revealed that during sensitive periods of development, children with a predisposition to higher levels of externalizing behavior may not be learning more effective social and emotional regulatory skills. This was observed through the children's intense reactivity and inability to self regulate during times of distress, displaying problematic behavior, and failure to manage peer relationships later in life. According to Prather and Golden (2009), children displaying disorganized attachment strategies have a higher need to control their environment and are less likely to perceive their

caregiver(s) as a source of safety. This leaves them with little to no resources but to engage in aggressive or hyperactive behaviors that often lead to further disrupted and more insecure attachments. This present phenomenological study seeks to increase knowledge of male survivors' emotional processing abilities and how they manifest in their ability to express emotional content in adult intimate relationships and evaluate their partners' emotional states.

Lack of emotional regulation capacities can result in severe and prolonged problems implementing effective coping mechanisms to address stress, difficulties engaging in positive interactions with others, and limitations to building relationships (Powers et al., 2009) that manifest in externalized behavioral problems and psychopathology (Bandon et al., 2010; Goldfinch, 2009). It is speculated that emotional irregularities are a byproduct of early childhood sexual abuse (Porche, 2011) that set in motion lifelong stress responses (Streeck-Fischer & van der Kolk, 2000).

Larson, Newell, Holman, and Feinauer (2007) claim that "symptoms are most likely to occur during developmental transition stages, thus, emotional issues and developmental tasks that are not resolved at appropriate stages may be carried along and act as hindrances in future transitions and relationships" (p. 174). Abused children learn adaptive behaviors that are crucial to their survival when the abuse is occurring and are intended to increase safety and decrease pain; however, these coping behaviors generally become disruptive and maladaptive in

the long-term (Briere, 1992, 1996). Some experience chronic posttraumatic stress symptoms, which can detrimentally impact a child's immature nervous system and brain formation, as well as the ability to develop a concept of self and a sense of others (Goldfinch, 2009), ultimately leading to a poorly developed personal map of reality that is unable to remain stable and withstand interpersonal challenges (Briere, 1996).

Children with poor self-regulatory capacities tend to be characterized as superficial, emotionally detached, impulsive, and suspicious and even manipulative as adults. They are further described as lacking normal a conscience, moral development, and resilience, and often present with difficulties forming intimate relationships and severe antisocial behavior (Prather & Golden, 2009). This may be connected to insecure attachments and attempts to maintain a semblance of normalcy (Padykula & Conklin, 2010).

Research shows that few children who have experienced childhood sexual abuse learn adaptive skills that will be beneficial to later social functioning. However, despite the negative role of abuse in the development of emotional regulation skills, a small number of survivors have been able to develop healthier skills to successfully manage interpersonal conflict. It is presumed those affect regulation abilities continue to develop over time and are instrumental in acquiring social competence, suggesting that it is never too late to teach survivors how to self-regulate distress and gain mastery in coping with stressful situations

(Blandon et al., 2010). Nonetheless, families and non-family members are inevitably impacted by most attachment and post-attachment-related behaviors (Prather & Golden, 2009). Traumatic events can create a strain on attachment with old and new caregivers. Traumatized children may engage in hyperactive or disruptive behavior such as deceitfulness, stealing, cheating, manipulation, and coercion to gain what they want (Prather & Golden, 2009).

Social development. There is limited research on how perceived social and family support reduces the impact of abuse (Powers et al., 2009). Nonetheless, research indicates that child maltreatment can lead to a deficit in the formulation of *social support systems*. This system can be defined as “one’s subjective sense of other’s availability to provide emotional support and aid with tangible needs [that] can influence how an individual reacts to stressful situations” (Powers et al., 2009, p. 47) and how they attach to others in intimate relationships. However, Cobb (2007) argues that children who perceive their parents as warm and loving experience less emotional and behavioral problems, suggesting that positive experiences have the ability to shape and construct cognitive experiences of stressful situations, protect against the development of mental health disorders, and promote satisfying intimate relationships in adulthood.

Social development is rooted in social relationships with caregivers, which are acquired over time based on observation and positive reciprocal interactions that outline the setting and expectations of the relationship (Cobb, 2007).

Achievement of social competence is mirrored or reciprocated by peer acceptance, peer likeability, preservation of mutual friendships, knowledge of social skills, and behavior modification (Blandon et al., 2010). Siegel and Hartzell (2003) accentuate the importance of the caregiver-child relationship in predicting emotional competence, which is accomplished by engaging in co-regulation experiences and affect modulation with caregivers. Parental interactions such as responsiveness, sensitivity, and understanding pre- and post-abuse can serve as protective factors in a child's social functioning, promote self-regulatory abilities (Cobb, 2007), enhance socially appropriate behaviors (Frazier et al., 2009), become the catalyst for future intimate relationships (Cobb, 2007), and facilitate the ability to obtain desired lifestyles, principles, self-regulatory capacities, ambitions, and a sense of personal and collective worth (Bandura, 2003). The internalization of these behaviors can then be reflected in the child's ability to experience upsetting events and access emotional regulation skills to self-soothe, engage in successful peer social interactions and sustain prolonged friendships, and safeguard against the development of poor adult relational attachments (Siegel & Hartzell, 2003).

For instance, Jakobsen et al. (2012) utilized a longitudinal study of a 1,265 New Zealand birth cohorts to investigate the moderating role positive parent-child attachment had in the development of mental health disorders. They discovered that early exposure to abuse and higher rates of anxiety coupled with withdrawal

symptoms were positively correlated with higher risks for developing anxiety and depression disorders later in life. Even after controlling for confounding factors such as gender, childhood sexual abuse, physical abuse, family violence, adverse family life events in childhood, parental history of depression/anxiety, and child intelligence quotient, there was a strong association with a positive parental relationship and a decrease in post-trauma effects. The researchers observed that positive parent-child attachments in adolescence demonstrated a decrease in the potential risk of developing anxiety and depression. According to Jakobsen et al.'s findings, the experience of positive parent-child attachments may facilitate and promote healthier adult attachments.

In contrast, Larson et al. (2007) sought to address the role of family environment in dating relationships and readiness for marriage. The study consisted of 142 adult male survivors of childhood sexual abuse and 140 non-abused males. They found that functional family systems may not be able to moderate the harmful effects of childhood sexual abuse or intimate partner relationships, or prepare survivors for marriage later in life. Larson et al. primarily focused on non-familial abuse, therefore precautions should be taken when attempting to generalize the findings to intra-familial abuse. Based on the findings of Jakobsen et al. (2012) and Larson et al. (2007), it is difficult to determine the degree to which family mitigates childhood sexual abuse. However, it can be

speculated that familial support does play a role in the development of adult attachments and intimate relationships.

Additionally, less prepared children have a harder time coping with stressful situations and may perceive them as dangerous, thus triggering the body's fight, flight, or freeze response system (Cobb, 2007). This learned response style means they are unable to self-regulate emotional states and are unable to rely on others to help them co-regulate their emotional states (Streeck-Fischer & van der Kolk, 2000). During these periods new information cannot be integrated, survivors are prone to disregard important aspects of their experience, and may reduce close proximity and emotional attachment to others. This results in about 80% of traumatized children exhibiting disorganized behavior and disorganized attachment patterns. However, it is argued that positive parent-child attachments reduce the risk of developing anxious and depressive disorders in adolescents with a higher propensity of anxious and withdrawal symptoms (Jakobsen, 2012).

Cognitive development. Childhood sexual abuse impedes normal developmental processes such as cognitive development proper skill acquisition, and ability to cope with future challenges (Ewing Lee & Troop-Gordon, 2011; Trippany et al., 2006). In their research, Trippany et al. (2006) found that sexual abuse survivors were more likely to experience difficulties accommodating and assimilating new information based on current experiences, as well as problems

integrating traumatic material into existing cognitive schemas. Survivors exhibit an inability to make conscious connections between past experiences and current reenactments of the trauma, which impacts five important domains: safety, trust, power, esteem, and intimacy. Trippany et al. describe trauma reenactment as the “compulsion to repeat elements of the traumatic event through engaging in self-injurious behavior, engaging in risk-taking behavior, such as promiscuity and substance abuse, and experience difficulties in interpersonal relationships” (p. 589).

According to Trippany et al. (2006) reenactments can be categorized into three main themes: self-inflicting harm, self-destructiveness (i.e., subconsciously sabotaging situations, which leads to feelings of revictimization) or re-experiencing flashbacks symbolic of the trauma suffered in childhood. Reenactments generate a cyclical process of relational instability in one of three avenues: (a) feelings of rage, shame, or fear cause a person to inflict self-harm; (b) self harm causes disgust that results in further punishment; or (c) interpersonal relationships become too intimate, so the person may feel compelled to detach through self-harming behavior. The cycle therefore functions as a self-protective barrier from outside intrusions and maintains diffuse boundaries in interpersonal relationships. The culminating effects of distortions tend to result in anxiety, avoidant behavior, fear of betrayal, anger, passivity, feelings of powerlessness,

and an exaggerated potential for danger. These are significant intrapersonal issues that tend to create wider gaps between survivors and intimate partners.

In addition, neglecting the relationship between trauma and cognitive development can have a deleterious effect on the child's educational experience, school readiness, and cognitive task performance in various life stages (Graham-Bermann et al., 2010). Humans have enhanced cognitive capacities for observational learning that enables them to shape and structure their own lives (Bandura, 2003), but exposure to traumatic events disrupts cognitive processing, resulting in cognitive impairments (Graham-Bermann et al., 2010). This correlation implies that unequipped children from at-risk populations who experience difficulties concentrating, hyperarousal, fearfulness, or anxiety are more vulnerable to learning difficulties, poor academic performance and a trajectory of disappointment in their academic career in comparison to peers their age (Goldfinch, 2009; Graham-Bermann et al., 2010). Further evidence suggests that trauma and cognitive deficits impair memory processing and effective stress management systems (Siegel, 1999).

Self-perceptions have been identified as critical factors in survivors' functioning. Survivors who perceive their pre-abuse lives as pleasant are more inclined to sustain a positive self-view, even after the abuse (Frazier et al., 2009). Some believe normal intellectual functioning is a determinant in the development of resilient responses to abuse due to satisfactory academic skill and wider-

ranging peer affiliation (Wilcox et al., 2004). These behaviors could potentially increase positive self-perceptions enough to triumph over the negative effects of abuse. Nonetheless, many survivors find themselves in a vicious thinking cycle that provides them with inaccurate feedback about the abuse and their responses to the abuse that exaggerates or exacerbates their current symptoms that diminishes concentration, performance, and intellectual functioning.

Porche's (2011) study indicates that trauma is a two-fold process that manifests in internal and external problems; however, the more blatant externalized behaviors are targeted in school and complicate school suitability. Trauma-related symptoms can precipitate an unfortunate series of events leading to suspension and expulsion from school and exacerbate developmental problems, thus placing adolescents at greater risk for revictimization. More specifically, traumatized children may experience problems with short and long-term verbal performance and cognitive processing as a result of intrusive thoughts, repetitive harmful behaviors related to the trauma, hyperarousal, attentional challenges, distractibility, and disorganized attachment styles.

For instance, rumination is perceived to be one of the long-term psychological constructs of childhood sexual abuse that negatively impacts cognitive abilities. Rumination is "the cognitive process of thinking passively and repetitively about one's symptoms of distress, and on the possible causes, meanings, and consequences of the distress (Sarin & Nolen-Hoeksema, 2009, p.

71). Rumination can manifest as negative thinking and generate additional stress, inhibit instrumental behaviors, and interfere with effective problem solving skills. Many survivors who are raised in emotionally impoverished environments turn to rumination in an attempt to appreciate, make sense of, and cope with the negative emotions inflicted by emotional and sexual abuse.

Furthermore, Sarin and Nolen-Hoeksema (2010) theorized that ruminators lack an *internal locus of control*, meaning a person's ability to believe he/she is in control of events that affect him/her, oppose to external events controlling him/her (Perera, Reece, Monahan, Billingham, & Finn, 2009). In the absence of perceived control, self-harm behaviors may be introduced as means to distract one from negative self-directed thoughts and alleviate psychological distress. However, Sarin and Nolen-Hoeksema's study did not find a significant correlation between self-harm behaviors, avoidance, and alcohol abuse.

Sexual development. Sexuality can be seen as a primary locus of power and a central mode of expression and identity (Grossman et al., 2006), as well as a rite of passage and a step closer to becoming a man (Cobb, 2007; Durham, 2003). Normal sexual development can be intensified by *traumatic sexualization*, which is "a process in which a child's sexuality (including both sexual feelings and sexual attitudes) is shaped in a developmentally inappropriate and interpersonally dysfunctional fashion as a result of sexual abuse" (Easton et al., 2011, p. 43). Men learn that their sexual availability increases contact with others and for some it

promotes compulsive and dysfunctional sexual conduct (Briere, 1996). The following section will review sexual dysfunction, methods of coping with sexual intimacy, and level of sexual satisfaction associated with child sexual abuse.

The trauma and exploitation experienced in sexual abuse justifiably creates fear of vulnerability and intimacy (Briere, 1996). Therefore, the search for love, nurturance, and self-affirmation generates states of ambivalence. This can create a disconcerting and problematic relational dynamic. The endless pursuit of nurturance, support, and validation is usually followed by superficial and unsatisfying contact with others, especially when the other person is making excessive demands for intimacy and commitment. This often leads to the search for a new partner with whom the same response pattern subsequently is implemented. Inadvertently, this type of relational response reinforces relational symptoms such as not feeling safe in the world, being mistrusting or fearful of future intimate relationships, sexual dysfunction, and disruptions in social support networks (Vandervoort & Rokach, 2003). This study will explore male survivors' beliefs, experiences, and reactions to intimacy in intimate relationships.

Another concern is the painful confusion about their sexuality, sexual orientation, and sexual performance (Grossman et al., 2006; Teram et al., 2006). These challenges impact their sexual self-esteem and ability to obtain optimal sexual pleasure (Hall, 2008; Steever et al., 2001). An increase in sexual activity may serve as an attempt to address the painful internalized states of sexual

exploitation. These sexual behaviors may be a frivolous way to resolve abuse-related distress, but the short-term effects of tension reduction may lead to more compulsive or addictive sexualized behavior, perpetuating and sustaining the need for more sexual contact, even if it comes at greater costs. Sexual abuse in conjunction with increased promiscuity (Briere, 1996) may also be responsible for survivors' unforeseen sexual ineptitude in intimate relationships (Callahan, Price, & Hilsenroth, 2003; Sarin & Nolen-Hoeksema, 2010).

Nobre and Pinto-Gouveia (2008) analyzed intrusive thoughts during sexual intimacy among 491 male subjects. *Automatic thoughts* are defined as “images or cognitions presented by subjects as a result of the cognitive schema or core belief that is activated in a particular moment” (p. 38). Men experienced more cognitive distractions related to recurrent failure and experienced thoughts of disengagement, sexual abuse, and erection concerns. These unwanted thoughts interfered with their ability to read erotic cues and increase their sexual performance. A total of 67.55% of men suffered from thoughts related to failure anticipation, age and body, and lack of eroticism. Erection concern thoughts was rated the highest at 20.38% among this group of men. The study concluded that dysfunctional erectile responses were not attributed to neutral distractions, but rather were due to focusing on non-sexual stimuli, fear of catastrophic consequences, or replication of the abuse. These challenges increase survivors' engagement in emotional risks in terms of trust, safety, and attachment. Being

mentally preoccupied with sexual abuse material during sexual intimacy may impact survivors' partner relationships. Anecdotal reports found that partners tend to feel hurt, angry, or distant toward survivors because their significant others have not been able to get over the trauma. This study will explore these issues by attempting to understand the partner relationship challenges reported by the study's participants.

The most commonly cited sexual problems among male survivors is compulsive sexual behavior, consisting of non-monogamous partners, numerous sexual encounters, excessive masturbation, frequent use of pornography, and homosexual behavior in men who self-identify as heterosexual (Steever et al., 2001). Perera et al. explored sexual addictions among sexually abused college men. Based on their findings sex addiction is connected to external objects that produce a sense of euphoria. On average, sexually abused college men were engaging in 16.36 % more sexual compulsive tendencies than non-abused college men and 22.43 % were seeking more sexual sensation behaviors than non-abused college men. Additionally, Arreola et al. (2009) found that many survivors reported an increase in sex with multiple partners to escape loneliness or depression. Many reported elevated rates of alcohol and drug use before, during, or after sexual contact that may contribute to problems preserving an erection.

Schraufnagel et al. (2010) examined child sexual abuse, dangerous sexual behavior in adulthood, and the contribution of alcohol consumption among 280

heterosexual men. Childhood sexual abuse was found to have a direct effect on the high number of sexual partners, as well as indirect effects on the severity of abuse and lower age of first intoxication. Childhood sexual abuse was found to predict greater risk for unsafe sex practices such as alcohol consumption before and after sex, intercourse with multiple partners, and infrequent condom use. Consequently, these results indicate that childhood sexual abuse increases sexual risk indices, alcohol problems, and sexually transmitted infections. Perry (2009) found that childhood sexual abuse increases the likelihood for early intercourse, promiscuity, and sexual dissatisfaction in adulthood among, other sexually related difficulties. Based on these findings, it is unclear whether sexual abuse produces disappointment related to sexual encounters or whether the interpretation of the sexual abuse interferes with later sexual functioning.

Nonetheless, sexual abuse impacts the attitudes and perceptions of sexual preoccupation, sexual discontentment, and sexual distress in adulthood. Sexual dissatisfaction may involve difficulty trusting sexual partners, confusion during sexual interactions, and feeling obligated to perform normal sexual functions (Easton et al., 2011; Hall, 2008). More specifically, some men experience problems with sexual desire, erectile dysfunction, pain, and inability to differentiate sexual and non-sexual touch (Easton et al., 2011). The presence of dissociative episodes or flashbacks during sexual activity may increase feelings of distress, shame or guilt about their sexual responses, and produce sexually

compulsive behaviors, panic reactions, or aversions to specific sexual activities (Easton et al., 2011; Hall, 2008).

Furthermore, the necessity to avoid emotional pain may contribute to problems with touch and arousal (Easton et al., 2011). The younger the child is when the abuse occurs, the greater risk they face for more severe consequences related to sexual dysfunction. Easton et al. found that adults who were younger when the abuse occurred were four times more likely to be afraid of sex, 2.5 times more prone to experience guilt during sex, and 2.25 times more inclined to have problems with touch. In addition, there was some suspicion that negative parental responses to childhood sexual abuse disclosures impact survivors' psychosexual functioning and ability to trust intimate partners in adulthood (Easton et al., 2011).

Hall (2008) advocates for survivors' rights to determine whether childhood sexual abuse was traumatic or whether certain sexual responses are problematic. This ambivalence and sense of disempowerment can affect socioeconomic status, sex education, medical care, cultural expectations, and sexual normalcy. In addition, the negative impact of socioeconomic status limits access to sexual information, health care, and positive recreational time, and yet society commonly ignores this issue. Hall's new approach offers a multifaceted understanding of sex within individual and social contexts and emphasizes the importance of survivors being able to reach their full potential for sexual pleasure.

Male socialization. Studies indicate that many men experience considerable conflict against the backdrop perceptions of manhood and victimhood that may correspond to men having higher proclivities of exhibiting externalizing behaviors. Even though these values are imposed by society, they are upheld by peers, family, intimate partners, community, and ultimately men themselves. The existing disparity between this masculine ideal and the real lives of men (Lemelin, 2006) can produce a significant degree of cognitive dissonance, emotional distress for men (Teram et al., 2006), and disturbed relatedness in intimate relationships (Briere, 1996).

The social demands of an idealized sense of masculinity have been shown to foster identity problems, cause psychological ambivalence, and produce existential dilemmas among sexually abused men (Teram et al., 2006). For example, survivors that experience an existential crisis regarding their sexuality tend to develop homophobic convictions or receive homophobic responses by family and/or friends tend to suffer greater psychological distress (Arreola et al., 2009; Lemelin, 2006). In addition, they are more likely to develop distortions about themselves, the abuser, and the abuse. Many men that experienced mixed feelings about the abuse come to believe that they were targeted for being gay or for being perceived as gay, whereas others struggle with their sexual identity and fears of homosexuality (Durham, 2003; Mejia, 2005; Teram et al.). Having such

doubts about themselves can ward off potential opportunities for intimate relationships or infringe upon their ability to solidify intimate relationships.

Generally, when men deviate from gender stereotypes, they are at high risk for peer victimization (Ewing Lee & Troop-Gordon, 2011). Non-normative violations of gender norms are reprimanded through peer harassment, aversion of peers, decreased healthy peer interactions, social exclusion, manipulation of friendships, and poor interpersonal relationships. These gender sanctions have been shown to predict high adherence to gender-based norms and the development of social phobias. Consequently, men have become adept at repressing and masking their vulnerability out of fear of being misunderstood, rejected, or ridiculed by others, especially in intimate relationships (Cobb, 2007; Teram et al., 2006). They may feel compelled to repress their feelings related to the abuse or experience unwarranted difficulties expressing their emotions even when trying to articulate their experiences (Teram et al., 2006).

Social expectations and demands play an important role in the construction of men's self-concept, self-esteem, and self-perception. This process provides a baseline by which to measure desirable and undesirable characteristics among other men and themselves. Men are raised in a culture that devalues emotional connectedness (Durham, 2003); however, sexually abused men that express their emotional vulnerabilities are subject to greater levels of mockery, gender exclusion, and social isolation, limiting their ability to initiate intimate

relationships (Sorsoli et al., 2008). The same cultural and social norms governing males socialization restricts male survivors' ability to disclose sexual abuse and reinforces the belief that males cannot be victims of sexual abuse (Durham, 2003). This belief can produce unexpressive men that are highly proficient at suppressing emotional content and are unable to identify their affective states, describe their feelings, or experience a full range of emotions with the exception of anger the only tolerable emotional expression in this culture. These findings outline potential challenges to how men perceive themselves, how they view others, how they interpret the world, and how they make sense of the abuse, which also influences their attitudes and beliefs about intimate relationships, vulnerability, and intimacy and potentially threatens the development, quality, and durability of adult intimate partner relationships.

Furthermore, these widely accepted social norms reinforce social stereotypes and the need for men to continue hiding their experiences. The instinctual need to protect themselves from social judgment, awkward interactions with others, and differential treatment by others can lead to social isolation and fear of emotional and interpersonal closeness (Teram et al., 2006). However, lack of social relations or fear of losing their current relationships also prevent men from disclosing childhood sexual abuse (Sorsoli et al., 2008). This encourages men to build walls of shame and condone the silence, which further deprives them of access to social support and positive avenues aimed at addressing the abuse

(Lemelin, 2006). Lemelin (2006) investigated the sociological introspection pertaining to male sexual abuse from a wounded healer's perspective. Prevalent interview themes in Lemelin's study included tribulations of internalizing the rage or projecting it on to others, searching for problems in the relationships to satisfy the need for physical distance to ward off emotional closeness, and gender role strains. Unfortunately, abuse survivors have little motivation to break the vicious cycle of silence given that silence has many functional purposes in their survival (Teram et al., 2006).

Relational Attachment

Bowlby (1969) developed his theory of attachment theory to explain the essences of affectional bond and relational patterns between parents and their children. His theory was later adapted to characterize adult attachment patterns as well (Elwood & Williams, 2007). This relational model highly predicts interactions with other people and the ability to form *attachment bonds*, which is an affectionate relationship between two people (Siegel, 1999). The premise of this theory is that through the attachment bond and the caregiver's responsiveness to the infant's needs (Goldfinch, 2009; Siegel, 1999), the child is able to learn about himself/herself and the world (Levy, Ellison, Scott, & Bernecker, 2011). The major tenet of this theory is that the same *internal working models* that govern close emotional bonds to caregivers are responsible for guiding individual perceptions, emotions, thoughts, and expectations in later adult relationships

(Bowlby, 1969; Prather & Golden, 2009; Siegel, 2001; Wilkins, 2010). Research has found early attachment patterns to be relatively stable across the person's lifespan (Elwood & Williams).

Attachment serves as a key biological function by increasing a person's ability to regulate physiological arousal responses to trauma (Vandervoort & Rokach, 2003) and can lead to emotional disorders or symptoms (Elwood & Williams, 2007). However, continued attachment growth expands the attachment system and intensifies its aptitude and sophistication, whereby the person is able to achieve adaptation by sustaining a relationship to attachment figures, navigating internal states, and adjusting to vicissitudes of the external environment (Padykula & Conklin, 2010). However, poor adaption establishes a dysfunctional succession that could potentially contribute to fear of vulnerability and intimacy in intimate versus non-intimate relationships (Vandervoort & Rokach, 2003), leading to poorer-quality attachment patterns, adult interpersonal relationships, and relational commitments (Walker et al., 2009).

In addition, responsiveness, sensitivity, and expressions of love are common human qualities that are experienced in infancy and are positive indicators of healthy attachment styles (Siegel, 2001). These phenomena teach infants to trust caregivers and others and to communicate their feelings (Siegel & Hartzell, 2003). Engaging in child play can provide children with an opportunity to manage upsetting experiences, confront frightening events, and ameliorate

negative encoded images or memories that are trauma-related. For some survivors, engaging in repetitive actions can eventually lead to mastery of the situation and promote a stronger sense of self-control (Streeck & van der Kolk, 1996). These actions activate areas of the brain responsible for interaction, communication, and relationship, whereby interpersonal growth is enhanced and emotional experiences associated with past traumas can be corrected (Siegel & Hartzell, 2003). Emotional growth allows the emergence of a healthy sense of self and teaches the child how to be in loving and empathic relationships with themselves and others. Experiencing healthy relationships improves their ability to be present and attuned to adult intimate partners and allows positive intimate bonds to be forged in intimate relationships.

Children who are exposed to traumatic events may experience severe anxiety, which contributes to communication difficulties throughout the lifespan. The inability to effectively communicate with others can cause these children to act out their feelings rather than talk about them (Wilkins, 2010). Limited emotional expression or other proper communication avenues creates barriers to connecting and bonding with other individuals on an intimate level. The inability to accurately perceive social cues can result in poor attachments to others. In addition, sexual abuse has been found to be a significant factor in the development of insecure attachments, although there are no direct associations between sexual abuse and any one particular unhealthy attachment style (Bacon &

Richardson, 2001). Nonetheless, poor attachment representations are indicative of the child's unmet need for safety and understanding post-abuse. Poor attachments can cause more confusion about the self and one's role in the abuse, as well as lead to difficulties in learning and relating to others later in life (Briere, 1996).

Attachment styles. There are four distinct characteristics of a secure attachment (Levy et al., 2011). The first quality is a safe haven that provides comfort and soothing when a child feels threatened or afraid. The second characteristic is a secure base that affords a protected and dependable parameter and grants children the safety to explore their environment. The third feature is proximity maintenance that allows children to stay close to the caregiver for safety, as well as instilling a sense of protection and preservation. The fourth quality is the separation distress that occurs when a child is upset during a period of detachment from the caregiver. The presence of these unique features with an attachment figure creates a relationship that shapes an infant's development and prepares the child to experience the world. This intrinsic connection supports and encourages the child to develop the appropriate and necessary social and emotional skills, cognitive processing abilities, and sensitivity and responsiveness in social interactions within the boundaries of a safe ecosystem.

In her 1970s research, Mary Ainsworth discovered three ways in which infants and toddlers form attachments to caregivers (Ainsworth, Blehar, Waters, & Wall, 1978). She observed and documented babies' responses after a brief

separation from their caregivers (Kestenbaum, 2011). Ainsworth et al.'s (1978) "Strange Situation" study revealed robust effects of attachment on behavior. Infants with a secure attachment style are able to use their mothers as a secure base from which to explore the environment, learn and thrive, and accept comfort and reassurance when they are upset or tired (Bacon & Richardson, 2001). It is believed that those who have an anxious or ambivalent-insecure attachment style are too preoccupied with the mother's whereabouts to be easily soothed, whereas those with an avoidant-insecure attachment style present as seemingly indifferent toward their caregiver, thus hindering the secure foundation's ability to provide comfort in times of need or distress (Ainsworth et al., 1978; Levy et al., 2011). Later researchers Main and Solomon (1990) added a fourth attachment style called disorganized-insecure attachment, which is characterized as confused or inconsistent attachment behavior. Research has established that trauma impacts the attachment system, inhibits exploration, prevents integration of new coping strategies, and activates affectional bonds that can lead to attachment trauma (Kestenbaum, 2011).

O'Connor and Elklit (2008) conducted a study aimed at investigating the connection between posttraumatic stress disorder and adult attachment styles in a sample of 328 participants. The study revealed that preoccupied attachment was associated with a high level of emotional and low level of rational coping. Dismissive attachment consisted of high occurrences of lifetime and current

posttraumatic stress disorder, negative affectivity, somatization, low degrees of benevolence, and low level of perceived support. Fearful attachment included similar characteristics as with dismissive attachment; however, there was no relationship to intrusive subscales related to avoidance, re-experiencing, and hypervigilance, poor perception of support, and high degree of emotional and avoidant coping tend to generate higher psychological distress. Psychological distress can debilitate survivors' ability to manage stressful situations, leaving them with a sense of helplessness, vulnerability, and loss of safety (Schwerdtfeger & Nelson Goff, 2007). No significant patterns were found between preoccupied attachment and posttraumatic stress disorder, whereas dismissive and fearful attachments were highly associated with current and lifetime posttraumatic stress disorder and may contribute to the variation of symptomology (O'Connor & Elklit, 2008). These findings suggest that secure attachment can be an intermediate factor in the development of posttraumatic stress disorder.

In contrast, Elwood and Williams (2007) found that 287 sexual abuse survivors demonstrated higher levels of anxious, depressive, and posttraumatic stress symptoms, but did not demonstrate higher levels of attachment avoidance. These findings suggest that survivors are not more likely to engage in avoidant coping as previously believed, but more importantly indicate that survivors are not more likely to avoid intimacy than their non-abused peers. Instead, it attributes the higher levels of anxious attachment to the inability to feel secure

with and trusting of intimate partners. This study's findings were consistent with those of previous studies, which suggested that insecure attachment is highly associated with the development of psychological symptoms; however, it failed to identify a connection between adult attachment and interpersonal trauma.

Attachments in adulthood. Relationships can be life sustaining and nurturing and may even promote personal growth and health; however, relationships may also be non-nurturing, traumatic, and destructive, traumatic (Vandervoort & Rokach, 2003). Childhood sexual abuse research has found that interpersonal trauma generates a history of pathogenic care that can interfere with secure attachment (Prather & Golden, 2008), human development (Goldfinch, 2009; Porche, 2011; Zeanah, 2009), psychological functioning (Callahan et al., 2003), personality development, interpersonal relationships (Callahan et al., 2003; Lisak, 1994), and physical health (Vandervoort & Rokach, 2003). The presence of anxiety related to real or perceived fear of abandonment and relational avoidance seems to permeate intimate relationships among sexually abused men (Elwood & Williams, 2007). Avoidance is marked by how the survivors perceive themselves and the world around them and often leads to a high degree of discomfort with closeness and dependency and elevated anxiety levels related to abandonment. Feelings of *anomie*, meaning a loss of one's sense of belonging in the world, may surface and distort one's sense of security and safety, resulting in a loss or

alteration of one's basic blueprint of intimate relationships (Vandervoort & Rokach, 2003).

In addition, sexual abuse can be related to decreased levels of connection, trust, and satisfaction experienced in relationships and impact one's ability to be intimately or sexually involved with partners (Anda et al., 2006; Perry, 2009). According to Walker et al. (2009) the two most important relationships in a person's life are the parent-child relationship and intimate partner relationships. The assumption is that people become more vulnerable to their partners than in any other relationship. Even so, adult intimacy can create additional stress, distance, and conflict within relationships, especially when intimate partners are oblivious to the survivor's sexual abuse history or are unable to demonstrate an appreciation for the complexities inherent in a history of sexual abuse.

Sexual abuse occurs within the context of an emotionally intimate relationship, often involves intentional threat or injury, and is sometimes referred to as attachment trauma (Schwerdtfeger & Nelson Goff, 2007). Consequently, sexual abuse results in significant trust issues, including diminished trust in the self and calling into question one's judgment (Vandervoort & Rokach, 2003). Experiences of intra-familial trauma carry more severe implications for the parent-child relationship and may disrupt children's normal attachment behavior with their caregiver(s) (Prather & Golden, 2009). Survivors may also experience periods of vulnerability when confronted with other stress or changes in the

current lives (i.e., being in a committed relationship or becoming a parent; Schwerdtfeger & Nelson Goff, 2007).

Therefore, from an attachment perspective, dissociation is thought to be an exaggerated and disjointed representation of the self that is impacted by the early attachment bonds set forth by a sexually abusive relationship. Likewise the relationship of a child to that of a frightened or frightening caregiver can harm the attachment system. According to Bowlby (1969), attachment to caregivers broadens this inborn system and influences and organizes maturational, emotional, and memory processes. This inborn attachment system facilitates the process of perceiving, representing, and utilizing information related to attachment patterns (Creeden, 2009). However, the inability to engage in and sustain close proximity to an anxious caregiver post-abuse can enhance the formation of a disorganized attachment pattern. These distorted attachment patterns can apprehend the normal developmental process and impair the cultivation of an organized sense of self (Bacon & Richardson, 2001).

Generally, people tend to organize their childhood attachment experiences coherently; the person's narrative, level of coherence, and type of defensive processes regarding childhood experiences characterize people's attachment experiences (Benoit et al., 2010). Emotional pain can be accompanied by sense of helplessness, "a realization that one's will and wishes become irrelevant to the course of events, leaving a damaged or fragmented sense of self" (Wilcox et al.,

2004, p. 345). These fragmentations may manifest in a person's loss of confidence in his/her own ability to cognitively perform during challenging situations, inability to predict his/her own future performance, and diminished pursuit of long-term goals and stress management (Creeden, 2009). For a traumatized individual, a disintegrated sense of self can impair his/her self-evaluation and the encoding of internal representations of others (Briere, 1996). It is presumed that poor self-reflections negatively impact attachment patterns later on; interfere with cognitive processing; and obstruct the ability to organize, store, and retrieve new and old information. Research has found that having a fragmented sense of self can lead to poor attachment-related behaviors (Bacon & Richardson, 2001).

Current research on attachment, trauma, and healing has shown that introducing a sensitive approach can generate a secure setting that provides the recognition, exploration, and discovery of those experiences, feelings, and internal processes. The need for validation and acceptance should be met with understanding and appreciation (Teram et al., 2006). According to Durham (2003), meeting those needs provides "a safe haven away from the normal workings or replication of these social processes; an environment based on sensitivity, trust, and caring, with an open motivation to work towards improvement and healing" (p. 36). Having experienced empathy and compassion can facilitate the restructuring of a person's personality, perceptions, and beliefs

about the abuse and himself/herself (Mejia, 2005). Nonetheless, it is virtually impossible to quantify the pain, suffering, and reduced quality of life experienced by many male survivors of childhood sexual abuse (Wang & Holton, 2007).

Attachment and therapy. Attachment-related studies have repeatedly found mental health therapists to be instrumental in helping survivors repair their unresolved issues of sexual abuse. It is possible for attachment disruptions in early childhood to be modified in the course of treatment (Siegel, 2010). This can be accomplished by “the sharing of nonverbal signals creates a joining of two minds at a basic level of ‘primary’ emotions” (Siegel, 2010, p. 78). In this early phase of child development, it is important to demonstrate reliability, consistency, and trustworthy behaviors that support client’s self-exploration. The therapeutic focus is shifted to model acceptance, facilitate positive coping, and promote personal growth (Grossman et al., 2006). By receiving specialized trauma-informed care, survivors can achieve resolution, reconciliation, and meaning. Although the process of *feeling felt* by others can be exhilarating for some and uncomfortable for others, overall individuals need to be provided with emotional nourishment and intimate connection (Siegel, 2010), as well as space to properly mourn their losses before introducing reorganizational interventions (Bacon & Richardson, 2001).

Furthermore, individuals with healthier adult attachment orientations are more prone to demonstrate stronger working alliances in therapy by the third

session (Saucer et al., 2010), whereas individuals with unhealthy patterns of relating to others are generally more likely to have poorer working alliance ratings. Saucer et al. (2010) explored varying degrees of psychological distress throughout the course of attachment-related treatment among 95 participants (65 women and 30 men). Saucer et al.'s study revealed that securely attached individuals were more likely to form a secure attachment to their therapist, develop a positive working alliance, and respond more favorably to treatment. However, insecurely attached individuals were more likely to have unfavorable treatment outcomes. Based on the results of this study, securely attached individuals are less likely to experience distress over the course of therapy. However, insecurely attached individuals produce varying degrees of distress as a result of engaging in therapy.

In sum, the "client's experiences of the therapist and the emerging dynamic between them is meaningful in the context of the client's past and current relationships" (Saucer et al., 2010, p. 20). The therapist's role can be viewed as similar to that of a caregiver, in that "the therapist is emotionally available, offers a comforting presence, affect regulation and a sense of a secure base from which the client can explore inner experiences" (p. 21). The therapist functions as an attachment figure (Skourteli & Lennie, 2011) and helps clients develop healthier attachment representations, which can help them build a foundation for successful formation of intimate relationships (Etherington, 1997).

These therapeutic practices promote session smoothness, guided discovery, and insight into aspects of the therapeutic relationship that apply to other relationships. This raises the question as to whether sexually abused men are able to receive the therapist as an attachment figure and if the changes within the therapeutic setting are transferable to intimate partner relationships.

Summary

Overall, there is a great need for proactive responses to male sexual abuse. The implementation of adequate assessments and preventative measures can lessen the effects childhood sexual abuse may have on subsequent psychological and physiological effects (Hall, 2008; Johnson et al., 2005; Medrano et al., 2002; Steever et al., 2001). Particular attention should be paid to the complications of risk-taking behaviors and the necessity to properly educate male survivors of consequences associated with high-risk decisions and behaviors related to multiple sexual partners, unsafe sexual conduct, alcohol abuse, and self-harm behavior. It seems that increasing education, training, and awareness of the impact of childhood sexual abuse can enhance the understanding of how childhood stressors and development impact the evolving brain; cause changes in affect, behavior, and cognitions; and influence the development of relationships (Anda et al., 2006).

In addition, failing to account for poor emotional, social, cognitive, and sexual development due to abuse, trauma, or loss does a disservice to males with a

history of childhood sexual abuse (Anda et al., 2006; Perry, 2006). Special consideration should be given to understanding that survivors' behaviors can be embedded in their trauma histories through anxiety, fear, abandonment, anger, shame, and other distressing psychological states (Creeden, 2009). These histories, behaviors, and emotional states might very well be the source of cognitive distortions, impaired memory, underdeveloped emotional integration, and other issues found to be related to avoidant behavior and attachment issues. Inquiring about the life of a survivor both pre and post-abuse is highly relevant to the outcomes they may potentially experience in therapy. These individuals may have experienced other pre-existing conditions, such as life stressors, adherence to societal gender norms, pressured sexual expectations, idealization of masculinity, and attachment problems, all of which may have served to intensify the process of disengaged intimate relationships (Cobb, 2007; Durham, 2003; Mejia, 2005; Teram et al., 2006) and interpersonal conflict (Trippany et al., 2006). This study seeks to increase knowledge on the experience of intimate relationship among men who were sexually abused as children. The areas of interest explored in this phenomenological study were the lived experiences of intimacy among men who were sexually abused as children and how those men describe their experiences of intimacy.

Chapter III: Methodology

Statement of the Problem

In reviewing current research it has come to this researcher's attention that there is a deficiency of literature directed towards men's development and experience of intimate partner relationships. Society tends to overlook or minimize the current rate of male childhood sexual abuse. Many abused men experience a plethora of physiological, psychological, and interpersonal problems that are highly related to childhood sexual abuse.

Purpose of the Study

The intention of this study was to explore and understand the lived experiences of men who have been sexually abused and how this experience influences intimate relationships, as described by seven men participating in the study. This information is helpful not only for men recovering and forging new meaning of their experiences, but also for others who interact with sexually abused men such as family members, friends, mental health providers, legal professionals, etc.

Main Research Question

This question explored the following research question: What are the lived experiences of intimacy among men sexually abused and how do these men describe their experiences of intimacy?

Delimitations and Limitations

This phenomenological research did not intend to provide a complete examination or understanding of male sexual abuse trauma, nor did it intend to propose a new theory. This present study was limited to a group of seven males that agreed to participate. The data generated in this study and conclusions may be interpreted differently by other writers or researchers. This study investigated adult intimate relationships among men who had been sexually abused as children. In addition, conclusions from this research were used to broaden the knowledge of psychology as it relates to the impact of male child sexual abuse on intimate relationships.

Assumptions

It is presumed that childhood sexual abuse interferes with attachment and impairs survivors' ability to reach into deeper experiences of idealized love. This may manifest in anxiety related to sexual intimacy, fear of emotional intimacy, and inability to fulfill dependency needs such as trust, love, and security. Nonetheless, the primary focus of this research was to describe rather than explain the development of intimate partner relationships among men who were sexually abused as children based on the data gathered during the interviews.

The research was protected from the researcher's influence or contamination through the use of phenomenological reduction or bracketing, meaning to suspend or exclude all questions and claims concerning whatever

might be causally responsible for their experience (Pernecky & Jamal, 2010) in order to ensure authenticity of the data (Alaggia & Millington, 2008). The researcher considered the information presented, but refrained from making assumptions or bringing in past knowledge based on the way the information presented itself. The researcher kept an open mind and developed a special sensitivity toward the phenomenon being investigated (Giorgi, 2012).

Procedures

The emergence of qualitative research. There are significant philosophical differences between qualitative and quantitative research. Phenomenological research developed as a result of discontent with philosophy of science that exclusively studied material things (Creswell, 2007). Some researchers believed hard science failed to integrate the person's experience and the relationship between human consciousness and existing objects in the world. Phenomenology was intended to develop a science based on philosophy, sound perceptions, ideas, and judgments that emphasized subjectivity (Moustakas, 1994) and the essences of experience based on the person's perception of reality (Lester, 1999). To this day, some researchers perceive qualitative research as nonscientific or lacking groundwork for scientific investigation (Kvale, 1996).

The term phenomenology is derived from the Greek words *phainomen* (an appearance) and *logos* (reason), meaning the intentional conscious appearance of an object (Pernecky & Jamal, 2010). Phenomenology is the discovery and

understanding of objects and knowledge of consciousness (Groenewald, 2004). It is referred to as *knowledge of consciousness* because it provides a description of the person's immediate experience (Moustakas, 1994) and illuminates the specific through how the actor perceives the situation to portray the phenomenal wholeness (Lester, 1999). Many researchers proposed that knowledge could exist without explanation or proof that was just as dependable and irrefutable as quantitative science (Moustakas, 1994). This led to the co-creation of intentional meaning, "the fundamental characteristic of psychic phenomena" in which "the object exists in the mind in an intentional way" (Moustakas, 1994, p. 28). For the purpose of this study a phenomenological approach was vital to the researcher's ability to understand the phenomenon of intimate relationships and relationship attachment from their perspective of sexually abused men.

Characteristics of qualitative research. Qualitative research interprets the human phenomena of knowledge, subjectivity, perspective, and interpretation based on the people being studied (Lester, 1999). It is comprised of assumptions, a worldview, a theoretical lens, and the study of a social or human problem that explores the meaning individuals or groups of people assign to those experiences or their relationship to it (Embree, 2008) in order to understand the subjective experience and gain insight into the person's motivations and actions (Creswell, 2007). This involves studying people's lived experiences with a primary focus on the integrity of the experience, the search for meaning, and essences of

experience. Individuals under investigation provide first-hand descriptions of their experience that facilitate the researcher's understanding of human behavior (Englander, 2012). In essence, the objective is to compile reports from a small number of individuals who have experienced the same phenomenon and identify the infinite meanings ascribed to those experiences and the differences that characterize each person's experience, as opposed to narrowing the description of experiences into categories of shared similarities (Creswell, 2007). For the extant study it was important for participants to freely describe their experiences with childhood sexual abuse to understand the meaning they ascribed to those experiences.

Qualitative research is mostly comprised of direct face-to-face interaction through interviewing, observing, and engaging with participants (Lester, 1999). Some believe qualitative research is similar to generating theory due to its dynamic, emergent, and adaptable nature that provides clarity to human experience as it is experienced by the person in his/her own terms (Groenewald, 2004). It accepts and understands the existence of multiple realities. These realities are the combination of an experienced phenomenon and the constructed interpretation of the person being investigated (Embree, 2008). Therefore, a person's reality and the meaning attached to that reality is reflective and supportive of each person being an expert in his/her own experience, even though with time, new information or meaning can emerge and transform previously held

knowledge. According to Creswell (2007), the origins of this research are “inductive, emerging, and shaped by the researcher’s experience in collecting and analyzing data” (p. 19). For the purpose of this study, the shared narratives of abused men enriched the knowledge and understanding others have about sexually abused men and intimate relationships.

One of the distinct benefits of qualitative research is having a less structured approach that is not restricted to numerical outcomes and does not need to substantiate its results with numbers. Qualitative research is conducted in natural settings to maintain a subjective field (Ospina, 2004). For the purpose of this study, men participated in natural environments to reduce outside influences and decrease psychological harm with the intent to provide a purer understanding of their intimate relationship experiences. This type of research demonstrates that knowledge can be acquired by studying and learning about a person’s lived experience (Kvale, 1996). A qualitative research approach provides the opportunity to fully grasp and understand the complexity of men’s relational intimacy as described by each participant. Understanding of a particular phenomenon can be accomplished by the collection of information via semi-structured interviews, one-on-one interviews, listening to people’s perspectives, and observing the person’s behavior within his/her natural element (Lester, 1999). Even though there is a subjective element to this form of research, valuable impressions can be gained through a collection of individual descriptions of a

phenomenon that go beyond what can be captured numerically. The present study added rich details and nuances that illustrated the lived experiences of men's intimate partner relationships.

Qualitative research uses smaller sample sizes that are highly targeted based on the individual's experience of a specific phenomenon. For the purpose of this study, fewer participants provided more intimacy, facilitated quicker relationship establishment, and promoted disclosure in relation to participants' relational attachment and intimacy experiences. The research is not contingent on variables and can therefore be implemented and accomplished more rapidly (Englander, 2012). In addition, it is not limited by the definition of specific variables, which allows for more descriptive forms of words, pictures, or objects to be collected (Creswell, 2007). This approach is generally recommended in the early phases of research to target the problem or issues, which predates the use of surveys, questionnaires, and instruments (Moustakas, 1994). Phenomenology is described as directional research because it can help unearth important issues and explore new areas of study that may have been overlooked or are presently emerging, as well as generate new knowledge based on the lived experiences of those experiencing that phenomenon (Ospina, 2004). For the extant study, gaining insight into sexually abused men's intimate relationships generated information that would challenge or enhance pre-existing knowledge. The beneficiaries of this exploration are men who have experienced similar childhood sexual abuse and

anyone with whom they have interacted. This study provided the collective and united voices of seven men that shared about their experiences and allowed others to bear witness to sexual abuse issues that have impacted the survivors' friends and loved ones. Participation in this study provided further acknowledgment of male childhood sexual abuse and afforded mental health providers an opportunity to gain a better understanding of these experiences. It advocated for others' non-judgmental, genuine, and present attunement to their interpersonal and intrapersonal experiences.

There are some noteworthy limitations to qualitative research. One of the main disadvantages to qualitative research is the misuse and misunderstanding of the design's intent (Creswell, 2007). Another constraining factor is that due to the small targeted sample size and the indefinite conclusions, the results cannot be generalized to the larger population (Lester, 1999). The research is limited to capturing the subjects' thoughts and feelings about a problem or situation. In addition, gathering data can be transitory depending on the flow of information being collected, thus making it difficult to replicate in the future. Lastly, although there are methods to reduce or minimize the researcher's bias, these methods do not eliminate bias entirely (Groenewald, 2004).

Characteristics of quantitative research. The origins of quantitative research has produced significant misconceptions and inadequate use of the approach. Nonetheless, it is no mystery that quantitative research relies on a

structured scientific approach and the premise of objective quantifiable data to obtain knowledge (Kvale, 1996). Quantitative researchers believe there is but one single answer to any and all research questions that is best measured and obtained through a scientific method of the natural sciences (Moustakas, 1994). The data collection consists of sending out questionnaires and instruments usually developed by other researchers to be completed and returned to the researcher. Lastly, quantitative research yields unambiguous data that can be intra- and intersubjectively reproduced.

In addition, survey design for quantification shapes the problem and guides the possible answers; however, all possible answers may not be included. In the researcher's view the disadvantages to utilizing quantitative research are that it requires a larger number of participants and if the quota is not met, it can ultimately ruin the entire study before it even begins (Creswell, 2007); however, having a larger sample size can prove to be more expensive. In addition, quantitative research is vulnerable to statistical error. Quantitative research does not study participants in a natural setting nor is it concerned with the lived experience of the participants or the differences experienced among participants (Ospina, 2004). It is not designed to focus on the wholeness of experience and is highly preoccupied with objects or parts, measurements, and explanations (Moustakas, 1994).

Nonetheless, from a social constructivist worldview, individuals seek to understand their world and attribute subjective meaning to their experiences that are connected to objects and things (Embree, 2008). For the purpose of this study, sexually abused men were asked to describe their subjective experiences in intimate relationships and the meaning attributed to those experiences. This process is known as the *intentionality of consciousness*, meaning “consciousness is always directed toward an object [and] reality of an object, then, is inextricably related to one’s consciousness of it” (Creswell, 2007, p. 59). The study’s intentionality was to develop an appreciation for what sexually abused men experienced in intimate relationships and how they experienced it. Even though the subject-to-subject relationship is acknowledged in the process of gathering data (i.e., interviews), this requires the individual’s description of the phenomenon (Lester, 1999). According to Englander (2012), this type of research aims to investigate the object (the phenomenon) as opposed to the person, thus developing a subject phenomenon relationship. For the purpose of this study, men were asked to describe their experience in their most current intimate relationship. The research was intended to enhance familiarity with the phenomenon and not with all the intricacies of the individual. This study concentrated on sexually abused men’s experience of intimate relationships.

Hermeneutical phenomenology is the art and science of interpreting the *texts* or *manuscripts* of life and the meaning of lived experiences (Creswell,

2007). It is an interpretative process in which the researcher reflects on the conversation, discovers fundamental themes that are essential to the lived experience, makes interpretations of those lived experiences, and provides a meaningful written description of the lived experience (Lester, 1999). The written text referring to the transcription of interviews is equivalent to an oral conversation that intentionally seeks to develop an understanding and establish objective interpretations of the intended or expressed meaning behind the appearances of that individual's life experience (Englander, 2012). For the purpose of this study, sexually abused men were interviewed and audio taped to ensure descriptive accuracy of their intimate partner relationships and adult attachment patterns.

Additionally, the skill of *interpretation* is best described as the *hermeneutical circle*, meaning that “the understanding of a text takes place through a process in which the meaning of the separate parts is determined by the global meaning of the text, as it is anticipated” (Kvale, 1996, p. 47). The existing circularity provides infinite interpretations, intensifies the co-understanding of meaning, and identifies relationships between different themes and factors (Lester, 1999). It deepens the experience and informs a person about his/her own internal state of being (Ospina, 2004). It surpasses conceived knowledge about oneself and allows the person to become acquainted with the outside world and the existence of others (Moustakas, 1994). For the extant study, the hermeneutical

circle was central because it allowed men to describe their experience with intimate partners and become more familiar with their partners' experience of them and the relationship as a whole.

The ultimate goal of phenomenology is to establish a consensus of understanding based on a person's frame of reference of his/her own self-understanding of what is hidden, free of contradiction (Kvale, 1996). The hermeneutic circle serves to maintain a balance between the researcher's prejudgments that prematurely lead to understanding and allows for more accurate understandings to emerge from the text (Pernecky & Jamal, 2010). For the purpose of this study, in order to eliminate inaccuracies, it was essential to document the descriptions of intimate relationships as experienced by participants rather than describing experiences based on the researcher's assumptions. Hermeneutic analysis is a four layer process that requires some degree of obsession in discovering meaning and a disconnection from the *mental intention* of the person, while skillfully interpreting the transcriptions in its totality and infinite interpretations (Moustakas, 1994). The aim of this study is to detail the experience of intimate relationships among sexually abused men and analyze those descriptions to capture the essential meanings and experience.

Interviewing. Interviewing is an integral part of qualitative research that is utilized to enhance interaction, clarification, and emergent data, as well as to search for discovery and meaning of a phenomenon that is specifically connected

to the experience (Englander, 2012; Kvale, 1996). Interviews are essentially conversations in which two or more people learn about each other through conversing about a topic of mutual interest, their experiences, their feelings, and their inner worlds. However, this conversation is different from traditional forms of dialogue because it surpasses polite discourse, as it is an interaction that elicits information on the social world, meaning, reality, and truth. It is more one-way than traditional conversation because the researcher is learning about the participant's experience. It "capture[s] the multitude of subject's views of a theme and to picture a manifold and controversial human world" (Kvale, 1996, p. 7). In the extant study, the researcher interviewed sexually abused men to gain access into their intersubjective experience of intimate relationships.

In addition, aside from responding to the interviewer's questions, participants also engage in an inner dialogue that sanctions their own interpretations of their experience and can provide augmented knowledge on the human condition. The ultimate goal is to understand and interpret the meaning of that person's shared experience (Kvale, 1996). Interviews can be theoretical or empirical, as well as explorative or hypothesis testing. The structure and practicality of the interview conducted are important elements utilized to maximize the information obtained, establish a good rapport, and model empathy as a means to gain more in-depth information (Lester, 1999). Face-to-face interviews are often longer than telephone interviews and provide the researcher

with an opportunity for direct observation, participation as an interviewer, and greater depth of discussion (Englander, 2012).

Interviews are generally open and sensitive, and exist with no rules for investigation (Kvale, 1996). The person's inner state of being can then be communicated through verbal language or nonverbal gestures, expressions, and intonations. This process occurs when "the research interviewer uses him-or herself as a research instrument, drawing upon an implicit bodily and emotional mode of knowing that allows a privileged access to the subject's lived world" (p. 125). Interviewing provides a direct and empathetic access into the world in which the subject lives, allowing the interviewer to enter that world and experience the phenomenon as that person feels and explains it. However, a primary aim of interviews is to avoid undue influence by the researcher (Lester, 1999). It is highly recommended that the researcher acknowledge and withhold personal bias in order to accurately capture the essence of the person, which is consistent with the philosophical stance of phenomenological research (Alaggia & Millington, 2008).

Role of the researcher. There is a potential risk that researcher's personal, cultural, and historical experiences may influence his/her interpretation and findings. However, the researcher's goal "is to make sense (or interpret) the meanings others have about the world" (Creswell, 2007, p. 21) by listening to multiple-perspective stories by the individuals telling the stories, rather than by

generating assumptions and conclusions (Lester, 1999). In addition, it is best that the researcher does not portray the image of the expert, but instead present participants with open-ended questions, pay attention to the responses, and, if necessary, shape the questions only after exploring to convey an understanding of the problem (Moustakas, 1994).

Furthermore, the researcher should be aware of and sensitive to the power imbalance throughout the entire research process (Smith, Jarman, & Osborne, 1999), as well as take responsibility for identifying any ethical concerns and act accordingly (Kvale, 1996). Researchers that uphold ethical practices acknowledge the need for researcher subjectivity, recognize the position of power, and are conscientious that the participants are the true owners of the information gathered (Creswell, 2007). The researcher should always be respectful of individual differences and it is optional to demonstrate gratitude by paying participants that were involved in the research.

Data collection procedures.

Participants. The researcher gathered data consistent with phenomenological research methods. The method of participant selection included recruitment from local agencies serving adult males with mental illness; community support groups addressing issues such as sexual abuse, family awareness, domestic violence, and sexual offenses; and mental health professionals in private practice (LMFTs, LCSWs, and psychologists). In

addition, a recruitment letter with the content and purpose of the study (Appendix D) and recruitment flyer (Appendix E) with contact information were mailed to potential participating community agencies and mental health professionals in order to solicit participants. Participants were also recruited by word-of-mouth and solicitation postings on mental health Internet forums such as the Santa Barbara California Psychological Association and Mental Health Professionals. The participants were invited to participate and were recruited only after being informed about the content and purpose of this phenomenological study.

The criteria for participation in the study were: (a) participants must be men between the ages of 18-65; (b) participants must have been exposed to sexual abuse between the ages of 3-13, with the specific age cutoff being intended to reduce the influence of pubescence; (c) the sexual abuse had to have occurred by a male perpetrator, as the current literature suggests there are more severe psychological implications associated with male perpetrators; (d) the perpetrator must have been known to the survivor to increase the understanding of the psychological processes within this relational context; (e) participants must have been English speaking to minimize the risk of translation inaccuracies; and (f) participants must have been currently receiving or willing to receive psychotherapy on an individual or group level, if needed, to decrease the psychological harm stemming from participation in the study.

The researcher interviewed seven participants: individuals who initiated contact with the researcher and inquired about the study. They expressed willingness to come forth with their childhood sexual abuse experiences and reported wishing to disclose their abuse stories as a means to help themselves further their own recovery and/or in an effort to assist other male survivors who were exposed to childhood sexual abuse.

Participants were seven men who were sexually abused as children ($N = 7$). One participant in the sample identified himself as Mexican American, four self-identified as Caucasian, one identified himself as being biracial of Mexican and Ecuadorian descent, and one identified as being multiracial of French, Spaniard, German, and Mexican descent. Participants ranged from 29 to 51 years of age ($M = 39$). Two of seven participants were married at the time of the study, while four of seven were not married and self-identified as single. Five participants identified as heterosexual, one participant identified as gay, and one participant as bisexual. Four participants held full-time employment, one worked part-time and was a full-time student, and one was a full-time student. One participant held a high school diploma or equivalent, four had some college background, and two had doctoral level degrees.

Recruitment. Participants who demonstrated an interest in the study were encouraged to contact the researcher via telephone or email. Once participants initiated contact a screening for appropriateness and eligibility of the study was

conducted via telephone. During this initial contact participants were informed about the content, inclusion criteria, and purpose of the study prior to recruitment and were notified of having to sign an informed consent and release to be audio recorded for the purposes of collecting data after recruitment. Participants that met the inclusion criteria were scheduled for a one-on-one face interview or telephone interview when appropriate. This researcher prepared a consent form (Appendix A) and demographic questionnaire (Appendix B) to mail via U.S. Postal Service.

Each participant who agreed by telephone to participate in the study then received by via U.S. Postal Service mail a recruitment letter (Appendix D) that detailed the nature and purpose of the study, a recruitment flyer (Appendix E), and a consent form (Appendix A) that provided the expectations for involvement (e.g., time commitment). The consent form contained a description of the study's content and procedures, including an explanation of its risks and potential benefits, voluntary participation, and the right to withdraw their consent at any time during the study without prejudice. Participants were provided a space at the end of the form to sign in acknowledgment that they understood what the study entailed. For participants with limited time availability and for interviews conducted via telephone, participants received a demographic questionnaire (Appendix B) via U.S. Postal Service with a self-addressed envelope containing a

self-addressed stamped envelope. Participants were required to complete and return all paperwork prior to scheduling any interviews.

Natural settings were chosen to perform the interviews to maintain consistency with phenomenological research and to maintain a subjective field. The location for four of the interviews was Kern County Mental Health; one interview was conducted via telephone in a secure room and on a landline for security purposes, while placed on speaker phone to record the interview; another interview was conducted in the participant's private office; and the last interview was conducted in the participant's home. In all the locations participants were interviewed singly in closed rooms with limited access from the outside to guarantee confidentiality.

Data collection. Data were collected via one interview and one demographic questionnaire created by the researcher. Data collection interviews were recorded to ensure accurate collection and transcription of data.

At the time of the interview, this researcher completed the demographic questionnaire with five participants and conducted the semi-structured interview. The other two participants completed their demographic questionnaire independently and mailed the questionnaire to the address provided on the self-addressed envelope. The researcher interviewed each participant individually and in confidence. The interview provided a safe forum for the participants to share their abuse story and experiences with intimate partner relationships. The

researcher asked each participant 10 predetermined open-ended interview questions about adult intimate partner relationships (Appendix C). The questions were designed to elicit information to answer the main research question. The one-on-one interviews were between 40-120 minutes in length.

After the interviews were conducted the information was transcribed and compiled for analysis. The responses from the demographic questionnaires served to develop a profile of the participants. The data from the recorded interviews were transcribed and graphed using a coding system that consisted of identifying each participant, highlighting meaning units expressed in the interview, categorizing common concepts related to intimate partner relationships, and compiling the information into emerging themes.

Procedures. Each participant's narrative was included in the results section of this dissertation to provide a descriptive paragraph of each respondent, keeping in mind that the demographic details were changed so as to protect the confidentiality of the respondents. The results were illustrated by summing up the commonalities among the findings.

Once the participants completed the demographic questionnaire and the in-depth interview they were entered into three \$100 Visa gift card drawings. This study was consistent with a phenomenological approach and demonstrated gratitude to the participants by raffling gift cards. The drawings took place after the study had been completed. The researcher purchased three \$100 Visa gift

cards, performed three drawings, and mailed the three Visa gift cards via U.S. Postal Service to the selected participants using the address provided on the demographic questionnaire (Appendix B).

Data Analysis Procedures

Several steps were taken to analyze the data from this phenomenological study. First, all seven interviews were transcribed verbatim by a professional transcriber to prepare for data analysis. The names of all seven participants were removed and each participant was coded by number (i.e., Participant 1, Participant 2, etc.) to ensure confidentiality. Then the researcher conducted the analysis by investigating men's experience of intimate partner relationships and an exploration of the subjective meaning of developing intimate partner relationships among sexually abused men.

Next, an interpretative phenomenological analysis adopted from Kvale (1996) was utilized to analyze the data. This method of analysis provided a systemic framework to investigate the subjective meaning participants attribute to their experience by integrating both the personal interpretation of the event and how social interactions influence the ascribed meaning of the event (Creswell, 2007; Smith et al., 1999). This allowed the researcher's and participants' interpretive frameworks to come together and co-construct a comprehensive description of their story. This approach consisted of a step-by-step process that involved examining and re-examining interview data and included listening to the

audio recordings and reading the written transcriptions more than once (Moustakas, 1994) to identify transitions of meaning, which refers to discovering new meaning in what they experience and do (Kvale, 1996).

Ethical Issues

This study abided by the standards published by the American Psychological Association according to their 10 principles for the conduct of research with human participants. The participants did not experience any risks because their identifying information was disguised (names, titles, professions, etc. were changed for purposes of anonymity). Confidentiality was provided for the participants by altering their names and identifying information; however, the researcher tried to keep the data as close to the actual content without disclosing identifiable information. In addition, an identifier code was used for each participant instead of names to further ensure confidentiality.

All data were kept in a secure location, participants' files were maintained in a locked filing cabinet, consent forms were kept separately in a locked filing cabinet, and computer files were password protected during the study. Participation in this study was voluntary and therefore anyone could remove himself at any time. Only participants that were currently receiving or willing to receive psychotherapy on an individual or group level were recruited for the study to reduce the potential psychological risks of participation. Some potential consequences to participating in this study were: (a) minor discomfort, (b) a

change in self-perception that caused emotional suffering such as anxiety or shame, (c) aberrations in thoughts or behavior, and (d) re-traumatization given the nature of the study. When the content of the study stirred up feelings related to the abuse and when participants became sufficiently uncomfortable, counseling referrals to licensed therapists at community mental health agencies were provided. A handout containing local community mental health referrals was provided to three participants that experienced minor to major discomfort during the interview and one participant that demonstrated high degree of emotional discomfort was referred back to his current treating therapist.

Chapter IV: Results

This chapter will convey the research findings by discussing the process of analysis, introducing the interviews, and presenting a summary of findings. The chapter includes a review of the main research questions and each participant's responses to the main research questions, and will conclude with an interpretation of the prevalent themes found among the participants' responses (both from the interview and the demographic survey) and a summary of the analysis.

Research Findings

Nineteen themes emerged across the seven men's accounts of sexual abuse. These themes were organized according to three overarching themes: (a) negative intersubjectivity, (b) ambivalence in the need for emotional interconnectedness and mistrust of interpersonal relatedness, and (c) insecure adult relational attachments. These interpersonal dimensions and their constitutive themes reflect the interrelationship between the experience of childhood sexual abuse and the development, satisfaction, and sustainment of intimate partner relationships. Table 1 summarizes the themes and number of transcripts in which each theme occurred.

Table 1

Summary of Theme Prevalence

Theme	# of transcripts in which theme was mentioned
1. Interpersonal safety woven in the fabric of sexual abuse	6
2. Need for trust, connection, and openness	7
3. Ambiguity in the need for emotional reassurance and mistrust of interpersonal relatedness	6
4. Sexual dysfunction	2
5. Emotional/intimacy distance	2
6. Healing while attempting to negotiate intimate relationships	6
7. Vulnerable to being hurt/betrayed	2
8. Disintegration of real and perceived intimacy beliefs	3
9. Understanding	3
10. Communication	2
11. Non-abusiveness	2
12. Exposure to relational bonding and interconnectedness	3
13. Religion and faith	3
14. Loyalty	2
15. Physical/verbal affection	5
16. Conflicted adult relational attachments	2
17. Fear if sexual intimacy	2
18. Fear emotional intimacy	5
19. Fear of vulnerability	

Data Collection from Demographic Survey

Participant 1. P1 was a 41 year-old Caucasian male that reportedly lived alone. P1 was not currently involved in a relationship and had no children. P1 reported having a couple of brief, but not serious, relationships in the past. P1 had completed some college courses and was currently self-employed part-time in the field of maintenance. P1 attended a non-denominational church that had been supportive and accepting of P1's gay sexual orientation and P1's sexual offense towards a minor. P1 presented with average intelligence and a high capacity to self-reflect and articulate personal experiences, which appeared to be related to P1's emotional maturity and participation in psychotherapy.

P1 grew up in a two-parent household and was the second oldest of four siblings. The abuse occurred at a time when P1's family was in crisis and had decided to provide foster placement to a 14-year old foster care child. Due to the ongoing familial conflict, P1 felt confused and emotionally deprived, leading him to seek refuge and comfort from the foster care child who eventually abused P1. P1's abuser lured P1 under the guise that the abuser wanted to show P1 something someone had shown the abuser. P1 expressed feeling "honored" to be acknowledged after being rejected multiple times by P1's abuser. P1 was exposed to oral sex and was asked to keep the abuse a secret.

Subsequently, in his early 30's P1 sexually abused a 14-year-old victim and was sentenced to prison, as well as mandated into treatment. P1 received 2

years of psychotherapy to treat his depression, alcoholism, and sexual trauma, in particular “sexual anorexia.” P1 found the psychotherapy to be very helpful in his journey to recovery.

Participant 2. P2 was a 51 year-old Caucasian male that lived alone at the time of the interview. P2 was married for 10 years to a woman who had three children from a previous relationship; however, P2 did not have any children of his own. P2 has not been in an intimate relationship since his divorce from this woman 10 years ago. P2 was currently unemployed due to being enrolled as a full-time college student. P2 was a practicing Mormon; however, he experienced challenges being fully accepted given his background as a sex offender. P2 presented with introspection and intuition in regards to current and past issues related to his childhood sexual abuse and was fully aware of how these unresolved issues had negatively impacted his intimate relationships with women.

P2 was raised in a two-parent household with three older brothers, which whom he described having a normal relationship. However, being the youngest child, P2 felt left out of a lot of things, believed himself to be less gifted than his older brothers, and perceived the abuse as a symbol of finally being accepted by his older brother, who sexually fondled P2 at age 7 (his brother was 16). P2 was touched inappropriately at least six times under the pretense of doctor play, which served to conceal the abuse. P2 had never disclosed the abuse to his parents and

although P2 has contact with the abuser he reported it was not a subject that was broached between the two of them.

The abuse triggered P2's involvement in sexual experiences with peers. At 14 years of age P2 spoke to a church bishop about the sexual abuse and early sexual experiences with peers, but felt misunderstood. P2 went on to disengage from sexual activities until becoming an adult and molesting his first victim. He continued to abuse other children over the next 20 years, including his stepchildren. P2 served a 10-year prison sentence and successfully completed a sex offender treatment program, which him P2 to work with and be around adults, as well as learn how to develop healthy adult relationships.

Participant 3. P3 was a 29 year-old Caucasian male who was living alone at the time of the interview, after a break up with his partner due to interpersonal conflict. P3 has remained in contact with his ex-girlfriend and her 2-year-old son since their separation. P3 reported experiencing similar interpersonal challenges with a former intimate relationship but had remained in contact with that ex-girlfriend and her 5-year-old son. P3 identified as a non-practicing Protestant Christian. P3 obtained a specialty welding certification and was currently employed full-time. P3 presented with a strong sense of fatherhood and the need to be part of his children's lives. P3 genuinely welcomed the opportunity to share about the sexual abuse, as he believed there was a benefit in talking through past events that had wreaked havoc in intimate relationships and hoped that it would

also benefit other sexual abuse survivors. P3 was presently receiving psychotherapy to treat Posttraumatic Stress Disorder.

P3 was raised in a nurturing and loving two-parent household as the youngest of four children. P3 was 5-years-old when he experienced the first sexual abuse encounter, during which he reported being exposed to oral sex and fondling while being babysat by the abuser, a known family friend and trusted adult. P3 endured 3-4 years of repeated sexual abuse. At age 9 P3 was astonished the first time P3 witnessed a man and woman kiss on television. P3 was curious about same sex and opposite sex couples and the meaning of two males kissing on the lips. Almost instantly P3 realized the experience was not normal, but could not bear the thought of burdening the family with pain and suffering and decided to keep the abuse a secret.

P3 was able to maintain a normal routine during and after the abuse for a prolonged period of time, which subsequently contributed to the abuse remaining undetected. However, P3 gradually secluded himself from others and developed an overeating problem. P3 felt the most impacted by the sexual abuse during middle school, when he began to isolate even more, had fewer friends, and developed a hatred toward African American people because the abuser was African American.

Participant 4. P4 was a 51-year old Mexican American male that had been married for 25 years. P4 was currently living with wife and two children. P4

obtained a doctorate degree in the field of psychology and was currently self-employed full-time. Being a Protestant Christian had been an important aspect of P4's life and in the upbringing of the children. Based on P4's own educational experience and knowledge of research P4 had willingly sought participation in the study. P4 presented as congenial and jovial when describing life experiences.

P4 grew up in a two-parent household with monolingual Spanish speaking parents that emigrated from Mexico, two older brothers, and one older sister. Between the ages of 7-9 P4 was exposed to at least three sexual encounters with an older brother. During the first incident the brother undressed P4 in a woodshed and rubbed his penis on P4's buttock. This happened again 6-8 months later. During one of the encounters the brother attempted to convince a mutual friend to observe and participate. P4 recalled trying to persuade the friend to participate as well. The friend refused to partake and reported the situation to his parents, who approached P4's parents regarding the incident. P4's parents became defensive and denied the incident without even considering the possibility that it may have been true. This issue was never discussed again.

At 9-years-old P4 was finally able to put an end to the brother's inappropriate behavior, but even though the relationship was no longer sexual in nature the brother continued to exert physical dominance and fear over P4. Despite P4's tumultuous relationship with the brother P4 was able to maintain some contact with the brother over the years.

Participant 5. P5 was a 49 year-old male with a diverse ethnic background, including French, German, and Mexican heritage. P5 was currently single and had no children. P5 identified as bisexual, but was making attempts to move towards becoming heterosexual due to his religious affiliation as a Protestant Christian. P5 was self-employed in the music and consumer services industries. P5 reported receiving individual and group psychotherapy in his early 20s. P5 had been diagnosed with Bipolar Disorder and was currently receiving mental health services and medication treatment.

P5 grew up in a two-parent household with four siblings, two of which were deceased. P5 was the fourth and youngest child in the family. P5 described having an alcoholic father that was abusive towards P5's mother. P5 reported having a negative and unhealthy relationship with his father, but described a loving and caring relationship with his mother. P5's father sexually abused P5 at 6 years of age and continued abusing him for a period of 3 years. The fondling had occurred in a very playful manner while in the shower, which led P5 to believe this type of play was natural. P5 suspected that other family members had also been sexually abused but it was never confirmed. P5 never reported the abuse to anyone during childhood.

As a young adult, P5 was arrested for sexually abusing a minor. During the sex offender treatment P5 realized he had been sexually abused as a child.

Participant 6. P6 was a 50 year-old Caucasian male. P6 had been remarried to his second wife for 17 years and had two children. P6 reported that most of the conflicts in the first marriage were related to his childhood sexual abuse. P6 identified as a practicing Protestant Christian. P6 received a doctorate degree and was currently working full-time in the field of psychology. P6 was raised in a two-parent household for the first 10 years of his life, after which time his parents divorced, leaving P6 with his mother. This was the beginning of P6's "dark years."

P6 was emotionally seduced and sexually abused by an older African American church leader at the age of 12. The abuse continued for a period of 3 years. P6 admired the abuser's charismatic personality and was excited about being invited for a sleepover at the abuser's home. The abuser allowed P6 to stay up late watching television and drinking alcohol, which led to the abuser giving P6 an elaborate back rub. During this time, the abuser placed his hands beneath P6's underwear and began touching P6's buttocks and genitals. Shortly after, the abuser pulled down P6's pants to manipulate P6's penis and perform oral sex. P6 felt an unspoken need to reciprocate the act and helped the abuser come to an orgasm. The abuser found opportunities to continue touching and performing other sexual act to which P6 couldn't say no until P6 was older and able to firmly refuse, ending the sexual abuse.

P6 sought psychotherapy treatment at age 27 and continued to receive treatment as needed. Despite his participation in therapy, P6 continued to feel tormented by the sexual abuse and felt it had impacted the way in which he saw the world. This had significantly contributed to P6's struggles with sadness, lack of joy, and internalized thoughts of being damaged.

Participant 7. P7 was a 24 year-old Latino male of Mexican and Ecuadorian descent that lived with parents. P7 was currently single, had no children, and was working as a repair mechanic and self-defense instructor. In addition, P7 attended a vocational school. P7 had no religious affiliation; however, he did report believing in God. P7 felt that sharing the sexual abuse experience would help him continue healing and benefit others who had been sexually abused. P7 was raised with the illusion of an intact family. However, P7's parents were separated for the most part, but continued living together for the sake of the children. P7 had two sisters and was the middle child.

As a child, P7's parents visited friends that had older children. P7 was 4 or 5-years-old during one of these visits when the sexual abuse occurred. P7 described experiencing unwanted sexualized kissing and touching. P7 was led to believe it was "a secret friend game." As P7 grew up, he expressed difficulties making sense of the experience due to the father's portrayal of manhood and societal expectations regarding a boy's early sexual experiences. The father demonstrated that real men had multiple relationships with various women, even

though it was hurtful to P7's mother, and his peers boasted about their early sexual encounters, which complicated his understanding of the sexual abuse.

During adolescence P7 experienced negative repercussions of the abuse, mostly in relation to interpersonal relationships. P7 expressed difficulty trusting others and challenges developing intimate relationships with girls. P7 had been involved in one serious relationship that was initiated by the ex-girlfriend and was dissolved after 5 years due to having different attitudes and P7's substance use. Now, as a young adult, P7 felt more isolated and lonelier than ever. P7 had become more self-reflective in regards to the sexual abuse and the impact it had had on his life. Nonetheless, P7 tried to maintain a positive attitude towards life.

Data Collection from Interviews

- Research Question 1: What are the lived experiences of intimacy among men who were sexually abused as children?
 - Research Question 1B: How would you describe intimacy?

P1 said, "It is about connecting, loving each other, and not needing to use your shoulder to protect your heart."

P2 said, "Intimacy is having healthy relationships that have meaningful validation and meaningful fulfillment rather than something that's hollow and unfulfilling. It is [being] able to talk and communicate and not be superficial with others."

P3 said, "It is being caring and understanding to people's needs. It is being able to develop a partnership and a friendship. It is being able to be vulnerable and honest."

P4 said, "It is about being able to discuss feelings and trusting each other."

P5 said, “You know finding someone, just finding the right person that you can open up with and you can trust with your inner most feelings. I think women are looking for really strong, secure men in their own masculinity.”

P6 said, “It is having a connection and feeling very present. It is trusting each other and feeling comfortable with each another”

P7 said, “It is being supportive and understanding. It is not hurting each other and being committed.”

- Research Question 1C: What is your experience of intimacy in intimate partner relationships?

P1 said, “I experienced sexual anorexia and I got this rescue mode like I’m going to save everyone because I’m not worth saving. And one day I experience this bond that my heart is just wrapped around that I just can’t even describe. But I fell in love with someone that I probably shouldn’t have. I loved him with my whole heart.”

P2 said, “Intimacy with others in my addiction was shallow. A lot of my fulfillment, or at least perceived fulfillment was in these experiences with other kids my age, which was introduced from my older brother. I have experienced intimacy with others in the last years that have been more fulfilling than when I was in my addiction.”

P3 said, “Growing up I had built that wall up. Even to this day I still am on guard, even now that I’m healing from what had happened. I protected her (ex-girlfriend) and I supported her, but I totally neglected how she felt and I wasn’t emotionally supporting. I couldn’t open up to her and tell her how I really felt about her, because I didn’t want to get stomped on.”

P4 said, “I feel probably masturbation was to relieve anxiety, at least some of it and sex was to also relieve anxiety, although I’ve never been able to have climax with any of the women with whom I’ve had sex, which is a source of irritation that creates personal problems between us (wife and him) in you know snapping at each other and being angry with each other creating some intimacy distance in our intimate life. I’ve certainly had thoughts of other women when I’ve tried to make love to my wife and I try to act out the control and power in the sexual interaction with my wife.”

P5 said, “I didn’t have that many girlfriends, especially as I got older, because I wasn’t secure in my manhood and in who I was so it was really hard for me to open up to women. It really built a lot of insecurity and fear in my life. The last real intimate relationship that I can remember happening was when I met this guy (several years ago) and dated for two months and it was just too emotionally hard for me.”

P6 said, “My first marriage really did end very sourly with some sort of betrayal and so then I’ve got this life script feeling like yeah, okay, that’s what I can expect. But I found someone just terrific to be with and whom I been married to for 17 years and it’s really delightful. We have a really positive relationship.”

P7 said, “The biggest impact is in interacting with women – I’d love to have a girlfriend but I guess I’m very picky in what I want. I don’t know if it’s because I just don’t want to be portrayed as the image that my dad has portrayed or what. My last girlfriend uh, she basically initiated, she called me and all that. When it plays out like that I’ll I guess play along but other than that it’s I’m not going to be the one to go out and initiate.”

- Research Question 2: How do men who were sexually abused as children describe their experiences with intimacy?
 - Research Question 2B: Could you describe in as much detail as possible your beliefs about intimacy?

P1 said, “It is not keeping the secrets, not putting my trash on someone else. It is having integrity, taking the fault and taking and understanding. It is having boundaries in my life now I mean I love boundaries.”

P2 said, “Intimacy is when you learn and grow and understand and do it together. It is being honest, not being so quick to judge and quick to react emotionally. Finding a person you can be more emotional and share emotions with.”

P3 said, “Being able to help each other and have good communication. Knowing that it’s okay to open up to people and understanding that you know people got to be able to talk and tell you how they feel.”

P4 said, “Talk to your partner about it certainly, discuss the feelings of inadequacy if there are any, anxiety and depression. And you definitely need to be careful about transferring whatever anger or whatever it might be onto your partner. That’s where you’re going to hurt your relationship by far.”

P5 said, “To me it’s more of finding the right women, a woman that is compatible that we can share our faith together, and I see her on the same spiritual plane as I am on. Because when you’re in ministry you have a higher moral standard. You can’t just involve yourself with any girl, because you really have to have a girl that lines up with your faith, where you respect her and her values, and she respects you and your values.”

P6 said, “Well my wife was sexually abused and there are times when we try to get aware of how we think this has an impact on our intimacy. There are times where it seems like some of our connection is getting implicated by one or the other or both of us and the ways that we feel kind of wounded and damaged sexually. I’d like to have more just experiences where I feel like both my wife and I are fully engaged in a sexual experience.”

P7 said, “My dad liked to have a lot of women and that’s always been the image that has been portrayed by him. And I don’t know it’s made me like with my relationships with girls – I’m not aggressive, I just sit back. I don’t know I guess I don’t put out the effort. I never wanted to be that way and hurt others.”

- Research Question 2C: In your own words, can you tell me about the most meaningful aspect of intimacy you have experienced?

P1 said, “The second that I say my abusers name, I could smell his chest. I remember what his chest smelled like. I remember that night when after we were done sexually I fell asleep on his chest, until he said, “Go to your bed.” Which is my abandonment, going what did I do wrong? That’s the trauma bond.”

P2 said, “The relationship that I have been able to develop with Jesus Christ allows me to relate to others and be upfront. I can be more open, not feel like I am going to be destroyed.”

P3 said, “We really never had any problems or any issues really I mean we were together for over two years. I loved holding her when we were lying in bed. I enjoyed going to the store, the movies, or something like that and I’d write her letters and leave them under her pillow so when she’d make the bed in the morning. But I do hurt for my kids a lot because I love being a dad. I take a lot of pride in being a dad.”

P4 said, “We are Christians and we’re trying to live that type of lifestyle to model it to her (daughter) as well as have her practice it in her heart and behavior. But I would have to say it is with God.”

P5 said, “You know, religion and faith to me is the center of my life, because it’s helped me so much. I started a new life by starting a new church and opening up to my pastor, who I respect. A man of God. My religious experience is very important to me. So all my passion and everything that I believe and all of my being and creativity is all wrapped up in my faith.”

P6 said, “I’ve thought of myself as loyal and I do feel like I got this place where I’ve done some serious healing when I met my wife. We’re pretty affectionate and we regularly tell each other, we’re more expression full about words and things than most couple I see.”

P7 said, “In the beginning it was good and I mean we got along good. I felt comfortable with her I guess it was the first person I told (about the sexual abuse) and it wasn’t easy for me to tell her. I just felt it was time for her to know something about me like that. She was supportive about it.”

- Research Question 2D: Can you describe an occasion when you experienced fear of intimacy?

P1 said, “A lot of fear. I even remember at one point sitting in a bar and someone was setting me up with a gal and I sat there going, If I fall in love with her, if we get married, will I abuse my kid's, my kid's friends? Or what if she can read my mind? What if she can actually find out what I really, you know sexually think about?”

P2 said, “She had a lot of love for me. I couldn’t reciprocate that. I didn’t know how and didn’t even realize the depth of my deception until somebody uncovered it for me. I wonder whether I can be in an intimate relationship and fulfill her needs because I still have that messed up wiring that I haven’t been able to deal with because I haven’t been in that kind of relationship. I’m scared that those issues will never be resolved [and] I’m going to hurt somebody.”

P3 said, “I was insecure and I walked around with all that guilt and not understanding what happened. I feared what she (ex-girlfriend) had to say or think that I was not right, not normal, or something and me not knowing how to handle it. I didn’t want to do something to an innocent person and hurt them, because it only takes a person one time to do something or say something wrong to me and

then that's it I'll turn around and walk away, I don't need you. So I just cut myself off from that stuff and had the wall up cause I didn't want my heart to be broke."

P4 said, "In high school it became sexual and wanting the physical pleasure of the sex yet always being on guard emotionally. I would have sex with my girlfriend and then this second girl and then there was another girl that I just sort of picked up. I would completely have unprotected sex, but even with sexual intercourse that was fairly intense I could not ejaculate due to sexual retardation or retarded ejaculation. Not having the capacity or ability to complete sex act through the orgasm has been an embarrassment or problem in a way."

P5 said, "Probably co-dependency, just depending on a person too much for my self-esteem and my self-worth or demanding too much from them. The pain of rejection is part of my isolation, because there was a lot of shame in my life due to this attraction to children and not knowing if all these memories of being with guys are going to come up when I am with a woman. I need to stop letting my past keep me from moving forward, because guys you know have this macho ego thing going on and they aren't going to admit that."

P6 said, "Having this feeling of how much has this colored my life? It was really a strong feeling like is this dark mark in my way of being in the world and for how much. I would say that I think my way of being in the world, I periodically struggle with some sadness, lack of joy day to day that has to do with this kind of mulling internal question of a feeling kind of damaged or I'm not enough."

P7 said, "Mistrust and relationship with women are the biggest things that affected my life. I am cautious about relationships, but it's been lonely."

Main Themes Developed

Nineteen themes emerged from the seven interviews that were transcribed into written texts. The data was utilized to extrapolate responses that conjointly addressed the main research questions. These 19 themes were then categorized into three main dimensions that captured the essence of their experience.

It is important to have an appreciation of childhood sexual abuse and its complexities (sequela) in order to understand each participant's lived experience.

These men demonstrated willingness, motivation, and vulnerability when participating in such a deep personal topic of study. Coming forward with their survival story was a powerful act that had a commanding presence and facilitated group consciousness, meaning when human awareness becomes coherent and synchronized (Global Consciousness Project, n.d.). The transparency in recreating and narrating their abuse story, the enthusiasm towards helping others make sense of their own experiences, and the ability to model that recovery is possible (Grossman et al., 2006; Wilson, 2010) was healing to the participants and also an inspiration of hope for other male survivors.

Meaning of intimacy. There were similar concepts of understanding or describing intimacy that were shared among the seven participants. The majority identified *trust* as an essential ingredient among other valuable interpersonal qualities necessary for the development of intimate relationships. P3 stated, “It is being able to be vulnerable and honest.” The presence of connectedness and closeness within all relational domains, including sexual, emotional, and physical relatedness, was the second most prevalent interpersonal quality perceived as fundamental to building intimacy and maintaining a lasting adult relationship. P6 reported, “It is trusting each other and feeling comfortable with each another.” The accumulation of low interpersonal functioning increased the sense of anomie and impacted the development and establishment of intimate relationships for

most of the participants. P2 reported, “I haven’t had the opportunity to be in a [recent] intimate relationship, but I am scared of hurting someone.”

In analyzing the participants’ responses, it appears as though the concept of trust was constructed based on their internal models of the world and their experiences with trusting others. Again, the internal working model of the world is used to describe a person’s beliefs about the availability and responsiveness of one’s partners and serves to predict one’s behavior in intimate relationships. This knowledge fostered a set of guiding principles in developing a sense of trust and assessing others’ level of trustworthiness. Each participant’s description of intimacy was highly associated with his past or current intrapersonal experiences of intimacy in intimate partner relationships, which were woven in the fabric of sexual abuse. Sexual abuse had tainted their future perceptions and experiences of intimacy with others, especially in regards to trust. Most described a variety of relational problems manifesting as distorted perceptions of self, relational withdrawal, fear of abandonment, exaggerated affectional and attentional demands, and lack of empathic attunement.

Experience of intimacy. At one point or another, every participant identified varying degrees of poor relational functioning and relatedness in their experience of intimate relationships. However, few were able to successfully negotiate the stages of development, either in past or current relationships, and therefore had been deprived of experiencing intimacy on a deep level in which the

person is able to openly and genuinely share his/her hopes and dreams, feelings, traumas, and relational needs with another without fear of judgment and rejection.

The poor relational quality these participants experienced in conjunction with their pre-established experience of the world created physical and emotional isolation from others. The relational deficits experienced by these participants resulted in a lack of introspection, poor insight into the cause and effect of relational problems, limited awareness regarding their own behavior, and tendency to avoid emotional intimacy, vulnerability, and disclosure of the sexual abuse. Repetitive exposure to disappointment, sadness, frustration, or betrayal in intimate relationships was a common issue identified by most participants. Many had difficulties connecting with and being present with their partners during sexual intimacy. P2 reported, "I am afraid of not being able to perform." For others the impact was much more profound, and their ability to perform during sexual intimacy was impaired by sexual anxiety, sexual fantasies and/or fears, or other related sexual dysfunctions. P4 indicated, "As a result [of sexual dysfunction] it's problematic, because she basically finishes and tires and I want to keep going. And so she's always been kind of a little bit standoffish."

Beliefs about intimacy. Few of the participants were able to identify desired aspects of intimacy. However, very few had been able to experience truly intimate relationships, which reinforced the fear of intimacy and anxiety for some. P2 stated, "I think I'm afraid or scared that those issues will never be resolved" or

“Whether I can be in an intimate relationship and fulfill her needs.” P5 indicated “I need to stop letting my past keep me from moving forward. It’s really built a lot of insecurity and fear in my life and the pain of rejection has isolated me.” P3 reported, “My wall came up because I didn’t want my heart to be broke. So I couldn’t up to her and tell her how I really felt.”

Most participants believed that being mutually understanding, having good verbal communication, and the absence of abuse were foundational aspects of intimate relationships. P1 stated, “It is about connecting and having your heart completely wrapped in the person.” Even though many were cognizant of the values necessary for a healthy relationship, they still struggled to integrate new behaviors that would accommodate those beliefs. P3 reported, “The emotional part of it says it’s ok to open up,” but “I didn’t want to get stomped on.” P4 stated, “I’m sorry I never told her about the sexual abuse, I still haven’t interestingly, but I would recommend to talk to your partner about it certainly. Discuss the feelings of inadequacy if there are any, anxiety and depression.” In fact, to some degree, most of the men were still seeking meaning and understanding, and attempting to heal from their childhood sexual abuse, which made it challenging for them to learn how to create, recreate, and sustain intimacy. P7 reported, “It has affected my ability to interact with” or “initiate relationships with women.” P5 reported having unrealistic expectations of his partners to fulfill his emotional needs, which fostered a sense of dependency on others. This speaks to having a

disintegrated sense of self in which his evaluation and perception of others, as well as his own personal evaluation and integration of internal representation of others, were impaired due to the sexual abuse and attachment issues.

Meaningful aspects of intimacy. Having an emotional bond with another person allows that individual to experience, sense, and learn how others feel and think about them; intimacy is a critical component for assessing, developing, and maintaining interpersonal relationships. P3 stated, “I mean everybody is different, but I think my life would have been a lot different. I don’t think I would have made as many mistakes. I would have been more caring and understanding to people’s needs.” Experiencing an emotional bond increases the sense of transparency, vulnerability, and acceptance that fortifies relationships and intensifies the feeling of euphoria. P6 reported,

So we’ve been married—this is our 17th year. There are times where we feel like we’re really in a good place and then there are times where it seems like some of our connection is getting implicated by one or the other or both of us and the ways that we feel kind of wounded and damaged sexually. But, it’s really delightful. I’m awfully glad to be in life with her. So we have a really positive relationship.

Intimacy promotes a mutual emotional closeness between two people that can be described as a reciprocal flow of affect.

Every participant had experienced some form of relationship disillusionment, disappointment, betrayal, hurt, or rejection. However, most were focused on repairing and healing the damaged relationship with current or past

intimate partners. Several men turned to religion as a means of coping with their intrapersonal and interpersonal relationships. P2 stated, “My relationship with God has helped me to feel more confident in developing healthy relationship with others because I am not afraid to be rejected but if I am I know I will be ok.” Their connection with God helped them build a stronger foundation within themselves. P5 reported, “You got to understand that I’m extremely religious. You know, religion and faith to me is the center of my life, because it’s helped me so much.” For some it was the only relationship that had not failed them, but instead had supported them on their journey to recovery. The development of a cohesive sense of self fostered a sense of inner strength, courage, and confidence that facilitated healthier relational patterns with others. Some had found that sharing those personal moments with their significant others had had a healing and comforting quality that provided them with immense validation, acceptance, and satisfaction. P3 reported, “I spoke to her about what had happened to me. So she could understand, not that it mattered to her but it did to me. So I felt better.” P7 stated, “It was hard, it took a while before I told her, but once I got comfortable with her she was the first person I told. She was supportive about it.”

Experience of fear. Many experienced unforeseen difficulties in intimate relationships such as challenges with intimacy, trust, and power that placed them at higher risk for significant emotional conflict related to attachment issues. P5 stated, “When it comes to intimacy with people, depending on a person too much

for my self-esteem and my self-worth or demanding too much from them. I'm willing to give everything but you're not." Such preoccupation with early attachments can generate patterns of inconsistency and unreliability that are continually re-experienced in new relationships and disrupt the ability to form long-term attachments in adulthood as a result of the unsuccessful search for attachment. The insidious impact of failing to form secure attachments produces low self-esteem, poor interpersonal relationships, and the inability to be vulnerable with others. P5 stated, "I don't call any of them intimate relationships. I call them all encounters." P4 reported, "my intimate relationships were very shallow," impacting the quality of intimate partner relationships and increasing the threat for impoverished interpersonal relationships throughout his lifespan. P3 reported, "I feel like my world just crumbled underneath me. I was dead to everything. Even to this day I still am on guard. Even now that I'm healing from what had happened."

Many of the men had not been completely aware of the negative impact their childhood sexual abuse had had on their adult intimate relationships until much later in life. P3 stated, "When it impacted me the most was when I started junior high. I seen something and then it just sparked. I was like that wasn't right, because I hadn't seen another man kiss another man before." P5 reported, "I couldn't see it. I guess because it's embedded in your mind and your subconscious that it's not wrong, or it's too hard to believe that it's wrong when

it's coming from someone you trust so much, your dad." Some had learned that the web they constructed of their life stories merged or sometimes even collided in their relationships. P6 stated, "In my way of being in the world I periodically struggle with sadness, lack of joy day to day that has to do with this mulling internal question of a feeling damaged or I'm not enough." This intricate web limited their ability to fully experience meaningful and fulfilling intimate relationships. The anticipation of negative feedback from others in regards to blatant disbelief, skepticism, dismissal, and rejection created emotional and physical barriers and reinforced the notions of distrust and fear. P1 indicated, "I tried to get it into any type of relationship, but I was scared she could read my mind. What if she can actually found out what I really, you know, sexually think about?" The actual and perceived ambivalence lends itself to the co-construction of lived experiences of intimacy dysfunction and fear of connecting with other human beings that conjointly increases the experience of anxiety when confronted with interpersonal closeness. P5 indicated, "It really built a lot of insecurity and fear in my life.

Summary of Results

The present study found that male sexual abuse survivors had difficulties developing and sustaining intimate relationships. Most participants were single at the time of the interview and several expressed feeling lonely. Many experienced fear, a sense of being damaged, and feelings of relational inadequacy. P6 reported,

“being sexual [and having] unwanted images of sexuality with [my abuser] and feeling like both my wife and I have a difficult time just to say, “Let’s take time to be fully engaged in a sexual experience.”

In addition, many had experienced superficial and brief sexual relationships that typically ended as intimacy began to develop. Sexual dysfunction or performance anxiety was high in most of the men. P5 reported, “Excessive masturbation and pornography came when the Internet came, [inability] to please the other person, [and] shame because I had this attraction to children.” P4 stated, “I had sexual retardation. I had the problem of retarded ejaculation.” In addition, “I feel masturbation was to relieve anxiety, at least some of it and sex was to also relieve anxiety.” Several of the participants displayed inappropriate sexual awareness and behaviors in childhood and adulthood. P1 indicated, “I had this attraction to younger people because I felt like I could feel other people’s pain, but I believe that suicide attempt at 36 was because of the sexual anorexic.” These results are discussed in the following chapter in relation to published studies and the theoretical framework of the present study, along with the study’s implications and areas for future research.

Chapter V: Discussion and Implications

This chapter begins with a review of major findings for each research question. Major findings are presented through discussions of predominant dimensions and data analysis. This is followed by a comparison of findings to previously published research studies and the theoretical framework of the present study. Poignant aspects of each participant's story are highlighted. Implications are discussed, followed by limitations of the present study, areas for future research, and conclusions.

Review of Major Findings

Experience of intimacy. Research Question 1 asked, What are the lived experiences of intimacy among men who were sexually abused as children? Each participant's experience of sexual abuse was unique and differences were noted in the length, severity, and frequency of abuse that were supported by research findings from Wilson (2010). This was consistent with findings from Lisak (1994) and McElheran et al. (2012), who reported sexual abuse had varying outcomes in terms of psychological and physiological effects. In addition, many participants expressed having a poor understanding of the sexual abuse during and after the incident to the extent of not knowing they had been sexually abused until much later in life, which was consistent with the findings from Anderson and

Hiersteiner (2008). As a result, many experienced a great deal of confusion around the sexual abuse and questioned their role in it.

In addition, most participants experienced challenges constructing their own functional abuse story that accommodated the trauma-related experiences, as described by Bacon and Richardson (2001). This was consistent with Briere's (1996) assertion that survivors experience disturbed relatedness due to the abuse occurring in the context of a loving and caring relationship and the inability to gauge the inappropriateness of their abuser's behavior and for some, the warmth and sensual feelings experienced during the abuse. The findings from this study did not substantiate the results by Riegel (2009), in which the majority of sexually abused men that engaged in boyhood sexual experiences (with an older male) expressed having positive perceptions and effects related to the abuse.

It is noteworthy no participants felt they were unaffected by the abuse, which was consistent with finding that reported no sexual abuse goes without harm (Anda et al., 2006; Briere, 1992; Cobb, 2007; Wang & Holton, 2007). Five of the seven participants were minimally impacted in the short-term, but were greatly impacted later on in life once they realized they had been sexually exploited, manipulated, and abused. This is consistent with findings from Okami (1991) and Steever et al. (2001), who reported that the effects of sexual abuse were related to the perception or labeling of the abuse as abuse. This moment of awakening, in which P1, P2, P3, P5, and P7 became aware of their history of

sexual abuse, intensified pre-existing post-abuse symptoms and behaviors that led to more severe psychological consequences. This study's findings did not appear to correlate with those of Grossman et al. (2006) or Walker et al. (2009) based on the seven participants experiencing some form of immediate impact that was exacerbated when they fully understood the context of the abused relationship. These participants continue to struggle with meaning and have not been able to develop a cohesive trauma narrative as implied by Grossman et al. (2006) and Walker et al. (2009).

Many of the participants expressed experiencing feelings of guilt, shame, and unworthiness. To this day, several reported a sense of responsibility for not stopping the abuse and/or feelings like damaged goods as a result of the abuse. This has decreased their sense of self-worth and self-esteem, and their perception of their manliness, which is consistent with findings of Barnett et al. (2005), Durham (2003), and Etherington (1997). Five of the seven participants reported having to navigate and negotiate these feelings, which became monumental in their choice to disclose or not (Durham, 2003). The majority of participants held onto their emotions and did not disclose until well into adulthood (Mellor & Deering, 2010; Teram et al., 2006). Only three participants had disclosed their abuse history to intimate partners, which may be associated with a poorer prognosis, as Easton et al. (2011) also found.

Even though many want to experience genuine intimacy, the participants expressed a sense of feeling undeserving or not knowing how to achieve intimacy in intimate relationships; this finding is consistent with those of Trippany et al. (2006). This raises the question as to whether sexually abused men are unable to experience deep connections with other people. Regardless of whether this is the case, these negative self-perceptions have influenced the participants' interactions with others and deprived them of the opportunity to thrive in social relationships or social settings. Five participants experienced some form of existential crisis, in which their perception and self-reference of others and themselves was impaired; this is consistent with findings by Briere (1992) and Grossman et al. (2006). As a result, many were more prone to poor boundary development, lower self-efficacy, and feelings of personal emptiness that persisted well into adulthood, similar to the findings of Vandervoort and Rokach (2003).

Narrated meaning of intimacy. Research Question 2 asked, How do these men describe their experiences of intimacy? All seven participants experienced the presence of ambivalence in intimate relationships at some point in their life. Consequently, this resulted in contradictory motivations of relating to others and the need to find personal fulfillment; unfortunately for some intimacy was at the cost of others. Few survivors reported hurting their loved ones by creating physical and emotional distance between their partners and themselves. Paradoxically, the need for emotional closeness also led to greater vulnerability,

which produced a sense of distrust and fear of the relationship and the other person, as described by Briere (1996). This also sets in motion unstable attachments to others that lead to repeated disappointment, hurt, betrayal, and rejection, as well as anger and loss. This negative interactional pattern of relating to others has been supported by Trippany et al. (2006). Psychological vulnerability heightened all seven participants' sense of fear and self-protectiveness, even in the absence of a real threat, a finding that was consistent with those of Hopper et al. (2007).

This type of relational dynamic reinforced the fear of intimacy, fear of vulnerability, and fear of sexual abuse disclosure for six of the seven participants, therefore governing and limiting their ability to emotionally connect with others on a deep level. Engaging in self-preservation as documented by Hopper et al. (2007) distorted participant's perception of reality, of others, and of themselves, and impacted their engagement in and commitment to intimate partner relationships. The participants described individual variations of relatedness to others. Three of the seven were unable to identify their emotional states, two others were unable to articulate their own intersubjective experiences, and two were able to identify and express their feelings an experience, all three different experiences were also noted by Streeck-Fischer and van der Kolk (2000). In addition, they struggled with fulfilling their own emotional needs and the needs of their partners. Four participants reported having a lower threshold of

uncomfortable emotions and utilized substances to lessen their discomfort related to the abuse and fears related to intimacy, which is consistent with the findings of Medrano et al. (2002) and O'Hare et al. (2010).

To some degree, all seven participants had experienced poor relational satisfaction either in current or past relationships. There was a general sense of not being able to engage in normal relationships due to this internalization of the abuse. At some point all seven men experienced loneliness or sadness due to their shallow emotional ties with others. In particular P6 reported feeling sad most of the time and not being able to overcome the impact of the sexual abuse despite his attempts to move past it. Most of the men reported experiencing sexual dysfunction or performance anxiety. Several of the participants displayed inappropriate sexual awareness and behaviors in childhood and adulthood, a phenomenon noted by Briere (1996) and Easton et al. (2011). However, it is noteworthy to mention that at least four of the participants were able to identify what sexual activities were distressing and the ways in which those activities impacted them, which was also described by Hall (2008). By virtue of being able to share their narratives, many survivors are able to engage in various contextual frames of reference that allow them to understand the abuse and experience self-empathy and compassion towards others (Wilcox et al., 2004).

Limitations

The findings of this phenomenological study should be interpreted within the context of the experience of the men in this study. The sample included seven men who were willing to share about intrapersonal aspects of their abuse; therefore, the findings are limited to capturing these male survivors' thoughts and feelings about their abuse histories and lives, and experience of intimacy with intimate partners. The findings of this study were based on a limited number of adult male survivors and it would be inappropriate to generalize the results to larger populations of male sexual abuse survivors. Research outcomes may depict trends, associations, and relationships, but they do not explain what motivated the participants to respond as they did, the context in which they responded, and their deeper thoughts and behaviors that guided their responses during the interviews.

In addition, it is likely that survivors at different stages of their personal recovery might describe their accounts differently depending on their current perception or general sense of the abuse, and may have been more or less inclined to higher degrees of disclosure with a male interviewer or even a different female interviewer. The retrospective design of this study is also a limitation and is vulnerable to participants' limited disclosure of certain experiences or personal behaviors, forgotten or inaccurate recollection of the initial event or experience, and more a profound loss or deeply intensified distortions of the abuse and their

experience of intimate relationships (Anda et al., 2006; Goodman-Brown, Edelstein, Goodman, Jones, & Gordon, 2003)

However, notwithstanding these limitations, the researcher implemented exploratory and qualitative work that aimed to produce rich, in-depth descriptions of lived experiences consistent with the philosophy of phenomenological research. The primary focus was on participants' descriptions of what they experienced and how they experienced it, which contributed to their understanding and construction of themselves and of the world. However, it is virtually impossible to claim to understand all the myriad factors that have constructed, shaped, and influenced participants' accounts.

Future Research

It is suggested that future research in this area focus on a larger qualitative or quantitative study to further clarify the variables that lead to higher susceptibility to relational problems and the potential mitigating factors that allow survivors to thrive in intimate relationships. The role of positive or negative family influence and the potential for sheltering abused men from long-term consequences should be explored more closely. Nonetheless, it is recommended that future research closely consider the developmental influences and attachment formation related to this phenomenon by focusing on young adult populations to identify concerns with identity, intimacy, and attachment in the formative stages of their intimate relationships. Therefore, a primary focus should be on

understanding the degree to which these experiences impact a young boy's development of a sense of self, how they make sense of their sexual abuse experiences, and how they overcome these experiences while being in relationships with others

Conclusions

Several studies demonstrate that a wide range of experiences and symptoms related to early sexual abuse fall within a continuum of severity and chronicity (Walker et al., 2009). The list of associated conditions significantly varies among adult male survivors; however, the majority of participants reported some degree of interpersonal challenges. Experiences of sexual abuse can influence or obscure a person's evaluation of self-worth and affect his/her ability to develop a deep relationship with another person (Wang & Holton, 2007). The general sense of overwhelming emotions can also contribute to poorer relational quality.

One possible avenue to support men is to address the construction of internalized stories that sustain their negative self-view. Another possibility lies in recognizing that their story is co-authored within a society that does not lend itself to believe, accept, or understand men as victims. Society can influence paradoxical responses to the abuse, which can obliterate the process by which a person can create meaning, understand, restore, and heal (Andersen, 2008). It

seems as though part of the healing process begins by finding a purpose or meaning in life.

The therapeutic relationship can be the mechanism by which changes in attachment organizations are achieved (Ainsworth et al., 1978), meaning the individual is able to receive new attachment experiences that can strengthen their relational attachment experiences with others. This can be accomplished by focusing on the therapist as a secure base from which to safely explore trauma-related attachments (Bacon & Richardson, 2001), which then creates new mirror neuron connections that facilitate new ways of relating to and understanding others (Siegel, 1999).

Nevertheless, it is important to construct a social system that acknowledges and accepts the existence of male childhood sexual abuse. This could lessen the internalized shame experienced by survivors, thus reducing the preoccupation of the abuse. This would allow males with sexual abuse histories to come forth and share their experience in a safe, secure, and non-judgmental environment. New interventions could very well enhance preventative measures, increase awareness, and promote education on childhood sexual abuse. This could positively decrease the burden of disclosing or hiding their experiences in the service of protecting others or themselves (Hunter, 2011). The hope is that openly addressing these issues, providing education to non-abused individuals, and properly equipping mental health providers will lead to a reconstruction of

societal beliefs and attitudes about sexually abused men that allows their experiences to co-exist within the paradigm of masculinity.

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Appendix A

Consent Form

Project Title: **The Development of Intimate Partner Relationships among Men Sexually Abused as Children**

Project Investigator: **Laura Beltran-Medina, M.A.**

Dissertation Chair: **Salvador Trevino, Ph.D.**

Dear Participants:

My name is Laura Beltran-Medina and I am a doctoral student in Clinical Psychology at Antioch University in Santa Barbara, California. To fulfill the requirements for my degree, I am conducting study on men who were sexually abused as children and how they experience intimate partner relationships. Specifically, I am interested in your thoughts, feelings, perceptions, and memories of how this has influenced your intimate partner relationships. This study could stir up feelings related to the abuse and if you become sufficiently uncomfortable, counseling referrals will be given to you as they are requested.

The interview should last between 60 to 90 minutes. For the purpose of maintaining accurate information, the interview will be audio recorded. Your names, titles, and or professions will be altered to protect your identity. The information I will collect within the interview will be secured in a locked filing

cabinet. I will be the only person with access to this information. Quotes and excerpts of the interview may be a part of the final research report, but under no circumstances will identifying information or names be included.

Your participation in this study is purely voluntary and you may withdraw at any time. If at any time you are uncomfortable with any of the questions please feel free to decline to answer the questions. Once you have completed the in-depth interview and the demographic questionnaire, you will be entered into three \$100 visa gift card drawings. The drawings will take place after the study has been completed and the gift cards will be mailed to your address provided on the demographic questionnaire

I sincerely appreciate your participation in this study. It is my hope that your participation in this study will contribute to empowering other men in developing healthy interpersonal relationships. If you have any questions regarding your participation in this study, please feel free to email me at ltbmedina@yahoo.com or call me at (805) 448-7469. Thank you very much for your consideration.

Sincerely,

Laura Beltran-Medina, M.A.

Doctoral Candidate, Clinical Psychology

I have read the above letter addressed to participants and fully understand the intentions and purpose of this study. By signing this form, I allow the investigator to audio record the interview and acknowledge my willingness to participate in the study of men who are sexually abused as children: how do they experience intimate partner relationships?

Please Print Name: _____

Signature: _____

Date: _____

Appendix B

Demographic Questionnaire

Your name: _____

Address: _____

What is your age? _____

What is the highest level of education you have completed?

- High School or Equivalent
- Some College
- Bachelor's Degree
- Master's Degree
- Doctoral Degree
- Other _____

What is your race or ethnicity? (Check all that apply)

- Asian/Pacific Islander
- Arab
- African American/Black
- Caucasian/White
- Hispanic
- Latino
- Multiracial
- American Indian/Alaska Native
- Hawaiian or Asian American
- Non-Hispanic White
- Would rather not say
- Other _____

What is your current marital status?

- Divorced
- Living with another
- Married
- Separated
- Single

- Widowed
- Engaged

What sexual orientation do you identify with?

- Gay
- Lesbian
- Bi-sexual
- Heterosexual
- Transgender
- Would rather not say
- Other _____

Do you have any children?

- _____

What is your religious or spiritual affiliation?

- Protestant Christian
- Roman Catholic
- Evangelical Christian
- Jewish
- Muslim
- Hindu
- Buddhist
- Other _____
- No religious affiliation

What was/is your employment status?

- Employed full time out of the home
- Employed full time in at home business
- Part time
- Full time caregiver
- Unemployed
- Other _____

What is your job title?

Have you ever had psychotherapy or counseling?

- yes
 - no
- If yes, was it helpful? yes no

If yes, at what age or time periods did you receive counseling?

If yes what was your diagnosis? _____

Do you have siblings?

- yes
 If yes, how many? _____
 Where were you in birth order? _____
- no
 step-brothers and or step-sisters

What was your family structure growing up?

- Two-parent household
 Single parent household
 Female primary caregiver
 Male primary caregiver
 Other _____

Do you have any medical conditions?

- Yes
 No
 If yes what is your medical condition? _____
 Are you taking any medications? _____

How old were you when the abuse occurred? _____

What type of sexual abuse did you endure? _____

Was the abuser a relative?

- Yes
 No

Did the incident occur in a safe and familiar place?

- Yes

No
If not, where did it occur? _____

Where there other siblings, cousins, or friends that were also sexually abused by the same perpetrator?

- Yes
 No
If yes then whom? _____
 Unknown

Do you still have contact with the abuser?

- Yes
 No

What was the story the abuser told you to keep you from telling?

Did you report the abuse?

- Yes
 No

If so, to whom did you report the abuse to? _____
If you reported the incident to your parents what did they do?

What was the outcome of the abuse?

- single incident
 ongoing abuse
 If so for how long? _____

Did you ever have to have medical treatment?

- Yes

- No
- If so what kind of medical treatment? _____

Did you get a sexually transmitted disease or injury?

- Yes
- No
- If so what kind of disease or injury? _____

Did you experience sexual abuse from more than one person?

- Yes
- No
- If so how many?

Any pertinent information you would like to add?

Appendix C

Interview Questionnaire

The focus of today's interview will be on your current partner relationships rather than on the abusive one(s) you may have experienced in the past. It will primarily consist of exploring issues in current intimate partner relationships.

1. Tell me about the most recent intimate relationship?
2. What are some of the issues that have come up for you in that relationship?
3. How would you say these issues have affected you emotionally?
 - a. How do you cope with these emotions?
4. How do you express your emotions to others?
 - a. How do you demonstrate affection towards others?
5. Have you experienced any unusual or unwanted thoughts prior to or during intimate moments in your relationship?
6. What are some of the behaviors related to those thoughts or feelings?
7. How would you rate your overall sexual performance?
 - a. Have these issues affected your body in any way?
8. How would you rate your satisfaction during sexual intimacy?
9. Do you engage in any rituals before, during, or after being sexually intimate?

10. What advice would you give to someone else that has had a similar experience?

Appendix D

Letter to Mental Health Professionals

Project Title: The Development of Intimate Partner Relationships among Men Sexually Abused as Children

Project Investigator: Laura Beltran-Medina, M.A.

Dissertation Chair: Salvador Trevino, Ph.D.

School Affiliation: Antioch University in Santa Barbara

Dear Mental Health Professional:

My name is Laura Beltran-Medina and I am a doctoral student in Clinical Psychology at Antioch University in Santa Barbara, California. To fulfill the requirements for my degree, I am conducting a study on men who were sexually abused as children and how they experience intimate partner relationships. This is a qualitative study that will identify and thread common themes between participants. I am interested in the thoughts, feelings, perceptions, and memories of how this has influenced intimate partner relationships among sexually abused men.

This is an under researched and underserved population that deserves to receive as much attention as their female counterpart in relation to childhood sexual abuse. The purpose of the study is to increase awareness, foster empathy, and promote effective and inclusive therapeutic methods to address these childhood experiences. This will provide male participants an opportunity to share their story and contribute to the field of psychology in an effort to better serve

male sexual abuse survivors. Participant's names, titles, and professions will be altered to ensure confidentiality.

Thank you for your time and consideration,

Laura Beltran-Medina, M.A.
Psychology Intern

Appendix E

Recruitment Flyer

**Seeking Men who Experienced Nonconsensual Early
Childhood Sexual Experiences**

The study focuses on the empowerment of men and management of intrapersonal and interpersonal relationships, as a result of these early sexual experiences.

The purpose is to increase awareness, foster empathy, and promote effective and inclusive therapeutic methods to address these childhood experiences.

For many, the healing journey begins through finding their inner voice and exposing these experiences. This can be accomplished by telling your story, reconstructing your story, and creating meaning of your story.

There will be three \$100 visa gift card raffles once the study is completed.

I am a doctoral candidate at Antioch University in Santa Barbara searching for participants. If you are interested please contact Laura Beltran-Medina at (805) 448-7469.