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**EMOTIONAL EXPERIENCES [ONLINE TALK] OF MALE SURVIVORS OF CHILDHOOD SEXUAL ABUSE
AND INCEST**

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EMOTIONAL EXPERIENCES [ONLINE TALK] OF MALE SURVIVORS OF CHILDHOOD SEXUAL ABUSE AND INCEST

Prevalence studies of CSA for England and Wales suggest that 15% of girls and 5% of boys will experience CSA before they are 16 years of age, and most will not disclose this abuse until adulthood (Centre of Expertise on CSA, 2017). Children are sexually abused when they are forced, persuaded, or intimidated to participate in sexual activities or allowed to watch other people participating in sexual activities (NSPCC, UK). The definition of Childhood Sexual Abuse(CSA) has been expanded to include grooming or exposure to sexual materials (Radford et al., 2011). CSA can be inflicted on a child by people known (including people in a position of trust such as teachers, carers, priests) or unknown to them; when inflicted by a family member, it is regarded as Incest (Crown Prosecution Service, 2017). Incest or intrafamilial abuse is found in up to half of CSA survivors (Moore,2012).

CSA has been linked to health and social problems, e.g. smoking (Anda et al., 1999), and increased incidences of sexually transmitted diseases (Dube et al., 2005). A 30-year longitudinal study by Fergusson, McLeod and Howard (2013) revealed that CSA adversely influences many adult developmental outcomes ranging from mental disorders, psychological functioning, sexual risk taking, physical health and socio-economic wellbeing. According to the centre of expertise on CSA, there's been increasing awareness of CSA and its impact on survivors in the UK including a focus on mental health and behavioural outcomes (Walsh, Fortier & DiLillo,2010) as an adult's capacity to achieve stability has been linked to experiences of events in childhood (Fergusson & Mullen, 1999). This was strengthened by Edwards (2018) who posited that "CSA affects brain development, leading to differences in brain anatomy and functioning that have lifelong consequences for mental health" (p. 198). Similarly, in the qualitative study of the impact of CSA on both male and female victims, Denov (2004) emphasised on how CSA experiences has led to 'long-term' mental health problems such as 'depression', 'substance abuse', self-harm and other serious behavioural and social

difficulties. Although, female victims of CSA were found to be at an increased risk for developing psychiatric disorders in adulthood (Kendler et al., 2000), CSA and Incest have been linked to psychological disorder and distress in both men and women (Anda et al., 1999; McElroy et al., 2016; Fergusson, McLeod & Howard, 2013). However, most research has centred on the female population, and only recently have studies focused on male CSA survivors.

According to Walsh et al. (2010), correlational studies reviewed showed that research focusing on the cognitive and behavioural strategies used by male CSA survivors are few in comparison to female CSA survivors, and those on male CSA survivors have less variables acting as mediator or moderator since most of the research only provided direct relationship between CSA and adult adjustment. Furthermore, they concluded that coping strategies such as cognitive strategies e.g. reframing and suppression of the abuse, and behavioural strategies (e.g. risky behaviour and withdrawal) exercised by male CSA survivors stand as an influential determinant of the variation in long-term functioning. More so, they emphasized that most research on male survivors of CSA failed to consider the interplay of multiple factors that can moderate or contribute to the negative impact of CSA on the survivors, such as identities, particularly masculinities, and other social factors. In terms of outcomes for male survivors of CSA, it is imperative that we learn more about their experiences of surviving CSA as research has indicated that there has been a ten-fold increase suicidal ideation for male CSA survivors in comparison to the community populations (O'Leary & Gould, 2009), and some have suggested that the psychological impact of CSA is elucidated as more complex and serious in male survivors than in female survivors (Garnefski & Diekstra, 1997).

More recently, research looking at male survivors of CSA, highlighted sociocultural factors, such as masculinity, can affect disclosure of CSA for male survivors as men are expected not to be victims or to show weakness (Rose, 2013). Masculinity has been described as the male's self-image which is more complex than just 'maleness' (Edley & Wetherell, 1997; Diamond, 2006, p.1103). Male identities, and particularly, masculinities have been explored in the context of many health and

societal issues affecting men, for example, HIV and its prevention (Ferrer et al., 2016), prostate cancer (Chapple & Ziebland, 2002), diabetes (Jack et. al., 2008), and health behaviours (Sloan et al., 2015). Male identities have also been implicated in disclosure of CSA as Alaggia (2005) explained that men reported difficulty disclosing their CSA because of the fear of being labelled as 'homosexual' and as 'victims'. Hence, this study will explore how masculinities are constructed in online talk of Childhood Sexual Abuse (CSA) and Incest Survivors, and secondly, to explore how these are related to coping and living as a survivor.

MY FINDINGS, IN BRIEF

Twenty-two threads were extracted from four online support groups and forums (Open access) over a one-month period between May-June 2017. In total, 113 support group and forum members contributed to 203 posts within these threads. Posts ranged from one sentence to long, detailed and illustrative accounts of emotional experiences in relation to CSA. All these data contained talk relating to the construction of masculinities, identities, coping, and living as CSA survivors.

Using thematic analysis, four themes were defined. Two of the themes represented how identities, particularly masculinities are constructed in this talk: 1. *Masculinities in emotional pain*; and 2. *Reconstructing Masculinities*. Two themes explored how the construction of masculinities is related to coping and living as a survivor; 3. *Tears for Coping*; and 4. *Opening up*.

Masculinities in emotional pain

Male survivors in the online groups talked about masculinities being injured; these injuries were described as non-physical, but internal and a form of emotional damage. They perceived these injuries as preventing them from inhabiting the hegemonic 'strong and tough' ideal of manhood. Most participants on the forum expressed their experience of suffering emotional pain relating to

the abuse, which made them feel helpless or powerless, which was in opposition and resistance to normative notions of 'masculinity'. These internal injuries were described as not being obvious or visible, and this therefore, prevented them being seen by others as a person that needs help. These men contrasted their experiences of emotional pain and invisible injuries with how physical injury is perceived and responded to:

"Those out there who don't have any empathy would probably give all of us crap about "whining about our problems." Yet, they wouldn't bat an eye if paramedics showed up at that overturned car, cut the car into pieces to get him out, then airlifted him to the nearest hospital where a surgical team would take over. Somehow, we're "whining," "pitiful," etc., while our car accident victim is legitimate. Everyone here has been injured severely,.. It's all on us and few around us generally even know we're hiding injuries. So don't feel bad if a voice inside you says, "I'm hurting like hell right now."- VAF

Survivors on the forum feel they are being overlooked and are not being provided with adequate and immediate help such as that provided for accident victims. They emphasised that their injuries are deep and serious necessitating a similar urgency to that accorded to serious physical injuries. From their construction, if a man has physical injuries, he will have a priority response as people around him will call the emergency service. In contrast, the invisible injuries experienced by male CSA survivors might receive no empathy and no helping response. In their accounts, good/worthy masculinity is being reconstructed as one that can be 'weak' and require empathy, while emotional distress is equated to physical injury to enable this reconstruction.

In a different post, the emotional experience of the abuse was compared to 'being murdered' and as a destructive affect to the self. They described the abuse as causing a negative change to their life and to the person they would have become.

"I grieved for the 10 year old boy who had his childhood murdered, whose life took a rough road because of it. I couldn't help but wonder what kind of man he would have become if things had been different." - BFU

"I really needed to get back in touch with who I was as a boy. I needed to see I wasn't a worthless empty shell with nothing but pain and shame to my life." - VBE

The emotional experiences outlined by the survivors denoted an unhappy adulthood filled with pain and worthlessness. Survivors tried to overcome the unbearable pain by revisiting and reliving the little boys they once were. They grieved for the little boys who never had a good childhood due to being abused and made to do acts against their will. Getting in touch with that little boy gives hope to some survivors as it helps them wonder if their life could have been different without this emotional ache. These survivors have conflated their masculinity with emotional pain, they acknowledged the need for help, reconstructing their 'weakness' as necessary and similar to a physical injury, and admitted they needed an environment of love and support which is vital for their recovery and mental stability.

Reconstructing Masculinities

Reconstructing masculinities represents how male CSA survivors on the forums exonerated themselves from blame for showing what are typically seen as feminine characteristics such as lingering emotional pain, crying, and emotional weakness. Survivors talked about it being acceptable to cry as men, even though they were taught from childhood that "boys don't cry", and to openly admit to and express their pain, and to accept that they are weak.

"i've been a regular cryer now for about 20 years. damn it feels good to let it out. after not being allowed to cry for 35 years.....i had a LOT to cry about." - AIS

The survivors defeminised emotional weakness by openly admitting and expressing that they cry, and it is acceptable for them to do so. Some survivors described crying as giving the boy his freedom, enabling them to show their emotions and weakness. Survivors expressed that conformity to the masculine norms means not being able to cry and show weakness for their emotional pain. They were taught these masculine norms from childhood by their parents or relatives. They presented crying as a gift that was stolen and that is being reclaimed as rightful and legitimate. The survivors on the forums discussed having to 'unlearn not to cry' due to societal influence of masculinity directly taught to them when they were growing up.

"I 'learned' NOT to cry a hard learned lesson that took the better part of 15 years to perfect a lesson that I'm still trying to unlearn... thanks mom..." - ZBA

"I was ready, but little (name) reminded me that BOYS DON'T CRY, WE DON'T SHOW WEAKNESS. But there was that stream of tears running down my right cheek... We started to cry, tears in church. A 70 year old man crying... So slowly, but surely, the 2 (name)'s are giving up more control..." - QAK

There was frequent mention of behaviour typically expected of men and which define masculinity. Survivors have reconstructed masculinities from "boys don't cry, boys don't show weakness" to its "ok to cry" and give up control. They talked about being weak in a world where they are expected to be strong, and to put up a front despite this fragility. Through this talk, these men have negated the "toughness" factor of masculinity and embraced ways of ebbing, more associated with normative femininities.

Tears for Coping

Male survivors on the online forum talked about how crying serves as a route to emotional release and as part of an ongoing healing process for recovery. Crying is described as providing comfort and aiding the ability to cope

"I cried heavily for hours. At first, the tears would last for a minute or two. The more often I did this the easier crying would become. I felt such a release of tension and understood why crying is such a crucial part of recovery." - ACY

"I, too, could talk about my abuse without emotion for a long time. Until I got serious about recovery then all hell broke loose. I thought I would never stop crying....I hope I never forget how to cry I hope that I remember that its my right when I've been hurt. I hope that I never think that how I feel is wrong. Ever again." -YBB

Most of the survivors on the forums discussed their status as 'pitiful', and provided advice to one another to utilize crying as an option for relief and coping with the situation. Some survivors have expressed utilizing crying during disclosure of the abuse to help them emotionally. Crying has been expressed as a tool necessary to cope when hurt whether physical or emotional and regardless of gender, hence, 'crying' makes these survivors feel human. Meanings were constructed for 'crying' as emotional response to pain and as pain relieve for CSA abuse. Survivors talked about 'crying' as a necessary tool for recovery, which comes easily as part of a progressive recovery.

Opening up

Most of the survivors found disclosing the abuse helpful to their recovery and to coping with the abuse. Opening up involves disclosing the experience in a way that is most comfortable for them. The different methods for opening up mentioned by the survivors on the forums and groups are:

talking about it, saying it, and writing it. This include the ongoing process of writing about the progress of their recovery on the forums and support groups. Some found talking about the abuse and their recovery to a confidant was helpful, but the majority of the survivors stated that 'writing it' was the option which proved most beneficial to their being able to deal with the abuse.

"Hey my friend Writing out this pain is a step in your recovery. Far from insane, you have a better grasp on reality than the majority. It's the world that denies that there are monsters out there like the one who hurt that's gone mad, or just daft. Keep writing. Keep talking. It's the way to get it out. Secrets are only powerful as long as they remain a secret." - YCA

"Opening up" about the abuse was emphasized as being the start of their healing process. Survivors on the forums found writing about the abuse on the forum as a means of gaining strength towards recovery. They explained the collaborative approach where other members aid recovery through reading of posts, provides encouragement and an environment of acceptance, love and compassion. Some survivors on the forums talked about their lack of awareness of available support for the abuse, making it difficult to have that environment of love and compassion as they did not seek help nor disclose the abuse. In contrast, opening up was related to coping, relieving themselves of the shame and guilt, and exposing the perpetrators of the abuse.

Discussion

The survivors described themselves as men in emotional pain, and have sought to reconstruct their understanding of masculinity in ways which support their coping and living as survivors of CSA and incest. In these narratives survivors depicted their healing and recovery as a process, where "opening up" and "crying" is an integral part of that journey. For these survivors, reconstructing masculinities has been a positive factor in coping with their childhood sexual abuse. Thompson and

Pleck (1986) explained that promoting more flexible gender-related attitudes can help identify points for intervention to minimize the negative health and social outcomes associated with male identities - especially masculinities in adulthood. Masculine norms such as emotional control and self-reliance have been linked to the lower use of counselling and help seeking (Heath et al., 2017).

Reconstructing masculinities enabled self-compassion and expression of emotional distress through crying and disclosure. Self-compassion has been postulated as an important buffer between conforming to masculine norms and barriers to seeking help among men, and between men's ability to control emotions or manage disclosure risks (Heath et al., 2017). Crying for the abuse in adulthood was presented as something that gave survivors comfort from their emotional distress and aids their ability to cope. These constructions very much drew on the larger, psychoanalytical informed discourse that Frijda (1986) talked about where "having a good cry" enabled a release of pent up emotions. Much research has re-produced this discourse reporting that crying is an emotionally focused strategy (e.g. Pongruenphant and Tyson, 2000). "Opening up" about the abuse was also positioned as key to recovery. Here, the men talked about how "opening up" (usually through talk and disclosure) also made them aware of available support through advice and encouragement provided by other members on the forums and groups. Opening up through talking about the abuse, writing about it, discussing it, and dealing and grieving about the abuse has helped these survivors to cope and live with CSA. Moreover, their construction of "opening up" is a helpful one as it enabled the acceptance of an extra-normative masculinity. It also enabled men talking and sharing pain as a kind of 'brotherhood'. The narratives showed how meaning was constructed around 'crying', 'pain', and 'masculinities'. Male CSA survivors on the forums have re-interpreted 'crying', and "showing weakness" which are related to feminising experiences as 'masculine', adding additional weight to research on hegemonic masculinity.

References

Alaggia, R. (2005). Disclosing the trauma of Child Sexual Abuse: A gender Analysis. *Journal of Loss and Trauma*, 10(5), pp. 453-470. Doi: 10.1080/15325020500193895.

Anda R.F, Croft J.B, Felitti V.J, et al. (1999). Adverse Childhood Experiences and Smoking During Adolescence and Adulthood. *JAMA*.282(17), 1652–1658. doi:10.1001/jama.282.17.1652

Centre of Expertise on Child Sexual Abuse: Improving understanding of the scale and nature of Child Sexual Abuse. Briefing. July 2017. Retrieved from: <https://www.csacentre.org.uk/research-publications/scale-and-nature-of-child-sexual-abuse-and-exploitation-report/briefing-english/>

Chapple, A. and Ziebland, S. (2002). Prostate Cancer: Embodied Experience and Perceptions of Masculinity. *Sociology of Health & Illness*. 24(6). Doi:10.1111/1467-9566.00320/pdf.

Crown Prosecution Service- Guidelines on Prosecuting Cases of Child Sexual Abuse. Retrieved from http://www.cps.gov.uk/legal/a_to_c/child_sexual_abuse/#content.

Denov, M. S. (2004). The Long-Term Effects of Child Sexual Abuse by Female Perpetrators: A Qualitative Study of Male and Female Victims. *JOURNAL OF INTERPERSONAL VIOLENCE*, Vol. 19 No. 10, October 2004 1137-1156 DOI:10.1177/0886260504269093

Diamond, M. J. (2006). Masculinity Unraveled: The Roots of Male Gender Identity and The Shifting of Male Ego Ideals Throughout Life. *Journal of the American Psychoanalytic Association*.
Doi.org/10.101177/00030651060540040601.

Dube, et. al. (2005). Long-term Consequences of Childhood Sexual Abuse by Gender of Victim. *Am J Prev Med*. 28(5), 430-8. Doi: 10.1016/j.amepre.2005.01.015.

Edley, N., & Wetherell, M. (1997). Jockeying for position: The construction of masculine identities. *Discourse & society*, 8(2), 203-217.

Edwards, D. (2018). Childhood Sexual Abuse and Brain Development: A Discussion of Associated Structural Changes and Negative Psychological Outcomes. *Child Abuse Review*. May/Jun2018, Vol. 27(3), 198-208. DOI: 10.1002/car.2514

Fergusson, D., McLeod, G., Howard, L. (2013). Childhood Sexual Abuse and Adult Developmental Outcomes: Findings From a 30-year Longitudinal Study in New Zealand. *Child Abuse & Neglect*, 37(9), 664-674. Doi: 10.1016/j.chiabu.2013.03.013.

Ferguson, D. & Mullen, P. (1999). *Childhood sexual abuse—An evidence based perspective*. Thousand Oaks, Sage, CA (1999)

Frijda, N. (1986). *The Emotions*, Cambridge: Cambridge University Press

Ferrer, L. (2016). Exploring the Masculine Identity in the context of HIV Prevention in Chile. *Journal of Nursing Scholarship*. 48(2),128-138. Doi: 10.1111/jnu.12190

Fitzclarence, L. (2000). Learning and teaching in education's shadowland: Violence, gender relations and pedagogic possibilities, the review of Education/pedagogy/cultural studies. 22(2), 147-173.

Garnefski, N., Diekstra, R. (1997). Child Sexual Abuse and emotional and behavioural problems in adolescence: Gender differences. *Journal of the American Academy of Child & Adolescence Psychiatry*. 36(3), 323-329. Doi: 10.1097/00004583-199703000-00010.

Heath, P., Brenner, R., Lannin, D., & Vogel, D. (2017). Masculinity and Barriers to seeking counselling: The Buffering Role of Self-Compassion. *Journal of Counselling Psychology*, 64(1) pp.94-103. Doi: 10.1037/coun0000185.

Jack, L. et. al. (2008). A Gender-Centered Ecological Framework Targetting Black Men Living with Diabetes: Integrating a 'Masculinity' Perspective in Diabetes Management and Education Research. *American Journal of Men's Health*. Retrieved from

<http://Journals.sagepub.com/doi/abs/10.1177/1557988308321956>.

Kendler, K., Bulik, C., Silberg, J., Hettema, J., Myers, J. & Prescott, C. (2000). Childhood Sexual Abuse and Adult Psychiatric and Substance Use Disorders in Women. *Arch Gen Psychiatry*, 57(10):953-959. Doi:10.1001/arch-psyc.57.10.953.

McElroy, E., Shelvin, M., Elklit, A., Hyland, P., Murphy, S. and Murphy, J. (2016). Prevalence and Predictors of Axis 1 disorders in a large sample of treatment-seeking victims of sexual abuse and incest. *Eur J. Psychotraumatol*, 7. Doi: 10.3402/ejpt.V7.30686.

National Society for the Prevention of Cruelty to Children (NSPCC). <https://www.nspcc.org.uk/>

O'Leary, P. and Gould, N. (2010). Exploring Coping Factors Amongst Men who were Sexually Abused in Childhood. *British Journal of Social Work*. 40, 2669-2686. Doi: 10.1093/bjsw/beq098.

Pongruengphant, R. and Tyson, P. D. (2000). When nurses cry : coping with occupational stress in Thailand. *International journal of nursing studies*. 37(6):535-539; Oxford: Elsevier Science, 2000.

Radford, L. et. al. (2011). Child Abuse and Neglect in the UK Today. Retrieved from <https://www.nspcc.org.uk/globalassets/documents/research-reports/child-abuse-neglect-uk-today-research-report.pdf>.

Rose, J. S. (2013). Clinicians' Experiences of Coping Strategies Employed by African American Male Survivors of Childhood Sexual Abuse (Doctoral dissertation, The Chicago School of Professional Psychology). Retrieved from <https://search.proquest.com/openview/88a67b6143e046bc17fef96ead74d5c5/1?pq-origsite=gscholar&cbl=18750&diss=y>

Ryan Report, 2009: Report by Commission of Investigation into Catholic Archdiocese of Dublin. Part 1. Retrieved from www.justice.ie/en/JELR/Pages/PB09000504.

Sloan, C., Conner, M. and Gough, B. (2015). How does Masculinity Impact on Health? A Quantitative Study of Masculinity and Health Behavior in a Sample of UK Men and Women. *Psychology of Men & Masculinity*, 16(2), 206-217. Doi: 10.1037/a0037261.

Thompson, E. & Pleck, J. (1986). The structure of male role norms. *The American Behavioural Scientist* (1986-1994), pp. 521. Retrieved from https://www.researchgate.net/profile/Joseph_Pleck/Publication/232551112_the_structure_of_Male_Role_Norms/links/567ac09608ae197583811270.pdf.

Walsh, K., Fortier, M. and DiLillo, D. (2010). Adult Coping and Childhood Sexual Abuse: "A Theoretical and Empirical Review". *Aggress violent Behav.* 15(1), 1-13. Doi: 10.1016/j.avb.2009.06.009.