

# Relational Challenges and Recovery Processes in Male Survivors of Childhood Sexual Abuse

Maryam Kia-Keating

*University of California, Santa Barbara*

Lynn Sorsoli

*San Francisco State University*

Frances K. Grossman

*Boston University*

Male survivors of childhood sexual abuse face challenges resolving sexual victimization experiences with the ideals of masculinity, often experiencing intimacy problems, emotional discomfort, alienation, and anger. Little attention has been paid to how male survivors learn to develop long-term connections, disclose emotions in relationship contexts, and negotiate intimacy. The current qualitative study of 16 adult male survivors of childhood sexual abuse, examined the relational challenges and the processes by which these survivors improved their capacity for seeking and participating in supportive relationships over time. Several mechanisms associated with positive adaptation were identified in their narratives, including engaging in safe relationships; gaining a sense of belonging by locating a community of others with shared experiences; learning healthy ways to manage relationships through setting boundaries, controlling anger, building trust, and developing intimacy; and achieving acceptance. Clinical implications and future directions for research and intervention are presented.

**Keywords:** *child sexual abuse; male survivors; interpersonal functioning; intimacy; resilience*

Childhood sexual abuse (CSA) involves a violation within an interpersonal context, infringing on a survivor's sense of trust and safety in relationships (Briere, 1992). Both clinicians and researchers have identified relational challenges for CSA survivors including intimacy problems, emotional discomfort, alienation, and anger (Gartner, 1999; Kendall-Tackett,

Williams, & Finkelhor, 2001; Urquiza & Capra, 1990), leading to difficulties relating with others and building lasting, healthy relationships. Historically, male survivors of CSA have been overlooked in part because of a greater focus on female survivors who outnumber the men and in part because of societal disinclination to consider men in situations of sexual victimization rather than sexual prowess. Thus, although some research has addressed the difficulties women survivors face in their relationships (e.g., Davis & Petretic-Jackson, 2000; Liang, Williams, & Siegel, 2006), little or no literature has investigated the challenges a history of CSA creates for men's relationships. Male survivors, however, face particular challenges in resolving the conflicting experience of their CSA histories with the tenets of masculine socialization and expectations of relational intimacy (Kia-Keating, Grossman, Sorsoli, & Epstein, 2005).

In fact, a relational "chasm" exists that many male survivors feel poorly equipped to bridge (Sorsoli, Kia-Keating, & Grossman, 2008). Although sexually abused males contend with the same pressures of masculine norms, socialization, and restrictions on emotional expression and vulnerability as all men in Western society, they also contend with additional burdens of negotiating social expectations in the context of their traumatic pasts (Kia-Keating et al., 2005). In spite of the reality of these relational challenges, the majority of the existing literature on male survivors has focused primarily on sexual dysfunction (Ahmad, 2006), perpetration (Loh & Gidycz, 2006; Simons, Wurtele, & Heil, 2002), or other types of violence and criminality (Johnson et al., 2006). Although these lines of inquiry are relevant and particularly important to treatment, the focus on male survivor psychopathology and intergenerational transmission of violence provides a very limited picture of men's relationships with others and neglects to explore the processes by which relational healing might take place in and out of clinical settings.

Although numerous studies have been conducted on the interpersonal functioning of female CSA survivors (see DiLillo, 2001; Rumstein-McKean & Hunsley, 2001, for reviews; see also Luterek, Harb, Heimberg, & Marx, 2004), very few empirical studies have examined how male CSA survivors contend with and overcome the challenges of relational connections after experiences of interpersonal violence. Little and Hamby (1999) asked 38 male and 93 female CSA survivors to write about healing experiences. Participants in their study described the process of talking about their abuse experiences and exploring their feelings as important steps in their recovery. Cognitive processes, such as optimism and self-understanding, can also help to facilitate positive adaptation (Grossman, Cook, Kepkep, & Koenen, 1999), as can learning to tolerate emotional distress (e.g., Wolin & Wolin, 1993). Finally, the strong inclination to help others, thereby making

meaning of one's experience, can offer male survivors a way to relate to others in adulthood in caring and satisfying ways (Grossman, Sorsoli, & Kia-Keating, 2006).

Because the literature on male survivors is so limited, elucidating in greater detail how male survivors learn to successfully develop long-term connections, disclose emotions in the contexts of relationships, and negotiate intimacy has important clinical implications (Gartner, 1999). Thus, the current study employed a qualitative methodology to better understand the nuanced experiences of male CSA survivors in defining, building, struggling, and succeeding in relationships. Sixteen male CSA survivors described the processes by which they coped with relational challenges and, over time, developed capacities for seeking and maintaining supportive and intimate relationships.

## Method

### Participants

The sample consisted of 16 men ranging in age, socioeconomic status, race/ethnicity, and sexual preference. Eleven were Caucasian, 2 African American, 1 African Cuban, 1 Puerto Rican, 1 Mexican American, and 1 multiracial Native American. Of the men, 44% identified as homosexual. They ranged from lower to upper-middle socioeconomic class and in age from 24 to 61 years. The average age was 41.5 ( $SD = 9.34$ ). The sample was relatively well educated; a majority (87.5%) had at least some college education. These participants had experienced a great deal of childhood abuse, including sexual, physical, and emotional, as well as extreme neglect. A number of them grew up in violent and disorganized families with multiple perpetrators. Of the sample, 75% had been sexually abused by members of their immediate (50%) or extended (25%) families, whereas the remaining 25% reported perpetration by people outside of the family. A majority of the sample reported sexual abuse by more than one perpetrator, experiences of other traumas including physical and emotional abuse, and witnessing violence both in and out of the home. (For more details about participant demographics and background, see Kia-Keating et al. [2005].)

### Design and Procedures

Participants were recruited through letters sent to trauma therapists in the greater Boston area and flyers posted throughout the city. This method

of purposive sampling (Patton, 1990) evolved during the research process, as driven by theoretical questions (Strauss & Corbin, 1998); thereby, a specific effort was made to recruit ethnic minority men. All men were screened on the telephone for a history of severe CSA, which included incestuous abuse and/or abuse by a caretaker (teacher, babysitter, etc.) involving oral, anal, or genital intercourse or attempted intercourse during childhood. These criteria for sexual abuse are similar to those used by others (e.g., Dhaliwal, Gauzas, Antonowicz, & Ross, 1996; Freyd, 1996) because perpetrators having ongoing relationships with and power over their victims have a tendency to be especially psychologically harmful (compared with similar acts perpetrated by strangers). Potential participants were also screened for functioning well in at least one domain of their life (e.g., employment, homelessness, education, social activity, psychiatric disorder, substance abuse, etc.), both to ensure participant safety and to match previous research studies on CSA survivors with a focus on understanding resilience (Grossman et al., 1999).

Participants were involved in two interviews, each interview lasting for about 2 to 3 hours and taking place approximately a week apart. In all instances, there were two interviewers present; both were trained to give the semistructured interview. The interviews covered a number of broad domains including family history, past and current symptomatology, abuse and traumatic stress, strengths and vulnerabilities in childhood and adulthood, healing and recovery processes including psychotherapy, and participants' perceptions about their own resilience. Immediately after each interview, interviewers wrote memos to keep a record of their analytical and conceptual understanding of each interviewee (Strauss & Corbin, 1998). The interviews were tape-recorded, transcribed verbatim, and checked for accuracy.

## Data Analysis

The interviews were coded using a grounded theory approach (Strauss & Corbin, 1990, 1998). First, an initial set of codes was developed, based significantly on codes developed for an initial study of resilient women survivors (Grossman et al., 1999) as well as on the literature on male survivors and the first few interviews with the men. In addition, open coding was conducted to allow unique codes to emerge; the full process resulted in 40 distinct codes, including codes for talk about parents, siblings, or intimate relationships; experiences of connection or support; the management of feelings; meaning making; and resilience. To ensure adequate reliability

and validity, all members of the research team first coded the same interview transcript, which was then reviewed in detail. Using the entire set of codes, two members of the research team then separately coded each transcript, later discussing and reconciling any differences. In addition, the research team wrote memos and detailed biographical reviews and met regularly to conduct peer debriefings.

To study relational challenges and successes, all material coded as “connection,” “support,” and “experience with psychotherapy” was analyzed (Lieblich, Tuval-Mashiach, & Zilber, 1998; Miles & Huberman, 1994; Riessman, 2002); using a process of constant comparison, we then conducted axial coding to compare these experiences and to identify descriptive patterns or commonalities within the data that could be described with higher order labels. For example, we attempted to establish when, how, and why these men felt connected to or felt support from relationships. The main focus of this analysis was the ways in which a group of adult male survivors, who had experienced significant interpersonal trauma as children, described positive connections with others, particularly those who assisted them in their resilience and recovery processes. Conceptually clustered or content-analytic summary tables were used as an organizational tool to provide profiles of each participant and to allow comparison across cases (Miles & Huberman, 1994).

## Results

The analysis revealed that the men had experienced significant early and ongoing relational challenges but that they had also experienced positive relational experiences and processes connected with growth and recovery across the span of their lives. These positive, growth-fostering processes were denoted as “relational recovery” because they were relational processes that the men subjectively described as those that helped them improve, develop in a positive direction, or heal in some way. Relational recovery included seeking and accepting connection and love through a variety of contexts including safe relationships with pets, children, and gentle adults, or through shared experiences with others who had undergone personal suffering. Other recovery processes were related to their own growth in the area of relational management in how they learned to deal with boundaries, anger, trust, and intimacy, as well as how some came to accept realistic limitations in genuine connections. In the following sections, first their relational challenges, organized by childhood and adulthood developmental

periods, will be described briefly, and then relational recovery processes will be highlighted, including how they described connections they had made, how they managed relationships, and the positive effects of their relational experiences.

## Relational Challenges

*Childhood relational challenges.* The men's descriptions of childhood relationships revealed a distinct sense of isolation, an inability to connect consistently with caregivers, and a lack of predictable support. Nearly all of the men expressed that they had no one to go to for support around their experiences of abuse. Burt described his home life with his mother as "just a shelter, just a place where I slept." When asked if he had anyone to turn to during difficult times, Uhan said, "No. There was just terror growing up. It was really hard."

The participants also described complicated relationships with family members who were consistently in their lives but were inconsistent in the types and/or qualities of support they offered. Bill described a secret language he developed with his sister as a way to "talk about the relative risks of a particular moment as to who was around"; however, this same sister was abusive to him at other times. Morgan was reluctant to share anything that was negative or difficult with his father. He said that he would "go to [his father] with the good stuff" but "try to work, deal with the bad stuff" by himself. As Martin put it about his own life, the support these men received was "a very mixed bag."

Responding to the challenge of securing comfort and support, these men described the beginnings of isolation both because of the reality that no one was there and as a self-protective measure. When asked if he had ever experienced an intense need to be close to someone, Web said, "I'm sure I would have liked that in childhood. It certainly wasn't possible with anybody." Amhad said, "It was like me against the world out there."

*Adult relational challenges.* Many of the participants reported that in adulthood, they were no longer as disconnected as they had been as children, yet they identified a number of persistent barriers to their ability to develop relationships and continued to struggle with the relationships they did have, particularly with emotional expression and in intimate relationships. Their difficulties relating to others occurred for a variety of reasons. Bill said, "I find it easier to relate to people who are emotionally available. When they're not, I'm scared and I'm outta there." Ron described his challenges

with emotions: “I could get angry very easily. Other emotions, I don’t think I show that well.”

Many of the men’s descriptions of their relationships as adults illustrated the ways the isolation they had felt in childhood had carried through to their adult lives. Martin said, “All of the trusted figures around me either vanished or abused me in some way, and I can’t trust them and therefore I got to do this myself, so pulling in and building walls, building a shell, a protective shell. So that protective shell has been very important. . . . It’s part of how I survived.” Although helpful as children, these walls and shells prevented feelings of trust in current relationships. Brad said that he still held “an incredibly strong belief that I cannot trust anybody.”

## Relational Recovery

In spite of and in some senses resulting from the relational challenges and adversity they faced in childhood, these male survivors found pathways toward relational recovery. Among these men, relational recovery took place in several main ways: (a) finding safe relationships, including relationships with pets, children, and gentle adults; (b) gaining a sense of belonging through shared experiences, for example, finding relationships in which they felt a sense of belonging or could offer help to others in need; (c) developing relational management skills, including setting boundaries, controlling anger, building trust, and developing intimacy; and (d) attaining personal acceptance, which involved recognizing their own limits.

## Finding Safe Relationships

Relational healing frequently first emerged in the context of relationships that provided the men with a sense of safety. Relationships that had a probable assurance of safety and limited likelihood of threat were appealing to the men. Connections with pets provided inherent differences in power and vulnerability, thereby representing the relational dialectic of both physical safety and unabashed affection because it was in these relationships that the men could experience the positive role of nurturance and caregiving. A second type of safe relationship involved “gentle” adults. These men described a profound appreciation for the unconditional love and acceptance that they were able to find in these kinds of safe relationships.

*Pets: “That dog is like my daughter” (Earl).* Several of the men described relationships with dogs who saw them through difficult times

both by being there as companions and by teaching them about relationships and love. Earl described a dog for whom he stated he would sacrifice his own life because the dog had been his “savior” in supporting him through difficult times. He explained,

To this day, I walk in that door, you know, I mean the first thing, when I open that door, she’s wanting me to pick her up, she’s licking me to death. And this dog will lick from one side of my face, completely. She won’t miss one spot and go all the way to the other side, and start all over again.

His pet provided a safe way to receive and enjoy physical affection. Like Earl, two other men, Burt and Martin, also described their dogs in beatified terms, as their “savior” or “salvation.” Burt explained how his Springer Spaniel had supported him through an unhappy period after his mother’s death: “She was the one, when I was really, really depressed and stuff like that, she was, she was there. . . . She taught me how to love.” Similarly, Bill framed his experience with his dog in terms of the sense of safety that she created for him and the way that she consequently opened him up to feeling safe enough to love others. He stated that his dog, Becky, “taught me about that it really is possible to be, in another, in a room with a single other living creature and have them do you no harm. In a way I really feel like she taught me to love again.”

*Gentle adults: “She made me chicken soup” (Bill).* Certain adults played significant roles in many of the participants’ journeys toward recovery by providing safety and nurturing in the context of adult relationships. Throughout the interviews, the participants recounted gestures of kindness on the part of these adults, which may have seemed unremarkable and conventional to someone else but were described and appreciated by the participants as exceedingly gentle, consequential, and momentous. A few of the men found these sorts of caring adults during childhood, suggesting perhaps early resilience in being able to seek out and acquire love from supportive others. Tomas described neighbors who would “clean you off” when “you fall down.” Uhan’s family had housekeepers who acted as “surrogates” who would help feed him, keep him clean, and make sure he went to school.

In adulthood, several men described friends with “maternal qualities” or otherwise caretaking behaviors. Bill’s friend made him chicken soup and, in doing so, opened the door to his being able to communicate and express himself in a relationship. He explained,

She took me to her house. She made me chicken soup. "Let me teach you how to make chicken soup." . . . God bless her. . . . She also taught me how to talk. Because I'd never talked to anybody. And [laughs] now I never shut up! But anyway, she was a very helpful friend at the time.

Several men received a similar kind of gentle nurturing from intimate partners or their partners' mothers. For example, Alejandro described how Carlos, his partner, and Carlos's mother would provide nurturing:

He did little things for me, you know like he would, little things like, for instance, when I had a headache, he would give me an aspirin. Or you know, or make me some hot tea or something. You know, little things like that I wasn't used to. You know, no one's ever done that to me. Or his mom would come and, you know, 'cause she had heard that I had the flu or something. She would come and visit me and stay with me and just give me stuff for my flu and just talk, you know. Stuff that I'd never had in my whole life. And stuff like that that I'll never forget.

## Belonging and Helping Others

A second type of relational recovery occurred through a sense of connectedness that emerged from belonging to a community, particularly when engaging with others with histories of serious hardship or when helping others in some significant way. For the men who found these connections, the relationships seemed to positively affect both their sense of belonging and their meaning-making processes. When they interacted and shared with another individual who had experienced some form of violence, the men expressed the importance of having a community that decreased their sense of early and profound isolation.

*Belonging:* "It was a little less lonesome in the world" (Bill). Some of the men described feeling particularly connected to others who shared some piece of their struggle, whether it was with a sibling who had survived the same abusive context growing up, an adult survivor met through a support group, or a friend who experienced a shared challenge such as addiction or coming to terms with homosexuality. Although siblings sometimes contributed to the violence and abuse in the childhood home, they also could provide a piece of connection and solace in validating one's experience. Bill eloquently described his sister's role: "She knew exactly where I came from, so it was a little less lonesome in the world, knowing [she] was there and that we could talk about it." Bill explained that when she passed away, he felt a "loss of a sense of community."

A few of the men found deeper connections with intimate partners who were also survivors. For example, in reference to his fiancé, Uhan explained, “She’s a survivor and we talk about our pain. You know, we talk about our commitments to each other.” Martin and his wife slowly discovered their shared experiences during their marriage and at the time of the interviews had developed a deep, meaningful relationship, in part through the overlaps of their past histories of sexual abuse and struggles with addiction. He affirmed, “She and I talk about that, and our past, so we have a lot of that and we have a huge amount in common. So it’s not just giving me support, it’s being a true—she’s been a partner in a deepest sense of that.”

However, given the reluctance of many of the men to disclose their sexual abuse histories to others, they did not often come across a group of CSA survivors to whom they could relate. Instead, a sense of belonging emerged from their connections with others who had experienced a variety of different adversities or struggles in their lives. For some, these connections occurred during childhood with peers who were enduring difficult circumstances. Tomas explained that he “had a friend that, his mom drank a lot, and we used to hang out together and you know, and do things.” Earl described a childhood friendship that became more central once they shared the challenges they had faced, how they used each other if they needed to talk, and how they each knew the other would understand: “I finally found out that he was physically abused, not sexually abused, [but] we had something sort of in common. And we became best friends, and we sort of used each other to get on.”

At times, the men connected with others who experienced very similar struggles, such as when Web met a woman who had survived the Holocaust. He explained that she

was very, very important in terms of just being an ally and being someone I could really talk to who was sane and well grounded. She had lived through the Holocaust, and so it was amazing there was a piece that we had in common because [of] the trauma history itself even though it wasn’t stated.

*Helping others: “I’m very used to giving a lot more than I receive” (Brad).* The process of healing others oftentimes played a role in self-healing as well. For example, Bill explained that he was “enrolled to become a Feldenkreis practitioner” to learn to help others, as well as himself, both in terms of concrete skills and in terms of coming full circle with his childhood coping skills. He described, “It will help me to reclaim my own body and help me to teach other people to reclaim theirs.” Other men had already pursued careers in professions that allowed them to assist others.

Burt worked as a facilitator and mentor as well as a sponsor for others joining Adult Children of Alcoholics and a male sexual survivors' group, which he described as "a really powerful experience." Earl worked with sexual trauma survivors as well as those suffering from AIDS and often used his own trauma and AIDS narratives to help them become more comfortable in disclosing their experiences. He felt that this experience allowed him to tell his story in a context where he could become more selfless and less pained in the moment because

when you use it to help someone out, you're not thinking of yourself being in that situation again, you're just showing that you've experienced the same thing or similar to what they're experiencing. So you get them to open up and talk more about their problem because it's still hindering them.

## Relational Management

A third type of relational recovery involved learning ways of managing relationships, both physically and emotionally. Four subcategories, described in detail below, encompassed these men's growth in relational management: learning to set boundaries, managing feelings of anger, learning to trust, and developing intimacy.

*Boundaries.* By adulthood, the men had learned specific relational skills they had not known before, and these skills greatly aided their ability to maintain satisfying relationships with friends, family, and intimate partners. Perhaps the most important skill was the management of interpersonal boundaries: learning both how not to intrude on others' emotional or physical space and how to keep others from impinging on theirs. Most of the learning about boundaries the men described came from experiences in therapy. The men who achieved better boundaries due to interventions in therapy settings tended to have very clear and articulated concepts of what boundaries meant (i.e., kept them safe) and what methods worked for them. Bill told us, "I think the single most helpful thing with [my therapist] was defining a relationship that had boundaries and then experientially learning that there are people capable of maintaining those boundaries." Similarly, Brad said, "So I've learned if I can say things and what I need and state the boundaries in a matter-of-fact way, and take responsibility for what's mine, it goes a lot better."

*Management of anger.* Most of the participants grew up in families that were largely unable to manage strong negative feelings, especially anger,

and so came to adulthood with some combination of great fear of any expression of anger and explosive anger. Burt described struggling with his anger toward the adolescents he was working with:

I had all these impulses to hurt them, like my mother did, to control them. So I would go for help. I would go to [my therapist], I would go to other people. . . . And she'd help me, she [my therapist] talked a lot about how to not only this but how to get over my stuff with my parents. Part of it was to go back and face them.

Martin learned to manage his anger through his participation in Alcoholics Anonymous:

I realize that [my wife] and the children were becoming scapegoats. So when I feel this, I would talk about it. . . . I really worked the program heavily. Meetings, meetings, meetings and sharing, sharing, sharing and all of that. I began to understand, even before I recognized the abuse, I was aware that I carried a lot of, a lot of this was displaced. So I was able to channel it elsewhere and . . . my rages started to subside some.

Other men described physical activities that were helpful, such as martial arts or yoga. Earl stated, "I've learned over the years just to put [anger] aside. . . . I've learned to do meditation and yogas and different things like that, and that's the way I deal with it."

*Learning to trust.* Frequently, these men described their struggles with trust and talked about learning or relearning to trust. Those who had someone in their lives in childhood whom they trusted retained a sense of the possibility of developing trust in adult relationships. Earl described what made his relationship with this grandmother the most important relationship in his life: "She accepted me for me. She didn't judge me for any reason." Brad also emphasized the importance of having someone accept him fully. He described his aunt as the one relative with whom he connected because she was "warm and sunny, like no matter what I would say, she would accept me."

For many, however, therapy or interactions with other health care providers provided the first experience of learning to trust. Will described his therapist as someone who was accepting and supportive: "It's been very good. Not always enjoyable or easy, but I do feel a lot of trust for her, which is something that I probably didn't feel for the first 3 years." Burt was explicit about the transfer of trust from his therapist to someone in

his life: "I just had a conversation with a woman that I never would have had—you know, really more honest and real open, letting down my guard—that I couldn't have had if I hadn't had done this already with my therapist." Bill said, "Trust is a miracle. I've never trusted anybody. And it's the biggest single byproduct of my therapy, just learning that I can sit in a room with another person and they don't have any desire to abuse me. It's a big deal."

*Intimacy.* Ultimately, for many of the men, intimacy was still a work in progress. However, some of the men had been able to achieve some degree of intimacy. Martin described the increasingly close and satisfying relationship he and his wife had achieved, after many years of both of their work in Alcoholics Anonymous and psychotherapy: "We've each come to understand we're asking too much, in the sense that we were responding to needs we had that hadn't been met much earlier growing up." Nonetheless, Martin acknowledged that achieving satisfaction in terms of sexual intimacy was still difficult. Morgan, like Martin and several others, talked about his difficulties with sexuality and described another way he had found of getting his needs for physical connection met:

One of the ways I get around them is I seem to have, or I've been told that I have very unusual abilities as a body worker. And which to me is a very safe way to express physical intimacy in a totally desexualized way. And I like doing that kind of thing. So that's an element of protection, nurturing.

## Acceptance

Finally, the fourth type of recovery involved developing a cognitive capacity to recognize healthy limits in relationships, manage expectations of others in the men's lives, and ultimately gain a sense of acceptance of the benefits as well as limitations of their current relationships. Part of achieving physical and emotional connections, including intimate ones, involved the acceptance of what was possible, rather than continuing to struggle against the limitations of what the men could get from a relationship. For example, Bill described how he managed to accept love from his father: "Well, you know, it may not be perfect love, but it's love and I'll take it." Morgan, on the other hand, had decided he wanted to reconnect with his mother: "I made an effort to reach out to her and probably from a place of safety. That was 3 years before she died. And it was the best thing I've ever did." He continued,

It's probably one of the primary concepts that you get from AA [Alcoholics Anonymous] and . . . it's a therapeutic notion too. To me that's like the thing, once you reach the point where you accept any number of things about one's life, including alcoholism, the way one's mother is, et cetera, that's when life gets better. . . . There are no mistakes in God's world in that sense. You know, everything happens the way it happens. I mean, there may be times when I get angry about it. That's OK. There may be times when I am sad about it. That's OK. But I wouldn't want to change my mother one wit. I mean she was, she was a roller coaster, she was a pain in the ass, and she was absolutely the most wonderful woman in the world.

## Discussion

This study of male CSA survivors provides a phenomenological view of the relational struggles and successes among a purposive sample of adults who exhibited some form of strength or resilience in response to the extreme levels of stress and adversity they had experienced during childhood. Sexual abuse in the family or within the close network of a child's social ecology often leaves the child with few dependable connections with adults. Moreover, the available adult caretakers often provide inadequate comfort and safety and range from, at best, being unreliable to, at worst, terrorizing. The men in our study described numerous relational challenges that they faced due to their trauma histories, ranging from never having had an available, secure relationship in childhood to feeling removed from their emotional capacity to connect and relate to others in adulthood. Particularly striking was the all-encompassing sense of isolation that many of the men described as originating in childhood. Consistent with other literature describing a sense of isolation and damaged sense of trust among survivors of interpersonal trauma (Herman, 1992), these men described struggles with developing emotionally intimate relationships reaching far into adulthood.

Through their narratives, these men elaborated on the poignant and often difficult lessons learned from engaging in past and present relationships. Our analysis identified several critical recovery processes, including gaining an awareness of self-imposed barriers and disconnection from their emotions, learning emotional expression, and developing a sense of safety and ways to maintain it in relationships. Relationships with animals and children were particularly rewarding because they initiated the basic, but essential, process of trust building. The men were also able to find connections and a sense of belonging with others who had experienced some sort of adversity in their lives. It is important to note that the relationships they experienced as therapeutic were not limited to just therapists but also

included pets, children, friends, health care providers, and other adults. This finding is important because CSA survivors in general, and men in particular, may be reluctant to actively seek out traditional therapy experiences due to stigma and other barriers to accessing treatment (Grossman et al., 2006; Holmes, Offen, & Waller, 1997). In general, a task imperative to men's relational recovery was to learn to both enlist and engage with supportive others.

Because their boundaries were so violated in childhood, repeatedly, all of the men reported needing to learn what it meant to set limits and how to do it. Trauma-informed therapy was clearly a very helpful context for learning those skills. Therapy provided the men with an opportunity to develop a close, trusting relationship. For male survivors of incestuous abuse or abuse by a caretaker, it seems, the process of recovery necessitates a recognition and management of relational barriers, often learned in the context of therapy or another confiding relationship. A confiding relationship is described in the literature as critical to articulating one's emotionally and cognitively coherent narrative (Herman, 1992) as well as establishing secure interpersonal attachments and relational efficacy (van der Kolk, van der Hart, & Burbridge, 2002). Through therapeutic experiences and other relationships, the men described learning acceptance as a strategy to develop more accurate expectations of relationships, more complex understandings of others, and a broader philosophical view of the world. Building repertoires for relating and connecting with others was a key to successful healing in this sample.

Taking on the role of counselor, sponsor, or caretaker themselves was another important experience for these men, providing them with a type of meaning making (Grossman et al., 2006) as well as a healing experience. By being altruistic, particularly toward vulnerable others, the men described how they would sense their own experiences. These philanthropic experiences offered a certain sense of purpose and responsibility to their lives as well as a recognition that perhaps because, rather than in spite of, their abuse, they had gained an ability to empathize and perhaps even heal others.

The results of this study have implications for developing effective interventions for male CSA survivors. Specifically, these results suggest the importance of targeting positive behavioral/interpersonal (e.g., seeking safety, connecting with others who have shared experiences of adversity), affective (e.g., managing anger), and cognitive (e.g., acceptance) strategies for improving relational well-being and recovery. In addition, because it would provide a sense of belonging, assisting male clients to find an appropriate community of peers would offer a core piece of their social ecology. This intervention could also provide a counter to the profound sense of isolation and loneliness that male survivors describe.

The men in this sample volunteered to participate and were screened on the basis of functioning “surprisingly well, given their histories” of CSA. Thus, the results of the study are limited in generalizability, both by sample size and by sampling procedures. Indeed, participating in a qualitative study requiring at least 4 to 6 hours of in-depth interviewing requires an individual to have a certain degree of comfort, or at least willingness, to participate in interpersonal interactions. Future research needs to include larger, more diverse populations to better understand both relational challenges and recovery processes. This study represents an early exploration of the multiple layered factors that affect a male CSA survivor’s struggles and successes in relationships, but future research might benefit from including a comparison group of men who have not experienced sexual abuse to contrast general masculine interpersonal relationship issues from those encountered by CSA survivors in particular.

From these analyses, a number of questions are raised for theoretical consideration. Broadly, what contributes to male CSA survivors’ recovery, and are there ways to encourage or provide these factors through clinical strategies? Do relational recovery processes vary across the life course for male survivors? These results suggest that relational factors are central, and the rich narratives of these survivors indicate the varied contexts in which they were able to locate and benefit from healing relationships. Further research should examine relational factors using both quantitative and qualitative methods to derive the variables that facilitate resilience and recovery for male survivors.

In the present analysis, the relational challenges or recovery processes the participants described did not appear to vary systematically with race or sexual orientation. However, there were too few men in this sample to generalize these potential effects. Based on previous findings, it is important to highlight that ethnic minority participants were least likely to receive specialized trauma treatment (Grossman et al., 2006). Thus, it is vital that further research on CSA survivors explore men of different social classes, ethnic groups, races, and sexual orientations to better understand how their life contexts shape their relational recovery and to bring the voices of minority men into the research literature on CSA.

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**Maryam Kia-Keating** is an assistant professor in the department of counseling, clinical, and school psychology at the University of California, Santa Barbara. Her research examines the impact of stressful events and adversity among diverse populations and contexts and the factors that explain both risk and resilience in the face of these high-risk environments.

**Lynn Sorsoli** is a research scientist at the Center for Research on Gender and Sexuality at San Francisco State University, where she directs the Media Study in the Adolescent Sexuality Project. Her research examines the relationship between traumatic stress, disclosure, and mental health.

**Frances K. Grossman** is a professor emeritus at Boston University and a supervisor and faculty member at the Trauma Center at Justice Resource Institute. She is the coauthor of *With the Phoenix Rising: Stories from Ten Resilient Women Survivors of Childhood Sexual Abuse* (1999, Jossey-Bass).

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