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Walden University

College of Counselor Education & Supervision

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James M. Smith

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Walden University
2020

Abstract

Adult Male Survivors' Disclosure of Childhood Sexual Abuse:

An Interpretative Phenomenological Analysis

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Walden University

MEd, Lincoln University of Missouri, 2009

BA, Lincoln University of Missouri, 1998

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counselor Education and Supervision

Walden University

February 2020

Abstract

The lack of understanding of the experience of disclosure to mental health professionals for adult male survivors of child sexual abuse means that counseling assessment instruments and diagnostic criteria are problematic and may contribute to counselors inadvertently perpetuating social stereotypes that prevent disclosure. The purpose of this study is to understand how adult male survivors of childhood sexual abuse understand their experiences of disclosure to mental health professionals. The conceptual framework is existential and approaches the problem from a phenomenological perspective. An interpretative phenomenological analysis (IPA) design was employed to answer the research question of how adult male survivors of childhood sexual abuse understand their experiences of disclosure of the abuse to a mental health professional. Data were collected using semi structured, in-person interviews and analyzed according to IPA procedures of data analysis. Four themes were identified, Alone and Not Alone, Throwing Grenades, Monsters in the Deep, and That's Not What I Wanted. These experiences derive from a deep desire for connection in the act of disclosure. Understanding that disclosure is a relational experience rather than a unidirectional, linear experience has implications for clinical practice, for counselor supervision and counselor education. Implications for social change to support male survivors include raising awareness, addressing legal disparities, and identifying leadership organizations who can help diffuse more inclusive messaging concerning childhood sexual abuse.

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Dedication

I dedicate this work to those who have survived childhood sexual abuse.

Acknowledgments

The first and most important person I want to thank for her support through this process is my wife Lesley. Without her patience and generosity, I would not have been able to complete this work. I also owe my deepest gratitude to my kids, Jacob, Caitlin, and Nathaniel, who have been patient with me as I disappeared in “the room downstairs” to work and who put up with me being grumpy from lack of sleep. You all rock!

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Chapter 1: Introduction

Public awareness of child sexual abuse has increased in recent years due to public scandals, including the child sexual abuse that was perpetrated by priests in the Catholic Church and the scandal that occurred in the youth program at Penn State (Hattery & Smith, 2018). The prevalence of childhood sexual abuse varies widely depending on the definitions that researchers use when collecting data (Townsend & Rheingold, 2013). The impact of childhood sexual abuse can last a lifetime (Easton & Kong, 2017). While childhood sexual abuse can have life-long consequences for the survivor, the majority of studies surrounding childhood sexual abuse focus on its impact on survivors while they are still children (Tener & Murphy, 2015). Even less research has been dedicated to understanding the impact of childhood sexual abuse on men.

This chapter includes an introduction to this study on the disclosure experiences of adult male survivors of childhood sexual abuse, including a problem statement, the purpose statement and research question for this study, the significance of this research, some background relative to the study, the conceptual framework, definitions, assumptions, limitations, delimitations, and possible types and sources of data.

Problem Statement

According to the National Sexual Violence Resource Center (2016), one in four women and one in six men have experienced childhood sexual abuse. The prevalence of childhood sexual abuse remains largely a matter of conjecture due to the inconsistent definitions of childhood sexual abuse and lack of reporting (Townsend & Rheingold, 2013). Related to the differences in estimates of prevalence are differences across state

jurisdictions in the definitions of childhood sexual abuse and whether the survivors themselves conceptualize their experiences as childhood sexual abuse (Vaillancourt-Morel et al., 2016). Estimates of the prevalence of sexual abuse of male children are even more difficult to ascertain because childhood sexual abuse in which men were victimized is highly underreported (Finkelhor et al., 2012).

The underreporting of childhood sexual abuse of male children is in part because male survivors tend to delay disclosure of their experiences until much later in life than female survivors (Easton, 2013). Disclosure in itself is not well understood and has gone through theoretical revisions since it was first studied in the 1980s (Anderson, 2016). Several factors serve as barriers to disclosure of childhood sexual abuse, including the identity of the perpetrator, the relationship of the perpetrator (i.e. clergy or family member), and social factors such as stigma surrounding homosexuality (Easton, 2013, 2014; Easton et al., 2014; MacIntosh et al., 2016). Despite what mental health professionals understand about disclosure and barriers, there remains a significant gap in professional literature relative to understanding the experiences of disclosure for adult male survivors of childhood sexual abuse.

Researchers have established the correlation between earlier disclosure and better outcomes for survivors (Lev-Wiesel, 2008; Parry & Simpson, 2016). Little research has been done that helps mental health professionals understand the experiences of disclosure and factors that might help evoke disclosure from adult male survivors (Anderson, 2016). This lack of knowledge about disclosure for adult survivors means that mental health professionals are ill-equipped to assess, diagnose, and treat adult male survivors of

childhood sexual abuse. Because symptoms of childhood sexual abuse manifest differently in different populations (Payne et al., 2014), counselors assessing for symptoms could easily misdiagnose adult male survivors of childhood sexual abuse.

Misdiagnosis would mean that counselors are not treating the actual cause of clients' symptoms, which would lead to poor client outcomes. Poor client outcomes may lead to counselors' lack of sense of efficacy in treatment provision, thus dissuading counselors from assessing further (Hepworth & Mcgowan, 2013). Lack of knowledge surrounding adult male survivors' experiences of disclosure of childhood sexual abuse and its subsequent effects on mental wellness disadvantages both counselors and clients creating barriers to treatment efficacy.

Purpose Statement and Research Question

In this research, I completed a qualitative, interpretative phenomenological analysis (IPA) research study focused on adult male survivors' experiences of disclosure of childhood sexual abuse. The purpose of this study was to better understand the lived experiences of disclosure of adult male survivors of childhood sexual abuse when they disclosed their experiences of childhood sexual abuse to a mental health provider. This research may increase professional knowledge of disclosure, thus providing mental health professionals with better resources to assess, diagnose, and treat adult male survivors.

The research question for this study was: How do adult male survivors of childhood sexual abuse understand their experiences of disclosure of the abuse to a mental health professional?

Significance

This research may benefit mental health professionals and adult male survivors of childhood sexual abuse in important ways. Anderson (2016) indicated that many counselors believe that disclosure of childhood sexual abuse is a binary factor, either a client discloses or does not disclose. Researchers have found, however, that disclosure is actually a highly complex experience for survivors (Anderson, 2016; Tener & Murphy, 2015). In this study, I defined the complexities of disclosure of childhood sexual abuse among adult male survivors. Deepening mental health professionals' knowledge of disclosure of childhood sexual abuse by adult male survivors will serve to improve clinical practice by empowering counselors to provide more comprehensive assessment, lead to more accurate diagnoses, and provide more efficacious treatment.

This study may improve the lives of adult male survivors of childhood sexual abuse. Adult male survivors of childhood sexual abuse face significant barriers to disclosure, including gender norms, social stigma, and sexual orientation confusion (Easton, 2013; Geddes et al., 2013; Giglio et al., 2011; Mahalik et al., 2003; McGuire & London, 2017; Turchik et al., 2016), questions concerning how they conceptualize their own experience of childhood sexual abuse (Artime et al., 2014; O'Leary & Barber, 2008), attitudes toward victims (Price-Robertson, 2012), and a sense of isolation surrounding their experiences of childhood sexual abuse (Boyda et al., 2015). Understanding the lived experiences of adult men who have disclosed childhood sexual abuse may shed some light on how they overcame these barriers and how mental health professionals can foster social change to encourage earlier disclosure.

Background

Research surrounding disclosure of childhood sexual abuse has defined a spectrum of disclosure that contradicts commonly held beliefs that disclosure exists as a binary experience (Anderson, 2016). Researchers have focused nearly exclusively on the experience of disclosure among children, leaving a significant gap in the literature regarding adults' experiences of disclosure of childhood sexual abuse (Anderson, 2016).

I contributed to professional knowledge about disclosure by focusing on adult male survivors' experiences of disclosure of childhood sexual abuse. Artime et al. (2014) and Hartill (2014) described how adult male survivors of child sexual abuse often do not use the language of sexual assault, sexual abuse, or victimization to describe their experiences of childhood sexual abuse. This creates for adult men a barrier to disclosure particularly in assessment, which often relies on the language of trauma to describe these experiences (M. R. Schmidt et al., 2018). Counselors cannot assess clients accurately when the language counselors use to assess clients' experiences does not reflect the language the clients use to conceptualize their experiences.

Significant intrapersonal and social barriers exist that further prevent adult male survivors of childhood sexual abuse from disclosing their experiences (Easton, 2013, 2014; Easton et al., 2014; MacIntosh et al., 2016; Price-Robertson, 2012). Barriers include social stigma, masculine gender norms, social attitudes toward male victimization, counselor inquiry, and isolation. These barriers influence clients, counselors, and the general public in ways that inadvertently or explicitly foster a culture of silence surrounding male victimization.

Delayed disclosure contributes to significant life-long, negative outcomes for male survivors (Easton & Kong, 2017). Negative outcomes include incarceration, re-victimization, suicidality, interference with the formation of meaningful relationships, and physical health risks ((Ahmad & Mazlan, 2014; Batchelder et al., 2017; Charak et al., 2018; Easton & Kong, 2017; Easton & Renner, 2013). Furthermore, lack of understanding of the disclosure and the manifestation of trauma itself means that our assessment and diagnostic criteria may lead to improper treatment (Fallot & Harris, 2001; Hepworth & Mcgowan, 2013; Payne et al., 2014). Understanding disclosure could help counselors help clients recover from these life-long mental health vulnerabilities.

Framework

Qualitative methods are better suited to this type of research than quantitative methods for a variety of reasons. Quantitative methods require operational definitions of constructs that can be measured. Qualitative methods, however, allow for a deeper and richer exploration of topics about which so little is known that operationally defined constructs cannot be identified yet (Guest, Bunce, & Johnson, 2006; Marshall, Cardon, Poddar, & Fontenot, 2013). Qualitative methodologies also allow for smaller sample sizes, which are appropriate for populations who are difficult to identify due to significant social stigma (Guest et al., 2006; Marshall et al., 2013)

IPA as a qualitative method operates as an ideographic hermeneutic to explore the meaning of specific lived experiences of a specific population in a specific circumstance (Alase, 2017; Smith et al., 2009; Smith & Osborn, 2015). IPA is an attempt to put into words the ineffable lived experiences of the research participants (Amos, 2016). In IPA,

the researcher attempts to make meaning of participants' meaning-making, interpreting the interpretation of the participants (Smith et al., 2009).

IPA researchers use semi structured interviews with open-ended questions in the data collection process (Smith et al., 2019). The interviews are recorded and transcribed in preparation for the data analysis procedures (Smith et al., 2019). In the analysis phase of IPA methodology, researchers pay particular attention to their own positionality in regard to the topic of research and use a reflexive process of bracketing to protect their interpretations of the participants' experiences from the researchers' personal biases and preconceived notions (Smith et al., 2019). During the analysis phase, IPA researchers thematize participants' descriptions of their experiences in order to understand how the participants made meaning from their experiences.

Researchers using IPA explore the lived experiences of participants as they attempt to make meaning of their experiences (Smith et al., 2009). IPA is grounded in the philosophical tradition of phenomenology as Husserl (2010) first developed it. The influence of Heidegger's contribution to the hermeneutic processes cannot be underestimated (Heidegger, 2010). IPA, arising out of the philosophical tradition of phenomenology, is uniquely suited to explore the lived experiences of male survivors of childhood sexual abuse as they processed those experiences that brought them to a point in their life where they felt they should seek help in relation to the childhood sexual abuse they experienced.

Definitions

The definition of child sexual abuse can vary across state lines and in the conceptualizations of the survivors, which makes child sexual abuse a difficult experience to define (Vaillancourt-Morel et al., 2016). In this study, I defined childhood sexual abuse as any type of sexual interaction that occurred between a prepubescent child and an adult person. This is to ensure that the experiences of the participants meet objective, legal, and universally recognized criteria of child sexual abuse (Vaillancourt-Morel et al., 2016).

I described my participant group as adult male survivors of childhood sexual abuse who experienced child sexual abuse that met the definition described above. I limited the participants to adult male survivors who were cisgender, heterosexual men over the age of 18, who experienced child sexual abuse beginning in prepubescence, whose perpetrator was over the age of 18 at the time the abuse began, and who waited until adulthood to disclose the experience of childhood sexual abuse to a mental health professional. This narrow definition is partly to maintain methodological rigor with the ideographic nature of IPA (Smith et al., 2009). This narrow definition of adult male survivor of childhood sexual abuse also arose out of the literature that describes that masculine gender norms for cisgender men have a strong influence on their help-seeking behaviors and that stigma against homosexuality is a significant and unique barrier to cisgender, heterosexual men (Donne et al., 2018; Rochlen et al., 2006).

I defined disclosure to a mental health professional as the act of telling, intentionally or unintentionally, any professional in the mental health field. Researchers

have defined disclosure along multiple spectrums (Anderson, 2016). In this study, I want to understand disclosure more deeply, so I maintained a more general definition of disclosure. The participants were to have waited until adulthood to tell a mental health professional but may have told another individual earlier in their lifetime.

Assumptions

I assumed in this study that the experience of disclosure for adult male survivors of child sexual abuse to a mental health professional will have unique characteristics specific to this population. Researchers have studied disclosure of child sexual abuse primarily in children and secondarily in women who have experienced sexual trauma (Anderson, 2016). Researchers have also defined unique barriers that adult male survivors face in disclosure (Easton et al., 2014; Tener & Murphy, 2015). Researchers have given little attention to the experience of disclosure itself, how disclosure may be evoked, or what factors surrounding the act of disclosure make it a fruitful therapeutic experience. Due to the unique barriers that men face when they disclose, it is assumed that their experience of disclosure will be unique from that of children and women.

Limitations

There were multiple limitations in this research study. The primary limitation was access to this very private participant population. There are multiple support groups both in person-to-person contact and online and virtual communication mediums. Accessing these groups was very difficult, due to the privacy concerns of the membership.

When conducting the recruitment, the participant pool was even more homogenous than I intended due to the racial and ethnic similarities of the participants.

All participants were middle aged to elderly, White males. This limits the transferability of the results but offers opportunity for further research with other racial and ethnic demographics.

Delimitations

As noted above, I deliberately limited the participant pool to adult male survivors of childhood sexual abuse who were prepubescent (age 12 or younger) at the time the abuse began, whose abuse was perpetrated by a man or men over the age of 18, who waited until adulthood to disclose the abuse to a mental health professional, and who were cisgender, heterosexual men. These limitations were due to prior research indicating the influence of masculine gender norms on help-seeking behaviors, the unique barrier related to the stigma of homosexuality, and in keeping with methodological alignment in the ideographic nature of IPA. I first limited my participant pool to only those who reside within my own home state of Missouri due to legal and ethical considerations. When I failed to recruit enough participants from Missouri, I received Institutional Review Board approval for recruitment across the United States.

Sources of Data

Participants for this study were cisgender, heterosexual men who experienced childhood sexual abuse that began in prepubescence and was perpetrated by an adult. These delimitations serve several purposes. Isolating the sample to survivors of childhood sexual abuse whose abuse experience began in prepubescence and whose perpetrator was an adult ensures that the participant sample meets universally-accepted definitions of childhood sexual abuse (Vaillancourt-Morel et al., 2016).

IPA as a research method is highly ideographic, meaning it explores a specific experience of a specific population in a specific circumstance (Smith et al., 2009). I focused on adult, cisgender, heterosexual men because of the highly homogenized sample required for IPA research. There is enough evidence to suggest that masculine social constructs highly influence both the experience of childhood sexual abuse and help-seeking behaviors of men (Mahalik et al., 2003; Rochlen et al., 2006; Vogel & Heath, 2016). The influence of masculine social constructs justifies limiting an ideographic study such as this to men with specific masculine traits and opens the possibility for further research with people who self-identify with other sexual identities.

I used sampling techniques consistent with IPA research methodology. Smith et al. (2009) encouraged purposeful, referral, and snowball sampling techniques for IPA research. I began the recruitment of sample participants through an open invitation in online support groups. My second phase of recruitment was to contact mental health professionals directly via email, through professional organization list serves, and through social media networks. In this contact method, I asked counselors who were working with adult male survivors of childhood sexual abuse to refer any clients to me for an interview. Counselors simply provided the invitation to participate to their clients with no further mention. My last recruitment method was through snowball sampling. I asked participants to refer other adult male survivors of CSA to me. Due to ethical and legal considerations, I began with the limitation of only recruiting from within the state of Missouri. When I was unable to garner the number of participants needed, I received institutional review board (IRB) approval to broaden my recruitment nationally.

The delimitations of this study meant that transferability of the information is limited only to those who share these characteristics. This, however, can allow future research with various factors changed, such as gender identity, sexual orientation, and to whom the individual first disclosed the childhood sexual abuse. Comparisons between these groups would be highly beneficial to help personalize treatment related to childhood sexual abuse.

Conclusion

Researchers have primarily focused on children's experiences of disclosure of childhood sexual abuse (Anderson, 2016). This creates a significant gap in professional knowledge regarding adult experiences of disclosure of childhood sexual abuse. This gap is even more pronounced regarding the experiences of disclosure of specific populations like adult male survivors of childhood sexual abuse. Counselors are often ill-prepared to offer effective treatment to adult male survivors, which negatively impacts both clients' recovery and counselors' sense of efficacy when providing treatment.

IPA as a qualitative research methodology was appropriate for my exploration of this gap in knowledge. I conducted an IPA research study to address the question: How do adult male survivors of childhood sexual abuse understand their experiences of disclosure of the abuse to a mental health professional?

Chapter 2: Literature Review

Childhood sexual abuse is a persistent problem in American society. The mental, behavioral, emotional, and physical toll of childhood sexual abuse for both male and female survivors can last a lifetime. For male survivors, unique challenges to recovery exist due to social constructs like masculine identity characteristics and social stigma. These unique challenges create both intrapersonal and interpersonal barriers to disclosure of male survivors' childhood sexual abuse experiences.

The lack of professional knowledge surrounding adult, male survivors' experiences of disclosure creates both barriers to disclosure and inadequate assessment, diagnostic, and treatment interventions. Barriers to disclosure include social stigma, sexual orientation confusion, and lack of counselor inquiry. Well-meaning counselors who lack understanding of disclosure may inadvertently perpetuate stigma, misdiagnose mental health issues due to inadequate assessment instruments, and provide insufficient treatment.

In this chapter, I provide a literature review summarizing research on child sexual abuse, considerations from developmental perspectives on childhood sexual abuse, the unique barriers that male survivors of childhood sexual abuse face, and effective treatment strategies. I recognize the lack of professional knowledge regarding what evokes disclosure from adult male survivors of childhood sexual abuse and discuss how this lack of professional knowledge contributes to inadequate treatment for male survivors of childhood sexual abuse.

Literature Search Strategy

I conducted a literature search using multiple databases found in both Walden University's and Lincoln University of Missouri's library systems. The databases to which I had access through these university library systems included: Academic Search Complete, MEDLine with Full Text, CINAHL Plus with Full Text, LGBT Life with Full Text, NAMI, PsychARTICLES, PsycINFO, PTSDpubs, and others. To further research outside of the academic library resources, I also utilized Google Scholar.

All research was limited to peer-reviewed journals or documents from governmental resources. The search terms that I used consisted of combinations of multiple terms, including, *child**, *sexual*, *abuse*, *male*, *masculin**, *survivors*, *victims*, *trauma*, *treatment*, *therap**, *interventions*, *disclosure*, *assessment*, *relationships*, *fathe**, *perpetrators*, *outcomes*, *development**, *attachment*, *brain*, and *neuro**. In combination with these words, I used phrases such as *long-term effects*, *barriers to disclosure*, *trauma-informed*, *sexual orientation confusion*, and *social stigma*. When seeking literature on therapeutic interventions, I used specific names for theories, such as *CBT*, *cognitive behavioral therapy*, *mindfulness*, *narrative*, *Gestalt*, *feminist*, *development**, *humanistic*, and others. In addition to these resources, I used various academic textbooks to identify research and theories.

Child Sexual Abuse

Despite there being significant amounts of information available regarding child sexual abuse, there is still a significant lack of knowledge of the experience of disclosure of adult male survivors of childhood sexual abuse. In the following section, I describe

how varying definitions of childhood sexual abuse create difficulty in ascertaining accurate reports of the prevalence of childhood sexual abuse. I also describe theories regarding disclosure of childhood sexual abuse developed through research on children who have disclosed.

Definitions of Childhood of Sexual Abuse

Childhood sexual abuse has no consistent definition, which increases the difficulty in studying it as a topic. Vaillancourt-Morel et al. (2016) described two primary categories of definitions, namely *objective legal definitions* and *subjective self-definitions*. The objective legal definitions of childhood sexual abuse hinge on criteria such as whether the age of the individual was above or below a legally and inconsistently defined age of consent and what type of sexual contact an individual experienced (Vaillancourt-Morel et al., 2016). Included in the various definitions of the age of consent is the disparity in the ages of the two individuals.

For example, if persons were under the age of consent but were similarly aged (within a specified number of years), the sexual experience may not fall within the parameters of what is legally reportable as childhood sexual abuse. If one individual is younger than the age of consent and the other is older than the age of consent, so-called "Romeo and Juliet Laws" may prevent a sexual encounter between two individuals from being recorded by law enforcement as childhood sexual abuse (Kern, 2012; Tover, 2013). Inconsistencies in the age of consent across states also interfere with reporting of childhood sexual abuse.

Another inconsistency in reporting is related to the influence of prosecution of perpetrators of childhood sexual abuse. I found little research studying the impact of prosecution as a deterrent for reporting. Goodman et al. (2003) produced an early study that suggested that prosecution was made more difficult due to a lack of memory of abuse survivors. Freyd (2003) responded to Goodman et al. (2003) that the alleged lack of memory may have more to do with the process of prosecution itself, particularly when a child has a bond with the abuser in some way through familial or other ties. Freyd (2003) suggested that some cases of childhood sexual abuse may not be prosecuted or even reported due to the systemic consequences on a survivor's family, i.e. if the primary means of financial support to the family is sent to prison.

In addition, the type of sexual behavior that is considered sexual abuse is described across a spectrum. Some definitions restrict sexual abuse to only genital penetration (Martin & Silverstone, 2013). Other definitions will include sexual behaviors like viewing pornography even when no actual sexual contact occurred (Martin & Silverstone, 2013).

Some persons who have experienced sexual contact with another that may meet legal definitions of childhood sexual abuse may not define their experience as childhood sexual abuse (Vaillancourt-Morel et al., 2016). These subjective self-definitions of sexual experiences add confusion to attempts to measure the prevalence of childhood sexual abuse. Male survivors are much less likely to self-identify an experience as sexually abusive due to multiple factors (Artime et al., 2014; Easton, 2014).

Geddes, Tyson, and McGreal (2013) and Giglio, Wolfteich, Gabrenya, and Sohn (2011) discovered significant social gender bias when it comes to defining certain experiences as sexually abusive based on the genders of the perpetrators and survivors. Participants in these studies considered female perpetrators of male survivors as less abusive than male perpetrators of female or male survivors (Geddes et al., 2013; Giglio et al., 2011). Sexual abuse of a male minor is much less likely to be reported if the perpetrator was a woman because people are less likely to conceptualize this experience as sexually abusive (Geddes et al., 2013; Giglio et al., 2011). The lack of consistent definitions of childhood sexual abuse contributes to a lack of confidence in any assertion regarding the prevalence of childhood sexual abuse.

Prevalence of Childhood Sexual Abuse

Black et al. (2011) reported in the National Intimate Partner and Sexual Violence Survey summary, which the Centers for Disease Control and Prevention commissioned, that 12.3% of women experienced a completed rape prior to age 10, with an additional 29.9% experiencing a completed rape between the ages of 11 to 17. By contrast, 27.8% of men experienced a completed rape prior to the age of 10 (Black et al., 2011). Black et al. (2011) stated that the number of men who experienced completed rapes who were age 11 or older was too small to accurately calculate.

The National Sexual Violence Resource Center (2016) reported that 1 in 5 children experience some form of sexual abuse prior to age 8. Furthermore, 1 in 4 girls and 1 in 6 boys experience some form of sexual abuse before the age of 18 (NSVRC, 2016). It should be noted that both Black et al. (2011) and the NSVRC (2016) rely on

survey data from surveys conducted as long ago as 1990. Prevalence numbers also vary wildly within reports due to inconsistent definitions used in reporting (Townsend & Rheingold, 2013).

Despite the lack of confidence in assertions of the prevalence of childhood sexual abuse, there is significant research that describes the nature of childhood sexual abuse. The NSVRC (2016) reported that 96% of perpetrators of childhood sexual abuse are male. It is difficult to discern whether this number is accurate because male survivors of childhood sexual abuse who were perpetrated by a female offender tend not to report the abuse and often do not conceptualize the experience as abuse (Geddes et al., 2013; Giglio et al., 2011; Matta Oshima et al., 2014; O'Leary & Barber, 2008).

The National Center for Victims of Crime (NCVC, 2012) reported that only 14% of survivors of childhood sexual abuse were abused by an unknown assailant, indicating the majority of survivors were abused by someone they knew. The NSVRC (2016) further asserted that 34% of survivors of childhood sexual abuse were abused by a family member. The statistics reported by organizations such as the NSVRC and NCVC are based on reported instances of sexual violence.

Sexual victimization, particularly of male children, is highly under-reported. In their report to the Department of Justice, Finkelhor, Ormrod, Turner, and Hamby (2012) described how survivors were more likely to report more serious forms of sexual abuse, such as involving the use of force or sexual abuse with genital penetration. Survivors were also more likely to report sexual abuse by a stranger than an assailant known to the survivor (Finkelhor et al., 2012). Underreporting becomes particularly problematic when

the perpetrator of sexual abuse is another minor (Finkelhor et al., 2012). Establishing the actual prevalence of childhood sexual abuse is problematic because of the varying definitions of childhood sexual abuse and the fact that childhood sexual abuse remains underreported.

Disclosure of Childhood Sexual Abuse

Summit (1983) was the first to theorize regarding disclosure of childhood sexual abuse in what he named *The Child Sexual Abuse Accommodation Syndrome*, which described the disclosure as a process involving denial and secrecy, helplessness, accommodation to the abuser, delayed and unconvincing disclosure, and recantation. Sorensen and Snow (1991) developed Summit's theory further to identify variations of disclosure that they understood as a sequential process from denial to tentative to active disclosure, which may be followed by recantation and then reaffirmation. Bradley and Wood (1996), who tested the work of Sorensen and Snow (1991), found that disclosure is better described by various types rather than as a sequential process.

Understanding disclosure as varying types rather than a sequential process has become the prevailing paradigm for understanding disclosure and more types have been added. Anderson (2016) described multiple types of disclosure, which may include a spectrum ranging from active disclosure in which the child readily reports all information regarding the abuse to tentative disclosure in which the child is hesitant to provide significant details of childhood sexual abuse that is already known. Anderson (2016) also defined unintentional disclosure in which the child describes objective behavior that meets the criteria for sexual abuse but is unaware that the behavior is sexually abusive.

Other types of disclosure include “testing the waters” disclosure, in which a young person may disclose different specific details to multiple individuals in order to measure the responses (Anderson, 2016). Lastly, Anderson (2016) defined a spectrum that includes on one end non-delayed disclosure in which the child immediately reports to someone an instance of sexual abuse to delayed disclosure in which a person may wait many years before disclosure occurs.

It is notable that these theories of disclosure were developed based on children’s experiences of disclosure. Research on disclosure among adult male survivors has focused primarily on the barriers to disclosure with little reference given to the act of disclosure itself (Bradley & Wood, 1996; Easton, 2013). The counseling profession lacks knowledge regarding what informs adult male survivors’ decisions to disclose childhood sexual abuse or what their experiences of disclosure are like for them.

Easton (2013) completed some of the most thorough quantitative research on adult male survivors’ disclosure of childhood sexual abuse. Adult male survivors of childhood sexual abuse reported that they waited about 20 years after the experience of childhood sexual abuse before disclosing and waited 30 years after the experience before having a meaningful conversation about it (Easton, 2013). While 67% of adult male survivors of childhood sexual abuse stated they had a meaningful conversation with their spouse or intimate partner about their experience of childhood sexual abuse, 42% stated the most helpful conversation they had about their experiences of childhood sexual abuse was with a mental health professional (Easton, 2013). This suggests that in the adult male survivors’ experience of disclosure, there is a distinction between disclosure of childhood

sexual abuse, meaningful conversations about childhood sexual abuse, and helpful conversations about childhood sexual abuse.

Furthermore, Easton (2013) reported that the identity of the abuser was a significant influence on the delay of disclosure. Abusers who were members of the clergy were more likely to be reported to authorities than other abusers (Easton, 2013). Least likely to be reported were abusers who were family members (Easton, 2013).

For the purpose of this research, I limited participants to adult male survivors of child sexual abuse that began when the male survivor was prepubescent and the perpetrator was in adulthood. This limitation assured that the objective, legal definitions are met among the participant group. Furthermore, I limited my participants to those who disclosed after they passed the age of 18. This ensured that I focused on the adult experience of disclosure, as differentiated from prior researchers who have described children's experiences of disclosure.

Child Sexual Abuse: Developmental Factors

Researchers have explored several different developmental factors related to the experience of childhood sexual abuse. Researchers recognized in studies of the neuroplasticity in the brain during early childhood and throughout adolescence into early adulthood that there may be effects on brain development (Rinne-Albers et al., 2017; Rinne-Albers et al., 2016). Researchers also identified in the psychosocial and relational experiences of early childhood that children who are sexually victimized in early childhood may be at risk for psychosocial challenges beyond normal developmental hardships (Fergusson et al., 2008). Ensink et al. (2019) found that the violation of trust

and safety that children experience in sexual abuse challenges children's ability to form healthy attachments. Researchers identified significant differences in the prevalence of childhood victimization between children with conforming and non-conforming gender identities (Hidalgo et al., 2015; Xu & Zheng, 2017; Zou & Andersen, 2015). In this section, I provide some information on what brain studies have found regarding neurodevelopment in children who have experienced sexual abuse that started in prepubescence. I also discuss some researchers' findings regarding psychosocial development, attachment experiences, and childhood gender identities of survivors of childhood sexual abuse

Blanco et al. (2015) described significant changes in the brains of individuals who had experienced childhood sexual abuse. Rinne-Albers et al. (2016) further affirmed these changes in their research of white matter in the corpus callosum of adolescents who experienced childhood sexual abuse. The adolescents who experienced childhood sexual abuse demonstrated significant differences in certain regions of the brain related to emotional regulation specifically related to anger (Rinne-Albers et al., 2016). In a follow-up study, Rinne-Albers et al. (2017) looked more closely at changes in the amygdala, hippocampus, and other areas of the brain. Significant differences were found between the adolescents who had experienced childhood sexual abuse and the control group who had not (Rinne-Albers et al., 2017).

Neurodevelopmental Research

The areas of the brain that were affected were more broadly associated with the self-regulation of emotion (Rinne-Albers et al., 2017). This suggests a deficit in

childhood sexual abuse survivors' abilities to manage their emotions. Rinne-Albers et al. (2016) and Rinne-Albers et al. (2017) indicated that the differences in brain structure found in these studies were consistent with youth who had experienced other types of trauma than sexual abuse and even adults who had experienced trauma post-adolescence.

Psychosocial Development

While the significant differences in the brain of trauma survivors might not be related to the type of trauma a person experiences, researchers have indicated that childhood sexual abuse does have a greater impact on its survivors than do other types of trauma, including other forms of abuse, i.e. physical and verbal abuse. Fergusson, Boden, and Horwood (2008) found that survivors of childhood sexual abuse demonstrated significantly more long-term and severe trauma responses, i.e. feelings of disconnection with others, heightened startle responses, and a lower sense of self-worth, than did survivors of other forms of childhood abuse. Noll (2008) following up on Fergusson et al.'s (2008) work theorized that more severe and chronic trauma responses were related to Erickson's psycho-social developmental factors.

Simon, Feiring, and Kobielski McElroy (2010) further conceptualized that for survivors of childhood sexual abuse, resolution of Erickson's psycho-social stages of development includes a process of meaning-making. Resolution of the stages of development and moving forward to the next stage of life requires making meaning of the events of one's life. This process of meaning-making is complicated throughout the lifespan for survivors of childhood sexual abuse, as in each stage of life the survivor will revisit the experience of sexual abuse and re-process their experiences as part of their

current life stage task (Simon et al., 2010). Simon et al. (2010) identified three types of strategies that survivors of childhood sexual abuse use when processing their experience, Constructive, Absorbed, and Avoidant.

Constructive is the healthiest form as it requires a balance between returning to the traumatic experience for processing and setting it aside so that one can function when the tasks of processing become overwhelming (Smith et al., 2010). The Absorbed strategy describes when a person cannot move away from the thoughts and feelings of their experiences and become consumed by them (Smith et al., 2010). The Avoidant strategy describes someone's refusal to process the experience in any way and may even include denying that it happened (Smith et al., 2010). The Avoidant strategy may describe why some survivors do not disclose their experiences. Both the Absorbed and Avoidant processing strategies interfere with survivors' abilities to resolve their developmental stages at any age.

Attachment Theory

Another consideration from a developmental theoretical perspective involves children's attachment theory. Bowlby and Bowlby (2000) theorized that the early relationship between children and their caregivers produces different types of attachment, including secure (the ideal attachment type), avoidant, resistant-ambivalent, and disorganized-disoriented (Bowlby & Bowlby, 2000). The avoidant, resistant-ambivalent, and disorganized-disoriented attachment styles result in considerable distress and impairment in relational functioning that could last throughout the individual's lifespan (Bowlby & Bowlby, 2000). Attachment theorists assert that children's attachment styles

can be assessed and identified as early as 16 months of age. Briere, Runtz, Eadie, Bigras, and Godbout (2017) found that children who developed avoidant, resistant-ambivalent, or disorganized attachment due to disengaged parenting were more likely to fall victim to childhood sexual abuse.

When considering disclosure of childhood sexual abuse, the attachment style developed in early childhood could influence when survivors come forward. Ensink, Borelli, Normandin, Target, and Fonagy, (2019) found that secure attachment style was a mediating factor for the development of later mental health challenges for survivors of childhood sexual abuse. People who demonstrated secure attachment disclose earlier in relation to the abuse, show quicker recovery and have fewer long-term deleterious effects.

Children's Gender Development

Gender development occurs across a spectrum in early childhood with children exhibiting behaviors that conform and do not conform with social constructs of gender. Non-conforming gender roles in childhood are correlated with non-heterosexual gender identities in adulthood. Hidalgo, Kuhns, Kwon, Mustanski, and Garofalo (2015), Xu and Zheng (2017), and Zou and Andersen (2015) all found that children with non-conforming gender expressions in early childhood were more likely to experience childhood sexual abuse and other forms of abuse than were children with gender-conforming identity expressions. I found little research exploring whether differences exist between cisgender, heterosexual adults and adults with non-binary sexual identities.

It is of note that research exploring developmental factors and childhood sexual abuse has focused primarily on children's experience and child development. Little research has focused on adults from a developmental perspective. Goldberg (2016) researched the impact of childhood sexual abuse within a college student community, exploring specifically how experiences of childhood sexual abuse influenced student development among college students. As scant as research is on the adult experience of childhood sexual abuse from a developmental perspective, even less focuses specifically on the male experience.

Barriers to Disclosure Specific to Male Survivors of Childhood Sexual Abuse

There are experiences common to both male and female survivors of childhood sexual abuse that foster delays to the disclosure of childhood sexual abuse experiences. Emotional experiences such as guilt, shame, fear, or perhaps love for and attachment to the abuser are common barriers to disclosure for both men and women (Easton et al., 2014). The identity of the abuser, i.e. a family member perpetrating incest, a member of the clergy, or if the abuser is another child can be a barrier to disclosure for both men and women (Easton et al., 2014; Giglio et al., 2011). Counselors' failures to inquire about child sexual abuse have been a common barrier for both male and female survivors to disclose (Hepworth & Mcgowan, 2013; Pruitt & Kappius, 1992).

What researchers have established more recently are the unique barriers that male survivors of childhood sexual abuse experience that foster delays in disclosure. Barriers unique to male survivors contribute to significant differences in the amount of time between the experience of childhood sexual abuse and the survivors' disclosure with

male survivors delaying disclosure much longer than female survivors (Easton, 2013; O'Leary & Barber, 2008). In this section, I will discuss some of the unique barriers to disclosure that male survivors of childhood sexual abuse encounter, including gender norms, social stigma, and sexual identity, male survivors' conceptualization of the childhood sexual abuse experience, assessment as a barrier to disclosure, the victim-to-offender narrative, and isolation as a poignant factor.

Gender Norms, Social Stigma, and Sexual Identity

Easton (2014) described the influence that gender norms can play on the mental health-seeking behaviors of adult male survivors of childhood sexual abuse. Adult male survivors of childhood sexual abuse have high rates of mental distress and may experience greater reluctance to disclose due to the masculine gender norms of strength and not needing assistance (Easton, 2014). Associated with popular concepts of sexual abuse is the belief that men cannot experience sexual assault or sexual victimization, particularly if the perpetrator is female (Geddes et al., 2013; Giglio et al., 2011; O'Leary & Barber, 2008; Turchik et al., 2016).

Many male survivors of childhood sexual abuse experience confusion regarding their own sexual orientation (Easton et al., 2014; O'Leary et al., 2017). When sexually stimulated, the body responds regardless of the gender of the one who is stimulating the sexual response. Some boys experience sexual orgasm during acts of sexual abuse, which creates a sense of internal confusion related to whether the sexual encounter was abusive, a confusion that can last well into adulthood (Easton et al., 2019). This confusion about the experience is especially prevalent when the perpetrator was a woman (Artime et al.,

2014). Male survivors of sexual abuse perpetrated by a man may question their sexual orientation or identity because of the natural pleasure response associated with sexual stimulation. Male survivors of childhood sexual abuse often discussed feeling betrayed by their own bodies due to the biological sexual response they experienced while being victimized (Easton et al., 2019).

Another significant masculine gender norm is that of disdain for homosexuality (Mahalik et al., 2003). The majority of childhood sexual abuse against male survivors is committed by male perpetrators, which causes the social stigma against homosexuality to become a significant barrier (Easton, 2014). This barrier is especially potent in cisgender men, who may fear the stigma of being labeled homosexual. Male gender norms surrounding sexual orientation can influence help-seeking behaviors when help-seeking behaviors are associated with the concepts of weakness, vulnerability, or inability to manage something independently (Rochlen et al., 2006).

Masculine gender norms influence male help-seeking behaviors (Vogel & Heath, 2016). Researchers have already recognized the importance of identifying male-specific approaches to the treatment of depression (Seidler et al., 2019). Rochlen, McKelley, and Pituch (2006) found that cisgender men responded better to material encouraging treatment for depression that featured images of cisgender men and more traditional masculine language. These cisgender men found materials that featured women and men of other gender identities less motivational.

The differences in help-seeking behaviors and preferences between men with different masculine gender identities support a strongly homogenous participant sample

in terms of masculine gender identity, particularly in qualitative research. Vogel and Heath (2016) recognized the need to consider contextual factors other than men's masculine identity on help-seeking behaviors. Masculine gender norms that support disdain for homosexuality, the significant social stigma associated with homosexuality, and the confusion male survivors of childhood sexual abuse experienced as a result of the biological response of their own bodies during victimization coalesced into a significant barrier to disclosure for many male survivors of childhood sexual abuse.

Male Survivors' Conceptualization of Childhood Sexual Abuse Experience

Masculine gender norms also play a significant role in how male survivors of childhood sexual abuse conceptualize their experience of childhood sexual abuse. Many male survivors of childhood sexual abuse who report experiences that meet the objective, legal definitions of childhood sexual abuse deny that they have experienced childhood sexual abuse when asked using words like "sexual abuse" or "victim" (Artime et al., 2014; O'Leary et al., 2017). Masculine gender norms that support the belief that men cannot experience sexual assault and that men should not be "victims" influence male survivors' conceptualization of their experience as something other than sexual abuse.

Artime et al. (2014) found that men are more likely to describe their experiences using the language of sexual abuse or victimization if the abuse was violent, involved the use of force, included genital penetration, and if the perpetrators were men. When the perpetrator was female, men were much less likely to conceptualize as child sexual abuse an experience that meets the objective, legal definitions of child sexual abuse. This is consistent with the cultural bias that female perpetrated sexual abuse against male

children is less traumatic for boys (Giglio et al., 2011; McGuire & London, 2017; Turchik et al., 2016). Due to male survivors' lack of identification of their experiences of childhood sexual abuse, some have recommended using terms such as sexual subjection, rather than sexual assault, sexual abuse, or victimization (Hartill, 2014).

Assessment as a Barrier to Disclosure

Understanding that male survivors of childhood sexual abuse may not use the language of "sexual abuse" or "victim" has led to the development of two different types of recommended assessment or inquiry when working with male clients in a counseling or therapeutic setting. The first recommended assessment type focuses primarily on questions that determine symptoms of childhood sexual abuse (O'Leary et al., 2017). Focusing solely on assessing symptoms of childhood sexual abuse is problematic as symptoms of childhood sexual abuse are difficult to differentiate from other types of childhood trauma (Martin & Silverstone, 2013). The value of counselors developing awareness of symptoms associated with childhood sexual abuse is that when counselors recognize symptoms of childhood sexual abuse in adults, counselors would feel prompted to inquire further into sexual abuse.

The second type of assessment focuses primarily on description of sexual experiences across the lifespan that include the type of sexual experience, with whom the person engaged in the sexual experience, and the ages of both the client and the person with whom the client experienced the sexual encounter (Easton, 2013). Two such scales are the Adverse Childhood Experiences Scale (ACES) and the Childhood Trauma

Questionnaire (CTQ), which have both become widely used in assessing childhood trauma experiences (M. R. Schmidt et al., 2018).

The ACES includes a single question that asks specifically about sexual contact in childhood with an adult or someone 5 years older. This type of question is effective because it does not label the sexual experience in any way but simply recognizes the experience as sexual contact that meets legal definitions. It is problematic, however, because the question would not identify non-consensual sexual contact between an individual and a minor closer in age.

The CTQ includes several questions that inquire about sexual experiences in childhood but is less effective because it asks specifically about "traumatic sexual experiences." If male survivors do not conceptualize their experience as traumatic, they may indicate on this question a response that does not disclose a sexual experience that meets objective criteria. The use of these assessments would allow the male client to articulate his experience in a way that gives the counselor adequate information to identify that the experience meets the criteria of childhood sexual abuse while allowing the client to determine for himself if he does or does not self-define the experience as childhood sexual abuse.

The type of clinical assessment begs the question of whether counselors are inquiring at all of their male clients about childhood sexual abuse experiences. For many years, counselor inquiry into sexual victimization of clients has been an identified lacuna in practice (Hepworth & Mcgowan, 2013; Pruitt & Kappius, 1992). Hepworth and McGowan (2013) conducted an extensive literature review and found that the vast

majority of mental health professionals do not routinely inquire into childhood sexual victimization with any adult clients and even less so with male clients.

Counselors do not inquire for a multitude of reasons (Helpworth & McGowan, 2013). For example, counselors may not inquire because the client has already identified a primary concern which becomes the clinical focus (Hepworth & McGowan, 2013). Another reason may be that the counrselor fears that inquiry may be too embarrassing or distressing for the client (Hepworth & McGowan, 2013).

Counselors may not inquire for personal reasons including a belief that inquiry into childhood sexual trauma is too intrusive or that the counselors do not feel they have the competency to assist a client who has experienced childhood sexual trauma (Hepworth & McGowan, 2013). Lastly, some counselors stated that asking about childhood sexual trauma simply made the counselors themselves feel uncomfortable (Hepworth & McGowan, 2013). Lack of inquiry when male clients present for therapy is an inadvertent barrier that counselors create to disclosure and interferes with therapeutic rapport (Hepworth & McGowan, 2013).

Victim-to-Offender Narrative

Another significant barrier to disclosure that counselors may inadvertently help to promote is the *victim-to-offender narrative*. Price-Robertson (2012) described the victim-to-offender narrative as the assumption prevalent in society that male victims of childhood sexual abuse become sexual predators. This concept is prevalent largely due to the common assertion that most sexual abusers experienced some form of abuse in their own past (Altintas & Bilici, 2018). The assertion that male abusers were abused can

reinforce the *victim-to-offender narrative*, which further stigmatizes male survivors and contributes to their continued silence (Price-Robertson, 2012).

Isolation as a Poignant Factor

The sense of isolation that survivors of childhood sexual abuse experience is a prominent factor in their reluctance to come forward. Boyda, McFeeters, and Shevlin (2015) found a significant correlation between experiences of childhood sexual abuse and loneliness among all participants, but these effects were compounded with male respondents. Charak, Eshelman, and Messman-Moore (2018) confirmed that both male and female survivors of childhood sexual abuse experience a sense of isolation and loneliness.

Campos Fontes, Canozzi Conceição, and Machado (2017) confirmed in their research that male survivors experience a greater level of isolation and loneliness than their female counterparts. This greater level of isolation and loneliness contributes to greater delays in disclosure as well as greater long-term deficits in mental health (Campos et al., 2017; Charak et al., 2018). Counselors may inadvertently reinforce male survivors' sense of isolation and experiences of loneliness in the language they use when discussing childhood sexual abuse. While it is true that the majority of survivors of childhood sexual abuse are female, materials provided in offices and presentations on the topic that highlight female victimization may inadvertently isolate male survivors further by not allowing them to identify their experiences with other men who have had similar experiences.

Treatment

Treatment efficacy for male survivors of childhood sexual abuse largely depends on the disclosure of the experience of childhood sexual abuse. The symptoms of trauma that male survivors of childhood sexual abuse may manifest may not immediately present themselves. In this section, I discuss the various manifestations of trauma symptoms male survivors of childhood sexual abuse may display. I also discuss the long-term health challenges male survivors of childhood sexual abuse experience when they are left untreated. Finally, I discuss treatments that have demonstrated efficacy for male survivors of childhood sexual abuse.

Variations of Symptom Manifestation

Some male survivors of childhood sexual abuse do report their experiences as traumatic, but the manifestation of trauma symptoms in adult male survivors can take on several forms. Payne et al. (2014) found that there were distinct symptom manifestations among survivors depending on ethnicity. Black or African American adult male survivors often manifested symptoms of childhood sexual abuse in terms counselors might consider more aligned with anti-social personality disorder, including physical and sexual aggression, alcohol and drug abuse, and criminal behavior (Payne et al., 2014).

White adult male survivors manifested trauma symptoms in ways that may align more closely with symptoms counselors might identify with depression, including feelings of sadness, low self-esteem or self-worth, lethargy, and feelings of isolation (Payne et al., 2014). Latino/Hispanic male adult survivors often described symptoms that would be more closely aligned with what counselors might recognize as post-traumatic

stress disorder, including flashbacks, nightmares, and an exaggerated startle response (Payne et al., 2014). While symptom manifestation might differ between ethnic groups, there are some long-term mental health deficits that researchers have recognized that are universal, i.e. re-victimization, suicidality, and other health risks throughout the lifespan.

Health Risks Throughout the Lifespan

The link between childhood trauma and negative life outcomes is well established in the research literature. For example, Ahmad and Mazlan, (2014) found a significant correlation between the presence of childhood trauma and later incarceration. Altintas and Bilici (2018) confirmed the significant correlation between experiences of childhood trauma and incarceration.

Charak et al. (2018) found in their poignant study of childhood sexual abuse survivors' sense of isolation that adult survivors of childhood sexual abuse have a higher risk of being re-victimized. This risk of re-victimization is something that begins at times immediately after the initial instance of abuse. For example, Katz, Courtney, and Novotny (2017) found that abuse of children who were taken from the abusive environment and placed in foster care was a predictor that the child would experience neglect, physical, or sexual abuse while in foster care.

Matta Oshima, Jonson-Reid, and Seay (2014) found that children in poverty were more at risk for re-victimization than children of other socio-economic statuses and stressed the importance of providers' and service workers' awareness of male children's victimization. The immediate initiation of new experiences of abuse in places where

children are told they are taken for their safety produces mental health challenges that last long into adulthood (Katz et al., 2017; Matta-Oshima et al., 2014).

One of the more significant mental health vulnerabilities is the increased chance of suicide along the life-span. Easton and Renner (2013) found that the risk of suicide among male survivors could last even up to 30, 40, or 50 years after the cessation of the abuse. Duarte, Neves, Albuquerque, Neves, and Corrêa (2015) found that a history of childhood sexual abuse increased the likelihood of suicidal ideation among patients with bipolar I disorder. Male survivors of childhood sexual abuse experience multiple negative life outcomes beyond suicidality.

Another significant difficulty that male survivors of childhood sexual abuse experience is difficulties related to the formation of stable relationships. Easton and Kong (2017) found that male survivors of childhood sexual abuse experienced higher rates of depression, somatic symptoms and hostile, aggressive behaviors. Vaillancourt-Morel et al. (2015) found that male survivors of childhood sexual abuse experienced greater extremes of either sexual avoidance or sexual compulsivity that interfered with the formation of healthy relationships with significant partners. Male survivors of childhood sexual abuse, when the sexual abuse they experienced is left unacknowledged and, therefore, untreated experience a range of significant impairments in mental, behavioral, social, and physical health.

Batchelder et al. (2017) found that there is a strong correlation among men who have sex with men (MSM), HIV infection, and childhood sexual abuse, even when these men do not display any other symptoms of PTSD associated with their childhood sexual

victimization. Wu (2018) confirmed this finding and established that HIV infection among MSM who have experienced childhood sexual abuse is even higher within the African American community. Relational impairments affect male survivors of childhood sexual abuse, as well.

Both Price-Robertson (2012) and Wark and Vis (2018) found a significant impact on the parenting of adult male survivors of childhood sexual abuse. These effects include unsatisfying relationships and a lack of intimacy with their children (Price-Robertson, 2012; Wark & Vis, 2018). Some male survivors of childhood sexual abuse feared that they themselves would become sexually abusive toward their own children (Price-Robertson, 2012). Effective treatment can help reduce the long-term effects of mental wellness, physical health, and relationship challenges male survivors of childhood sexual abuse experience.

Effective Treatment

Multiple types of therapy have demonstrated efficacy in the treatment of adult male survivors of childhood sexual abuse, but best clinical practices remain largely anecdotal (Gallo-Silver, 2014). Therapeutic interventions range from individual to group and cross a spectrum of theoretical orientations. Ehring et al. (2014) conducted a comprehensive literature review of treatments provided to adult survivors of childhood abuse. In this literature review, interventions such as trauma-focused CBT (adapted for use with adults), traditional CBT, EMDR, interpersonal therapeutic theories, and emotion-focused theories were reviewed. Further, Ehring et al. (2014) divided the

theories they reviewed into those that used trauma-informed principles and those that did not.

In Ehring et al.'s (2014) meta-analysis of treatment for adult survivors of childhood sexual abuse, they found that trauma-informed interventions were more effective than interventions that lacked trauma-informed principles. Ehring et al. (2014) also found that individual interventions seemed to be more effective than group interventions. All of the interventions included in Ehring et al.'s (2014) meta-analysis demonstrated efficacy for treatment of male survivors of childhood sexual abuse, but trauma-informed, individual treatments yielded the greater effect sizes for improvement.

That is not to say group treatments are not efficacious. Roberg, Nilsen, and Rossberg (2018) used a trauma-informed process in group therapy and found it to have strong efficacy in helping men overcome experiences of sexual trauma from their childhood. Gagnier, Collin-Vézina, and La Sablonnière-Griffin (2017) found that for male survivors of childhood sexual abuse, services specialized to male experiences demonstrated significant efficacy in reducing the amount of time it took to improve the male survivors' subjective sense of well-being.

Researchers have demonstrated that treatment is efficacious. Trauma-informed interventions are more efficacious than treatment interventions that are not trauma-informed. Interventions that are specifically identified and designed to meet the needs of male survivors of childhood sexual abuse show the most promise for recovery and better life outcomes.

Toward Social Change

One of the more important purposes of research is how the research influences social change. Change is a many-layered process and should be undertaken deliberately. Change for change's sake can be irresponsible and dangerous. In this section, I will discuss a theory of social change in order to provide background for the greater social context of this study.

The Basics of Field Theory, Change, and Motivation

Field theory posits that we live in a society of rules and boundaries, some of which are explicit and some of which are implicit (Lewin, 1997). This milieu creates a field in which we understand, interpret, make meaning, and function. These explicit and implicit rules, boundaries, customs, and social power structures create what Field theorists call the nomos (Lewin, 1997).

Field theory defines that some change is superficial, but real social change happens on a nomic level, that is this change affects the underlying causes of social behaviors of the members of a group. This nomic level change is then expressed in changes in group behaviors. In order to effect change in the nomos of a given society, the field must be properly defined with its implicit and explicit rules, power balances and imbalances, and meanings. Furthermore, simply changing laws through political advocacy or changing socioeconomic disparities through manipulations of the economic system does not create real change in the nomos of a society (Evans, 2011). Nomic change happens at an underlying level that leads to the adoption of new beliefs and the

restructuring of collective meaning-making. Nomic change leads to change in social structure, adoption of new laws, and expressions of new attitudes of the social members.

Closely related to this concept is the need to understand change as a process through which we move. Prochaska et al. (1992) defined a transtheoretical model of change that is useful in conceptualizing the change process. The stages of change, pre-contemplation, contemplation, planning, action, and maintenance can inform social change agents to address nomic change at a social level. These concepts have moved beyond their roots in working with those in addiction and even been applied at systemic levels with organizations (Endrejat et al., 2017). Endrejat et al. (2017) went even a step further to integrate concepts relative to Motivational Interviewing to tap into organizational members' intrinsic motivation to change their social behaviors. For social change to be thorough and long-lasting, social change agents must evoke the intrinsic motivations to address the deep underlying issues of social injustice from within a society and the change must be reflective of the values, beliefs, and culture of the society that is changing. This will create the nomic change that underlies a given social field.

Pre-Contemplation and Contemplation in Social Change

The first stage in the transtheoretical model of change is to address society's "precontemplation" of a social problem (Endrejat et al., 2017; Prochaska et al., 1992). In this stage of change, society does not recognize what objectively can be defined as a social problem. The members of society may be unaware that a social problem exists, or society does not interpret what can be objectively understood as an injustice as a problematic social situation.

An example of this precontemplative stage in the social field of addressing child sexual abuse is the movement of priests who engaged in predatory behaviors within the Catholic Church. The practice of moving priests who engaged in child sexual abuse from congregation to congregation was common and long-standing. The bishops and Catholic leaders who participated in moving predatory priests did not see it as problematic or diminished the problem, until social awareness of the extent of this scandal illuminated just how serious the problem had become (Hattery & Smith, 2018). To address this precontemplative stage of change requires raising society's awareness of the issue.

Once there are those within society who begin to raise public awareness and engage in public debate, one can conceptualize that society has moved into the second stage of nomic change, namely contemplation (Endrejat et al., 2017; Prochaska et al., 1992). In the contemplative stage, there is a back-and-forth conversation that occurs internally within the one experiencing change (Prochaska et al., 1992). This internal dialogue at a societal level is manifested in public debate. Integrating concepts related to Motivational Interviewing, raising awareness of a social ill may be met with societal ambivalence (Miller & Rollnick, 2013). Societal ambivalence in the public forum manifests in the public debate between those advocating for social change and those who prefer societal homeostasis. The response from those advocating for societal homeostasis will range from outright denial of the problem to diminishment of the problem. One can see the societal ambivalence about many social issues played out in public forums like the competition for ratings of so many various ideological news networks.

Social change agents in the field of confronting sexual abuse of children in the United States and even globally have done terrific work in raising awareness of the scourge of childhood sexual abuse. Despite this rise in social awareness, certain areas of societal ambivalence regarding the topic continue to manifest. For example, there is a continued disparity in the experiences of social support for female and male survivors (Donne et al., 2018). Social attitudes still reflect that sexual abuse committed against women is more harmful than that committed against men (McGuire & London, 2017). This disparity is also reflected in the imbalance of criminal penalties based on the gender of adult offenders of children, with male perpetrators being nearly 112% more likely to receive a prison or jail sentence for child sexual offenses than female perpetrators (Frenzel & Pierce, 2014).

There is unequal respect paid to male victims who speak out. After the hashtag me too movement went viral, several alternatives that expressed male victimhood began to emerge, i.e. #mentoo and #metoomen (Hawkins et al., 2019). Hawkins et al. (2019) found that nearly 12% of tweets using the hashtag “metoomen” were scornful, derogatory responses or expressed anger that men would join their voices to the women coming forward in the #metoo movement. The derogatory responses often downplayed the experiences of men who identified as sexual assault survivors.

From Thought to Action

To create nomic change in the social culture requires moving society from a state of societal ambivalence, the contemplative stage of change manifested in on-going public debate, to a state of action. Rogers's (1983) Social Diffusion Theory provides a

framework in which we can create a plan of action to move society from ambivalence to change. Social Diffusion Theory posits that by using social leaders to diffuse the norms, rules, and expectations that create positive environments, a milieu develops in which these norms become self-sustaining (Rogers, 1983). For this to happen, social change agents must engage a critical mass of social leaders, that is social change agents must engage enough social leaders to adopt the new norms that those who attempt to maintain the old social norms become the minority.

Leaders may not be those who manage an organization (Valente & Pumpuang, 2007). At a systemic level, one can see the influence of social organizations, that could be identified as social leaders. Identifying social organizations that influence public thought is an important step in creating social change. If these leadership organizations buy-in, as it were, to the social change, these leadership organizations can do much to influence public opinion toward adopting and sustaining positive values and functioning.

Because the leadership of social organizations may not be governing bodies, one should be careful in engaging policy advocacy through government action. Nomic change comes from changes in attitudes, beliefs, and behaviors of the members of society, not through changes in the law. More effective systems of change may come through the leadership of educational, medical, and social organizations rather than changes in the law. An example of social change that engaged educational, medical, and social organizations is the consistent decline in smoking trends in the past 25 years (*Overall Tobacco Trends | Tobacco Trends Brief*, 2020). Smoking tobacco has continued to

decline through public education, medical intervention, and social organization leadership without significant changes in the law.

The public education, medical intervention, and social organization engagement that has contributed to the overall decline in smoking is a model for moving from societal ambivalence to action to create nomic change. The research I completed here contributes to understanding the contextual field in which male survivors understand their own experiences of disclosure. In developing a deeper understanding of the contextual field, it is easier to identify what changes need to be made and what leaders could be recruited in the attempt to diffuse the change throughout society.

Summary and Research Question

Researchers have primarily focused on areas of childhood sexual abuse that include defining what childhood sexual abuse is and understanding its prevalence. Some researchers have explored how experiences of childhood sexual abuse influenced development through childhood. Researchers seeking to understand experiences of disclosure have nearly exclusively focused on children's experiences. Researchers who have focused on the adult experiences of childhood sexual abuse have primarily focused their attention on the experiences of adult women with histories of childhood sexual abuse. Those few researchers, who have explored the experiences of adult male survivors have provided insights into barriers to disclosure and efficacy of treatments. Research specifically on the experiences of disclosure among adult male survivors of childhood sexual abuse remains woefully lacking. This absence in research puts mental health

professionals at a significant disadvantage when it comes to offering care to adult male survivors of childhood sexual abuse.

This deficit in knowledge about the disclosure experiences of adult male survivors of childhood sexual abuse leads to a lack of adequate assessment tools. Without adequate assessment, many counselors may misdiagnose male survivors of childhood sexual abuse due to the various manifestations of symptoms. Counselors may provide inadequate treatment with male survivors of childhood sexual abuse. A lack of adequate treatment provision may foster low self-efficacy among treatment providers, who may deliberately choose not to ask about a history of sexual abuse for fear that they could not treat it. Lack of knowledge about disclosure experiences of adult male survivors of childhood sexual abuse may lead to counselors inadvertently reinforcing stereotypes and myths regarding male sexual abuse victimization. To address this lack of knowledge and need in clinical work, I propose to explore the following research question: How do adult male survivors of childhood sexual abuse understand their experiences of disclosure of the abuse to a mental health professional?

Chapter 3: Methodology

A research methodology is primarily determined by what will provide the most thorough and useful response to the research question (Alase, 2017; Smith et al., 2009; Smith & Osborn, 2015). I chose IPA to address the research question: How do adult male survivors of childhood sexual abuse understand their experiences of disclosure of the abuse to a mental health professional? In IPA, researchers select and recruit sample participants of similar demographic backgrounds, create an interview schedule including the questions that will lead the semi structured interview, conduct interviews to collect data and transcribe the interviews for analysis (Smith et al., 2009). In this chapter, I will discuss the rationale for this research design and describe the IPA research process.

Rationale for Methodology

Smith et al. (2009) asserted that IPA is particularly suited for identifying the elements of lived experiences that hold special significance for people. IPA arises out of the phenomenological philosophy of Husserl (Smith et al., 2009). For Husserl (2010), phenomenology was the attempt to understand a person's experiences from the point of view of the person's own consciousness. Heidegger's (2010) contribution to the philosophy of phenomenology came through the introduction of a hermeneutic process directed toward capturing the essential quality of this consciousness. Husserl's and Heidegger's work are reflected in phenomenological research, and most specifically in IPA.

Smith et al. (2009) defined IPA as an ideographic methodology, in that IPA seeks to understand a specific lived experience of a specific population in a specific context. In

IPA, researchers use the hermeneutic methods to capture the lived experiences of their participants (Smith et al., 2009). In this section, I will describe the ideographic and hermeneutic nature of IPA briefly and then discuss why this is an appropriate research methodology for this research question.

Phenomenology is a philosophical school that focuses on the human experience. "Experience" is meant as a single life event or multiple parts of a single life event that holds a particularly significant meaning for an individual (Smith et al., 2009). Phenomenology describes the "coming to terms" or "meaning-making" that occurs when individuals reflect on these significant life experiences.

Hermeneutics is the process by which components of something are interpreted. IPA engages in what Smith et al. (2009) described as a double hermeneutic. The researcher engages with an individual (the participant) on an experience that the participant has interpreted and made meaningful. The researcher then "is trying to make sense of the participants trying to make sense of what is happening to them" (Smith et al., 2009, p. 3). This double hermeneutic means that the researcher must be aware of and bracket any prior understanding and preconceived concepts about the topic of research.

Lastly, Smith et al. (2009) described IPA research as idiographic, meaning that IPA as a research method is focused on how a particular person makes sense of a particular life event. This ideographic focus on single experiences means that researchers can conduct IPA with relatively small sample sizes or even with a single case study (Smith et al., 2009). This ideographic focus also means that researchers using IPA as a

methodology are more interested in understanding human experiences in depth and less interested in the generalizability of these experiences.

Researchers using IPA methodology focus on the hermeneutic of specific human experiences for a specific population in a specific context (Chan & Farmer, 2017; Smith et al., 2009). Chan and Farmer (2017) described the distinction between phenomenological methodology and IPA as one of specificity. A phenomenological study may lack the homogenized sample, identification of a specific lived experience, or particularity of the specific context when compared to an IPA research study (Chan & Farmer, 2017). The specificity of the research question in reference to the population, the experience, and the context sets the IPA research study apart from other phenomenological inquiry (Chan & Farmer, 2017). For this reason, IPA as a research methodology is particularly suited for the investigation of the research question posed in this study.

The research question for this study was: How do adult male survivors of childhood sexual abuse understand their experiences of disclosure of the abuse to a mental health professional? The purpose of this research was to gain an in-depth understanding of the experiences of adult male survivors of child sexual abuse that led them to disclose their childhood sexual abuse to a mental health professional later in adulthood. The research focus was to gain an in-depth understanding of people's lived experiences, which required qualitative inquiry. I sought to understand the meaning of these lived experiences to those who lived them, which supports the use of

phenomenological methods. The specificity of the population, the lived experience, and the context of the experience support the use of IPA.

IPA has been used as a research methodology with similar research topics with different populations. Curilla (2015) used IPA methodology to explore the experience of healing across the lifespan for survivors of childhood sexual abuse. More specifically, Seville (2011) used IPA to study the disclosure experiences of Mexican and Mexican-American women, in much the same way I used IPA to study the disclosure of experiences of men. Cacciatori (2017) used IPA design to study the therapy seeking behaviors of men attracted to minors, which was similar to my study that explored the lived experiences of male survivors of childhood sexual abuse as they sought therapy. In one of the rare instances of the study of disclosure among men, Desierto (2014) used IPA to study the experiences of disclosure among Filipino men. My research was similar to Seville's (2011) and Desierto's (2014) studies of disclosure but focused on a different sample population and in a different ideographic context.

Sampling Procedures

One of the primary threats to methodological rigor across all research studies is in sampling procedures (Hays, Wood, Dahl, & Kirk-Jenkins, 2016; Marshall, Cardon, Poddar, & Fontenot, 2013; Marshall, 1996). For quantitative studies, random sampling procedures are the gold standard to ensure that bias does not infiltrate researchers' results. Samples sizes in quantitative studies must be of sufficient size to ensure generalizability and avoid sample bias.

In qualitative methods, sample sizes are normally much smaller than in quantitative research studies and drawn through purposeful sampling procedures. In IPA, sample participants are few in number and homogenous in make-up due to the ideographic nature of the research (Smith et al., 2009). In this section, I will discuss the sample size, participant characteristics, recruitment methods, and informed consent with other ethical considerations.

Sample Size

There is a wide range of recommended sample sizes for qualitative research, with sample sizes determined primarily on what type of qualitative methodology the researcher uses (Guest et al., 2006; B. Marshall et al., 2013; M. N. Marshall, 1996; Setia, 2017; Turner-Bowker et al., 2018). Researchers using IPA could refer to a sample size as small as a single case study depending on the nature of the research topic (Alase, 2017; Smith et al., 2009). Smith et al. (2009) identified that IPA does not need more than six sample participants due to the ideographic nature of IPA. Smith et al. (2009) also stated that in IPA research the sample should be homogenous in order to identify convergences and divergences in the lived experiences of the sample participants. Consistent with Smith et al.'s (2009) recommendation, I intended to use the recommended sample size of no more than six individuals from a homogenized sample pool.

Participant Characteristics

Masculine gender norms regarding sexual orientation and sexual identity hold significant influence in cisgender men's experience of childhood sexual abuse and disclosure (Artime et al., 2014; Campos Fontes et al., 2017; Easton, 2014). Masculine

gender norms also influence cisgender men's help-seeking behaviors (Gagnier et al., 2017; Mahalik et al., 2003; Rochlen et al., 2006). This further affirms the need to focus the sample size on similarly gendered individuals to capture convergences and divergences in their lived experiences (Smith et al., 2009). A delimitation of this study to ensure homogeneity within the sample group was that the sample participants all self-identified as cisgender, heterosexual men. Limiting this study to a homogenous sample of men with similar sexual and gender identities laid the groundwork for further research on the interplay of gender and sexual orientation and childhood sexual abuse.

Another delimitation of the sample group was that all participants experienced childhood sexual abuse that began before the participant reached puberty (roughly age 12) with a perpetrator who was an adult. This delimitation ensured that legal, objective definitions of sexual abuse were met. Lastly, I limited the participants to only those had not disclosed their experiences of childhood sexual abuse to a mental health provider until the participants themselves reached 18 years of age or older to ensure that I captured the adult experience of disclosure.

I also placed delimitations on the identity of the abuser. Researchers have indicated that the identity of the abuser can act as a significant barrier to disclosure and have an influence on the survivors' experiences of trauma (Artime et al., 2014; Easton, 2013; Easton et al., 2019). To promote homogeneity in the sample participants, I interviewed only survivors' whose experiences of abuse were perpetrated by men, who were adults at the time of initiation of the abuse.

Recruitment Methods

While random sampling is the gold standard for quantitative research to ensure validity and prevent bias, purposeful sampling is more appropriate for qualitative research and IPA research in particular (Alase, 2017; M. N. Marshall, 1996; Morse, 2015; Smith et al., 2009). Purposeful sampling procedures ensure that the sample participants meet the inclusion criteria of the study to support the homogeneity required of IPA analysis (Smith et al., 2009; Smith & Osborn, 2015). Smith et al. (2009) described three types of sampling that are most feasible for IPA research, purposeful, referral, and snowball sampling techniques.

I solicited participants through purposeful sampling procedures beginning with an open invitation for recruitment through on-line support groups. I also sought referral sampling by contacting mental health professionals and sexual abuse survivor peer advocates through direct contact and through various professional and advocate on-line networks. Lastly, I engaged in snowball sampling when purposeful and referral sampling procedures failed to produce enough participants.

Ethical and Legal Considerations

Researchers should delineate ethical and legal considerations to ensure that research does not cause harm to individual participants and provides actual benefits to individuals and the profession. Researchers should be familiar with relevant ethical guidelines and state and federal laws. In this section, I will discuss the ethical considerations and state and federal regulations relevant to this research proposal.

Ethical Principles

Ethical researchers provide potential participants with fully informed consent prior to individuals participating in research (American Counseling Association [ACA], 2014). For the purpose of this research study, requirements of informed consent included informing participants of the nature, purpose, and procedures of the research study, including that the interview sessions were recorded, transcribed, and what happened with the recordings once the transcription is complete (ACA, 2014, G.2.a). Researchers must provide information about any discomfort or risks the participants may experience as a result of participating and describe any potential benefits the research may produce (ACA, 2014, G.2.a). Researchers should offer to answer participant inquiries about the research procedures, provide information about limitations of confidentiality, and describe the audience for whom the research is produced (ACA, 2014, G.2.a). Lastly, researchers must include an affirmation that the participant can withdraw at any time (ACA, 2014, G.2.a). Walden University's IRB approved the consent form used in this study.

Researchers must further understand all state, federal, and institutional policies regarding confidentiality (ACA, 2014). Informed consent documents should use the language of anonymity rather than confidentiality (Smith et al., 2009). Smith et al. (2009) argued that confidentiality is not the appropriate description, because participants' responses will be shared in the process of data analysis and research publication. Anonymity is a better description of how the information will be treated (Smith et al., 2009). To ensure the anonymity of participants, I created alphabetical codes for each

participant and saved their information on an encrypted and password protected storage device.

State and Federal Regulations

Federal regulations surrounding the handling of child sexual abuse and reporting requirements recognize the great variety among states in particular laws (Children's Bureau, 2015). Missouri state regulations require mandated reporting from mental health and other professionals in cases where the survivor of abuse is under 18 years of age and the abuse has not previously been reported (Revisor of Statutes, 2014). Missouri mandates reporting of abuse against adults when the adult is a senior citizen 60 years of age or older and for adults age 18 and older if the survivor of abuse is a person with a disability (Missouri Department of Health and Senior Services, n.d.).

In this research, I sought adult participants with the possibility that some may have been elderly. Due to this, I considered state regulations regarding mandated reporting should a participant disclose current abuse to me. Missouri statutes do not require professionals to report the abuse of adults that occurred in the past but is not currently occurring. Missouri statutes also do not require health professionals to report situations in which no abuse is suspected, even if an individual has a prior history of abusing minors, i.e. if a perpetrator of child sexual abuse currently has access to children, but there are no indications that the perpetrator is abusing. I focused my research on male survivors of child sexual abuse who had already disclosed their experiences of abuse to a mental health professional and have experienced treatment. This avoided any need to

report ongoing abuse, but my informed consent included information regarding my role as a mandated reporter.

The likelihood was very low that I would invite a participant who met the criteria for mandated reporting as an individual with a disability or senior citizen who was currently experiencing some form of abuse. I was prepared to follow state statutes regarding mandated reporting and report the abuse to the Department of Health and Senior Services at the appropriate hotline number. I informed the participants of my role as a mandated reporter in the full disclosure document and verbally before we began the interviews.

Legal statutes are different from state to state. In order to ensure that I complied with state statutes, I initially limited my participant pool to individuals in the state of Missouri. Failure to garner the required number of participants, though, led to the expansion of my solicitation to participants to the national level. I sought IRB approval and developed an appropriate protocol to ensure ethical disclosure.

I was acutely sensitive to any relationship that the male survivor may have currently with their childhood abuser. My intention was that the male survivor had already disclosed the abuse to a mental health professional and had received counseling and support regarding this situation. After contact with participants, I prepared a list of counselors local to the participants for referrals prior to conducting the interviews to provide to each participant as a precaution for any incident in which a participant felt that counseling would be helpful after the interview process is complete.

Data Collection

Smith et al. (2009) recommended that data collection for IPA designs occur through semi structured interviews. Semi-structured interviews of an hour to an hour and a half require about 10 questions that may not all be asked (Smith et al., 2009). The semi structured interview is an organic experience in which the interviewer attempts to capture the lived experience of the participant. The interview itself is a fluid dialogue in which the interviewer elicits depth of meaning from the participants' descriptions of their experiences. In this section, I will provide the interview questions developed for the semi structured interviews and describe the recording and transcription procedures I followed.

Interview Questions

Smith et al. (2009) recommended that for a semi structured interview of an hour to an hour and a half, the interviewer should prepare about 10 interview questions with associated prompts. The questions should be open and refrain from leading the responses (Smith et al., 2009). The purpose of the questions is to provide a rough map that will elicit from participants the information the interviewer needs to answer the research question (Smith et al., 2009). The interviewer should be aware that not every question may get asked, and the interview itself may go in a very different direction than that which the interviewer planned, depending on the responses of the participants (Smith et al., 2009). The following are the 10 questions prepared for this research study:

1. Help me understand what led you to disclose your childhood sexual abuse to a mental health professional when you did?
    a. Possible prompt: What was happening in your relationships at the time?

   b. Possible prompt: What was happening in your professional/work life at the time?

2. Please, tell me about any specific experiences you may have had that prompted you to disclose the childhood sexual abuse you experienced.
   a. Possible prompt: What did those experiences mean to you at that time?
3. Tell me about one specific experience that may have been the proverbial "straw that broke the camel's back" that prompted you to disclose?
   a. Possible prompt: What made this experience particularly influential?
4. Please describe anything that you may have done to prepare yourself for the disclosure (Cacciatori, 2017)?
   a. Possible prompt: Tell me about what happened between when you decided to disclose and when you actually told a mental health professional.
5. Please describe in as much detail as you can remember the exchange you had with the mental health professional in which you disclosed the abuse.
   a. Possible prompt: What was the emotional experience you had immediately prior to disclosing?
6. What was the experience of disclosing like for you (Desierto, 2014; Seville, 2011)?
7. As you look back at the experience, please tell me about anything that would have made it easier for you to disclose (Desierto, 2014)?
8. How did you decide on the specific mental health professional with whom you disclosed (Desierto, 2014)?

9. Please tell me about other attempts at disclosure, but you decided not to disclose it at that time.
    a. What held you back from disclosing at that time?
10. Please tell me about any point in time where you may have regretted disclosing the experience of childhood sexual abuse (Desierto, 2014).

Due to the sensitive nature of this topic, I provided participants with these questions prior to the interview as a part of the full disclosure. I invited participants to write answers to these questions if they wished but did not require this as part of the study. I included notes that participants wrote in the data analysis process, but transcripts of the interviews were the primary data analysis tool.

Recording Procedures

I recorded the semi structured interviews with a digital audio recorder. I transferred the digital audio recordings to an encrypted, password-protected mass storage device with a title that is a coded reference to the participant. I then permanently deleted the recording from the recording device.

Transcription Procedures

Consistent with IPA practice, I transcribed the interviews, word for word, after the interview per the method Smith et al. (2009) defined in their description of processes, including recording my memories of the event and making special notes regarding items I missed or misremembered. During the transcription, I redacted personally identifying information to protect the anonymity of the participants. I saved all files on the mass storage device with the same numeric encoding procedures as the digital audio files.

While secure and confidential transcription services are available, Smith et al., (2009) recommended that IPA researchers transcribe the interviews themselves as re-hearing the interview during transcription can help the researchers analyze data more effectively. After transcription, I contacted the participant and asked them to read the transcription to ensure that it was transcribed accurately according to their memory. I offered them the opportunity to make any clarifications or corrections that they felt were necessary.

Data Analysis

Data analysis in IPA involves a series of processes of identifying themes and bracketing the researcher's preconceived ideas and reactions (Smith et al., 2009; Smith & Osborn, 2015). The researcher is part of the research process as the researcher attempts to make sense of the participants' attempts to make sense of their experiences (Smith et al., 2009). Because the researcher is part of the research process, an important piece of data analysis is understanding the researcher's own positionality in relation to the research topic (Smith et al., 2009). In this section, I will discuss my positionality, the process of identifying themes and bracketing involved in IPA data analysis.

Researcher's Positionality

Part of the bracketing process in IPA requires researchers to disclose their own positionality in relation to the research topic (Smith et al., 2009). I am a survivor of childhood physical abuse, but not childhood sexual abuse. I did have one encounter with a Catholic priest that at the very least was a violation of physical boundaries. I spent years questioning this experience. This experience included non-sexual physical contact that was not invited and would be considered a clear violation of physical boundaries.

While this experience did not involve genital contact or other sexual non-contact, I was left feeling uncomfortable and unsure of myself afterward.

Years later, I learned this priest was removed from ministry because he had sexually abused other students in the school I attended. In my professional career and work with sexual abuse and sexual assault victims, I have learned about the stages of abuse, including what is often referred to as "the grooming process," when the abuser is preparing a victim for abuse to take place later (McAlinden, 2015). I believe at this time that the priest in this encounter with me had begun the grooming process perhaps to prepare me for abuse later.

I never disclosed this experience to anyone until I met a man, a colleague at work, who spoke publicly as an advocate and who is a survivor of incestual childhood sexual abuse. I shared my story with him, and together we began to discuss how we could support men coming forward who had experienced childhood sexual abuse. As I researched in my work with this advocate, I realized the severity of the lack of information out there specifically about male survivors' experiences of childhood sexual abuse, and even less so literature discussing how to support men during disclosure. This is where I want to devote my energy. I am a cisgender, heterosexual man who wants to support other men, regardless of their sexual identity or orientation. My desire is to bring understanding to our profession so that male survivors will feel empowered to tell their stories and seek help.

IPA Analytical Process

Smith et al. (2009) described a six-step data analysis process to identify and code themes. The first step of this cyclic data analysis process is reading and re-reading the transcribed first interview. As IPA researchers immerse themselves in the transcription, it is important for them to examine their own ideas and reactions (Smith et al., 2009). The goal is for researchers to remove themselves from the material enough to truly understand the experiences as described by the participants (Smith et al., 2009).

The next step is the researchers' initial notetaking. Smith et al. (2009) described that the notes should be descriptive, linguistic, and conceptual. Descriptive notes can be simple statements that describe the content of a given section of the transcription. These notes should point to significant events, things, or people in the participants' experiences. Linguistic comments include the researchers' observations about the participants' specific nuances of language, including exaggerations or diminishment, idiosyncratic phrasings, pauses, or increased rapidity. Conceptual comments include the researchers' interpretation of the material, including questions and themes recognized within the single case transcription.

The next step Smith et al. (2009) described is the development of emergent themes. This is a process of reduction of the full transcript to recognize connections between concepts (Smith et al., 2009). This part of the process should be what Smith et al. (2009) described as a "synergistic" (p. 95) experience, in that the researchers identify the themes that are reflected and recorded in the participants' words.

A single participant's words must be interpreted within the meaning that the participant gives those words (Smith et al., 2009). Smith et al., (2009) caution IPA researchers from interpreting participants' words from external concepts. For example, I as the researcher was careful not to interpret concepts like the "victim-to-offender narrative" (Price-Robertson, 2012) or concepts surrounding masculine gender norms influencing help-seeking behaviors into the participants' stories if those themes do not emerge naturally. Victims' words are the source of the concepts that are explored in IPA, rather than external hermeneutic references.

Smith et al. (2009) identified that the fourth step in IPA analysis is for the researcher to identify connections across themes. This is a process of mapping the material through various processes like abstraction, subsumption, polarization, contextualization, numeration, function, and synthesis (Smith et al., 2009). Abstraction is the process of matching similar themes to identify super-ordinate themes (Smith et al., 2009). Subsumption is when an identified theme rises to the level of a super-ordinate theme by incorporating other identified themes (Smith et al., 2009). Polarization is the identification of opposing themes within the text which may lead to the identification of a super-ordinate theme (Smith et al., 2009). Researchers engage in contextualization when they place key themes in the context of life events, periods of time, or cultural contexts (Smith et al., 2009). Numeration is the identification of how often a theme appears, which may emphasize the importance of a theme (Smith et al., 2009). Function as an analytic technique refers to the researchers' ability to identify language and themes as a function in the experience, i.e. if the participant uses a particular phrase to emphasize some

experience (Smith et al., 2019). Synthesis, finally, is the researchers' attempts to bring the participants' experiences together into a cohesive whole (Smith et al., 2009). Researchers may not employ all of these processes in connecting the various themes, but researchers very well may find that multiple processes connect the themes in multiple ways.

The fifth step Smith et al. (2009) described is to move on to the next transcript. Researchers should treat each transcript independently, following the above four steps with each transcript (Smith et al., 2009). Smith et al. (2009) recommended that for sample sizes of six or fewer, researchers follow this process for all six cases. Once the process is complete with several other cases, the researcher can then move on to step six, identifying themes across the cases (Smith et al., 2009).

There are multiple means by which researchers can identify themes within the transcripts (Smith et al., 2009). This task encourages creativity in the researcher (Smith et al., 2009). In this process, the researcher organizes the themes recognized in each of the individual studies and attempts to identify superordinate themes that encompass the individual themes of each case (Smith et al., 2009).

IPA in Single Case Studies—Finding the Gem

In a later development of IPA as an analytical process, Smith (2011) described the single case study as diving for pearls. Smith (2011) used the analogy of finding a gem within the record of a single participant's interview. The gem is a phrase or a comment the participant makes that demands special attention (Smith, 2011). Smith described a spectrum in which the gem could fall, ranging from shining to suggestive to secret.

The shining gem declares itself, as it were (Smith, 2011). In the hermeneutic process of IPA, the shining gem requires little work on the part of the researcher to interpret (Smith, 2011). Rather, the researcher simply provides the context in which the shining gem manifests meaning (Smith, 2011).

The suggestive gem requires more work of the researcher (Smith, 2011). Within the suggestive gem, there is some meaning present, but the researcher must use the hermeneutic process to evoke the deeper meaning of the participant (Smith, 2011). Usually, this is a result of the ideographic nature of human experience (Smith, 2011). An individual person may have assigned a specific and unique meaning to a specific word or phrase, perhaps not even consciously (Smith, 2011). The researcher must use the hermeneutic process to circle the word or phrase to determine the deeper meaning in the experience of the individual.

The secret gem is hidden (Smith, 2011). To an untrained researcher, it might even appear as a slip of the tongue or an incomplete sentence (Smith, 2011). When taken within the entire context of the participant's experience, the secret gem reveals the meaning of an experience that might even be hidden to the participant's own self (Smith, 2011). The researcher notices an idiosyncratic turn of phrase or perhaps the misuse of a word that when contextualized within the rest of the participant's experience manifests deep emotional or psychological meaning (Smith, 2011).

Bracketing

Bracketing is a reflexive process by which qualitative researchers remain self-aware of their own preconceptions, biases, and other personal matters that may influence

their interpretation of the material (Amos, 2016). There are multiple methods that IPA researchers can use to bracket in their data analysis process including journaling, discussions with mentors, and allowing participants to review materials prior to completion of data analysis to ensure that interpretations accurately reflect participants' meanings rather than the researchers' (Alase, 2017; Amos, 2016; Smith et al., 2009).

In my research, I used multiple methods to ensure that I remained faithful to the experiences and meaning-making of the participants. I used journaling within the transcription and keeping notes separate from the transcription to log my experiences, thoughts, and impressions as separate from the words of the participants. I invited a content expert, who is an adult male survivor of childhood sexual abuse and recognized as an international expert and advocate for survivors to review my transcripts to ensure that I produced unbiased interpretations of participants' responses. I also invited a colleague who is an expert in phenomenological methodologies to review the transcripts and interpretations to ensure I had followed the methodological process and provided enough context to justify my interpretations. I offered the opportunity for participants to review their transcripts and my interpretations to ensure that I accurately reflected their experiences.

Methodological Rigor

Methodological rigor in qualitative studies is different than the standards of quantitative studies because they are two different types of methodologies (Hays et al., 2016). Quantitative researchers ensure rigor in terms of validity, reliability, generalizability, and avoiding bias. Qualitative researchers secure rigor through

credibility, transferability, dependability, and confirmability (Shenton, 2004). In this section, I discuss various tools researchers have to ensure credibility, transferability, dependability, and confirmability.

Credibility

Researchers establish credibility in qualitative data when they demonstrate that data collected reflects the true, lived experiences of people (Shenton, 2004). In this sense, credibility is similar to the standard of internal validity of quantitative research, in that the research methods align in such a way as to answer the research question that is posed (Shenton, 2004). This is done through various methods, including using well-established methodologies, triangulation of data, and the use of debriefing with supervisors and peer scrutiny (Shenton, 2004). I met these standards by using IPA as a well-established research methodology, triangulating data through a comparison of themes between participants, and debriefing with my dissertation committee members.

Transferability

Researchers establish transferability when consumers of the research believe the material is applicable to the work they are doing with people who have similar experiences as the participants in the research study (Shenton, 2004). Researchers should provide sufficient details in their analysis so that the information is applicable to others in similar contexts (Shenton, 2004). This needs to be done with caution so as not to divulge so much information that it betrays the anonymity of the participants. I ensured the transferability of the information from the study through a careful description of participants' characteristics and the delimitations of the study.

Dependability

Dependability speaks to the ability of others to follow the process of the researchers in such a way as to repeat the process (Shenton, 2004). The expectation would be that different researchers because of their different contexts might arrive at different conclusions (Shenton, 2004). Reviewers can attribute the different outcomes to the reality that different participants and different researchers approach the same topic from different lived experiences (Shenton, 2004). I ensured dependability by providing sufficient detail of the process so that subsequent researchers can repeat the method and add to the body of work.

Confirmability

Researchers establish confirmability in their process by providing sufficient reflexive details in order to explain what happened during the research process, why it happened, and what prompted the responses of the researcher through the process (Shenton, 2004). Confirmability, then, is the ability of reviewers to understand why the researchers arrived at certain conclusions (Shenton, 2004). This process emphasizes the importance of documentation of the reflexive processes of the researchers (Shenton, 2004). I ensured confirmability by providing sufficient details of my own reflexive processes in the data analyses to explain the conclusions I draw and how I came to those conclusions.

Conclusion

IPA was the most appropriate method to explore the research question: How do adult male survivors of childhood sexual abuse understand their experiences of disclosure

of the abuse to a mental health professional? In alignment with IPA methodology, I conducted a deep and rich exploration of the lived experiences of disclosure of adult male survivors of childhood sexual abuse. I recruited the sample through a process of purposeful sampling, snowball sampling, and referral sampling. I followed data collection and analysis procedures according to the pattern Smith et al. (2009) defined. I ensured through accurate reporting and reflexive processes that the research met the standards for credibility, transferability, dependability, and confirmability expected of qualitative research methods.

Chapter 4: Results

Doing valid research is a complicated process. Many factors contribute to the success or failure of any research project. Some of those factors include the difficulty of recruitment, securing institutional review board approval, and environmental factors. In this chapter, I discuss the steps I took to ensure methodological rigor in order to produce a trustworthy qualitative study. I discuss my recruitment strategies and their successes and failures. I also discuss my participants, ensuring not to disclose any personally identifying information. I finally provide the results of the thematic analysis I found.

Methodological Rigor

Researchers establish qualitative studies as trustworthy based on credibility, transferability, dependability, and confirmability (Shenton, 2004). Researchers provide details concerning the methodological process to justify the research. In this section, I will describe the methodological process I used for data analysis and describe what I have done to ensure trustworthiness in this qualitative study.

Methodological Process

Smith et al. (2009) described IPA as a six phased process. In the first phase, researchers read and re-read the individual interview transcription until the researchers are immersed in the worldview and existential experiences of the participant (Smith et al., 2009). In Phase 2, the researchers take notes concerning various elements of the individual interview and transcription (Smith et al., 2009). These notes are reflexive and could indicate questions left unanswered, or perhaps researchers describe the emotional state of the interviewee (Smith et al., 2009). The researchers may note any significant

pauses or unique turns of phrase that arouse interest (Smith et al., 2009). In Phase 3, researchers begin to systematically thematize the ideas, words, and phrases in the participant's responses (Smith et al., 2009). Researchers must be careful not to interpret the meaning of the participant's words according to concepts found outside of the participant's own worldview captured in the interview (Smith et al., 2009). In Phase 4, researchers attempt to describe connections across themes, exploring how the experiences the participant describes create a unique perspective (Smith et al., 2009). In Phase 5, the researcher repeats phases one through four with each of the other individual interview transcripts (Smith et al., 2009). In Phase 6 the researcher then attempts to organize all of the themes identified across all transcripts into a single prism through which every participant's experiences are able to be interpreted in a way that is authentic to each participant alone (Smith et al., 2009).

Credibility

Researchers establish credibility in qualitative methodology when they demonstrate that the results reflect accurately the true, lived experiences of the participants and adequately respond to the research question (Shenton, 2004). My research question was: How do adult male survivors of childhood sexual abuse understand their experiences of disclosure of the abuse to a mental health professional? In my data analysis, I demonstrated the understandings of the participants through the use of their own words. I analyzed the material using the method that Smith et al. (2009) defined as IPA. This methodology is well-established in research and widely accepted. I submitted the deidentified interview transcripts and my analysis to an external auditor

who is an expert in phenomenological methodologies for review and critical feedback. I also submitted my thematic analysis to a colleague who is a male survivor of child sexual abuse and is an internationally recognized expert and advocate for male survivors. Once thematization was complete, I sent the identified themes to the participants themselves with deidentified quotes supporting the themes I delineated. The participants also confirmed that I captured the meaning of their words accurately through the process of member checking. Lastly, my dissertation committee vetted the process of my study to ensure methodological rigor.

Transferability

Researchers establish transferability in qualitative research by providing sufficient demographic data, which allows consumers of the research findings to discern whether the information is pertinent to individuals with whom they work in clinical settings (Shenton, 2004). The demographic upon which I focused met the following inclusion criteria: (a) the participants were adult male survivors of childhood sexual abuse, whose experience of abuse began prior to age 12; (b) the abuse the participants experienced was perpetrated by an adult man (over the age of 18); (c) the participants waited until adulthood to disclose the experiences of childhood sexual abuse to a mental health professional; and (d) the participants were all cisgender, heterosexual men. I defined each of these demographic variables due to prior research on child sexual abuse, research describing the experiences of adult male survivors of childhood sexual abuse, and research indicating adult male help-seeking behaviors.

Dependability

Researchers establish dependability by accurately describing the research process, so that others may emulate the research (Shenton, 2004). In the following description, I have described the methodological process based on Smith et al.'s (2009) IPA methodology. In the following sections, I discuss the recruitment efforts made and the interview processes. In addition, a methodological expert served as an external auditor of the research process and my research process was vetted by my dissertation committee.

Confirmability

To establish confirmability, researchers make sure to provide enough reflexive detail to explain any conclusions the researcher drew or themes the researcher recognized (Shenton, 2004). This allows the reader to accept the interpretations of the research as reasonable. Researchers may need to provide more or less detail depending on the context of the concepts that arose within the interview. To support confirmability in this study, I submitted my research for review to a male survivor of childhood sexual abuse who is recognized as an international expert in childhood sexual trauma and advocate for survivors of childhood sexual abuse. In the following sections, I provide my recruitment strategies and enough information about the participants to understand the context of their experiences, but not so much as to divulge the participants' identities.

Recruitment

I attempted to recruit participants for this study in a manner consistent with what Smith et al. (2009) described as appropriate recruitment methods for IPA, including purposeful sampling, referral sampling, and snowball sampling. I began recruitment with

purposeful sampling procedures by using various support networks of survivors of abuse. Some of the support networks were specifically for male survivors, while some were more generally for any survivors of sexual abuse or any survivor of any type of abuse. I solicited referrals from mental health professionals, advocates, and peer support specialists. I secured permission from survivor networks and mental health professional networks prior to posting my invitation on their network feeds. Some resources declined my request to post an invitation to my research. Lastly, I attempted snowball recruiting methods to secure a sufficient number of participants.

Purposeful Sampling from Survivor Support Networks

I accessed various survivor support networks, including both public and private groups and through social media in attempts to issue the invitation to participate directly to male survivors of child sexual abuse. I gained administrators' permission to post my invitation to participate in support networks prior to posting. The various networks I was able to access had high membership numbers, but it is difficult to identify specifically how many male survivors actually saw the invitation through these access points. One social network had more than 8,000 members. Another network had nearly 1,500 members. The several social networks to which I was able to post the invitation provided access to nearly 12,000 members total, of which only some were survivors of abuse themselves. In the end, this attempt to reach survivors directly only gained two responses, only one of which followed through with the interview.

The reasons administrators gave for refusing to allow me to post in their support networks were varied, including that some did not feel that my invitation would garner

any responses because of the mistrust that they perceived as inherent in the community of abuse survivors. Others declined permission for me to post because they felt that if they were to give permission for these types of requests, they would subsequently be bombarded with more requests for research. This they felt would be disruptive to their survivors' support and sense of safety in the on-line network. One survivors' network declined because they stated they had their own internal research project currently active and thought an additional research invitation would be confusing for their participants and might interfere with their active project.

Referral Sampling from Professional Networks

I also used referral sampling procedures. I contacted mental health professionals, abuse survivor advocates, and peer professionals both directly and indirectly. Direct contact was done through email lists to which I was granted access and permission to use. Some email addresses I located through an Internet search of professional counseling organizations or private providers. Indirect contact was through posting on social network pages of professional organizations. I only posted on social networks from which I had first received permission to post from network administrators. Some network administrators and some professional listserv owners declined permission for me to post or send out emails.

Direct contact with email was sent to over 125 different mental health providers, advocates, and peer support specialists. The invitation to these individuals included the purpose of the study, the inclusion criteria for participants, and my contact information. They were asked to disseminate the invitation (Appendix B) to any clients with whom

they may work and who fit the inclusion criteria. The invitation was also provided via professional listservs and professional social networks. The listservs provided access to more than 1,500 professionals. The professional social networks provided access to more than 3,000 mental health professionals, advocates, and peer support specialists. I at first limited my attempts at professional referrals to only those professionals and networks that were in Missouri. After 2 months with no responses, I received IRB approval to extend my recruitment attempts nationally.

Like with the survivor support networks, some professional network administrators and listserv owners declined permission for me to post the invitation. Those that refused expressed a range of concerns. Some worried about the implications for the confidentiality of their clients. Some expressed that they declined all requests to disseminate invitations for research because they did not feel that was the purpose of their listserv. Some worried that granting permission would open a deluge of requests, which was something they did not have the inclination to manage.

I received only three referrals from these attempts, only two of which were able to participate in the interview. Both referrals that led to interviews came from direct contact with advocates. The advocates, whom I emailed directly, contacted individuals with whom they were working and who fit the inclusion criteria. After 90 days, and attempting to pass the invitation through more than 4,000 professional referral sources, including direct email and postings to professional network social media pages and listservs, I decided to move forward with data analysis and depend only on those attempts at referrals I had already made and the three interviews I was able to complete.

Snowball Sampling Procedures

Lastly, I used snowball sampling procedures. At the conclusion of the interviews with the three participants, I asked the participants to please offer my invitation to any other adult, male, sexual abuse survivors that they may know. All three participants in the study politely declined my request to do so. I received no participants from snowball referrals. I did not pursue through questioning the hesitancy these participants showed in referring others to me for interviews. I feared that following up their decline with a question about why they did not feel comfortable referring might be interpreted as a coercive demand.

Recruitment Challenges

Recruitment was highly difficult. Many social support networks were hidden, even on the Internet, due to concerns for the confidentiality of their membership. Not all that I could find through open access pages were responsive or receptive to allowing an invitation to be published within their networks. In some of the open-access social media support networks, members of the networks directly challenged me in responses to my posts with questions about why individuals should trust me and how did they know I was a legitimate researcher. In the end, support networks provided limited access to participants.

There were some who contacted me initially interested. For various reasons, I did not interview these potential participants. For example, one individual who initially contacted me was in an active civil lawsuit against his abuser. His attorney advised him not to participate. While his attorney noted that he understood research records were

confidential, if it were discovered that he had shared with me his story, my research records may have been subject to subpoena. Another individual initially contacted me to express interest in participating. After providing this individual with the full consent and interview questions, the individual stopped responding. I made three subsequent attempts to make contact, with the last expressing that I interpreted his lack of response to me as declining to participate. After 90 days of attempted recruitment, I ended my recruitment period with only three participants, one who initiated contact with me through my outreach on support networks and two who were referred from advocates I had contacted directly.

Data Collection

After each of the participants contacted me, I provided them with the informed consent approved by Walden University's Internal Review Board and the list of questions that would serve as a framework for the semi structured interview (Appendix A). Initial communication of the informed consent and scheduling of the interview were done via email with two participants. One participant preferred phone contact as his email address was shared with his wife, whom he did not wish to inform that he was participating in this research. I established a secure, HIPAA compliant Zoom meeting with each participant for an interview. The interviews with each participant lasted about one hour.

I conducted the semi structured interviews using the questions found in Appendix A. Some answers to some of the questions arose organically as part of the participants' responses to the questions. This allowed a freer, more conversational exchange, in which

I was able to ask specific follow-up questions regarding things that seemed to be important to the respondent.

I recorded the interviews, which each lasted about 1 hour, on a secure device and then transferred the recording to a password protected mass storage device. I then transcribed the interviews word for word. During the transcription, I took copious notes regarding various elements of the interview, including noting significant pauses, repeated words or turns of phrase, and times when the participant either seemed to stumble across concepts or engaged in more rapid speech. I then provided the transcriptions to the participants and asked for their feedback on any clarifications or additions that they might want to make. When providing the transcriptions to the participants, I requested feedback be sent within three days. Only one of the respondents returned the request for review of the transcripts within three days, stating that he felt it was a very accurate record of our conversation and he had nothing to add or clarify. When I did not hear back from the other participants within the three days, I contacted them. I did not receive a response to this second request. After 7 days, I contacted each of them again, stating that I would interpret their lack of response as an affirmation of the accuracy of the transcriptions. Neither participant responded to this request immediately. Both respondents, however, did respond later in the process when I submitted to them the thematic analysis.

Data Analysis

In this section, I will identify the phases of data analysis Smith et al. (2009) defined for IPA research. I will then briefly discuss the methodological rigor checks I

employed. The graphic provided here provides a visual demonstration of the analysis process:

Table 1: IPA Process

Phase 1: Researcher's Immersion

- Transcription of Adam's Interview
- Participant Verification of Transcription Accuracy

Phase 2: Researcher Review of Transcripts

- Researcher immersion into Adam's worldview
- Note taking
- Thematic Emergence

Phase 3: Thematization

- Theme 1: Seeking Connection emerges from Adam's Transcripts
- Theme 2: Throwing Grenades emerges from Adam's transcripts
- Theme 3: Going into the Depths

Phase 4: Cross Thematization

- Adam's awareness of the those receiving the disclosure stretches across both themes

Phase 5: Repeating the Process

- Phase 1: Transcription of Bob's and Carl's Interviews
- Phase 1: Participants' verification
- Phase 2: Researcher Review of Transcripts
- Phase 3: Thematization of Bob's Interview—
  - Theme 1: Connection
  - Theme 2: Monster's in the Deep
  - Theme 3: I didn't want to burden her
  - Theme 4: I Didn't Want To
- Phase 3: Thematization of Carl's Interview
  - Theme 1: Alone and Not Alone
  - Theme 2: I don't want to upset them
  - Theme 3: I didn't Want To
- Phase 4 Cross Thematization

Phase 6: Organizing the Themes

- Theme 1: Alone and Not Alone
  - Subsumes Adam's and Bob's themes of Seeking Connection and Connection
- Theme 2: Throwing Grenades
  - Subsumes Bob's theme, "I didn't want to burden her," and Carl's theme, "I don't want to burden them."
- Theme 3: Monster's in the Deep:
  - Unites Carl's theme, "Going into the depths," and Bob's theme of "Monster's in the deep."
- Theme 4: I didn't want that.
  - Stated by all three in separate instances specifically concerning the immediate reaction of the one to whom CSA was disclosed

Phase 1: Researcher Immersion

In IPA, the first phase is for researchers to immerse themselves in the text of the transcripts, taking notes, identifying nuances and turns of phrase, and capturing the emotions of both the participant and the researcher throughout the conversation (Smith et al., 2009). I transcribed Adam's interview verbatim, which allows the researcher a richer experience of the text than the use of transcription software available with modern technology. When the transcription was completed, I submitted the transcription to Adam for review to see if it captured his memory of the interview. Adam responded that the transcription was accurate according to his memory and declined to make any clarifications or additions to the conversation. The process of transcribing began the immersion experience into Adam's worldview, which continued when I received a verified copy of the transcript.

Phase 2: Researchers' Review of Transcripts

I continued to immerse myself in the transcript to understand Adam's experience. I took copious notes while both reading, re-reading, and re-hearing Adam's interview. Smith et al. (2009) described that many of these processes can occur concurrently. Per the IPA process, I took notes regarding such things as when Adam's speech seemed to speed up indicating excitement or when it slowed down and faltered indicating deeper thought or hesitation. I took notes concerning what emotional states I was able to identify, including irritation, excitement, resolve, and what seemed to be a lack of confidence at times. I also began to note turns of phrase Adam used multiple times throughout the

interview, including the idea of throwing grenades when discussing disclosure and his desire to explore the abuse "on a deeper level."

Phases 3 and 4: Thematization and Cross-Thematization of Adam's Interview

Using the notes and text of the transcript, I began to recognize some themes that emerged very clearly for Adam. These themes included the idea of being connected with others, throwing grenades, and exploring the deep. Phase 4 of IPA consists of seeking cross themes, some uniting principle that reaches across the themes (Smith et al., 2009). It was at this time that what I describe later as Adam's Gem emerged. Smith (2011) describes the gem as an intriguing insight that deserves to be explored in its own right. The primary theme that Adam seeks to be connected with others began to emerge as a vague thought to me.

Phase 5: Repeating the Process

Phase 5 of IPA consists of repeating phases one through four with subsequent interviews (Smith et al., 2009). I repeated the process of transcription and verification with both Bob and Carl, who were the two participants that did not respond immediately to my requests for transcript verification. I took notes on their interviews much the same way as with Adam's. I then thematized and sought a unifying theme throughout their individual interviews.

Phase 6: Organizing the Themes

After completing the thematization processes with each interview, I organized the themes I identified in each interview. Four primary themes emerged that seemed to unite the experiences of all three participants. The first theme I entitled "Alone and Not

Alone," to capture the experiences each participant described regarding how they felt that no one else could relate to them and their excitement in finding others, both survivors and allies, who were open to understanding their experiences. The second theme was taken from Adam's analogy of "throwing grenades." This theme reflects the acute awareness of each of the participants that their stories of sexual abuse and assault can be distressing to others. The third theme I identified was "Monsters in the Deep." This theme emerged from all three participants' descriptions of their abuse as being something apart from them that had its own volition and controlled their behaviors. They all described wanting to "get deep" or "get to the bottom of it" in order to understand, confront, and overcome their abuse. The last theme to emerge was "That's Not What I Wanted." This theme emerged after the fact, once I began to explore all three participants' stories. All three experienced in their initial disclosure someone who took control of the situation and engaged them in activities that the participants did not want for themselves. I organized these themes into a table supported by quotes and began the composition of my thematic analysis into a narrative.

Methodological Rigor Review

I submitted my thematic analysis and interpretations to two external auditors. The first is a male survivor of child sexual abuse, who is internationally recognized as an expert and advocate in the trauma related to child sexual abuse for adult men. I asked this colleague to review the thematic interpretations, assessing whether they seemed reasonable and accurate based on both his personal and professional experiences. I also submitted the individual transcripts and thematic analysis to a colleague who is an expert

in phenomenological research methodologies. I asked this colleague to review the transcriptions and my interpretations for accuracy and credibility.

Both external auditors provided their feedback, which I have incorporated in the following sections in which I describe the participants and the data analysis results. The methodological expert did not express any concerns about my process, communicated that my descriptions and interpretations were on target and that I provided enough data to justify my interpretations. The content expert stated that my descriptions were highly reflective of his own experience and the experiences of the many men with whom he has worked as an advocate and peer mentor.

Concurrently while communicating with the external auditors, I provided to the participants themselves the table I created with each theme and deidentified, direct quotes from the participants that reflected those themes. I sent the table with quotes to the participants to see if the themes I collected accurately expressed their experiences and interpretations. All three participants responded affirmatively, despite only one of them having responded to my earlier request for transcript verification. One participant reflected that while he didn't offer the quote of another participant, he could have as it very closely aligned with his own thoughts. In the next sections, I will describe the participants without providing identifying information and describe in detail each theme that emerged.

Participants

All of the participants in my study met the inclusion criteria of being an adult, cisgender, heterosexual male survivor of child sexual abuse, whose experience of abuse

began in prepubescence (prior to age 12), whose perpetrator of abuse was an adult at the time of the abuse, and who waited until adulthood to disclose the abuse to a mental health professional. In this section, I describe each participant. I changed any identifying information to protect the participants' confidentiality.

Adam

Adam is a 48-year-old survivor of incestuous child sexual abuse perpetrated by his grandfather. Adam reports that the abuse began at an extremely early age, as his very first memories of young childhood are of his abuse. The abuse Adam experienced continued until Adam was 14 years old when he was able to start avoiding his grandfather.

Adam's first acknowledgment of the abuse was when he was 18 years old. Adam acknowledged the abuse in a research paper that he completed in the context of an English class during his first year in college. This disclosure in the research paper did not lead to any significant change or to Adam being directed for help.

Adam next disclosed the abuse at 22 years of age to a girl whom he was dating. Adam's date had disclosed to Adam that she had been forcibly raped. This prompted Adam to share with her his experience of child sexual abuse. This event led to Adam disclosing to his mother shortly after the disclosure to his date that his grandfather had sexually abused him. Adam's mother believed him, supported him, and assisted him in seeking a mental health professional for therapy. The mother, against Adam's wishes, gathered the entire family including extended family, Adam's aunts, cousins, and others and disclosed to the entire family the sexual abuse Adam had experienced.

Bob

Bob is a 54-year-old male survivor of childhood sexual abuse that began around age 11. The perpetrator was a male teacher in his school, who was in his early 30's at the time the abuse began. Bob's abuser groomed him through special favors and paying him exorbitant amounts of money to come to school early and clean the blackboards. Within a few months, Bob's teacher had gained Bob's divorced mother's confidence enough to allow Bob to go and live with the teacher, who promised work for the young boy in his arcade. Bob went to live with the teacher, who started abusing him and providing other sexual predators access to Bob in his home. Bob suffered injuries due to the abusive sexual contact, which included choking, being hit and slapped, and other violent physical attacks.

Bob attempted to disclose to his grandfather while the abuse was occurring. Bob had suffered a burst blood vessel in his eye due to choking during a sexual assault. His grandfather asked him what happened. Bob told his grandfather about the violent rape. His grandfather accused him of lying, attributed the burst blood vessel in the eye to Bob overexerting himself during work, and dismissed Bob's allegation. The abuse ended after two years when Bob moved on from the school at which the teacher taught, and Bob was no longer in contact with the teacher.

Bob began to use drugs and alcohol about six months after the abuse began. His drug and alcohol use continued throughout his adult life. He married his high school sweetheart but had a troubled marriage due to drug use, alcohol abuse, and infidelity. At

the age of 47, Bob's wife caught him in an affair with a neighbor and told him that he either needed to seek counseling or she would end the relationship.

Bob searched online for a mental health professional. He stated he chose the mental health professional he went to see due to her biography online, that she had indicated she had specialty experience in marriage therapy, addiction, and sexual abuse, and because she had a picture posted on the website that gave him the impression that she was a nice person. Bob made his first appointment but did not go to his first scheduled session.

A month later, he rescheduled the session at his wife's prompting and attended counseling to address his drug use, alcohol abuse, and marital infidelity. Bob stated that it was several sessions into therapy while the mental health professional was taking a psychosocial history of his drug use that he disclosed the sexual abuse he suffered. Bob stated that he had started using drugs and abusing alcohol while he was being abused, and that is why it was disclosed during the drug and alcohol history assessment with his mental health professional.

Carl

Carl is a 67-year-old male survivor of sexual abuse that began when he was about 11 years old. The initial perpetrator of the sexual abuse was his stepfather, who was also violently physically abusive. After only a short time, Carl's stepfather began hosting boating excursions on his 25-foot cruiser, during which the stepfather would provide access to other men to sexually fondle Carl and for Carl to engage in sexual behaviors with. Carl's experience of sexual abuse with his stepfather continued until well into his

adulthood. Carl describes that even after he joined the army at age 18, his stepfather would come into his room at night when he was home on furloughs from the military to engage in sexual behaviors with him. The sexual abuse ended when Carl completed his tour of duty with the military, was discharged, and found employment in civilian work away from home.

Besides the sexual abuse from his stepfather and that his stepfather facilitated with other men, Carl experienced a forcible rape when he was 16. Carl had gotten a job at a car wash. One day while he was at work, another worker invited him to go with him to get lunch for their co-workers. While they were away from work, the co-worker forcibly raped Carl.

Carl had disclosed to his wife and children his experiences of sexual abuse, but he did not disclose to them his experience of the forcible rape when he was 16 years old until very recently. He stated that he told his wife of the abuse early in their relationship. When his children turned 18 years old, he asked them if an adult had ever "messed with them" while they were young. They denied having been abused. Carl then disclosed to his children that he had been sexually abused during his youth. Despite promptings from his family, he would not attend counseling to address the sexual abuse he suffered.

Carl finally disclosed his experiences of sexual abuse to a mental health professional when he was 63 years old. Around the age of 59, Carl experienced a physical disability that left him incapacitated. Being isolated at home during the day while his wife worked, he began drinking heavily and became depressed. At the age of 63, Carl's alcohol use and depression were so severe that he decided to seek counseling

on his own. He went to a Veterans Affairs (VA) clinic to meet with a counselor to address the depression and alcohol use. During the course of the assessment, Carl revealed to the mental health professional at the VA that he had been sexually abused as a child. Carl stated that this was all that was ever noted of his sexual abuse during the subsequent counseling he received at that time. Carl believes that the mental health professional never returned to the subject because the mental health professional felt that the current alcohol use and depression were the primary issues to be addressed in counseling. Carl stated that he believes the mental health professional assessed that since the abuse was in the past, the mental health professional did not consider the abuse a matter for therapeutic attention.

At the age of 66 after having collected three years of sober time, Carl was at a religious retreat event with friends. During this three-day retreat, Carl began reflecting on the sexual abuse he suffered and relapsed so heavily into alcohol use that a friend on the retreat took him to the hospital for detox. It was at this time that Carl's daughter encouraged him to attend a conference being held at a local university specifically for male survivors of child sexual abuse. Carl went and made connections with other survivors. It was another survivor who encouraged Carl to return to counseling specifically to address the trauma of his sexual abuse. Carl returned to counseling at the VA to address the trauma related to his experience of sexual abuse less than a year prior to our interview.

Thematic Analysis of Participants' Responses

In IPA, researchers meticulously transcribe the interviews in order to familiarize themselves with the experiences the participants describe (Smith et al., 2009). After careful thematization of the individual transcripts, IPA researchers then look for themes that transcend the single experience to appear across the experiences of multiple members of the participant group (Smith et al., 2009). In this section, I will use the words of the participants to describe the themes of "Alone and Not Alone," "Throwing Grenades," "Monsters in the Deep," and "That's Not What I Wanted."

Alone and Not Alone

Adam, Bob, and Carl all expressed a longing for connection with others, a connection that is born out of an understanding of their experiences. They have all experienced a sense of disconnection from others that has left them feeling alone. They also have found a connection with others that helps to overcome their sense of being alone.

Alone…

Adam attempted to understand his own experience academically at first. During his first year of college, Adam attempted to write a research paper on the male experience of child sexual abuse. Adam describes the experience like this:

> And as I started doing this research on the paper, at that point it's 1990, there was almost nothing out there. I mean there was... it made me feel like more of an anomaly and freak because I'm looking and there...there was nothing out there, which now things are a lot different.

Adam's attempts at a disclosure to mental health professionals did not help him overcome this feeling of being "an anomaly." Adam describes his encounters with mental health professionals in this way:

> …it's inaccurate to say that I haven't had any mental health professionals that have really helped me, but as far as ones that I've actually set appointments with and went had sessions with, I… I… I've been really disappointed in that.

Particularly of the mental health professional to whom Adam first disclosed when he was 22 years old, he stated:

> I really got the feeling as if that man, uh, he just sort of tiptoed around it and danced around it and wanted to talk about my job and easy... easy... he wanted to deal with the easy topics that were not uncomfortable for him.

Dealing with "the easy topics" seemed to be a recurrent experience in each mental health professional with whom Adam visited. Adam described another mental health professional that spent sessions focusing on Adam's employment troubles despite Adam's consistent and active attempts to steer the conversation toward a discussion of his abuse. About the mental health professionals' inabilities to understand him, relate to him, focus on what he feels would be helpful, Adam stated:

> …it makes me feel like my story's even worse than what it really is. Because you know, here I'm sitting across from this paid professional that's had years of training, and, I'm watching them squirm, and, um, and I'm paying them a great deal of money to sit there and squirm, and I'm not

> getting… I don't feel like I'm getting any benefit from that. And so, um, it disincentivizes me to go back and try to find help because, um, yeah, quite frankly, I'm rather jaded by it.

Carl described that it was a feeling of being alone in his experience of sexual abuse that was the catalyst for a relapse into alcohol abuse that he experienced. Carl stated that he had about three years of sober time from alcohol abuse. He relapsed due to feeling alone, a feeling that arose in his recollections of his experience of abuse, an experience that the other men, with whom he was participating in a religious retreat, did not share:

> I was at a men's retreat. Yeah, I looked at myself. I thought I'm around all these good, holy men, and, yeah, I felt dirty. I felt dirty that day because I thought about that I had never told anyone and I just felt so…so…like I was alone around all these guys.

Carl went on to describe how the sense of being alone was compounded by the disability that prevented him from working, "…just being home alone after my disability and [my wife] is working all day, which, yeah, inactive. And then the experience maybe at [the men's retreat], I felt that shame, with these other guys, but I felt alone."

Feeling alone is a common thread with male survivors. For Adam, the mental health professionals who avoided discussing the abuse for which he was seeking help and even were visibly uncomfortable with discussing it affirmed his feeling that he was different. For Carl, the feelings of shame and being "dirty" made him feel separated from those with whom he tried to form relationships.

…and Not Alone

Adam found the connection that helped him overcome his sense of loneliness in his relationships with other survivors:

> And some of the… some of the best finger quotes in the air therapy that I've had were… were people that also experienced it in just talking, having…a real conversation about it, you know. Some of 'em…I'm still friends with a few guys from the survivors' weekend, you know.

Indeed, for Adam, it was the connection with another survivor of sexual assault that served as the catalyst for him to disclose and seek help, "So I…was 22 when I disclosed it. Um, I had been dating a girl who disclosed to me that she had been raped, and so, uh, I felt a certain connection and bond with her."

Carl fumbled in his speech when describing how he felt encouraged in his connection with other survivors to seek counseling to specifically address the sexual abuse he experienced, "Um, again I never really…[male survivor] helped me find the only counselor I told really about the details…the one I've got now, and, I don't…I don't know, I just want to get the bottom of it."

It was the connection that Adam and Carl experienced with other survivors that provided the impetus to disclose the abuse they had suffered. Carl's connection with other survivors helped him find the motivation to go to a mental health provider to discuss specifically his experience of sexual abuse. Adam's connection with the survivor of a forcible rape gave him the courage to disclose to his mother, who helped him find a mental health professional. Adam further went on to explain just how important

connection with other survivors is to him, "…having guys that I can call up and just say, 'Man I'm… I'm struggling right now. I'm having a bad day.' Uh, just having them understand what that is and what that means… Those guys share that experience."

Adam described one mental health provider whom he feels has been beneficial for him in his recovery, "[Mental health professional's name] with [survivors' support group], um, he was very helpful and beneficial, but I had never actually went to any therapy sessions with him. I went to the weekend, um, you know, the survivors' weekends." Adam has not been in individual counseling with that mental health provider but instead attended a group recovery weekend this mental health provider had designed and implemented for male survivors. This mental health provider fostered supportive and therapeutic relationships among male survivors, which has met Adam's need for connection with others.

Adam does not rule out the possibility of finding help with a mental health professional. He stated that he was currently engaged in identifying another mental health professional to try again, and used the language of "making connections" to describe his hoped-for experience of therapy, "I'm hoping to be able to make a connection with one and be able to delve into [the abuse]."

For Adam, recovery from his trauma is about connecting with those who will understand his experience. While Adam describes his sense of disconnection with the "therapists" that he has seen as an inability to relate, "…if you don't have experience in it and you can't relate, I get it," Bob stated simply, "My therapist relates to me very well."

Bob went on to say that he felt understood and supported by this mental health provider to such an extent that he continues to return to the same mental health professional with whom he first disclosed after seven years. These survivors' desire for connection that is fueled by understanding is most fully met in their relationships with other abuse survivors and serves as an acute source of healing for these men. Bob described it this way:

> You feel like, uh, you're part of a club. It's not a very good club. At least you have people who can actually… you just feel closer to these people because they're in the same situation you are. I mean they've went through the same horrible stuff that you have.

After disclosing to a mental health professional, Bob decided that he needed to help others, and so joined a group who actively supports children and others who are in abusive situations. This group has given him a sense of belonging that goes beyond just feeling connected to other survivors:

> Quite a few members in our [name] group were also abused as children, and I think we're all there basically for the same thing, to try and help when we didn't get the help. And um, we talk amongst each other. And I have a few very close friends that I've disclosed to in the group, and they've disclosed right back, and we talk and no regrets there… And I'll tell you why, because it saved my life, number one. Two, it gave me, I don't know how I wanna say, the will to help other people.

Bob wants to provide through his work with this group of survivors that connection for those still in the grips of an abusive relationship that he did not experience himself until after he disclosed.

Carl expressed this need for connection immediately upon initial contact to schedule the interview. After asking for basic contact information from Carl to provide the full consent and schedule the interview, I checked to ensure that Carl understood everything we had discussed and asked him if he had any questions for me. I noted Carl's first question to me was, "Are you a survivor of sexual abuse yourself?" I responded by asking what prompted that question. Carl explained that he found it easier to speak about his experiences with other abuse survivors. I had the opportunity to return to this at the end of the formal interview, recorded in the following exchange:

> Researcher: …We're about done, and I've covered all of the questions that I wanted to ask. Is there anything you wanted to tell me that I haven't asked you about?
>
> Carl: I remember I asked you when we spoke on the phone whether you were abused as a child. I don't remember what you said.
>
> Researcher: I didn't tell you. The focus really needs to be on you and your experiences of abuse. I'm wondering if you could tell me again why that's important to you that you asked me about it again.

> Carl: Yeah. I just, have an easier time talking to others about it if they have…I don't know…been through it. Like meeting the guys that I met at that workshop thing. I'm just really glad to have someone that understands.

Earlier in the interview, Carl described his sense of connection with other survivors:

> I had never…had never talked to anybody before, you know. [My daughter] had wanted me to go to one of those, what do you call 'em, it was at the auditorium, workshop thing [a conference specifically for male survivors], she wanted me to go to that, and…and again…and at that time I…I…I…I don't mind talking with…I got really lucky to find that group, but maybe…maybe for me…maybe I…I need to get some sort of group therapy. I don't know, but it doesn't really bother me anymore, so it felt good talking to them.

Carl had difficulty finding his words to express what it was like to talk to another survivor, but he eventually was able to explain:

> But it was not…It was good talking to [male survivor] because he told me early on what happened to him. And he…he has found out that it is almost everywhere, and it says they say it's 1 in 6, but then there's the ones who never said anything, so it's probably way more than that. And it felt good talking to him and we were very honest with each other and I don't feel so all alone like I did when I started drinking again back then.

For Adam, Bob, and Carl, mental health professionals do not have to be survivors themselves, but the need for connection that is fueled by understanding is fundamental. Adam has not experienced that understanding from a mental health professional. All three of the interviewees have found that sense of connection with other survivors. They all appreciate that this sense of being connected to others, being understood by others and understanding others, is critical to their own recoveries.

Throwing Grenades

The participants were aware that their stories were disrupting to others in some way. Adam described the discomfort he felt in others, even the mental health professionals with whom he had worked when he disclosed his experiences of abuse like this, “What are you gonna say to somebody after they throw that grenade in your lap? Uh, let's go get a cheeseburger.”

Adam used the same metaphor when he talked about telling his mother about the abuse he suffered, “You know, initially [my mother] was shocked by, you know, the obvious grenade that I threw into her lap, but, um, she did believe me.” Adam went on to say:

> I am fairly intuitive about people and I just feel that they're not comfortable in getting into that ugly, nasty muck that I feel is necessary to get into to, uh, achieve my goal, which is as much healing as possible.

Bob had disclosed to the mental health professional with whom he was working, and after several more sessions, decided it was time to tell his wife about the abuse he had suffered. He stated:

> It was just… it was a weird feeling, plus I didn't want, um, I wanted [my wife] to know, but I didn't want to burden her. I thought it was going to be worse than it was. I didn't know how she was going to take it, but she took it very well. Uh, she actually cried for me, which broke my heart.

Carl, too, felt acutely the disruption to others his experience of abuse seemed to cause:

> It's really…It's hard…You know, like, I haven't even told my wife or kids that I'm doing this interview with you. They know that I was abused. Um, I disclosed…you know, told them about my abuse, but I never told them about the rape when I was 16 until like a month ago. Any time I bring it up…they, um, they…they get upset. It's like this thing that is there but is best left alone as far they're concerned. I mean, they love me. It's just hard for them to think about.

Carl stated that after his relapse at the men's retreat, which was triggered by feelings of loneliness stirred up in the recollections of his childhood sexual abuse, "My biggest worry, I think, was just telling my family."

All three of these survivors were acutely aware that the abuse they had suffered was disturbing to others. Their awareness of others' discomfort regarding their abuse often causes them to practice judicious disclosure. Adam summed it up most succinctly:

> For the most part, uh, I can tell that they're uncomfortable with it and they don't want to even… they don't wanna go there, and so I've just got to a point to where I just don't… I… I don't discuss it with… with people

> unless I know that that's something that they are comfortable with discussing.

Monsters in the Deep

For Adam and Bob, the abuse seemed to take on a life of its own inside of them, becoming a powerful entity in its own right. Adam described "the monster" within, "…if you can't talk about it, it has you in its grasp and it's this big secret. It's this nasty monster that you can't escape." Elsewhere, during the interview, Adam mentioned "the monster" again, "You know, there's some days that it just creeps up on you, that monster that's trying to drag you down."

When discussing recovery from abuse, Bob described it this way, "Like my therapist said, there's one of two ways this could have went for you. You could have become a monster, too, or you could choose to slay the monsters, and you chose to slay the monsters."

This idea of the monster within rang true for Bob. It wasn't just that the monster was within, though. Bob was afraid of becoming the monster himself. He described his experience of abuse as having its own volition, willing him into drugs and alcohol abuse and marital infidelity:

> [The abuse] was a big source of my problems, and it was part of it. It was. But the abuse and the trauma that I went through was… yeah, that was the cause, the major cause, 'cause what person in their right mind does that to himself?

For Bob, disclosing was a way to separate himself from the monster he believed he was becoming:

> [Disclosing] actually let me know that I was OK, that I wasn't a horrible person, that everything that happened up until that point when I started therapy…why…I'm not going to say it wasn't my fault. I made the choices, but it wasn't my fault if you know what I'm saying. It's hard to explain, because it was just…it's such a…because I didn't know what was wrong with me. I think that's part of it to the freeing aspect, why I was doing what I was doing because I couldn't even explain it to myself and now I had an answer.

The monster lives somewhere deep and dark within the survivor. Bob described it this way:

> [Disclosing the abuse] also sort of freed me a little. It's a bit weird, but it actually… it's like taking a weight off my chest because really, I'd held this inside so deep for so long that it was driving me crazy.

For Adam, making that connection that he longed for meant finding someone who was willing to go into the deep and into the dark with him:

> I've been to 6 different therapists in… in my life, and I have… I have yet to find one that I really feel was willing to go into that rabbit hole with me and to help me address it now on a deep, meaningful level.

Adam's desire to find someone willing to go into the deep and into the dark with him was repeated multiple times throughout the interview, "I'm really hoping to find a

professional that can… that can help me get to a deeper level of healing." Adam also stated, "I want somebody who's not afraid to jump into the deep water with me." Later, Adam emphasized the point again, "I recognized the fact that you have to bring the light in and open up to be able to, um, deal with those shadows."

Carl also alluded to the idea of the abuse being something down deep when he said, "[Male survivor] helped me find the only counselor I told really about the details…the one I've got now, and, I don't…I don't know, I just want to get the bottom of it."

For Adam, Bob, and Carl, the abuse they suffered seems to have a will of its own. The abuse's independent volition manifests in behaviors about which they feel shame, guilt, or perhaps just find confusing. They all use the imagery of going down, getting to the bottom of it, entering the depths, and confronting the abuse in the shadowy places within them.

That's Not What I Wanted

The final theme that arose out of the cross thematization of the interviews was one I have titled, "That's Not What I Wanted." All three participants described that the immediate response of some to whom they initially disclosed was to engage them in activities they did not want to do. Adam described after disclosing to his mother:

> She expressed the fact that she did believe me that it happened, and, uh, so then at that point... Uh, she has two sisters and they have...I have cousins and they all live out of town, but she wanted to have everyone to get together and to discuss it, which I didn't want that, but that's how…that's

> how it unfolded. It wasn't so much about what I wanted or didn't want, but, you know, that my aunts came in and we had a big powwow and actually had a confrontation with my grandfather who came in to this meeting, so...but overall my mother, she believed me.

Bob described a similar experience the mental health professional guiding him in an activity in which he did not desire to engage:

> I think it was probably the 2nd or 3rd session with her, then it was like a light bulb went off. It all started to dawn on me. I started remembering. I know it sounds strange, but, yeah, it…I just started remembering and we were talking and, uh, we actually found him, looked him up, because she wanted to know if he was still alive if I wanted to confront him because she had done it with other patients. I mean, the perpetrator had been in jail and she brought people to the jail and, uh,… He was alive. He's in Wisconsin and he is head of an all boy school in Wisconsin, which broke my heart, but I never…I never did want to confront him, but that's how it came about when I started disclosing.

For Carl, it was participation in an in-patient drug and alcohol treatment program at the time of his first disclosure when he was 63 years old:

> I wasn't gonna go to counseling or go to treatment, and [the VA counselor] kind of talked me into that [going to inpatient alcohol treatment] and I didn't want that. Maybe I needed it, but the treatment I went to was a waste of time.

In the cases of Adam with his mother and Bob with the mental health professional, the person to whom these survivors disclosed decided that confrontation of the abuser was a necessary next step. Adam's statement, "It wasn't so much about what I wanted or didn't want," is particularly potent, as it betrays a sense of disempowerment of the survivor. For Carl, it was his counselor from the VA, who "talked him into going" to an inpatient alcohol abuse program.

The individuals to whom the abuse was disclosed arrested control of the disclosure away from the survivor. For Adam and Bob, the focus of attention was on the abuser without consideration of the survivor's wishes. Bob made it explicit, "she wanted to know if [the abuser] was still alive." Bob was able to avoid confrontation of the abuser, but not for lack of effort on the mental health professional's part. For Carl, the focus of clinical attention was on his alcohol use rather than the sexual abuse that underlay it. The counselor then "talked [Carl] into going" to an in-patient alcohol treatment program that Carl did not want to attend.

The response of the individuals to whom the abuse was disclosed shifted the focus away from the survivors. The next steps taken were primarily in the interests of the one to whom the abuse was disclosed, rather than the interests and desires of the survivor disclosing it. This response left these men feeling disempowered.

Unifying Thematic Prism

It was not until much later in the process that the germ of thought that began during the analysis of Adam's story emerged as a unifying factor for all the themes presented. In each theme, we see a relational experience being lived out. This is most

explicitly stated in the theme of "Alone and Not Alone," which describes the feeling of disconnection the participants experienced from others as a result of their traumatic experiences and the feeling of connection they all eventually found in other survivors of abuse. This idea that disclosure is a relational reality also emerges from the theme of "Throwing Grenades."

Disclosure for these men is a relational reality, not a linear, one-directional event in which the receiver of the disclosure is a passive participant. Adam, Bob, and Carl are all acutely aware of the effect their disclosure may have on those to whom they disclose and are vigilant for both verbal and non-verbal signs of distress in the other. This awareness is a result of their desire to be connected with others and their awareness of their disconnection.

In the theme of "Monsters in the Deep," the participants all expressed the desire to have someone go to the deep places with them. Carl stated his desire to have someone help him "get to the bottom" of his trauma. Adam's consistent attempts to connect on an emotional level with mental health providers is a desire to have companionship on his journey to healing.

Lastly, the theme of "That's Not What I Wanted" reflects this desire for relationship. Each of the participants was directed toward behaviors that they did not feel were therapeutic to them. In this context, this only emphasized their sense of disconnection with those to whom they confided their experiences. In each case, the men were able to overcome this lack of empathy and understanding on the part of the one to whom they disclosed, but it created a relationship barrier that had to be overcome for

further progress to be made. In all things, these men are seeking affirming, understanding relationships. In this sense, the disclosure is a relational reality for the one disclosing.

Finding a Gem

Smith (2011) in later development of IPA as a research method expanded on the ideographic nature of IPA as a research method. He described "finding the gem" in a single case study (Smith, 2011). In this section, I will focus on the meaning-making in which Adam engaged when it comes to understanding stigma.

Adam's Gem

Smith (2011) described the gem in IPA research as a participant's statement that stands out. The gem catches the attention of the researcher and is worthy of further exploration within its own context (Smith, 2011). The gems exist across a spectrum of shining, suggestive, and hidden (Smith, 2011). For our case, Adam made the following statement when responding to the question concerning whether there was a time that he ever regretted disclosing, "I've disclosed to friends and, um, you know at that point, their discomfort can make it awkward. At that point, you've stigmatized yourself."

Adam made several significant comments regarding the discomfort of others when he disclosed his abuse. Being acutely aware of the discomfort of others is a common experience among our participants, as is indicated in the thematic analysis above referencing, "Throwing Grenades." Adam's statement, however, was unique in his addition of, "At that point, you've stigmatized yourself."

The stigma associated with being an adult male survivor of childhood sexual abuse was reflected in conversations with the participants. Bob, for example, reflected on

the stigma of homophobia that he had to resolve with the help of the mental health professional that he was seeing:

> When I was 15, 16, yeah, I…I thought I was gay for a while. That's because of the child in me acting out or what, but I wasn't. I'm heterosexual so…and that's part of the stigma, too, for men disclosing. You were trying to be tough and not to cry and, you know, be a man. I learned that in therapy with my therapist. I told her how horrible I…I… You know, and she's like you were a child. Your body was just learning how to be sexually active, and that's what it was learning…your abuse…so you can't blame yourself for that.

This provides some context on Bob's hesitation to disclose to his wife, "Uh, it could be shame. I felt like less of a man sort of." For Bob, the stigma associated with homosexuality and masculine gender norms surrounding victimization and expression of perceived weakness in emotions was something that he, as a cisgender, heterosexual man, struggled to overcome in recovery and through disclosure. Of the participants, however, only Adam described stigma as something that the male survivor does to himself. This statement intrigued me as a suggestive gem and is worth further exploration.

Discomfort and Stigma

Adam's statement connects the idea of others' discomfort with stigma. For Adam, stigma manifests in the discomfort that others feel around him when he discloses. Within the context of describing the first time he disclosed to a mental health professional and

the discomfort with the disclosure that the mental health professional demonstrated, Adam stated:

> I… I think part of the problem is the stigma that men aren't supposed to be victims in our society, you know. That's just not supposed to happen to men. Um, you know, there are a lot of stigmas in our society that aren't accurate and aren't useful and then this is a big one.

Adam began the link between expression of discomfort and stigma by ascribing the cause of the mental health professional's discomfort to stigmas surrounding child sexual abuse of men. I asked a follow-up question inquiring about how Adam navigates the stigmas that he identified. Adam's response immediately went back to recognizing other's discomfort with the topic:

> Yeah, I mean, I've, uh, you know, I've… there's been a few times in the past that I've disclosed, um, just… just generally speaking that I was abused as a child to, um, friends and… and, um, you know, I… For the most part, uh, I can tell that they're uncomfortable with it and they don't want to even… they don't wanna go there, and so I've just got to a point to where I just don't… I… I don't discuss it with… with people unless I know that that's something that they are comfortable with discussing.

Adam navigates the stigma associated with being a survivor by avoiding conversations that make others feel uncomfortable. For Adam, stigma is manifested in the discomfort that others experience regarding the abuse he suffered.

Discomfort and Disconnection

Adam understands the discomfort that others feel when he discloses his experiences as a type of disconnection that makes him feel as if he is alone in the world. Early in Adam's recovery, even before he disclosed to a mental health professional, Adam attempted to find information that would help him understand his own experience of abuse. At the time, the research literature on male survivors' experiences of child sexual abuse was nearly non-existent. Adam described his experience of not finding information about male sexual abuse:

> And as I started doing this research on the paper, at that point it's 1990, there was almost nothing out there. I mean there was... it made me feel like more of an anomaly and freak because I'm looking and there...there was nothing out there, which now things are a lot different.

Adam uses the word "anomaly" again when describing his experience of abuse even when compared to other survivors' experiences:

> Um, I think, uh, you know, that I understand that I'm somewhat of an anomaly in the male survivor community in that I haven't repressed the memories.

For Adam, being "an anomaly" means that his experience is unique. Adam feels the uniqueness of his experience most acutely when people express discomfort when he discloses his experience. Adam also understands himself to be unique within the male survivor community in that he disclosed early in adulthood and had full memory of the abuse he suffered.

As described in the "Alone and Not Alone" section of this chapter, feeling connected is a significant component of Adam's sense of recovery. For Adam, the discomfort of those who hear his story is a sign of their disconnection with him as a person, making him an "anomaly" to those who have not suffered abuse and even to some extent among those who have. This internal sense of his uniqueness engenders a sense of disconnection from others. Adam is seeking someone that will understand his experience with him, but Adam's experiences of the uniqueness of his abuse and of his recovery even among survivors leads to feelings of disconnection.

Disconnection as a Self-Imposed Stigma

Adam experiences this disconnection most acutely when he shares his story of abuse with others and experiences their discomfort in response to his story. Adam avoids this sense of disconnection by judiciously sharing his story only when "[he knows] that that's something that they are comfortable with discussing." For Adam, to share his story and to perceive the discomfort of others means that he has created a disconnection from those who are uncomfortable. This is what Adam means when he states, "At that point, you've stigmatized yourself."

For Adam, stigmatizing himself is synonymous with causing discomfort in others, which for him is a sign of emotional disconnection from others. He takes ownership of this and has learned to only share his story with those who will be comfortable with it and, therefore, maintain their connection with him. Stigma, for Adam, is the self-imposed consequence of emotional disconnection that occurs when he shares his story with others, and he interprets others' discomfort around him as a sign of this disconnection. Thus, by

sharing his story, Adam makes others uncomfortable, which he interprets as disconnection from him, which for him is stigma.

Conclusion

In this chapter, I described the recruitment, data collection, and data analysis strategies I employed. I also described the challenges I faced in recruiting participants for this study. After more than 90 days of recruitment in which I attempted contact with several thousand professionals and several thousand more direct contacts with adult male survivors of childhood sexual abuse, I concluded my data gathering with only three participants. I briefly described the analytical process I followed with the interviews I had conducted and then described the steps I took to ensure methodological rigor for this qualitative study. I then described the themes that arose from the data analysis process, including "Alone and Not Alone," "Throwing Grenades," "Monsters in the Deep," and "That's Not What I Wanted." Lastly, I explored more closely the gem (Smith, 2011) that I found in Adam's testimony that described the association he had made between feeling connected, the discomfort of the receiver of his disclosure, and stigma. In the next chapter, I will describe the limitation and delimitations of this study. I will also discuss the implications of this study on clinical care of adult male survivors and on challenging the social stigma associated with child sexual assault of men. Lastly, I will draw the study to a conclusion by summarizing this research.

Chapter 5: Discussion

Through this work, I have found that the desire for an affirmative relationship is at the core of each of these men's stories. In this chapter, I will discuss the implications of the results for mental health providers in their work with adult male survivors of childhood sexual abuse involving disclosure. I will begin the discussion by demonstrating how the participants reflected what prior research has found regarding the unique experiences of adult male survivors. I will then discuss a new paradigm of disclosure integrating relational theories of counseling and therapy. I will discuss the implications for treatment practices and implications for social change. I will describe the limitations and delimitations of this study and finally discuss opportunities for further research.

Participants' Experiences and Prior Research

Adult male survivors of childhood sexual abuse face experiences both universal to all survivors of abuse and unique to their own situation. Such universal experiences include shame, guilt, fear, and other emotions that make disclosure difficult (Easton et al., 2014). Unique barriers include gender norms, stigma relative to homosexuality, and sexual orientation confusion (Artime et al., 2014; Easton et al., 2019; Geddes et al., 2013; Giglio et al., 2011; Mahalik et al., 2003; O'Leary & Barber, 2008; Turchik et al., 2016). Other barriers specific to adult male survivors include the victim-to-offender narrative (Price-Robertson, 2012) and a sense of isolation or loneliness (Boyda et al., 2015; Campos Fontes et al., 2017; Charak et al., 2018). In this section, I will discuss how the participants of this study manifested the unique barriers to disclosure, specifically sexual orientation confusion, victim-to-offender narrative, and feelings of isolation.

Sexual Orientation Confusion

One of the unique barriers to disclosure that men experience is the stigma associated with homosexuality and a sense of confusion concerning their own sexual orientation. (Artime et al., 2014; Easton et al., 2019; Geddes et al., 2013; Giglio et al., 2011; Mahalik et al., 2003; O'Leary & Barber, 2008; Turchik et al., 2016). Two of the participants in this study described experiences like this. Bob described the confusion he experienced when he was a teenager:

> When I was 15, 16, I… I thought I was gay for a while. That's because of the child in me acting out or what, but I wasn't. I'm heterosexual, so, and that's part of the stigma, too, for men disclosing. You were trying to be tough and not to cry and, you know, be a man. But, um, I'm sure that's part of it too.

Bob described the sexual orientation confusion he experienced at such a young age immediately after the abuse ceased. He also described how masculine gender norms related to men being "tough" and "not to cry," to "be a man" contributed to the stigma that he was not a victim of abuse. Bob's confusion over his sexual orientation was connected to the biological response of his body during the abuse that led to orgasm during the act, "[My therapist's] like, 'You were a child. Your body was just learning how to be sexually active, and that's what it was learning, your abuse, so you can't blame yourself for that.'"

Carl described that he experienced the same sexual orientation confusion until his adulthood. When he went into the army, he would engage in homosexual acts with other

soldiers. He states that he was “searching” for his identity and that being gay was not talked about:

> And I went in the army and, like I said, they…they did stuff like that. I don't know whether I came across weird or whatever. I'm not…I didn't mind doing that…I…that I didn't start that, you know. I'm saying so maybe that's something that…that, you know, maybe there's something that they…there's something that happens to you when you're searching for your identity. I mean I never talked about being gay back…back then.

Carl stated later in the interview that he understands that he is not gay and has since married and had children. Carl describes that during this time in his early adulthood he lacked a sense of his own identity and so continued to engage consensually in the homosexual acts that he had been forced to perform earlier in his life under the dominance of his abusers. He later stated this was because he thought performing sexual acts was what other men expected of him. It was not until his mid-20s when he was away from the army and away from his abuser that heterosexual attractions began to emerge within him. Both Bob and Carl describe the devastating effects on sexual orientation development that child sexual abuse can have on men even into their adulthood. Some male survivors struggle to understand their own identity, and the stigma against homosexuality can play a significant role in their hesitancy to disclose.

Victim-to-Offender Narrative

The *victim-to-offender* narrative is the erroneous belief that male victims of childhood sexual abuse will become sexual predators themselves (Price-Robertson,

2012). Bob manifests this belief in a sense when he describes his acceptance of the mental health professional's assertion that, "You could have become a monster, too, or you could choose to slay the monsters, and you chose to slay the monsters." Bob accepts this as a fact of his life.

In the context of Bob's description, the idea of "becoming a monster" was not related to becoming a child sexual predator. Rather, Bob identified his own sexual proclivities toward infidelity in his marriage, his illegal drug use, and his alcohol abuse as "becoming the monster." Bob does demonstrate in this text the idea that the abuse would cause him to offend, either through criminal conduct (illegal drug use), alcoholism, or by the extra-marital sexual relationships. In this sense, Bob accepts the idea that at least he had gone from victim to offender in his own life. It may be worth further research to explore whether the *victim-to-offender* narrative might have wider implications for victims of abuse than just the fear that they may become child sexual predators themselves.

Feelings of Isolation

Subjective feelings of intense isolation are a common barrier that men face, a barrier that may be enhanced by the dominant societal depictions of young girls as victims of sexual abuse (Boyda et al., 2015; Campos Fontes et al., 2017; Charak et al., 2018). All three of the participants described feeling intensely alone at moments in their lives as a result of the abuse they suffered.

This is a topic I covered extensively in Chapter 4: Results under the theme of *Alone and Not Alone*. While Bob was able and Carl was beginning to overcome the

feelings of loneliness in their therapeutic work with mental health professionals, Adam found that his work with mental health professionals only enhanced his sense of isolation. All three participants described how relationships with other survivors helped them overcome this intense sense of their own loneliness. Disclosure for these men was an attempt at overcoming their own subjective sense of isolation by making a connection with others, and they were acutely vigilant of the others' subjective responses.

Relational Theories and the Disclosure Experience

The prevailing paradigms of disclosure have historically described disclosure as a linear, one-directional experience focusing on survivors' admission to a receiver of the disclosure. Early in the development of theoretical constructs of disclosure, researchers described the act of disclosing as a sequential process (Sorensen & Snow, 1991; Summit, 1983). In a later development of theories describing disclosure, researchers shifted the paradigm from understanding disclosure as a sequential process to describing disclosure as a spectrum of various types (Anderson, 2016; Bradley & Wood, 1996). In each of these conceptualizations, disclosure remains an experience that is linear and one-directional.

In this section, I will challenge this paradigm of disclosure. I will describe relational theories in mental health provision and discuss why disclosure is understood better as an interplay between subjects, a relational event that occurs between individuals.

Relational Theories in Therapeutic Work

Relational theories in therapeutic practice have seen a rise in development in recent history. Intersubjectivity is a relational theory with roots in the psychoanalytic

tradition and is very closely aligned with the relational theory known as self-psychology (Rasmussen, 2005). In interpersonal theory, Harry Stack Sullivan (1953) recognizes the highly relational context of the human experience. All of these relational theories and some of the most foundational counseling and therapeutic theories in the history of the counseling profession (i.e. person-centered theory) have arisen out of the same recognition that the interchange between a client and a counselor is not unidirectional and linear, but relational (Kariagina, 2017).

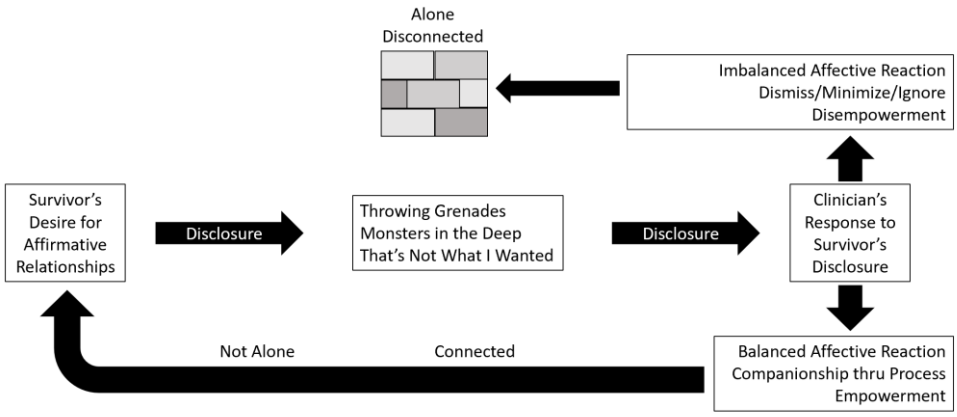
Relational theories include counselors' recognition that the interplay between the counselor and the client is foundational for any therapeutic progress the client may make (Kariagina, 2017; Orange et al., 2015; Rasmussen, 2005; Sullivan, 1953; Yalch & Burkman, 2019). This interplay is understood as a communication loop between the counselor and the client, wherein both parties exchange experiences, sensations, emotions, and thoughts. Thus, therapeutic interaction is a communication of the subjective experiences of both the client and the counselor, both of whom must be attended to in the therapeutic context. This interplay between one party and another is a much richer and more accurate conceptualization of disclosure of childhood sexual abuse than are the dominant paradigms of disclosure to date, which focus on disclosure as a linear, one-directional communication of an event from one person to a passive receiver.

Disclosure as a Relational Experience for the Survivor

The unifying prism through which I interpreted the disparate experiences of the participants' disclosures described in Chapter 4 is that adult male survivors of child sexual abuse primarily seek affirming relationships. Upon the first reflection, one might

assume that these themes converge into this one superordinate theme. I interpret from the participants' stories, rather, that the disparate themes identified in this research diverge from this deeply held desire to be in affirmative relationships, as described in this graphic:

Table 2: Unifying Prism



As this graphic depicts, adult male survivors' desire for affirmative relationships is the internal catalyst for disclosure. They understand their disclosure will "throw a grenade" into the emotional balance of the one receiving the disclosure. This sensitivity fosters in the adult male survivor an acute awareness of the other's emotional reaction to the disclosure. Adult male survivors disclose their "monsters in the deep" in an effort to establish companionship, to overcome their isolation through a partnership with someone who is willing to be with them as they confront the monster in the deep. Lastly, they are seeking empowerment. After having been subjected to sexual abuse, they are seeking to assert their own wants and preferences regarding their recovery.

Counselors' responses can foster that connection that begins to satisfy through a healthy, therapeutic relationship the adult male survivor's desire for affirmative relationship. Counselors in their responses to the client can also reinforce the isolation and disconnection that adult male survivors experience. Counselors' reactions are key to the outcome. A balanced affective emotional response, an affirmation of the collegiality of the therapeutic relationship, and empowering the adult male survivor fosters connection and serves as a catalyst for further disclosure. An imbalanced emotional reaction (either through emotional overreactions or passive, unemotional responses), dismissing, minimizing, or ignoring the disclosure, and disempowering the adult male survivor by taking control of the next steps of treatment all serve to reinforce disconnection.

All three of the participants of this study discussed their acute awareness of others to whom they disclosed their experiences of childhood sexual abuse. This awareness is discussed in detail in the theme identified as "Throwing Grenades." This vigilance these survivors described to the reactions of those to whom they disclose can be understood as one part of the intersubjective, interpersonal exchange captured in relational theories. The acute awareness they demonstrate means they are highly sensitive to the emotional reactions of others when they as survivors share their stories of abuse.

The emotional disturbance that others experience when these male survivors disclose their experiences of abuse is an appropriate response to the male survivors' experiences. These male survivors experienced things that are disturbing. The male survivors in this research demonstrated a tendency to perceive that disturbance in the one

to whom they disclosed as a rejection leaving them with a deeper sense of ostracization rather than as confirmation of the painful experiences to which their abusers subjected them. These male survivors are sensitive to the emotional reaction of the one to whom the abuse is disclosed in the relational exchange. An emotional overreaction would give the impression that the one receiving the disclosure cannot process the information. A passive, unemotional response makes the adult male survivor question whether the individual cares at all. Mental health providers should identify their own emotional reaction, demonstrate a balanced and controlled emotional reaction, and express confidence that the emotions can be managed effectively. In the relational exchange, this type of reaction communicates to adult male survivors that their own emotions are appropriate, can be controlled, and can be managed.

The desire for affirmative relationship manifests in the other themes, as well. Within the theme of "Monsters in the Deep" is the internal struggle these male survivors expressed. In one sense, the "monster" within is something of which they are ashamed or that they fear or that they don't understand. They hide this "monster" because it is the part of themselves that they fear, loathe, are ashamed of, or are confused by. On the other hand, they seek companionship in their confrontation of the monster. Adam, Bob, and Carl all expressed the desire to have someone who would "go into the deep" to confront the monster with them in a therapeutic and supportive relationship.

The theme of "That's Not What I Wanted" expresses the disempowerment of the participants, the sense of negation when another takes control in the disclosure event and coerces them into activities that they do not believe are helpful. The impetus for

disclosure of childhood sexual abuse for the adult male survivors in this study is their desire for affirmative relationships. The response of the one to whom they disclose can thwart that desire, leaving them feeling more isolated and alone, or the response can foster that connection and evoke further disclosure. This makes disclosure from the adult male survivors' perspective a relational experience.

In Adam's case specifically, Adam interpreted the reinforcement of isolation and "aloneness" as a self-inflicted stigmatization. Adam is particularly sensitive to the reactions of others. When the reaction is discomfort, Adam interprets that as rejection and blames himself for reinforcing his isolation and loneliness. Adam feels he would have been better off not to disclose, because while the connection he made with someone might be superficial, at least he was connected to them. Adam believes that he has reinforced his own isolation and blames himself for the ostracization when others react uncomfortably to his disclosure. If he had not have told, he would not be ostracized. Thus, stigma for Adam is a self-inflicted injury.

Disclosure as a Relational Experience for the Mental Health Professional

The other part of the relational exchange that occurs in the act of disclosure is the mental health professional's response to the disclosure of the client. Recommendations for counselors' responses to clients who disclose trauma, and specifically the trauma related to childhood sexual abuse, usually include empathic understanding, compassion, patience, and sensitivity (Farber et al., 2014). As Farber et al. (2014) assert, however, there has been little empirical, quantitative research that supports these responses as beneficial to survivors of any type of trauma, much less adult male survivors of

childhood sexual abuse. Relational theories as conceptualization frameworks support these types of responses.

In the relational exchange, adult male survivors of childhood sexual abuse begin assessing the mental health provider immediately. They assess the mental health provider for acceptance of their experience, for understanding, and for partnership in their recovery. This assessment of the mental health provider is part of pre-disclosure testing of the waters, so to speak. Mental health providers' responses of compassion, empathy, sensitivity, and patience can communicate an openness that invites disclosure.

Within the relational exchange of disclosure, there is a moment of shared vulnerability to traumatization in the moment of disclosure itself. For the survivor, responses that suggest discomfort, disgust, anger, or that communicate to the survivor that the counselor cannot manage the emotional experience of receiving the disclosure can retraumatize the victim. Adam described it like this, "…it makes me feel like my story's even worse than what it really is."

Mental health providers, however, share the vulnerability of the client in that relational moment of disclosure of trauma. Vicarious trauma, known by this and several other names to describe the concept, is a very real threat among mental health professionals who attempt to maintain relational openness to clients' traumatic experiences (Merriman & Joseph, 2018; Newell et al., 2016; Rasmussen, 2005; Yalch & Burkman, 2019). Mental health professionals may engage in any number of protective measures against this, including ignoring the disclosure in favor of other presenting concerns or taking control of the disclosure process (Merriman & Joseph, 2018;

Rasmussen, 2005; Yalch & Burkman, 2019). This could be an explanation for Adam's and Carl's experiences, in which the mental health professionals ignored the disclosure to focus on employment issues or referred for drug and alcohol treatment respectively. This could also explain Bob's experience, in which the mental health professional took control of the disclosure process and directed Bob toward finding the abuser in order to confront the abuser.

The response of the one to whom the abuse is disclosed can either empower, connect, and affirm the survivors or disempower, isolate, and invalidate the survivors. This relational exchange requires that counselors approach disclosure from a relational perspective, rather than according to the old paradigms of disclosure as one-directional, linear events.

The radical openness of both parties in a therapeutic relational exchange can be a powerful tool that supports male survivors of childhood sexual abuse in disclosure. If the mental health professional does not meet a male survivor with this radical and relational openness, it can be a barrier to disclosure or prevent full disclosure. This relational openness can create a mutual vulnerability in which, if not handled appropriately, could lead to the re-traumatization of the survivor and vicarious traumatization of the mental health professional.

Implications for Clinical Practice

Mental health professionals engaged in work with adult male survivors of childhood sexual abuse should take special precautions concerning vicarious traumatization and responding to adult male survivors' disclosure. Mental health

professionals who work with any population that has experienced trauma are more susceptible to vicarious traumatization (Molnar et al., 2017; Trippany et al., 2004). Mental health professionals can experience trauma reactions in the relational exchange that occurs in the therapeutic setting. The intersubjective exchange can have a damaging effect on the well-being of care providers.

Counselors should take care not to address their own needs when working with traumatized clients. Adam and Bob understood the confrontation of the abuser in each of their respective situations as meeting the needs of those to whom they disclosed. Carl interpreted the mental health professional's response to send him to drug and alcohol treatment as being more about the mental health professional's comfort than about actually being helpful. If counselors arrest control of the disclosure experience from the adult male survivors, the counselors reinforce the survivors' sense of disconnection and the survivors feel disempowered in their own recovery. Counselors need to remain cognizant at all times of the survivors' preferences.

Implications for Counselor Supervision

The vulnerability that occurs in the relational exchange can be supported through good supervision and self-care practices on the part of the mental health professional (Chouliara & Narang, 2017; Farber et al., 2014; Weaver et al., 1994; Yalch & Burkman, 2019). In addition to providing clinical guidance, good supervision should provide role-modeling of a healthy relationship dynamic; even experienced practitioners need this modeling when responding therapeutically to survivors of trauma. Supervision in a relational theoretical framework requires supervisors' awareness of all three persons in

the supervisory triad, the supervisor, the supervisee, and the client (Frawley-O'Dea, 2003). Frawley-O'Dea (2003) and Frawley-O'Dea and Sarnat (2001), who first conceptualized a relational theoretical model for supervision, define a three-fold matrix model for supervision in a relational framework that includes supervisors' authority, the data to be processed in supervision, and supervisors' primary mode of participation.

Supervisors' authority in the context of relational supervision and relational practice derives from a negotiated equality within the supervisory relationship (Frawley-O'Dea, 2003). This is very much a parallel process to that which occurs in the therapeutic relationship between the supervisee and the client. This does not diminish the evaluator, assessor, or gatekeeper roles of supervisors within the profession (Frawley-O'Dea, 2003). The supervisor and supervisee, rather, co-construct the supervisors' roles as an evaluator, assessor, and gatekeeper in the context of their relationship (Frawley-O'Dea, 2003).

The data to be processed in the context of supervision in a relational framework includes the subjective and affective experiences of the supervisee (Frawley-O'Dea, 2003; Frawley-O'Dea & Sarnat, 2001). Frawley-O'Dea and Sarnat (2001) recognized in their supervision model the basic components of psychodynamic supervision, i.e. attention to the conscious and unconscious motivations of both supervisee and client and concepts surrounding countertransference (Frawley-O'Dea, 2003; Frawley-O'Dea & Sarnat, 2001). From the relational perspective, Frawley-O'Dea (2003) and Frawley-O'Dea and Sarnat (2001) contributed beyond the basic psychodynamic principles the insight that supervisors must also attend to the relationship and interchange that exists between the supervisor and the supervisee. In this, the supervisor serves as a role model

and teacher for the supervisee to be attentive to the supervisee-client dyad, including the interchange of subjective affective experiences between the supervisee and client. The supervisor also can help the supervisee process in a way appropriate to the context of supervision the affective experiences of the supervisee and more consistently be aware of the early onset of vicarious traumatization to help the supervisee reflect and, if need arises, to make appropriate referral to the supervisee for personal counseling (Peled-Avram, 2017).

The last important role of a supervisor within the triadic relationships of supervisor-supervisee-client is supervisors' self-awareness of the mode of participation (Frawley-O'Dea, 2003; Frawley-O'Dea & Sarnat, 2001). Supervisors' mode of participation is one of self-awareness, that is cognizance of the affective and relational exchange that occurs within the supervisory dyad (Frawley-O'Dea, 2003; Frawley-O'Dea & Sarnat, 2001). Supervisors using a relational framework make explicit their own affective experiences and reflections on the supervisory relationship (Frawley-O'Dea, 2003; Frawley-O'Dea & Sarnat, 2001). In doing so, the supervisee is invited to reflect on the relationship with the supervisor in deeper and more self-revealing ways (Frawley-O'Dea, 2003; Frawley-O'Dea & Sarnat, 2001). The supervisee, then, can parallel this means of explicit self- and relational reflection with a survivor of child sexual abuse in a way that invites deeper and more self-revealing concerns of the survivor. Therein lies the key to disclosure.

The ability of the supervisor to absorb, self-reflect, and own their affective reactions with the supervisee provides the supervisee a model on how to react to the

client. Supervisors must be self-aware enough both to not avoid or to take control of the supervisees' experiences. The mental health professionals with whom Adam and Carl worked ignored the disclosures and focused on other presenting issues. The mental health professional to whom Bob disclosed took control of the situation to meet the mental health professional's need to confront the abuser despite Bob's hesitation to do so. Supervisors can role model how to absorb, self-reflect, and own their affective responses while engaging supervisees' experiences without taking control of them. In addition to the relational exchange between supervisors and supervisees, supervisors can be explicit in these processes to help supervisees develop the skills to engage clients' trauma without ignoring it and without taking control of the situation.

Adam, Bob, and Carl in their disclosures at the various points of their life and disparate experiences of telling were really seeking relationships. They wanted a deep connection with another who would know their secret, the "monster" within, and still maintain a connection with them. The principles of relational theories, counselor self-awareness of affective exchange, the mutual vulnerability that this engenders, and the deep connection it forms, support on a theoretical basis the environment that would evoke disclosure and promote healing. It would be in survivors' interest, and in particular adult male survivors of child sexual abuse, for the paradigms that inform our understanding of disclosure to move away from the one-directional, linear models that have guided clinical practice toward a more relational model that encompasses the entire relational exchange that survivors already experience.

Implications for Counselor Education

Before a counselor can effectively treat trauma, they must be explicitly taught how to address it effectively, and most importantly, how to manage their own reactions to that trauma. The development of self-awareness and identification of personally effective self-care practices should be integrated throughout the curricula so that students graduate with an already well-developed skill set to manage their own needs. This will help students to engage the traumatic content of disclosure without controlling the therapeutic process of disclosure of trauma. Students who learn these self-awareness and self-care skills will be better able to empower the survivors who disclose and take care of themselves afterward. According to Marshall (2018), counselor educators should not only emphasize wellness as a critical part of trauma work but should also practice that wellness themselves.

The Council for the Accreditation of Counseling and Related Educational Programs (CACREP) 2016 Standards for accreditation of counselor preparation programs make explicit several times that counselor preparation program personnel should integrate various aspects of trauma in their educational curricula. Asselt et al. (2016) found that despite this call for instructors to integrate education on trauma, there is significant hesitancy among faculty to do so. This hesitancy came from the faculty members' own sense of ignorance of trauma care (Asselt et al., 2016). Asselt et al. (2016) called for special competencies to be developed surrounding trauma care to provide better guidance to faculty in counselor preparation programs about content and dosage of trauma education within the programs. Despite recognizing the importance of trauma

throughout the curricula, the 2016 CACREP Standards do not recognize that trauma could stand alone as a specialty area like other counseling areas, i.e. addiction, career, clinical mental health, and college counseling and student affairs. The development of special competencies could lead to the recognition that trauma training is a specialty area to be considered in accreditation standards.

Flint (2018) suggested that trauma education during counselor education and training would serve well to reduce the experiences of counselors developing vicarious traumatization. If students begin their preparation for managing their own affective vulnerability in the relational exchange, they will be better prepared to engage in self-care, seeking supervision, and use counseling services themselves. The educational curricula could include self-reflexive exercises that help students and counselors-in-training assess and identify signs of vicarious traumatization. Asselt et al.'s (2016) findings that faculty in counselor education programs felt incompetent to teach about trauma suggest supervision of students who may be working in environments where exposure to trauma is a regular occurrence may need to outsource supervision or ensure they have adequate competencies in supervising a more vulnerable counselor-in-training early in their career.

Lu et al. (2017) make specific recommendations for the integration of theoretical constructs of trauma and vicarious traumatization, presentation of multiple types of trauma and trauma survivors, the counseling microskills necessary to respond to trauma disclosure, and self-care strategies for counselors who engage in trauma work. Based on my research, I endorse these core curricula items Lu et al. (2017) defined.

Individual counseling programs should begin to integrate trauma courses that expose students to the various types of trauma that people experience. Widening students understanding of trauma would do well in preparing them to confront the public perception of female-victim/male-offender in sexual abuse. Broadening the types of trauma to include male-victim scenarios can help promote a better and more diverse conceptualization of trauma.

Frameworks beyond basic diagnostic criteria for post-traumatic stress disorder (PTSD) can provide a better conceptualization of client trauma experience. These frameworks should include the multiple manifestations that trauma symptoms may take within the individual who has experienced trauma and the psychosocial impact of traumatized individuals. Bob and Carl turned to drugs and alcohol to manage the emotions of their trauma. Adam does not describe manifesting any trauma symptoms but continues to feel isolated and ostracized because of his abuse. Faculty in counselor education programs should help students conceptualize trauma reactions beyond the diagnostic symptoms of PTSD.

Faculty in counselor education programs should integrate into their basic helping skills courses trauma-informed practices that allow for the evocation of disclosure through awareness of relational theories. Adam, Bob, and Carl all sought relational connection in their disclosure of their sexual abuse. By ensuring that students understand the basics of relational transtheoretical principles, program faculty can help students in their professional interactions with clients to make the connection that may evoke disclosure, and prepare students for the vulnerability they will experience themselves.

CACREP as an organizational leader in counselor education programs could do much to promote these principles through the development of a specialty accreditation in trauma-informed care. Better educated counselors will make more effective counselors so that others who disclose will not experience their disclosures being ignored like Adam and Carl or being re-directed like Bob. These better counselors can also become more competent counselor educators and supervisors themselves for self-sustaining change within the counseling profession surrounding trauma care for clients and vicarious traumatization care for counselors.

Implications for Social Change

Consistent with Field Theory, social change efforts should begin with social change agents gaining a comprehensive understanding of the contextual field in which an identified social problem exists. The research I have done here contributes to this understanding by challenging the traditional paradigms of disclosure as a linear, unidirectional event. Properly understood within the lived experiences of the participants of this study, disclosure of childhood sexual abuse for adult male survivors is a relational exchange that begins prior to disclosure and continues throughout the treatment process.

Once social change agents understand the contextual field of a social problem, social change agents can begin the process of raising awareness in society to start a public debate. This is a necessary step to move society into a state of societal ambivalence. Societal awareness of the prevalence and impact of child sexual abuse has already begun, but the effects of child sexual abuse on men still are underestimated and sometimes dismissed. The participants of this study reported in their experiences that

even counselors will ignore or redirect male survivors' disclosure of having been sexually abused as a child.

Both Adam and Carl described that the mental health professionals' responses to their disclosures of child sexual abuse were focused on what the mental health professionals perceived as more current presenting issues. Adam's mental health professionals shifted the focus to employment problems. Carl's counselor shifted the focus to Carl's alcohol use. This is reflective of the greater level of societal ambivalence toward adults who disclose. Questions persist in the social discourse like, "If it was really bothering them, why did they wait so long to disclose?" (Hawkins et al., 2019). All of this suggests that society at large continues to be in a state of societal ambivalence toward child sexual abuse, but more specifically child sexual abuse of male children.

Once the public debate begins and society begins to experience societal ambivalence, Social Diffusion Theory asserts that social change agents should identify leaders who can help diffuse new information, attitudes, beliefs, and behaviors. I assess that the excellent work that has been done to date to raise awareness has moved society to a contemplative stage of change toward the treatment of male survivors of child sexual abuse. In the following sections, I will identify leadership organizations that can assist in diffusing new social attitudes, beliefs, and behaviors in addressing the needs of male survivors.

Engaging Educational Institutions in Leadership

The majority of sexual violence prevention programs offered in educational settings continue to perpetuate the narrative of female-victim/male-perpetrator. Even

programs that specifically target men to become social change agents do so from the dichotomous perspective of female-victim/male-perpetrator. This only serves to reinforce the victim-to-offender narrative. It also serves to emphasize the male survivors' feelings of being unique, an "anomaly" as Adam described, or alone as I presented in the thematic analysis.

Educational settings have the unique opportunity to present sexual education curricula that includes sexual violence prevention to children, adolescents, and adults. Sex Education curricula in schools should include materials containing definitions of consent and sexual safety and be adapted to include more gender-neutral materials or more equitable representations of both male and female victimhood. School-based counselors should be highly trained in trauma-informed care principles and relational theories so that the environmental conditions to evoke disclosure might be more universal.

Engaging Community Organizations in Leadership

Churches as social organizations continue to wield significant social influence (McLeland & Sutton, 2008). This social influence can have positive effects. Lumpkins et al. (2016) describe how they effectively mobilized churches in the African American community to address the high rates of colorectal cancer in this minority group. This is a model of how churches can be engaged in a social issue influencing social change as a leadership organization. Given the scandals surrounding the sexual abuse of minors particularly in the Catholic Church, churches should approach the topic with sensitivity and transparency. Churches have a unique opportunity to become leaders in social change

that promote educational opportunities to help families cope with disclosure in a way that empowers and supports survivors.

Mental health organizations can contribute significantly as social change leaders, as well. Mental health organizations at local, state, and national levels can emphasize training in trauma care, including trauma experienced by significant groups. Using the already significant channels in place to address the needs of gender and sexual orientation minority groups, organizations that promote sexual health and are dedicated to the eradication of sexual violence can integrate messages regarding child sexual abuse in their messaging. This will be an important step in helping to address the stigma associated with child sexual abuse and provide resources for male survivors. Bob and Carl both struggled with their sexual identities after their experiences of abuse. Having LGBTQ+ support organizations involved in helping victims come forward can address the needs of male survivors who do not come forward because of their sexual orientation confusion.

Engaging Celebrities in Leadership

Celebrities have long been used to promote social change, even if only in commercial sales of a product (Valente & Pumpuang, 2007). With recent admissions of childhood sexual victimization by celebrities like actors Tyler Perry and Corey Feldman and players in professional sports like MLB pitcher R.A. Dickey and professional hockey players Sheldon Kennedy and Theoren Fleury, the opportunity for celebrity leadership in promoting change is present. Adam, Bob, and Carl all discussed the importance of seeing other survivors of abuse in overcoming their sense of being alone in their experiences.

Celebrity spokespersons can use their platforms to speak directly to victims to come forward.

Activating Leadership Groups

Leadership organizations are not necessarily those organizations that set policy, create laws, or govern the economy. Leadership organizations are those organizations that wield societal influence, set societal norms, and serve as spokespersons for social issues. Engaging leadership organizations means engaging the leadership of these organizations. The issue of child sexual abuse, and in particular equitability in the treatment of and respect for male survivors, must be presented to the various leadership organizations in a way that it is relevant to their missions and seems a natural expression of their vision. Once leadership organizations in society are engaged, changes in social attitudes, beliefs, and behaviors will follow. As these attitudes, beliefs, and behaviors are adopted on a systemic level by a critical mass of individuals in society, laws change, social structures change, and systems change. By engaging change in this way, social change is nomic and self-sustaining.

Limitations

There were several limitations to this study, the primary one being access to study participants. As described in Chapter 4: Results, multiple efforts to gain access to this very private community of survivors yielded only five contacts of whom only three were able to complete the interview in a timely manner. The small sample size is required in IPA due to the ideographic nature of this research method. Limitations in access to this population meant that the participants were more homogenous than I intended, in that

they were all within the same age range and all Caucasian in ethnicity. The research could be continued after the publication of these results so that a larger collection of interviews can be analyzed using the interpretative phenomenological method.

Delimitations

The delimitations of this study surrounded the identity of the participants and the perpetrators. All participants were cisgender, adult, male survivors of childhood sexual abuse whose abuse began at an early age (at or prior to age 12) and who waited until adulthood to disclose to a mental health professional. The delimitations concerning the perpetrators of abuse were that the perpetrators were adult men at the time they perpetrated the abuse. These delimitations are in keeping with the ideographic nature of IPA and open the opportunity for further research.

Opportunities for Further Research

Due to the ideographic nature of this study, which requires the use of a participant pool with very specific demographic characteristics, opportunities for further research using the same methodology and approach can be implemented with other demographic groups, i.e. men with non-traditional gender and/or sexual orientations, men who first disclosed to mental health professionals in childhood, and men who have never spoken to a mental health professional about their experiences of abuse. One could expand the research to include men of other cultural heritages to compare disclosure across cultural differences.

The research can also be repeated with the same group of survivors, but whose perpetrators were of other demographic groups, i.e. women or other children. There is so

little research on the specific experiences of male survivors of childhood sexual abuse that opportunities for other types of research are numerous.

There are multiple research opportunities into best practices in supporting and evoking disclosure for all survivors of abuse, and relational theories have important and untapped contributions to make in this area. Furthermore, research should continue exploring the various disparities of civil and criminal handling of abuse cases, including disparities based on gender, relationship, and social role of the perpetrator. Research should also continue regarding the experiences of vicarious traumatization of mental health providers, and more particularly in ways that supervision and self-care can effectively promote the personal well-being of mental health providers.

Conclusion

The prevalence of child sexual abuse will continue to make research regarding the experiences of childhood sexual abuse an unfortunate necessity. It is important that in professional and advocacy approaches to this topic, scholars and practitioners do not focus exclusively on one demographic group. Child sexual abuse affects people across all cultures, age ranges, and all identified genders. Scholars and practitioners must understand disclosure to support recovery, as evidence continues to indicate earlier disclosure leads to better recovery (Lev-Wiesel, 2008; Parry & Simpson, 2016). Scholars and practitioners have only scratched the surface of the experiences of male survivors of child sexual abuse.

I found in my interviews with the participants of this study that disclosure is a highly relational experience. Adam's gem, in which he states that in his disclosure he

stigmatizes himself, speaks to the retraumatization that can occur when counselors mishandle disclosure. It is a second ostracization. Adam already felt like an anomaly, or as he put it, “a freak,” because of the abuse he suffered. His experiences of disclosure, and more specifically his experiences of others’ responses to his disclosure, have only reinforced his sense of ostracization, a second ostracization that he interprets as self-imposed. If he had not told, he would not be further ostracized. Adam’s experiences speak directly to why scholars and practitioners must understand disclosure and respond more effectively.

When counselors approach disclosure as a relational reality, rather than in paradigms that frame disclosure as a linear, one-directional event, these counselors increase the likelihood of disclosure. Counselors also offer better support to the survivors once disclosure is made. Understanding the relational exchange will help counselors better prepare themselves for the vulnerability that this relational exchange of disclosure engenders. Counselors can do more to seek supervision and self-care to prevent or, at least, to manage more effectively vicarious traumatization.

Social changes are necessary to support male survivors of childhood sexual abuse. These changes should include eradicating the unintended ostracization of these men that can result in mishandled responses to disclosure. This ostracization may communicate that male survivors of childhood sexual abuse are “monsters” who are sexual aggressors themselves, that they are the only ones who have experienced sexual abuse, and that they have no real control over their experiences in recovery.

Male survivors of child sexual abuse long for connection with others. If these survivors feel that the disclosure of their abuse is going to reinforce their "separateness" from others, they will continue to be hesitant to disclose, delaying intervention and delaying their recovery. Counselors, counselor educators, and supervisors can play a unique role as social change agents. Better education and supervision of counselors in trauma-informed responses can help create the therapeutic relationships that will evoke disclosure. It will also better equip counselors to empower survivors of trauma after the disclosure is offered.

Counselor educators and mental health professionals can also take on the unique role of being a leader among leaders. Social diffusion theory has demonstrated efficacy in creating social change surrounding other forms of sexual violence (Pierotti, 2013). Deep, nomic social change happens when leaders influence the attitudes, beliefs, and behaviors of society. By identifying and activating leadership organizations like educational institutions, churches, social support organizations, and celebrity advocacy, counseling professionals can become a leader among leaders to move social attitudes toward better support and response to male survivors of childhood sexual abuse, too.

There is so much work to be done surrounding the eradication of childhood sexual abuse and support for those who have suffered it. This research is a small contribution to the overall understanding of this social scourge. If social change agents can activate enough leadership in society to reach a critical mass, attitudes, beliefs, and behaviors will change. The goal is a society in which everyone, even the smallest children, can live in safety. Until that goal is achieved, we must be ready to support, protect, and embrace

those who have been hurt. When adult male survivors of child sexual abuse disclose, it is an effort to engage in an affirmative relationship that is necessary for their own healing. Mental health practitioners and scholars can play a unique role in healing adult male survivors of child sexual abuse through competent practice and in healing society through leadership to create true, nomic change.

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Appendix A—Interview Questions

1. Help me understand what led you to disclose your childhood sexual abuse to a mental health professional when you did?
    a. Possible prompt: What was happening in your relationships at the time?
    b. Possible prompt: What was happening in your professional/work life at the time?
2. Please, tell me about any specific experiences you may have had that prompted you to disclose the childhood sexual abuse you experienced.
    a. Possible prompt: What did those experiences mean to you at that time?
3. Tell me about one specific experience that may have been the proverbial "straw that broke the camel's back" that prompted you to disclose?
    a. Possible prompt: What made this experience particularly influential?
4. Please describe anything that you may have done to prepare yourself for the disclosure (Cacciatori, 2017)?
    a. Possible prompt: Tell me about what happened between when you decided to disclose and when you actually told a mental health professional.
5. Please describe in as much detail as you can remember the exchange you had with the mental health professional in which you disclosed the abuse.
    a. Possible prompt: What was the emotional experience you had immediately prior to disclosing?
6. What was the experience of disclosing like for you (Desierto, 2014; Seville, 2011)?

7. As you look back at the experience, please tell me about anything that would have made it easier for you to disclose (Desierto, 2014)?
8. How did you decide on the specific mental health professional with whom you disclosed (Desierto, 2014)?
9. Please tell me about other attempts at disclosure, but you decided not to disclose it at that time.
    a. What held you back from disclosing at that time?
10. Please tell me about any point in time where you may have regretted disclosing the experience of childhood sexual abuse (Desierto, 2014).

Appendix B—An Invitation to Participate in Research

Greetings,

I am James (Jamie) Smith, a Ph.D. candidate with Walden University. As part of my final capstone project, writing my dissertation, I am conducting research on the lived experiences of disclosure of childhood sexual abuse (CSA) by adult male survivors to mental health professionals. I hope this research will benefit both mental health professionals and adult male survivors of CSA in several ways.

This research may benefit mental health providers, who are ill-prepared in their ability to assess, diagnose, and treat adult male survivors of CSA. Understanding the process of disclosure might help mental health professionals better support adult male survivors by better understanding their experiences of disclosure.

Understanding the experiences of disclosure may also help adult male survivors. Adult male survivors of CSA face barriers unique to them when it comes to disclosure, barriers that include social stigma relative to childhood sexual abuse. By understanding how adult male survivors faced those unique barriers to disclosure, mental health professionals might help reduce social stigma and facilitate disclosure more readily.

The nature of my research requires participants who are very similar. If you are an adult male survivor of childhood sexual abuse and meet the following criteria, I hope you will consider participating in this research:

1. Adult male survivor of childhood sexual abuse that began in early childhood (prior to puberty) and was perpetrated by an adult male (someone over the age of 18).
2. You discussed in adulthood the experiences of childhood sexual abuse with a mental health professional

If you meet the above criteria and are willing to participate in this research project,

Sincerely,

Jamie Smith