

The Lens of Masculinity: Trauma in Men and the Landscapes of Sexual Abuse Survivors

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The aim of this study was to identify the implications of masculinity for male sexual abuse survivors. To address the lack of research on male sexual abuse survivors, this study focuses on the trauma sustained by male survivors and the interplay of the cultural concept of masculinity. Given the sensitive nature of this topic and to protect the respondents, a 3-phase methodological design was used. Initial observation of the participants in the treatment groups was followed by fieldwork involving focus groups and, eventually, in-depth individual interviews. This study's implications for social workers helping male sexual abuse survivors are discussed through the lens of masculinity.

KEYTERMS Masculinity, Sexual abuse, Men, Trauma, Survivor

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The Landscape of Sexual Abuse

Sexual abuse has been an area of public concern since the 1980s (Finkelhor, 1994a), and an increasing number of studies have been dedicated to the issue (e.g. Finkelhor, Hotaling, Lewis & Smith, 1990; Godbout, Lussier & Sabourin, 2006; Tavkar & Hansen, 2011; Tremblay, Hébert & Piché, 1999; Zhao et al., 2011). Sexual abuse has been defined as the initiation of unwanted sexual contact. Rape, gender harassment, seductive behaviour, sexual bribery, sexual coercion and sexual assault are some of the categories of sexual behaviour (Finkelhor, 1991) that occur without consent and under ‘abusive conditions’ (Finkelhor, 1994a, p. 32). Child sexual abuse refers to cases in which children are threatened with or forced/asked to engage in sexual activity. In summary, any sexual contact without consent is defined as sexual abuse (Finkelhor, 1991, 1994a).

Although sexual abuse is increasingly discussed in the literature, it remains a sensitive topic in daily life. Studies have reported that many survivors have never disclosed their experiences to others (e.g. Finkelhor et al., 1990). The term ‘sexual abuse’ is rarely mentioned in everyday conversation, where instances may go unnoticed. Awareness of the issue varies across locations and cultures, yet it is considered an international problem (Finkelhor, 1994b) that deserves further investigation. The aftermath of sexual abuse as experienced by males should not be neglected, and this paper presents a deeper understanding of male sexual abuse survivors.

Expanding the Perspectives in the Landscape

Most research on sexual abuse has focused mainly on females’ perspectives (e.g. Arata, 2000; Filipas & Ullman, 2006; Harper, Richter & Gorey, 2009; McDonagh et al., 2005). Many female survivors are reported to suffer from interpersonal and communication difficulties as a direct consequence of sexual abuse (Donhauser, 2007).

Other symptoms such as anxiety (Beitchman et al., 1992; Briere, 1992; Donhauser, 2007), depression (Beitchman et al., 1992; Briere, 1992; Donhauser, 2007), lack of self-care (Donhauser, 2007), dissociation and low self-esteem have also been reported. Victims have been described as pessimistic, solitary and isolated individuals with strongly suspicious natures. Some have also been found to suffer from borderline personality disorder (BPD) (Beitchman et al., 1992; Briere, 1992; Donhauser, 2007), dissociative identity disorder (DID) and post-traumatic stress disorder (PTSD) (Alisen, 2003; Beitchman et al., 1992; Donhauser, 2007).

Female survivors may suffer from cognitive impairments, venereal diseases and maladaptive behavioural problems (McCliment, 2008) as a result of their traumatic experiences. Survivors also have a tendency to lean on family members, with the family described as a unit with its own structure and set of interrelated subsystems wherein all members are mutually affected (Minuchin, 1985). Thus, survivors' maladaptive behavioural problems can play a role in the family dynamic and children may learn to imitate their parents' behaviour (Frazier, West-Olatunji, St. Juste & Goodman, 2009; Wekerle, Wall, Leung & Trocome, 2007). In the long term, the next generation of sexual abuse survivors may learn and apply such maladaptive behavioural problems in their own lives, so that both their own and their families' lives are eventually affected.

Male Sexual Abuse Survivors

The findings discussed above were derived mainly from studies of female survivors. Male survivors may well have different experiences, yet they are underrepresented in the literature. The aftermath of sexual abuse as experienced by males should not be neglected, and a deeper understanding of male sexual abuse survivors is certainly warranted.

The literature suggests that in general, men experience abundant hardships

related to their gender-specific roles. Furthermore, public perception indicates that men are often seen as the source of problems (Brooks & Silverstein, 1995), especially issues related to violence, gambling and sexual abuse (Eisler & Skidmore, 1987). Although males are less often seen as victims, research from various countries has revealed that sexual abuse is not limited to females (Alaggia & Millington, 2008; Dhaliwal, Gauzas, Antonowicz & Ross, 1996; Finkelhor, 1994a; Finkelhor et al., 1990; Holmes, 2008; O’Leary, 2009).

Males are generally seen as the physically stronger sex (Courtenay, 2000; Green & Taylor, 2010), and characteristics such as competitiveness (Scourfield, 2004), aggression (Green, & Taylor, 2010; Holland, & Scourfield, 2000) and independence (Holland, & Scourfield, 2000) also tend to be associated with masculinity. To match this ideology of masculinity, a male might present himself as a strong figure, yet the aftermath of sexual abuse experienced by males may not be any more positive than that experienced by females.

The Ideology of Masculinity

The ideology of masculinity is recognised in both Western and Eastern communities such as in Japan (Chan & Hayashi, 2010), Norway (Brandth & Haugen, 2000) and the United Kingdom (McDowell, 2001). In these cultures, men are socialised to be tough, rational and competitive (Blanchard, 2003; Good, Borst & Wallace, 1994). There are various expectations of how masculine identities play out. In addition to expectations of strength, competitiveness, aggression and independence, masculinity also tends to be associated with various problems or deficits such as anti-social and destructive behaviour (Scourfield & Drakeford, 2002) and substance abuse (Holland & Scourfield, 2000).

Due to the constraints induced by masculinity, men are regarded as physically and mentally strong. In a study on males who had experienced sexual abuse during

childhood, Bouvier (2003) found that 11.6% became perpetrators in their later lives. The male victims were more likely to be defensive than non-victims and may have developed a tendency to become abusers to protect themselves (Beitchman et al., 1992; Briere, 1992, 1996; Donhauser, 2007).

Gender also applies restrictions to people in terms of their thoughts and feelings. Males are often seen as breadwinners who should provide comfortable living standards for their wives and children, not only in Chinese culture (Higgins & Sun, 2007) but also in Western cultures including the United Kingdom (Scourfield, 2004; Scourfield & Drakeford, 2002) and Australia (Bittman, England, Folbre, Sayer & Matheson, 2003). To maintain an identity that matches the predominant masculine ideology, men are less likely to reveal their traumatic experience or express frailties that might threaten or destroy such an identity. The literature supports the idea that males are less likely to share accounts of past sexual abuse (e.g. Finkelhor et al., 1990). Hence, male survivors might experience much more pressure as a result of distorted images of masculinity (Pleck, Sonenestein & Ku, 1993).

Contrast between Female and Male Sexual Abuse Survivors

Both male and female survivors of sexual abuse suffer physical and psychological damage. Gore-Felton et al. (2006) found that male survivors who have unprotected sex with men run a high risk of HIV infection. Research has also indicated that male survivors struggle to accept their traumatic experience (Bouvier, 2003), and antisocial personality disorders – which are common – can eventually disrupt interpersonal relationships.

Masten, Kochman, Hansen and Sikkema (2007) conducted group treatment for male sexual abuse survivors who had been infected with the HIV/AIDS virus. One participant reported that after his experience of abuse, he became addicted to compulsive sexual activities. Other participants admitted that they were confused

about their sexual orientations. Some of the participants suspected that their homosexual orientations were a result of their experience of sexual abuse. Most research has demonstrated that sexual abuse survivors have negative emotions due to their traumatic experiences (e.g. Alaggia & Millington, 2008; Dhaliwal et al., 1996; Lisak, 1994; O’Leary, 2009).

Male victims can be aroused by their traumatic experiences or during the sexual abuse (Romano & De Luca, 2006). Male survivors also tend to imitate their abuser’s behaviour or fantasise by recollecting their sexual abuse experiences (Lisak, 1994), whereas such patterns of behaviour have not been found among female survivors. Female survivors typically attempt to evade memories of their trauma to prevent further hurt through denial, self-isolation and disengagement, to relieve themselves from the negative effects of the abuse (Jonzon & Lindblad, 2004). The experience of sexual abuse evokes negative feelings among female survivors, who fear re-involving themselves in or recollecting traumatic experiences or abuse scenarios (Wortman, 2004).

Sexual abuse is always a traumatic experience, and victims of both genders encounter great hesitation and difficulty when recounting their experiences with social workers. In an attempt to develop sensitive treatments for sexual abuse survivors, several research studies have analysed the protective thoughts and behaviour of female survivors. Diverse tactics have been used to assuage the negative effects of female survivors’ experiences, including learning more about sexual abuse and developing coping strategies to compensate for their losses and protect themselves from further harm (Wright, Crawford & Sebastian, 2007). Two types of intervention-induced disclosure – task- and relationship-based (Teram, Schachter & Stalker, 1999) – have been identified. The task-based approach operates on the assumption that workers should not query abuse experiences and the related technique

uses questionnaires or open-ended questions during interviews. The relationship-based approach expects workers to offer appropriate responses to their clients once therapeutic relationships have been built. However, despite these past efforts, it remains to be seen whether these treatment approaches are effective, given the aforementioned gender differences. To date, treatments' gender-specific effects have not been systematically investigated, especially in Asian countries. Most of the studies that have been conducted on treatment outcomes have reported mainly on female survivors (e.g. Celano, 1996) or a mixture of both genders (e.g. Berliner, 1996; Cohen, 1998; 2005). There has been a distinct lack of comparative studies on post-treatment psychosocial adjustments in male and female survivors. One of the main reasons for this gap in the literature is that it is difficult to provide a single sexual recovery programme for male survivors given the 'wide variety of experiences of victimization', and the 'specific needs of individuals in recovery are similarly wide-ranging' (Lew, 1990). Group therapy, accordingly, seems to be a more common practice. However, it is worth noting that compared with their female counterparts, male survivors face particular challenges in their recovery including a 'widespread lack of understanding of male victimisation' (Lew, 1990). As experienced psychotherapist and group therapy leader Mike Lew (1990) explained, male survivors often find it hard to accept the experience as abusive, to disclose that they were abused and to seek help in their healing due to shame and fear. In a study conducted by Little and Hamby (1990) amongst therapist-survivors with child sexual abuse histories, therapists working with male victims needed to be aware of possible gender differences in symptom reporting and the effects of healing strategies. It appears that while many treatment processes seem to be the same for male and female survivors, some extend special concern to men. The differences, according to Lew (1990), are largely culturally and socially constructed from the different ways in which we define

masculinity and femininity, and how we define and respond to victimisation. In this sense, it is necessary to investigate and understand male survivors' subjective experiences and needs to develop and provide treatments that are tailored to males' unique survivor experiences.

The Needs of Male Sexual Abuse Survivors

Not only have treatment designs marginalised male sexual abuse survivors, but also resource allocation has been uneven, and most treatments are limited to female survivors. Various services provide support for female survivors in Chinese communities, including Hong Kong. The Garden of Hope in Taiwan (n.d.) was established to provide shelter for sexually abused women. In Hong Kong, Rainlily (2009) and the Caritas Project for Adult Survivors of Childhood Trauma (1996) offer emergency services, therapeutic groups and medical and counselling services for abused women.

According to the Social Welfare Department (2009), child sexual abuse cases in Hong Kong increased by 5.5% from 2007 to 2009, a statistic that has drawn significant public attention. Moreover, of the 396 reported sexual abuse cases in 2009, 98.5% of the victims were female. As a result, most services and sexual abuse studies have been targeted towards female victims, leaving male victims somewhat neglected. To unravel the needs of those male sexual abuse survivors, this research was conducted in cooperation with Caritas-Hong Kong, which provides multiple services including services for men.

METHODS

This was a qualitative research study that included both focus groups and individual interviews. The participants enrolled in this study were recruited through the Caritas Project, which is an intervention programme provided by Caritas-Hong Kong for male sexual abuse survivors. Non-probability purposive sampling was

applied because the study was designed to investigate a predefined group of male sexual abuse survivors in Hong Kong.

The study consisted of three phases. The first phase was the Caritas Project intervention programme, which included six group sessions for male sexual abuse survivors to disclose and share their personal stories relating to their sexual abuse experiences. The second phase was a more in-depth investigation that involved three focus groups with male survivors, designed to understand the effect and sequelae of sexual abuse incidents and to discuss their experiences in the help-seeking process and assistance received. The final phase involved in-depth-individual interviews with eight male survivors to provide a more in-depth understanding of their inner voices. More detailed elaborations of these three phrases are discussed in the following section.

The male researcher is the author of this article whilst the female researcher is a social worker. Both of them are not working with the participants or the participants don't know the researchers before. Both the researchers got solid exposure about the landscape of gender sensitivity, so that the no explicit biases were hold by them. On the other hand, both of them got much curiosity about the issue. This study was formally approved by the Committee on the Use of Human and Animal Subjects in Teaching & Research (HASC) of the University.

Phase 1

Twelve males aged between 26 and 52 with a mean age of 34.6 years participated in the research. All of them had been sexually abused between the ages of 3 and 31, with three participants also reporting experiences of physical abuse.

The first phase consisted of the intervention programme – the Caritas Project for Adult Survivors of Childhood Trauma – for male sexual abuse survivors. The intervention programme included six group sessions in which space was created for

the male survivors to disclose and share their personal stories relating to their sexual abuse experiences. One female and one male social worker from Caritas, each with more than ten years of experience in handling treatment groups for sexual abuse survivors, facilitated the process of sharing and disclosure. The researchers sat in on each of the six therapeutic group's sessions to gain a more accurate understanding of the feelings of the male survivors as exhibited in the group treatments.

Phase 2

Ten male sexual abuse survivors who joined the Caritas Project for Adult Survivors of Childhood Trauma participated in Phase 2. The mean age of these ten male survivors was 34.9 years, ranging from 26 to 52. They had been sexually abused at ages ranging from 3 to 31. Three of these survivors were also physically abused.

The three focus groups were conducted from April to May 2009. Three professionals, one social worker and two researchers participated in this phase. The social worker was the same individual who had been in charge of the intervention programme in Phase 1. The inclusion of the social worker was to ensure that all of the participants were appropriately protected during the interview process. The social worker facilitated follow-up counselling work if necessary. The two researchers were the male researcher who facilitated in Phase 1 and a female researcher with social work training. Both researchers were experienced and sensitive in facilitating focus groups. Each of the male survivors was asked to fill out a background information sheet to give the researchers some general information about themselves and a brief history of their trauma experience. Once they had agreed to participate in the post-group individual interviews, they were asked to answer a list of 26 guided questions developed according to two major themes: 1) sense-making, which referred to the meanings or sense-making of the men's sexual abuse experiences, and 2) benefit-finding, which referred to the benefits the survivors perceived from the sexual

abuse experiences. The main focus of the discussion was on the perceived effects and sequelae of the abuse incidents, the survivors' help-seeking processes and the assistance they had received.

Phase 3

Eight male sexual abuse survivors participated in the in-depth-individual interviews in Phase 3. Their mean age was 37.1, ranging from 27 to 52. Six of the men had also participated in Phase 2. They had been sexually abused at ages ranging from 3 to 14. Two of the participants also recounted experiences of physical abuse.

The eight in-depth individual interviews began one month after the focus groups. Three professionals, with at least one female and one male, also participated in the interviews. The semi-structured interviews were intended to establish how the survivors perceived and felt about their individual experiences of abuse and the meanings they discovered from those events. These individual interviews provided a more in-depth understanding of the inner voices of the male sexual abuse survivors.

Data Analysis

Audiotapes of the interviews were transcribed. N-Vivo version 9 was used to facilitate the process of coding and conceptualisation, to identify text that supported the emergent themes and to generate further discussion. Pseudonyms were assigned to participants to protect their confidentiality. The data processing would adopt the 4 steps analysis (Kumar, 2014), namely identify the main themes, assign codes to the main themes, classify responses under the main themes, and finally integrate themes and responses. Both the researchers would start the coding independently with reference to the comprehension of traumatic sexual abuse experiences, the influences of the trauma and their transformation, and finally their coping. Common themes conceptualized in the focus group and individual interviews by the both researchers would be selected.

FINDINGS AND DISCUSSION

Comprehension of Traumatic Sexual Abuse Experiences

It has previously been assumed that sexual abuse survivors seek to dismiss the incidents from their minds. Surprisingly, some of the male sexual abuse survivors in this study did not agree with this assumption. Several worthwhile observations were made during this study. Eight out of the twelve respondents showed signs of developing a strong desire for sex after having experienced sexual abuse. They became very curious about sex and wanted to re-experience the physical arousal evoked by past sexual assault(s).

Five of the respondents showed signs of being addicted to sex. Male survivor Ivan stated, 'I would like to imitate the homosexual behaviour when I'm having sex ... I enjoyed it so much, I always want to recreate this feeling'. A similar emotional response was shared by survivor Leon, 'It's amazing. I don't think it is disgusting ... I think it's quite interesting, just like a game'. It was assumed that male sexual abuse survivors would have negative emotions about their experiences of abuse. However, the male survivors in this study tended to become sexually aroused by imagining the abuse. As Ivan reported, 'I sometimes feel excited when I recall past sexual abuse experiences'. The desire for sex among these male survivors might suggest that they had become addicted to sex.

The male survivors experienced physical arousal when they recounted their abuse incidents. Ivan explained, 'I am aroused whenever I recall the incident'. The survivors pointed out that they felt strong contradictions. During the sexual abuse, they were excited by the sex, even while resisting in an effort to protect themselves. Leon stated, 'I do not remember my physical response, but it was emotionally exciting'. To a certain extent, they re-engaged in the abuse scenarios and acted similarly to their abusers, but ironically suffered from feelings of guilt and immorality.

In addition, confusion between love and sex was perceptible among the male survivors. Several interviewees reported having been sexually abused by close family members, and they asked themselves whether the act of sex actually resembled the act of love. Survivor Gordon reported, 'I was always being beaten by my parents, and I felt love and concern while being abused by my father'. The survivors were children at the time they experienced the abuse, and were not mature enough to realise the meaning of sexual behaviour. For most survivors of sexual abuse, the incidents of abuse represented their first sexual experiences and, as such, the male survivors were unable to distinguish between sex and love. The male survivors noted that they were puzzled by notions of sex and love and somehow believed that sex was equivalent to love. Hence, these complicated thoughts and feelings influenced their daily lives. The differences in males' and females' physical responses to sexual abuse should be considered when treating male and female survivors.

The Influences and Transformations

The male survivors in our research were found to suffer from several negative effects, including interpersonal difficulties, anxiety and depression. Our findings echo those of previous studies.

A unique sequelae to the sexual abuse experiences of male survivors was the sense of emasculation that arose from being unable to protect themselves from their abusers. Most male survivors had low self-esteem and were forced to confront their inner feelings to make decisions; consequently, their interpersonal relationships were severely affected. Survivor Daren reported, 'After my classmates abused me, I had tremendous difficulties getting along with them. I became accustomed to staying away from others'. Other male sexual abuse survivors also isolated themselves. 'I rarely participate in any games involving physical contact. I swim alone as well', Ivan noted.

The male survivors simultaneously actively re-engaged in the abuse scenarios and isolated themselves. They did not avoid re-experiencing the traumatic experiences, but because they mistrusted others and resisted self-disclosure, they found it difficult to build intimate relationships. Both male and female survivors show a tendency to isolate themselves from others to protect themselves from further feelings of trauma.

The male survivors were considerably perplexed by the incidents of abuse they had suffered and perceived themselves as being controlled. As survivor Kevin indicated, 'I felt very hopeless previously because I could not fight against the abuser'. As their sense of security and self-identity had been damaged, the male survivors used their sense of power and control during sex with their partners as a means of asserting their sense of self-existence. 'I have no friends but I love to get close to various kinds of women to prove that I am not a victim', Ivan explained. The process of looking for their sense of self-existence resembled the process of self-confirmation. Male sexual abuse survivors revealed that they wanted to develop new identities, to be stronger and to have higher self-esteem to conceal their feebleness.

After experiencing abuse, it was not only the interpersonal relationships of the male survivors, such as their friendships and family ties, that had been harmed and interrupted, but their perceptions of love had also become entirely distorted. Kevin reported, 'Actually, my wife realised that I never had trust in her and others. I have no idea whether this pattern of thought is related to my mother or not, but I always maintain a distance from others in order to protect myself from harm'. Obviously, these survivors encountered great difficulties in establishing intimate relationships. They mistrusted others, confused sex with love and misused sex as an instrument to satisfy their needs. These participants had casual sex and/or multiple sexual partners at the same time, regardless of their marital status. They betrayed their wives due to their mistrust of relationships. The men showed themselves to be addicted to sex or

had a strong interest in sexual activities; however, they could not develop feelings of intimacy. Sexual addiction appeared to be a unique consequence of male sexual abuse that has not been found among female sexual abuse survivors.

The above findings were not the only consequences experienced by the male survivors interviewed in this study. A theme related to their sexual orientation emerged when five of the participants reported having adopted a homosexual identity after being abused. Most of the participants had been sexually abused during puberty, between the ages of 13 and 14. These were their first and unforgettable sexual experiences, from which they learned sexual behaviour and internalised their responses. The coercive sexual behaviour confused the survivors at an age when they had become curious about sex, and the confusion often accompanied them throughout their lifetime. Survivor Eric said, 'I think sex is really attractive'. Three interviewees said that they took more notice of male physiques, or even male sexual organs, 'I am interested a lot in male genitals', said survivor Francis. Survivor Jack explained why he had adopted a homosexual identity, 'It's because I was neglected by my mother, and she was a tough and arbitrary mother. Because of this, I think all females are similar to my mother; I can't get along with them. My father loved me very much and treated me patiently in contrast. Males are more likeable than females'. This shift in sexual interest among male sexual abuse survivors was another significant finding, offering a valuable insight. Their abusive experiences might not simply disrupt their self-identity, self-esteem, interpersonal relationships and sexual activity but also, to a certain extent, their sexual orientation.

How They Survived Their Painful Experiences

It was not easy for the survivors to undergo the therapeutic process, yet they reported feeling better after reviewing their traumatic experiences. Before attempting to heal, the participants had lived and dealt with their sexual abuse experiences

passively. Most experienced feelings of self-blame and attempted to live normally by evading the negative emotions that resulted from their sexual abuse experiences. Meanwhile, they rejected and mistrusted others. During the therapeutic period, they endeavoured to get along with others and live differently, engaging in activities such as going to church and taking part in counselling sessions. They began to accept their past and to live more congruently. 'When I reviewed my life and received the assistance offered by the workers, I knew that I should no longer be angry at others', Eric said. Although certain participants still lacked confidence, they became more willing to seek help from either workers or friends. Finally, these male survivors were able to regain their power and sense of self-control.

The Lens of Masculinity

Following the ideology of masculinity discussed above, it has been argued that masculinity is a potential underlying factor that leads to the marginalisation of men and sets men, rather than women, as the victims of the gender order (Scourfield & Drakeford, 2002). These perceptions of masculinity discussed in the section on its ideology have been argued to be relatively fixed, echoing the conclusion of Finkelhor et al. (1990) that males are less likely to share accounts of past sexual abuse and are more likely to experience additional pressure as a result of distorted images of masculinity (Pleck, Sonesnestein & Ku, 1993).

In contrast, Connell (see Scourfield, 2004) suggested that masculinity should be considered from a poststructuralist perspective. The identities of men are not fixed, but rather actively constructed and they vary across culture, age and other factors. However, the power relations and social dominance of masculinity identities obscure and limit the active construction of men's identities. Nevertheless, there is some evidence that masculine identities are not universally fixed. For example, Greenland et al. (cited in Scourfield, 2004) found that reluctance among men to seek help was not

universal; moreover, Doherty and Kartalova-O'Doherty (2010) also found that factors such as socio-economic status and education level were associated with different levels of disclosure among men. In short, these findings support Connell's idea that men's identities may be actively constructed and not fixed.

The perpetuation of male dominance can be clarified through emerging work on the nature of privilege in society. Taking a critical postmodern stance, Pease (2006) argued that 'a critical consciousness of oppression *and* privilege is central to understanding the ways in which our world views are shaped by our social positioning' (p. 15). He suggested that we see privilege as the other side of oppression, such that for every group that is oppressed another group is privileged (Pease, 2010). Connell (Connell, 2005) also argued that although men do have privileges that arise from their masculinity, such privileges might have become disadvantages with the rise of the feminist movement (Scourfield & Drakeford, 2002). Scourfield and Drakeford further argued that various problems such as substance abuse, destructive and aggressive behaviour and so on, might be due to the confusion over men's roles arising from the incongruity between masculine privileges and the changing social status or power gains for women (Scourfield, 2004). Masculinity may not render men superior or privileged in all circumstances, but it might dispose men to become the victims of a gendered social order if their actual needs are not thoroughly investigated. In this connection, we move on to a discussion of the implications for social work practice.

Firstly, social workers should be aware of the constraints arising from the cultural concept of masculinity, which can affect how male sexual abuse survivors express their experiences. Second, from a critical postmodern stance, workers should go beyond the traditional view of masculinity and consider how the cultural concept of masculinity plays a role in making survivors feel oppressed, rather than seeing only

the related privilege. Third, the ‘hegemonic masculinity’ debated by Connell (2005, 2007, 2009) may place male survivors at the second level of victimisation, or re-victimisation, because hegemonic masculinity limits the range of responses available to them. Fourth, workers themselves should be sensitised towards their own local and personal concept of masculinity, which will inevitably shape their approach to assessment and intervention. Finally, social workers and other assistance professionals should remember the lens of masculinity when working with male sexual abuse survivors in their culture, as it plays a role in shaping both their responses and their help-seeking patterns.

CONCLUSION

Abuse is clearly a negative experience that significantly affects male sexual abuse survivors, yet it has not been well acknowledged. Although the literature is not yet sufficient to understand the situations experienced by male sexual abuse survivors, this study seeks to shed some light on the need to provide social assistance designed for male sexual abuse survivors. This study echoes previous findings in terms of the conflicted physical and psychological feelings, negative emotions, higher rates of sexual behaviour and confusion over sexual orientation among male sexual abuse survivors. The findings further suggest that there are gender differences between males and females in terms of the aftermath of sexual abuse.

In addition to highlighting the effects of male sexual abuse, several interviews in this study also revealed feelings of love and hope among these survivors. The intervention programme helped the participants to understand that every human being experiences both positive and negative emotions, but that they had been forced into a position of tolerating and accepting their negative emotions instead of rejecting and disagreeing with them. Survivor Carl said, ‘I started to accept the fear, negative feelings and myself as well’. It is worthwhile for people, including male sexual abuse

survivors, to discover happiness through hardship.

Sexual abuse has a tremendous effect on all survivors, thus it is unreasonable and unfair to neglect male sexual abuse survivors. This group is under-represented in the literature, and this study provided a glimpse of some of the male victims' voices while firmly making the case for further investigation into these issues and the need for gender-sensitive treatments for male sexual abuse survivors. However, as this study used non-probability purposive sampling and the participants were exclusively recruited from the same organisation's intervention programme, the results may not be representative or generalisable to the general population. Accordingly, some male victims' voices may not be well presented in the current study. For future studies, probability random sampling is recommended to avoid this limitation. For instance, researchers might look for participants who have not been exposed to the Caritas programme to reveal hidden voices and add more variability to the narratives of male sexual abuse survivors and the conversation of sexual abuse.

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