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Sexual Violence, Masculinity, and the Journey of Recovery

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Sexual violence has been recognized as one of the most frequent forms of lived trauma worldwide (World Health Organization, 2013). Given their predominance as survivors, women have been the almost exclusive focus of research and support in this area to date. However, the growing number of studies exploring the sexual abuse, sexual assault and rape of boys and men has broadened the discourse around sexual violence and gender identity. Although the profound consequences are common to survivors regardless of gender, it is evident that particular aspects are connected to the manner in which the trauma is processed and expressed. There is a dearth of evidence on the experiences of men who seek professional help, such as counseling, nonetheless. Given the increasing number of male survivors accessing Irish Rape Crisis Centres (RCCs; Rape Crisis Network Ireland, 2015), the need for counselors to have knowledge of gender relevant interventions is of vital importance. In this article, we explore how norms of masculinity influence the recovery process in the context of RCC counseling in the Republic of Ireland. The findings enhance our understanding of the gendered nature of healing and have important implications for practice.

Keywords: masculinity, sexual violence, trauma, recovery, counseling

Sexual violence is a serious and widespread problem internationally and in the Irish context. Given its gender-based nature, research and support have primarily focused on the experiences of women. However, there is growing recognition of sexual violence perpetrated against men, predominantly in childhood (Coxell, King, Mezey, & Gordon, 1999; Davies, 2002; Light & Monk-Turner, 2009), in institutional settings such as prisons (Bourke, 2007; Kwon, Lee, Kim, & Kim, 2007; Segal, 1990) and during conflict (Carpenter, 2006; Loncar, Henigsberg, & Hrabac, 2010; Sivakumaran, 2005). Published in 2002, the only national study of Irish prevalence rates established that 28% of men reported some form of sexual abuse or assault in their lifetime (McGee, Garavan, de Barra, Byrne, & Conroy, 2002). Although the majority of survivors continue to be women and girls, these studies indicate that sexual violence perpetrated against men and boys is more

serious than initially thought. Moreover, there are important differences between women's and men's experiences of sexual violence. It is evident that although girls largely remain vulnerable throughout their lifetime, boy's vulnerability decreases as they reach adulthood. Also, men are less likely to report rape than sexual assault.

Research indicates that sexual violence has an equally profound impact on the physical and mental health of survivors, with consequences including deterioration in interpersonal functioning, anxiety and depression (Browne & Finkelhor, 1986; Davies, 2002; McGee et al., 2002). Grief, fear, anger, and shame are among a number of complex emotions that can result (Rothschild, 2000). Although women and men experience similar consequences, it is becoming increasingly evident that cultural constructions of gender play an important role in the manner in which the trauma is processed and expressed. Theorization of masculinity is gaining momentum within current gender discourse. Using a critical feminist analysis, Connell (1995, 2000, 2005) focuses on gender relations among men, which establish a hierarchy of masculinities that are always contestable, rather than fixed character types.

Hegemonic masculinity, the societal norm in the Western world, exists in the diverse forms of power ideally possessed by men, such as the power to dominate women and other men (Cheng, 2008; Donaldson, 1993; Segal, 1990). Masculine ideals, such as control and strength, become institutionalized in arenas such as the childhood family and sexual relationships (Connell, 1989; Mac an Ghail, 1994; Messerschmidt, 1999). Although white, middle-class, heterosexual men set the standard for other men, status aside, being a man means not being like women (Kimmel, 1994). Characteristics, such as sensitivity and expressiveness, are viewed as feminine and, therefore, unmanly. However, "most men necessarily demonstrate alternative masculinities in relation to hegemonic masculinity that variously aspire to, conspire with or attempt to resist, diminish or otherwise undermine hegemonic masculinity"

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(Connell, 2000, p. 1393). According to Hogan (2009), alcohol, sex and violence are three of the key indicators of hegemonic masculinity in Ireland. For instance, research highlights evidence of misogynistic attitudes toward women that are largely learned ways of proving one's manhood and power over women and children (Ferguson & Hogan, 2007). Although not explicitly stated, the hierarchies based on factors, such as physical stature, strength, or a gentle demeanour, provide an understanding of how men can also be victims of sexual violence. "The very sources of power for men contained in the prevalent model of masculinity are also the roots of their vulnerability, generating the possibility of any man being both a perpetrator and a victim of violence" (Dolan, 2003, p. 13).

Because being a victim transgresses traditional norms of masculinity, sexual violence becomes a process of emasculation for men (Bourke, 2007; Lew, 1993; Sivakumaran, 2005). This feminization is twofold, namely being reduced to a sexual object and being the powerless victim of violence (Kwon et al., 2007). Widespread cultural acceptance of traditionally demarcated gender behavior dictates that men should be capable of fighting back or escaping a confrontational situation (Davies, Pollard, & Archer, 2001). Culminating in feelings of shame, male survivors of sexual violence often internalize such victim-blaming attitudes. As men are more likely to have been violated by same-sex perpetrators (Finkelhor, Hotaling, Lewis, & Smith, 1990; McGee et al., 2002), they may also question their sexuality and may become fearful that they will be identified by others as homosexual (Gilgun & Reiser, 1990; Lew, 1993; Peel, Mahtani, Hinshelwood, & Forrest, 2000).

Societal norms of masculinity also influence men's help-seeking behavior. Conceiving of such treatment as unmasculine, men are less likely than women to seek professional help for mental health and emotional problems (Canetto & Sakinofsky, 1998; Courtenay, 2000; O'Neil, Lancee, & Freeman, 1985). A further compounding factor is that counseling may be perceived as a feminine space and is therefore often held in low regard by many men (White, 2009). "Male socialization does not easily allow males to express their feelings directly in order to confirm their sense of self-worth in a constructive and cathartic manner" (Seymour, 1998, p. 421). Although a minority of survivors access counseling (McGee et al., 2002), there can therefore be a greater resistance among men. The child sexual abuse literature indicates that men are thus more likely to experience greater difficulties coping and to have less success in resolving the trauma (Hunter, 1991; Orbuch, Harvey, Davis, & Merbach, 1994; Rew, Esparza, & Sands, 1991). They may also be at a higher risk of negative externalizing behaviors, such as aggressiveness and sexual risk taking (Chandy, Blum, & Resnick, 1996; Garnefski & Arends, 1998; Gomes-Schwartz, Horowitz, & Cardarelli, 1990). According to Lew (1993), rage is most likely a self-protective mask used to hide fear or sorrow. However, some men report being afraid of their anger or feeling confused about how and when to express it appropriately, some actively suppressing it as a result (Lisak, 1994). For others, fear of expressing anger is experienced in conjunction with explosive anger (Kia-Keating, Sorsoli, & Grossman, 2010). In a phenomenological study with male survivors of unresolved trauma, substance abuse also emerged as a common coping strategy and a means of suppressing difficult feelings (Alaggia & Millington, 2008). There is currently no comparative research in relation to adult survivors.

A qualitative study conducted with men self-identifying as having suffered from depression revealed that pressures associated with traditional norms of masculinity could complicate, delay or prevent recovery (Emslie, Ridge, Ziebland, & Hunt, 2006). Indeed, both nationally and internationally, higher suicide rates among men have been associated with an adherence to such norms (Payne, Swami, & Stanistreet, 2008; Murphy, 1998; Cleary, 2012). Easton, Renner and O'Leary (2013) further found that high conformity to masculine ideals among male survivors of child sexual abuse increased their risk of attempting suicide in the preceding year. However, Addis and Mahalik (2003) characterize potential help-seeking situations as contexts in which various meanings of masculinity are actively constructed. For instance, a man who generally conforms to emotional stoicism may characterize his choice to access counseling as one of taking control or not letting the problem beat him. A small number of men also choose to adopt alternative masculinities that promote healthy behaviors (O'Brien, Hunt, & Hart, 2005; Oliffe, 2005; Swami, Stanistreet, & Payne, 2008). One participant of Emslie et al.'s study described how his gender identity underwent a transformation through depression and therapy by being able to acknowledge his vulnerability, while also retaining a valued sense of masculinity. Indeed, the accounts of resilient male survivors of child sexual abuse reveal how renegotiation of masculine ideals enabled relational recovery, such as becoming more open with their emotions and developing intimacy (Crete & Singh, 2015; Kia-Keating, Grossman, Sorsoli, & Epstein, 2005; Kia-Keating et al., 2010). The context-dependent nature of help-seeking speaks to the ways in which men "do" and "undo" gender (West & Zimmerman, 1987; Deutsch, 2007). This growing body of literature has broadened the discourse around sexual violence and gender identity and our increased awareness is mirrored by the growing number of men accessing Irish Rape Crisis Centres (RCCs; Rape Crisis Network Ireland [RCNI], 2015).¹ However, there is a dearth of evidence on the experiences of men participating in sexual violence counseling² nationally and internationally. In this article, we explore the ways in which norms of masculinity influence the recovery process from sexual violence in the context of RCC counseling.

RCC Support

The first Irish RCCs were founded between the late 1970s and mid 1980s by women within the feminist movement (Smyth, 1988). The majority of RCCs came together under the umbrella of RCNI as a common advocacy, learning, and research platform. RCNI successfully achieved commitments to statutory funding and developed training manuals outlining the conceptual framework underpinning the RCC approach. Both humanistic and holistic, this approach is underpinned by an integrated framework that addresses the emotional and physiological consequences of trauma, in addition to the social context within which recovery takes place (RCNI, 2006).

¹ Although the number of men accessing RCCs has increased since 1990, in 2014, only 15% of clients were men (RCNI, 2015).

² Counseling and psychotherapy are often used interchangeably, yet they sometimes connote different meanings. RCCs employ the term *counseling*, which comprises short-term crisis support and longer-term deep therapeutic work.

RCC counseling offers survivors a space in which to be listened to and an opportunity to examine their feelings in relation to their traumatic experience(s). As rape, sexual assault, and sexual abuse are conceptualized as acts of violence involving abuse of power and control, empowerment is the guiding principle and goal of RCC therapeutic work, whereby the survivor is viewed as an active agent in their own recovery. The counseling relationship is conceptualized as the focal point of the healing process, in which trust, boundaries, and self-worth can be relearned. RCC counseling sessions comprise three stages. Stage 1 involves building the deep, transformative work to come on the solid foundations of the humanistic principles (Rogers, 1961), with a primary focus on establishing safety. The next stage entails accessing and deepening to get in touch with the experience beneath the story. As trauma is held in the body, this process involves working with the memories, sensations, feelings, and emotions that arise (Rothschild, 2000). The final stage of the recovery process involves integration and completion, building resources that the survivor can transfer into their daily life.

RCCs began providing services to men in the 1990s. Initially, there was resistance among the majority of centers as many counselors/coordinators struggled with reconciling their radical feminist identity with the provision of services to men. Furthermore, they feared that their presence would make female survivors feel unsafe. However, according to one RCC coordinator in an initial discussion regarding this research, "I ended up going to the SATU with a man . . . and it did actually really change my opinion. You get to know clients so I feel very differently about it now than I did then. It was a process". A content analysis of RCC counselor training manuals revealed that although centers have revisited the conceptual framework underpinning their provision of counseling to use an inclusive concept of victimization, their work with men is still at an embryonic stage (RCNI, 2003, 2006). Moreover, the growing number of men accessing RCCs renders the need for counselors to have knowledge of gender relevant interventions with this population vital. Counselors are made aware of the possible gendered consequences for men, in addition to the ways in which norms of masculinity influence responses to victimisation. An investigation of how traditional norms of masculinity affect interventions developed to treat women is, however, lacking.

Method

Overview and Design

This article draws on the qualitative findings of a larger doctoral study aimed at investigating the nature and effectiveness of RCC counseling in the Republic of Ireland using a mixed-methods approach involving survivors and counselors.³ Six RCCs within RCNI participated in the study.⁴ A particular focus of the interview phase of this research involved understanding how gender facilitates or impedes recovery. The principal researcher conducted five semistructured, in-depth interviews with male survivors. A purposive sampling strategy was used (Ritchie & Lewis, 2003). We determined the number of individuals selected for interviews by careful consideration of the sample required for valid and meaningful analysis within a qualitative framework. In order to ensure diversity within the sample, the key stratifying variables identified were gender, age group, type of sexual violence experienced, time

period when the trauma took place, and duration in counseling. RCC counselors facilitated recruitment of the survivors, who initially completed a questionnaire, upon which they indicated their wish to participate in an interview. Survivors had been accessing RCC counseling at the time of study participation for a period of at least 3 months. This timeframe was chosen to ensure that they were emotionally ready to participate in the research and that the duration was of a suitable length for investigation.

Participants

As shown in Table 1, the sample primarily consisted of men who experienced child sexual abuse, who had been participating in counseling for over a year at the time of study participation. Each of the participants indicated a lengthy delay in seeking specialized support, particularly those who were victims of sexual violence in childhood. Sam's decision to access RCC counseling was prompted by his involvement with GROW (Ireland's largest mental health organization). Although he has found their support valuable, he came to realize that he needed something more in-depth. John decided to make contact with his local RCC because of concern regarding negative behavioral changes, such as increasing introversion. Hesitant at first, he eventually overcame his fear of disclosing the sexual assault he experienced to a stranger. For Kenneth, self-destructive and violent behavior had become a way of life. Recognizing the dangerous path he was on, he decided to seek help from his local RCC to address the consequences of child sexual abuse that were the source of this behavior. While participating in general counseling, Thomas' memories of child sexual abuse began to surface. His decision to access RCC counseling was based on a strong sense that he was ready to "work with this," in addition to an awareness of needing specialized support. Having sought psychiatric help to address the consequences of the rape he experienced in adulthood, which he found ineffective, Mark was dubious about participating in RCC counseling. However, he accepted the advice of his GP (general medical practitioner) and was grateful he did so. Each man's journey of recovery, in addition to the ways in which they coped prior to participating in RCC counseling, is explored in the Findings and Discussion sections.

Ethical Considerations

Conducting this type of field-work involves significant ethical considerations. However, sensitive research addresses some of society's most pressing social issues (Sieber & Stanley in Lee & Renzetti, 1993). Sexual violence is an extremely sensitive and controversial topic, yet, as a widespread and complex issue, it is one that requires advances in knowledge that help to inform improvements in service provision. To minimize harm to survivors and the principal researcher, a protocol was put in place (Ellsberg & Heise, 2005; McGee, Garavan, de Barra, Byrne, & Conroy,

³ One survivor participated in a smaller RCC study independent from the doctoral research.

⁴ The number of RCCs affiliated with the RCNI representative body has undergone a process of change. RCNI is currently in a state of flux, their funding revoked by the Irish government. However, RCCs continue to provide support services as they continue to receive funding from TUSLA, the Child and Family Agency. An RCC Managers' Forum has also been established.

Table 1
Survivor Details

Survivor	Age	Type of sexual violence	Length in counseling
Sam	56	Childhood	>year
John	28	Adulthood	<year
Kenneth	46	Childhood	>year
Thomas	49	Childhood	>year
Mark	44	Childhood & adulthood	>year

2005; World Health Organization, 2001) and ethical approval was granted by the university Research Ethics Committee. Throughout the study, primary importance was given to the emotional and physical safety of survivors. As the principal researcher has previously provided support to survivors of sexual abuse and conducted research with vulnerable individuals, she was able to establish the trust required and to respond in a competent and appropriate manner when any negative effects arose during interviews. Indeed, reflecting similar research conducted with women (Campbell, Adams, Wasco, Ahrens, & Sefl, 2010; Draucker, 1999; Walker, Newman, Koss, & Bernstein, 1997), each of the participating survivors advised that they found the opportunity to tell their stories and to reflect upon their progress very helpful. They also cherished the opportunity to not only give something back to the RCC but also to provide information that will hopefully help to assist other survivors in their recovery process. In this article, we use pseudonyms when referring to participants.

Analysis

Interviews were digitally recorded and transcribed verbatim, excluding any identifying information. Qualitative thematic analysis was used to interpret the meaning of the participants' experiences and perceptions (Robson, 2002). Guided by an iterative framework, involving a repetitive interplay between the collection and analysis of data, initial themes were noted as the interviews were transcribed (Bryman, 2004). This was followed by systematic coding of passages of text on individual reading of each transcript. The coding categories were both concept and data-driven, drawn from the theoretical framework underpinning the research, in addition to what emerged in the data. As theory-driven approaches are generally more structured, they may be deemed more reliable (Guest & MacQueen, 2008). However, the flexibility afforded by a data-driven framework lends itself to greater validity. By applying a theory-driven approach, while remaining open to the discovery of themes not previously considered, we thus strengthened the analysis. The recovery process, trauma, the counseling process,

and factors influencing the recovery process were among the main coding categories devised relevant to this article. To accurately reflect the complexity of the data, these categories were further divided into subcodes, as detailed in Table 2. In reviewing the data in each coding category, themes, patterns, and contradictions were elicited. A summary of elaborated themes was then produced and the relationships between these themes explored. The material from the interviews was thus combined to "stitch together descriptions of events into a coherent narrative" (Rubin & Rubin, 2005, p. 201).

A number of steps were taken in order to ensure rigor. A combination of open-ended and clarifying questions was used in the interviews to elicit rich narratives, while ensuring clarity of meaning. The coding framework and preliminary findings were then presented to the principal researcher's doctoral review panel for peer debriefing (Graneheim & Lundman, 2004). In addition to regular peer review, the principal researcher recorded an analytic memo to facilitate the continuous and reflexive refinement of interpretations (Taylor & Bogdan, 1998). Triangulation (inclusion of RCC counselors' perspectives) and counting were also used to enhance the credibility of the findings. Finally, due consideration was given to the use of respondent validation during data collection and analysis. As the need for rigor must be balanced with striving not to make unfair demands on participants, it was deemed inappropriate (Bryman, 2004).

Findings

The analysis revealed that gendered norms influence the recovery process in a number of complex ways. In this article, we focus on survivors' engagement with masculine norms, such as strength and restricted emotionality. The interview guide did not include specific questions regarding masculinity. Rather, participants were asked about areas such as their decision to access counseling, their hopes and fears, and any challenges or difficulties they have experienced in relation to the recovery process. Three themes emerged from the personal accounts shared by the survivors, namely coping with the traumatic impact of sexual violence, help-seeking, and emotional exploration and expression.

Coping With the Traumatic Impact of Sexual Violence: Masculinity and Shame

Each of the participants acknowledged that they found it difficult to accept the fact that they were victims of sexual violence. Sam and Thomas, who experienced sexual abuse in childhood, described the pain of having a secret that they could not tell, hiding from the reality of their situation as a result. Indeed, they discussed

Table 2
Coding Framework (Codes Relevant to This Article)

Codes	Subcodes	Subcodes	Subcodes
Recovery process	Personal journey	Struggle	Growth
Trauma	Gendered consequences	Overcoming consequences	
Coping strategies	Maladaptive	Developing adaptive	
Counseling process	Safe space	Building trust	Here and now
Factor influencing recovery process	Masculinity	Femininity	

how they had buried their memories of the abuse and how their retrieval has taken time. By contrast, Kenneth, also a survivor of child sexual abuse, confided that he accepted money from one perpetrator to feel in control. In the following quote, Mark discusses how he coped in the immediate aftermath of the rape he experienced in adulthood:

I put it in a place where I didn't have to face it. They didn't know what happened me for about a week while I was in hospital until I wrote. I got pissed off with being asked what was wrong, so I said, "give me paper." I'm going to write and you can have the story down. I had never allowed myself in the whole trail of where I had got ta, other than I was on the ground at six o'clock in the morning curled up, with no clothes below the waist but I'd never thought about all that. I'd never written down all the steps and I'd never addressed all the steps. I had protected myself from dealing with that and it was only at that stage, em; that was the realization. I actually never read what I was writing either to protect myself again. Em, [after a few weeks] I read from start to finish and I got ta that point and literally I just said, "Jesus, I was f***ing raped" and, for me, that was like, wow, this big R word.

Kenneth also discussed how he was reared to believe that "boys don't cry." For a long time, he was addicted to alcohol, drugs, and sex as a means of suppressing his feelings. Thomas and John likewise reported using alcohol/drugs to cope. Kenneth also engaged in antisocial and violent behavior, ultimately finding himself in Mountjoy (medium security prison in the Republic of Ireland). This incarceration led him to conclude that, unless he began to address the impact of the sexual abuse he experienced in childhood, he would face a permanent prison sentence or, worse still, death:

Mountjoy is full of people who have been abused but have killed people by being a hard man. I stood in Mountjoy back in 1999; it was just before I stopped drinking. I had a fine at the time, wouldn't pay it so went into Mountjoy but I remember standing there in this little y-fronts and a vest thinking, and I shared the cell with six guys, now they were in for kidnapping and everything but I remember thinking, Kenneth, you are not a hard man, you're hurt and that's where the realization came. I was hurt and Mountjoy and all prisons worldwide, they're all terrified but they cannot let people see it and they're hurt and a lot of them have been abused but they cannot talk about it.

By contrast, Thomas discussed his difficulty being in the company of men due to his fear of their aggression. He described this aggression as "male energy." For him, a large part of being a male survivor involves learning to feel comfortable enough to express one's emotions with other men. He credited his RCC support group for men with helping him to overcome the difficulties he faced in this respect. Most of the participants also discussed how the trauma has affected their sense of masculinity. According to Kenneth and Mark, sexual violence is more shameful for men. Indeed, following the rape he experienced in adulthood, Mark contemplated ending his life so that he would no longer have to live with the shame:

It hits something lower down than just emotion. Life experiences do not help so no matter what your, we'll say your background comes from, whether you're a pauper or rich or whatever, when someone does that type of thing to ya, it strikes something that's written into your brain I think.

Mark also acknowledged his fear that the rape he experienced meant that he was homosexual and he wondered if the perpetrator perceived him in this way. Discussing the effect the abuse has had on his sexuality, Kenneth advised that his youth was marred by shame and confusion, feelings compounded by the fact that he was victimized by several male perpetrators. Both of these men discussed their struggle with sexual intimacy issues as a consequence of their traumatic experience(s). Mark advised that he has achieved sexual intimacy with his partner, whereas Kenneth reported working through these difficulties in his current relationship. Each of the survivors of child sexual abuse also discussed the negative impact the trauma has had on their interpersonal functioning in relation to trust and boundaries. Although Mark noted that he has overcome these issues with the help of counseling, Sam, Kenneth, and Thomas reported valuing the progress they were making toward their resolution. Indeed, each of the participants repeatedly discussed the importance of having developed a relationship of absolute trust with their counselor, in which they reported feeling heard, understood, and not judged. In the following quote, Mark discusses how RCC counseling helped him to find love:

I have a new partner and it's the first time I've ever experienced a loving relationship but I've known what it is now to have one but only because I've had things examined for myself through the process here so it's. I cannot talk highly enough about what's happened here because it's changed my life and effectively everyone around me has benefited from what's happened, you know, and my children are getting the benefit of it big time now.

Help-Seeking: Sexual Violence as Taboo

Mark and Thomas also made reference to the fact that they are facing a whole other level of taboo as a male survivor. Mark further reported a succession of judgmental responses he has received from gardaí (Irish police officers), a solicitor and a number of health care professionals based on the fact that he was disclosing adult rape. He was laughed at by a nurse, disbelieved by a solicitor, asked on a number of occasions how he could have let it happen and judged by the female garda whom he had felt more comfortable disclosing to. Although he described his current partner as very supportive, she initially could not understand how a man could rape him and she thought that the perpetrator must be homosexual. Thomas described his disclosure of child sexual abuse as a challenge to the notion that men are not abused and also to the expectation that he should feel shame as a man:

I had a kind of impulse to be challenging that [belief that men are not abused] and so when I was first, you know, reclaiming the memories of that I was quite conscious that there was a sense of, I'm not ashamed of this. I do not have to hide it anymore . . . and a large sense of that was, I'm doing it as a man and that's challenging and I wanted to do it as a challenge, to challenge the whole notion that, em, you know, and I've heard a guy say, I wouldn't go to the Rape Crisis Centre because only women go there and it's kind of like, "yeah, so you weren't raped," "oh yeah," but he didn't want to use the word rape and that's awful sad. It is something that I can see as, you know, the perception that needs to be challenged.

Noting the courage it takes for women and men alike, John advised that although his friends have described his disclosure of sexual assault in adulthood as impressive, he has not viewed it this way. Although he maintained that he has simply done what he felt

he had to do, he reported his annoyance at the fact that society is less willing to believe men who come forward and also at judgmental attitudes he has encountered outside of the RCC:

Sure, how would you let that happen? Don't be a fool; you're a man aren't you? It's, em, just the way people view it I suppose. It's ever so slightly annoying. It's, it's like that whole thing of, "ah well, men don't cry," another one that aggravates me. It's ridiculous. Everybody is vulnerable and everybody needs help at some point and it's not a sign of weakness to look for it.

Speaking of the tragic consequences that can ensue, Kenneth, who contemplated suicide a number of times prior to participating in counseling, described how some of his friends are dead because they could not open up about the abuse they experienced:

You're talking about something that is life and death to a lot of people and it takes people's lives. It ruins people because if you cannot face this, it's something that will destroy you. Just having a place to know that you can come into is absolutely massive, the comfort. That's what we're always looking for in life, comfort, so to have that comfort, to be able to come here is great because I have a number of friends that are actually dead because . . . That's the reality of it. They couldn't open up and tell people what was going on and that's a fact.

Emotional Exploration and Expression: The Therapeutic Process

Indeed, each of the participants discussed how, for a long time, they held their painful emotions inside. All but one survivor reported the anxiety or depression that ensued. John described the frustration and concern he felt once his friend made him aware of the fact that he had become increasingly introverted and how this resulted in him "snapping" at people for "no reason." Although, his depression persisted, it was on a much less frequent basis and he has, with the help of counseling, learned how to cope better when such problems arise. Each of the participants also discussed the emotions that they had in the past, and in some cases, continued to struggle with, including shame, grief and anger. However, they identified the trusting relationship with their counselor as integral to the experience of counseling as a safe space in which they could understand and express their emotions. According to Thomas, emotional exploration and expression is central to the recovery process:

Once in a while, when I'm feeling that it needs to be done, I'll kind of get more in touch with the emotions and maybe ask [counselor] to help me to get in touch with the emotions that are still trapped because that's the key. It's about trapped emotions, if you like, so, you know, to actually really feel, to really remember and to be safe with those feelings and release them.

Although he discussed how he has struggled to connect to his anger in his counseling sessions, he advised that it could be triggered by frustrating situations in the everyday world. However, he credited his counselor with helping him to work at a deeper level in terms of getting more in touch with his emotions. According to Sam, a combination of counseling and breath-work has enabled him to overcome his difficulty with connecting to his "inner child." He observed that although there were a lot of tears as a result of discussing the impact the trauma has had on his life, he was aware that there was still a huge well of emotion inside that

he was unable to access. For instance, he found that his anger was so deeply buried that he could not get in touch with it until he began intense holotropic breath-work.⁵ Indeed, he stated that although, at the age of 17, it was empowering to retrieve his memories of the sexual abuse he experienced in childhood, "sketchy" as they were, he found that he had no emotional connection to them. In his words:

The following morning I woke up and all the memories that I had were there, you know, as if I'd always known. And there was no shock, no horror, nothing like that, you know. It was just as if I'd always known in a way what I had, em (pause), em, so that was, it was empowering to remember. I had, as I say, I had these memories but I had no emotional connection to the memories. It was almost as if it happened to someone else, you know.

Describing how counseling has complemented the breath work in terms of discussing the resultant shift in perspective, he reported valuing the fact that a lot of intense feelings had begun to surface in his counseling sessions. Although he acknowledged the need for ongoing work, he advised that he no longer held his emotions inside. Recognizing the profound grief he had been carrying without any awareness, Kenneth reported feeling like he was only beginning to get in touch with his real emotions. Although he could feel the sadness, he has rarely cried, laughing instead as a result of "building it all up into anxiety." He also confided, "I might look big and whatever but underneath all of that, terrified."

Discussing the shame that had become deeply entrenched, Mark described how he was enabled to forgive himself by imagining his son being in the same position he was in as a child. He also noted the importance of his counselor's help in figuring out ways to express his feelings, such as writing with his left hand (Mark is right-handed). Sam discussed his counselor's help in terms of coming to an understanding of his emotions:

It [RCC] helps me to see things clearer, you know. I have a lot of stuff in my head but it's almost a muddle until I come here, even my feelings. I don't often know how I'm feeling until I come here. I know I'm feeling lousy but I can't sometimes put a label on to how I'm feeling and it's helpful to be able to put a label on to the thing, you know, because then I can maybe do something about it. Sometimes I'm feeling bad or feeling elated even and I do not know what the cause of it is, you know. And when I come in here and I talk about stuff, it becomes apparent.

Discussion

This article explored how norms of masculinity influence the recovery process from sexual violence in the context of RCC counseling. By highlighting men's engagement with these norms, the findings provide a more nuanced understanding of the complex ways in which men "do" and "undo" gender (Deutsch, 2007; West & Zimmerman, 1987). Previous research has established male survivors' tendency to internalize victim-blaming attitudes and to question their masculinity as a result (Davies et al., 2001; Kwon et al., 2007; La Fontaine, 1990). It is evident from the current findings that men can face an additional layer of shame (Kia-Keating et al., 2005), a feeling that may be intensified among those

⁵ A powerful approach to healing that involves deep, fast breathing in a supportive environment and which brings unresolved issues to the surface.

who experience sexual violence in adulthood. Indeed, reflecting and expanding Easton et al.'s (2013) research with male survivors of child sexual abuse, these findings provide a further insight into the ways in which enactment of masculine ideals can lead to suicidal ideation and completion, regardless of when the trauma was experienced. As the majority of men are raised to believe that they are strong and that sexual violence is something that happens to women, it is understandable that they may lose their sense of being able to protect themselves. Indeed, it seems likely that Mark's conceptualization of sexual violence as "striking something that is written into" a man's brain signifies an adherence to traditional norms of masculinity that is commonplace among men. As it transgresses these norms, sexual violence strikes at the very heart of what it means to be a man in the eyes of a patriarchal society.

Consistent with findings reported in previous research (Dhaliwal, Gauzas, Antonowicz, & Ross, 1996; Gilgun & Reiser, 1990; Peel et al., 2000), Kenneth and Mark also shared the fears and confusion they faced in relation to their sexuality. To reaffirm their masculinity, some male survivors seek to prove their heterosexual virility (Lew, 1993; Romano & De Luca, 2001; Alaggia & Millington, 2008) and this often represents the only way men have learned to express affection and gain intimacy (Jackson, 1978). Though Kenneth described his sexual compulsivity as a means of suppressing his feelings, it is possible that this behavior also enabled him to subconsciously reinforce masculine norms regarding sexuality. Echoing previously established findings (Alaggia & Millington, 2008), denial and substance misuse were also described in the current research as coping mechanisms and/or a means of suppressing difficult feelings. Although protective denial is commonplace among survivors of child sexual abuse, regardless of gender (Rothschild, 2000), research suggests that men are more likely to experience greater difficulty accepting victimhood (O'Leary & Barber, 2008). Alaggia and Millington (2008) further revealed how internalized feelings of "specialness" resulted in some men perceiving themselves as active participants in the abuse. Finkelhor and Browne (1985) relate these feelings to the perpetrator's use of tactics, such as material bribes or affection. Kenneth's acceptance of money from one perpetrator as a means of feeling in control provides a further insight into these underexplored dynamics. Although each of the coping strategies discussed can be classified as maladaptive, they are often a necessary means of coming to terms with the immediate trauma of sexual violence. Through treatment seeking, survivors learn how to develop adaptive responses and these healthier coping strategies foster the recovery process.

It is evident that cultural beliefs based on gender norms may also influence individual's responses to disclosures of sexual violence and this can have a detrimental effect on one's recovery. Indeed, Mark and Thomas reported feeling that they were facing a different level of taboo as a male survivor. The ill-informed and judgmental responses Mark received from a number of professionals based on the fact that he was disclosing adult rape speak to deeply entrenched cultural myths. These findings also reveal the limited knowledge of this type of sexual violence among the general population as a result of the fact that it is rarely a topic of informed discussion. However, highlighting resistance to cultural expectations, Thomas characterized his disclosure of child sexual abuse as a challenge to the assumption that he should feel shame

as a man. Despite prevalent discourses, John discussed his annoyance at the cultural belief that men do not cry or are weak if they seek help, maintaining that he should not be considered any braver than women who disclose sexual violence. It is evident that men can also struggle with knowing how they feel. It is new for men to talk about their feelings, whereas women, generally, have had more opportunities to do so. Given that characteristics, such as sensitivity and expressiveness, are viewed as feminine and, therefore, unmanly in patriarchal societies (Connell, 1995; Schippers, 2007; Segal, 1990), these findings are unsurprising. How can one know what an emotion feels like if they have never allowed themselves to feel it? The vital importance of RCC counselors facilitating men to become attuned to their feelings in a safe environment is made manifest by the fatal consequences of an inability to seek help highlighted by Kenneth.

Male therapists working with men frequently report the difficulties their clients experience with emotional exploration or expression, nonetheless (Robertson, 2001; Rowan, 2004; Scher, 1981). The accounts of all but one of the survivors in the present research mirror this finding. Indeed, Kenneth highlighted an additional layer of complexity in relation to feeling an emotion, yet expressing it in an incongruent manner as a result of years of suppression. It is evident that RCC counseling has helped him to begin to get in touch with his true feelings. Anger is one emotion that has been deemed acceptable for men (Connell, 2000; Schippers, 2007; Segal, 1990). As such, the child sexual abuse literature indicates that male survivors may be at a higher risk of aggressive behavior (Chandy et al., 1996; Feiring, Taska, & Lewis, 1999; Garnefski & Arends, 1998). However, many men in Lisak's research reported the fear and confusion they felt in relation to expressing their anger, some actively suppressing it as a result. This finding is consistent with the accounts shared by Thomas and Sam, who discussed the difficulties they have experienced in this regard. It is evident that frustrating situations can trigger suppressed anger, nevertheless. By contrast, Kenneth's account provides an insight into the fluidity of masculinity in terms of transitioning from an enactment of gendered expectations to a place in his life where he was ready to acknowledge the pain at the root of his addictive and violent behavior.

The findings indicate that, despite the difficulties men may experience, given time and support, they can learn healthy ways of dealing with their emotions. Although it is evident that each of the survivors who participated in this study is representative of a more reflective type of man, it is unclear as to whether this was the case at the outset of counseling or whether it is as a result of this process for all but Kenneth. In a similar way to resilient male survivors discussed in previous research (Kia-Keating et al., 2005; Kia-Keating et al., 2010; Crete & Singh, 2015), they have chosen to adopt an alternative masculinity that promotes healthy behaviors. By resisting masculine norms that promote restricted emotionality, these men have made significant progress in relation to understanding and expressing how they feel. Although Mark has also developed his capacity to form close relationships, Kenneth, Thomas and Sam, like many participants of Kia-Keating et al.'s (2010) research, characterized sexual and/or platonic intimacy as a work in progress. Further reflecting these authors' findings in relation to men who participated in therapy, RCC counseling has provided each of the current participants with an opportunity to develop a close, trusting relationship. Although not explicitly

stated by the latter, it seems likely that this also enabled them to develop relational skills with others. The findings further indicate that the trust that is built in the therapeutic relationship is central to survivors feeling comfortable to express their vulnerability and emotions. Given the importance of working with trauma that is held in the body (Rothschild, 2000), Irish RCC counseling provides a vital service for male survivors of sexual violence.

Conclusion and Implications for Practice

In addition to verifying previously established findings, this article enhances our understanding of the various ways in which men “do” and “undo” gender in the context of sexual violence (Deutsch, 2007; West & Zimmerman, 1987). Moreover, the findings contribute to an expansion of the conceptual space for men who adopt an alternative masculinity that promotes healthy behaviors (Kia-Keating et al., 2005; Emslie et al., 2006; Lisak, 1994). Each of the survivors has challenged and subverted traditional gender norms by seeking help and by overcoming the difficulties they have faced in relation to particular emotions. For Kenneth, the process has also involved a complete reversal of a way of being that had sustained him for many years. It is evident that each man’s journey of recovery is as complex and unique as it is for women and norms of masculinity influence this process in myriad ways. This article contributes to the growing body of literature on men and child sexual abuse, in addition to the scant literature relating to men who experience sexual violence in adulthood. It is hoped that this learning will inform RCC training and practice in Ireland and further afield, in addition to alternative sexual violence counseling services available to men. It is also helpful for RCCs who are beginning to provide support to men or who are considering this option. Indeed, we make a number of recommendations, some of which reiterate those suggested by previous authors (Crete & Singh, 2015; Easton et al., 2013; Kia-Keating et al., 2005):

- It is important for RCC counselors to help men explore their beliefs about specific emotions that are highly gendered (e.g., anger, shame, or grief) and with which they struggle.
- We also recommend that counselors facilitate a critical evaluation of traditional norms of masculinity so male survivors can understand the ways in which these norms can impede recovery. To aid counselors in this process, the RCC counseling training manual should be reviewed and revised to reflect a comprehensive understanding of the dynamic between hegemonic masculinity and the recovery process.
- Finally, it is vital that counselors, where relevant, help men to renegotiate these masculine ideals. This should include interagency coordination to ensure access to alternative therapies and support groups.

Limitations

The findings should be considered in the context of the limitations inherent to qualitative research. We cannot assume that the experiences shared by the participants are generalizable to all male survivors (Kvale, 1996). Also, as only individuals who have stayed in RCC counseling for at least three months were involved in this study, our sample excludes those who left counseling after one or

a few sessions. However, there was no ethical or reasonable way of accessing such clients.

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