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Exploring Coping Factors amongst Men Who Were Sexually Abused in Childhood

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Abstract

Men who were sexually abused in childhood are overrepresented in mental health and other clinical populations. There is heterogeneity in outcomes for such men and a substantial number develop coping strategies that minimise negative consequences of abuse. However, little research has been undertaken with abused men to understand the nature of their coping. This paper reports on one arm of a major study of mental health outcomes for Australian men who are survivors of childhood sexual abuse and presents findings from thematic analysis of qualitative interviews with thirty-nine men, exploring how their coping mechanisms have developed and the nature of the advice for coping they would give to professionals or other survivors. The study found that coping strategies developed adaptively through the life course but clustered into two types: those that are concerned with forms of suppression and denial, which are associated with negative mental health outcomes, and those that involve reframing the abuse, which tend to be associated with more positive outcomes. Implications of the study for practice are consistent with the advice suggested by the men themselves, that they were helped by consistent relationships with others who could provide practical support and inspire hope.

Keywords: Child sexual abuse, male victims, coping, mental health

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Introduction

The relationship between child sexual abuse and adult mental health problems and other social problems is well accepted (Nurcombe, 2000; Olgoff and Cutajar, 2009). At the same time, there is substantial heterogeneity in outcomes, with some adults successfully negating psychiatric diagnoses and living functional lives (Rutter, 2007; Walsh *et al.*, 2009). This has led to questions about what accounts for this variance, with numerous studies showing more severe forms of abuse to be associated with poorer mental health (Kendall-Takett *et al.*, 1993; Banyard *et al.*, 2004; O'Leary and Gould, 2009). Some studies (mainly of women) have paid attention to proximal factors such as violence in the home, substance use and social conditions to account for long-term functioning (Molnar *et al.*, 2001), but research on coping amongst men has been not as plentiful and has yielded less conclusive predictors (Walsh *et al.*, 2009). Quantitative studies have identified coping styles that provide some explanation; however, the way these coping styles manifest themselves and their subjective meanings has been elusive (O'Leary, 2009).

One psychiatric outcome for male survivors that is well validated by research is a ten-fold increase in suicidal ideation when compared to community populations (O'Leary and Gould, 2009) and distal factors beyond abuse characteristics were identified: feeling isolated and alone; acting violently and aggressively; blaming themselves for the abuse; feeling fearful and anxious; confusion; and using alcohol and drugs. Qualitative examination of these factors revealed many complexities in how these factors may be interrelated with attempts to cope and 'stoical self belief' (O'Leary and Gould, 2009, p. 963). Studies using standardised instruments to measure coping have identified strategies that help minimise the development of psychiatric symptoms (O'Leary, 2009), including 'positive reinterpretation and growth' and 'use of instrumental social support'. However, there were also a number of coping strategies that appeared unsustainable and associated with an increase in psychiatric diagnoses: behavioural disengagement; suppression of competing activities; use of emotional social support; and acceptance. This research helps to identify mediating variables but offers little information about the subjective meanings that are likely to be attached to both positive and negative coping strategies.

This study reported here is an arm of a larger study of mental health outcomes amongst men sexually abused in childhood. A previous article in this journal (O'Leary and Gould, 2009) reported on measurements of levels of mental distress in a sample of sexually abused Australian men using standardised instruments and illustrated by extracts from semi-structured interviews. In this article, we seek to address the need for studies to explore male victims' long-term coping strategies, using qualitative data from the larger

study. As argued above, other studies—including our own—have identified distal factors that are associated with aspects of mental distress, such as suicidal ideation, but in the present study, we wanted to better understand the relationship between these factors and attempts to cope with them.

In using the term ‘coping’, we concur with the view of [Walsh *et al.* \(2009\)](#) that ‘Coping refers to a range of diverse cognitions and behaviours used to manage the internal and external demands of a stressful or threatening situation’ ([Walsh *et al.*, 2009](#), p. 2). Specifically, this study examines whether predictor variables evident in our quantitative study ([O’Leary, 2009](#)) could be illuminated by qualitative data on men’s coping. In keeping with inductive qualitative methods, we were also interested in the emergence of other coping styles not identified in previous quantitative findings. Closely related to coping is men’s identification of what is helpful to their recovery and well-being, creating an opportunity for men to extricate themselves from their own difficulties and providing insight into how other men and professionals may best respond to dealing with the effects of childhood sexual abuse.

Literature

As indicated, one of the gaps in the literature is the paucity of studies examining coping strategies that might mitigate the degree of psychological distress suffered by men who were sexually abused as children ([Mendel, 1995](#); [Alaggia and Millington, 2008](#)). This is particularly important, given that men who participate in research on the long-term effects of childhood sexual abuse may well be at the extreme end of the continuum of psychological distress. It has been estimated by [Finkelhor \(1990\)](#) that between 20 and 40 per cent of child sexual abuse survivors do not have assessable psychological dysfunction due to the abuse. Child sexual abuse cannot be assumed to always cause long-term dysfunction, nor can it be suggested that victim characteristics, experiences and coping styles will not moderate the impact on psychological distress.

Most coping research has concentrated on child and adolescent victims’ more immediate responses to sexual abuse and other forms of maltreatment ([Sagy and Dotan, 2001](#); [Heller *et al.*, 1999](#); [Kinard, 1998](#)). Long-term studies have been focused mainly on women survivors ([Walsh *et al.*, 2009](#)), leading to calls for more research to focus specifically on men.

Coping with the impact of child sexual abuse is a prolonged process and needs to be understood across the life course ([Walsh *et al.*, 2009](#)). In a review of thirty-nine studies (of which six only involved male respondents), [Walsh *et al.* \(2009\)](#) conclude that avoidant and self-destructive coping strategies are associated with poorer outcomes. But strategies such as finding meaning and social support are mostly associated with more adaptive outcomes. Coping research presents numerous challenges and longitudinal data remain a gap in current knowledge ([Walsh *et al.*, 2009](#)). Methodologically,

there are confounding factors such as the association between emotion-focused coping and distress resulting from the trauma that can add to problems in distinguishing effects from attempts to cope (Coyne and Racioppo, 2000, p. 657). The identification of coping strategies that can make a practical contribution to interventions is difficult without contextual information about how coping styles evolve or whether they are more or less attributable to personality traits. These problems are present in research on adult survivors of childhood sexual abuse. Fergusson and Mullen's (1999) review of the literature highlighted that better family relationships are a protective factor that can produce better social support and coping strategies. This, in turn, is associated with better psychological outcomes.

Method

Participants

The sampling for this study was opportunistic and self-selected. Men were recruited from organisations that assist men who were sexually abused in childhood. Organisations in New South Wales, Victoria and Queensland arranged interviews at times at which one of the researchers was visiting their service. Men who volunteered were able to maintain their anonymity and were not required to give personal details. Of the thirty-nine men who participated, nineteen were currently attending a counselling service, eleven had attended counselling in the past, seven were part of a community self-help/advocacy group for survivors of abuse and two were in prison.

Procedure

Most interviews lasted between fifteen and sixty minutes. Men were asked a series of open-ended questions about their sexual history, their experiences as survivors of abuse and their strategies for coping with the effects of abuse. The interview finished with a series of open-ended questions on advice they would give other men who had been sexually abused in childhood along with suggestions for professionals who work with men who have been sexually abused. Men were asked for permission for the interviews to be taped. Thirty-four men agreed to this. Notes were taken in the remainder of the interviews. The research was approved by the relevant ethical committees.

Data analysis

Interview transcripts and notes were reviewed and major themes were identified. Analysis was continued until saturation was reached (i.e. no new information could be identified from the data). This approach utilised

thematic analysis (Grbich, 1999). Similar qualitative techniques have been used previously in other studies on men who have experienced childhood sexual abuse (Mendel, 1995; Gill and Tutty, 1999; Washington, 1999; O'Leary and Gould, 2009).

Results

Overall, two main themes emerged from the men's responses about coping. First, suppression was a prominent theme in their reflections about less productive coping. The second main theme involved factors that had facilitated positive coping. These themes were then analysed in order to elucidate the coping styles identified in O'Leary's (2009) study of 147 men that were significant in predicting psychological functioning.

Many of the men's statements about positive coping corresponded to coping styles identified by O'Leary (2009) as being predictive of non-clinical classifications. However, accounts of unsuccessful coping featured aspects of suppression that did not correspond as easily to the coping styles that were predictive of clinical classifications. In fact, in their accounts of unsuccessful coping, the men often mentioned other coping styles that were not significant in O'Leary's (2009) regression model. These were the coping styles of 'denial' and 'substance use'. Substance use was the most preferred coping style in O'Leary's study (2009) and, along with denial, was weakly correlated with clinical scores on the GHQ.

The men also referred to other unsuccessful coping strategies that were not adequately captured by O'Leary's (2009) study but did feature in the qualitative analysis of suicidal ideation by O'Leary and Gould (2009). These included 'anger/revenge', 'self-abusive/risky behaviour' and the 'pursuit of success'.

Unproductive coping

This dominant theme featured expressions of withdrawal and internalisation, which involved descriptions like 'I buried it' or 'pretended it didn't happen'. These descriptions can be likened to the items contained in the coping style of 'denial'. Similarly, men spoke about withdrawal, isolation and feelings of both hopelessness and helplessness. They also expressed anger and recalled acts of violence that they saw as linked to the abuse. These responses were likened to the coping style of 'behavioural disengagement'. Men also spoke about the use of drugs as an attempt to suppress the experience and deal with feelings such as guilt. This corresponds with the coping style 'substance use'. Initial responses to the question 'How have you coped?' revealed these coping strategies, best summed up by the following:

I buried it [the sexual abuse]. Every time it reared its ugly head I buried it. I put more trash on top of it [violence and drugs] and stomped it down and buried it (Participant E1, thirty-two years old).

Using drugs as a form of self-medication had been an important but often destructive coping style for many men. One man, who had been abused by his father from an early age until twelve years old, reported drinking binges:

Yeah, if I’ve felt unsafe, and my instinct told me that I could relax then yeah, I’d drink and I’d enjoy it, I had some grouse [sic.] drinking binges (Participant P1, forty-seven years old).

Anger was a coping response that many men mentioned. Anger had led some men to be preoccupied with their own feelings of suffering that they attributed to the abuse. Such preoccupations resonate with O’Leary’s (2009) coping style of ‘suppression of competing activities’, which was predictive of clinical symptoms. It was also not uncommon for men to make references to vengeance. Four men were explicit in speaking about their intentions of killing or harming the perpetrator. Men recounted a nagging desire to harm the perpetrator; for example, one man spoke about stalking his perpetrator and it was not until he told someone that he felt somewhat freed from this desire:

It wasn’t until I spoke to someone about how I was thinking, they got pretty concerned, so I haven’t done it since, but it’s in the back of your mind (Participant O1, forty-one years old).

One man reflected on the potential implications of remaining silent and harbouring feelings of revenge. He was interviewed in prison, where he was serving a sentence in relation to the murder of his father, who was the perpetrator. This man, who wanted to give advice to other men who may be thinking of killing their perpetrator, was very clear that he regretted his actions and hoped other men would take heed of his advice to seek assistance.

One gay man, who was abused between the ages of twelve and fifteen years by a number of male relatives, reported that he had initially avoided all intimate relationships, but more recently saw his sexual behaviour as helping him to cope with the abuse. This man described engaging in unsafe sex as a way of coping but these self-abusive acts seem to reinforce his low self-worth:

I don’t always use protection, and that’s just like, oh well, I want to feel the whole thing and I don’t give a damn what the repercussions are. But in actual fact, if I’m not in that frame of mind, I do give a damn, but because of the abuse . . . It almost feels like I’m a bit of a perpetrator on myself in a way—who gives a fuck about me? . . . And I relate this to the abuse, definitely (Participant S1, thirty-nine years old).

The above method of coping was not captured in the standardised measurements of coping. However, research has shown that men who have experienced childhood sexual abuse engage in a higher rate of sexual risk-taking behaviour that can lead to them being at an elevated risk of infections such as HIV (Tomeo *et al.*, 2001; Dilorio *et al.*, 2002; Kalichman *et al.*, 2002).

The pursuit of success had been a coping strategy that produced mixed results for eight of the men. Preoccupation with career or sporting pursuits had allowed them to suppress their experience but this had not relieved the ongoing distress from the sexual abuse. For some, the experience of winning or being a leader enabled them to feel in control and less vulnerable. For example, a forty-eight-year-old man cited the desire to succeed as a prime reason for his ongoing survival. The man had enjoyed success in his career but nevertheless considered that the abuse had an ongoing detrimental effect on his life. A member of the Catholic clergy abused this man and he had struggled with the effects for many years until a recent disclosure. This occurred when he heard that other men abused by the same perpetrator were pursuing legal action. This provided an opportunity to talk with other victims and to seek professional help. He found that communication with other victims was beneficial and has become an influential member of a self-help group for people abused by Catholic clergy:

I think the will to succeed has kept me going. I was a very good athlete, a rugby player. I am successful in my work, I'm the national sales manager for a multinational company, and I have money. It has been very hard, it continually played on me, it's been with me every day... I pursued him [the perpetrator] for the last 3 years, to try and take him to court with the other guys he abused. I got the most relief by talking to the other guys that it happened to. He got sentenced to home detention (Participant N1, forty-three years old).

Positive coping

Most men were also able to identify constructive ways of coping. This was often expressed in the midst of a narrative about their history of poor coping. The change for some of the men began with the realisation that they were not coping, often precipitated by an event or circumstance. Sometimes, this also involved a significant relationship or interaction that enabled them to discuss their experience.

Eleven of the men's first response to the question about coping was to report that they had not felt they were coping. As discussion about coping continued, however, it was evident that a range of coping styles had been tried. Productive strategies had only emerged relatively recently for some men. This is highlighted by the following quote from a man who was sexually abused by a babysitter. He described how suppression and substance use were an initial coping strategy, but after supporting a family member who had been raped, he was prompted to seek assistance

himself. The man reported that discussing his experience with someone who had encountered a similar event was helpful. This had enabled him to seek professional assistance that facilitated some positive changes:

In the last seven years things have changed. I gave up drugs. In the light of the truth of what actually happened, I was helped to see it wasn't my fault. It happened when a guy raped my niece and she confided in me, it all came flooding back to me, and I got help. I wasn't alone (Participant F2, forty-six years old).

The above quote highlights two important factors that were important in this man's experience of instrumental social support. First, speaking to someone who has had a similar experience and, second, seeking assistance from someone who has done something concrete about reducing self-blame.

The importance of engaging in strategies that encouraged discussion was important in most men's reports about positive developments in their coping. A man who was sexually assaulted by a stranger at a railway station detailed how he had begun with suppression and denial but, later, as a twenty-six-year-old, he disclosed the experience to his girlfriend. This resulted in some less internalised methods of coping through seeking practical assistance, despite continuing difficulties:

I guess it's tough because it happened when I was 14 and I kept it to myself for years. My girlfriend, she's always there, you know. It was all bottled up until I told her . . . she took me to this place [counselling service] and now it's slowly but surely coming out and I'm starting to release them and acknowledge that something happened, and my life is the way it is partly due to this incident (Participant R2, twenty-four years old).

Thus, an important feature to emerge from the men's responses was that discussion of their experience with someone who could provide some practical assistance directly or indirectly had enabled some change in their less helpful coping styles. The presence of close, stable and trusting relationships often facilitated these discussions. Nine men mentioned the importance of relationships. Many of the accounts about positive coping have been linked to the importance of seeking assistance from someone compassionate, but also practical. This had not necessarily involved a professional, but often a support person had provided referral to a professional service.

Positive reinterpretation and growth was identified by O'Leary (2009) as a coping style associated with a decrease in the odds of clinical symptoms. Eight men spoke about how they had experienced positive growth from viewing their survival in an affirmative manner and often felt that seeking help had facilitated this reinterpretation. One man, abused by a family friend, reflected on his current coping:

I guess I drew one positive out of all the negatives that exist. I wanted to have something that I could feel good about . . . Seeking help has helped

me see myself as courageous rather than a victim (Participant T1, sixty-one years old).

Another man who had been sexually abused by a Catholic priest reflected on his 'healing'. The man was a successful professional and had spent time in counselling. During this time, he had joined a self-help group and spoken at public forums where people's stories were told. The man had made a commitment to change his view of the abuse and had entered into a commitment to Buddhism. The man had found it valuable to hear others' stories of survival and highlighted the importance of making these positive stories available to promote hope for other men:

The media image of guys who have been abused is often that his whole life is wrecked. This doesn't give us hope because, basically, we need inspirational work and stories to be told, because otherwise we get the sense that we can't deal with things, that we don't have it within ourselves. It's sort of like a constant underestimation of our ability to deal with things, and to find peace in the midst of it all, in the midst of the pain and suffering (Participant N1, forty-three years old).

Advice to other men

Most themes from the men's reports about coping were also reflected in their advice to other men who have experienced childhood sexual abuse. When asked to give advice to other men, most assumed that the man who was receiving their advice had never told anyone or was just beginning to deal with a past experience of childhood sexual abuse. Their advice was often delivered with great emotion. The pain they had experienced was often close to the surface. Yet, they were hopeful about the potential for other men to survive and change.

Three main themes were identified in the men's advice. The most dominant theme was the need for men to break free from suppression, denial or secrecy by speaking with someone who could provide assistance. This was expressed in many ways such as 'don't bury it' or 'don't go it alone'. Men emphasised that the choice to tell someone could be painful and they should therefore choose someone trustworthy, compassionate and knowledgeable. They were favourable in their advice to seek professional assistance. These suggestions were easily connected to the coping style 'use of instrumental social support'. All of the thirty-nine men suggested that speaking about experiences of sexual abuse is the hardest but most important step in productive coping. Breaking away from suppression and self-blame was often central to men's advice about how others could cope best with the abuse. This quote is from a man who was abused by an older brother, highlighting that men should not blame themselves:

I just think the advice I'd give is: don't take it all on by yourself . . . You have to, even if you don't want to, talk about it, do not let it go on as far as I . . .

Yeah, don't feel [you're the one] to blame, I mean, it's so easy to say that . . . because I just felt like it was my fault all through the whole thing anyway, so really, I mean, I'd want someone who's going through this to know it wasn't their fault (Participant N2, forty-one years old).

An important theme in men's advice was that many of the effects of abuse are understandable, normal reactions. Six men stated that normalising other men's reactions to sexual abuse had been very helpful. This highlights in practical terms the role that instrumental social support can perform:

I really feel that the thing which helped me most was learning that what I feel is normal. That anybody who's been through what I felt would feel the same, pretty well . . . (Participant X1, fifty-three years old).

The second theme was the importance of valuing oneself, maintaining hope and acknowledging the qualities that it had taken to survive. Men explained this in terms such as 'see things in perspective' and 'recognise the strength that it has taken to survive'. This theme could be connected to coping style 'positive reinterpretation and growth'. One man recalled the fear that may accompany men's first steps in dealing with the abuse. He highlighted the importance of hope and the acknowledgement of strength as evidence of survival:

Don't be afraid. It's okay . . . You're strong enough to have lasted this long, you're a soldier; you're capable of handling it. Those of us that have survived we cling onto just a little bit of hope . . . (Participant T1, sixty-one years old).

Finally, a theme emerged about the potential for healing to take place through contact with other victims, as well as some qualified support for men to pursue legal sanctions. These men highlighted the fact that their expectations of an appropriate conviction and penalty were rarely matched in the legal process. However, the act of pursuing a remedy where their complaint was acknowledged publicly and officially could have some positive impact. A man who was abused by a family friend offered this advice to other men while reflecting on his experiences of making a report to police. While the police were unable to pursue the perpetrator, the process of validation and the seriousness with which the police took his complaint contributed to his healing:

I went to the police station and spoke to a detective. The detective was a young guy, only about 27 or 28, and he was absolutely amazing, just amazing in the way that he listened to me. He just listened to all my story, you know, I kept saying I think I'm stupid being here, blah, blah, blah, you know, and all that sort of stuff, and he'd take notes and say it's really important that you do this (Participant O1, fifty-four years old).

Advice to professionals

The final interview question asked participants for their advice to professionals who work with men. Initially, the men reflected upon their own varied experiences of professional assistance. Twenty men reported unhelpful experiences with professionals. Three believed that professionals were of little assistance to them and other strategies outside professional intervention had been more helpful. For example, one man spoke about a psychiatrist's initial response to his disclosure and presentation of difficulties, including drug misuse:

I went and saw one shrink one time, and he just dosed me up with lots of pills, I was already dosing myself up with drugs and it wasn't working. So I didn't have much faith in him. I saw him twice... (Participant W1, fifty-one years old).

The men highlighted the importance of professionals being aware of associated problems such as depression and substance use that may indicate underlying distress in relation to abuse. Part of the men's accounts of unhelpful professional contact was their wish that professionals had questioned them more or asked them if they had been abused:

I know from my experience that I wished professionals knew that, as a person, I'm going to try and bullshit my way out of dealing with it [sexual abuse]. And if they'd scratch the surface and looked deeper and said 'Come on, we're kidding ourselves, this guy cannot be right, you know, he's only just started seeing us' (Participant B1, thirty-seven years old).

Twenty-five of the men reported some benefit from professional assistance. Men had an expectation that professionals be knowledgeable about the issue and the specific difficulties that men may experience. They placed importance on the benefits of sincerity, compassion, respect and a non-judgemental environment, but also emphasised that this didn't mean that professionals should not challenge them. The men also indicated that it was important that professionals raise particular issues that were often accompanied by shame and guilt. These issues included physiological responses at the time of the abuse (e.g. erection) or current feelings of sexual confusion or homophobia.

Men viewed the instillation of hope as essential in the healing process. They suggested that professionals need to show faith in the victims themselves, even during times when the men may appear to be lost, confused or feeling hopeless. One man indicated that belief in himself had been essential in his healing:

The main thing that helped was talking about it [the sexual abuse] and knowing that I was believed. He [the counsellor] gave me hope that I can overcome the cards that have been dealt to me, and become something I want to become (Participant R2, twenty-four years old).

Eleven men made suggestions about how child sexual abuse should be dealt with at a larger systemic level. This advice was mostly dominated by the propositions that the issue needs to be made more public and that there needs to be justice for victims. The following example best summed up the overall sentiment:

If it was more public I would have spoken about it a lot earlier. If it was more public in a structural sense, that sexual abuse does happen to males, and if we created opportunities for men to talk about it, it'd be harder for the men that do it [sexual abuse] to get away with it (Participant N1, forty-three years old).

Discussion

This article contributes to our understanding of how men construe the psychological and behavioural mechanisms they employ to cope with the effects of childhood sexual abuse; in particular, it explores the subjective meanings of coping factors previously found to be significant in a major study of Australian men (O'Leary, 2009), which may, in turn, throw light on the variability in men's responses to childhood sexual abuse (Mendel, 1995; O'Leary and Gould, 2009). Two themes are prominent in the analysis of the interview data, that there is a cluster of coping strategies that negatively impact on the lives of the men and that there is another cluster of coping strategies that are positive or productive for the men in living their lives successfully. In addition, the richness of the qualitative data complements findings about coping factors derived from studies based on standardised instruments by showing the complex co-existence and interplay of these factors as reflected in the narratives provided by the men.

Prevalent in the descriptions of negative coping strategies was the suppression of thoughts about the abuse in childhood and this is consistent with research into unsuccessful coping strategies for women (Feinauer *et al.*, 1996; Steel *et al.*, 2004). Suppression as a coping strategy is very similar to findings in studies of avoidance as a core feature of post-traumatic stress disorder (National Collaborating Centre for Mental Health, 2005). For the men in this study, as has been found in previous research, suppression was also associated with other unproductive coping strategies such as substance abuse (Wolfe *et al.*, 2006). The data support Alaggia and Millingtons' (2008) study that excessive use of alcohol or drugs is a form of self-medication to provide temporary obliteration of intrusive thoughts about the abuse. Social withdrawal is also a negative coping strategy that is aligned with suppression, which can be reinforced by alcohol and drug abuse and which seems aligned with 'behavioural disengagement' as a form of coping. It is also highly consistent with the evidence base in relation to unhelpful coping strategies in post-traumatic stress disorder, including effortful suppression of trauma memories and emotions, rumination

about the event, dissociation, social withdrawal, avoidance and substance use (e.g. Ehlers and Clark, 2000; National Collaborating Centre for Mental Health, 2005).

The narratives also suggest that suppression or denial can be associated with feelings of self-blame for their abuse and rationalisations of the circumstances of the abuse that cast the victim as being somehow culpable. This adds additional weight to research that found that men who have been abused display attributional styles of self-blame, worthlessness and low self-esteem (Bagley and Thurston, 1996; Alaggia and Millington, 2008).

Several men instanced violence and expression of anger as means by which they coped with the effects of abuse and acknowledged the negative outcomes of these strategies in their lives, which has also been noted in other studies (Garnefski and Diekstra, 1997; Gold *et al.*, 1999; Denov, 2004; Alaggia and Millington, 2008). Again, these coping factors have been found to be associated with suppression (O'Leary, 2009) and from the interviews, it is evident that violence and anger can be generalised in their expression—hostility towards the whole world—but it can also be highly specific, usually targeted towards the perpetrator responsible for the individual's abuse. In the transcripts, the descriptions of feelings of anger, particularly when targeted on the abuser, can have the character of obsessional, intrusive thoughts (this is particularly exemplified in the words of the man who had killed his father, who was the perpetrator of his abuse). These thought patterns again are similar to the repetitive, involuntary and intrusive thoughts that are often characteristic of post-traumatic stress disorder (National Collaborating Centre for Mental Health, 2005).

Violence can also be understood as a form of risk-taking behaviour; it is likely to lead to retaliation from others or retribution from authority. Another mode of risk-taking behaviour reported by the men was unsafe sex, with the possible corollary of becoming HIV-positive. We have commented elsewhere on the apparent 'hypersexuality' that can be manifested by survivors of sexual abuse as a compensatory mechanism for their anxiety that the abuse was a consequence of the individual's perceived lack of masculinity; this phenomenon has been reported in a range of research (Garnefski and Diekstra, 1997; Alaggia, 2005; Kia-Keating *et al.*, 2005; Gould and O'Leary, 2009). Extreme forms of sexual behaviour may be a form of 'suppression by competing activities'; it may also be a way of performing masculinity by men who believe that their sexual identity has been brought into doubt. It is also consistent with other studies of risk-taking behaviour by men who experience childhood sexual abuse (Dilorio *et al.*, 2002).

Another form of 'suppression by competing activities' revealed by the interviews is the single-minded pursuit of success in competitive areas of life such as employment and sport. The interview data reveal the sometimes ambiguous, even paradoxical, nature of such success. At a superficial level,

the men can point to the material and symbolic markers of success, but they also acknowledge the degree to which the pursuit of high achievement is driven by the striving for validation that compensates for negative impacts on self-image derived from the abuse. Elsewhere, we have presented evidence of male survivors who feel their lack of direction in work and personal relationships is attributable to the effects of abuse (O'Leary and Gould, 2009). This study reveals the contrary perspective of men who are high achievers but still feel that their motivation is the product of abuse.

However, the interview data show that the men are not unidimensionally nihilistic in their outlook; their acknowledgement that they attempt to cope in ways that are self-destructive can co-exist with a level of stoicism and belief that a change in their environment can help to validate their experience or assist in a re-evaluation of their experience of abuse and, as such, can be transformative and facilitate change. This illuminates a previous finding that 'positive reinterpretation and growth' can significantly decrease the likelihood of clinical caseness (O'Leary, 2009).

Other factors involved in coping were cited by participants as being more positively valorised, but, again, the qualitative data reveal the complexity of their responses, with positive mechanisms sometimes emerging alongside, or even out of, negative strategies. This reinforces the view that coping should be seen dynamically as a process or journey, rather than as a fixed cognitive style. This tends to be consistent with the findings in other studies of female survivors (Lazarus and Folkman, 1984; Oaksford and Frude, 2003) that adaptive outcomes may be associated with the evolution of coping strategies across time. Sometimes, the shift from negative to positive strategies was catalysed by a significant event. For example, movement towards a positive coping approach was often triggered by the opportunity to share and discuss their experiences with someone else who had similar experiences and subsequently receiving help from someone who was ready to give practical advice and support. This is consistent with studies of women showing the helpfulness of practical support (Runtz and Schallow, 1997; Steel *et al.*, 2004). Helpers who were able to receive the stories of survivors and demonstrate their empathy in practical ways seemed to provide role models of how to adapt and cope as well as 'inspirational stories' to motivate change. Examples of practical support that men cited as helpful were engagement with legal processes to prosecute their abuser, which supports the conclusion of Alaggia and Millington (2008) regarding the important role of current advocacy for services for abused men, and in numerous countries on the behalf of men to secure redress for past abuse.

Finding and engaging with supportive individuals as a strategy is contextualised by messages from the research about the qualities in helpers that men looking for support found helpful and the qualities of a helping relationship. The establishment of a close, confiding relationship, whether

with an agency worker or a partner, seems to provide a context within which the experience of abuse can be reframed and normalised. Several men described how such a relationship supported them to overcome their feelings of self-blame and to gain control of the emotional responses associated with the memories of abuse. At the same time, men also expressed the view that the timing of sharing and discussion was critical and it was the men themselves who need to decide when that moment was reached. In this context, several issues should be taken into account, first that male children disclose sexual abuse at a significantly lower rate than females (Paine and Hansen, 2002) and men take significantly longer to discuss their victimisation, but that time elapsed since the abuse occurred does not significantly impact on clinical outcomes (O'Leary, 2009).

Finally, this study reinforces findings of research (O'Leary and Gould, 2009) that the negative impacts of abuse often co-exist in survivors with feelings of stoicism and men's capacity to value themselves as survivors, not just victims. The men we have quoted show acceptance that the experience of abuse will always be with them, but that this is not a psychological zero sum game; they remain open to the possibility that they can also find ways of valuing and respecting themselves despite their personal legacy.

There are several implications of this study for service and practice development. The value placed on survivors' stories being heard and validated by individuals who themselves had experienced abuse validates the importance of self-help and survivor-led initiatives. Consistency and the 'journey' towards positive adaptation also confirm the importance of sustained and stable support—a significant issue in a climate of short-term and uncertain funding for projects.

The study shows that difficulties of coping with the effect of abuse are manifested in all areas of men's lives, including work, family and leisure. As was also concluded by Alaggia and Millington (2008), the signs of abuse are enacted in various domains of social life and at various stages of the lifespan; consequently, some abused men will present to services across the spectrum of human services, not just those specified as mental health services. Practitioners from a range of disciplines need to be able to recognise and respond appropriately to pleas to presenting problems that may show no immediate connection to abuse in childhood. Survivors also talk consistently in the study of the need to be believed and for elements of the helping response to be active and practical.

There are various limitations of this study, particularly that it is based on subjects who were recruited opportunistically through helping services and survivor organisations, so for whom there probably had been some ongoing reflection on the coping factors that the research explored. Methodologically and ethically, it remains a challenge, if not an impossibility, to avoid this potential sampling bias, although researchers into this issue found little or no evidence of bias to exaggerate the effects of abuse (Edwards *et al.*, 2001). The interviews were conducted with a sub-sample

of a larger study of Australian men who had experienced abuse (O'Leary, 2009; O'Leary and Gould, 2009). That larger sample was relatively representative of the general male population. However, there is some evidence that coping is culturally shaped (Grossman *et al.*, 2006); it would be valuable to replicate this study with purposively sampled subjects to explore the meaning of coping within specific ethnic communities. Despite these lacunae, the study indicates the usefulness of qualitative approaches in unpacking the subjective meanings of statistically derived models of coping factors and particularly the potential for mixed methods research studies that can marry the benefits of quantitative and qualitative research.

References

- Alaggia, R. (2005) 'Disclosing the trauma of child sexual abuse: A gender analysis', *Journal of Loss and Trauma*, **10**(5), pp. 453–70.
- Alaggia, R. and Millington, G. (2008) 'Male child sexual abuse: A phenomenology of betrayal', *Journal of Clinical Social Work*, **36**, pp. 265–75.
- Bagley, C. and Thurston, W.E. (1996) *Understanding and Preventing Child Sexual Abuse: Critical summaries of 500 key studies (Vol. 1 and 2)* Aldershot: Ashgate Publishing Limited.
- Banyard, V., Williams, L. and Siegel, J. (2004) 'Childhood sexual abuse: A gender perspective on context and consequences', *Child Maltreatment*, **9**(3), pp. 223–38.
- Coyne, J. and Racioppo, M. (2000) 'Never the twain shall meet? Closing the gap between coping research and clinical intervention research', *American Psychologist*, **55**(6), pp. 655–64.
- Denov, M. (2004) 'The long-term effects of child sexual abuse by female perpetrators: A qualitative study of male and female victims', *Journal of Interpersonal Violence*, **19**(10), pp. 1137–56.
- Dilorio, C., Hartwell, T. and Hansen, N. (2002) 'Childhood sexual abuse and risk behaviors among men at high risk for HIV infection', *American Journal of Public Health*, **92**(2), pp. 214–19.
- Edwards, V., Anda, R., Nordenberg, D., Felitti, V., Williamson, D. and Wright, J. (2001) Bias assessment of child abuse survey: Factors affecting probability of response to a survey about child abuse. *Child Abuse and Neglect*, **25**, pp. 307–12.
- Ehlers, A. and Clark, D. (2000) 'A cognitive model of posttraumatic stress disorder', *Behaviour Research and Therapy*, **38**, pp. 319–45.
- Feinauer, L., Mitchell, J., Harper, J. and Dane, S. (1996) 'The impact of hardiness and severity of childhood sexual abuse on adult adjustment', *American Journal of Family Therapy*, **24**(3), pp. 206–14.
- Fergusson, D. and Mullen, P. (1999) *Childhood Sexual Abuse: An Evidence Based Perspective (Vol. 40)*, San Francisco, CA, Sage.
- Finkelhor, D. (1990) 'Early and long-term effects of child sexual abuse: An update', *Professional Psychology: Research and Practice*, **21**, pp. 325–30.
- Garnefski, N. and Diekstra, R. (1997) 'Child sexual abuse and emotional and behavioral problems in adolescence: Gender differences', *Journal of the American Academy of Child and Adolescent Psychiatry*, **36**(3), pp. 323–9.

- Gill, M. and Tutty, L. (1999) 'Male survivors of childhood sexual abuse: A qualitative study and issues for clinical consideration', *Journal of Child Sexual Abuse*, **7**(3), pp. 19–33.
- Gold, S., Lucenko, B., Elhai, J., Swingle, J. and Sellers, A. (1999) 'A comparison of psychological/psychiatric symptomatology of women and men sexually abused as children', *Child Abuse & Neglect*, **23**(7), pp. 683–92.
- Grbich, C. (1999) *Qualitative Research in Health: An Introduction*, St Leonards, NSW, Allen & Unwin.
- Grossman, F., Sorsoli, L. and Kia-Keating, M. (2006) 'A gale force wind: Meaning making by male survivors of childhood sexual abuse', *American Journal of Orthopsychiatry*, **76**(4), pp. 434–43.
- Heller, S., Larrieux, J., D'Imperio, R. and Boris, N. (1999) 'Research on resilience to child maltreatment: Empirical considerations', *Child Abuse & Neglect*, **23**, pp. 321–38.
- Kalichman, S., Sikkema, K., DiFonzo, K., Luke, W. and Austin, J. (2002) 'Emotional adjustment in survivors of sexual assault living with HIV-AIDS', *Journal of Traumatic Stress*, **15**(4), pp. 289–96.
- Kendall-Tackett, K., Williams, L. and Finkelhor, D. (1993) 'Impact of sexual abuse on children: A review and synthesis of recent empirical studies', *Psychological Bulletin*, **113**, pp. 164–80.
- Kia-Keating, M., Grossman, F., Sorsoli, L. and Epstein, M. (2005) 'Containing and resisting masculinity: Narratives of renegotiation among resilient male survivors of childhood sexual abuse', *Psychology of Men & Masculinity*, **6**(3), pp. 169–85.
- Kinard, E. (1998) 'Methodological issues in assessing resilience in maltreated children', *Child Abuse & Neglect*, **22**(7), pp. 669–80.
- Lazarus, R. and Folkman, S. (1984) *Stress, Appraisal and Coping*, New York, Springer.
- Mendel, M. (1995) *The Male Survivor: The Impact of Sexual Abuse*, California, Sage Publications Inc.
- Molnar, B., Buka, S. and Kessler, R. (2001) 'Child sexual abuse and subsequent psychopathology: Results from the National Comorbidity Survey', *American Journal of Public Health*, **91**(5), pp. 753–60.
- National Collaborating Centre for Mental Health (2005) *Post-Traumatic Stress Disorder: The Management of PTSD in Adults and Children in Primary and Secondary Care*, London, Royal College of Psychiatry and the British Psychological Society.
- Nurcombe, B. (2000) 'Child sexual abuse I: Psychopathology', *Australian and New Zealand Journal of Psychiatry*, **34**, pp. 85–91.
- Oaksford, K. and Frude, N. (2003) 'The process of coping following child sexual abuse: a qualitative study', *Journal of Child Sexual Abuse*, **12**(2), pp. 41–72.
- O'Leary, P. (2009) 'Men who were sexually abused in childhood: Psychological functioning and coping strategies', *Child Abuse and Neglect*, **33**(7), pp. 471–9.
- O'Leary, P. and Gould, N. (2009) 'Men who were sexually abused in childhood and subsequent suicidal ideation: Community comparison, explanations and practice implications', *British Journal of Social Work*, **39**, pp. 950–68.
- Olgoff, J. and Cutajar, M. (2009) 'Does the cycle perpetuate? Offending and victimisation among child sexual abuse victims', Keynote Address, Children and the Law: International Approaches to Children and their Vulnerabilities, Prato, Italy, 7–10 September.
- Paine, M. and Hansen, D. (2002) 'Factors influencing children to self-disclose sexual abuse', *Clinical Psychology Review*, **22**(2), pp. 271–95.

- Rutter, M. (2007) 'Commentary: resilience, competence, and coping', *Child Abuse and Neglect*, **31**, pp. 206–09.
- Runtz, M. and Schallow, J. (1997) 'Social support and coping strategies as mediators of adult adjustment following childhood maltreatment', *Child Abuse and Neglect*, **21**(2), pp. 211–26
- Sagy, S. and Dotan, N. (2001) 'Coping resources of maltreated children in the family: A salutogenic approach', *Child Abuse & Neglect*, **25**, pp. 1463–80.
- Steel, J., Sanna, L., Hammond, B., Whipple, J. and Cross, H. (2004) 'Psychological sequelae of childhood sexual abuse: Abuse-related characteristics, coping strategies, and attributional style', *Child Abuse & Neglect*, **28**, pp. 785–801.
- Tomeo, M., Templer, D., Anderson, S. and Kotler, D. (2001) 'Comparative data of childhood and adolescence molestation in heterosexual and homosexual persons', *Archives of Sexual Behavior*, **30**(5), pp. 535–41.
- Walsh, K., Fortier, M. and DiLillo, D. (2009) 'Adult coping and childhood sexual abuse: A theoretical and empirical review', *Aggression and Violent Behaviour*, 10.1016/j.avb.2009.06.009.
- Washington, P. (1999) 'Second assault of male survivors of sexual violence', *Journal of Interpersonal Violence*, **14**(7), pp. 713–30.
- Wolfe, D.A., Francis, K.J. and Straatman, A. (2006) 'Child abuse in religiously-affiliated institutions: Long-term impact on men's mental health', *Child Abuse and Neglect*, **30**, pp. 205–12.