

***Male Child Sexual Abuse: A Qualitative Exploration of Survivors'
Perceptions of Their Abuse***

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of the requirements for the degree
of Doctorate in Clinical Psychology**

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ABSTRACT

Male Child Sexual Abuse: A Qualitative Exploration of Survivors' Perceptions Of Their Abuse

By Wendy Coetzee

Despite a growing literature on child sexual abuse, there has been a noticeably slower recognition of men as victims of child sexual abuse. As a consequence, research in this area has remained limited. This lack of recognition may reflect the wider societal reluctance to acknowledge men as victims of sex abuse. Previous research has highlighted that men who have been sexually abused experience difficulties with their social sex role and sexual orientation identities.

This research set out to explore men's perceptions of the effects of their childhood sexual abuse, with particular reference to the issues of sexual and gender identity. The aim of this was to explore the experiences of six male survivors. All six participants were interviewed using a semi-structured format and the interviews were analysed using a social constructionist revision of grounded theory.

The main findings suggest that the lack of secure attachments with parents and other adult figures resulted in difficulties disclosing the abuse. Furthermore, the concealment and internalisation of blame for the abuse resulted in later emotional difficulties and confusion in assuming a 'masculine' identity. The findings from this research suggest there are significant clinical implications for the way in which professionals and services address the issue of male child sexual abuse.

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ADDENDUM

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CHAPTER ONE

INTRODUCTION

1.1 Introduction

Over the past 15 years there has been a growing recognition of child sexual abuse (CSA), both from the media and from clinical studies on the topic (Bolton, Morris & MacEachron, 1989; Conte, 1982; Finkelhor, 1984; Mendel, 1995). A large number of research studies have attempted to understand the impact of these childhood experiences, in terms of both the immediate impact on the child and the more lasting effects into adulthood. This is an important area of research for clinicians working with clients who have been sexually abused.

However, much of this literature pertains to female victims of child sexual abuse and little attention has been focussed on male victims. It is only in the last decade that there have been many books and papers published on boys as victims of sexual abuse. This may reflect a more widely held societal and cultural perspective, which assumes that women are the victims and men the perpetrators. Thus, it is often forgotten that men can be the victims of child sexual abuse too. This shortfall in the literature may perpetuate further the myth that men are not usually the victims.

The aim of this research project is to explore the impact of child sexual abuse upon male victims, with a particular focus on the effect of abuse on the formation of masculine identity. Although research to date has highlighted some of the general effects of child sexual abuse on men, much of it has lacked rigour and clarity and has not taken account of the perspectives of participants. Studies have predominantly been quantitative in nature, using questionnaires as the source of information gathering (e.g. Finkelhor, Hotelling, Lewis & Smith, 1990; Baker & Duncan, 1985; Fromuth & Burkhart, 1989). This research however, aims to explore male victims' perceptions of the effects their abuse has had upon the development of their identities.

This chapter will begin by exploring the current research findings within the male child sexual abuse literature, focussing on the current prevalence rates and factors which inhibit the reporting of male child sexual abuse. The initial and long term effects of child sexual abuse upon men will then be explored with reference to some of the limitations and difficulties inherent in researching this sensitive subject. Despite the plethora of research literature on female victims of child sexual abuse, this literature review will be limited to exploring research regarding male victims due to the word limitations of this thesis. However, where

there is some overlap between the findings of the male and female literature these are discussed.

Following this a discussion of the central developmental theories of identity formation will then be outlined, including the model used in the current research project. Finally the strengths and weaknesses of qualitative vs. quantitative research methodology are discussed and finally an explanation of why the researcher chose to use a qualitative approach is offered.

***CSA:** The abbreviation “CSA” will be used throughout this thesis, with reference to childhood sexual abuse as this was felt to be less cumbersome.

1.2 The Extent of The Problem

In order to understand the extent of the sexual abuse of boys it is important to explore the findings of prevalence studies. There remains a huge shortfall in rigorous research studies on the effects of childhood sexual abuse upon males. In an extensive paper Watkins and Bentovim (1992) conclude that there are a number of weaknesses inherent in studies to date. These studies have used small or biased samples, often relying on anecdotal reports, using no, or insufficient measures and many relying considerably on clinical reports. All of which they suggest restrict the reliability of the findings. These methodological issues will be discussed in more detail in relation to the research findings.

Prevalence studies have predominantly focussed on women (e.g. Mullen, Martin, Anderson, Romans & Herbison, 1996). Research findings consistently report that girls are sexually abused in excess of boys, this ratio of males to females has varied considerably from one study to another. Some studies have suggested a ratio of 5 girls to 3 boys (e.g. Baker & Duncan, 1985), while the highest reported ratio is 2 girls to 1 boy (Hobbs & Wynne, 1987). It is generally held that girls are sexually abused more than boys, however, it is also likely that a number of factors inhibit boys from disclosing their abuse and thus current figures are likely to underestimate the number of boys who have experienced sexual abuse.

A number of major national studies have compared the rates of CSA for females and males and each has yielded rather different results. For example in Britain, Baker & Duncan (1985) found rates of 8% for males compared to 12% for females. In the USA, Finkelhor, Hotaling

and Smith (1990) found rates of 16% for males and 27% for females. Peters, Wyatt & Finkelhor (1986) carried out a review of the prevalence rates for child sexual abuse, in which they examined a wide range of studies and concluded that there was considerable variation in the prevalence rates. Ranges varied from 6% to 62% for women and 3% to 31% for males.

It is generally accepted that many of these prevalence studies were methodologically flawed in some fundamental ways. For example, no singular definition regarding what constitutes 'childhood sexual abuse' has been employed across studies and fluctuating definitions have been shown to influence the prevalence rate (Fromuth & Burkhart, 1987). In a selected community sample, using a non-contact definition of abuse, Baker & Duncan (1985) found a rate of 8% for men, while in contrast Fritz, Stoll & Wagner (1981) found a rate of 5% when using a contact definition. When Fromuth & Burkhart (1989) used a non-contact definition in college men the rate trebled. It therefore seems that considerable differences in incidence can occur through the lack of a standardised definition of CSA.

Briere (1992) has suggested that findings are inaccurate and misleading because of a number of methodological flaws. These include issues such as the method of data collection (telephone interviewing, postal surveys), together with the phrasing and style of questioning, which can affect a participant's capacity to disclose sexual abuse. Sampling is also noted as an important issue, as different samples are likely to produce different rates of abuse (e.g. community samples, college samples, clinical populations). It is likely therefore that different methods of data collection will yield different results. In spite of these difficulties prevalence studies are important as they at least offer an indication of the size of the problem.

Under Reporting of Sexual Abuse

As illustrated in the prevalence statistics, findings to date suggest a higher prevalence rate for female victims than for male victims of CSA. This may indicate that a larger number of females are sexually abused than males (Browne & Finkelhor, 1986), or that male sexual abuse is concealed more than female sexual abuse and is therefore less frequently reported (Vander-Mey, 1988).

A number of studies have concluded that male victims do not readily disclose their abuse (e.g. Boyd & Beail, 1994; Dimock, 1988; Finkelhor, 1984; Johanek, 1988; Lew, 1990; Struve, 1990). However some of these studies have relied on relatively small numbers of participants

or do not report the number of participants used. Dimock (1988) in a sample of 25 men, reported that only one of the sample had actually disclosed the abuse at the time it was happening. Other studies support this finding. For example Collings' (1995) study found that of 82 South African men who had been sexually abused in childhood, not one had reported this to the police, or had sought any form of counselling or support for abuse related issues. A study by Hobbs and Wynne (1989) showed an increasing annual trend in the number of confirmed or probable cases of sexually abused boys in the same geographical area, thus suggesting that boys are possibly becoming more able to disclose that they have been abused.

In comparison females seem more likely to disclose their experience of sexual abuse. Roesler & McKenzie (1994) found that 61% of adult women had told someone as a child, compared to only 31% of men. Finkelhor (1984) found that only 25% of male students who had been sexually abused in childhood had told anybody, while 33% of female students had reported their abuse.

There are a number of factors which may influence the non-disclosure of sexual abuse by men. Research findings suggest that men have been reluctant to disclose their abuse because of fears of the stigma associated with being a victim. Their fears include being labelled as "inadequate" and "feminine" (Finkelhor, 1984; Nasjelti, 1980; Rogers & Terry, 1984), fear of being seen as the instigator of the sexual abuse (Nasjelti, 1980). Boys who have been sexually abused by men may also have fears that other people will think that they are homosexual (Dimock, 1988; Finkelhor, 1984; Nasjelti, 1988).

Many authors refer to a patriarchal society in which men are encouraged to believe that they should be infallible, the physical and sexual aggressor (Johanek, 1988; Nasjelti, 1980). Boys learn from early childhood that masculinity involves not being weak or passive, not being a loser in confrontation and not depending on anyone (Nasjelti, 1980). Men are taught to be dominant and in control. Being abused directly challenges a victim's capacity to identify himself with this stereotype of masculinity.

In contrast some men have viewed their sexual abuse as a normal male socialisation process, where sexual experience is encouraged (Dimock, 1988; Fromuth & Burkhart, 1989). Men are encouraged to be sexually active not sexually passive, perhaps a reflection of society's view of men as sexual predators (Finkelhor, 1979). The male socialisation process and the strong role modelling which begins early in life, make it very difficult for boys and later for men to

acknowledge their abuse. The threat for men of compromising their masculine identity by disclosing their abuse may be too great a risk to take.

Furthermore, the physiological arousal which often occurs during the abuse, can lead to feelings of confusion about whether the victim invited the abuse. This response can cause the boy to believe that the perpetrator must have known that he would react and therefore selected him because of some indication that he was homosexual. This can be intensified if the victim made no attempt to resist (Watkins & Bentovim, 1992). This arousal can be disturbing as it is sometimes interpreted by the boy as a sign that he must in fact be homosexual to have responded in such a way (the so called 'myth of complicity') (Gerber, 1990). Men who experience this arousal can find it particularly difficult to acknowledge that they have been abused (Watkins & Bentovim, 1992).

In addition to these difficulties some research has suggested that victims become victimisers and many male victims of CSA have reported feeling afraid that they will be seen as potential abusers (Mendel, 1995; Nasjelti, 1980). It has been suggested that this could be because the risks of cyclical victimisation have been over emphasised (Watkins & Bentovim, 1992; Mendel, 1995). Finkelhor (1986) has argued that the single factor theory that victims become victimisers is exaggerated, that it ignores the sociological factors which may be involved and that it is also quite clear that not all abusers were themselves abused. Although this is an important area of investigation, it has in many ways contributed to some of the fears that male victims have about disclosing their abuse and thus the exaggeration of these findings may have been detrimental for male victims.

In view of these concerns it becomes apparent why many men choose to remain silent about their abuse. The perceived negative association of being a male and being the victim of sexual abuse may deter many men from coming forward. The combination of societal pressures to conform to a masculine stereotype, fear of being labelled homosexual, confusion about whether they invited their abuse and fear of being labelled a potential child abuser may all contribute to men choosing not to disclose their abuse. It is likely therefore that the current prevalence figures may not accurately reflect the true extent of the problem. However, prevalence studies are nonetheless important in raising awareness by at least offering an indication of the extent of this problem.

1.3 Characteristics of Male Childhood Sexual Abuse

Almost all studies have found the mean onset age of CSA to be between 7 and 10 years old (De Jong, Emmett & Harvada, 1982; Ellerstein & Canavan, 1980; Finkelhor *et al.*, 1990; Pierce & Pierce, 1985; Spencer & Dunklee, 1986). This finding is also consistent with the onset age for females. However, it is important to note that this also reflects the mean age for the middle of childhood per se and it is therefore unclear from these findings which particular age group is most frequently abused. As will be discussed later, the age at which the abuse occurred may be an important factor in the effect that abuse has on the development of identity.

Other important characteristics include the identity of the perpetrator. Most of the research suggests that over 90% of perpetrators are male (e.g. Finkelhor *et al.*, 1990; Fromuth and Burkhart, 1989; Metcalf, Oppenheimer, Dignon & Palmer, 1990). However, a number of studies have found significantly more men were sexually abused by female perpetrators (Fritz *et al.*, 1981; Fromuth and Burkhart, 1987), and others have found equal proportions of male and female perpetrators (Risin & Koss, 1987). Mendel's (1995) clinical sample of 126 sexually abused men found that 60% of the sample had reported abuse by women and 88% by men (46% reported abuse by both genders).

It has been suggested that abuse by female perpetrators may be under reported because of denial that women abuse. There are a number of possible factors thought to influence this; firstly because of society's perception of females as nurturing and loving they are less likely to be thought of as a threat. Secondly, Krug (1989) suggests that females making physical contact with children in the form of hugging and touching is much less questionable than a male engaged in similar activities. Finally, Gordon (1990) believes that women are less likely to be perceived as potential abusers because of society's encouragement of men to have early sexual experiences with women.

Family members are thought to be involved in the sexual abuse of girls more than boys. Kendall-Tackett & Simon (1992) found that 8% of men in comparison with 22% of women were abused by their stepfathers, however they also found that similar proportions of men and women were sexually abused by their natural fathers (33% and 39%). Studies have tended to find that boys are more likely to experience repeated extra-familial abuse (Faller, 1989) or abuse by strangers (Baker & Duncan, 1985, Bentovim *et al.*, 1987, Hobbs & Wynne, 1987).

It has also been found that abuse by males is also a high predictor of later disturbance (Finkelhor, 1979; Herman & Scatzow, 1987; Mendel, 1995). Mendel suggested that this reaction might be related to the findings that abuse by male perpetrators was more severe on average than that committed by females. Only 24% of those reporting sexual interactions with mothers experienced penetration, compared with 72% of sexual interactions with fathers. Thus, the severity of the abuse may have been a predictor of more disturbed behaviour and men tend to commit more severe abuse than do women.

Friedrich, Beilke & Urquiza (1988) and Rogers and Terry (1984) have also suggested that greater initial symptomatology is associated with greater severity of abuse. Wyatt and Powell (1988) substantiated this with findings that the most negative outcomes for children are associated with abuse by fathers, genital contact and the use of force.

Clinical reports have been almost unanimous in finding that boys are more likely to be subjected to anal abuse (Bentovim, Boston & Van Elberg, 1987; Cupoli & Sewell, 1988; De Jong *et al.*, 1982; Hobbs & Wynne, 1989; Rogers & Terry, 1984; Spencer & Dunklee, 1986). All of these studies report extremely high frequencies of penile-anal intercourse, from 53%-83% in boys (vs. 18% for the total sample) and Hobbs and Wynne (1989) report anal intercourse rates of 83%. It is therefore likely that not only do boys experience more anal abuse than girls do, but also findings suggest that this is a relatively common experience for boy victims.

Certain characteristics of the sexual abuse (e.g. relationship to abuser, severity of abuse) therefore appear to be implicated in adjustment to the abuse experience and also in the development of initial and long term problems.

1.4 Effects of Childhood Sexual Abuse upon Males

The under reporting of sexual abuse of boys had led to a lack of research about the effects that CSA has on males, particularly when compared with the female literature (Watkins & Bentovim, 1992). This highlights the importance and necessity of prevalence research despite its flaws.

A number of studies have looked at the long term effects of sexual abuse on adult men using both clinical and non clinical samples. The findings of these studies have suggested that childhood sexual abuse is a risk factor for later psychological disturbance (Holmes, Offen & Waller, 1997). The research in this area has highlighted a number of different initial and long term effects, however this brief review will focus on some of the most central psychological effects, and those relevant to this research.

1.4.1 Initial Effects of CSA on Boys

The research to date can be separated into initial and long term effects. The initial effects focus on the immediate impact on the child. The longer term effects relate to those difficulties which appear to affect victims of CSA as they mature and develop into adults

Urquiza (1988), seeing sexual abuse as a 'stressor', predicts from the literature concerning the physical and psychological consequences of stress on children in parallel traumatising situations that boys react to stress more adversely than do girls and will be more vulnerable to later psychological disturbance. In addition to this the externalised behavioural manifestations of trauma utilised by boys (e.g. delinquency, aggression) tends to compound further the initial 'stressor', by producing negative and punitive responses from adults thus further increasing their vulnerability.

Boy victims of sexual abuse display a wide range of indications of emotional and psychological distress. In the main these do not appear to be distinctly different from those reported by female victims (Browne & Finkelhor, 1986). Neilson (1983) in reviewing the literature on boy victims of sexual abuse concluded that two thirds experienced some form of emotional disturbance as a result of their sexual victimisation. Conte and Schuerman's (1987) study of 85 boys suggested that most children were affected negatively by their sexual abuse experience, resulting in aggression, withdrawal, poor self esteem and anxious attempts to please others around them.

These emotional reactions of boy victims have been reported by a number of both empirical and clinical studies. Problems with self esteem and self concept (e.g., Rogers & Terry, 1984; Sebold, 1987); guilt and shame (Rogers & Terry, 1984; Sebold, 1987; Vander Mey, 1988) and marked anxiety (Rogers & Terry, 1984;) were reported. Depression was also found in a significant number of sexually abused boys (Roger & Terry, 1984). Another common reaction

was withdrawal and isolation and studies also found significant manifestations of anger and aggression in male victims of CSA (Rogers & Terry, 1984; Sebold, 1987).

Bolton *et al.* (1989) have stated that the main difference between male and female responses to CSA is the tendency for boys to respond with aggressive, antisocial and uncontrolled externalising behaviours. This perhaps reflects more widely understood male behavioural reactions, rather than just reflecting the behaviour of boys who have been sexually abused.

A problem frequently encountered when trying to determine whether these behaviours are the direct responses to CSA, is that CSA rarely occurs as a problem in isolation and thus behavioural responses may reflect other difficulties such as family problems. Large numbers of victimised children come from families with a number of difficulties including drug and alcohol abuse, poverty, physical abuse and other problems (Bolton *et al.*, 1989). In addition to this, these behavioural disturbances are not particular to boys who have been sexually abused, they are also seen in non abused boys. However, it is likely that these behaviours are an indication of internal distress in boys.

1.4.2 Long Term Effects of CSA on Males

The long term effects of sexual abuse on men can be separated into distinct but interrelated categories. These include: emotional and psychological effects, social sex role and sexual orientation identity effects and effects on intimate relationships.

Emotional and Psychological Effects

A number of studies have been conducted with adult male survivors of sexual abuse, which indicate that men experience a wide range of psychological and emotional difficulties. Briere, Evans, Runtz & Wall, (1988) conducted one of the first empirical studies looking at the psychological symptomatology in men who had been sexually abused. The results of this study found that there was a greater incidence of previous suicide attempts among the abused men and significantly higher scores for anxiety, anger, dissociation and sleep disturbance than a comparison sample of non-abused men. An extremely comprehensive study by Mendel (1995) found that all 124 men who had been sexually abused in his study perceived their abuse as severely damaging to most aspects of their life.

Roesler & McKenzie (1994) analysed the nature and extent of psychological disturbance in male and female victims of CSA. They found that there were similar levels of psychopathology in men and women. Briere *et al.* (1988) study also supports the idea that there is gender similarity. They found that both females and males reported higher rates of anxiety, depression, dissociation and sleep disturbance than controls and that there were no differences between male and female victims. Other studies support this gender similarity, however they also found that men experienced more intense feelings of anger, were more outwardly aggressive and tended to display more aggression than depression or guilt (Bruckner and Johnson, 1987). These findings seem to mirror the initial responses of boy victims in externalising their feelings about their abuse (e.g. anger and aggression). Thus, it would seem that males tend to rely on similar coping strategies in child and adulthood.

A rigorous study undertaken by Stein, Golding, Burnham & Sorenson (1988) found that on 6 month and life time prevalence rates of psychiatric disorders, men who had been sexually abused showed higher prevalence rates of psychiatric disorders than did abused women. These disorders included: affective disorders, substance abuse, anxiety disorders, antisocial personality disorder and schizophrenic disorders. The high male prevalence rate was accounted for mostly by the large numbers of men involved in substance abuse and with antisocial personality disorders. Women however had higher rates of anxiety and depression.

Although sexual abuse appears to have similar emotional and psychological effects on men and women, those differences which do occur appear to reflect the general psychiatric picture of the gender differences in psychiatric diagnosis, in which males externalise their emotional responses (e.g. through aggression) and women internalise these responses (e.g. depression). Other factors which can contribute to poor adjustment following sexual abuse include the severity of the abuse, the gender of the perpetrator and the relationship with the perpetrator, these were discussed previously.

Social Sex Role Identity

Several writers have outlined the possible effects of childhood sexual abuse on the development of the social sex role identity of men. Bruckner & Johnson (1987), Dimock (1988), and Mendel (1995) have reported that male survivors distance themselves or fail to identify with other men. A number of studies have also highlighted that one of the greatest difficulties for male survivors is overcoming the disparity between being sexually victimised

and being able to retain a sense of identification with the traditional male image (Dimock, 1988; Hunter, 1990; Lew, 1990). Men who have been sexually abused experience a sense of failure at being able to meet with society's expectations of masculinity. This appears to reflect the belief that a "real man" would have been able to defend himself and prevent the abuse (Mendel, 1995).

Dimock (1988) found social sex role identity confusion in 16 out of 25 of the sexually abused men in a clinical population. Many of these men expressed severe doubts about their own masculinity and often saw themselves as failures as men. They used attributes such as "gay" or "wimp" to describe themselves and had difficulty coming to terms with their inability to protect themselves.

Rogers and Terry (1984) reported that sexually abused males in particular experienced "confusion and anxiety over sexual identity" which referred to the way in which male victims tried to understand why they had been selected for the CSA. This frequently resulted in their blaming themselves and a belief that the abuse was due to an indication of their femininity or homosexuality. This was reinforced by any physiological arousal experienced during the CSA and the inability to prevent the abuse, both of which are culturally equated with masculine failure.

They noted that boys often tended to resort to "inappropriate attempts to reassert masculinity" for example, by using aggressive behaviour, perhaps to compensate for their sense of powerlessness induced by their experience of the abuse and therefore over-identifying with the masculine stereotype. Finally, they referred to the "recapitulation of the victimising experience", whereby the victim recreates their own victimisation and the victim becomes the victimiser. This was also thought to relate to the need to reassert masculinity. Rogers and Terry suggested that male victims may have an understanding that there are two choices in life: to be the victim or the abuser and therefore they chose the abuser to avoid being the victim again. These effects are thought to be specifically related to the sexual contact experienced through the abuse and have also been raised by other studies.

Most studies focussing on the long term effects of CSA upon males have found that their experiences have had an impact on the development of social sex role identity and sexual orientation identity, the two appear to interrelate. Dimock (1988) found that male survivors of CSA experienced sexual identity confusion, which included confusion with sexual orientation

and stereotypical male roles. Victimisation not only contradicts the masculine ethos of self reliance and independence, but it also raises the stigma of homosexuality sometimes associated with men who have been sexually abused. These fears in men who have been sexually abused are common.

Sexual Orientation Identity

Rogers and Terry (1984) noted the frequency with which parents of boy victims have raised concerns about the effect of sexual abuse on a boy's sexual identity development. Sebold (1987) who interviewed therapists working with sexually abused boys also reported, that they had a pre-occupation with sexual identity, which manifested into homophobic attitudes. However, a fear of homosexuality is clearly different from developing a homosexual preference.

An important question addressed by some studies is whether child sexual abuse has any influence on the development of a homosexual identity. Johnson and Shrier (1987) have both reported that boys molested by men were more likely to identify themselves as homosexual, in comparison with those abused by women. The male adolescents who were part of this study felt that their sexual victimisation was linked with their homosexuality. A study by Mendel (1995) also found that the gender of the perpetrator was a predictor of sexual orientation. Men sexually abused by males were more likely to identify themselves as homosexual than were men abused by females.

Several researchers have found higher rates of sexual abuse among homosexual rather than heterosexual populations and higher rates of homosexual orientation in victims of CSA than in the general population (Finkelhor, 1984; Johnson & Shrier, 1987). Other findings suggest that male survivors of CSA often experience concerns about or confusion regarding sexual orientation (Bolton *et al.*, 1989; Bruckner & Johnson, 1987; Dimock, 1988; Hunter, 1990; Lew, 1990).

Finkelhor (1981), found that sexually abused men abused by older men were four times more likely to be engaged in homosexual activities in later years. Finkelhor suggests that there are two possible reasons for this; that either these men may have already been predisposed to a homosexual orientation and this lead to them being more vulnerable to abuse or that the victimisation itself led to later interest in homosexual activity. Thus, a child who has

experienced a homosexual experience may be likely to feel stigmatised by it and therefore label himself as a homosexual. Finkelhor suggested that the latter was more likely, given that abused men did not report high incidences of homosexual interactions with peers in childhood. However, it is important to remember that incidence does not imply causality, more research is therefore required to explore these issues further.

Developing and Maintaining Intimate Relationships

Clinical reports of case histories have consistently revealed that sexually abused men have serious difficulty in sustaining and maintaining intimate relationships (Bruckner & Johnson, 1987; Dimock, 1988; Krug, 1989). Male victims of sexual abuse avoided intimacy and withdrew emotionally from relationships. There have been suggestions that this may be related to the lack of trust in others and a fear of intimacy.

Bruckner & Johnson (1987) found that abused men had difficulty in establishing and maintaining intimate relationships or trusting others, they noted that sexually abused men found it difficult to talk about feelings and tended to be emotionally constricted. These findings are supported by others such as Krug (1989), who noted that all the men in his clinical sample had difficulties in maintaining intimate relationships.

Dimock (1988) concluded that relationship dysfunction was one of three characteristics of men who had been sexually abused. There was again difficulty in maintaining stability in relationships, relationships were often characterised by intense involvement followed by abrupt withdrawal and isolation.

Fromuth and Burkhart (1989) compared the sexual relationships of men who had been sexually abused and men who had not, using a sample of college students. No significant differences were found in these groups either in terms of the age at which dating began, being involved in a relationship or not dating in the last month.

1.4.3 General Methodological Issues and Conclusion

Although studies have been relatively consistent in highlighting some short and long-term psychological effects of CSA in males, there are a number of methodological weaknesses which limit the generalisability of the findings. Many studies have been criticised for being

drawn retrospectively from anecdotal reports or case histories (e.g. Dimock, 1988; Gerber, 1990; Hunter, 1990; Johanek, 1988; Krug, 1989). Different studies have utilised a variety of measures, leading to difficulties in comparing results; others have involved the use of unstandardised measures (e.g. Dimock, 1988); or simple clinical impressions (e.g. Johanek, 1988).

In addition to these problems, a number of research studies have combined both male and female victims together and have failed to distinguish between the two (e.g. Dimock, 1988; Fromuth & Burkhart, 1989; Olson, 1990). A differentiation between male and female effects is essential in developing a sound theoretical model of male sexual abuse. There are a number of reasons why men may be differentially affected by their abuse as a consequence of the societal and patriarchal expectations placed on each gender (Fromuth & Burkhart, 1989). Furthermore, males and females often experience different types/circumstances of abuse and thus differences may occur as a result of the severity or duration of the abuse.

There are also significant methodological difficulties in establishing that it is the abuse itself which actually causes the reported effects (Cahill, Llewelyn & Pearson, 1991). Despite these criticisms and with these limitations in mind, there are some interesting findings, which offer an indication of some of the difficulties experienced by men who have been sexually abused.

To conclude, the research to date suggests that large numbers of boys are sexually abused as children and that it is likely that current estimates are not an accurate reflection of the true number of incidents. In this review some reasons for the under reporting of such abuse have been offered, these have indicated that the negative connotations of being identified as a victim of sexual abuse and the societal pressure upon men to conform to a traditionally 'masculine' role, contrasts directly with the experience of being sexually abused.

The majority of studies suggest that the experience of growing up in an environment which abuses a child's sexuality will be likely to result in some form of childhood, adolescent and/or adult problems (Bolton *et al.*, 1989). One of the main issues which has been raised as an issue for men is the disparity between the traditional male image and the experience of being sexually abused, a problem which may relate to a number of other difficulties experienced e.g. relationship problems, low self esteem. It also seems likely that there is a relationship between the reported confusion over sexual orientation identity and social sex role identity.

Although the research has highlighted that sexually abused men may experience difficulty with developing and feeling confident about their identity and some speculative explanations about societal influences have been put forward, there remains a gap in understanding how men experience these difficulties. There is a notable absence of participants' perspectives on how it is that they understand the effects that their abuse has had upon them. Such research might enable a fuller and richer account of the ways in which men who have been sexually abused are affected by this experience. This kind of perspective would contribute both to clinicians trying to understand and address the issues facing sexually abused men and the male sexual abuse literature.

In order to address these issues within this research an understanding of the development of 'social sex role identity' is required. Therefore, in this next section a brief summary of the most popular theories of identity development will be outlined.

1.5 Development of Sexual Orientation and Gender Identity

There have been a number of theories regarding the way in which gender and sexual orientation identity is developed. These will be outlined briefly and the limitations of these theories will be discussed. The model used as a frame of reference within this research will then be outlined.

1.5.1 Psychoanalytic Theory

Freud's explanation of psychosexual development acknowledges the contributions of both social and biological factors. Freud argued that sex typing occurred through the process of identification, where the child emulates the same sex parent. He argued that a 3-6 year old boy will internalise masculine attitudes and behaviours when he is forced to identify with his father, as a way of renouncing his incestuous desires for his mother, reducing his castration anxiety and thus resolving the Oedipus complex. However, Freud believed that sex typing is more difficult for a girl, as she already felt castrated and would therefore experience no overriding fear of castration causing her to identify with her mother. Freud suggested that the girl's ambition was to attract her father and therefore she emulates her mother's 'feminine' traits as a way of attracting the attention of her father, who is likely to reinforce these feminine traits.

There is some evidence consistent with Freudian theory that children acquire sex-typed behaviour by the ages of 3-6 years. There are however difficulties with this theory. The idea that children experience an Oedipus complex including castration anxiety for boys and penis envy for girls, assumes that boys and girls are well aware of the differences between male and female genitalia. However, research has shown that 4-5 year olds are unable to assemble anatomical dolls with the correct genitalia for each gender (Katcher, 1955). In addition to this, research has also shown that boys show a heightened identification with their fathers and heightened masculinity when fathers are warm and nurturing rather than punitive or threatening (Mussen & Rutherford, 1963). Freud's explanation of sex typing has not received sufficient empirical support even though children begin to develop sex role preferences about the time he suggests. However, his theory is nonetheless an important contribution to understanding of the development of sex typed behaviours.

1.5.2 Social Learning Theory

Prominent social learning theorists (Bandura, 1977; Mischel, 1970) have argued that children acquire their gender identities, sex role preferences and sex typed behaviours through direct tuition and observational learning. The direct tuition refers to the tendency of parents, teachers and other social agents to positively reinforce gender appropriate behaviours, while behaviours that are deemed as appropriate for the other sex are punished. Thus, for example, boys are taught to be tough, assertive and competitive and to play with action toys; girls are encouraged to be gentle and co-operative and to play with toys such as dolls and tea sets that encourage them to assume a nurturing role.

Children also learn sex typed attitudes and behaviours by observing the activities of same sex models, including peers, parents, teachers and older siblings. The female social sex role is more versatile, such that girls are allowed to engage in male orientated play. For example, girls are permitted to be 'tomboys', but a boy's role is much less flexible, boys who engage in 'female' activities would be mocked and labelled a 'sissy'. Female gender roles are thus more adaptable and allow women to express both masculine and feminine traits.

Although these are fairly obvious stereotyped examples, they suggest a powerful education where males and females are socialised differently by society and through negative and positive reinforcement they learn the roles which society expects each gender to play. This begins at an early age, but these social rules are subtle and follow throughout the life span.

According to Bandura (1977) children acquire a large percentage of their sex typed attributes by observing and imitating same sex models, known as observational learning. The reason for this being that young children are reinforced for imitating same sex siblings or parents and as the child acquires a firm gender identity, same sex children become more worthy of attention as children perceive them as similar to themselves.

One problem with Bandura's hypothesis is that children do not pay attention to same sex models until relatively late, about 6-7 years of age (Ruble, Balaban & Cooper, 1981; Slaby & Frey, 1975). It also assumes that all children will respond in the same way, modelling their parents and peers, but what about those children who deviate from this model? This model like many of the others does not account for the individual differences in identity development. It does however highlight the importance of social influences in the development of social sex role identity and gender identity and these are nonetheless important in understanding the development of identity.

1.5.3 Cognitive Developmental Theory

Lawrence Kohlberg (1966) has proposed a cognitive theory of sex typing that differs greatly from social learning theory and psychoanalytic theory, which both assume that children learn gender appropriate behaviour through same sex imitation and parental reinforcement. Cognitive Developmental theories (Kohlberg, 1966) suggest that it is the person's understanding of masculinity and femininity which informs their behaviour rather than the other way round. According to Kohlberg & Gilligan (1971) a child's gender identity is a cognitive judgement about the self that precedes his/her identification with same sex models.

Kohlberg (1966) suggests that children progress through three stages as they acquire an understanding of gender and its implications. The first stage is basic gender identity, where young children of two to four years recognise that they are a boy or a girl. They learn about acceptable and gender appropriate behaviour. In middle childhood they possess 'gender constancy', which is the understanding that they will grow up to be either a woman or a man. Finally at the stage of gender consistency, the gender concept is complete and children (6-7 years of age) realise that gender is stable across time and situations. Kohlberg's model is a cognitive consistency theory and assumes that children are motivated to acquire attitudes, interests and behaviours that are consistent with the judgement about the self. Kohlberg

therefore assumes that gender consistency causes attention to same sex models, rather than attention to same sex models causing gender consistency.

However, research has suggested that there are inconsistencies with this theory of gender identity development. For instance, research has found that sex typing is already well underway before the child acquires a mature gender identity (Blakemore, Larue & Olejnik, 1979). In addition to this, 3 year olds of each sex have learned many sex role stereotypes and already prefer same sex activities long before they begin to attend to more selectively to same sex models (Kuhn, Nash & Bruckner, 1978; Huston, 1983). Therefore, it seems that a mature understanding of gender is not necessary for sex typing and sex role development.

There have been a number of pieces of research which suggest that the relationship with the same sex parent is important in the development of gender identity. Coleman (1996) found that adolescent boys whose fathers provide role models which are either at the extreme of being excessively masculine or predominantly feminine, appear to adjust less well in the development of their sex roles. An earlier piece of research also suggests that men who identify with their fathers were better adjusted and had a stronger sexual identity, than males who did not identify with their fathers (Heilbrun, 1976). This suggests that identification with the parent of the same gender would seem to be an important aspect of sex role identity.

There are a number of difficulties in assuming that one theory can account for all the influences and the individual differences which occur in people. It is likely that social, cognitive and biological factors all contribute to the development of identity. An integration of the above theories would seem to be an important way of describing and understanding the development of identity.

1.6 A Model of Identity Development

Shivley and DeCecco (1977) have developed a model of sexual and gender identity, which clarifies the various different aspects of identity indicated in Figure 1. These components are consistent and stable in an integrated sexual identity. No sexual orientation identity is implied. It is the individual's capacity to integrate all four aspects of the model that is vital.

Figure 1.1 Components of Sexual Identity
(Shivley & DeCecco, 1977)

Biological Identity	Sex assigned by medical examination.
Gender Identity	The individual's belief about being male or female
Social Sex Role Identity	Identification with characteristics culturally associated with being male or female.
Sexual Orientation Identity	Based on the sex of the individual's preferred love object.

The model follows the order in which gender and sexual identity is developed. Biological identity forms the foundation. Gender identity is formed by approximately the age of three and is thought by some to be socially developed by social interaction and observation (Chilman, 1983; Shivley and DeCecco, 1977). However, other authors believe that it is determined through an amalgamation of biological, physiological and instinctive processes (Tyson, 1986).

Social sex role identity is thought to form between three and seven years of age. It is believed to be learned through interaction with others (e.g. peers, teachers), but especially with the caregiver (Shivley & DeCecco, 1977; Tyson, 1986). Sexual orientation is the last of these and is not necessarily static or fixed over time (Paul, 1984). This is a useful way of understanding the different aspects of sexual and gender identity formation and it accounts for the different influences upon it. This model was chosen as a reference point for this research as it clearly identifies the different aspects of identity and the stages at which these are formed.

There has also been a lack of consistency in the terms used in this literature referring to identity (e.g. sexual identity, gender identity). This is evident in the previous discussion where the authors terms have been used and it is sometimes unclear which aspect of identity is being discussed. For this reason the model presented in Figure 1.1 is a useful and detailed model which will be used as a reference point when exploring the different aspects of sexual and gender identity development within this research. It succinctly defines the different aspects of

identity, taking account of the physiological, developmental and social influences on the development of sexual and gender identity.

1.7 A Qualitative Approach

The quantity-quality debate has been ongoing within the field of psychology, with recent arguments about qualitative research being discussed within mainstream psychology journals (Morgan, 1996; Sherrard, 1997). The quantitative approach has had a long standing respect and acceptance within academic psychology and positions the traditional experimental and positivist paradigm. It relies on precise measurement, control and manipulation of variables, with the overall aim of objectively testing theories. It is fundamental within the quantitative paradigm to be able to produce replicable and generalisable results and thus the quantitative approach is thought to be the closest to a scientific means of enquiry. This has been particularly important for the development of psychology, as it has attempted to gain the respect and recognition as a scientific discipline.

However, positivist approaches to research are limited in their capacity to acknowledge human individuality. Psychologists interested in the complexities of the individual have tended to pursue alternative methods of enquiry which might enable them to study the individual. Frustration with the quantitative paradigm led psychologists to pursue an interest in the qualitative paradigm, enabling them to study the individual (Smith, Harre & Langenhove, 1995).

As a result of the differences in the approaches of qualitative and quantitative methods it has appeared that qualitative and quantitative research could be viewed as manifestations of two contrary research paradigms (Lincoln & Guba, 1985). Alternatively as Henwood & Pidgeon (1992) suggest, researchers should consider that “methods are not so much valid in and of themselves, but rather will be more or less useful for different research processes”. Quantitative methods use numerical data to reduce and summarise complexities, whereas qualitative methods focus on exploring and interpreting complexities. It would seem therefore that both are suitable for answering different research questions.

The qualitative approach argues for a naturalistic, contextual and interpretative approach. It aims to “deepen understanding, raise questions and illuminate complexities” (Weil, 1996, p. 224). Qualitative analysis seeks to understand the participant in their world at a given time.

This entails focussing on the social complexities of phenomena. Henwood and Pidgeon (1994) suggest that qualitative analysis enables the production of a meaningful account, knitting together the multiplicities, variations and complexities of people's worlds. Thus qualitative methods tend to generate large amounts of detailed information about a small number of settings.

This method of research entails generating hypotheses by researching a small number of participant's experiences, rather than testing out a pre-conceived hypothesis on a large number of participants, as with the traditional experimental paradigm. It is therefore a revealing approach to analysis, producing rich and detailed data about the individual within their world at a particular time. The qualitative researcher generates theory from this data and understanding is informed by the participant's experience of phenomenon, rather than the researcher's perception of what that experience was like.

A qualitative approach seemed to be an appropriate method to use in this research for a number of reasons. The research to date on sexually abused males has mostly been of a quantitative nature, with the objective of gathering large amounts of data to explain and make generalisations about populations. This research has been useful in highlighting some of the effects of sexual abuse upon men and providing an important indication of the incidence rates. This kind of quantitative research however leaves a gap in our understanding of the individual and their socially situated world. Therefore, this type of research often lacks the richness and depth, which can be important to clinicians, who are trying to understand the issues facing their clients. A more detailed understanding of men's experiences of their abuse and its effects on their identities would offer invaluable insight into the way in which participants experience their abuse and its effects within their individual context. This kind of information would enhance both theoretical and clinical understanding.

1.8 Summary and Conclusions

This chapter has summarised some of the current research findings on male sexual abuse, highlighting some of the difficulties entailed in researching this area and the limitations of the studies undertaken to date. The research has suggested that male survivors of sexual abuse experience difficulties in identifying with and developing a masculine identity. It has been suggested that this may relate to the dissonance of being a victim and trying to fit with the culturally defined role of masculinity. However, understanding of this experience is limited.

There has been very little exploration of these and other issues facing men who have been sexually abused.

Using a qualitative approach this research aims to explore the experiences of men who have been sexually abused in childhood. Therefore the focus of the research will be to explore the different accounts given by participants of their abuse and the effects that they perceive it has had upon their subsequent development as males. This will therefore enable the researcher to attend to the individual characteristics of participant's experiences and therefore it should offer a rich and detailed understanding of men's perceptions of their experiences of being abused and its effects. A qualitative approach will enable the researcher to explore these issues in relation to social, historical and psychosocial contexts.

In the next chapter an account of the epistemological framework used and the methodology employed will be described. Also a detailed account of how the material was analysed will be offered.

CHAPTER TWO

METHODOLOGICAL AND EPISTEMOLOGICAL
FRAMEWORK

2.1 Outline of Methodology

It was the aim of this study to explore male victims' perceptions of the effect that sexual abuse has had on the development of their identity. In order to accomplish this it was necessary to employ a methodological framework sensitive to these meanings, which would enable the researcher to understand these issues in relation to the social, historical and psychosocial contexts. It was felt that a qualitative approach would provide such a framework for understanding these meanings.

This chapter will begin by outlining the epistemological framework used. An understanding of the social constructionist approach will be presented, with reference to the differences between this and the more widely held realist view. A revised social constructionist approach to grounded theory will then be discussed, outlining ways in which this approach has informed the design and analysis of the current study. Finally, this chapter will consider the issue of how to complete 'good' qualitative research, highlighting how this has been applied to this study.

2.2 Epistemological Perspectives

Harding (1987) argues that it is important to differentiate the 'epistemology' (assumptions about the bases or possibilities for knowledge), from the 'methodology' (theoretical analysis defining a research problem and how this should proceed) and the 'method' employed (research strategy or technique). It is therefore important to make apparent the epistemological framework underpinning a piece of research. This framework will inform the relationship of the researcher to the researched.

There are broadly speaking two contrasting approaches to collecting data. There is the traditional positivist/realist approach, which aims to develop objective truths about the real world, seeking to establish universal laws of cause and effect through the testing of hypotheses. It is this philosophy which has predominantly been utilised in traditional quantitative studies. The researcher is assumed to remain objective in the research process and a variety of different methods can be employed to eliminate any researcher bias/effects (e.g. double blind experiments).

The social constructionist framework has been used by a number of social scientists. However, it was Berger and Luckmann's book *The Social Construction of Reality* (1967) which formed the major development of this approach. In contrast to realist beliefs, the social constructionist approach does not accept the existence of an objective knowledge. This theory is based on the assumption that people construct their own social world (Hollway, 1997). The construction of the person is believed to be a process, which continuously changes and is informed by culture, history and location.

Social constructionist approaches recognise the ways in which the researcher and researched are interdependent in the research process (Henwood & Pidgeon, 1992). In promoting good quality standards in research, disclosure by the researcher of his/her preconceptions and theoretical orientation are recommended (Stiles, 1993). This process enables the reader to take into account the stance and assumptions of the researcher, such that any influences on the research findings are made apparent. This contrasts with a realist position which implies that the researcher can remain 'objective' in the research process. The social constructionist position argues that research is invariably influenced by both personal and/or political interests which are likely to affect the way in which the research is approached.

It is also argued by social constructionist approaches to research, that the diversities which exist in human nature, are often ameliorated by realist approaches, through the screening out of individual differences and the controlling of confounding variables. It is these differences that interest the social constructionist, as they inform the understanding of how different contexts (cultural, social and historical) affect the individual's perception of the world. The realist preoccupation with large amounts of data, which can be generalised to the population at large, therefore contrasts directly to the social constructionist perspective which is interested in the minutia of individual experiences. Therefore, as Henwood & Pidgeon (1992) suggest researchers should consider that "methods are not so much valid in and of themselves, but rather will be more or less useful for different research processes". It would seem important therefore that researchers' choose a method appropriate to the aim of the investigation.

2.2.1 Epistemological Framework of This Study

A social constructionist approach was employed in this study, enabling the researcher to address the diversity of experience and the contextual issues involved in understanding the experiences of the individual. This approach provided an appropriate framework for understanding and addressing these issues and thus influenced the structure of the research process and analysis. This process will be outlined later on in this chapter.

2.3 The Researcher's Perspective

It is fundamental to the research process to acknowledge the experiences of the researcher as well as the participants. Operating within the social constructionist paradigm it is important for researchers to make evident their position, both with reference to the definition of the problem being studied and with regard to the way in which the researcher interacts with the material (Parker, 1994). Thus, it is generally expected that researchers offer some explanation of their values, history and assumptions. This is one form of reflexivity. Therefore, a brief description of the researcher's background will be offered at this point to enable an understanding of the ways in which the researcher engaged with the research.

This study was conducted in order to fulfil the final year coursework requirement of a Doctorate in Clinical Psychology. This was my first experience of using a qualitative methodology. My previous experiences of research have been limited to using quantitative methods for a B.Sc. (Hons) in Psychology and later research conducted as an Assistant Psychologist.

Over the last few years through the course of my clinical work (including 3 years prior to training) I have been involved in working with a number of adults who have been sexually abused, both male and female. I have also had an interest in the way in which society affects the development of sex role identities and the way in which our culture shapes specific gender traits. Through my work with male survivors of sexual abuse it came to my attention how difficult it was for men to acknowledge their abuse and for them to relate the ways in which they felt it had affected them. It was through these experiences that I decided to conduct some research in this area. My underlying assumption when I began this research was that men who

have been sexually abused might experience difficulties developing a social sex role identity because of the attributions they had made about their experience of being sexually abused.

My clinical work has involved working in a variety of settings, but in particular with children and families. I have an interest in psychodynamic approaches to therapy and I am particularly interested in family/systemic therapy.

2.3.1 Reflexive Journal

Lincoln and Guba (1985) suggest the use of a reflexive journal to keep account of methodological decisions and the researcher's own thoughts and reflections during the course of research. Within the journal, developments in the research, emerging themes and assumptions are recorded. The use of a journal is important in this kind of research as it encourages the researcher to externalise the analysis and the process of decision making throughout the study, thus making these processes explicit. It also enables researchers to reflect on their experiences within the research process. The following excerpts have been taken from the researcher's reflexive journal kept throughout the course of this study, as an example of the way in which the researcher used the journal to reflect on emerging concepts (see Fig 2.1).

Figure 2.1 Excerpts from the Researcher's Reflexive Journal

17th November 1998

I feel a huge sense of relief at having completed my first interview... I was initially disappointed as I hadn't expected to find someone so seemingly well adjusted and able to talk so openly about the struggles he has had in coming to terms with his abuse and the effects this has had on his identity. I was also worrying that there were too many other complicating factors (family issues, bullying) which will make it difficult to detect whether it is the abuse alone that has caused the effects he described. On reflection it is these other factors which are interesting and reflect the fact that abuse never occurs in isolation. It's difficult to lose the habit of thinking that everything should fit a neat theory and that everyone should have the same experience. I'm so used to identifying the similarities and it's actually the individual differences that are important because they reflect people's individual experiences.

16th January 1999

I've just completed another interview today and it's really interesting because yet again this participant works in a 'helping profession'. What is interesting is why participants seem to want to help others? A lot of the participants have talked about the fact that they want to help other men who have been in the same place as themselves. Maybe it's empowering to be able to give back what you haven't had? Maybe it helps them to stay away from masculine environments where they have described feeling uncomfortable? Maybe it reminds them that they are back in control of their lives again? Rescuing other people has come up again and again. Maybe that's why they've agreed to participate in this research?

12th March 1999

Although I set out to look specifically at the effects on identity and there indeed do seem to have been some significant effects on this, it seems that the participants have wanted to talk more about the process of surviving their abuse. There has been a lot of discussion about how it affected them as they grew up, in what ways they survived without being able to tell anyone. Each participant has a clear understanding of how they got through this and how it has affected them as individuals. I think that the focus of the research has shifted in some ways but I think it reflects the reality of these people's experiences rather than just the area that I had assumed would be of chief importance

2.4 Grounded Theory

Grounded Theory is a widely used qualitative methodology. It was originally developed and described by sociologists Barney Glaser and Anselm Strauss, in 1967 in their book '*The Discovery of Grounded Theory*'. At this time sociological researchers were preoccupied with quantitative testing of hypotheses derived from a few 'grand' theories (Strauss & Corbin, 1994, p.7). Glaser and Strauss argued that this led to impoverished theory which did not 'fit' with the real world and they therefore aimed to contribute toward 'closing the embarrassing gap between theory and empirical research'.

Grounded theory methods have challenged the belief that qualitative research was unsystematic and could only produce descriptive case studies (Strauss & Corbin, 1994; Charmaz, 1995). It was intended for grounded theory to be used across scientific disciplines and to investigate a variety of phenomena. In recent years researchers in psychology have argued that grounded theory is a useful approach for investigating psychological phenomena (e.g. Charmaz, 1995; Rennie, Phillips & Quartaro, 1988; Henwood & Pidgeon, 1992), in

particular for studying social psychological topics such as personal experience, emotions and identity (Charmaz, 1995).

Grounded theory refers to the way in which theory is generated from (that is grounded in) participants' own accounts of social and psychological events and of their social and phenomenal worlds (Pidgeon, 1996). This process involves becoming immersed in the data (e.g. semi-structured interview), followed by close and detailed analysis of the material which enables the researcher to identify emerging themes and relationships between themes. Therefore, the purpose of grounded theory is to develop a theoretical analysis that 'fits' the data and that has relevance to the area of study (Charmaz, 1995). This is thought to be a particularly useful technique when investigating areas where there are no strong a priori theories, the aim being to generate new ideas rather than refute existing ones.

One of the advantages of grounded theory is that it encourages researchers to remain close to the data, to be analytical and to be wary of reproducing their own preconceived perceptions and concepts of a particular issue. It is particularly useful for dealing with unstructured material such as interview transcripts of participants' accounts and to generate emergent theory (Henwood & Pidgeon, 1995).

As already highlighted, it was felt that a qualitative approach would be the most appropriate way of investigating the effects of sexual abuse on the development of identity. Grounded theory methodology was chosen for a number of reasons. Firstly, grounded theory methods focus on participants' accounts of the world and thus this approach is suited to the epistemological considerations outlined previously. It is also suitable for studying issues such as identity, individual processes, interpersonal relationships and the effects between individuals and larger social processes (Charmaz, 1995). Therefore, this approach is particularly appropriate for addressing the identity issues in this study and the social processes which interact with these. The techniques of grounded theory help to bring structure to unorganised material, through the use of systematic analysis enabling the generation of theory whilst still remaining grounded in the data.

2.4.1 Theory Building

The systematic analysis in grounded theory is what distinguishes it from other qualitative approaches and is an integral part of grounded theory research (Glaser & Strauss, 1967; Strauss & Corbin, 1990, 1994; Charmaz, 1995). There are a number of different stages in the analytic process, which are combined and evolve throughout the study. Levels of abstraction are built directly upon the data, and are checked and refined by gathering further data (Henwood & Pidgeon, 1992). A distinctive feature of grounded theory is the simultaneous collection and analysis of data for the purpose of identifying emerging themes. This allows the researcher to move between these analytic stages in an iterative process, this is called the 'flip-flop' process, (Pidgeon & Henwood, 1996). These analytic techniques help the researcher to generate theory from the data.

Initially low level categories (codes) are generated from the data. These categories, according to Glaser and Strauss (1967), should 'fit', or be representative of the data. Coding develops tentatively as the researcher labels concepts relevant to the research in the text. Through the defining of these low level categories, larger concepts emerge (higher categories) and links between these are identified at different levels of abstraction.

A method called 'constant comparison' refines this analytic process further and entails making comparisons between cases and categories, in order to explore the similarities and differences and to examine the full complexity and variation within the data. This process should enhance the researcher's theoretical development.

Through the process of 'theoretical sampling', conceptual categories are refined. Theoretical sampling involves the active sampling of new cases, which allows the generation of a conceptually rich and contextually grounded account (Pidgeon & Henwood, 1996). Negative case analysis is part of this process; cases that do not fit the emerging conceptual system are explored. These techniques are unique to grounded theory and each aspect of this analysis should be documented as part of the analytic process.

2.4.2 Constructionist Approaches to Grounded Theory

Grounded theory has more recently been equated with a positivistic approach to qualitative research and there are a number of reasons for this. Firstly, this refers to the way in which the original authors of this approach have turned grounded theory into a standardised, step by step approach incorporating hypothesis testing (Strauss & Corbin, 1990). This has clearly moved away from the original intentions of this approach, which was to generate new theory. Secondly, as Pidgeon (1996, p. 84) states: “we cannot hold up a mirror to reality, no matter how well grounded our account”. The assumption that themes will just emerge from the data, ignores the fact that the researcher is part of this interpretative process and thus influences the emergence and development of theory. The grounded theory approach therefore has been accused of trying to achieve similar goals to positivist approaches where an ‘objective reality’ exists.

These concerns have led to a constructionist revision of grounded theory. Charmaz (1990) suggested that researchers need to have a position from which they intend to build their analyses. The ‘researcher’s perspective’ should be made explicit within the research process and this should entail an account of the researcher’s philosophical stance, interests which guide the research questions, and personal experiences and values (Henwood and Pidgeon, 1995). As stated previously the research process is an interdependent one between the researcher and the participant and thus theory cannot simply emerge from the data, but it is more likely to be generated and influenced by the participant(s) and the researcher. Thus, a social constructionist revision of grounded theory was utilised within this study.

2.5 Research Design

The raw data was gathered from interview transcripts of semi-structured interviews undertaken by the researcher. A social constructionist revision of grounded theory was utilised both to frame the interview process and to provide the framework for discursive analysis.

2.5.1 Selection of Participants

Ethical approval was received from the University of Leicester Ethics Committee (Appendix 1) and the Warwickshire Ethics Committee (Appendix 2). Following this, professionals from Community Mental Health Teams (CMHT) were approached by letter (Appendix 3) asking if they were aware of anyone who might be appropriate to participate in the research. Accompanying this was an information sheet (Appendix 4) which gave additional information about the research and also a copy of the Research Protocol (Appendix 5).

Inclusion Criteria

A statement regarding this study's definition of sexual abuse was taken from the literature and can be defined as:

“Any sexual contact between an adult and a sexually immature child for the purposes of the adult's sexual gratification; or sexual contact to a child made by the use of force, threat or deceit to secure the child's participation; or sexual contact to which a child is incapable of consenting by virtue of age or power differentials and the nature of the relationship with the adult.”
(Finkelhor & Korbin, 1988)

This definition was included in the letter and information sheet sent to professionals to enable them to decide if any of their clients would be eligible for inclusion.

Exclusion Criteria

Professionals were asked to use their judgement regarding a person's suitability for this research. Both the University and Warwickshire Ethics Committees raised significant concerns with regard to the sensitive nature of the study and the effects that discussing this sensitive subject would have on participants. Conditional approval for this study to proceed was given on the basis that follow up support should be offered to participants where necessary (i.e. the researcher should refer participants in need of support to an appropriate service). It was also advised that the study should exclude anyone with psychotic features or anyone who might be too fragile emotionally or mentally to cope with an interview. It was also decided that anyone who had recently presented with serious suicidal intent would not be included.

It was envisaged that a CMHT professional would approach potential participants in the first instance. However, only one professional (a clinical psychologist) identified a participant in this way. Other professionals commented that although they had clients who fitted the criteria, they were reluctant to ask them to participate in the research because they feared that it might have an adverse effect on these clients.

As a consequence of the difficulty experienced in identifying participants from within CMHT's, a number of organisations (both voluntary and funded) were contacted in the area. These organisations were initially approached by telephone and this was followed up with an information sheet and letter (the same as those sent to other professionals) to ask if they knew of anyone who would be suitable for the research. From these contacts a total of 5 men were identified. These men were initially contacted by the organisation to ask if they would be willing to participate, thus ensuring confidentiality. Those men who agreed to receive information about the research gave the organisation permission for the researcher to contact them and they were subsequently sent an information sheet and letter (Appendices 4 & 6) by post. These people were then contacted directly by the researcher to ask if they would be willing to participate.

All of the participants who agreed to receive information about the research were willing to participate. A total of 5 men were identified in this way and thus a total of 6 participants (including 1 participant identified by a Clinical Psychologist) were interviewed. Information about participants is illustrated in Fig. 3.1 in Chapter Three.

2.5.2 Development of the Interview Schedule

At the beginning of this study the main area of interest was the effect of sexual abuse upon the development of the male sex role identity. This was identified as an area of clinical and personal interest. The study did not aim to prove that sex role identity would be affected by the experience of sexual abuse, but rather aimed to explore how the men concerned thought they had been affected.

A semi-structured interview seemed the most appropriate means of researching this area. It enabled the researcher to identify areas to explore, whilst remaining open and flexible to participants' ideas. This type of data collection also enabled the researcher to add and change questions through the course of the study in order to address any emerging themes in accordance with grounded theory techniques.

A semi-structured interview guide was designed (Appendix 7). It was informed by both clinical experience of working with this client group and also the associated literature and included areas pertinent to understanding the male identity. These included:

- Gender Role Identity
- Sexuality
- Nature of Abuse
- Emotional Issues
- Relationship Issues
- Impression of self

A key feature of theory building in grounded theory is the simultaneous collection and analysis of data. In response to data analysis the interview schedule was therefore revised to include new and emerging themes. It is not unusual in grounded theory for the coding process in the early stages to introduce new and unanticipated leads into new areas (Charmaz, 1995). These changes were added to the interview schedule to enable further exploration of these issues. These included questions such as:

What methods of coping did you use after the abuse? (Emerging theme of coping)

How do you see yourself as a man? (Self perception)

How do you think other people see you?

As Smith (1995) argues, interview techniques should avoid the use of value laden or leading questions and jargon and a degree of flexibility regarding the sequence and degree of time spent on stimulus questions, thus ensuring a greater depth of information. As such this interview format was adopted in this study.

2.5.3 Interview Procedure

Interviews were arranged with participants and conducted by the author. A total of 3 interviews were conducted at the premises of the voluntary organisations through which the participant had been contacted. A further 3 interviews were conducted in the Clinical Psychology Department in North Warwickshire where the researcher was on placement. An active decision not to conduct interviews at the home of participants was taken for reasons of personal safety.

The interviews commenced with a verbal introduction to the research and an outline of the research procedure. This included an explanation of the estimated interview time, issues of confidentiality (including the limits of this), and a reiteration of the fact that the participant could request to abandon or stop the interview at any time. Written consent was acquired from the participant to record (audiotape) and transcribe the interview (Appendix 8).

The interviews were between 1-1½ hours in duration. At the end of the interview the tape recorder was turned off and the participant was given further time (½-1 hour) to de-brief and discuss any concerns that had been raised. The researcher discussed the effects of the interview with participants and offered to arrange further intervention if participants felt that they might need this. However, none of the participants felt that they required any further help.

2.5.4 Transcription and Organisation of Data

In an attempt to reduce the possibility of external factors affecting the analysis of the data, the interviewer transcribed all of the interviews, as soon as possible after the interview. The tapes were transcribed verbatim to ensure that no detail was lost from the interviews. These tapes were listened to repeatedly during analysis in an attempt to understand emerging themes and concepts and also to enable the researcher to remain close to the data.

Transcription was undertaken at a level appropriate for using grounded theory analysis, with a focus on the structure and content of the data rather than the features of the discourse. A detailed level of transcription was therefore not necessary.

Each transcript was given a number (1-6) in the order in which it took place in the research process. Within the transcripts each line was also numbered sequentially. Therefore, a section of text referring to the 10th line of the fourth interview will be marked 4:10. Any identifying details have been removed from the transcripts and names have been replaced with pseudonyms to ensure confidentiality.

For reasons of confidentiality the transcripts are not bound in this thesis. However, these transcripts are available as a separate appendix. [Transcripts will not be made available through the University Library, as consent was not sought for transcripts to be made available to anyone other than clinical and academic supervisors. Access to these transcripts can be made available to interested parties, whilst restricting general access. Transcripts will be available on request from the author c/o Department of Clinical Psychology, University of Leicester.]

2.6 Analysis

This section refers to the way in which the data was analysed once transcribing had been completed.

2.6.1 Open Coding

In order to make sense of the transcripts a process of conceptualising the data is necessary. Initially the researcher read each transcript a number of times (with the accompaniment of the tape) and once familiar with the data, the process of coding began. This involved the researcher tentatively identifying and labelling concepts in the raw data that were considered to be of relevance to the study e.g. social sex role identity and gender identity issues and any other issues which seemed relevant to understanding these e.g. family issues. This was achieved by the researcher looking at paragraphs in the transcripts and noting which themes or concepts were important in order to account for what was relevant in that particular section (see Appendix 9 for an example of open coding). The generation of these descriptive codes/concepts is the first step in the process of conceptualising the data and develops through the analytic process to become a wider theoretical interpretation (Pidgeon, 1996).

2.6.2 Developing Categories

These concepts were then grouped with other similar concepts/themes into a category. Folders were then allocated to each of these categories and relevant sections of text (i.e. those pertaining to the various concepts included in a category) were cut out of the transcript and placed in the folder. The folders were each given an 'index sheet' (see Fig.2.2) and a category label i.e. a label which most closely fits/describes the phenomena, for example: 'coping mechanisms'. Each category covered a wide range of similar concepts within it.

The individual categories were then explored looking at the similarities and differences within each one. Each category was analysed and developed by identifying the different dimensions within it. These dimensions refer to the characteristics of a category. A useful way of approaching this task is to begin to ask questions about the phenomena such as: What does this mean? What is going on here? This process was useful in understanding the complexity and diversity contained within a category. The details of the different dimensions and characteristics of each category were recorded on the index sheet (See Fig 2.2).

The structure to the analysis was informed by guidelines defined in Pidgeon (1996), which allowed the researcher to adopt a more flexible approach to the material, whilst still maintaining a structure. The method of data analysis advocated by Strauss and Corbin (1990) was felt to be too rigid an approach to analysing the data from a constructionist perspective, such that it forces the researcher to compartmentalise the data, rather than enabling the researcher to follow themes inherent in people's accounts. Silverman (1993) warns that a tight framework might discourage and restrict creative thinking, and exclude other research strategies that could assist in theoretical discovery. The methods employed in this study encouraged a degree of flexibility when implementing grounded theory techniques, such that categories could be generated from the data and links between categories could be theorised using more flexible methods. This process will be explained in more detail in the following section.

Figure 2.2 An Example of an Index Sheet for 'Disclosure'

<u>DISCLOSURE</u>
<p><i>The Need to Tell ----- → No one wanting to hear</i></p> <ul style="list-style-type: none"> • Needing to share experience with someone • Need to be believed • Need to be heard • Need for comfort and/or understanding • Trying to tell (pictures, behaviour) <p><i>Disbelief/Mocking/Dismissed---- → Shut up and Shut down</i></p> <ul style="list-style-type: none"> • Ignored by adults • Disbelieved by siblings or friends • Mocked and laughed at when disclosed <p><i>Others</i></p> <ul style="list-style-type: none"> • Fear of consequences of disclosure (threats) • Self blame and shame – won't disclose • Learning not to tell <p><i>Adult Disclosure</i></p> <ul style="list-style-type: none"> • Relief at being believed • Relief of someone else knowing • Relief that not the only one <p><i>Links with:</i></p> <ul style="list-style-type: none"> • Guilt and self blame • Family Issues • Trust • Self Perception

2.6.3 Memos and Flow Diagrams

The aim of grounded theory is to analyse the patterns within the data, as well as those that do not 'fit' the patterns. Thus, the method of constant comparison was used throughout the analytic process to identify similarities and diversities within the data, comparing one participant's beliefs and actions with another's.

As categories began to develop, a series of memos were kept as a way of developing the understanding of these categories and their relationships with each other. This process helped the researcher to abstract from the data and to go beyond the individual case to look for

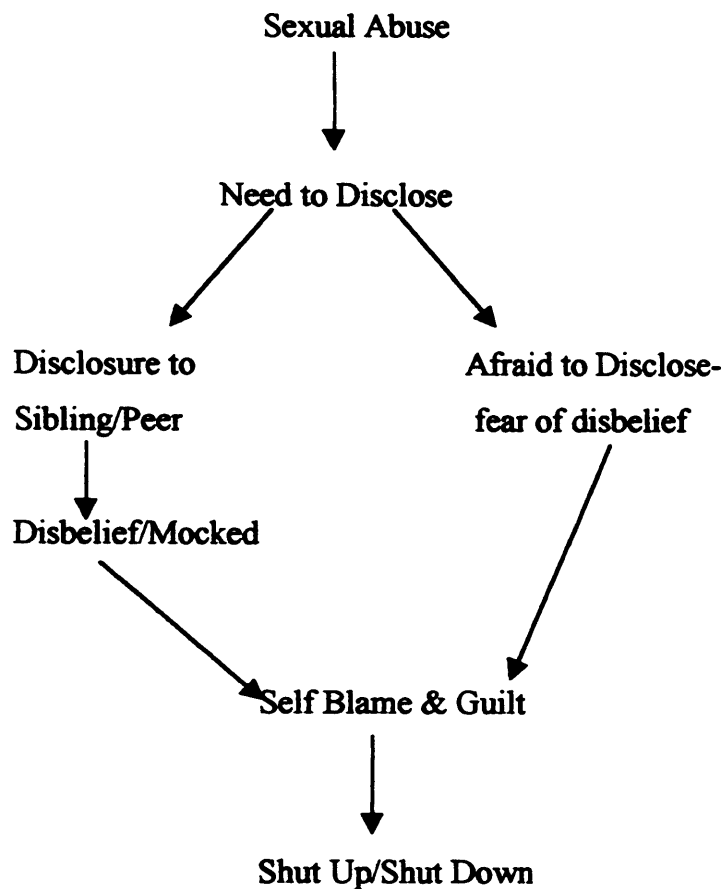
patterns, while still remaining close to the data (Charmaz, 1995). Memo writing was used to help focus the research and to keep a record of where the analysis was going, thus helping to direct it. It was also a method used to help the researcher think about the data and to make conjectures about where it was going and any leads to follow up in future.

Figure 2.3 An Example of Memo Writing

Shut up and Shut Down

Why is it that this was the only way of coping with the abuse? Is this a male coping mechanism? Is it the same as dissociation? Seems to have a different quality to dissociative coping, in that it appears to be a form of denial, which affects other emotions and causes other emotions to switch off. Is it used in other crisis situations? When does this shutting down stop working? What causes it to stop being as effective? Is this the point at which victims come forward for therapy? Does this relate to other psychological conditions in male survivors e.g. schizophrenic conditions?

In addition to the memos, the researcher used flow diagrams to assist in the understanding of how categories integrated. These diagrams were developed using the links identified in the memos writing and working out how each category was linked with another. These diagrams initially focused on a few categories and gradually expanded to produce a flow chart, which included all of the categories.

Figure 2.4 An Example of a Flow Diagram

During the analytic process, attendance at a qualitative support group also assisted the development and understanding of categories. At these meetings data was presented and discussed with other researchers involved in qualitative research projects. The group helped to clarify the researcher's interpretations and to make sense of some of the categories and how these were integrated.

2.7 Evaluating Qualitative Research

Evaluating the quality of qualitative research has been a controversial issue. In recent years researchers within psychology have tried to tackle these issues (e.g. Henwood & Pidgeon, 1994; Stiles, 1993). It has generally been recognised that qualitative research needs to be evaluated by different criteria and standards to those utilised and developed by quantitative researchers, because of the different epistemological priorities and commitments. One of the classical criteria in quantitative research, for example, is the degree of objectivity maintained

in the study. However, this is evidently a different issue in the qualitative paradigm where objectivity is never assumed.

As yet there are no explicit criteria for judging the quality of qualitative research. However, there are a number of suggestions that have been made by qualitative researchers, which can be used to guide both the research process and the evaluation of such work. A brief summary of some of these and how they were applied in this study is outlined below:

2.7.1 Validity

In positivist approaches to research, validity considers whether findings are 'true and accurate'. Constructionist approaches however suggest that validity relates to whether interpretations are internally consistent, robust, useful, generalisable or fruitful (Stiles, 1993). Stiles (1993) refers to it as the trustworthiness of interpretations or conclusions. Validity can be established in a number of ways and the following sections illustrate ways some of the methods that have been applied in this study.

Internal Coherence

This refers to the degree to which the researcher presents a coherent approach throughout the research. Coherence may be evaluated by providing internal consistency, an awareness of rival interpretations, an ability to deal with loose ends and by providing an understandable explanation of the phenomena under investigation (Stiles, 1993). The researcher can achieve this by providing both examples of the findings from the interview data and providing an adequate 'paper trail' so that it is evident how the researcher came to develop the theory. Smith (1996, p.192) has suggested that '...a good qualitative research report should present enough of the raw data for the reader to interrogate the interpretation that is being made'. Therefore a number of measures have been taken to allow the reader to inspect the ways in which the raw data have been analysed. For example, excerpts of the analysis have been given, and in the results section relevant excerpts from the interviews will be presented.

Respondent Validation

Respondent validation involves the researcher taking the research findings back to the participant and seeking their views on the conclusions drawn. However, this is not without its problems. It has been suggested that a participant may not understand every aspect of him/herself and therefore may find it difficult to comment on the researcher's interpretations. Also the research is likely to reflect the different perceptions and attitudes of a number of participants and therefore participants may not recognise all the findings as being applicable to him/herself. It has also been suggested that the disparity in power between the researcher and the participant may prevent the participant from disagreeing with the findings (Smith, 1996). Furthermore, it could be argued whose truth is best when relying on this method of validation.

Respondent validation has been equated with a more positivist approach to research, in that it seems to be a search for absolute 'truths'. This is not consistent with a social constructionist approach and therefore this method was not employed in the current study.

Theoretical Sampling

Theoretical sampling involves the active sampling of new cases with the goal of the elaboration of a conceptually rich, dense and contextually grounded account (Pidgeon, 1996). Whilst some attempt was made to do this in the current study, this process was limited because of the difficulty in accessing this client group and because of the limitations imposed by the ethical committees.

Negative case analysis is part of the process of theoretical sampling. Cases that do not fit with the emerging conceptual system are explored as a means of expanding and modifying the theories generated by the researcher. This is part of the constant comparative process and involves the researcher in an interactive process with the data. Theoretical sampling and constant comparison are methods which first originated in grounded theory.

Triangulation

Triangulation is the process which enables the researcher to look at the phenomena from a number of different perspectives (Hollway, 1997). The triangulation of data involves using a number of different sources of information to look at a question, in the hope that this will strengthen the claims that are made and therefore make the answer more valid (Smith, 1996). Triangulation reflects a commitment to thoroughness, flexibility and differences of experience (Tindall, 1994).

The current study employed a number of techniques which enabled the researcher to triangulate the data. The researcher used reflexive techniques such as the keeping of a reflexive journal and attendance at a qualitative research group where the data and emergent themes were discussed. The researcher also used the literature and research on men who have been sexually abused as a means of triangulating the data. This involved comparing the findings of the research with previous findings to see if there were any parallels. This was a process of checking back to see if the findings were in any way validated by other similar findings or by previous research.

Other techniques included methods incorporated in the data analysis such as the constant comparative technique, where the researcher was constantly comparing and contrasting different participant's accounts by asking a variety of questions of the data for example, what does this mean? How can this be understood? Why is this important? These questions encouraged the researcher to re-conceptualise and understand the multiplicity of meaning contained within a theme.

Reflexivity

Reflexivity is a fundamental part of qualitative research. It involves the researcher making explicit the way in which the research findings have been produced. In qualitative research the researcher has to be reflexive, referring back and examining critically their assumptions and values (Hollway, 1997). The influence of the researcher is therefore made apparent to the reader. Smith (1996) states that reflexivity is an inevitable part of engaging in research and rather than be viewed as problematic, it can be usefully used as a valuable part of the research process.

A reflexive journal was kept throughout the course of this study, to enable the researcher to keep an account of decisions made during the research process, assumptions and values and the personal impact of the research. This was an important aspect of the research enabling the researcher to question the findings on paper and return to these thoughts at a later stage and compare them with others emerging during the course of the research process. This was particularly valuable both after interviews, where immediate reflections about the interview were recorded and later during transcription and analysis when the researcher wrote down emerging themes. This process helped the researcher to keep a record of and make sense of findings on paper and encouraged a constant comparison between one interview and another.

2.7.2 Reliability

In quantitative research, reliability refers to the extent to which the same results could be obtained if the research was repeated. There has been an ongoing debate about how reliability can be achieved and if replication is useful or valid in qualitative research. However, it is generally accepted that a study must provide evidence that if it were replicated with similar participants and in similar contexts, its findings would be repeated (Lincoln & Guba, 1985). However, this would not account for how participants change over time. Pidgeon (1996) highlights that it is not always appropriate to assess qualitative research by the same criteria as quantitative, given the epistemological and methodological differences between the two. Therefore, qualitative research should perhaps be evaluated by more specific criteria.

Lincoln and Guba (1985) have suggested the idea of 'trustworthiness' in qualitative research. Reliability would be equated to the 'trustworthiness' of observations or data, and this can be provided by the researcher making explicit the research process, for example by externalising the data analysis (e.g. a 'paper trail' for readers to follow the process of analysis) and making apparent how theory was generated. Therefore the researcher should give consideration to the potential transferability of the findings to other settings.

2.7.3 Transferability

Some qualitative researchers actively reject generalisability as a goal (e.g. Denzin, 1983). However, others have suggested that the term transferability should be used instead of generalisability (Lincoln & Guba, 1985). This refers to applying the findings of a study to a similar context from which they were first derived, rather than seeking to make generalisations to the population at large as with quantitative studies.

With this in mind, the qualitative researcher therefore needs to offer a clear and accurate description of the data in their context, in order that the reader and other researchers can apply the findings to different contexts. Applying it to different contexts can then develop the theory that has emerged from a study. Again, careful and detailed recording of research and documentation of the research process can help in this process (Henwood & Pidgeon, 1992).

This chapter has given a description of the methodology, methods and epistemological framework of this study. The process of analysis used has been described in some detail, with examples of how different methods of analysis were used in this study. The researcher has also highlighted personal assumptions and professional values in order to make apparent any influences these may have had in the research process. Finally, the characteristics of good qualitative research have been discussed with reference to how these have been applied in this study.

The next chapter aims to present the results from this study, providing illustrations from the text.

CHAPTER THREE
RESULTS

3.1 Outline of Results

The results section utilises two forms of illustration of the emergent theory. Throughout the results section there will be a number of excerpts from the interview transcripts to illustrate participants' perspectives. In addition to this there are also a number of graphical illustrations which illustrate how different categories inter-relate and help to identify patterns in the data. It was not possible to illustrate all of the categories due to the individual complexities inherent in the findings. However, where there is a clear way of illustrating the relationships between themes a diagram is given. This will give the reader an overall sense of how categories are linked.

The results chapter has been divided into two sections, the first section focuses on participants' childhood, exploring the predisposing factors to the CSA, the nature and immediate impact of CSA and the effects for participants as they were developing and approaching adolescence. The second section focuses on participants' transition into adulthood, exploring the longer term effects of CSA on identity as they moved from adolescence into adulthood.

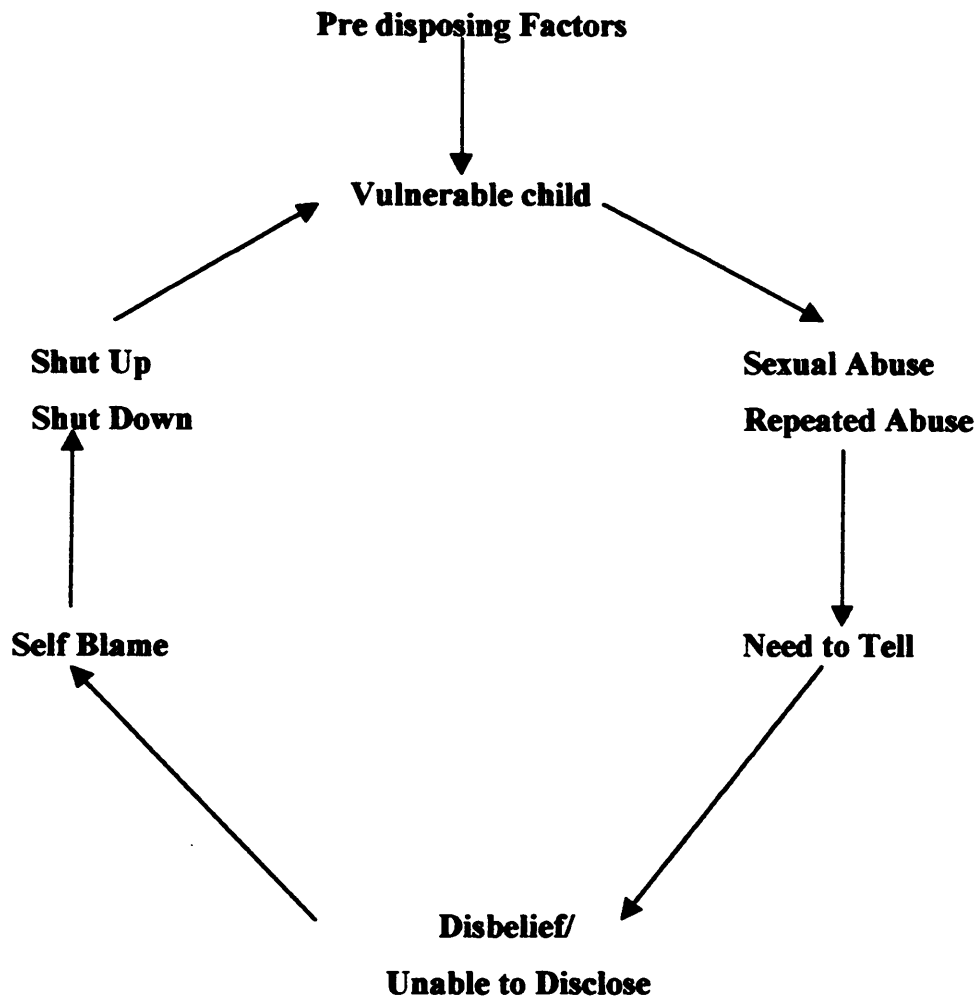
Each of the subheadings in this results section relate to the different categories generated through the data analysis. Each of the categories are described under these headings and excerpts from the interview transcripts are provided as examples of the data. In these excerpts participants' words are written in italics and the interviewer's are written in bold italics. At the end of each excerpt the number of the participant and the number of the line in the transcript is labelled e.g. 5:124. The results section begins with a table relating to information about participants.

Fig. 3.1 Information about Participants

Participant	Age Now	Perpetrator	Age at Onset	Duration
1	34	Stranger	5	Once
2	47	Brother	7	4 years
3	32	Friend	19	Once
4	28	Step father Family friend	8-10	10 years
5	35	Brother, Teacher, Vicar, Peers	5/6	8-10 years
6	38	Distant Relation	6/7years	Once

3.2 Childhood Experiences

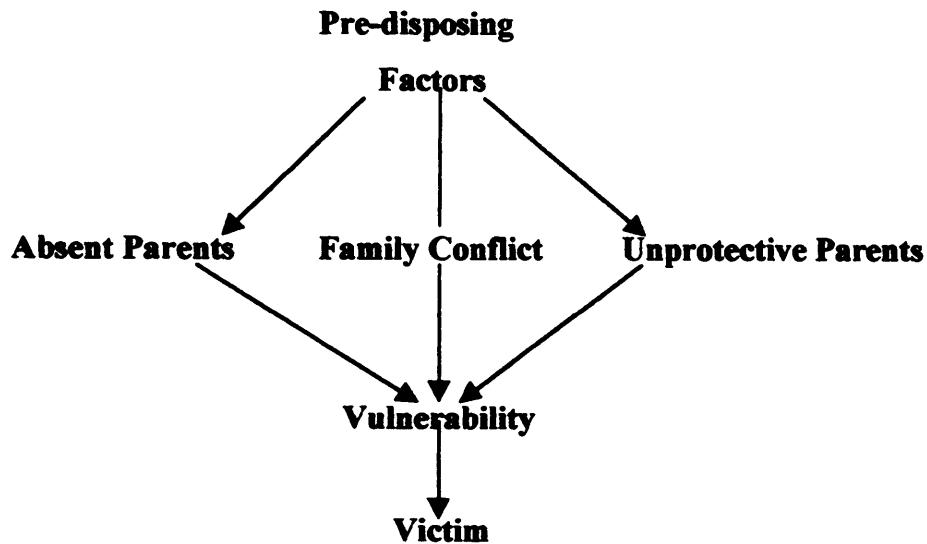
Figure 3.2 The Cycle of Sexual Abuse in Childhood



The above diagram illustrates how the categories in childhood that were generated by the analysis interrelate. They are illustrated as part of a cyclical process which begins before the sexual abuse itself and continues to perpetuate participants into a cycle of victimisation. Each of these categories will be discussed in more detail in the following sections.

3.2.1 Predisposing Factors

Figure. 3.3 Diagram of the Factors Influencing Sexual Abuse



The above diagram illustrates how factors in early childhood contribute to the vulnerability of participants and the subsequent identification of them as potential victims. These predisposing factors are discussed in the following sections. Evidently this was not the initial focus of this research, however these factors became important in understanding the participants' later difficulties in both the disclosure of the sexual abuse and the coping strategies utilised.

Absent Parents

Participants described distant relationships with their parents. They felt that their parents were unaware of their emotional needs and difficulties. Therefore, participants felt as children, that there was an absence of an adult, who was understanding and aware of their needs. This lack of parenting caused participants to feel vulnerable and unprotected by their parents. Participants described their parents as being unable to provide emotionally for them as children and being absent in an emotional and physical sense:

My mother for whatever reason, I guess she must have a history of her own of some description was unable to offer me anything from the moment I can remember existing. (5.173)

What seems to have the most devastating impact on me is the neglect and knowing that, knowing that someone loves and yet is unable to offer you anything and to be constantly living off scraps. (5.177)

Participants described their parents having personal difficulties of their own and consequently participants felt that they were unable to provide for their needs both emotionally and in a general sense. Participants felt that their parents seemed to lack awareness about them and were therefore unaware of any indication that there was something wrong with them. They did not have the kind of relationships with their parents that might have alerted them to the difficulties that participants were experiencing. Consequently, participants explained that they felt that they were unprotected by their parents. This was heightened where there was an absence (either physically or emotionally) of a relationship with both parents:

So I never really experienced any intimacy with my mother or my father. (5.180)

A number of participants described how their fathers were absent from their family either in an emotional or physical sense.

My father became totally absent.. (5: 508)

The only sort of interactions I remember with my father from 6 years old were if I was in trouble....He was more interested in the boys in his care than he was in his own sons and daughter (5: 171)

A number of participants' fathers did not live at home and they were not mentioned during the interview (e.g. P1 and P4). Other participants described their fathers being absent for them as children in fulfilling the father role:

He's a very quiet man, mild mannered and weak, whereas I wanted a strong father who could teach me how to fight and play football and all the usual things which he never did. (6:525)

Participants described feeling that no one really knew them or understood them:

I always felt ...I think from a young age that... You haven't got a clue about me you don't know what's going on in my head. (1.496)

Family Conflict

For some participants their sense of isolation seemed to be increased by the poor quality of family relationships, such that there were family difficulties and/or conflict present within the family:

Basically as a family none of us got on. (1.31)

Participants described there being a number of conflicts within the family, these included marital breakdown, poor sibling relationships, relationship difficulties with parents and problems with a sibling. These issues therefore detracted attention from participants.

Some participants' parents were divorced and therefore they described the difficulties of living in a reconstituted family, where a stepfather was present and the conflicts related to these relationships.

I didn't have a normal family relationship and I missed having that, not having that proper normal mum and dad thing. (4. 310)

The descriptions offered by participants suggested that they did not have the kind of protective family relationships, or the closeness which might have been a protective factor. Participants described having to learn to cope alone from a young age and as a consequence they described feeling lonely:

Yeah, it has been I think alone... alone and lonely a lot of the time. (5: 494)

Lack of Protection from Parents

Participants felt that the poor quality of relationships which they had with their parents resulted in them feeling that their parents were unable to provide any protection:

I think with my mum I never really felt protected. (1: 488)

Participants described instances where they had attempted to seek the protection and defence of their parents, resulting in a disappointing response and leaving them untrusting of their parents' capacity to offer protection:

There were often bruises and that kind of thing, nothing was ever done. When I did tell my parents, it was just a quick finger wag and they never realised the severity of it [physical abuse by brother] and so I'd no faith in them being able to protect me. (1.263)

The lack of protection offered by parents may have led participants to feel vulnerable and they learned to cope on their own.

My parents were not, you know, looking after me and things like that... (2:40)

Prevalent in participants' accounts was the sense that the family unit was not a place of safety, it was the place in which participants indeed were abused in some instances, either by a sibling or stepparent. In addition to this they also described physical and emotional abuse taking place within the family. (This is discussed under "Repeated Abuse"). Participants' parents however seemed unaware of this.

...her [speaking about his mother] reply was that she had a feeling something was going on at that particular time and I suppose it annoyed me really, because she allowed it [sexual abuse] to carry on without actually doing anything about it. (4: 125)

Participants described feeling isolated, lonely and lacking in trust in others to protect and take care of their needs. It seemed that the combination of poor family relationships, the lack of protection of a parent figure and emotionally absent parents all contributed to participants feeling vulnerable and emotionally neglected.

3.2.2 The Need to Tell and Be Heard

A key issue for participants after the trauma of the abuse was needing to talk to someone who could help them to make sense of their experience and offer comfort. However, given the poor family relationships and the absence of a parent in whom a child might ordinarily confide, participants felt that there was no one to turn to in order to make sense of the abuse:

*I wanted to tell somebody... but I just didn't know
who to trust and tell about it. (6.123)*

Participants described a need to disclose and to tell someone who could help them to make sense of what had happened (a rescuer), someone who could offer comfort and enable them to understand. However, not only did participants feel that their parents were absent and/or unprotecting, but at the time participants could recall that in society generally, children had very little power to express their feelings:

*I remember my stepfather saying 'children should be seen and not heard'
and I remember thinking yeah but I want to be heard, but not really saying
anything. (1.611)*

The influence of society's expectations that children should respect their elders and that they should not be heard, further compounded the silence about the sexual abuse. Participants described feeling that they had no power in the adult world to make themselves heard or believed.

I didn't think anyone would believe a child over an adult. (6: 150)

A number of factors seemed to prevent participants from telling an adult. The combination of the perception of powerlessness as a child in an adult world, the fear of being disbelieved and

the fear that somehow they might have been to blame for the abuse in some way, prevented participants from disclosing. However, some of the participants described how they attempted to tell peers and/or siblings, perhaps to gauge the response of how an adult might respond to their disclosure. Participants recalled that these verbal disclosures resulted in not only their being disbelieved, but also mocked:

I did actually tell my brother who was a couple of years older than me, I sort of said "look you know this awful thing happened to me... ". I remember him laughing at me and him saying "I'm gonna tell mum you're lying about this". (1: 99)

The response to these tentative disclosures confirmed participant's worst fears that they would be disbelieved. Participants felt that the fear that people would not believe them prevented them from disclosing further:

I think it was mainly because I felt that nobody would believe me. (4: 141)

A concern raised by some participants was how a disclosure would affect the family, in particular if the abuser was a family member. Participants seemed to have already assumed a protective (rescuer) role within their family unit.

I didn't want to upset the family. (4: 142)

Unfortunately we were having problems with my brother... .. and I thought I shouldn't tell my parents because there was additional problems and worry, that perhaps at the time they couldn't cope with. (6: 125)

Participants who felt unable to disclose verbally, described how they used other methods of telling people what was happening to them:

I'd draw a picture which is very clearly talking about the abuse and people would say well what a lovely picture, aren't the colours wonderfully bright and vibrant. In fact they were very violent and painful to me. (5: 479)

Participants felt that they were trying to disclose to adults generally, including their parents and teachers through lots of non-verbal means. They thought that their behaviour was an indication of their distress and that they were sub-consciously trying to communicate their feelings in the hope that maybe someone would recognise their distress:

*My mam used to call them brainstorms... lose my temper, go and smash things up and things like that, but nobody ever asked me....
..nobody said to me why are you doing that? (2: 120)*

Participants described that they came to the conclusion that people did not want to know about their experience.

..therefore what would be the point in telling anyone? No one was listening and no one cared. Adults seemed to be more interested in themselves than in me.... (5: 126)

3.2.3 Self Blame and Guilt

As a result of not being able to disclose it seemed that participants had no way of understanding their experience. The messages from the adult world indicated that adults were right and that children should respect and trust them. Therefore, participants having only a child's understanding of their abuse, were perhaps too young and too immature to make sense of their experience of being sexually abused. As children, perhaps they needed an adult to absolve them of any blame in the abuse, but without an adult to talk to participants seemed to have internalised the blame they were left to assume that it was in some way their fault. Added to this the disbelief that they had experienced when they had disclosed to peers/siblings confirmed that they must be in the wrong:

If that was my one experience of asking for help and someone laughs at you, then I must be wrong and no one will believe me anyway. (1: 106)

Participants who experienced repeated abuse rationalised that they must be to blame or otherwise why would it keep happening to them?:

*...there was an immediate kind of back lash of self doubt and shame that I felt and I felt that it was me that had done something wrong, that there was something about me that said you know "please do these things to me."
(5: 266)*

Participants also felt ashamed about what they had done or had been made to do during the abuse:

But the fact that I'd done something that I didn't even know about you know I'd sucked another man's penis! (1: 598)

Added to this participants described feeling guilty about not preventing the abuse "why did I allow it to happen?" and the confusion over their enjoyment of the attention and affection that sometimes accompanied the abuse:

... feeling guilty and to a certain extent enjoying it, not what he was doing, but actually the attention...the niceness after... (2: 156)

Again the powerful influence of societal messages dictate that adults (or those older than you) should be obeyed and respected and therefore, participants described rationalising that:

....it couldn't have been his [the perpetrator] fault. I must have done something wrong because adults know better. (1: 608)

The participants felt at the time that they must be to blame, because of their belief in the supremacy of the adult world. All attempts that were made to disclose the abuse were disbelieved or mocked and thus, participants had no faith in disclosing their abuse to an adult. The relationships generally within the home were either distant or problematic and thus

participants made a decision “not to tell”. They concluded that they must have in some way invited the abuse.

3.2.4 Coping Strategies

With so many difficulties in disclosing, participants seemed to resolve that they would have to cope with their experience alone. During childhood there was one particular coping strategy which participants utilised which was to ‘shut off’ from their experience. This strategy was useful during childhood, but became less effective in adulthood.

“Shut up and Shut Down”

Participants felt that they had to find a way of coping with their experience and having failed to identify a ‘Rescuer’(someone to help them come to terms with it), the only way they felt able to cope with what had happened was to ‘shut up’ and ‘shut down’ all recollection of their experience. This enabled them to put the sexual abuse out of consciousness and to try and get on with life.

I think as a child I definitely dealt with it by just blanking it out completely and not thinking about it and it was easy to in some respects. I guess because a: it was natural, it was about survival... (1:177)

...but because I shut down all thoughts, those processes, that was the only thing I could have done. I could have gone wild or I could've shut down and carried getting myself to myself and that was a really useful strategy for me.... (1:750)

Participants described this as a process of shutting off emotionally. The experience of this made them feel that they were separated from themselves, quite like a dissociative episode:

It's kind of almost being able to split, to become separate from the physical person that I am. (5: 205)

Participants described using this strategy both during the abuse to distance them from the abuse itself, and after the abuse in putting their thoughts about it out of consciousness.:

Was that [referring to shutting down] just after the abuse or was that actually around at the time you were being abused?

*Well I guess very much so, while the abuse was happening.
I mean I sort of look back and think that it was like watching
somebody else.... (5: 205)*

Participants described this as a mental process that enabled them to separate their mind from their body, as though they weren't experiencing it:

*I didn't feel like I was in me really. I didn't feel myself,
but that doesn't even describe it.(3: 501)*

Participants described how they achieved this state of semi-consciousness in different ways. The process of shutting down took different forms:

*I'm not sure how I survived to be honest, I think I like I said
I created a world of my own. (5: 193)*

*I just felt like it was the most natural thing to hide and...
be in a cocoon really. (1: 181)*

*I buried it. I buried it very deep because that's the only thing
that you can do, there was no other way to actually...I couldn't
solve it. (6: 258)*

It appeared to be an effective strategy that enabled participants to put the memory of the abuse to one side. The associated effect however was that other memories of that time in childhood were also obliterated from memory:

Pre-seven I've got quite a lot of memories of, you know, what it was like as a kid, going to school and things like that. Then from around seven it was like a sieve, from there until I was about eleven years old.

(2: 48)

Although participants found 'shutting down' an effective coping strategy in childhood, it became less effective in adulthood as certain events would act as 'triggers' reminding them of their abuse. This will be discussed later in this chapter.

3.2.5 Development of Victim Identity

There are a number of mechanisms through which child sexual abuse was maintained such that victims were more vulnerable to further sexual abuse. The combination of predisposing factors (e.g. absent parents, family conflict) and the effects of the abuse may have contributed towards participants developing an identity as a 'victim'.

Some participants described themselves as 'loners', they felt that they didn't fit in with their peers and they were also afraid to trust others:

So I tended to be quite insular I think. I think it again it was the one way I coped with the aftermath of the original abuse was to be quite insular and keep myself to myself. I think I probably did spend a lot of my teenage years on my own. (2: 227)

Participants experience of loneliness combined with the strategy of 'shutting up and shutting down', may have been detrimental to them, resulting in their becoming even more vulnerable to potential abusers. Some participants described experiencing repeated abuse (physical, emotional and/or sexual), committed by a variety of different perpetrators. Some participants described the sexual abuse continuing over a prolonged period, increasing their sense of powerlessness and repeatedly reminding them of their victimisation.

It does make you a weaker person, but you try not to show the weakness, people just take advantage of you. (4: 450)

These participants perceived that their abuse had made them weak and they felt that people recognised this weakness and took advantage of it. For those participants who experienced ongoing abuse, the continual nature of this may also have contributed to participants' sense of powerlessness to assert and protect themselves, thus making them even more vulnerable. All of these factors may have contributed to the development of a 'victim' identity, particularly where the abuse was either ongoing or repeated, making them vulnerable to further abuse. This victim identity will be explored further in the 'triangle of abuse'.

3.2.6 Repeated Abuse

A number of participants described experiencing numerous episodes of abuse. This abuse was physical, sexual or emotional, or a combination of all three.

I was actually bullied quite a lot at school. I was actually bullied quite a lot by my brother later on in teenage years and I you know I'd very rarely tell anybody, you know I'd get it at least once a week throughout my childhood he would beat me up for no reason.... (1: 220)

Participants 1, 3 and 5 described being repeatedly physically abused by family (brother, mother) and peers. These episodes of abuse were often brutal and as with the sexual abuse these participants remained silent, afraid of the repercussions of disclosing. It seemed to these participants that they were identifiable as victims in some way to potential perpetrators:

I think one thing I always found confusing was it was almost like how do they know? Why does it follow me wherever I go? Where ever I am someone seems to know that I'm available for this sort of attention. (5: 112)

Some participants described being repeatedly sexually and physically abused by a variety of different perpetrators (See Fig.3.1 Information about Participants). Participants 4 and 5 experienced episodes of abuse committed by different perpetrators during the same period of time, none of whom seemed to be aware that participants were being abused by anyone else:

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It was different boys, but two particular teachers. The physical violence and abuse that I experienced was pretty much from the majority of the teachers at the school, it seemed to be quite a normal thing for them to sort of dish it out as they pleased. The sexual abuse was only inflicted by two teachers, not everybody was involved... (5: 306)

In particular, these participants felt therefore that they seemed to be identifiable in some way to potential perpetrators, or perhaps it was the environment in which they were living which made them vulnerable to further abuse:

I got abused by another gentleman, when I was about 11. A friend of my stepfather's as well. That only went on for a couple of months.

So there were two episodes of abuse going on at the same time?

Yes that's right."

Was that actually known to your stepfather?

No. (4: 59)

Participants described how they became accustomed to abuse, to such an extent that it seemed 'normal' to them. They felt that they grew to accept that it was part of their life, particularly where the abuse was ongoing over a long period of time.

I wonder how it felt, you said that there was another time during your childhood when you were abused by someone else, I wonder how that in addition to what was already going on made you feel?

At that time as I said I just found it acceptable. I think I was a bit more shocked that when that actually happened, but then because it was already happening to me at home I just, it just sort of seemed acceptable at the time. (4: 387)

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The continued and /or repeated nature of the abuse experienced by some participants perpetuated their victim identity, particularly as these incidents were perpetrated by different abusers:

I felt there must be something about me that asks for it and even to the point of thinking this is what I was created for....(5: 355)

Thus, some participants began to see their abuse as a 'normal' part of life because of the frequency with which it happened. Their identity as a victim was part of a cycle. This cycle was a self fulfilling prophecy, thus each time the victim was victimised further, it confirmed their victim identity and perpetuated their feeling that they could not protect themselves, making them vulnerable to further abuse. This process is vital in understanding how detrimental sexual abuse can be to a boy's developing identity and self confidence.

Participants described coping with repeated abusive experiences in the same way as they had coped previously when the first episode of abuse occurred, by '*shutting up and shutting down*':

I just remember thinking the only way to cope with this is to shut up about it, because that's what had helped before you know.
(1: 997)

This kind of coping style may also contribute to the 'victim cycle', whereby participants continued to be unprotected by an adult 'rescuer' figure and therefore remained vulnerable to potential perpetrators. The psychological effect on the victim of the continual abuse may cause him to attribute blame to himself for allowing the abuse to continue and questioning 'why have I allowed it to happen?':

I had grown up to accept it and yet I'd come to a point where I realised this is wrong, this shouldn't be happening and then that was where the confused state came in where I thought well 'Why is this happening?' 'Why have I allowed it to happen' and 'How am I going to stop this?' (4: 229)

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The repeated victimisation led to participants doubting themselves and questioning how they could prevent it from happening. Participants felt that they had no control over their abusive experiences and this caused them to feel unhappy.

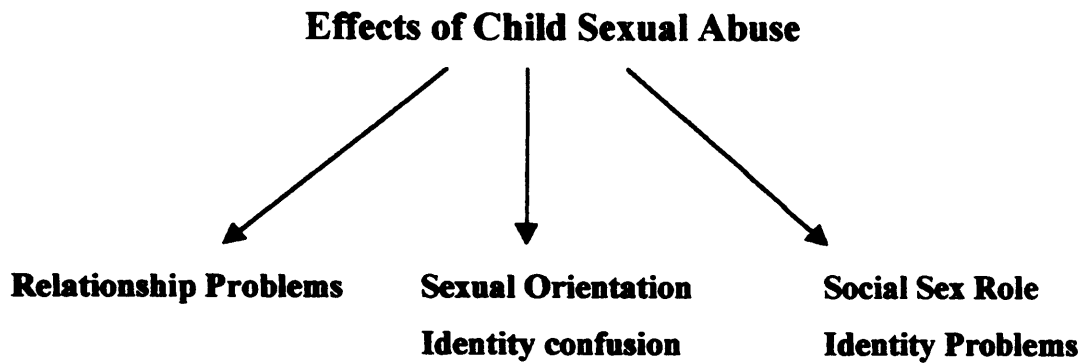
So I think I just felt pretty crap about life because you know if I could go a week without getting belted by him I was lucky. (1:259)

Participants seemed unable to assert themselves, they seemed confused about why they were experiencing the abuse and they continued to accept the abuse (especially those who were abused over a long period), perhaps because they did not understand why it was happening to them and as a survival strategy. Participants were vulnerable, they had no one they could trust, or in whom they could confide. This meant that they had to rely on themselves and the only way in which they were able to cope with their experience was to '*shut up and shut down*'. This process however may have made them more vulnerable to repeated abuse.

The victim identity experienced by male victims of abuse is powerful. The repeated experiences of being abused and the participants' inability to protect themselves contrast starkly to the societal expectation for males to be strong, dominant and in control. Thus, from a young age participants were made to feel alienated from the societal sex role identity which they were expected to fulfil, these issues are discussed in the next section.

3.3 Adulthood Experiences

**Figure 3.4 A Diagram of the Long Term Effects
of Child Sexual Abuse**



3.3.1 Social Sex Role Identity

Participants were sexually abused between the ages of 5-19 years of age, however most of the participants were sexually abused before the age of 7, thus their abuse occurred during the learning and development of their social sex role identity. This may be an important factor in understanding the detrimental effects CSA had on participants' social sex role identity.

Participants felt that the sexual abuse had caused them to question their identification with the role that society expected them to fit and caused them to question whether they could live up to the expectation of being a male:

I thought if I was a man this wouldn't have happened I'd have fought him off even though I was young. Now I know it's not as easy as that. (6: 519)

The sexual abuse of males itself is still relatively unrecognised by society and therefore participants felt that it was particularly difficult for men to acknowledge and disclose their abuse :

As a woman or as a girl it's very clearly expressed culturally, that if that happens it's not right and therefore it's okay to... to actually disclose. That to be sexually involved or active as a man, with another man it's just 'horseplay'. (5:291)

Some participants felt that the societal expectation of males was such that for boys any sexual activity would be seen as a 'normal' part of development and would not be understood as detrimental to them, this contrasts with females where unwanted sexual experiences are recognised. This difficulty in recognising unwanted sexual experiences may contribute to the problem of recognising men as victims of CSA and in men being able to disclose their abuse.

The descriptions offered suggest that as they were growing up participants rejected the 'traditional' societal male image. There are a number of ways of understanding this, participants may have associated this male stereotype with their abuser (all participants were abused by men) and therefore felt that they did not want to become like their abuser, abusing their power and strength:

I think I've always been very aware of my own... as a young man my own power... physical strength and never wanting to use that to hurt anyone. I've always wanted to be slightly different, in the respect that I've always rejected what I guess is 'typical masculinity'. (1:362)

I think it's rejecting 'cause there's always been an abuse of power, abused by my brother, abused... so I've always thought that whatever power I do have as a person it's important to use it responsibly. (1: 918)

Participants also related how they had found it difficult to fit the traditional male image because of their 'victim' identity and their experience of sexual abuse, which contrasted starkly with the 'traditional' 'masculine' image:

I think the whole idea that men are supposed to be strong and be able to cope with anything is something which I've never experienced. But it was certainly something I was aware of and I was supposed to be able to cope. (5: 297)

They felt that they were unable to fit this male image:

I'm very uncomfortable with sort of the masculine 'macho' man. It's not me. (2: 440)

I don't feel like a man. (3: 754)

This rejection and/or inability to conform to the societal sex role was difficult for participants, as they described how they felt that they did not 'fit in' in society:

I've described it as living in 'no man's land' and I'm not a man and I'm not a woman, I don't fit in. (5: 384)

Participants also described how they were sometimes identified as homosexual as a result of their rejection of this societal male image:

I know a lot of straight people have in the past think thought I'm gay. Now a lot of gay men think I'm gay, simply because I'm not your typical bloke who goes out and drinks loads of pints and pukes and has a curry and that kind of thing, because I've rejected that. (1: 364)

Participants also described how they found mixing with very 'masculine' men threatening and tended to avoid these kinds of encounters, instead choosing to socialise in places where they felt safe:

I can almost smell an atmosphere that I don't like. I walk in and I think I'm not staying here far too many aggressive men...my friends who I socialise with will go to a lot of gay bars and clubs simply because the atmosphere there is so welcoming and warm. (1: 1165-174)

Participants felt that there was a strong societal pressure to conform to the traditional 'male' image. Their understandings of this image varied, however predominantly participants felt that men were expected to fulfil the role of the 'provider', strong and in control:

I see the male as providing support for his wife, his boyfriend whatever, to be strong if he can be. On the surface he won't show his emotions I don't think.... (6: 501)

Participants frequently felt that they were not able to live up to this societal expectation. Their abuse had made them scared and unable to protect themselves and they were aware that this was not how a man was expected to be.

'cause men are typically classed as the stronger one out of the two and for a bloke to sort of admit on a level they're scared, that they'll lose their manhood through it and their pride. (4: 343)

Participants felt that they were unable and unwilling to conform to this stereotype. Their abuse had destroyed their sense of control and their confidence in their ability to protect themselves. It had caused them to feel that they were incapable of fulfilling the societal role that men are expected to fulfil.

A man's role is to be strong, to earn a good living, provide for whoever they're responsible for ... and I'd be totally incapable of that. (5: 404)

This ambivalence about the male role also affected participants' male friendships, they felt that they did not relate to other men in the way that most men related to each other:

I think a lot of men find me quite threatening in that I'm not afraid to talk about things that I feel... ..I think other men find me uneasy to be around because I'm relatively transparent as a person. (5: 460-465)

Participants seemed to want different things from their male friendships, things that they felt were different from what a male might usually look for in a friendship:

I'm still wary of the 'macho' man, you know the boozing, card playing, football supporter type, you know stereotypical man

but to me unless I can see a softer side, a gentle side or more feminine side to a man...I feel very uncomfortable with them. (2: 252)

the people that I get on best with are quite gentle, very affectionate.... (1: 1183)

Participants seemed to value safety and trust in their friendships and seemed to be searching for a depth and warmth in them, which they felt was more of a 'feminine' trait. The reason for wanting these kinds of friendships seemed to be twofold; one issue was needing to feel safe in the company of other men and the other was that participants felt that they needed to relate to other men similar to themselves. Given their feelings about not being a typical male, they were looking for friendships which did not threaten their identity:

the majority of men that I come across are strong, don't feel very much... ..I think and feel at a depth as a person, as a human being, much of which is described as feminine qualities. (5: 391-395)

In adulthood many of the participants seemed to reject their 'victim' identity and began to develop more of a 'rescuer' identity. Culturally it is perhaps easier to think of women fulfilling the role of the 'rescuer', because of their so called caring and nurturing qualities. In contrast men tend perhaps to be represented by a more protective and therefore aggressive role. Given the difficulties that participants had in identifying with the societal male image it is perhaps not surprising that they found it easier to adopt the 'rescuer' role. The development of this identity will be explained in a later section.

Negative case example

One of the participants (P.2) in his former years described responding in a very different manner to the other participants. As a consequence of his experience of ongoing sexual abuse he felt his sense of masculinity had been diminished. His sense of powerlessness and his incapacity to protect himself he felt resulted in him to wanting to prove his masculinity in his late teens and early twenties, because of his feelings of male inferiority:

*I suppose my masculinity, well you know I'm a boozier, I'm okay,
I'm a big roughy, toughy and I don't give a shit about nobody. (2: 329)*

This participant felt that through being abused he had been made to feel powerless, 'like a woman' and that he therefore wanted to prove that he was a man:

*Quite often it'd be me trying to show everybody that I'm
natural, I was a man rather than a woman... (2: 71)*

He described how he had developed an 'abuser' identity, whereby he was physically abusive to his partners:

*three times I hit my wife, my present wife and one of those times I've ended
up getting my shotgun out. Thank God it wasn't loaded because I would
have shot her and myself. (2: 181)*

His aggression was displaced and his anger about the abuse came out inappropriately in order to find some way of releasing it. He also described being aggressive to strangers and would physically assault people without provocation or reason:

*I'd be violent, go up to people in the street you know, same age as me and
ask them what time it was and they'd go... look at their watches and I'd
smack them in the face and keep laying into them, 'til they went down...
(2: 133)*

His behaviour however was not just related to proving his masculinity, it also seemed to relate to a general loss of control over the overwhelming feelings of anger towards his abuser, for the powerlessness that he had felt during the abuse, and anger with himself for not preventing it from happening:

*The person I wanted to be angry with wasn't there and that was my
brother. He was that much bigger than me, I couldn't defend myself.
(2: 152)*

3.3.2 Sexual Orientation Identity

Participants described experimenting with heterosexual and homosexual relationships and/or struggling with their sexuality, feeling uncertain about whether they were heterosexual or homosexual:

I had questions you know, there'd be questions about my sexuality and about having relationships with men and women and stuff like that. You know I didn't know who I was. (2: 68)

As participants were growing up they described feeling confused by their experience, some participants felt that the abuser had identified them because they were 'gay' and they were confused by the implications this might have:

I started having feelings for men and I thought that incident with the guy had changed my sexuality somehow... I thought he must know I'm gay he's done this. (6: 89)

Participants stated that they were confused by their experience of being sexually abused, particularly where the abuse had been ongoing, which made it difficult for them to know whether what they had experienced was normal:

It was something you know that two boys that loved each other very much and cared for each other, shared some pretty horrific sort of times together and yet still had something in them to actually share and talk over and experiment [sexually], something that may have been as result of the abuse. Maybe it was us trying to find out what this is all about. Is it something that is normal that these people are doing these things. (5: 448)

Participants felt that their experience of being abused had led to their confusion over what was 'normal'. Is being abused a 'normal' experience? Participants therefore experimented sexually with male and female partners in an attempt to make sense of their sexual preference:

... it felt wrong... same sort of feelings I had when my brother was abusing me. It wasn't right but it was the only understanding I had of love and affection I suppose. I couldn't find that particularly with a woman at the time. (2: 83)

Some of the participants felt that they were never able to resolve their confusion over their sexuality in spite of being in a permanent married relationship:

"Do you feel confident about your sexuality now?"

Not totally, no. I'm bisexual and that plays... I probably lean more towards being gay the older I get. (6: 318)

Negative case example

One of the participants described how he was 'sexually assaulted' at the age of 19 (P.3). The distinction between sexual abuse and sexual assault here is that at the age of 19 the participant would be considered to be an adult. Sexual assault therefore refers to assault upon an adult, rather than abuse of a child. This participants' experience was different to the other participants, because of his age at the time of the assault, he had matured sexually and developed a homosexual identity. He felt that the assault had not caused him to question his sexuality.

So you know I feel I was already gay. It's not changed my sexuality....
(3: 439)

In comparison, the other participants were just beginning to develop sexually at the time when they were abused. This participant also contrasted with the others in that his sexual identity seemed to be linked to his gender identity. As a homosexual he had already experienced the rejection of the traditional societal male identity because of his sexuality and therefore the sexual assault had not affected or diminished his male identity:

I don't think I went through a point where I was less of a man. I went through the point where I was less of a person. Again I think what might be partly why, it's partly because I'm a fish out of water anyway (3: 618)

I see myself very differently as a male and I suppose if you were asking this question from a heterosexual male I mean I think it would be very different. (3: 569)

As I said my manliness is all wrapped up in being gay. (3: 662)

He had felt that the assault was an attack on his sexuality and that he had been assaulted because he was gay. Having already rejected the societal heterosexual male image, it had not affected his sense of his societal sex role, which as a homosexual was quite different.

3.3.3 Sexual Relationships

Participants varied considerably in their difficulties in sexual relationships. In adulthood participants seemed to be trying to regain their sense of control. This need for control was related to their loss of it through the abuse. Control was therefore related to self protection. Consequently, in sexual experiences, control was an extremely important issue. Some participants felt it was necessary to control the progression of events, during sexual experiences, thus enhancing their sense of safety:

When I first started I just had to take control. I couldn't let anyone touch me I had to take it in a series of events that I wanted and I can't bear to be held still and if it feels like somebody's taking control, even now it doesn't feel right. (6: 304)

The other area of difficulty participants described was their inability to connect emotions with sexual intercourse. The intimacy involved in having an emotional and sexual relationship at the same time was difficult for participants to manage and consequently some participants felt unable to connect their emotions with sex, which they felt was destructive to their relationships:

I've really messed up some relationships because I've been so.. emotionally cold with somebody I've been having a very intimate physical relationship with... ..I think a lot of it is about intimacy and fear of that definitely. (1: 1124-1133)

This avoidance of emotional intimacy also enabled participants to retain control of their emotions and thus lessen the risk of their being hurt, which would trigger the feelings associated with the abuse:

It was totally, it was all sex, there was no...I'd try to persuade myself that there was some emotion, you know "of course I love ya, I slept with you", you know that type of thing, but there was no... it was outward emotion, rather than coming from in here. (2: 359)

These emotional difficulties were evident in other areas of participants lives, in particular their capacity to develop and maintain relationships.

3.3.4 Relationship Issues

Participants experienced a lot of difficulties in establishing, developing and maintaining their relationships. These problems began in adolescence when they were embarking on relationships and some of these difficulties were related to the ongoing sexual abuse at home:

I started to court yeah, women, which made it difficult because then he [stepfather and perpetrator] became jealous I suppose and made life quite difficult for me and whoever I was dating at the time. (4: 163)

Participants were also trying to make sense of their sexuality at this time:

Do I want a girlfriend or do I want a boyfriend? (6: 755)

Participants described how they attempted to engage in relationships in their adolescence, however they lacked confidence in themselves and there was a fear of becoming too

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emotionally involved and a general sense of uncertainty about the emotional aspect of a relationship:

I remember not having the confidence to ask girls out. So I was a bit of a loner. I did have relationships, but it was kind of you can take it or leave it really because it was a bit heavy really... hard work and a bit scary and the expectations and again there is that being a man... (1: 399)

Participants seemed to find it difficult to develop relationships and maintain them. They seemed to fear becoming vulnerable again and had difficulty in trusting people. They feared losing control and becoming the victim and so participants protected themselves from becoming too vulnerable again by distancing themselves emotionally in their relationships:

I think I do hold people at arms length emotionally. It's about safety for me, it's about not trusting people and it's not purely about the abuse, but I think the themes whether it's bullying or physical, emotional, sexual abuse are very similar. You, you don't do a lot about it at the time, you hurt inside and out , you very rarely ask for help and if you do it's not given to me, you know vulnerability isn't protected, that's not protection. I don't want to feel vulnerable because that for me, I know that if things do hurt me and relationships can whenever they have ended it's been upsetting. It... not only do I have to deal with those emotions, but it does bring back lots of other emotions about other hurt as well. (1: 1081)

Participants seemed to sub-consciously select partners who were unable to commit to a relationship and therefore they could avoid being too emotionally involved. Alternatively they seemed to choose partners who themselves were unable to offer any intimacy and therefore they were able to avoid intimacy in this way:

I think it's very much affected the kind of relationships I've had. How I constantly attempt to find intimacy and yet sort of for a long time, constantly ended up with people that were totally incapable of offering really any on whatever level recreating isolation... (5: 338)

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Participants chose relationships which were safe, with partners with whom there was no future or commitment (i.e. married women) or which lacked intimacy. This was a safety strategy and enabled them to remain in control. This was important in the maintenance of the coping strategy of shutting down. Participants also described how they found it difficult to get close to people in an emotional sense and thus they recreated their isolation:

You know in all my relationships, my friendships, I could never get close.

(2: 248)

As previously described participants avoided vulnerability and hurt because of their fear that this would trigger off feelings related to the previous abuse and therefore they ensured that they did not get too close to people:

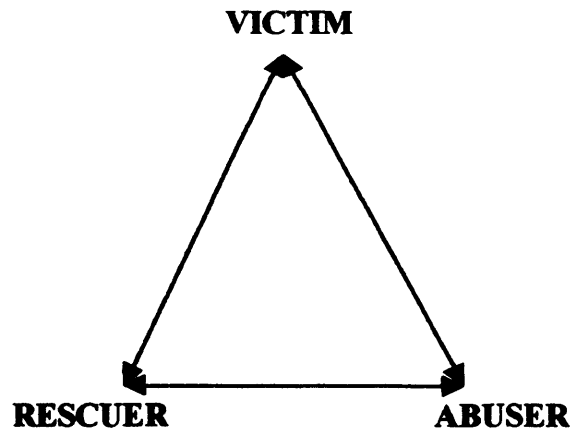
There is an element of control about me, that I must keep my distance because that's the one way I think as a child I coped with lots of things. (1:

882)

3.3.5 The 'Triangle of Abuse'

Through the course of data analysis it became apparent that there was a pattern to some participants relationships. The diagram below illustrates how the roles of 'victim', 'abuser' and 'rescuer' all interact with one another. In childhood participants were the 'victims', however, as they grew up some of the participants rejected this victim identity and instead assumed in particular the role of the 'rescuer'.

Figure 3.5 The 'Triangle of Abuse'



This model was previously described in the literature (Carr, 1989) referring to the ongoing counter-transference reactions caused by interactions with families with a history of sexual abuse. This model has also been referred to in the female child sexual abuse literature (Warner, 1999). The 'Victim' role is characterised by helplessness, the 'Persecutor/Abuser', by aggressiveness and the 'Rescuer' role, by helpfulness. The story that unfolds is one where the 'rescuer' helps the 'victim' to escape from the 'abuser'. These roles are however interchangeable and therefore the 'victim' can become the 'abuser' or the 'rescuer' according to the demands of different situations. This was a useful way of understanding the dynamics involved in the relationships and interactions of participants.

Participants continued to function in their relationships predominantly as either victims or rescuers. For example, in adolescence participant 2 continued to maintain his 'victim' identity by becoming involved in relationships with men and women who emotionally and sexually abused him:

I've had relationships with you know, was totally abusive, they could abuse me that kind of thing. (2: 251)

However, later in relationships he became the 'abuser', he was aggressive and physically abusive to his wife. He was the only participant who described becoming an abuser.

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Some participants had learned to become passive through their ongoing/repeated abuse and therefore, in their relationships they continued to assume a 'victim' role and allowed their partners to dominate them in the way that their abuser/s had:

...through the abuse it changed my personality and I couldn't defend myself, because basically I've always been ruled over by other people through the abuse...where there was an argument (in a relationship) I would always bow down and give in. (4: 82-85)

Through this 'victim' identity these participants were often hoping to find a 'rescuer', however for some this resulted in their attracting partners who continued to dominate and abuse them emotionally:

*I used to fantasise as a young child that I'd meet this kind of princess that would sort of change my life. I took that into adulthood, if I could just meet that one perfect woman who loved me so much and was so beautiful then I wouldn't feel like this. I've come to know that that is fantasy, that it's not going to happen but perhaps it kept me going.
(5: 563)*

Participants seemed to switch between roles in the 'triangle of abuse' through child and adulthood. In assuming the role of the 'rescuer', participants could reject their 'victim' role. This could also be true for participant 2 who assumed the role of the 'abuser' for a short period of time. These roles were assumed interchangeably. Participants were therefore continuing to function in their relationships in the same familiar triangle of dynamics, given that these interactions began at a young age they may have become participants only understanding of how to relate to others. These dynamics were also present in relationships in participants families. Participants seemed to interchange between being the 'victim' and the 'rescuer' predominantly.

3.3.6 Development of Rescuer Role

Participants assumed a rescuing role at different points during their lives in childhood, adolescence and into adulthood. For some participants this started at home, where they parented their own parents from a young age:

I think if I look at my relationship with my mother again, then there was this distance and this lack of intimacy and yet I became what I seem... what my function seemed to be within the family, that I was able to empathise with not even knowing she was in pain. I knew that she was in pain, I became a necessary cog in her life. (5: 531)

In childhood, participants felt a necessity to support family members, in particular their mothers, and also to protect their family from knowledge of their abuse; concerned about the effect their disclosure would have:

I think I wanted to protect them for a long time, because I didn't want her to feel guilty for failing to protect her son... but actually she doesn't realise that she failed to protect me full on for years from my brother. (1: 700)

One participant (P.5) attempted to prevent his younger brother from experiencing the sexual and physical abuse that he had experienced from his older brother, his peers and from his teachers, even though he was unable to protect himself from these experiences:

I made sure nothing happened to him (younger brother), he followed me into schools that I was at. I made sure I educated him how to avoid being in situations where the same thing would happen. (5: 134)

Participants also 'rescued' their parents in an emotional sense often playing the role of the 'missing' parent or acting as an 'emotional crutch' for the remaining parent. The parents however, because of their own emotional needs were unable to reciprocate this for the child. In adulthood the pattern continued:

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I'm expected to go in like the cavalry and rescue the situation...and it's ironic that I got a phone call from my older sister last night, a bit of a family crisis going on. Mum's having a few problems and...and it was like they wanted me to go over and sort things out. (1: 730-669)

Furthermore, this rescuer role was not confined to family relationships, it also affected participants in their choice of work and in their intimate relationships:

...in my relationships later in life I tended to end up with women that needed rescuing, which kind of gave me value. (5: 535)

This care-taking role was also pursued in their careers. The occupations of participants involved caring for people, this included working in the health service, counselling and social work. For some participants their jobs involved working directly with other men who had been sexually abused:

I think that you know it's not necessarily by accident that I do what I do in my work and stuff.... I always remember growing up with this abiding sense of justice, that certain things in life weren't right and you had to do something about them. (1: 507-517)

Participants seemed to want to rescue and protect others from experiences like their own:

*So it's encouraged me to make sure, to try to make sure,
That it doesn't happen to other people. (3: 200)*

The role as the 'rescuer' enabled participants to lose their 'victim' identity. In this role however, they continued to interact with other victims and abusers through their work. The 'rescuer' identity was empowering and enabled participants to protect others in a way that they were never able to protect themselves and in a way that no one had protected them:

I think it's almost certainly to do with the abuse, was the protective side to me that would want to protect other people from being exploited. (1: 526)

The 'rescuer' role also enabled participants once again to avoid focussing on their own experience and to instead focus on other people's difficulties. However, in assuming this role they were also confronted by experiences not dissimilar to their own and this often caused them to think again about their own experience.

I think that was what reawakened my own awareness of my own experiences and thinking yeah something like this happened to me..(1:144)

3.3.7 When 'Shutting Down' Fails

Participants had managed to cope with their sexual abuse history by 'blocking it out' and 'shutting down'. Participants remained in complete silence about their experience, in spite of the effectiveness of this coping strategy, there were some emotional side effects which accompanied it. In particular, participants appeared to experience emotional difficulties, such that in their adult life their emotions were disconnected from their actions. This difficulty presented itself in their relationships (fear of commitment and emotional involvement), in their sexual lives (sex and emotions were separate) and in the way that they interacted with others (keeping a distance emotionally). Participants felt at times like they were not emotionally conscious of the effects of their actions:

So I beat him unconscious and then just left him there, walked back in, sat down and carried on drinking as if nothing had happened...I knew it was me, but it was almost like operating in a vacuum you know everything else was going on around me. (2: 289)

Participants appeared to have severed their emotional feelings when they 'shut down' and in order to retain this control they remained detached from their emotions. Thus, for one participant this meant that he was unable to comprehend that he was injuring other people, other participants remained detached emotionally in other areas of their life such as in their intimate relationships. In adulthood as participants were beginning to embark on emotional relationships and careers which sometimes involved working with other victims, they began to experience a number of ('triggers') reminders of their CSA, which caused them to initially to 'wobble'/get thrown off balance emotionally:

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... if there's a child that's been abused and it's in the papers I must admit it really raises my temper because it stirs up those emotions. (6: 211)

Participants had learned a way to control their feelings in childhood, but in adulthood it became more difficult to contain these.

... here and now stuff can trigger many emotions and I think the cord or the little streams that are attached to other stuff and then it becomes too big to handle. (1: 1093)

Participants described how they found it difficult to express their emotions. They found themselves containing their emotions, the pressure of which was sometimes too great and would lead to an '*outburst*', where participants lost control of their emotions. These outbursts were often triggered by minor, unrelated issues and therefore seemed particularly inappropriate to the situation which they appeared to be responding to. These '*outbursts*' could be physical or emotional and resulted in participants being unable to contain themselves:

Obviously when if anything went wrong in a relationship, in any way you know I'd be upset. I wouldn't entirely burst out in tears, but what I had a habit of doing was letting a lot of small things build up into something quite big and then I'd be upset and cry my eyes out, because then I could... it's a lot of things coming to one and it just sort of explodes and then that's when I could actually show my feelings... (4: 476)

Emotionally charged situations seemed difficult for participants to cope with and so they endeavoured to avoid these kinds of situations as much as possible (hence not wanting to be involved emotionally in relationships). Participants found that during their adulthood their feelings about their abuse which had been 'shut down' were emerging in ways that they were unable to control. For one participant these outbursts were aggressive and related to his anger about the abuse:

..it was a white hot pit, a cauldron, that you know like a volcano that

blows up and when it goes you know there are never any warning signs... (2: 276)

Other participants found that they were unable to control their emotions and events in life would trigger their emotions and eventually things would become too much to contain:

Usually something, some other external pressure usually in the present, which became so intense then that holding would then break and then sort of get mingled in with what was happening in the present. Then I'd break down and hit the bottle. (5: 603)

Participants described leaving their emotions 'out in the cold' or 'in the deep freeze' after the abuse. In adulthood when things became too difficult to control they described their emotions as 'thawing out' (e.g. P.1 and P.4). This metaphor described the process of how 'shutting down' began to fail in adulthood. Participants responded to the failure of this coping strategy in different ways, some developed new coping strategies and others began to confront their abuse, through disclosure to others and/or therapeutic intervention.

3.3.8 Adult Coping Strategies

Some participants tried to use different coping strategies when 'shutting down' failed. Some of them turned to drugs and/or alcohol to obliterate their memory which produced a similar effect to the 'blocking out':

Very soon after I got to college I started to drink heavily and to start to experiment with drugs, so that became very much my coping strategy... I found drink and drugs extremely convenient to 1: block it out and 2: to get a high. (5: 329-338)

Participants found that it helped them to escape their feelings:

I used to now and again smoke dope to...you know make you feel... but I think I used to use it as a bit of an escape. (2: 215)

Participants tended to choose strategies that would enable them to avoid or deny their sexual abuse and the feelings associated with this.

All I wanted to do was stick to my set goals and it allowed me to leave the past behind and that's really how I managed to cope. (4: 266)

They also described distancing themselves from their family, the area in which they grew up and any other reminders of their past. Other strategies such as goal setting were used in order to have something to focus on therefore enabling them to avoid thinking about their abuse.

Participants seemed unable to sustain this avoidance and eventually their coping strategies failed. This usually followed an unrelated emotional problem (e.g. relationship breakdown). At this point some of the participants described having a 'breakdown' and /or attempting suicide:

The goal that I set was going and once I'd realised that it had gone the actual goals, there was nothing else for me to look forward to, to look to...to think you know...ahead and that's when it all came piling back to me and that's what sort of ...and in the end I let it sort of all come out. (4: 24)

3.3.9 Coming To Terms with Childhood Sexual Abuse

Participants arrived at this point at different stages. When they did reach a point where they were ready to deal with their history of sexual abuse, the most important factor appeared to be finding someone who was prepared to listen to their story and who would believe them (a 'Rescuer'). The timing of this was also important for participants:

... it was in storage until the time I was strong enough to deal with that.
(6: 772)

Participants described how they had disclosed as adults to friends, colleagues and/or counsellors. They found this was their way of coming to terms with their CSA and how it had affected them until that time:

Just knowing that's what's basically helped me and facing it head on without trying to hide it. That's the main way it's sort of helped me and trying to do something about it, instead of like I say hiding it and I mean I hid it for many years. And now it's all out in the open, I just want to sort of offload everything and try and find better ways of coping with it now. Which is my goal, that's why I still go to my counselling which helps you know. (4: 406)

Participants did not always present to counselling and psychology services as victims of CSA, some presented initially with depression or alcohol and drug addiction:

So it was important to actually address the alcoholism, which was my solution to the problem and then perhaps look at what the problem was having gone through treatment. (5: 64)

In disclosing their CSA in adulthood, participants described how relieved they felt that they were believed and finally understood. This also meant that they no longer felt they had to hide their secret, thus relieving the pressure:

She was really open minded and she was great, very supportive and just listened and accepted what I had to say and it's interesting that after that I remember thinking it's okay, I can you know...for the first time in 15 years I've talked about it and I wasn't laughed at, I wasn't shouted at or anything like that.. (1: 150)

Some participants described finding counselling helpful as a way of coming to terms with their abuse and enabling them to explore the ways in which it had affected them:

It's getting easier the more counselling I've had. When I think I'm 38 now, I've got to get on with my life and do things otherwise he's won. (6:223)

For one of the participants however therapeutic work had not been successful:

First I'd been to a GU clinic and they had, I can't remember what she was a counsellor, but she was more than a counsellor and she was doing cognitive behaviour therapy stuff and that didn't work for me. (3: 332)

Some participants also chose to disclose to their families in adulthood. This however was a disappointing experience for them, often resulting in their families ignoring the problem and therefore dismissing it. Participants experienced difficulties in their family relationships after this:

How did that feel to bring it all out in the open again?

Relieved in some respects, but the way it actually destroyed me was that it could have brought it all out in the open, I had no real support from people I cared about and I felt as if everyone was stood up against me, instead of for me. (4: 249)

Participants appeared to experience being victimised again through their disclosure, as family members were unable to support or acknowledge the sexual abuse. Participants were once again isolated from their families through this experience. This reaction confirmed for them why they had chosen not to disclose in childhood and that things had remained unchanged:

I'd have thought we're all adults now, that there'd be some kind of recognition of that and there's an absolute failure. So in some ways I feel vindicated that I didn't tell them. You know I've found my own way and I've dealt with it. (1: 746)

The results section has illustrated the different themes which were identified through the data analysis. Further discussion of these in relation to the literature will be explored in the next chapter.

CHAPTER FOUR

DISCUSSION & CONCLUSION

4.1 Outline Of Discussion

In this section the outcome of the data analysis is explored and its implications are discussed in relation to the existing literature. The implications for the development of psychological theory and clinical practice are discussed and a critique of the study is given.

4.2 Aims of Study

The aim of this research was to explore the impact of child sexual abuse upon men, as perceived by male survivors. A key focus of this research was related to how sexual abuse affects the formation of masculine identity, including the social sex role and sexual orientation identity as perceived by male victims of sexual abuse. This was achieved by using a qualitative approach, utilising a constructionist revision of grounded theory to analyse the data.

This research followed some unanticipated themes which emerged through the course of the research process. Although social sex role and sexual orientation identity were explored, other themes emerged which the researcher recognised as being important in understanding participants' experiences. As Charmaz (1995) suggests, the researcher should not force preconceived ideas and theories directly upon the data, but rather they should follow the leads that emerge from the data. Accordingly, those issues which participants raised as important for them, appeared to relate to wider issues. These were explored as well as identity issues through the data analysis.

4.3 The Main Findings

4.3.1 Predisposing Factors

In the accounts given by participants there were a number of important factors in their early childhood which may have influenced their identification as a victim and influenced the way in which they coped with the experience of being sexually abused. The poor relationships with their families, in particular the distance in the parent-child relationship, the notable

physical and/or emotional absence of a father in the families, and the poor father-son relationships all contributed to their feeling unprotected and vulnerable. This sense of vulnerability may have contributed to their identification as a victim.

Other studies support this finding. Baker & Duncan (1985) suggested that an absence of a father-son relationship might make children more vulnerable to abuse. Finkelhor (1984) also reported that victimised boys are more likely than girls to come from single parent families. Other studies have also noted that victims often come from families where there are poor relationships with parents, where there is an absence of a parent-child relationship, or where there is only one parent to meet the needs of the child. These findings are also congruent with findings obtained in studies of adult women who have been sexually abused (Edwards & Alexander, 1992; Fromuth, 1986; Pelletier & Handy, 1986; Peters, 1988).

It would seem therefore, that the quality of the parent child relationship might be an important protective factor in the prevention of child sexual abuse. This may also be the consequence of a 'grooming' technique, such that an 'abuser' operating within the home environment can increase the distance between the parent and child, and thereby insure that the child has no one in whom they can confide. Thus, victims of sexual abuse may describe distant and unprotective relationships with their parents. This may however have been perpetuated by the abuser. Thus the distance in the parent child relationship may be a function of the sexual abuse. This is important in understanding the ways in which abusers operate within the family context.

4.3.2 Disclosure

This poor quality of family and parent-child relationships prevented victims from disclosing their abuse. Those attempts to disclose the abuse to peers, or siblings led to mocking and disbelief and thus strengthened the fear about being disbelieved. Nevertheless, there was an intense need to disclose the abuse. This resulted in a constant attempt to alert adults (teachers, parents, family) to the fact that something was wrong. The indications were numerous including 'bad' behaviour, lack of concentration, inability to do school work and other non-verbal means (e.g. drawings). However there were no further verbal attempts to disclose.

Adults did not recognise these behavioural changes. This is perhaps not surprising given the poor quality of parent-child relationships, thus preventing parents from recognising their child's distress or being unaware of the change in their behaviour. The behaviour changes were such that they might have been perceived by adults as acts of 'rebellion' and/or 'bad' behaviour (e.g. mood disturbance, aggressive behaviour, shoplifting). This may also represent another 'grooming' method, to conceal sexual abuse. The victim is labelled a 'problem', causing further discord in the relationship between the child and their parent/other adult figures, and the function of the root cause of the behaviour remains unquestioned. The likelihood therefore, of a disclosure occurring, and even less it being believed, is limited.

These findings are supported by previous research which has indicated that boys tend to 'externalise' their distress, often adopting behaviours which are interpreted as 'troublesome' and therefore resulting in punishment rather than help (Urquiza, 1988; Bolton *et al.*, 1989). Although this has previously been highlighted by other studies, it is interesting that clinicians and other professionals, have failed to address these issues? There has been surprisingly little recognition of the implications of these findings by clinicians and other professionals working with young children. For example, there is still relatively little teaching offered on the sexual abuse of young boys on training courses for those working with children. Child sexual abuse is still regarded as a problem which predominantly affects girls. Services have also been slow to recognise the needs of boys and men who have been sexually abused. Provision for women is now quite common. Services tend to offer group therapy for female survivors of sexual abuse and yet to date, there is little support available for males. This may reflect the reluctance of professionals and society at large, to acknowledge this as a significant problem.

These findings have important clinical implications. They suggest a need for those working with young children to be vigilant in recognising the possible behavioural signs of abuse and in recognising that these behaviours have a function. Thus, teaching on this subject should be a compulsory part of the curriculum for clinicians, teachers and other professionals working with children. Professionals working at a primary care level, as well as clinicians, need to be educated about the fact that young boys can also be the victims of child sexual abuse. It is likely that because of gendered behaviour, boys are often overlooked because of the meanings ascribed to their 'bad' behaviour. These boys are therefore likely to be seen by a number of professionals, maybe as a result of their behaviour. These professionals need to be alert to

recognising the possible indicators of sexual abuse in boys. This is important given the findings that participants in this study felt unable to disclose their sexual abuse verbally.

Perhaps more importantly this research also indicates that boys lacked the breadth of relationships with adults which may have enabled them to disclose their abuse, or where an adult would have been close enough to the child to recognise the signs. This suggests a need for professionals (e.g. teachers) involved with children on a regular basis to establish supportive and trusting relationships with children, particularly those children whose behaviour is difficult and disruptive. Understanding these behaviours may be vital in identifying male victims of abuse.

4.3.3 Development of Victim Identity

The experience of being victimised, and the coping mechanism employed of *'shutting up and shutting down'*, led to an acceptance of the abuse and an internalisation of self-blame about the abuse. These factors may be important in contributing to the development of a 'victim' identity. This victim identity seemed to be identifiable to potential abusers and repeated experiences of abuse subsequently followed. These confirmed and perpetuated participants' victim identity.

These findings suggest that disclosure is important in preventing the re-occurrence of further abuse. It also highlights the need for early intervention with child victims to prevent the cycle of abuse from continuing. Thus, once a child has disclosed sexual abuse, therapeutic and preventative work should begin immediately. The therapeutic work should involve absolving the child of any blame in inviting the abuse and some preventative work (e.g. Toby says "No" Groups) helping the child to recognise that the abuse was wrong and teaching them to say "no". to any further potential incidents. Early intervention should prevent children from developing a victim identity and help prevent them from experiencing further abuse.

4.3.4 Social Sex Role Identity

The dissonance between the reality of the sexual victimisation and the perceived expectations of society for men to acquire a stereotypical masculine identity, became a source of difficulty in late adolescence and adulthood. The perceived inability to fulfil the stereotyped social sex

role, because of the sexual abuse and the associated victimisation, led to victims having to acquire an alternative identity. These findings are supported by the clinical literature. A number of studies have suggested male survivors find it difficult to overcome the disparity between being sexually victimised and being able to retain a sense of identification with the traditional male image (Briere, 1996; Dimock, 1988; Hunter, 1990; Lew, 1990).

The associated confusion about 'not fitting in' led to the rejection of the 'traditional' male identity and the development of an identity which encompassed more 'feminine' traits. A fear of 'masculine' men led to the avoidance of predominantly 'masculine' environments, for example, the choice of working in the NHS or caring professions, which are predominantly female environments, and frequenting 'gay' rather than heterosexual bars. This reflected the 'functional' ways in which male survivors coped with these issues. Therefore, coping with the disparity of not fitting the masculine image led abused men to assume a 'different' identity and avoid experiences which posed a threat.

This has important clinical relevance as these findings suggest that sexually abused men cope through avoidance. These avoidance strategies were useful, but likely to have limited benefit. Therefore, therapeutic work with sexually abused men should focus on helping them to regain their confidence and security in their identity, such that they are then confident about being around other 'masculine' men.

It is important to recognise that the sexual abuse may not have been the only factor influencing the difficulties in the development of their social sex role identity. The emotional and physical absence of fathers at home may also have influenced this. Indeed as highlighted in chapter one, research suggests that identification with the parent of the same gender is an important aspect of the development of a social sex role identity, particularly for boys.

It has been found that boys show a heightened identification with their fathers and heightened masculinity when fathers are warm and nurturing, rather than punitive or threatening (Mussen & Rutherford, 1963). This research suggests that boys need to have relationships with their fathers which are emotionally fulfilling. This kind of relationship may not 'traditionally' be thought of as the role of the father in his relationship with his son. However, it highlights the need for boys to have a good emotional relationship with their fathers rather than learning sex typed behaviour. It is also about establishing a secure attachment with the father/figure in

order to develop a secure 'masculine' identity. These relationships were notably absent from the men in this study.

Another piece of research also suggested that men who identify with their fathers were better adjusted and had a stronger sexual identity, than males who did not (Heilbrun, 1976). Thus, the fact that there were poor and distant relationships with fathers and that some fathers were physically absent from the home, may well be a factor in the difficulties men experienced in identifying with, and the development of a secure sense of their own 'masculine' identity.

This lack of identification with the masculine social sex role may also relate to both the absence of the father-son relationship, thought to be an important factor in the acquisition of such an identity, and the disparity between participants' victimisation and the masculine social sex role. The lack of confidence sexually abused men have in fulfilling the expected 'masculine' role can therefore lead them to reject this identity and avoid environments which are predominantly male.

It is also important to highlight at this point, that the men included in this sample had received therapeutic intervention for their sexual abuse and therefore they represented a 'well' sample of men, who had started to come to terms with their abuse and had already found ways of coping with some of the issues raised. It is likely however, that there are men who have been less able to cope with these difficulties and have found less functional ways of coping with their inability to relate to the social sex role.

4.3.5 Sexual Orientation Identity

The men in this study also experienced confusion over their sexual orientation identity and some felt this was related to their experience of being abused. This confusion was defined as either behavioural, such as sexual activity with a partner of the sex opposite to the sexual orientation of the participant, or cognitively as the inability to state one's sexual preference. Participants fitted into both of these categories. This confusion sometimes led to sexual experimentation with both men and women, in particular in their late teenage years when they were becoming sexually active. Some men were able to resolve their sexual orientation identity confusion and described assuming an identity as either homosexual or heterosexual.

However, one participant had not been able to resolve this confusion, in spite of being in a permanent long term relationship.

Participants were predominantly sexually abused between the ages of 5-7 years. However, the researcher chose to include a participant who described being sexually abused at the age of 19 years, as a negative case example. This offered an interesting comparison, as this participant was not confused by his experience of being abused. His homosexual identity remained unchanged by the experience. It is likely therefore, that his sexual orientation identity was already established. However, those abused at a younger age were developing in their social sex role identity and it is also likely that they were also in the process of developing their sexual orientation identity. Research relating to the developmental age at which sexual orientation identity is developed is scarce. However, it is likely that these identities were in the process of being developed. With this in mind, it is possible that the sexual abuse had an effect on the understanding of sexual orientation. These results are not conclusive. Other research findings support this suggestion. It has been suggested that male survivors of CSA often experience concerns about or confusion regarding sexual orientation (Bolton *et al.*, 1989; Bruckner & Johnson, 1987; Dimock, 1988; Hunter, 1990a; Lew, 1990). Thus the findings of this study are congruent with those of other studies.

Relationships and Emotional Functioning

The results suggest that men who have been sexually abused have difficulties in establishing and maintaining relationships. Other research studies are consistent with this finding. They suggest that these difficulties are related to sexually abused men's difficulties in trusting people in their relationships and that they are therefore emotionally restricted (Bruckner & Johnson, 1987; Dimock, 1988; Krug, 19889). The results of this study however, suggest that the difficulties sexually abused men have in expressing their emotions, and in committing to their intimate relationships, are also related to their childhood coping strategy of '*shutting down*'. This strategy seemed to have affected their ability to express emotion. The total control required to contain their emotions was necessary in preventing their abuse from resurfacing and thus, prevented them from becoming too emotionally involved in their relationships.

This is an important issue when working clinically with sexually abused men. It suggests that therapeutic work should progress slowly and should address emotional issues carefully, encouraging men to acknowledge how they have coped with their abuse and the effects that this might have had upon their emotions. The need for emotional 'control' by men who have been sexually abused is an issue therapists should bear in mind when embarking on therapeutic intervention, especially with the power differentials sometimes evident in the therapeutic relationship. For some of the men in this study, the emotional pressure of containing their feelings over the years led to an 'emotional breakdown'. This again suggests the need for therapists to be aware of the potential difficulties of addressing too much, too soon.

4.3.6 The Triangle of Abuse

The interactions sexually abused men had with others involved them assuming the role of 'victim', 'rescuer' or sometimes even 'abuser'. The roles from the 'triangle of abuse' (Carr, 1989) were assumed at different times through child and adulthood. Thus, the same interactions continued to function in their relationships. A switch between the roles of 'rescuer' and 'victim' were experienced throughout childhood.

In adulthood this model continued to function. For example, the 'rescuer' role was assumed by those working in the caring professions and this sometimes entailed working with other sexual abuse survivors. In addition to this, the role of 'victim' or 'rescuer' was assumed in intimate relationships. One participant acknowledged that he was always looking for a 'rescuer' in his relationships. These identities can therefore be as much about seeking certain kinds of relationships with others, as they can be about assuming a particular role. One participant also described how he had become an 'abuser', physically abusing his wife. Thus, participants continued to recreate the same pattern in their interactions with others, as they had experienced in childhood.

This model has important clinical implications for those working with men who have been sexually abused. It may be important to recognise how this model can manifest itself in the counter-transference in the therapeutic relationship. Therapists therefore need to be aware of the reciprocal roles which may be re-created and may hinder therapeutic progress. Carr (1989) suggests that this 'triangle of abuse' can cause a strong counter-transference reaction in

therapists working with sexual abuse victims. Hence, therapists can be in danger of being affected by the counter-transference reaction and, for example, 'rescuing' the client or 'persecuting' the family. This can also be an important clinical issue when working with men who have been abused, by helping them to recognise how this model functions in their relationships.

4.3.7 When '*Shutting Down*' Fails - Adult Coping Strategies

In adulthood the strategy of '*shutting down*' became less effective. Certain situations began to '*trigger*' memories of the abuse and men tried to find new ways of blocking it out. Some participants were able to disclose their abuse at this point which led to relief of the need to retain their secret. However, other participants were unable to do this and the pressure became too much, leading to alternative methods of coping being adopted e.g. drugs and alcohol. However, these had a limited effect. Unable to control their emotions and block out their abuse, these men were overwhelmed and experienced either a 'breakdown', or attempted suicide. It was at this point that they finally received therapeutic help and were able to disclose their abuse.

The participants in this study represent a particular population of men who have been abused and who have been able to disclose their abuse and gain help for the trauma experienced. They were also articulate men who were able to talk about their abuse in adulthood and rationalise that they were not to blame for it. They had also found functional ways of coping with their abuse and its effects.

It is important therefore, to recognise that it is likely that there are other men who have been sexually abused who have not been able to disclose their abuse and have utilised other coping strategies, which may not have been as functional as those employed by the participants in this study. It is probable that such men may be in institutional psychiatric or forensic settings. It is likely that some men who have been sexually abused have not been able to control their emotional responses to their abuse and have expressed their anger in more violent ways, thus adopting the 'abuser' role. These men are more likely to have found themselves in the criminal justice system. Future research should perhaps compare the differences between the experiences of men who have managed to find 'functional' ways of coping with their abuse, and those who have adopted 'dysfunctional' ways of coping, such that they have themselves

become ‘abusers’. This kind of research should attempt to understand what might mediate these differences.

4.3.8 What is different about these findings?

These findings study differ from the main body of quantitative research on men who have been sexually abused as they offer a unique and in depth insight into men’s perceptions and experiences of their abuse. To this end this kind of qualitative research is invaluable to clinicians working with men who have been sexually abused as the findings highlight the kinds of clinical issues which are likely to arise within the course of therapeutic work with this client group. Thus such detailed findings are particularly clinically relevant. This research has highlighted some of the issues facing men who have experienced sexual abuse and will help to contribute towards the development of a sound theoretical understanding directly relevant to clinical practice.

4.4 Clinical Implications

4.4.1 Recognition of Early Signs/Protective Relationships

The participants in this study did not have an adult with whom they had a trusting relationship in order to confide in. Thus, professionals who are involved in ongoing relationships with children, e.g. primary care workers, teachers, should attempt to establish relationships in which the child can feel safe to disclose. Teaching, training and supervision of front line professionals may be beneficial in increasing their levels of confidence and skills in facing the sensitive issues of child sexual abuse.

Professionals need to be made aware of the frequency of sexual abuse amongst boys. A recent study by Holmes and Offen (1996) found that clinicians are less likely to hypothesise a history of sexual abuse in their male clients compared to female clients. They suggest that clinicians themselves fail to recognise that men have been sexually abused. These findings suggest a need for educating clinicians and alerting them to the signs of a history of sexual abuse in child and adult clients and to recognise the indications of such sexual abuse in children.

In addition, professionals need to be aware of the possible indications of sexual abuse in boys. This should enable them to identify potential victims and establish good relationships with 'troublesome' boys who might otherwise be labelled 'trouble makers' due to their bad behaviour.

4.4.2 Early Intervention

This research found that participants experienced repeated abuse because of their inability to disclose and their vulnerability. In order to prevent this cycle of abuse from continuing and victims from assuming a 'victim' identity, there needs to be immediate intervention with children after a disclosure of sexual abuse. This intervention should offer a supportive environment in which the child can express their feelings about the abuse. Current Child Protection procedures should take account of this and where possible, children should be given access at the least to preventative work.

Intervention with boys post sexual abuse should focus on absolving them of any blame, thus preventing them from internalising the abuse. Therapeutic work should also allow the child to talk about the effects they feel the abuse has had upon them, particularly in their relationships, rather than focussing on the details of what happened during the abuse.

4.4.3 Therapeutic Work with Male Survivors of Sexual Abuse

Therapists need to think about how best to facilitate disclosure of childhood sexual abuse in male clients, particularly as men frequently have disguised presentation and do not readily disclose their abuse. They also need to be alert to the possible signs of a history of sexual abuse in male clients. An awareness of the 'triangle of abuse' and the potential counter-transference reactions when working with men with a history of sexual abuse will help to elucidate potential traps for the therapist. Therapists who are aware of this model can also use it to help clients to understand how it functions in their everyday interactions.

Therapists need to address issues of social sex role identity by helping men to regain their confidence in their capacity to protect themselves. Male victims need help in integrating their masculinity with their experience of being victimised. Therapists can therefore reassure clients that as a child it is not possible to protect oneself, and that victimisation does not

contradict one's sense of being a male. These issues might be addressed more appropriately within a group therapy situation, where male victims can reassure one another.

Therapists working with male victims of CSA need to recognise the sexual orientation concerns raised in men by their abuse. Therapists can offer reassurance to victims that they did not invite the abuse and that their abuse does not necessarily signify that they are 'gay'. Understanding and acceptance of participants' sexual orientation identity is crucial and therapists should avoid making judgements about any possible link between sexual orientation identity and the sexual abuse. Supervision of therapists may help to identify these suppositions.

4.5 Research Critique

4.5.1 Participant Selection

Participants were recruited via specified inclusion criteria. It is possible that other selection biases may also have existed. For example, a number of participants were recruited through voluntary organisations dealing with victims of sexual abuse. Participants included employees from these voluntary services and those receiving counselling from them. Therefore, it is likely that participants represent a 'well' sample of men, many of whom had received therapeutic intervention for abuse related issues. This sample of men does not aim to reflect a random sample of male sexual abuse victims.

The selection of participants is likely to reflect the pragmatics in undertaking clinical research in a sensitive area. For example the Ethics Committee requested that the researcher did not contact people who had not received some therapeutic intervention and permission for the researcher to advertise locally for participants (e.g. in clinics, local papers) was strongly opposed. Access to a non-clinical sample would have enabled the researcher to acquire a broader cross section of participants. However, the restrictions placed on the researcher by the ethical committees precluded such a sample.

The researcher decided to include one participant in the study (P.3) who did not entirely fit the inclusion criteria, in that he was sexually assaulted at the age of 19 years. This was not apparent until the researcher began the interview. The researcher decided that this participant

might provide a useful comparison for the other participants who were sexually abused in childhood (0-18 years) rather than adulthood (18-65years). Participant 3 was sexually assaulted at the age of 19 and therefore it was felt that inclusion of this account might be a useful negative case example. This helped in understanding the differences between sexual abuse experienced during the development of sexual orientation identity and when sexual orientation identity was established. These findings are not conclusive and further research exploring these issues is required.

Another sampling issue arose over whether to interview a perpetrator who had also been a sexual abuse victim. The researcher chose not to pursue this within the current research study for a number of reasons. From experience of clinical work with men who have been sexually abused and discussion with the participants involved in this study, male survivors experience considerable fear about being labelled a potential perpetrator, because of their sexual abuse history. It has also been argued that this aspect of the research findings have been over emphasised and may inhibit many men from disclosing their abuse. Therefore, these may be potentially damaging to developing a facilitative understanding of sexual abuse.

There is a need therefore, for further research in this area to understand why some men who have been sexually abused become perpetrators and others do not. That was however, not the aim of this particular study.

4.5.2 A Critique of Grounded Theory

Grounded theory as a method of qualitative analysis has received a number of criticisms which parallel those generally aimed at qualitative research. Charmaz (1995) suggested that grounded theory methods provide a bridge between interpretive analyses and traditional positivist assumptions. This is because they are used for the purpose of discovering participants' meanings, by following a structured set of procedures and therefore assume an empirical enterprise. In this way Charmaz argues that grounded theory methods can be used by those researchers who subscribe to realist, objectivist assumptions, as well as those who are interested in interpretive, constructionist approaches. However, in relation to these notions Van Maanen (1988) proposes that grounded theory is a realist form of work, whether it is conducted from an interpretative or positivistic perspective. He argues that this is because the author is generally missing from the text itself and portrays research participants and their

worlds as separate from themselves. As a consequence, many post modernists reject grounded theory methods and instead utilise methods which enable the processes of thinking, feeling and acting as human beings to be explicated. Thus, one criticism aimed at grounded theory relates to its 'empirical methods of investigation.

Grounded theory has also been criticised for legitimising purely empiricist research, in that it can impose a tight framework and systematic set of procedures (Silverman, 1993). Indeed, some aspects of grounded theory seem to rely on positivist, empiricist epistemology. Glaser and Strauss (1967) talk of the way in which theory is 'discovered from the data', which implies that an 'objective truth' exists. Strauss & Corbin (1990) have written guidelines for researchers' outlining the techniques which can assist them in progressing through the different analytic stages. However, Pidgeon (1996) warns that there is a danger that grounded theory approaches will be followed as if they were a prescriptive method, or that these standardised procedures are a guarantee of ascertaining the 'truth'. Layder (1992) suggests that to enable theory generation there is a need to remove empirical restrictions. Silverman (1993) also warns that a tight framework might discourage creative thinking and exclude other research strategies that could assist in theoretical discovery.

A number of researchers have therefore suggested a constructionist revision of grounded theory (Charmaz, 1990; Layder, 1993; Henwood & Pidgeon, 1995). This would enable the creative and dynamic nature of the research process to be captured. Charmaz (1990) suggested that qualitative researchers need to acknowledge the perspective from which they seek to build their analyses. Thus the 'researchers' perspective' should include the researchers' interests which guided the research questions, their philosophical stance and information about the researchers' own values, experiences and priorities.

Pidgeon (1996) suggests that grounded theory needs to recognise that research cannot proceed either from testing prior theory alone, or from a pure inductive analysis. Instead the discovery of concepts is the result of a constant interplay between the researchers' developing conceptualisations and the data, resulting in 'theory generation'.

A criticism frequently aimed at those undertaking qualitative research is that they fail to defend their position on the issues of traditional measures, such as validity and reliability, instead they have criticised quantitative methodology rather than made explicit their own

practices. Other issues which are important for qualitative researchers to address are the need to be clear that the work that they present is more than just a description of the facts, but that the contextual meanings are provided as suggested by Layder (1982). Henwood & Pidgeon (1995) suggest that a precise and open account of the methods and materials used in creating the final story can be important. This can enhance theoretical sensitivity and force the researcher to acknowledge their perceptions and ideas before they are presented.

This study used a social constructionist framework and therefore a constructionist revision of grounded theory was adopted. As a consequence this study exercised a degree of flexibility when implementing grounded theory techniques. Strauss & Corbin's (1990) techniques were utilised initially to make sense of the large volume of unorganised data. However, these methods were not adhered to in a prescriptive manner. Other less standardised methods were employed to enhance the development of the theory as outlined in Pidgeon (1996).

The main method employed to help theory generation and to enhance theoretical sensitivity was the constant comparative technique. This enabled the researcher to move between participants' accounts and develop patterns between the different concepts. Variations within the data were illustrated by negative case examples. However, further comparisons could perhaps have been made if the selection of participants had not been restricted to a clinical sample of men. Thus, exploration of other men who have experienced sexual abuse e.g. men from a non-clinical sample, men from forensic institutions. This would have allowed a fuller exploration of the ways in which men who have been sexually abused go on to cope as adults. Therefore, this study does not represent a complete theory of the effects of sexual abuse on male identity.

4.5.3 Validity and Reliability of this Study

As previously described, this research was undertaken from a social constructionist perspective and thus the notions of validity and reliability as understood by traditional positivist research methods, are not applicable to evaluating this kind of qualitative research. These methods of validation have been developed by quantitative researchers and as such have different epistemological commitments and priorities. Rather than the focus of qualitative research being a search for the 'objective truth' of statements, its' goal is to seek a richer understanding of peoples' experiences (Stiles, 1993). This represents a fundamental

shift concerning what constitutes valid and reliable qualitative research. Smith (1996) has presented some suggestions of how qualitative research should be evaluated and these will be explored in relation to this study.

Internal Coherence

This relates to the degree to which the study was internally coherent, for example, was it able to present a coherent argument and did it account for possible contradictions in the data. Throughout the accounts, alternative explanations were sought and described in order to question the assumed relations between phenomena. Silverman (1993) suggests that negative or deviant cases provide an important way of helping to validate field research. Negative cases have been described and these helped to develop the phenomena under discussion.

Smith (1996) also suggests that the researcher should present sufficient evidence of how the theory was developed by presenting enough raw data to allow the reader to question the interpretations of the researcher. The analytic procedures within this study are clearly documented to give an account of how the results were reached. Diagrams have also been used to summarise and illustrate the connections in the data. It was also important to ensure that the findings were well grounded and that the conceptualisations were related closely to the data. The use of verbatim material in the text therefore illustrated how concepts and connections were rooted in the data.

Triangulation

Triangulation refers to the use of different vantage points and can take a variety of forms. It enables the research to be seen from different standpoints. The researcher shared and discussed the research findings and analysis within the context of an informal Qualitative Support Group involving other post graduate qualitative researchers, thus the different perspectives of other researchers' contributed to the development of the theory. This is sometimes referred to as 'investigator' triangulation. Data triangulation refers to the use of different data sources such as distinctions between people, times and space. This can be equated with the theoretical sampling strategy. In this study, the participants all came from very different backgrounds, they varied considerably in their actual experiences of sexual abuse (duration, abuser) and they came from different contexts (voluntary services, CMHT).

These triangulation techniques enhanced the possibilities for knowledge production and increased the depth and richness of the emerging theory.

Theoretical Sampling

It was not possible to actively sample new cases to allow elaboration of the data. This related to the restrictions in sample selection imposed by the ethics committee and the subsequent difficulties of accessing such a sample. However, negative case analysis was incorporated into the data analysis and results where relevant. This allowed the researcher to expand and modify the theory accordingly. Therefore, negative case analysis was an important part of the process of theoretical sampling.

Reflexivity

Reflexivity is perhaps one of the most distinctive features of qualitative research, in which the position or the stance of the researcher is recognised as affecting the way in which the research is conducted and how it is later understood. Therefore the researcher and the researched become collaborators in the construction of knowledge. In the present study the interests of the researcher were made evident.

The researcher was also aware of the clinical implications of the data and this was a focus throughout the study. This may reflect how the study was prompted by the researcher's interest in the role of clinical psychologists working therapeutically with men who have been sexually abused. Steps can be taken to maintain an awareness of the researcher's thoughts throughout the study. For example, excerpts from the reflexive journal kept during this study have been offered. This journal was a record of thoughts, interpretations and decision making throughout the research process. This was an important process which disciplined the researcher to externalise the analytic process and enabled the researcher to keep in mind the development of the theory and any biases which may have contributed to this process. The personal experience of the researcher is described later in this chapter.

Transferability

Positivist notions of reliability assume that an unchanging world exists, such that research can be replicated. This contrasts with the constructionist assumption that the world is always being constructed. Qualitative research therefore is not intended to be replicable. It focuses instead on the complexity of situational contexts and inter-relations as they occur. Therefore this study could not be repeated but extended by further independent research. However, it is suggested that researchers should make available the data, procedures, protocols and research decisions. These should represent the “trustworthiness and value” of the research. Within the confines of this thesis, efforts were made to do this through the clear documentation of data in order that the research process and the interpretations could be made explicit. In addition, throughout the study a ‘paper trail’ of the research process (e.g. memos, flow diagrams, definitions and a reflexive journal) were all filed and dated in accordance with the sequence of the research. However, due to the vast quantity of information, it was not possible to include this within the thesis, although some examples have been provided.

4.5.4 The Researchers’ Experience

On reflection, this piece of research represents an enormous learning curve for me as a researcher and as a clinician. I embarked on this study as a novice qualitative researcher and therefore the process of learning about qualitative research and the difficulties in conducting such a piece of work presented a substantial challenge and at times a source of immense frustration (at different points during the process). Indeed, during my immersion in this study I also wished that someone could ‘rescue’ me from the difficulties involved in conducting this research.

Firstly, the limitations imposed by the Ethical Committees prevented me from accessing a wider and possibly more accessible group of men. This coupled with the difficulties of acquiring a clinical sample of men led to a delay in getting the research underway. Thus, my own research into the voluntary services available to men eventually enabled me to identify further participants.

The research interviews also represented another part of the learning process. The interviews promoted the development of an alliance between the researcher and the participants. Using

therapeutic skills such as empathy, acceptance, warmth and genuineness helped to develop a rapport between the researcher and the participants, in particular during the informal and unrecorded introduction. It was difficult to balance the dual roles of on the one hand, being a therapist and utilising therapeutic skills, and on the other being a research interviewer.

Although it is expected that the researcher will provide information, emotional support and reassurance to participants at different times in the research interview, the main purpose for the interviewer is to gain understanding about a particular phenomena (Grafanaki, 1996). The dual roles of the researcher often compete with one another in a research interview, in particular when talking with participants about highly personal and sensitive issues such as sexual abuse. On reflection I think that I chose to avoid certain areas of questioning because of the acute sensitivity of issues e.g. nature of abuse and the difficulty of approaching such issues within the context of a one and a half hour interview. Grafanki (1996) suggests that the sensitivity of the researcher and respect towards the participants affects the depth and quality of the interview and the material shared.

In a number of the interviews men appeared to emotionally relive their experiences in describing them and I found myself utilising my therapeutic skills to deal with these moments. It was not easy to maintain composure and resume one's stance as the researcher after these experiences. Once the interviews were complete it was important to allow participants to talk about the interviews, their experience of answering the questions and any other issues relating to the research interview, the de-briefing time was therefore extremely valuable and important.

The sensitive nature of the research topic, and the limited amount of time the interviewer had to establish a relationship with the participants, limited the depth and nature of the questions. There was an unscheduled 'warm up' time at the beginning of all the research interviews. The interviewer had not deliberately planned these originally, but found them to be particularly advantageous in establishing a rapport with participants. This enabled the interviewer to begin the interviews without asking too many general questions.

The research interviews were extremely rewarding and I felt uniquely privileged that participants had been able to share so candidly their experiences. When I asked a number of them why they had agreed to be part of the research, they indicated that they wanted to

promote recognition of men as victims of sexual abuse and wanted to help professionals to help other boys and young men who had experienced sexual abuse. It occurred to me that this once again represented their need to 'rescue' others, perhaps because they had not been rescued themselves.

The data analysis was also a complex procedure in this study, as the researcher chose not to follow the Strauss and Corbin (1996) guidelines for grounded theory analysis. However, the departure from this structured approach was anxiety provoking and caused the researcher to question how to implement a less rigid procedure, while still ensuring that data analysis retained some structure. However, I found that the less rigid procedures employed in this study allowed for a greater degree of flexibility to explore the individual differences between participants' accounts and was more in keeping with the social constructionist framework.

The development of the categories was an exciting process and enabled the researcher to begin to make connections across the data and thereby helped the researcher to begin to develop theory. It was difficult during this stage to conceptualise all the differences present in the data, and to understand how to present a theory which would encompass each individual's perspective. However, it became apparent how difficult it would be for one theory to reflect the diversity of different people's perspectives and experiences. Therefore, this research does not aim to make generalisations about participant's experiences necessarily; but recognises the importance of the difference between individuals.

Qualitative methods are slowly gaining recognition within the field of clinical psychology. However, as Harper & Warner (1993) highlight, British clinical psychology courses predominantly subscribe to the 'scientist-practitioner' model and 'science' is essentially understood as being numerical and technical. Therefore, qualitative research tends to be evaluated by the same criteria as numerical approaches, which can present problems for qualitative researchers. However, social constructionist and qualitative approaches are extremely relevant to understanding the kinds of issues clinical psychologists deal with in their every day clinical work. This was in fact the main reason that the researcher decided to undertake a qualitative research study.

In spite of the recent interest in the use of qualitative research methods within psychological investigation, as evidenced by a series of articles published in a number of psychological

journals (Changes, 1996; The Psychologist, 1995, & The Psychologist, 1997) the difficulties in undertaking qualitative research remain. I was aware of some of the difficulties in using a qualitative methodology and the possible conflict with my scientist-practitioner model of training. However, in addition to this, it was also difficult to find adequate support for undertaking such a study.

I have found this to be a tremendously rewarding piece of work, which has impacted on my clinical work with male survivors of sexual abuse and it has also enhanced my understanding of qualitative research skills.

4.6 Conclusion

This study aimed to explore male survivors' perceptions of how their childhood sexual abuse had affected their subsequent development into adulthood. The initial intent was to focus on the effects of sexual abuse, particularly upon the development of the social sex role and sexual orientation identities. However, through the course of interviewing the research broadened to accommodate the additional issues which were raised by participants as being important in understanding their experience of abuse and its effects.

The childhood experience of being sexually abused and the inability to disclose was repeatedly discussed by the men in this study. This was an important component of the 'cycle of abuse' model, which illustrated the vulnerability of these men as children and how they were perpetuated into a 'victim' role throughout their childhood. The lonely experience of being abused and being unable to tell, the repeated episodes of sexual abuse and the internalisation of blame for the abuse, all contributed to later difficulties in adulthood.

In adulthood, men experienced confusion in the development and acquisition of both their social sex role and sexual orientation identity. It would seem that the age at which abuse occurs may be important in understanding how sexual abuse affects the development of these identities. The dissonance men experienced between their sexual victimisation and the perceived expectations of society with regard to 'masculine' identity, resulted in difficulties in assuming a 'masculine' role and in being able to acknowledge their abuse. These issues have previously been alluded to in the clinical literature. However, few of these writings have

explored the process of development from childhood through to adulthood with reference to the development of identity.

There are important clinical implications highlighted by this study which suggest that professionals working with young boys need to be made aware of the prevalence of sexual abuse of boys and be alert to recognising the possible behavioural indications of such sexual abuse. Society's reluctance to admit the existence of male sexual abuse contributes to the difficulties in early detection and intervention and in later disclosure of sexual abuse in child and adulthood. Until services recognise the needs of male survivors of sexual abuse, they will continue to remain silent.

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APPENDICES

APPENDIX ONE

Ethical Approval from The University of Leicester Ethics Committee

SPECIAL NOTE

**This item is tightly bound
and while every effort has
been made to reproduce the
centres force would result
in damage.**

UNIVERSITY OF LEICESTER

CENTRE FOR APPLIED PSYCHOLOGY · UNIVERSITY ROAD · LEICESTER LE1 7RH · UK

June 10th 1998

Dear Wendy,

Your proposal has been approved by the Research sub-committee, but a number of issues have been raised which will need to be discussed with your supervisors.

Overall it was felt that the project was an important clinical topic in a neglected area of research.

There were serious concerns over your ideas of using an advert to recruit subjects. These are likely to be a vulnerable group of men, and furthermore this method of recruitment increases the likelihood of you having to cope with initial disclosure, which was felt to be inappropriate for both you and the participant. Ethical approval is granted conditional on this work being undertaken within the context of an existing service, preferably with the participant already in therapy or at least in a set up where follow up support is available. The suggestion of a follow-up session for subjects raised some concerns. It was felt important that de-briefing should occur straight away. Validation of the data can happen at a later date. You need to be aware that there could be legal implications if a subject decides to take legal action against an abuser - tape recordings etc might be subpoenaed for evidence. It was felt that you need to reduce the number of subjects to between 5 and 10. Please note that on page 3, 1st para. it is stated that interviews will not be recorded.

It can not be assumed that participants will want to be recorded and provision must be made for this.

Overall, it was felt that the sensitivity of the clinical issues has been lost within the research and these should be drawn out more for the local ethical submission.

It was suggested that Dr Helen Kennerly of the Warneford Hospital at Oxford might be a good contact for participants. Alternatively, you may be able to gain access through Gay/HIV groups.

Best wishes.



Susan Levey
Chair, Research Sub-Committee

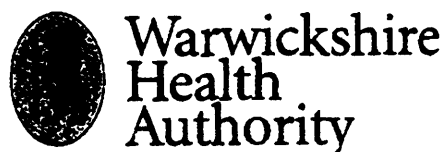
11

APPENDIX TWO

Ethical Approval from Warwickshire Ethics Committee

PAH

16th August 1998



Westgate House

Market Street

Warwick

CV34 4DE

Telephone: 01926

493491

Facsimile: 01926

495074

WARWICKSHIRE RESEARCH ETHICS COMMITTEE

The following clinical trial protocol has been examined from an ethical viewpoint and the decision of the Committee is as follows:

Documentation Reviewed

1. Approved

as itemised in ICH guidelines

Protocol

☒

Patient Information Form/

☒

Consent Form

☒

2. * Approved subject to
amendments listed below

Indemnity (signed)

☐

CTX

☐

Protocol Amendments

☐

3. Rejected for reasons listed below

4. Approved by Chairman's Action

Ethical Committee Minute Number 240/98 Dated 16.8.98

Protocol Title and Reference Number

RE 374 The Effects of Male Sexual Abuse upon Sexual and Gender Identity
(Wendy Coetzee)

1. Clarify definition of sexual abuse

2. Obtain semi structured questionnaire

Signed  Committee Chairman

Dated 18/8/98

This approval is subject to the following standard conditions :

1. the study must begin within one year;
2. the researcher must seek the Committee's approval in advance of any proposed deviations from the original protocol;
3. any unusual or unexpected results which raise questions about the safety of the study must be reported to the Committee.
4. progress reports must be submitted to the Committee annually; and
5. a summary of the study's findings must be submitted to the Committee upon its completion.

APPENDIX THREE

Letter to Professionals

Dear Professional,

As a member of a Community Mental Health Team I am writing to you to inform you of a research project which is being conducted in North Warwickshire NHS Trust. This project is aimed at enhancing our understanding of how sexual abuse affects males. There is an increasing demand for therapeutic intervention for abused men as you may have already discovered in your work.

How can you help?

This project is being undertaken by myself (Wendy Coetzee, Trainee Clinical Psychologist) and Amanda Gatherer, Consultant Clinical Psychologist. We are looking for men who have been the victims of sexual abuse who would be willing to participate in the research. Therefore, if you are aware of any male clients on your caseload either previously or currently, who have been sexually abused and might be willing to attend a research interview we would like you to contact them to ask if they would be prepared to undertake a research interview. If the client gives his consent to be contacted then we would like you to contact either Amanda or myself as soon as possible with the details. However, if the client feels at any stage during, prior to, or after the research that he wishes to withdraw his consent this will be fine.

We are aware that this is a sensitive topic, however it is an area lacking detailed research and our understanding of the complex difficulties that these men encounter is limited. It would be of benefit both to Clinicians working in the area and men themselves if our understanding was enhanced. This cannot be done without speaking to the victims themselves.

What Does this entail?

The research interview entails being interviewed for 1-1½ hours by myself. This interview will be audio taped to allow analysis of the discussion later on and to make sure we don't miss anything. The interview will of course be confidential and the tapes will be carefully stored. An information leaflet is enclosed for your interest. We would be most grateful if you could contact either Amanda or myself on the following numbers:

Amanda Gatherer: 01203 374434

Wendy Coetzee: 01162 252899

If you would like to know more about the project we would be happy to answer your questions.

Yours sincerely

Wendy Coetzee, Trainee Clinical Psychologist.
Amanda Gatherer, Consultant Clinical Psychologist.

Enc.: Patient Information sheet.

APPENDIX FOUR

Research Information Sheet

Patient Information Sheet

I am approaching men who have been sexually abused to ask if they would consider being interviewed about the effects, they believe their abuse has had upon their lives. This information would be useful to professionals working in this area. There are greater numbers of men who are experiencing difficulties as a result of their abuse and who require intervention. The information from this research would help professionals to have a better understanding of these difficulties and enable them to work more successfully with these problems.

What will participating involve?

If you decide to participate in the research you will be invited to an interview which will be undertaken by myself (Wendy Coetzee). The interview will take place at Coombe House, George Eliot Hospital, it will last no more than 1½ hours. I would like to audio tape this conversation as this will allow me to get as full a picture and for me not to miss anything you say. The tapes will be securely stored and any identifiable information relating to you will be removed from the tape. The audio tapes will be destroyed once the research is complete and no later than the year 2000. The interviews will be strictly confidential. No names, addresses or other information that would identify you will be held on computer or appear in reports. There will be no contact with any other professional who you have been involved with about the content of the interview.

If at any time during the interview you wish to stop you can do so. If either before, during or after the interview you wish to withdraw your consent then this will be fine. At the end of the interview there will be an opportunity for you to discuss any issues that the discussion has brought up. I appreciate that this is a very difficult subject to discuss and therefore if you choose not to participate it will not affect any service you may currently be receiving, or may wish to receive in the future. If after deciding to help with the research you later change your mind, then it is okay to withdraw your consent.

I am aware that services for men who have been sexually abused are scarce at present and the results of this research should help to inform any services being set up for men in the future.

Wendy Coetzee, Trainee Clinical Psychologist
Amanda Gatherer, Consultant Clinical Psychologist
North Warwickshire Survivors of Sexual Abuse Team



APPENDIX FIVE

Research Protocol

Research Protocol

The effects of male sexual abuse upon Sexual and Gender Identity

Proposed Researcher: Wendy Coetzee, Trainee Clinical Psychologist.
Supervised by: Amanda Gatherer, Consultant Clinical Psychologist.

This research is being undertaken in part fulfilment of the University of Leicester Doctorate in Clinical Psychology programme.

Background

Childhood sexual abuse has received a great deal of recognition in both clinical studies and in the general literature over the last fifteen years. However, there remains a huge shortfall in rigorous research studies on the effects of childhood sexual abuse upon men who have been abused. Prevalence studies have found rates of 8% (Baker & Duncan, 1985) and 16% (Finkelhor, Hotaling, Lewis and Smith, 1990) of men who have been sexually abused, thus suggesting a large scale problem.

Sexual and gender identity issues are prevalent in these men, although little is understood about what impact these difficulties are having upon the abused male. There is a need to have a greater understanding of the effects of sexual abuse upon men's sexual and gender identity, particularly as greater quantities of men are now coming forward as victims of abuse in need of support for these difficulties. Research into this area would enhance the understanding of the impact of sexual abuse upon male victims and would enable clinicians to be aware of some of the issues facing this client group and enable them to offer appropriate intervention.

The research will be of a qualitative nature and will be interested in the individual's experience of the effects of the abuse. Thus the aim of the research will be to interview a small sample of men who have been sexually abused and to explore the individual's understanding of the effects their abuse has had on their gender and sexual identity.

Design

A qualitative approach will be used for this research. The reason is that this is a relatively new area of research and as such it requires hypothesis generation rather than hypothesis testing. An exploratory approach is therefore considered most appropriate.

The research will entail undertaking a number of semi-structured interviews. These will be analysed using grounded theory techniques, to produce a systematic and rigorous analysis of the data. This approach supports the production of meaningful accounts of the multiplicities and complexities of the individual's perspective, and enables the identification of common patterns of understanding in the data.

The definition of sexual abuse used in this study is as follows:

"Any sexual contact between an adult and a sexually immature child for the purposes of the adult's sexual gratification; or sexual contact to a child made by the use of force, threat or deceit to secure the child's participation; or sexual contact to which a child is incapable of consenting by virtue of age or power differentials and the nature of the relationship with the adult." (Finkelhor & Korbin, 1988)

This definition should be considered when assessing the eligibility of participants for this study.

The Participants

Participants will be recruited through Community Adult Mental Health Teams in North Warwickshire NHS Trust. The professionals in the teams will be sent a letter from myself (Wendy Coetzee) and Amanda Gatherer, Consultant Clinical Psychologist, asking them to identify suitable candidates from their caseload, either current or previous male clients who have been sexually abused. The professional must first seek the permission from the client for his name to be put forward. Once participants are identified they will be sent a letter and an information sheet (See Participant's letter and Information Sheet) describing the research and asking if they would participate. They will then be contacted some days later to ask if they would be willing to participate in the research.

Those participants who are willing will then be offered an interview time. Any participants unwilling to be interviewed or who are unable to give informed consent will not be included in the research sample.

Research Interview

The research interview will last for approximately 1-1½ hours. The interview will be semi-structured and the interview questions will be open-ended. The interviews will all be audio taped with the participant's consent. The participants will be interviewed by myself. The interviews will take place in an NHS setting (e.g. a clinic, health centre or day resource). The participant will be asked to sign two consent forms (1 for his records and 1 for the research).

The interview will initially focus on some background information about the abuse (when it occurred, relationship to the perpetrator etc.). Then the interview will move on to some questions about the general effects of the abuse and will gradually become more focussed on the effect the abuse has had upon the man's gender and sexual identity. The questions will be of a broad nature and will allow the participant to talk about the issues he feels are important. The participant may choose to terminate the interview at any time. Immediately after the interview the participant will be given a "Debriefing". This will entail explaining what the research is looking at and what will happen to the results. Then should the participant require further support after the interview the researcher will organise intervention from the local mental health service.

Analysis of Results

The audio cassettes will be transcribed. These transcriptions will be coded to ensure anonymity/confidentiality. Each interview transcription will be analysed for emergent themes. These will be identified using grounded theory techniques.

Follow-Up Interview

Following the research interview the participant will be asked to attend a follow-up interview. This again will not be recorded and is for the purpose of allowing the participant to de-brief and to ensure that he has access to the necessary support should he require it. This will also be an opportunity for the interviewer to feedback the results of the research and for the

participant to validate the results, where appropriate. Should the participant require further support after the interview then the researcher will endeavour to make the appropriate referral for counselling or psychological intervention.

References

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Finkelhor, D. & Korbin, J. (1988). Child abuse as an international issue. *Child Abuse & Neglect*, 12, 3-23.

APPENDIX SIX
Letter to Participants

Dear Participant,

My name is Wendy Coetzee and I am currently researching the area of male sexual abuse as part of the completion of my Clinical Psychology training. There has been a growing recognition of the sexual abuse of men and therefore an increasing demand and need for a specialist service for men who have been abused. I am interested in how men who have been sexually abused feel that the abuse has effected their lives. This information would be helpful to Psychologists and other professionals working with this client group in the future.

informed me that you might be willing to participate in this research. This letter is to ask you if you would be willing to take part in the research by attending an interview. If you would please read the enclosed information sheet, which explains what the research is about and what you would be asked to do if you chose to take part.

In a few days I will be contacting you to answer any questions and to find out if you are willing to participate.

I look forward to speaking to you.

Yours sincerely

Wendy Coetzee
Trainee Clinical Psychologist.



APPENDIX SEVEN

Interview Schedule

Pilot Interview Schedule

This is a pilot schedule and is therefore subject to changes pre and post pilot.

General Questions

(There will be a general introduction here explaining briefly the outline of the interview and there will be an opportunity for the participant to ask any questions).

Thank you for agreeing to attend the interview today. I hope you have had a chance to look at the information sheet that I sent to you. I have two consent forms, they are identical one of which is your copy and the other is for my records. It is to gain your consent for me to record this interview, this is purely to enable me to ensure that I don't miss any vital information and it will give me a detailed account of your thoughts. The tape will not be identifiable to you in any way and they will be destroyed as soon as my research is complete.

If at any point during the interview you would like to stop just say so and this will be fine. The things we discuss will be confidential except if you were to express a desire to harm yourself or someone else.

I am a Trainee Clinical Psychologist in my final year of training and my research is aimed at trying to enhance the understanding of the effects of sexual abuse upon men. If at any point you wish to stop please just let me know, also if there are any question which you don't want to answer or don't understand please tell me.

I am going to just do a quick check that the recording equipment is working well.

Test Equipment.

Interview Schedule

General Information

1. How old are you?
2. What do you do for a living?
3. Do you live with anyone?
4. Do you have a partner?
5. Have you ever received any counselling or therapeutic work?

Details of Abuse

Could you begin by telling me a little bit about the history of your abuse:

1. How old were you when you were sexually abused?
2. How long were you abused for?
3. Did you know the person who abused you?
4. Were you abused by a male or female (if not evident)?
5. Have you been abused by more than one person?
6. Who did you first tell? What was their reaction?
7. What was it like to disclose?
8. Did you feel believed?
9. Do you think being a male made any difference to you're being able/not able to disclose your abuse?

Personal Impact on thoughts and feelings

1. How do you feel the abuse has effected you/ In what way has your life changed?
2. What has had the biggest impact on you as a result of the sexual abuse?
3. What were/are the strongest feelings you associate with your abuse?
4. How do you deal with your feelings?
5. How do you cope with your thoughts?
6. Do you think much about what happened to you?

Relationships

1. What are your relationships with other men like, how do you relate to other men?
2. What are your relationships with other women like, how do you relate to other women?
3. What impact has the abuse had in terms of your sexuality/sexual relationships?
7. How do you cope with expressing your emotions?Do you find this difficult?
5. What has been helpful?
10. Do you find it difficult to engage in intimate relationships with people?

Gender Identity

1. What is it like being a man/male?
2. What is good about being a man?
3. What is bad about being a man?
4. How do you feel your abuse effected the way you feel as a man?
5. What do you think other men who have been abused are like?
6. What do you think you would have been like if you hadn't been abused?
7. How would you be different?
8. How do you see yourself?
9. How do you think other people see you?

Sexual Identity

1. Do you feel the abuse has effected your sex life?
2. Do you feel confident in yourself as a man?
3. Have you always felt this way?
4. Do you feel confident about your sexuality?

Coping Strategies

1. What has helped you to get through your experience?
2. How do you cope with your thoughts?

3. How do you cope with your feelings?
4. Some men have said that they coped with their abuse by blocking it out by burying their feelings, however many of them have said that they felt that during the block that they were unable to connect their emotions to their actions e.g. sex. Is that something you have noticed at all?

Thank you for confiding so much information.

De-briefing and ask if willing to meet again to look at the results of the research.

APPENDIX EIGHT

Consent Form for Audio taping

Consent Form

I have had the nature of the research explained to me. I understand that any information I give will be anonymised and will not be able to be traced to me as an individual.

I have had the need for audio taping of the interview explained to me and I give my consent to the recording of the interview. I understand that the audio tapes will be stored securely and their contents will remain strictly confidential and used for this investigation only.

I understand that if I give my consent to participate at this point in time I can change my mind and withdraw my consent any time in the future. My decision to participate or not will not affect either my current or future treatment.

I give my consent to be interviewed and for the interview to be audio-taped and transcribed.

Name: (please print):

Name: (please sign):

Date:

If you have any further questions I can be contacted at the following address and messages may be left on the telephone number below:

Wendy Coetzee
Clinical Psychology Department
Mirah Day Hospital
Manor Hospital
Nuneaton

Telephone: 01203 374434

APPENDIX NINE

Example of Open Coding

SPECIAL NOTE

**ITEM SCANNED AS SUPPLIED
PAGINATION IS AS SEEN**

I can't...I don't know whether I can actually verbalise it. The person I wanted to be angry with wasn't there and that was my brother. He was that much bigger than me, I couldn't defend myself, I couldn't stop him. Through all those years it was a case of "I should have been able to stop him, I should have said something", so a lot of it was through came from me feeling guilty and to a certain extent, I suppose enjoying it. Not what he was doing but actually the attention....the niceness after...little things like that. I mean he can't be all that bad because he's been nice to me and so it can't be a bad thing. You go through a lot of confusion.

MISPLACED
ANGER.

UNABLE TO
PROTECT SELF

GUILT
S. BLAME

ENJOYED
ATTENTION
RE & POST SA

↓
CONFUSION.

So he was nice to you after the abuse had occurred?

Yes, mostly before and mostly after...and he was, ... that's the only way I can explain it. The powerlessness that I felt very much stayed with me for years. It did quieten down a heck of a lot from when I was about 22 I think. I have actually...I virtually lost everything then because of my behaviour. I'd been married, my first wife.... had a little boy and he died and that was my fault because I'd been abused. So it was Dave's fault, my brother, but then that's what I was thinking and feeling "this is my fault". We did have a little girl as well afterwards and she's married and happy. But, I lost all that because you know, I was trying to be too clingy with her and she liked being left alone.

POWERLESS.
PERSISTED
AFTER ABUSE
STOPPED

GUILT
SELF BLAME

PUNISHMENT.

LOST FAMILY.

RELATIONSHIP
ISSUES.

With your wife was that?

Yeah, yeah, every five minutes "love you, love you" and she'd never say it back, so "You don't love me". So the first opportunity really I suppose I could say "right I'm off" and I did. I don't think it would have worked out, the marriage itself and the regrets I've got is not being there when my daughter was growing up. Last eight years of that relationship's been good and I can contact her. But, from then on, outbursts now and again, inappropriate outbursts, you know, I used to play rugby and I couldn't get angry or I couldn't...I knew that if I got angry I was afraid I wouldn't be able to control it. And when it did come out it was totally inappropriate and a couple of times, three times I've hit my wife, my present wife, and one of those times I've ended up getting my shot gun out. Thank God it wasn't loaded because I would have shot her and shot myself at the same time. A lot of that was, you know, part of the anger and I was drinking an awful lot then I just that didn't help, it just stop me keeping a lid on it...and it came out totally inappropriate...

INSECURE
R'SHIP.

↓
LEFT PARTNER

INAPPROPRIATE
OUTBURSTS.
(ANGER).

AGGRESSION.

ALCOHOL.

↓
COPIING
MECHANIS.

So how did you cope with the feelings that all this induced?....Was that from quite a young age?

Drinking. The first time I can remember being drunk and having a full nights sleep because I'd always been awake until one, two o'clock in the morning and getting up at six and I still do that. Not so much the later nights, you know, 12, o'clock when I go to bed but...Sorry what was the question?

ALCOHOLISM.

UNABLE TO
SLEEP.

Sorry, that's okay. I was asking how you coped with feelings and drink and you were saying from an early age.

Yeah, and work as well. When I could I got a paper round and I'd leave home at half five, do a paper round until sort of seven o'clock, go home and then go to school and then I'd start work. I had a job and I'd just work, work at weekends, working nights in coffee bars until two

WORKING TO
AVOID HOME

100 at me and him saying "I'm gonna tell mum you're lying about this" and I just
 101 remember pleading him not to say anything, "Don't. Please don't tell her... don't tell
 102 her, don't tell her, I'll do anything" and that was the only time I mentioned it at that
 103 time until I was about 21 years old. So evidently I just shut down all all recollection of
 104 that and you know you can make sense of it as an adult, to say oh well you know
 105 maybe dissociation, call it what you want, just a label but in order for me to survive at
 106 that time I just...shut off from those memories of that time and all ...if that is my one
 107 experience of asking for help and someone laughs at you, then I must be wrong and
 108 no one will believe me anyway.

FEAR OF
ADULT KNOW
DISCLOSURE
SHAME ABOUT
DISCLOSURE
↓
SHUT DOWN
DISSOCIATION
↓
SURVIVAL.

109
 110 So your brother didn't actually want to believe you at all?

REACTION
TO
DISCLOSURE → SELF
BLAME.

111
 112 No, he didn't, No... I guess he thought... I guess we never talked about it since... So that
 113 was the way I coped with it in the immediacy and ... I honestly can't remember as a..
 114 as a... as a teenager thinking too much about that, or as a, or as a child from sort of 6
 115 upwards, I can't remember thinking about it that much. I don't think it particularly
 116 made me less trustful of people... I can't remember that. It simply, to be honest a lot
 117 of those years, from 6 onwards are just a blank. I know that I went to school, I can tell
 118 you what schools I went to... all that kind of thing, but actually it was just... just put it
 119 away, put it away, an' file it away and lock it up. Because that was the only way and
 120 asking for help and not having that opportunity didn't... it's probably worse in some
 121 ways but... asking for help and not exactly getting the right kind of help... you know.
 122 Actually trying to tell someone and not being believed...

BLANKED OFF
↓
GENERALISED
TO OTHER
CHILDHOOD
MEMORIES
↓
NOT BEING
BELIEVED
↓
NO TRUST IN
OTHERS (GIVEN)

123
 124 Was that your fear that transferred over perhaps to telling anybody else? The
 125 instance of not being believed and then...?

126
 127 I think possibly. I think it.. what I guess... what changed it for me as I got older, was
 128 through some of the work I did I started working in residential care when I was 19
 129 and there was a lot of abuse going on, a lot of boys and girls in care who were abused
 130 and more often than not... the girls would get help and it was often a sympathetic
 131 approach. Boys tended to be more boisterous sometimes difficult to deal with and I
 132 remember being told by my Manager we were working at a home and there was this
 133 big issue round the black thing and at the same time people were like "Pheew, oh
 134 don't talk about that, don't lift the can off... lid off a can of worms". You don't talk
 135 about residential care and sexual abuse in the same sentence. It was you know
 136 because "Don't touch it!". But I remember, I remember there was a boy who was in
 137 care... and my.. my manager was describing that he'd been abused and he'd actually
 138 been raped at, at gun point by two or three men, repeatedly over a period of of months
 139 and years probably.... and I remember just saying to my manager "So what do we do
 140 then ... what are we gonna do with this guy?". And I remember her saying "We don't
 141 do anything, just don't get involved leave it to Social Workers, they'll... they... they'll
 142 know what they're doing.. they'll deal with it". So I didn't, because again I was like
 143 19/20 and I was enthusiastic enough to see anyone else did my job and didn't really
 144 understand, but and I think that was when that kind of reawakened my own awareness
 145 of my own experiences and kind of thinking yeah this.. some something like this
 146 happened to me and it was a long time ago but ..but I still didn't really talk about it.
 147 Until I got pretty close to one of my colleagues, it was a woman I remember talking to
 148 her about the whole issue work stuff and it came up and I shared that with her and
 149 luckily she was really open minded and she was great, very supportive and just

↑ AWARENESS OF
CSA IN
WORK.
♀ → GOT
HELP.
♂ → IGNORED
REMEMBER CARE
WORKING IN
ABUSE
↓
REAWAKENED
MEMORIES OF
OWN ABUSE
↓
DISCLOSURE
↓
THE RESPONSE

MULTI-CENTRE RESEARCH ETHICS REVIEW

In April 1997, the Department of Health issued Health Service Guidelines HSG(97)23 which introduced a new system of Multi-centre Research Ethics Committees (MRECS), one to be established in each NHS Region.

From 1st July 1997 any research which is to be carried out within five or more LRECs' geographical boundaries must be initially considered by the MREC for the Region in which the principal researcher is based before subsequent referral to LRECs. A contact name from whom you can obtain further information on how to do this can be obtained from the LREC administrator, or from the R & D Directorate of your NHS Regional Office.

Please confirm, by signing this form, that the research for which you are now seeking ethical approval will be undertaken in no more than 4 LRECs' geographical boundaries, and you are therefore not applying (and are not planning to apply) to more than 4 LRECs for approval of this research proposal.

Name (*please print*)
Signed

Wendy Coetzee
Date: 10th July 1998

SECTION 1**Details of applicant(s)**

1. Short title of project :

Full title : The Effects of Male Sexual Abuse Upon Gender and Sexual Identity.

Give one key word for each of the following :

Condition : Identity

Subject : Sexual abuse

Treatment : Psychological

2. Local Investigator

Surname : Coetzee

Forename : Wendy

Title : Ms

Present appointment of applicant : Trainee Clinical Psychologist

Qualifications : B.Sc. (Hons) Psychology

**Address : Oakwood, Hardwick Road, Priors Marston. Warwickshire.
CV23 8RL**

Tel: 01327 264 146

Fax: 01327 264147

E-Mail:

SECTION 1 (continued)**Details of applicant(s)**

3. Principal Investigator at LEAD centre (if different from above)**Surname :** Gatherer**Forename :** Amanda**Title :** Dr**Present appointment :** Consultant Clinical Psychologist in Services for Adults and Older Adults**Qualifications :** B.Sc (Hons) Psychology
M.Sc Clinical Psychology
Ph.D (Psychology)

4. Who is sponsoring the study? This study is not being sponsored, it is part fulfillment of a D.Clin.Psy**Contact name :** N/A**Organisation :** N/A**Address :** N/A

5. Will researchers be paid for taking part in the study? NO**Will BMA guidelines (Manual II.47 - see guidelines) be followed? If not, why not?**

Yes, BMA guidelines will be followed.

6. Proposed start date and duration:1st August 1998

Details of project

(a)	Human Subjects	YES
------------	-----------------------	------------

ii)	How many controls will be recruited?	0
-----	--------------------------------------	---

iv) How was the size of the study determined?

v) What is the statistical power of the study?

(b)	Patient Records	NO
------------	------------------------	-----------

ii)	How many control records will be examined?	N/A
-----	--	-----

iv)	How was the size of the study determined?	N/A
------------	--	------------

v) What is the statistical power of the study? N/A

SECTION 2 (Continued)

Details of project

8. Scientific peer review :

Has the protocol been subject to peer review. If so, please give the following information :

YES:

If the peer review formed part of the process of obtaining funding, please give the name and address of the funding organisation :

This is not research which is being funded by an organisation but is part fulfillment of my Doctorate in Clinical Psychology and thus is being supported by both Leicester University and Fosse Health Trust.

If the peer review took place as part of an internal process, please give brief details :

The protocol has been subject to review by the University of Leicester's Ethical Committee where it was given full ethical approval in June 1998.

If no peer review has taken place, please explain why.

N/A

SECTION 3

Recruitment of subjects

9. How will the subjects in the study be :

i) selected?

Participants will be selected by professionals working in Community Mental Health Teams in North Warwickshire NHS Trust. These professionals will be asked to identify men who they have seen for intervention who have been sexually abused. The professional will seek the consent of the client prior to forwarding his name to the researchers.

ii) recruited?

Potential participants will initially be identified by the professional whom they were/are receiving intervention from. Once the professional has gained the potential participant's consent for their name to be forwarded to the researchers, participants will then be sent a letter describing the research and explaining what they will be required to do if they choose to participate.

ii) what inclusion criteria will be used?

To be included in the study participants will:

- Have had the study explained to them and given their consent.
- Be male and have a history of sexual abuse.
- Be either previously or currently receiving intervention from a member of a Community Mental Health Team.
- Will be over the age of 18 years.

iv) what exclusion criteria will be used?

Potential participants will be excluded from the study if:

- They do not give consent.
- They do not understand the information about the study or the consent.
- They are known to be actively psychotic or suicidal.

How will the control subjects group be : **N/A** (*type N/A if no controls*)

v) selected? **N/A**

vi) recruited? **N/A**

vii) what inclusion criteria will be used? **N/A**

viii) what exclusion criteria will be used? **N/A**

SECTION 3 (continued)

Recruitment of subjects

10. Will there be payment to research subjects of any sort? **NO**

If yes, how much per subject and for what?

SECTION 4**Consent**

11. Is written consent to be obtained?

YES

If yes, please attach a copy of the consent form to be used (enclosed)

If no written consent is to be obtained, please justify.

12. How long will the subject have to decide whether to take part in the study?

The subject will have a few days to consider.

If fewer than 24 hours please justify.

13. Will the subject be given a written information sheet or letter?

YES

If yes, please attach a copy to this application form. (Copy enclosed)

If no, please justify.

SECTION 4 (continued)**Consent**

14. Have any special arrangements been made for subjects for whom English is not a first language?

NO

If yes, give details :

If no, please justify :

- It would be inappropriate to have an interpreter present during the interview given the sensitive nature of the material and for the purposes of ensuring confidentiality. Thus we would choose only to interview those who could speak English.
- Analysis of the interview depends on the content of the conversation, of which a great deal may be lost in translation, thus making transcription and analysis very difficult.

15. Will any of the subjects or controls be from one of the following vulnerable groups?

Children under 18	NO
People with learning difficulties	NO
Unconscious or severely ill	NO
Other vulnerable groups	YES

If yes, please specify :

The subjects will be selected by mental health professionals who have worked with them and therefore will have been referred for mental health difficulties to the CMHT. Thus they may be identified as a vulnerable group. However, only subjects who are capable and willing to give their consent would be selected.

i) What special arrangements have been made to deal with the issues of consent for the subjects above?

Only those subjects able to give their consent would be selected. Participants unable to give informed/reasoned consent will not be included. A consent form to participate in this research is enclosed.

SECTION 5

Details of intervention

16. Does the study involve the use of a new medicinal product or medical advice, or the use of an existing product outside the remit of its product licence?

No

If yes, please complete Annex A. of the Application Form.

17. Will any ionising or radioactive substances or X-rays be administered?

No

If yes, please complete Annex B of the Application Form

18. Please list those procedures in the study to which subjects will be exposed indicating those which will be part of normal care and those that will be additional (e.g. taking more samples than would otherwise be necessary). Please also indicate where treatment is withheld as a result of taking part in the project.

N/A

SECTION 6

Risks and ethical problems

19. Are there any additional hazards? NO

Give the likelihood and details of precautions taken to meet them, and arrangements to deal with adverse events.

20. Is this study likely to cause additional discomfort or distress?

Yes, potentially the participant may find the content of the interview distressing. However, a number of precautions have been taken to avoid excessive stress.

- The subjects will have already disclosed their sexual abuse to another professional and thus this would not be the first time they had disclosed their abuse.
- The subjects will have been in ongoing therapy.
- The subjects will be given a full debriefing immediately after the interview and will be referred for follow up support should they require it to the relevant CMHT professionals.

21. Are there any particular ethical problems or consideration that you consider to be important or difficult with the proposed study?

Yes, I am aware that this is a very vulnerable client group and acknowledge that some men may choose not to participate. However participants will have already been identified by another mental health professional who will have used their clinical judgement regarding the suitability/vulnerability of the client. This should screen those unsuitable for the research. Participants will also be from a clinical population and will therefore have received therapeutic intervention relating to their sexual abuse, thus ensuring that this would not be the first time the man had spoken about the abuse. In addition to this should the participant require further support following the interview, this will be arranged for them.

SECTION 6 (continued)**Risk and ethical problems**

22. Will information be given to the patient's General Practitioner?

No

Please note : permission should always be sought from research subjects before doing this

If yes, please enclose a copy of the information sheet for the GP.

If no, please justify.

Due to the sensitive and confidential nature of the material it is felt that it would not be appropriate to inform the GP. The reason for this is that many patients often do not wish their GP to know that they have been sexually abused, or for this information to appear in their medical notes. Thus it would seem inappropriate and might otherwise threaten people's right to confidentiality. However, should the participant require the support/intervention from mental health services this will be organised.

If the study is on hospital in patients, will the consultants whose patients are involved in this research be informed?

N/A

If no, please justify:

SECTION 7**Indemnity and Confidentiality**

24. Have arrangements been made to provide indemnification and/or compensation in the event of a claim by, or on behalf of, a subject for negligent harm?

(please indicate N/A if not applicable) N/A

A letter from the head of Psychology in North Warwickshire is enclosed which acknowledges the research (as requested by Pat Halwell).

For NHS sponsored research, HSG (96) 48 applies

For pharmaceutical company sponsored research, the company should conform to the most recent ABPI guidelines (Manual II.39)

If yes please give details and enclose a copy of the indemnity

25. In cases of equipment or medical devices, have appropriate arrangements been made with the manufacturer to provide indemnification ?

N/A

(please indicate N/A if not applicable)

If yes, please give details and enclose a copy of the relevant correspondence with this application.

For medical devices the company should conform to the most recent ABHI guidelines.

SECTION 7 (continued)

Indemnity and confidentiality

- | | | |
|------------|--|------------|
| 26. | i) Will the study data be retrieved from computer: | No |
| | ii) Will the study data be held on a computer? | Yes |
| | iii) If yes, will the Data Protection Act (1984) be followed? | Yes |
-

27. Will the study include the use of any of the following?

Audio/video recording	Yes
Observation of patients	No

If yes to either :

i) How are the confidentiality and anonymity to be ensured?

The need for audio taping will be explained to participants before they are asked to give their consent to participate in the study. To ensure confidentiality and anonymity the guidance provided by the General Medical Council will be followed. The participant will be told prior to the interview who will have access to the tapes (myself and my research supervisor) and that the tape will be destroyed at the end of the study, and in any event by January 2000. If the participant wishes the tape-recorder will be stopped during the interview.

After the interview if the participant decides they do not want the material to be used they may withdraw their consent. In this instance the tape would be erased. The recording will only be used for those purposes described to the participant (i.e. data analysis). The tape recording along with the transcriptions will be stored in a secure place and the tapes will be stored separately from the transcripts. Any discussion relating to the content of the recording will avoid making the individual identifiable in any way (e.g. when obtaining advice regarding interpretation). Furthermore any reports of the research will be presented in a way which preserves the participant's confidentiality.

ii) **What arrangements have been made to obtain consent for these procedures?**

As explained over leaf information about the use, access to and destruction of audio tapes will be provided in the patient information sheet. Prior to obtaining consent it will be ensured that the participant is aware of this information. In addition participants can choose to withdraw their consent during or after recording.

28. Will medical records be examined by research worker(s) outside the employment of the NHS?

No

29. What steps will be taken to safeguard confidentiality of personal records?

No persoanl records are being examined.

SECTION 7 (continued)

Indemnity and confidentiality

30. What steps will be taken to safeguard specimens?

N/A

31. Safeguarding against repetitive research

Will suitable indications be made in the patients' notes to safeguard against repetitive research?

There will be no access to the patients notes.

This form is to be used if the study involves the use of a new medical product or medical device, or the use of an existing product outside the terms of its product licence.

N/A

i) Is a pharmaceutical or other commercial company arranging this trial?

yes no

If no, has approval of the licensing authority been obtained by means of a DDX?
yes no

Doctors' and Dentists' exemption Number :

ii) Does the drug(s) or device have product license(s) for the purpose of which it is to be used?
N/A

If yes, please attach data sheet or equivalent.

iii) Is any drug or medical device being supplied by a company with a Clinical Trial Certificate or Clinical Trial Exemption?

N/A

If yes, give details :

Clinical Trial Certificate Number :

Clinical Trial Exemption Number :

Please attach CTC, CTX or DDX

iv) Details of Medical Device

v) If an electrical device, has the device been through acceptance and safety testing?

N/A

Give details :

ANNEX A (continued)**Drugs and Devices**

vi) **Details of drugs used or medical devices.** *(please complete the table below for each drug, making additional copies of this page as necessary)*

Approved Name(s) :

Generic Name :

Trade Name :

<u>Strength</u>	<u>Dosage and Frequency</u>	<u>Route</u>	<u>Duration of Course</u>
------------------------	------------------------------------	---------------------	----------------------------------

Approved Name(s) :

Generic Name :

Trade Name :

<u>Strength</u>	<u>Dosage and Frequency</u>	<u>Route</u>	<u>Duration of Course</u>
------------------------	------------------------------------	---------------------	----------------------------------

Approved Name(s) :

Generic Name :

Trade Name :

<u>Strength</u>	<u>Dosage and Frequency</u>	<u>Route</u>	<u>Duration of Course</u>
------------------------	------------------------------------	---------------------	----------------------------------

This form is to be used if the study involves the use of ionising or radioactive substances or X-Rays.

N/A

a) RADIOACTIVE SUBSTANCES

- i) **Details of substances to be administered**
(please complete the table below for each radioactive substance, making additional copies of this page as necessary)

Investigation :

Radionuclide :

Chemical form :

<u>Quantity of radio-activity to be administered (Mbg)</u>	<u>Route</u>	<u>Frequency</u>
--	--------------	------------------

- ii) **Estimated Effective Dose (Effective Dose Equivalent) (mSv) :**
(please supply source of reference to attach calculation)

- iii) **Absorbed dose to organ or tissues concentrating radioactivity(mGy)**
(Specify dose and organ)
(Please supply source of reference to attach calculation)

b) X-RAYS

- i) **Details of radiographic procedures**

<u>Investigation</u>	<u>Organ(s)</u>	<u>Frequency</u>
----------------------	-----------------	------------------

- ii) **Estimated Effective Dose (Effective Dose Equivalent) (mSv) :**

References

Turpin, G. *et al* (1997). Standards for research projects and those involving qualitative methods: Suggested guidelines for trainees and courses. Clinical Psychology Forum, October, 3-7.

Patient Information Sheet

We are approaching men who have been sexually abused to ask if they would consider being interviewed about the effects, they believe their abuse has had upon their lives. This information would be useful to professionals working in this area. There are greater numbers of men who are experiencing difficulties as a result of their abuse and who require intervention. The information from this research would help professionals to have a better understanding of these difficulties and enable them to work more successfully with these problems.

We would like you to help us in this research. If you agree to this I would like to meet with you at either Jepson House, Nuneaton or maybe another clinic which would be convenient to you. The interview will last no more than 1-1½ hours. I would like to audio tape this conversation as this will allow us to get as full a picture and for us not to miss anything you say.

The interviews will be strictly confidential. No names, addresses or other information that would identify you will be held on computer or appear in reports. There will be no contact with any other professional who you have been involved with about the content of the interview.

If at any time during the interview you wish to stop you can do so. We appreciate that this is a very difficult issue to discuss and therefore if you choose not to participate it will not affect any service you may currently be receiving, or may wish to receive in the future. If after deciding to help with the research you later change your mind, then it is okay to withdraw your consent.

Wendy Coetzee, Trainee Clinical Psychologist
Amanda Gatherer, Consultant Clinical Psychologist
North Warwickshire Survivors of Sexual Abuse Team

Consent Form

I have had the nature of the research explained to me. I understand that any information I give will be anonymised and will not be able to be traced to me as an individual.

I have had the need for audio taping of the interview explained to me and I give my consent to the recording of the interview. I understand that the audio tapes will be stored securely and their contents will remain strictly confidential and used for this investigation only.

I understand that if I give my consent to participate at this point in time I can change my mind and withdraw my consent any time in the future. My decision to participate or not will not affect either my current or future treatment.

I give my consent to be interviewed and for the interview to be audio-taped and transcribed.

Name: (please print):

Name: (please sign):

Date:

If you have any further questions I can be contacted at the following address and messages may be left on the telephone number below:

Wendy Coetzee
Clinical Psychology Department
Mirah Day Hospital
Manor Hospital
Nuneaton

Telephone: 01203 374434

Pilot Interview Schedule

This is a pilot schedule and is therefore subject to changes pre and post pilot.

General Questions

(There will be a general introduction here explaining briefly the outline of the interview and there will be an opportunity for the participant to ask any questions).

Thank you for agreeing to attend the interview today. I hope you have had a chance to look at the information sheet that I sent to you. Could you please fill in these two consent forms, they are identical one will be your copy and one will be for me to keep. It is to gain your consent for me to record this interview, this is purely to enable me to ensure that I don't miss any vital information. If at any point during the interview you would like to stop just say so and this will be fine.

The interview will begin by gathering a few details of the abuse.

History Taking

1. Could you begin by telling me a little bit about the history of your abuse?
 - (i) How old were you when you were sexually abused?
 - (ii) How long were you abused for?
 - (iii) Did you know the person who abused you?

Effects Of Abuse

2. How do you feel the abuse has effected you?
3. What has had the biggest impact on you as a result of the sexual abuse?
4. What were/are the strongest feelings you associate with your abuse?
5. What are your relationships with other men like, how do you relate to other men?
6. What are your relationships with other women like, how do you relate to other women?
7. Do you feel happy with your sexuality or have you struggled with this issue? (May require further explanation about what sexuality is)
8. How do you cope with expressing your emotions? Do you find this difficult?
9. Do you find it difficult to engage in intimate relationships with people?
10. How do you feel your abuse effected the way you feel as a man?
11. How do you deal with your feelings?

12. How do you cope with your thoughts?
13. Do you feel the abuse has effected your sex life?
14. Would you describe yourself as a confident man?
15. Do you feel confident about your sexuality?

The interview schedule may be subject to further changes, however this offers a rough outline of the kinds of questions that will be asked. There will obviously be an introduction and an opportunity for the participant to debrief after the interview.

Research Protocol

The effects of male sexual abuse upon Sexual and Gender Identity

Proposed Researcher: Wendy Coetzee, Trainee Clinical Psychologist.
Supervised by: Amanda Gatherer, Consultant Clinical Psychologist.

This research is being undertaken in part fulfilment of the University of Leicester Doctorate in Clinical Psychology programme.

Background

Childhood sexual abuse has received a great deal of recognition in both clinical studies and in the general literature over the last fifteen years. However, there remains a huge shortfall in rigorous research studies on the effects of childhood sexual abuse upon men who have been abused. Prevalence studies have found rates of 8% (Baker & Duncan, 1985) and 16% (Finkelhor, Hotaling, Lewis and Smith, 1990) of men who have been sexually abused, thus suggesting a large scale problem.

Sexual and gender identity issues are prevalent in these men, although little is understood about what impact these difficulties are having upon the abused male. There is a need to have a greater understanding of the effects of sexual abuse upon men's sexual and gender identity, particularly as greater quantities of men are now coming forward as victims of abuse in need of support for these difficulties. Research into this area would enhance the understanding of the impact of sexual abuse upon male victims and would enable clinicians to be aware of some of the issues facing this client group and enable them to offer appropriate intervention.

The research will be of a qualitative nature and will be interested in the individual's experience of the effects of the abuse. Thus the aim of the research will be to interview a small sample of men who have been sexually abused and to explore the individual's understanding of the effects their abuse has had on their gender and sexual identity.

Design

A qualitative approach will be used for this research. The reason is that this is a relatively new area of research and as such it requires hypothesis generation rather than hypothesis testing. An exploratory approach is therefore considered most appropriate.

The research will entail undertaking a number of semi-structured interviews. These will be analysed using grounded theory techniques, to produce a systematic and rigorous analysis of the data. This approach supports the production of meaningful accounts of the multiplicities and complexities of the individual's perspective, and enables the identification of common patterns of understanding in the data.

The Participants

Participants will be recruited through Community Adult Mental Health Teams in North Warwickshire NHS Trust. The professionals in the teams will be sent a letter from myself (Wendy Coetzee) and Amanda Gatherer, Consultant Clinical Psychologist, asking them to identify suitable candidates from their caseload, either current or previous male clients who have been sexually abused. The professional must first seek the permission from the client for his name to be put forward. Once participants are identified they will be sent a letter and an information sheet (See Participant's letter and Information Sheet) describing the research and asking if they would participate. They will then be contacted some days later to ask if they would be willing to participate in the research.

Those participants who are willing will then be offered an interview time. Any participants unwilling to be interviewed or who are unable to give informed consent will not be included in the research sample.

Research Interview

The research interview will last for approximately 1-1½ hours. The interview will be semi-structured and the interview questions will be open-ended. The interviews will all be audio taped with the participant's consent. The participants will be interviewed by myself. The interviews will take place in an NHS setting (e.g. a clinic, health centre or day resource). The participant will be asked to sign two consent forms (1 for his records and 1 for the research).

The interview will initially focus on some background information about the abuse (when it occurred, relationship to the perpetrator etc.). Then the interview will move on to some questions about the general effects of the abuse and will gradually become more focussed on the effect the abuse has had upon the man's gender and sexual identity. The questions will be of a broad nature and will allow the participant to talk about the issues he feels are important. The participant may choose to terminate the interview at any time. Immediately after the interview the participant will be given a "Debriefing". This will entail explaining what the research is looking at and what will happen to the results. Then should the participant require further support after the interview the researcher will organise intervention from the local mental health service.

Analysis of Results

The audio cassettes will be transcribed. These transcriptions will be coded to ensure anonymity/confidentiality. Each interview transcription will be analysed for emergent themes. These will be identified using grounded theory techniques.

Follow-Up Interview

Following the research interview the participant will be asked to attend a follow-up interview. This again will not be recorded and is for the purpose of allowing the participant to de-brief and to ensure that he has access to the necessary support should he require it. This will also be an opportunity for the interviewer to feedback the results of the research and for the participant to validate the results, where appropriate. Should the participant require further support after the interview then the researcher will endeavour to make the appropriate referral for counselling or psychological intervention.

References

- Baker, A. W. & Duncan, S. P. (1985). Child sexual abuse: a study of prevalence in Great Britain. *Child Abuse & Neglect*, 9, 457-467.
- Finkelhor, D. Hotaling, G., Lewis, I. A., & Smith, C. (1990). Sexual Abuse in a national survey of adult men and women: Prevalence, characteristics and risk factors. *Child Abuse & Neglect*, Vol. 14, 19-28.