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The Relationship Experiences of Male Survivors of Sexual Abuse:
A Qualitative Analysis

Jordan Grant Gibby

A thesis submitted to the faculty of
Brigham Young University
in partial fulfillment of the requirements for the degree of
Master of Science

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ABSTRACT

The Relationship Experiences of Male Survivors of Sexual Abuse: A Qualitative Analysis

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Master of Science

Although the experience of sexual abuse is quite common among men, particularly among those in clinical populations, relatively little research has been done specifically with male survivors and the impact of abuse in their lives. More specifically, the impact of sexual abuse on male survivors' relationship dynamics has been underdeveloped in the research literature. Untapped online data can help illuminate these relationship dynamics, providing insight to clinicians for improved couple and family treatment. Through qualitative analysis of data from online discussion boards at MaleSurvivor.org, the present study examined the ways in which male survivors of sexual abuse described dynamics of their interpersonal relationships. Findings revealed impacts from the abuse on male survivors' relationships as well as impacts of their relationships on abuse recovery. Significant others of male survivors were influential, both positively and negatively, in regard to disclosure, companionship, conversation, modeling relationships, and help-seeking and recovery behaviors. Impacts of the abuse on relationships were reported in emotional, sexual, and relational domains. Further, results gave preliminary insight into how online forums themselves provide opportunities for support-seeking in online relationships and how male sexual abuse survivors approach these online relationships.

Keywords: sexual abuse, sexual assault, trauma, men, interpersonal relationships, online forums.

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The Relationship Experiences of Male Survivors of Sexual Abuse: A Qualitative Analysis

Male survivors of sexual abuse have often been overlooked in the research and clinical practice literature, perhaps because of assumptions that the numbers of male survivors are small or that their experiences do not differ from those of female survivors. However, research has shown that rates of male sexual abuse are quite high. In a national sample derived from random digit dialing, Finkelhor et al. (1990) found that 16% of the men sampled had experienced childhood sexual abuse (CSA). Further, the adverse childhood experiences or “ACE” study of 17,337 adult health maintenance organization members in San Diego, California also revealed that 16% of males reported CSA (Dube et al., 2005). Among a nationally representative sample in the 2015 National Intimate Partner and Sexual Violence Survey, 24.8% of men reported some type of contact sexual violence in their lifetime (Smith et al., 2018). Additionally, prevalence of male sexual abuse appears to be even higher among clinical populations; in a study of individuals receiving sex therapy in a variety of clinical settings, CSA was reported by 36% of the 104 males in the sample (Berthelot et al., 2014). Given the large percentage of male sexual abuse survivors, particularly among clinical populations, the aftereffects of abuse are likely to play an influential role in treatment, regardless of whether the abuse is a client’s presenting issue. While there may be substantial overlap in the effects of abuse on men compared with women, gender socialization theory would suggest that important differences are possible (Levant & Rankin, 2014); thus, research is merited on men’s experiences specifically to determine potential unique issues relevant to treatment.

The underdevelopment in research on male sexual abuse may, in part, be related to difficulties in obtaining appropriate data. Because of the shame and stigma that historically have

surrounded sexual abuse, particularly for men faced with rigid ideas of masculinity that leave no space for male victimization (Griswold et al., 2020), survivors are often quite private about their experiences and may not be easy for researchers to contact (Easton, 2013). Clinical samples have provided the easiest path to survivor identification, but, even then, requiring survivors to self-identify to an unknown researcher and open up about their experiences may prove difficult, particularly for men who have been socialized to restrict emotional expression (Levant & Rankin, 2014) and to feel shame about their abuse experiences, which discourages disclosure (Griswold et al., 2020). However, some survivors are finding opportunities to share their experiences and seek support through increased access to anonymous online forums. These forums provide a growing source of data on survivor experiences, which has unique strengths not found in traditional survivor samples. The opportunity for survivors to easily access these forums, perhaps from the privacy of their own homes, and to share their experiences anonymously and on their own time may provide different perspectives than have been analyzed previously, and in large numbers (Whiting et al., 2019).

Additionally, online forum data can shed light on an aspect of survivorship that has received less attention in the research literature generally, but one which is of particular interest to marriage and family therapists: survivors' experiences in interpersonal relationships. Some existing work, reviewed below, has started to shed light on male survivors' relationships, but the existing literature is sparse, and the focus of nearly all of these studies is broader (i.e., not male survivor-specific, not relationship-focused). The present study will delve deeper into the subject of survivors' relationships. Based upon the content of the data used, the primary focus will be on intimate relationships, and survivors are assumed to be adults who have experienced some form

of sexual abuse (e.g., CSA, rape, sexual assault). The unique data and findings of this study can help develop theory and future paths for research and clinical practice.

Literature Review

Previous work on sexual abuse has indicated similarities and differences between male and female survivors, and the unique differences point to a need for greater sensitivity among clinicians to male-specific issues in sexual abuse recovery. Very little research has been done with male survivors' relationship experiences, but the work that has been done provides context for the present study and underscores the need for further understanding of male survivors' relationship experiences. Relationships are not only a part of everyday life for survivors, but they may also be an important source of support in recovery (Kia-Keating et al., 2010; Monson et al., 2010; Nelson Goff et al., 2006), yet support-seeking remains a challenge for male survivors (Sable et al., 2006). These areas of the research literature are reviewed in detail below, concluding with a brief review of the literature on internet studies of interpersonal violence, which highlights the need for and strengths of the present study.

Clinical Imperative to Understand Male Survivors

Sexual abuse has tremendous impact and prevalence worldwide. The effects of sexual abuse on the lives of survivors are numerous. For instance, CSA has been found to associate with a multitude of problems in adulthood for women and men, including major depression, anxiety disorder, suicidal ideation, suicide attempts, alcohol dependence, illicit drug dependence, PTSD symptoms, self-esteem problems, lower life satisfaction, poorer partner relationship quality, a greater number of sexual partners, more doctor/hospital contacts, welfare dependence, and lower gross income (Fergusson et al., 2013). Furthermore, men and women who have experienced adult sexual assault score higher on measures of anxious arousal, depression, anger/irritability,

intrusive experiences, defensive avoidance, dissociation, impaired self-reliance, tension reduction behavior, sexual concerns, and dysfunctional sexual behavior, with the latter two symptoms being particularly high among men (Elliot et al., 2004).

Prevalence rates of male sexual abuse, however, are difficult to estimate and vary widely based on studies' location, sampling procedures, how broadly or narrowly sexual abuse is operationally defined, etc. Barth et al. (2013) analyzed several studies and found that CSA prevalence rates for boys ranged from 3%-17% whereas prevalence rates for girls ranged from 8%-31%. Prevalence rates of male sexual abuse have been criticized and thought to be underestimates, though, because definitions of sexual abuse have often been more reflective of women's experiences and have not always included abusive experiences pertaining more to men (Pereda et al., 2009; Stemple & Meyer, 2014); law enforcement definitions of rape did not include men until 2012, and, even today, the FBI defines victims of rape as those who are penetrated while excluding experiences reported by substantial numbers of men, such as being made to penetrate or being forced to receive fellatio. When accounting for these experiences in evaluating findings from studies of 12-month sexual abuse prevalence, Stemple and Meyer (2014) found similar rates of female rape versus rates of men being made to penetrate, as well as similar rates of unwanted sexual contact for men and women. Further, the authors point out that prevalence rates are generally derived from household samples and exclude incarcerated, institutionalized, and homeless populations. They note that, with men being incarcerated disproportionately and with incarcerated populations potentially having disproportionate levels of sexual victimization, studies of prevalence rates may often leave a substantial number of male survivors outside of their sampling frame.

Given the high prevalence of male sexual abuse survivors among people seeking clinical treatment (e.g., Berthelot et al., 2014), therapists have a vested interest in understanding issues particular to sexual abuse survivors in general and male survivors specifically. Nevertheless, this understanding is lacking, particularly among relational therapists, as “couple and family therapy guidelines and manuals generally pay relatively little attention to past child sexual abuse in their adult patients and, on those occasions when it is discussed, tend to consider it a specialty practice issue” (Vaillancourt-Morel et al., 2016, p. 341). While specialists are certainly needed in this area, all couple and family therapists will likely come into contact with adult survivors of sexual abuse, whether they realize it or not, and, thus, should be equipped with knowledge of the dynamics at play in sexual abuse recovery.

Much of the general knowledge necessary to treat sexual abuse survivors is similar for males and for females. Among a sample of adolescent victims of sexual abuse whose cases were investigated by child welfare services, Maikovich-Fong & Jaffee (2010) concluded that there were no sex differences in internalizing and externalizing behaviors (based on youth and caregiver reports) or trauma symptoms (based on youth reports). Among adults, Dube et al. (2005) analyzed the ACE study data and found that the risk of several long-term outcomes (alcohol problems, illicit drug use, suicide attempts, marrying an alcoholic, and current marital and family problems associated with CSA) were elevated similarly for men and women who had been sexually assaulted as children as compared with those who had not been sexually abused. For individuals reporting past experience of sexual assault, including but not limited to CSA, Dario and O’Neal (2018) found no differences between men and women for the association of sexual assault with depression scores.

Other studies, however, have highlighted challenges that may be unique to men or that may be nuanced for men based on gender socialization and male rape myths. For example, men face substantial social stigma when they have been victimized (Dorahy & Clearwater, 2012; Forde & Duvvury, 2017; Gill & Tutty, 1999; Teram et al., 2006) while any survivor may face disbelief or victim-blaming attitudes, men often face the added stigma that “men cannot be victims.” This message may be conveyed by comments suggesting that the man must have enjoyed the abuse: men abused by a woman “got lucky,” and men abused by men “must be gay” (Teram et al., 2006). Both types of comments minimize the abusive nature of the experience. Men also may receive the gendered message that they should have been tough enough to fight back and escape the abuse (Forde & Duvvury, 2017; Gill & Tutty, 1999). Relatedly, the dissonance abuse can create with traditional and heteronormative views of masculinity can impact men’s self-concept, bring feelings of shame, and create confusion surrounding their own masculinity and sexuality (Forde & Duvvury, 2017; Griswold et al., 2020; Hlavka, 2017; Lisak, 1994). These same traditional views of masculinity, which are part of male socialization from an early age, often teach men to be independent and emotionally non-expressive, which can be obstacles to male survivors’ help-seeking behaviors and processing of the complex emotions that naturally occur with trauma (Forde & Duvvury, 2017; Teram et al., 2006). Additional shame can be added to men through stigma or internalized beliefs that men who are abused will themselves become abusive (Teram et al., 2006).

Perhaps as a result of this combination of shame and restrictive gender norms, fewer male survivors than female survivors disclose CSA around the time of the abuse, men take longer to discuss the abuse later in life (O’Leary & Barber, 2008), men report their experiences of rape and sexual assault less often to police and other officials (Weiss, 2010), and, in a national survey,

more male than female survivors had never told anyone about the abuse (Finkelhor et al., 1990). According to one study, it takes about 21 years from the time of the abuse, on average, for male CSA survivors to first disclose and about 28 years, on average, before having an in-depth conversation about the abuse (Easton, 2013). These and other gender differences among sexual abuse survivors, along with the paucity of studies on male survivor populations, underscore the need for increased study and clinical awareness around male survivorship.

Male Survivors and Relationships

While the research on male sexual abuse survivors is underdeveloped, broader research suggests that relationships are an area impacted by trauma and an important avenue of intervention. Although not specific to sexual abuse, the growing body of literature on the relational impacts of trauma provides meaningful insights. Nelson and Wampler (2000) found lower levels of marital satisfaction and family cohesion, and higher levels of individual stress symptoms, among couples where one partner had experienced some form of childhood abuse, with no significant differences between the survivors' own scores and those of partners, suggesting that trauma can have an impact on the relationship itself and that "secondary trauma" affects partners. Multiple studies have found added evidence of the impact of trauma on couple relationships. Trauma has been reported to impact relationships through partners' supportive or instrumental role in the relationship, boundary issues (e.g., pursuer-distancer patterns, power and control), intimacy problems, triggers, and spiritual and verbal coping mechanisms (Henry et al., 2011). Members of trauma-impacted relationships have also reported themes of "increased communication, decreased communication, increased cohesion/connection, decreased cohesion/connection, increased understanding, decreased understanding, sexual intimacy problems, symptoms of relationship distress, support from partner, and relationship resources"

(Nelson Goff et al., 2006, p. 457). Further, both survivors of trauma *and* partners have reported individual psychological (e.g., anxiety, hypervigilance) and emotional (e.g., anger) symptoms, which some reported also impacting their relationships, as well as coping resources (e.g., turning to family members and counseling; Schwerdtfeger et al., 2008). Nelson Goff and Smith, both authors in each of the preceding three studies, developed the Couple Adaptation to Traumatic Stress (CATS) therapy model (2005) and theorized that systemic traumatic stress impacts relationships through the mechanisms of "chronic stress, attachment, identification and empathy, projective identification, and conflict and physiological responses" (p. 152). In addition, Monson et al. (2010), who developed the Cognitive-Behavioral Interpersonal Theory of PTSD, have observed that trauma can impact interpersonal relationships through the influence of PTSD symptoms, the effects of close others on trauma recovery and PTSD (e.g., through social support and adult attachment), the effects of PTSD on close others (e.g., through secondary traumatization, caregiver burden), and reciprocal influences between PTSD and relational functioning (e.g., partner "accommodation" of the disorder; impacts on safety, trust, power, esteem, intimacy, emotional content and processes, communication, trauma narratives and schemas). Trauma has also been associated with fewer positive interactions and more negative interactions in marital relationships (Whisman, 2014), although this effect was less strong in dual-trauma couples. However, clinical experience also shows potential unique relationship dynamics in dual-trauma couples, such as extremes in boundaries (too rigid or too diffuse), emotional reactivity, and difficulties with intimacy (Balcom, 1996).

Much can be inferred about couples impacted by sexual abuse from these broader studies of trauma and relationships, but, given its unique characteristics, research specific to the relational impacts of sexual abuse is still important. A substantial body of literature has revealed

much about relationship impacts of sexual abuse for female survivors (see DiLillo, 2001; Rumstein-McKean & Hunsley, 2001). Findings for female survivor relationships show that partners express concerns regarding communication, sexuality, physical contact, and extended family relationships, and these partners expressed desires to be involved in the therapeutic process and to address relationship impacts (Reid et al., 1996). Sexual abuse has been found to relate to impacts on female survivors' relationship satisfaction, trust and intimacy, communication, revictimization in intimate relationships, sexual functioning, and challenges in survivor-mother and survivor-child relationships (DiLillo, 2001), as well as difficulties with marital functioning and attachment (Rumstein-McKean & Hunsley, 2001). Again, however, the extent to which this information applies to male survivors is a matter of inference.

While limited in number, the existing studies on relationship-relevant variables for male survivors provide meaningful insights. de Montigny Gauthier et al. (2019) studied partner responses to disclosures of childhood sexual abuse and included male survivors in the sample, although the number of male survivors was too small to analyze results by gender. The study found that partner responses, while primarily positive, also included blame and stigmatization about half of the time, and survivors' perceptions of partners as supportive related to both their own and their partners' higher sexual satisfaction, while survivor perceptions of stigmatization or differential treatment related to both partners' poorer relationship satisfaction. Banford Witting and Busby conducted two studies including both male and female survivors in the sample. The first (2019) found that sexual abuse impacted men's current views of the negative impact of their family of origin experiences, which was associated with survivors' lower levels of calmness and higher levels of both survivors' and partners' relationship instability. Their second study (2020) found a relational impact in that men having experienced sexual abuse was associated with lower

scores for themselves and their partners on a measure of coming to terms with family of origin experiences. Walker et al. (2011) found that men reporting a history of CSA and their partners both reported higher levels of perceived contempt and defensiveness (perceptions of both self and partner) in the couple relationship relative to no-survivor couples and female survivor relationships. Interestingly, within this same study, for dual-survivor couples with a similar reported frequency of CSA, men's views of self and partner contempt and defensiveness fared better in some cases. Additional quantitative studies have touched on relationship-relevant characteristics, such as examining the relationship between CSA and hostility for men (Easton & Kong, 2017), assessing the relationship between social support and psychological functioning among male CSA survivors (O'Leary, 2009), and studying the association between male CSA and risky sexual behaviors (sex under the influence and number of lifetime sexual partners; Holmes, 2008), but these have not attempted to investigate how the experience of relationships can be impacted by the abuse for male survivors.

Qualitative studies, on the other hand, have broadly asked male survivors to describe the impact of abuse on their lives (e.g., Dorahy & Clearwater, 2012; Gill & Tutty, 1999; Lisak, 1994; Ray, 2001), and participants in these studies have often mentioned relationships as being impacted by the abuse. While not focused on relationship experiences, these broader studies have begun to reveal some important aspects of male survivors' relationships. In a qualitative, phenomenological study, Sigurdardottir et al. (2012) identified several relational issues among the male CSA survivors interviewed, including difficulties with trust, feelings of rejection, inability to be emotionally intimate, and struggles with repressed memories surfacing and impacting sexual intimacy. Lisak (1994) and Ray (2001) also emphasized difficulties with trust as one of the primary relational struggles for male survivors, and, perhaps relatedly, survivors in

both studies often felt socially isolated and different from others. Others have also identified impacts on relationships in the realm of sexual functioning: the triggering nature of sexuality (Gartner, 1999; Gilgun & Reiser, 1990), confusion around sexual orientation (Lisak, 1994), sexual compulsivity (which is particularly prevalent among unmarried survivors as opposed to non-survivors or married survivors), and sexual avoidance (which is more prevalent among married survivors; Lisak, 1994; Ray, 2001; Vaillancourt-Morel et al., 2016). Additionally, Gill and Tutty (1999) identified forming close emotional relationships and navigating sexual relationships as difficulties for male survivors; emotional intimacy appeared a near impossibility to the survivors interviewed while sex was experienced as confusing and threatening, especially the idea of sex as a mutual sharing experience of emotional closeness.

A review of the literature only revealed one qualitative study of male survivors focused specifically on relational functioning. Kia-Keating et al. (2010) conducted qualitative interviews and found that the male survivor participants faced challenges in relationships tracing back to isolation and lack of support in childhood and adulthood difficulties with emotional expression. However, the authors also found many positive themes stemming from male survivors' relationships. Participants reported "relational recovery" through safe relationships, a sense of belonging or having something to offer others, relational management skills (i.e., boundaries, anger-control, building trust, and intimacy), and personal acceptance of the benefits and limits of relationships. Some participants also mentioned the benefits of shared experiences in dual-survivor couples.

As emphasized in the idea of relational recovery (Kia-Keating et al., 2010), while relationships certainly appear to be challenging for many male survivors, relationships may also be a source of strength. Dorahy & Clearwater (2012) found that connection with other people

provided an antidote, although often short-lived, to the shame male survivors often feel. Easton et al. (2015) described how personal relationships marked turning points for many of the men interviewed in their study. For some, it was the threat to or loss of important relationships that triggered a change in their recovery, while, for others, it was the support from positive relationship experiences that proved influential in catalyzing their healing. Despite the many challenges to male survivors' relationships, it appears that the presence of meaningful, positive relationships can be transformative in the healing process.

Support-Seeking Among Male Survivors

Despite the challenges that male survivors face in relationships, social support remains an important factor for recovery (O'Leary, 2009). Disclosure aimed at seeking support, whether through formal means such as seeking therapy or other professional services or through informal means such as speaking with a friend, can occur for a variety of reasons, including dealing with psychological symptoms such as intrusive thoughts or low self-esteem, building trust and intimacy in relationships, or seeking to avoid negative outcomes (Chaudoir & Fisher, 2010). In a qualitative analysis of survivors' online help-seeking (Sagers et al., 2020), three primary themes of survivors' support-seeking emerged: seeking context (e.g., clarifying and labeling one's abusive experience, addressing self-blame), seeking help (e.g., advice, next steps, resources), and seeking a witness (e.g., feeling a need to tell, share emotion, seek validation and solidarity).

While support-seeking can be beneficial, it is important for clinicians and other helpers to understand that survivors of sexual abuse face many barriers to disclosing the abuse and seeking support, and these barriers may be particularly heightened among male survivors who already face unique difficulties with abuse stigma and relationships more generally. Some of these barriers include belief that one's experience may not be serious enough (Spencer et al., 2017;

Walsh & Bruce, 2014); feelings of shame, guilt, or embarrassment (Hlavka, 2017; Sable et al., 2006); fears of vulnerability, appearing weak, or of the reactions of others upon disclosure, including not being believed or being perceived as gay (Andalibi et al., 2016; Hlavka, 2017; Sable et al., 2006; Spencer et al., 2017); concerns about the impact of disclosure upon a relationship; pressure to reciprocate support provision (Andalibi et al., 2016); post-traumatic stress disorder symptoms of avoidance (Walsh & Bruce, 2014); and concerns about confidentiality (Sable et al., 2006; Walsh & Bruce, 2014). These concerns, particularly those related to the reactions of others, are often well-founded, as the decision to disclose abuse involves significant risk, and others' reactions, whether positive or negative, are a major factor in whether disclosure benefits survivors (Ullman, 2011). Such concerns appear to be reflected in the actual help-seeking behaviors exhibited by male survivors; a study that qualitatively analyzed a sexual assault hotline's documentation of conversations with male callers found that the men were largely distrustful, often preferred not to disclose personal information, frequently only sought to share their stories and obtain over-the-phone counseling rather than pursuing additional supportive resources, and demonstrated confusion as to whether their experiences qualified as sexual assault (Young et al., 2018).

Liang et al. (2005) described a process of support-seeking for victims of intimate partner violence which may apply similarly for survivors of sexual abuse, including three non-linear stages: "problem recognition and definition, the decision to seek help, and the selection of a help provider" (p. 73). Barriers to support seeking can arise at each of these stages for men based on the messages that exist about masculinity and victimization; the idea that men "cannot" or "should not" be victims hinders problem recognition and definition, ideas of male independence hinder the decision to seek help, and the lack of societal acknowledgment of male victimization

(including by service providers) hinders men's selection of help providers, whether formal or informal. Additional barriers exist based on cultural factors and experiences of oppression for those survivors with intersecting minority identities (Chon, 2014; Whiting et al., 2020). While overcoming these barriers to support may be particularly difficult for men, they are nonetheless in need of such support. The current study's exploration of survivors' comments about relationships will illuminate two important aspects of survivors' support seeking: offline support-seeking which will be demonstrated in the content of survivors' discussion of relationships, and online support-seeking which will be demonstrated in the process of survivors' using the online forum for support. Both aspects can be instructive to clinicians in seeking to understand and bolster clients' sources of support both offline and online.

Untapped Opportunities Through Online Data

Sensitive topics, such as sexual abuse, often prove challenging for researchers because willing participants are harder to find, and those who are willing to participate still might not be forthcoming about their experiences or, if they are, might have unique qualities biasing results through a selection effect. With new technologies and widespread access to the internet, online forums have become a prominent place where these sensitive conversations can develop. Some of these forums are specifically designed for help-seeking and for providing support, access to people with similar life experiences, and a sense of security in sharing. Whiting et al. (2019) identified some of the reasons why online forums might be more comfortable and conducive to vulnerable conversations, including the potential for anonymity, the ubiquity and instantaneous nature of online communication, the ability to hold others publicly accountable if they respond in inappropriate ways, and the ability of commenters to add nuance and complexity to issues which are often oversimplified in public media. As these factors make sensitive conversations

increasingly more socially acceptable, greater numbers of sexual assault survivors seem to be coming forward with their experiences and engaging with one another (as evidenced by the #MeToo movement; Bogen et al., 2019).

In reviewing the literature, Bogen et al. (2019) identified three factors relevant to the present study that make online forums an accessible environment for survivors of sexual abuse, where previously silenced voices can be shared and add perspective for researchers studying these conversations. First, social websites provide access to more readily available health information tailored specifically to survivors; second, survivors can find support more easily online than in public settings (for example, survivors living in rural areas may not have easy access to a survivor support group but may be able to easily find a forum online); and, third, survivors who would not access traditional forms of support, such as those who distrust such services or those who are uncomfortable with in-person disclosure, may find online disclosure a preferable choice (Bogen et al., 2019). These various strengths of online forums provide large numbers of survivors a place to share their stories, validate one another, share insights for coping, and link to other supportive resources online.

Research can benefit from taking note of these strengths of online access to support and by adapting to these new venues of conversation. The apparent ease of online disclosure may suggest that traditional research settings such as focus groups and individual interviews are less conducive to disclosure for some (although certainly not all) survivors. Whether due to shame, personality factors, or geographical limitations, some survivors may be less likely to share their experiences in these traditional settings. Thus, previously untapped information can be explored using the voices of male survivors shared online.

From this untapped online data, the present study seeks to broaden understanding of how male survivors describe their experiences in relationships. Using anonymous comments from survivors on discussion boards at MaleSurvivor.org, one of the foremost websites providing online resources to male survivors of sexual abuse and sexual assault, the current study seeks to explore the following primary research question:

1. What themes relative to interpersonal relationships are apparent in the comments of male survivors of sexual abuse on an online discussion forum?
 - a. What are the key challenges for male survivors in relationships?
 - b. What are the key strengths within male survivors' relationships?

Lastly, while not primary to the analyses, the present study also aims to explore the ways in which the online forum community itself provides a space for survivors' interpersonal relating.

Methods

To address the relationship experiences of male sexual abuse survivors, data for the present study were collected from comments on an online discussion forum at MaleSurvivor.org, which were then analyzed using grounded theory methodology. MaleSurvivor.org was chosen as the source of data based on its prominence as an international resource for male survivors, the interactive nature and longevity of its discussion forums (started approximately 20 years prior to this writing), and the organization of its discussion boards into specific topics relevant to male survivors. Specifically, to address the primary research question, data were gathered from the discussion board titled "Family and Friends," which contains comments from survivors about their family and friend relationships (although most comments appeared to be about romantic partnerships), as well as comments from family and friends of survivors about their relationships with survivors. These comments were then organized into two groups based on whether the

content revealed the commenter to be a survivor or a significant other of a survivor. Data on significant others were kept separate for future analysis. Comments within the male survivor group were analyzed in a reflexive process to arrive at common themes.

Sample and Procedure

The sampling frame for the present study essentially included any male survivors and their significant others with access to internet throughout the world. While this sampling frame was likely limited to English speakers, the possibility remains that non-English speakers interacted with the forum through the use of online translation tools. Although the precise number of online discussion posts needed to reach theoretical saturation was unknown, inclusion of comments within the sample proceeded in reverse chronological order, starting at the end of the year 2020, until the emergence of new themes seemed to have ceased and theoretical saturation had been reached. However, to provide a more precise timeframe for comments in the sample, sampling then continued through completion of the calendar year at which theoretical saturation was reached. The final sample included comments from the beginning of 2016 through the end of 2020.

In collecting comments, only initial comments (i.e., an original post rather than a reply to someone else's post) were included to maintain consistency and to maximize the ability to comprehend and analyze the content. In other words, replies to initial comments were not included because they were highly dependent upon the content of the initial comments and, taken outside of context, would be difficult to understand. While this excludes some relevant data and misses some of the conversational nature of the discussion forums, replies to initial comments were generally much shorter than initial comments and spoke less often of the commenter's own

lived experience. Thus, this exclusion criterion was generally beneficial to analysis of the research questions.

Because of the anonymous nature of comments, demographic information could not be gathered, although the survivor status of the commenter could usually be ascertained from the content of each comment. This lack of demographic information is a common limitation of studies of online forums and impedes some interpretation of findings; however, the lack of researcher influence on commenters (such as would be necessary to collect demographic information) also provides the benefit of a less artificial setting and, potentially, more authentic comments from some participants. Nevertheless, data for the present study did allow for some inference about participant demographics in that survivors were assumed to be male-identified or raised-male (based on the title and focus of the website "MaleSurvivor.org"). Approximate age could sometimes be inferred from life circumstances mentioned by the commenters, and all commenters appeared to be adults. The type of abuse experienced by each survivor was also not always clear, but the nature of the forum and website lead us to assume that all survivor commenters experienced some type of sexual abuse, and comments commonly suggested that this abuse was experienced in childhood; however, this may not have always been the case. Survivors mentioned sexual orientation on occasion, and some of these comments provided meaning in the analysis, but, for most comments, survivors' sexual orientation was not apparent, although language in the comments (e.g., use of "my wife") showed that many of the survivors were in heterosexual relationships. Lastly, some comments allude to location, revealing that the forum is used by an international audience; in today's multicultural world, however, this location information does not necessarily reveal much about race, ethnicity, or nationality, so information about these demographic variables is quite scarce. Mention of any such additional demographic

variables was so limited, however, that they did not provide meaningful information for interpretation in the analyses.

Analysis Strategy

A thematic analysis was conducted using grounded theory practices described by Echevarria-Doan and Tubbs (2005) to systematically analyze text through a process of open, axial, and selective coding. The primary researcher first read through all comments, using open coding to label them with one or more categories that appeared salient within the material. These categories were then presented to the research group (consisting of marriage and family therapy graduate students and their faculty advisor, the secondary researcher) for input in the axial coding process; through discussion with the group and written input from the secondary researcher (who has extensive experience in qualitative analysis), the categories were compared with one another, condensed based upon similarities among categories, and adapted to better reflect the data. At this point, the primary researcher returned to the data to re-categorize relevant comments based upon the updated list of categories, and comments were permitted to fall into more than one category. New and adapted categories were also brought forward at this point, which were then communicated to the secondary researcher. As new categories and adaptations were agreed upon by the primary and secondary researchers, the primary researcher proceeded to code the data according to these categories and, subsequently, returned to the secondary researcher for further consultation. Although direct member-checking was not possible because of the anonymity of the online forum, the primary researcher also presented the categories to a male survivor of sexual abuse as they neared their final form to receive additional input. Lastly, selective coding, or the integration of categories into a cohesive story line, occurred through the

process of writing about the results and led to some additional adaptation of categories until they came to the form in which they are presented below.

Trustworthiness

The primary researcher is a marriage and family therapy graduate student who has specialized in studying the impacts of sexual abuse and other forms of violent trauma. The primary researcher also has several years of experience in local rape crisis services, including the facilitation of support groups for male survivors of sexual abuse. The secondary researcher and faculty advisor, in addition to being a highly experienced qualitative researcher, also has extensive experience in violence studies as well as clinical experience working with survivors of trauma, including male survivors. Both researchers are white men in heterosexual relationships, and, although the research group provided some diversity of perspectives in regard to gender and ethnic background, the sociodemographic characteristics of the researchers and research group are relatively homogeneous. As such, the researchers are aware of the subjectivity of the following results and how they are informed by the researchers' past experiences, personal characteristics, and knowledge of the research literature (Charmaz, 2000), which may provide both benefits and drawbacks to the results. However, the researchers attempted to account for these biases in part through the process of consultations with one another and with the research group to draw on differing perspectives. Further, the primary researcher attempted to account for his lack of lived experience as a male survivor through consultation about preliminary results with a male survivor, as noted above.

Results

The primary research question aimed to explore themes relative to male survivors' interpersonal relationships. Analysis of the data produced a variety of categories among

comments. These were organized into two primary themes: (1) the role of survivors' significant others in navigating the abuse and (2) abuse as having an impact on survivors' relationships.

Each of these contained multiple sub-themes, as shown in Table 1 and reported below.

Table 1

Results from Thematic Analysis

Theme	Sub-themes	Sub-categories
1. Role of Survivors' Significant Others in Navigating the Abuse	1a. Disclosure partner	-
	1b. Companion	-
	1c. Conversation Partner	-
	1d. Model of Relationships	-
	1e. Role with help-seeking and recovery behaviors	-
2. Abuse as Having an Impact on Survivors' Relationships	2a. Emotional Impacts	2a. (i.) Fear of intimacy
	2b. Sexual Impacts	2a. (ii.) Shame and Guilt
		2a. (iii.) Powerlessness
		2b. (i.) Triggers
	2c. Relational Impacts	2b. (ii.) Sexual Attraction/Orientation
		2b. (iii.) Infidelity
		2c. (i.) Relationship Quality & Development
	2c. (ii.) Competing or Overlapping Needs	

The Role of Survivors' Significant Others in Navigating the Abuse

Survivors posting on the MaleSurvivor.org discussion boards made numerous comments about the role their significant others played throughout the process of navigating the impacts of and recovery from abuse. Within this theme, five sub-themes emerged from the data analysis which describe different roles significant others can play: disclosure partner, companion, conversation partner, model of relationships, and a role with help-seeking and recovery behaviors.

Disclosure Partner

Disclosing the abuse itself as well as disclosing in greater detail were themes mentioned by multiple survivors. Some survivors noted the importance of disclosure in order to progress down the road of recovery and receive greater involvement from a significant other, although some also expressed uncertainty about the benefits of disclosure and some reported negative experiences. The question of whether disclosure might be helpful or hurtful is apparent in this comment from one survivor navigating the decision to disclose details of the abuse:

How much should i tell my wife? i was sexually abused by a neighbor when i was 8. my wife knows that but nothing more. i am struggling with how much to share with her. . . . i want better intimacy with my wife. i want to open up to her but don't know how much to share. if you are a spouse of a survivor or you are a survivor who has opened up to your spouse how much have you shared and what worked or didn't work? for example should i tell my wife the details of the abuse? i am willing but don't know if that is good or bad to do.

For some survivors, disclosure has been a positive experience or has been met with positive and supportive responses, as seen in these two comments: "I haven't shared much about my story but what I have shared she has been so grateful and supportive," and "the day I told my wife that 'f---ed up shit went down' in my childhood apartment complex, I started to deal with the realities of my life." One survivor described the courage required to overcome multiple past negative reactions to disclosure in order to open up about the abuse once again, this time to be met with support:

Now, by that point I was pretty disillusioned with the world. I had told some people what happened, and got very frustrating responses. I've been told awesome you scored! I've

been told to chill out, it's okay to have some one-night stand regret, but it is not okay to make up stories. I even got told by one guy it was pretty low of me to accuse the poor woman of something so horrible because the sex was bad. But I had this woman who seemed really nice wanting to know what was going on. I thought it was likely I'd get more of the same, and she might even break up with me over it, but what the hell. If I stayed silent she might've broken up with me anyway because I was sexually rejecting her. So, I told her. She believed me. My jaw hit the floor as she started apologizing for triggering me. Then we had a little conversation about it. She asked what she could do to make things easier for me so she didn't trigger me again.

Unfortunately, however, some significant others of survivors were not able to offer this same support, perhaps because of their own secondary traumatic reactions, as seen here: “I shared with my wife & in sharing that traumatic past with her, I saw that she was traumatized by knowing about it.” One survivor described the process of dealing with resurfacing memories, their impact on his family, and how their reactions hindered his progress in recovery:

That vault of memories exploded open & I was shell shocked with all those memories so clear in my mind. It was a hard time for me, for my wife & for my kids. I went through so many emotions & saw the concern on the faces of my family & the shock after disclosing my past to my wife all over her. . . . The shock I saw on my wife's face & the realization I made that my life had caused her trauma was something I can't explain in how much it made me feel responsible & like a liar for never disclosing those things to her. She in fact had called me a liar, among other things. She was broken & devastated, just like I was. I had a legitimate worry that we were going to divorce. So I repackaged all of those memories again [and] once again suppressed [them].

Lastly, two survivors reported responses from significant others that were ambiguous in terms of their positivity or negativity, such as one who said, "I have admitted to her that much of my sexual abuse by my mother from 8-18 and my stepfather from 13-18 I was a 'willing' participant. She understands this I think."

Companion

Multiple survivors described the role of their significant other in recovery in terms that suggested their companionship or supportive presence was important, aside from any specific behaviors. The survivors described how having someone with them in their difficulties, whether physically or emotionally, was meaningful: "I have told my wife repeatedly the past few weeks how much I appreciate her support. She has been amazing. . . . When I told her yesterday that I am having anxiety attacks about going into worship service with so many people she casually offered to sit with me in the balcony," "she was an angel as always, she just held me," "Over the last 18 months she has proven time and time again that she is in my corner no matter what. That means a lot to me," "Of course, [the flashback] wasn't my lady's fault at all, just a really bad coincidence. She held me, stroked my back and was extremely contrite," "sticking by me and staying in love with me despite all the hardships is enough for now as this really threw a wrench in what has been the closest relationship I have ever had."

Other survivors lamented the lack of this companionship and supportive presence in their relationships, as demonstrated by the following survivor's comment: "Each day my wife reminds me of the shame of failure, and guilt and brings fear that any hope is tenuous," and another comment:

She was suffering from caretakers fatigue in which I felt she wasn't there for me or listening etc ... Just days and days of arguments with the common theme that she is well

and I am sick , and any issue that came up was -go talk about it your therapist ... She started sleeping in a separate bed, less sex. She would put her headphones mid conversation or worse pretend she was asleep and I felt completely invalidated.

For some survivors, this lack of a supportive presence from a significant other led to a profound sense of loneliness, as shown in the following quotes: “By the end though, I was still alone, I sat alone, I went away, alone. I drove home alone, and being home, my wife hasn't given a damn about any of it... except her demand I get over it,” “I got a double hit with not only feeling all alone in my struggle, but my wife also getting a message [in therapy] to put up more definitive boundaries which may not have been the best [timing],” “I also feel like she doesn't validate me, doesn't know how painful and alone I feel,” and,

My experience is that I am alone to deal with everything, I will not be helped, and anyone showing me friendship or kindness will leave. I have dissociated/disconnected from helping my body, and not had the touch, nor companion/s to endeavor toward getting into touch with my body.

Even with a supportive partner, one survivor still expressed loneliness and acknowledged the difficulty for his partner in providing companionship and a supportive presence: “yet I still feel that loneliness at times when I just need to sit and talk. My wife is great support, but she isn't my counselor - she's too close to it.” Despite not receiving the support he hoped for, one survivor expressed understanding and empathy for his partner’s difficulty in providing support:

Just focusing on her I realized that in many ways she is just trying the best she can and trying to preserve boundaries. She is physically there when I need her, just not as expressive as I would like her to be. She grew up ' normal ' and the only real trauma she has experienced is through me. But I envy her innocence and just decided to cut her some

slack if she doesn't want to read up on being a partner to someone who is sexually abused. She is not callous, it's more she is protecting herself.

Conversation Partner

Survivors also described the role of significant others in conversing about the abuse and processing their traumatic experiences. Helpful conversations about the abuse appeared to be powerful and potentially healing. One survivor said, "I've told her probably more about my abuse than I have most people, and most conversations we've had have been very healing."

Another comment also showed the role of a helpful conversation partner:

One night while we were watching tv & having a cup of coffee she asked me how I was. How I "really" was. She asked because she finally had time to see that I was wounded & traumatized too. I didn't want to talk about it. Not at all. But we did. All night.

On the other hand, some survivors reported negative conversations with significant others and a longing for more validating and healing conversations: "I also have a wife whom telling anything too will be a source of stress," "Today she had a litany of complaints about the household mess, her doing all the work etc. I couldn't help but see it as rejection and I failed her,"

What could be a topic I could discuss with my supportive partner if I had one? And every day, I am forced to be reminded by her words, that I'm a burden and failure. . . . So, what if my wife were nice, no love, just nice. No sex, no overt affection, but just nice?

That would be an addition of a positive which I've not experienced from her for decades, and, from another comment,

I hope one day she will be able to at least delve into this stuff a little deeper. It does seem that she is overwhelmed and doesn't want to hear about sadness or anger but I hope with time maybe I can share some of this with her as I have shared with others.

Model of Relationships

A few survivors described continued unhealthy relationship patterns in their current relationships, and they related these negative behaviors to their past abusive experiences, as seen here: “the angry tone transports me back to growing up in a hypercritical environment where I have no voice.” Two of these comments expressed ambiguity about what these unhealthy patterns mean about their current relationship and alluded to how past abusive relationships can influence perceptions of present relationships. Their comments suggest difficulty in comparing the models of relationships they experienced through the abuse with how current relationships may or may not fit that model: “I am trying to take full responsibility for my cognitive distortions of how I see my wife. Is she abusive? She tends to yell a lot and can't be quite critical but no, no way near what he was,” and,

I point it out to her that she would be much more successful in obtaining what she wants if she spoke to me like an adult instead of sternly chastising me. She then proceeds to tell me that she is sorry this is how ‘I perceive’ things, meaning I [am] misperceiving based on my prior history of abuse. . . . So I persist and say please don't talk down to me. Please take responsibility in this dynamic and do not discredit it based on my history of abuse.

She laughs and then flips me off

One survivor, however, describes a partner who models new, healthy patterns of relating:

It's absolutely amazing to think that I'm actually now married to someone who, for some reason that still utterly illudes me, actually loves me! someone who I love more than

anything else in the world despite everything. She's my best friend, the person who showed me physical love could be something beautiful, she sees so much more good in me than I ever have, it still makes me cry to just consider that despite the fact we've been together for close to a year now.

Role With Help-Seeking and Recovery Behaviors

Multiple survivors also reported that their significant others played a role in their help-seeking and recovery behaviors, which, for most of these survivors was a helpful role in facilitating these behaviors. Two reported significant others supporting their access to therapy: “She finally encouraged me to find a therapist & she emotionally carried both of us until I could come to better terms with so much,” “thanks to quality insurance and a smart spouse who knows herself, I've had intensive therapy, including EMDR.” Two comments also described significant others who support their use of the online forum as a recovery tool: “when I told her I needed some space to use this forum she was most understanding,” “My wife is here with me to help her understand my CSA memories and abuse as it relates to wives. We sit here together as I write this.” Further, one survivor described his wife’s supportive role in taking on additional household responsibilities to allow him space for recovery behaviors: “She has been amazing. She has picked up more of the house working (cleaning up after dinner, taking care of the dog, packing lunches...) so I can sit by the fire and read, journal or listen to music.” Lastly, one survivor described a significant other who discouraged help-seeking and recovery behaviors: “It does hurt that she never really read any of the stuff I gave her - even the support for spouses, doesn't think couples therapy is necessary, told me not to talk about it anymore.”

Abuse as Having an Impact on Relationships

Aside from significant others playing a role for survivors in navigating their individual journey with the abuse, survivors also described how the abuse impacted relationship dynamics. Three sub-themes emerged describing different domains in which the abuse exerted an impact: emotional, sexual, and relational. These three sub-themes required further sub-division into eight additional categories of survivor comments.

Emotional Impacts

Analysis of the data produced three sub-categories of emotional impacts that survivors described as being influential upon their relationships, with some overlap among the categories: fear of intimacy, shame and guilt, and powerlessness.

Fear of Intimacy. Multiple survivors described struggles with opening up more vulnerable and emotional parts of themselves with significant others, despite a desire to do so, as shown in the following comment:

This past week I got really close to being there for my kids and their mom. . . . There are moments when I seem to be taking care of lots of things and want to share more of myself with her. Unfortunately when it comes down to being fully present, I find myself avoiding that last step. It may be that I'm afraid of telling her what seems to be the source of my confusion. It may be that I'm testing to see if she will allow me to explore it with her or in her presence. . . . Perhaps the problem is that fear lies next to the heart, and though it wants to be chased away it also wants to speak. Any thoughts about being friendly with fear are welcome.

For some survivors, these struggles with emotional intimacy seemed connected to feelings of shame and low self-esteem: "I'm not good at making friends or connections or dealing with people, because basically I'm so f---ing broken!" and,

as i go through therapy i realize that i have a struggle sharing my heart with her and others. i hate my heart as it is a place of great shame and contempt. i want better intimacy with my wife. i want to open up to her but don't know how much to share.

Nevertheless, some survivors described successes in overcoming their struggles and fears with emotional intimacy to find the connection with others they desired, as seen in the following two comments:

Sometimes it would probably be easier for me to clam up and push her away, but I don't. I can't always find the words to express how I'm feeling, but I try. I figure that if she can put so much effort into me, then the least I can do is be open with her. Again, not always comfortable.

And,

I'm writing in this Forum for a few reasons [including] my own loss of body understanding, connection. Add my failed marriage, and my deep desire to be loved and this was a key to me. . . . [In therapy,] I was being taught that I can be connected to others, that I could hold myself and get a physical vibe of healing from it. . . . The emotions can flow, let them. I did for quite some time, [the therapist] just letting me be there as someone who doesn't have much contact with people . . . This new body connection [in therapy], to my past, to loss of body contact, soothing hugs that never were, reassurances that never happened. I was going back and showing my boy?! It rocked me, and I cried some more.

Shame and Guilt. For several survivors, comments expressed an internalized belief that the survivor was less-than or broken, and this low self-esteem or shame influenced their relationships. One survivor expressed a belief that his partner deserved better than him:

Then I look at me. There have only been 2 others before her. I am extremely awkward around people I don't know face to face. I am ugly and I am broken. She could do so much better. Why the hell is she lying next to me?

Several comments expressed similar feelings of brokenness due to the abuse coupled with a fear that this might hurt their significant others or a guilt that it already had hurt them: "I'm terrified of what it will do to me, I'm terrified of hurting my wife, or still worse, of her having to cope with all of this," "the realization I made that my life had caused her trauma was something I can't explain in how much it made me feel responsible," "I feel ... extremely guilty for dragging my lady into this mess." "I find myself really struggling with and my own worthlessness, ideas which are only solidified by the terror I have of harming my lady in any way or of upsetting her," and,

What I felt however was an overwhelming sense of shame, indeed I cried, since I hate! her having to deal with this. It's bad enough that I have to deal with it, I can't bare hurting the person I love most in the world. . . . I'm genuinely terrified of causing her pain, especially with issues around my abuse, indeed I'm really disappointed in myself since I thought I'd dealt with things better than this.

Two survivors made comments reflecting how unsupportive or conflictual relationships can play on these negative self-beliefs and feelings of shame: "It's pathetic, it shows dysfunction, it shows my vulnerability to being controlled, to being manipulated," and, "Today she had a litany of complaints about the house hold mess, her doing all the work etc. I couldn't help but see it as

rejection and I failed her.” One survivor, however, was able to confront the feelings of shame directly, saw them as normal for survivors, and mentioned how he is trying to overcome them to improve at help-seeking:

One thing I have begun to learn is that its OK to ask for assistance - we survivors aren't good at asking for help for much since it we don't know how to place our needs out front. 'I'll be OK, I don't matter, everyone is more important than me, I'm not good enough to pay attention to, no one cares.' Well, that's a lie. People DO care, are willing to help - if the need is made known.....I'm getting better at asking for some help here and there.

Powerlessness. A few comments from survivors conveyed how the abuse has made them feel powerless and how this powerlessness impacts dynamics in their relationships. One comment said, “On the one hand I feel so fragile and needy but also resent that [my wife and I] are in a doctor / patient relationship and I am the patient. I feel like I lost my power.” Another similarly described how this powerlessness affected the survivor’s relationship:

The abuse does make [me] act like a scared child and to be dependent on my wife like a mother . . . I feel like I am not being heard and [wife’s] angry tone transports me back to growing up in a hypercritical environment where I have no voice.

In another comment, a survivor emphasized how powerlessness enters his life and how difficult it can be to overcome, despite recognizing its impact:

This . . . puts me into a position that my lady refers to as "the loop" [which] discourages me from actually trying anything where I am again going to be under the thumb of someone else's stupid judgement with no power to influence or change it. . . . The problem is that it is something I do not feel in a position to change, since the attitude comes from the fact that in my life both the best and worst things that have ever

happened to me have been entirely outside my control, and for a very long time I felt that every aspect of my life has pretty much been standing still whatever I do, ---- feeling powerless is not an easy thing to shake.

Sexual Impacts

Many comments from survivors addressed difficulties in sexual relationships. Some spoke in general terms about abnormal or less than ideal sexual relationships: "As far as intimacy goes, our sex life has been far from normal," "I don't get affection, and have to do my best if and when I am not angry and want to try sex. But, I'm angry at her, all the time," and, "Neither one of us are feeling fulfilled sexually." Others, however, identified specific areas of sexual difficulties stemming from the abuse.

Triggers. The most commonly identified of sexual difficulties was how sexuality would remind survivors of the abuse in emotionally triggering or confusing ways: "I told my wife years ago that I don't like french kissing. She was hurt but honored that I never told her that it had to do with the abuse," "The worst though is that [wife] says it felt like I was raping her when we had sex the last 10 years. Considering I dissociated and would go to auto pilot I can see that being the case,"

I have also admitted that at times the memories arouse me still. This confuses her and hurts to some degree. When we have sex some of those memories come back and we talk about it and she encourages me to I enhance my pleasure. I feel guilty and she at times feels hurt and used.

And,

Also I go back to the abuse often in my head imagining myself re-enacting the event with other men. I have been told this is a control thing as my mind tries to take back control of

what happened. Also I often imagine myself being beaten up or raped by other guys. All pretty messed up stuff.

Two survivors mentioned times that triggers arose not during sex but in ways that were still tied to bodies, sexuality, and memories of the abuse. One said, “[My partner] begins reiki on me. At first I get all these flashbacks of him choking me when she put her hands near my throat or just profound pain.” The other comment goes into greater detail about how a survivor and his partner responded to the trigger:

Then suddenly bang! I'm getting a physical flashback of a very unpleasant incident with a used tampon from school where those same words were used. I went completely still and actually panicked slightly before coming out of it after a minute or so. Of course, it wasn't my lady's fault at all, just a really bad coincidence. She held me, stroked my back and was extremely contrite even though she didn't need to be since I've told her probably more about my abuse than I have most people, and most conversations we've had have been very healing., heck they've had to be to deal with my genophobia. She actually said she was particularly sorry since I did outline the incident to her on previous occasions if not the gory details and she'd forgotten that it was a triggering subject.

As in the previous quote, another survivor also described the impact of a supportive partner in finding ways to create safety around sexuality and triggers:

Fast forward a month. Things were going okay. We hadn't had sex yet, much to her frustration I think. . . . she decided to invite me to her place for dinner. After we ate she invited me to her couch to watch some TV. I was beginning to start to be comfortable with her, so I didn't see much harm in that. But then she started making very strong sexual advances. I had a full blown panic attack. She realized what was going on and

asked me what the hell. . . . She asked what she could do to make things easier for me so she didn't trigger me again. I told her that for one thing, ask permission before she touched me. At that point I needed to be in control over physical contact. It sounds completely crazy, but she started doing it. Sometimes like when watching TV she would touch me without thinking about it. To fix that she came up with the use of a safe word. It can be used at any time for any reason that I feel uncomfortable. It was a good idea because it gives me a sense of power over things. I can let small things go like her touching my thigh without thinking about it because I know I have the power to end it. It did take some testing on my part, and full cooperation on her part for it to work.

Sexual Attraction/Orientation. Aside from triggers, other areas of sexuality were also mentioned as challenging or confusing for survivors. For instance, one survivor described uncertainty, both on his part and his wife's, about his sexual orientation, as well as uncertainty about the role of abuse in this. Of note, MaleSurvivor.org includes a separate discussion board not included in this analysis titled "Sexual Identity Issues" (separate from another discussion board titled "Gay/Bi/Trans Survivors"), and its content suggests that the confusion described in the following comment is not unique:

I have acted horribly throughout my marriage, having male hookups on the side. I've risked my health, my wife's health and our marriage. The question is . . . Why? I can't just blame my actions on. . . 'well I was abused' or as my therapist say's 'I was sexualized at an early age.' That doesn't explain everything, does it?. To me I can't accept that and neither can my wife nor should she. . . . As far as intimacy goes, our sex life has been far from normal. Nor do I have a history of any real relationships with women. My wife is convinced that I am highly repressed and closeted, that no 'straight' man would ever have

sex with another man. And I'd have to agree with that. But I never considered myself as gay. So there it is. Infidelity compounded with same sex attraction.

Another comment mentioned "SSA urges" (same-sex attraction) within a heterosexual marriage, and how this survivor and his supportive wife were trying to navigate this:

I consider myself bi and have accepted that in the past couple of years. . . . I have come to realize that ignoring my SSA urges isn't going to be a lifelong option. My wife thinks I am pansexual. All these terms/labels are new to me and frankly really don't seem necessary to me . . . She might be right. I have fallen in love with male and female in my life, But I have always had to care for someone to be with them. I am not one that can 'perform' on demand. I love my wife and kids and I do NOT want to go anywhere. My wife wants me to be happy and I want her to be happy. So, we have started down the path of opening up our marriage. a little bit. We are going to explore what we are open to. . . . We both really trust each other and neither of us are looking to hurt each other. we both want each other to be happy and our happiness is tied together.

Infidelity. Other survivors also mentioned sexual and emotional difficulties in their relationships which were linked with them turning outside of the relationship for sexual and emotional connection: "I confess to messed up behavior, basically finding emotional validation with escorts," "I have to forgive myself as well for turning to other women for emotional support. In the end, it may have saved our marriage as I just needed it and she couldn't give it," "She was suffering from caretakers fatigue in which I felt she wasn't there for me or listening etc. It unfortunately drove me outside the marriage which is not something I ever wanted but I needed someone to share the pain with," and,

So I find myself recently going with escorts just to be close to a woman and feel compassion. I am not really interested in sex, which I think back fires as they have all been interested in sex. I just want to feel close so engage in some foreplay. But really it's feeling the intensity of being heard and close and relaxed. Most are survivors and we can relate to one another. In fact, one I am friends with. Only on a blog could I admit this and it feels safe as I don't do anything intense, there is no way it will threaten my marriage unless of course my wife finds out. But honestly, she sees me getting better and it's being heard and held and accepted that heals me. I just need a lot of affection and my wife being normal and busy with three kids won't ever get it, but I need validation and I need to verbally express it and being held. I know some women will shake their head in disgust and it is with much trepidation that I post this. . . . But going through the trauma I find myself having sexual feelings and it feels much safer with a woman who I find attractive.

Lastly, one survivor described finding a balance between taking accountability for an affair and recognizing the role that CSA played in it:

I first owned up to the trauma that had happened to me early in 2009. It feels like a million years ago. I had carried on a stupid affair with a co-worker, in which I basically had sex with her a handful of horrid times, hated myself thoroughly, struggled to get out of it and finally told my wife when I thought the husband of the other woman was bent on coming to our house, armed and angry. What a messed up situation, right? I was a shambles. I trace so many bad decisions, so much shame and hurt back to the molestation which I suffered in secret when I was a grade school boy. I mean, I own my decisions. I'm responsible for my life.

Relational Impacts

Relationship Quality and Development. Some survivors' comments alluded to general impact from the abuse on the quality of the relationship or on the process of it developing into a stronger or weaker relationship. Two commenters were in the midst of negative impacts on the relationship: "My wife loves me but PTSD has driven a wedge between us," "To her, I use her, I've always used her, I offer nothing, but am a parasite who has ruined her life. She can make that case, it can be true to some degree." One commenter, while experiencing these negative relational impacts, described being at a turning point in wanting the relationship to change:

In recovery, I now want to be heard and tired of being intimidated, yelled at, demeaned, laughed at. Yes, I did buy into the child / adult relationship but now I want out. ... I just don't want to be treated this way anymore and am angry. It's time for me to be heard and respected

Another survivor acknowledged the potential challenges of abuse impacting the course of a relationship and expressed compassion for both survivors and partners in these difficulties:

This is a hard journey. For survivors & for those who love them. I know my that the situation for me & my wife won't be the same for everyone & I certainly don't have the answers for how to handle those situations. I guess I just want to acknowledge that it's difficult on both sides & to say that the survivor you love isn't trying to break your heart any more than you are his. I hope that everyone will be able to see this at some point in their journey & I wish everyone peace & reconciliation with their pain & any confusion with each other.

Finally, two comments mentioned growth and improvement in their relationships along the challenging road of recovery: "These days things are so much better. In therapy, the trauma of

my childhood has receded as a topic of conversation. Mostly, I'm working on being the best man I can be, the best partner and dad," and,

Things are so much better for us. But we are both still trying to heal. I like to think that our wounds have healed & turned to scars rather than . . . that we are still bleeding internally. I think it's like a spectrum for us. Some days we see the scars on one another, sometimes we have to put a bandage on a wound, in either case we live each other & want the relationship we have together, although it is different in some ways, to continue.

Competing or Overlapping Needs. Two additional comments emerged from the analysis as noteworthy in their description of the interaction of survivors' and their partners' needs, which could compete or overlap with each other. For one commenter, this conflict between needs was a hinderance to the survivor's recovery progress: "And the whole time she was making strides, I felt like I was bleeding to death while wearing a mask of myself with a big smile." The other comment referenced a dual-survivor relationship and the unique interaction of both partners' trauma histories in these relationships:

I've told her any support she needs to recover herself I'll give, however I'm terrified she'll crash as I did and have to go through all the realizations and everything else. I can't bear to see her hurt, or think of her being hurt, especially in that! way. She doesn't believe she will, but I'm not as sure. By an irony, [she] herself is more angry at my own abusers than I am, indeed she has said what she went through is nothing compared to the three years of public gang rape and sexual humiliation. . . . I will confess the thought of her being hurt bothers me, and while that counts also her emotionally abusive marriage and the manipulative partner who followed, it's the hurt B did her, the hurt which she believes is minor which bothers me the most, which likely of course is partly due to my own history.

No, this will not change things between us, indeed if anything it makes me love her even more for going through that and then being willing to help me with my own genophobia [fear of sex], though as I've observed before myself it's far easier to care for others than yourself.

Online Forum as a Means of Relating

As mentioned, while a full analysis of these comments is beyond the scope of this paper, open coding was conducted relative to survivors' use of the online forum as a means of interpersonal relating. Coding suggested that survivors' comments reflected use of the forum as a means of both seeking something from others and sharing something with others. Survivors expressed that they were seeking stories, perspectives (sometimes from survivors and sometimes from partners), advice/solutions, hope, validation, comfort, company, safety, understanding/clarification, and resources. Additionally, survivors' comments demonstrated desires to share accomplishments, advice, hope, resources, life updates (not always abuse/recovery related), and gratitude (for other survivors and significant others). Further, survivor comments revealed that the online relationships are themselves a recovery tool for some. Three quotes are included below as examples:

Seeking

To the male survivors that can relate to this, I want to hear from you. Did your marriage survive this and how? And to the women survivors that are victims of this, I want to hear your story too.

Sharing

Hi all, if you follow my posts I find my wife is not always the most understanding or willing to understand what recovery is like. I just wanted to let people know I have turned a corner as it might possible help others.

MaleSurvivor.org as a Recovery Tool

There has been no other place to be validated except MS [MaleSurvivor.org], and to me, this is the base upon which my healing has built. As I continue with IFS, EMDR, Sensorimotor and CB therapies, each time I see progress it means a lot to me. I feel less impact, I have more resilience because of MS and brothers and sharing... and work!

Discussion

This study was one of the first qualitative investigations of the relationship dynamics of male survivors of sexual abuse and used a unique source of online data to build on past research. The themes and sub-themes that emerged through the analysis confirmed and built upon ideas from past research and clinical experience. The first theme found within male survivors' comments suggested that survivors view their significant others as playing a role in navigating the abuse, whether as a disclosure partner, a companion, a conversation partner, or a model of relationships, and some also played a role with help-seeking and recovery behaviors. Aside from relationships playing a role in navigating the abuse, the second theme suggested that effects could run in the opposite direction, with the abuse having an impact on the relationship. Some of these effects were through emotional struggles of the survivors, such as fear of intimacy, powerlessness, and shame/guilt, that spilled over onto the relationship. Other impacts from the abuse were sexual, with survivors reporting about how triggers, sexual attraction/orientation, and infidelity impacted their relationships. In addition, survivors experienced relational impacts, such

as impacts on relationship quality and development and impacts through the competing or overlapping needs of both partners. Lastly, although a more complete analysis of survivors' use of the forum is merited, this study found preliminary results that survivors use the online discussion forum as a means of relating, sometimes seeking something from others on the forum, sometimes sharing something with others, and sometimes using the forum as a recovery tool.

The finding that significant others play a role for male survivors in navigating the abuse is in line with past theory and research. Monson et al. (2010) described research on social support and attachment that suggests close others can have an effect on trauma recovery and PTSD. The findings of the present study suggest several specific ways in which significant others can be impactful for male sexual abuse survivors. Male survivors described the importance of significant others as disclosure partners, which is notable in light of the findings from other studies that disclosure is particularly difficult for male survivors (Easton, 2013). Shame and fears of appearing "less masculine" can serve as barriers to disclosure (Griswold et al., 2020), and this difficulty with disclosure may cause further relational problems as it creates barriers to intimacy with men keeping walls around their hidden abuse (MacIntosh, 2017). However, as seen in the men's comments in the present study, disclosure to a partner can be either a positive or negative experience (or both) in relation to whether responses to disclosure are supportive or blaming and stigmatizing, and the quality of the disclosure experience can have further impacts upon partners' relational and sexual satisfaction (de Montigny Gauthier et al., 2019).

The remaining findings on significant others' role in navigating the abuse, while not completely novel, contribute important understanding. These aspects of male survivors' relationships have been underdeveloped in the literature, although past research provides support

for these ideas. Survivors in the present study reported on the importance of companionship, with some survivors describing how their significant others provided a supportive presence while others lamented the lack of companionship in their relationships. In interviewing male survivors, Kia-Keating et al. (2010) also found that survivors emphasized the importance of safe relationships, relationships where survivors felt a sense of belonging, and relationships with a supportive partner presence. Nelson Goff et al. (2006) also found that cohesion/connection (whether increased or decreased) and support from a partner were relevant themes to trauma survivors' relationships, although these findings were not specific to sexual abuse or male survivors. Their study also found themes of increased or decreased communication and understanding among survivor relationships, which supports the present study's finding that significant others served as conversation partners for survivors. Comments in the present study, however, provided additional context on what role this conversation partner can play for male survivors, with survivors describing conversations that helped with processing and healing or, alternatively, that led to invalidation. Further, the present study found that significant others can play a role for male survivors as a model of relationships, sometimes contributing to negative relationship schemas and, other times, helping survivors reevaluate relationship schemas toward new ideas about healthy relationships, and that significant others played a role in either encouraging or discouraging help-seeking and recovery behaviors; these ideas appear to have received less attention in past research.

The second theme within the current study was that survivors described how abuse impacted their relationships, emotionally, sexually, and relationally, whether through impacts on the survivors themselves that then spilled over onto the relationship or through impacts on the relationship as a whole. Others have recognized the presence of individual stress symptoms

among survivors and how these can influence relationships (Nelson & Wampler, 2000; Schwerdtfeger et al., 2008). Monson et al. (2010) described how PTSD symptoms can themselves have an impact on relationships and how trauma survivors' "emotional content and process disturbances are suspected to contribute to emotional communication deficits and their related relationship impairments" (p. 193). The present study found emotional impairments in regard to survivors' fear of intimacy, shame and guilt, and sense of powerlessness. Intimacy problems have been found among other trauma survivors (Henry et al., 2011), and male survivors have previously reported the challenges of emotional expression as well as the benefits of building intimacy (Kia-Keating et al., 2010). A sense of powerlessness has received less attention in the literature, although clinicians are likely to have seen dynamics of powerlessness and how they relate to the abuse of power inherent in survivors' sexual abuse experiences. Shame is commonly mentioned in other literature on male survivors (Griswold et al., 2020; MacIntosh, 2017; Ralston, 2020; Schwerdtfeger et al., 2008), and its impact appears to be closely tied with ideas about masculinity. MacIntosh (2017) described how masculinity expectations can make male survivors feel like failures and, thus, increase shame, which can then relate to relationship impacts through avoidance of disclosure, shutdown of emotion regulation, problems with empathy and perspective taking, and externalization of shame in ways that fit masculinity norms (e.g., anger, aggression). However, male survivors can also be aided in reducing the impact of shame through examination of masculinity expectations and creation of a revised personal masculine identity (Ralston, 2020). Of note, the present study revealed an additional layer of the impact of shame in that survivors' shame also related to feelings of guilt; survivors' shame-filled perspectives of themselves as broken led them to feel guilty for how they might hurt

their significant others or guilt that their significant others are have to be partnered with someone like them in the first place.

Survivors in the present study also reported the abuse's varied impacts on the couple's sexual relationship. Comments from survivors commonly mentioned the potential for sexuality to be triggering. Henry et al. (2011) also found triggers to be a common theme among survivor couples in their sample; however, the sample was not specific to sexual abuse or male survivors, nor were the triggers mentioned sexual in nature. MacIntosh (2017) elaborated ways in which sexual relationships can be impacted in the lives of male sexual abuse survivors, as informed by research and clinical experience. She highlights the paradox for many male survivors of deeply desiring closeness while simultaneously fearing and avoiding intimacy. In terms of sex, this often manifests in male survivors engaging in a sort of "double life," with sexual engagement and compulsivity outside of committed relationships (through fantasy, pornography, and/or hookups) on the one hand and, on the other, sexual avoidance (perhaps through distraction, dissociation) within committed relationships. These dynamics appeared to be present for some survivors in the present study as they described seeking sexual and emotional connection outside of their relationships because of difficulties obtaining these things within their relationships. Survivors also mentioned sexual relationship problems stemming from issues of sexual orientation (confusion about one's orientation or mixed-orientation relationships), and past research suggests that sexual orientation is commonly a point of difficulty for male survivors based on internalized messages from hegemonic masculinity and from the abuse itself (Tremblay & Turcotte, 2005).

Survivors also reported impacts of the abuse on their relationship quality and development. Others have found support these ideas in the literature. Although their sample did

not include survivors of sexual trauma, Whisman (2014) found poorer marital quality, in terms of fewer positive interactions and more negative interactions, among couples where at least one partner had been impacted by trauma. Nelson and Wampler (2000) also found that trauma-impacted couples reported lower marital satisfaction and family cohesion. These relational impacts might be explained, in part, by another impact of the abuse mentioned by survivors in the present study: competing or overlapping needs among partners. Secondary trauma theory (Nelson & Wampler, 2000) suggests that both partners can be experiencing traumatic symptoms even if one is not a trauma-survivor, and this interplay of symptoms becomes even more complex if both partners are survivors (Balcom, 1996), which may then take a toll on relationship quality, cohesion, positive/negative interactions, etc. Despite these challenges in relationship dynamics, however, male survivors can progress through a process of relational recovery toward more satisfying relationships (Kia-Keating et al., 2010).

The preliminary findings on survivors' use of the online forum for as a means of relating with others showed results consistent with past research. In the present study, survivors appeared to use the online forums for seeking such things as advice, validation and comfort; sharing such things as hope, advice, and resources; and making use of these online relationships as a tool in recovery from the abuse. The findings from Sagers et al. (2020), although not male survivor-specific, also showed that sexual assault survivors use online forums to seek things like advice, resources, validation, and an opportunity to share their experiences with others, among other things that might be part of their recovery process.

Clinical Implications

The findings here provide support for and added information to inform existing treatment recommendations for working with couples affected by trauma. Other scholars have developed

treatment approaches such as the Cognitive-Behavioral Interpersonal Theory of PTSD (Monson et al., 2010) and the Couple Adaptation to Traumatic Stress (CATS) Model (Nelson Goff & Smith, 2005). Additional treatment recommendations for trauma-impacted couples have also been put forth, such as working with CSA-impacted couples through a process of witnessing to end traumatic reenactment and help the couple embrace their preferred stories (Nasim & Nadan, 2013). Most existing relational treatment recommendations are not specifically informed by the experiences of male sexual abuse survivors, with Developmental Couple Therapy for Complex Trauma (MacIntosh, 2017) as a notable exception. Turmel and Liles (2015) also provided clinical recommendations specific to male CSA survivors, including assisting with trust, emotional vulnerability, survivors' sense of self in relation to roles in relationships.

The findings from the present study can help supplement existing therapy approaches, which are often underinformed regarding the specific dynamics of male sexual abuse survivors, toward greater understanding of the interpersonal impacts of sexual abuse for male survivors and their partners. Clinicians should recognize the important role that significant others can play in facilitating or hindering recovery and assess how this role is manifest for each male survivor client. In working with significant others, clinicians can then help them fill these roles in ways that are most helpful with recovery, such as helping partners become safe and emotionally available for disclosure and conversation about the abuse, helping them be emotionally present and supportive, and enabling them to co-create corrective experiences in survivors' relationships. Additionally, the present study's findings further illuminate the various ways sexual abuse may be affecting the relationship, impacting both survivors and partners, and clinicians can join with both partners in addressing these emotional, sexual, and relational impacts. These impacts may likely be influential even for couples who do not present to treatment with men's sexual abuse as

a treatment issue but which, nonetheless, are experiencing these impacts with men's sexual abuse as part of their couple context. The shame surrounding sexual abuse and the obstacles to their disclosure might make it quite likely for the abuse to take a backseat in treatment, but the present study helps arm clinicians with the ability to bring these issues into treatment to help clients progress toward their goals. Jesness (2009) found that marriage and family therapists often overlook sexual abuse in men, inquire about it less often than with female clients, and often feel lacking in training as to how to inquire about sexual abuse with men. This blind spot has the potential to hinder treatment, but the present study can help provide clinicians with greater understanding and reassurance in approaching men about the influence of sexual abuse in their lives.

Lastly, the finding that men long for the companionship of supportive relationships, coupled with the preliminary findings regarding the support male survivors can receive from online discussion forums, suggest that clinicians might benefit from connecting male survivor clients with varied forms of interpersonal support, including through referral to well-vetted online forums.

Research Directions

As emphasized throughout this paper, research specific to male sexual abuse survivors is underdeveloped, especially as it relates to their experiences in relationships. Additional qualitative work, perhaps through following up on the themes from this paper through semi-structured interview questions about these themes, could help expand and deepen understanding of how male survivors view their relationships. Further, the perspectives of significant others were not analyzed here, and their views of relationship dynamics with male survivors would be essential to analyze to create a more complete understanding of the relational impacts of men's

sexual abuse. In addition, more quantitative work is merited to test the themes from the present study among generalizable samples. Understanding relational impacts would also be advanced by augmenting the number of quantitative studies using relational methods such as actor-partner interdependence models (see Banford Witting & Busby, 2020, as an example). Also, while some well-developed approaches have been put forth for treating trauma- and sexual abuse-impacted couples, clinical practice could benefit from additional research on these models, their processes and outcomes, and their application with specific populations such as male sexual abuse survivors. Lastly, the findings gave added support to ideas from others (Bogen et al., 2019; Whiting et al., 2019) that online forums provide unique benefits for navigating sensitive issues such as sexual abuse, but additional research is needed to assess these benefits and how they relate to recovery outcomes.

Limitations

As is usual for qualitative work, the present study is limited in its generalizability. While the online sample may provide voices from survivors of varied backgrounds and locations, there was no systematic way of providing for representativeness, especially as many survivor demographic characteristics were unknown. As mentioned previously, this is a disadvantage of the online sampling method as opposed to traditional qualitative methods where more knowledge of participant characteristics might provide greater nuance to findings. Relatedly, the number of survivors in the present study's sample was also unknown as multiple comments may have come from the same survivor, which may have added some depth but would also mean that less breadth of survivor voices was represented. The online nature of the data also made it impossible for the researchers to ask any clarifying questions of survivors. Lastly, the results were informed by the preexisting perspectives and biases of the researchers, both of whom have research and

clinical experience in working with sexual abuse and with male survivors specifically. This is both a strength and a limitation, as these preexisting perspectives facilitated the drawing out of themes from the comments that were consistent with past literature while they might also have obscured other possible themes.

Conclusion

Through an analysis of comments from male survivors in an online forum, this study has illuminated dynamics of male survivors' relationships which have received insufficient attention in the research literature and in clinical practice. The results revealed important ways relationships can be both impacted by and can impact recovery and the lingering effects of abuse. Through greater understanding of and attention to the unique experiences of male sexual abuse survivors, significant others in their lives as well as researchers and clinicians can be empowered to support male survivors along their journey of healing.

References

- Andalibi, N., Haimson, O. L., Choudhury, M. D., & Forte, A. (2016). Understanding social media disclosures of sexual abuse through the lenses of support seeking and anonymity. *Proceedings of the 2016 CHI Conference on Human Factors in Computing Systems - CHI 16*. <https://doi.org/10.1145/2858036.2858096>
- Balcom, D. (1996). The interpersonal dynamics and treatment of dual trauma couples. *Journal of Marital and Family Therapy*, 22(4), 431-442. <https://doi.org/10.1111/j.1752-0606.1996.tb00218.x>
- Banford Witting, A., & Busby, D. (2019). The long arm of trauma during childhood: Associations with resources in couple relationships. *Journal of Marital and Family Therapy*, 45(3), 534-549. <https://doi.org/10.1111/jmft.12354>
- Banford Witting, A., & Busby, D. M. (2020). The residuum of childhood physical and sexual abuse: Coming to terms in couple relationships. *Journal of Interpersonal Violence*, 1-25. <https://doi.org/10.1177/0886260520965972>
- Barth, J., Bermetz, L., Heim, E., Trelle, S., & Tonia, T. (2013). The current prevalence of child sexual abuse worldwide: A systematic review and meta-analysis. *International Journal of Public Health*, 58(3), 469–483. <https://doi.org/10.1007/s00038-012-0426-1>
- Berthelot, N., Godbout, N., Hébert, M., Goulet, M., & Bergeron, S. (2014). Prevalence and correlates of childhood sexual abuse in adults consulting for sexual problems. *Journal of Sex & Marital Therapy*, 40(5), 434–443. <https://doi.org/10.1080/0092623X.2013.772548>
- Bogen, K. W., Bleiweiss, K. K., Leach, N. R., & Orchowski, L. M. (2019). MeToo: Disclosure and response to sexual victimization on twitter. *Journal of Interpersonal Violence*, 1-32. <https://doi.org/10.1177/0886260519851211>

- Charmaz, K. (2000). Grounded theory: Objectivist and constructivist methods. *Handbook of Qualitative Research*, 2, 509-535.
- Chaudoir, S. R., & Fisher, J. D. (2010). The disclosure processes model: Understanding disclosure decision making and postdisclosure outcomes among people living with a concealable stigmatized identity. *Psychological Bulletin*, 136(2), 236–256.
<https://doi.org/10.1037/a0018193>
- Chon, D. S. (2014). Police reporting by sexual assault victims in Western and in non-Western countries. *Journal of Family Violence*, 29(8), 859–868. <https://doi.org/10.1007/s10896-014-9644-z>
- Dario, L. M., & O’Neal, E. N. (2018). Do the mental health consequences of sexual victimization differ between males and females? A general strain theory approach. *Women & Criminal Justice*, 28(1), 19–42.
<https://doi.org/10.1080/08974454.2017.1314845>
- de Montigny Gauthier, L., Vaillancourt-Morel, M. P., Rellini, A., Godbout, N., Charbonneau-Lefebvre, V., Desjardins, F., & Bergeron, S. (2019). The risk of telling: A dyadic perspective on romantic partners’ responses to child sexual abuse disclosure and their associations with sexual and relationship satisfaction. *Journal of Marital and Family Therapy*, 45(3), 480-493. <https://doi.org/10.1111/jmft.12345>
- DiLillo, D. (2001). Interpersonal functioning among women reporting a history of childhood sexual abuse: Empirical findings and methodological issues. *Clinical Psychology Review*, 21(4), 553-576. [https://doi.org/10.1016/s0272-7358\(99\)00072-0](https://doi.org/10.1016/s0272-7358(99)00072-0)

- Dorahy, M., & Clearwater, K. (2012). Shame and guilt in men exposed to childhood sexual abuse: A qualitative investigation. *Journal of Child Sexual Abuse, 21*(2), 155-175.
<https://doi.org/10.1080/10538712.2012.659803>
- Dube, S. R., Anda, R. F., Whitfield, C. L., Brown, D. W., Felitti, V. J., Dong, M., & Giles, W. H. (2005). Long-term consequences of childhood sexual abuse by gender of victim. *American Journal of Preventive Medicine, 28*(5), 430–438.
<https://doi.org/10.1016/j.amepre.2005.01.015>
- Easton, S. D. (2013). Disclosure of child sexual abuse among adult male survivors. *Clinical Social Work Journal, 41*(4), 344-355. <https://doi.org/10.1007/s10615-012-0420-3>
- Easton, S. D., & Kong, J. (2017). Mental health indicators fifty years later: A population-based study of men with histories of child sexual abuse. *Child Abuse & Neglect, 63*, 273-283.
<https://doi.org/10.1016/j.chiabu.2016.09.011>
- Easton, S. D., Leone-Sheehan, D., Sophis, E. J., & Willis, D. G. (2015). “From that moment on my life changed”: Turning points in the healing process for men recovering from child sexual abuse. *Journal of Child Sexual Abuse, 24*(2), 152-173.
<https://doi.org/10.1080/10538712.2015.997413>
- Echevarria-Doan, S., & Tubbs, C. Y. (2005). Let’s get grounded: Family therapy research and grounded theory. *Research Methods in Family Therapy, 2*, 41-62.
- Elliott, D. M., Mok, D. S., & Briere, J. (2004). Adult sexual assault: Prevalence, symptomatology, and sex differences in the general population. *Journal of Traumatic Stress: Official Publication of The International Society for Traumatic Stress Studies, 17*(3), 203-211. <https://doi.org/10.1023/B:JOTS.0000029263.11104.23>

- Fergusson, D. M., McLeod, G. F., & Horwood, L. J. (2013). Childhood sexual abuse and adult developmental outcomes: Findings from a 30-year longitudinal study in New Zealand. *Child Abuse & Neglect, 37*(9), 664-674.
<https://doi.org/10.1016/j.chiabu.2013.03.013>
- 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, 14*(1), 19–28. [https://doi.org/10.1016/0145-2134\(90\)90077-7](https://doi.org/10.1016/0145-2134(90)90077-7)
- Forde, C., & Duvvury, N. (2017). Sexual violence, masculinity, and the journey of recovery. *Psychology of Men & Masculinity, 18*(4), 301–310. <https://doi.org/10.1037/men0000054>
- Gartner, R. B. (1999). Sexual victimization of boys by men: Meanings and consequences. *Journal of Gay & Lesbian Psychotherapy, 3*(2), 1–33.
https://doi.org/10.1300/J236v03n02_01
- Gilgun, J., F., & Reiser, E. (1990). The development of sexual identity among men sexually abused as children. *Families in Society: The Journal of Contemporary Social Services, 71*(9), 515-523. <https://doi.org/10.1177/104438949007100901>
- Gill, M., & Tutty, L. M. (1999). Male survivors of childhood sexual abuse: A qualitative study and issues for clinical consideration. *Journal of Child Sexual Abuse, 7*(3), 19-33.
https://doi.org/10.1300/J070v07n03_02
- Griswold, S. R., Neal Kimball, C., & Alayan, A. J. (2020). Males' stories of unwanted sexual experiences: A qualitative analysis. *Psychology of Men & Masculinities, 21*(2), 298–308.
<https://doi.org/10.1037/men0000247>

- Henry, S. B., Smith, D. B., Archuleta, K. L., Sanders-Hahs, E., Nelson Goff, B. S., Reisbig, A. M., ... & Nye, B. (2011). Trauma and couples: Mechanisms in dyadic functioning. *Journal of Marital and Family Therapy, 37*(3), 319-332. <https://doi.org/10.1111/j.1752-0606.2010.00203.x>
- Hlavka, H. R. (2017). Speaking of stigma and the silence of shame: Young men and sexual victimization. *Men and Masculinities, 20*(4), 482–505. <https://doi.org/10.1177/1097184X16652656>
- Holmes, W. C. (2008). Men's self-definitions of abusive childhood sexual experiences, and potentially related risky behavioral and psychiatric outcomes. *Child Abuse & Neglect, 32*(1), 83-97. <https://doi.org/10.1016/j.chiabu.2007.09.005>
- Jesness, T. C. W. (2009). *Childhood sexual abuse: Are marriage and family therapists less likely to hypothesize sexual abuse in men as compared to women?* [Unpublished doctoral dissertation]. Syracuse University.
- Kia-Keating, M., Sorsoli, L., & Grossman, F. K. (2010). Relational challenges and recovery processes in male survivors of childhood sexual abuse. *Journal of Interpersonal Violence, 25*(4), 666-683. <https://doi.org/10.1177/0886260509334411>
- Levant, R. F., & Rankin, T. J. (2014). The gender role socialization of boys to men. In R. J. Burke & D. A. Major (Eds.), *Gender in organizations: Are men allies or adversaries to women's career advancement?* (pp. 55–72). Northampton, MA: Edward Elgar Publishing. <https://doi.org/10.4337/9781781955703.00011>

- Liang, B., Goodman, L., Tummala-Narra, P., & Weintraub, S. (2005). A theoretical framework for understanding help-seeking processes among survivors of intimate partner violence. *American Journal of Community Psychology, 36*(1–2), 71–84.
<https://doi.org/10.1007/s10464-005-6233-6>
- Lisak, D. (1994). The psychological impact of sexual abuse: Content analysis of interviews with male survivors. *Journal of Traumatic Stress, 7*(4), 525-548.
<https://doi.org/10.1002/jts.2490070403>
- MacIntosh, H. B. (2017). Working with male survivor couples. In R. B. Gartner (Ed.), *Healing sexually betrayed men and boys: Treatment for sexual abuse, assault, and trauma* (pp. 233-260). Routledge.
- Maikovich-Fong, A. K., & Jaffee, S. R. (2010). Sex differences in childhood sexual abuse characteristics and victims' emotional and behavioral problems: Findings from a national sample of youth. *Child Abuse & Neglect, 34*(6), 429–437.
<https://doi.org/10.1016/j.chiabu.2009.10.006>
- Monson, C. M., Fredman, S. J., & Dekel, R. (2010). Posttraumatic stress disorder in an interpersonal context. In J. G. Beck (Ed.), *Interpersonal processes in the anxiety disorders: Implications for understanding psychopathology and treatment*. (pp. 179–208). American Psychological Association. <https://doi.org/10.1037/12084-007>
- Nasim, R., & Nadan, Y. (2013). Couples therapy with childhood sexual abuse survivors (CSA) and their partners: Establishing a context for witnessing. *Family Process, 52*(3), 368-377.
<https://doi.org/10.1111/famp.12026>

- Nelson, B. S., & Wampler, K. S. (2000). Systemic effects of trauma in clinic couples: An exploratory study of secondary trauma resulting from childhood abuse. *Journal of Marital and Family Therapy, 26*(2), 171-184. <https://doi.org/10.1111/j.1752-0606.2000.tb00287.x>
- Nelson Goff, B. S., Reisbig, A. M., Bole, A., Scheer, T., Hayes, E., Archuleta, K. L., ... & Sanders-Hahs, E. (2006). The effects of trauma on intimate relationships: A qualitative study with clinical couples. *American Journal of Orthopsychiatry, 76*(4), 451-460. <https://doi.org/10.1037/0002-9432.76.4.451>
- Nelson Goff, B. S., & Smith, D. B. (2005). Systemic traumatic stress: The couple adaptation to traumatic stress model. *Journal of Marital and Family Therapy, 31*(2), 145-157. <https://doi.org/10.1111/j.1752-0606.2005.tb01552.x>
- O'Leary, P. J. (2009). Men who were sexually abused in childhood: Coping strategies and comparisons in psychological functioning. *Child Abuse & Neglect, 33*(7), 471-479. <https://doi.org/10.1016/j.chiabu.2009.02.004>
- O'Leary, P. J., & Barber, J. (2008). Gender differences in silencing following childhood sexual abuse. *Journal of Child Sexual Abuse: Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders, 17*(2), 133-143. <https://doi.org/10.1080/10538710801916416>
- Pereda, N., Guilera, G., Forns, M., & Gómez-Benito, J. (2009). The prevalence of child sexual abuse in community and student samples: A meta-analysis. *Clinical Psychology Review, 29*(4), 328-338. <https://doi.org/10.1016/j.cpr.2009.02.007>

- Ralston, K. M. (2020). "If I was a 'real man'": The role of gender stereotypes in the recovery process for men who experience sexual victimization. *The Journal of Men's Studies*, 28(2), 127-148. <https://doi.org/10.1177/1060826519864475>
- Ray, S. L. (2001). Male survivors' perspectives of incest/sexual abuse. *Perspectives in Psychiatric Care*, 37(2), 49-59. <https://doi.org/10.1111/j.1744-6163.2001.tb00618.x>
- Reid, K. S., Wampler, R. S., & Taylor, D. K. (1996). The "alienated" partner: Responses to traditional therapies for adult sex abuse survivors. *Journal of Marital and Family Therapy*, 22(4), 443-453. <https://doi.org/10.1111/j.1752-0606.1996.tb00219.x>
- Rumstein-McKean, O., & Hunsley, J. (2001). Interpersonal and family functioning of female survivors of childhood sexual abuse. *Clinical Psychology Review*, 21(3), 471-490. [https://doi.org/10.1016/s0272-7358\(99\)00069-0](https://doi.org/10.1016/s0272-7358(99)00069-0)
- Sable, M. R., Danis, F., Mauzy, D. L., & Gallagher, S. K. (2006). Barriers to reporting sexual assault for women and men: Perspectives of college students. *Journal of American College Health*, 55(3), 157-162. <https://doi.org/10.3200/JACH.55.3.157-162>
- Sagers, A., Whiting, J. B., Bean, R., & Witting, A. B. (2020). *Sexual assault and online help seeking: An analysis of survivor disclosures and questions after assault* [Unpublished master's thesis]. Brigham Young University.
- Schwerdtfeger, K. L., Osby-Williams, J., Hoheisel, C. B., Nue, B., Nelson Goff, B. S., Reisbig, A. M., ... & Smith, D. B. (2008). Individual symptoms and coping resources reported by trauma survivors and their partners: A qualitative research study with clinical couples. *Journal of Couple & Relationship Therapy*, 7(3), 187-209. <https://doi.org/10.1080/15332690802238043>

- Sigurdardottir, S., Halldorsdottir, S., & Bender, S. S. (2012). Deep and almost unbearable suffering: Consequences of childhood sexual abuse for men's health and well-being. *Scandinavian Journal of Caring Sciences, 26*(4), 688-697.
<https://doi.org/10.1111/j.1471-6712.2012.00981.x>
- Smith, S.G., Zhang, X., Basile, K.C., Merrick, M.T., Wang, J., Kresnow, M., & Chen, J. (2018). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2015 Data Brief—Updated Release*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Spencer, C., Mallory, A., Toews, M., Stith, S., & Wood, L. (2017). Why sexual assault survivors do not report to universities: A feminist analysis. *Family Relations: An Interdisciplinary Journal of Applied Family Studies, 66*(1), 166–179. <https://doi.org/10.1111/fare.12241>
- Stemple, L., & Meyer, I. H. (2014). The sexual victimization of men in America: New data challenge old assumptions. *American Journal of Public Health, 104*(6), e19–e26.
<https://doi.org/10.2105/AJPH.2014.301946>
- Teram, E., Stalker, C., Hovey, A., Schachter, C., & Lasiuk, G. (2006). Towards malecentric communication: Sensitizing health professionals to the realities of male childhood sexual abuse survivors. *Issues in Mental Health Nursing, 27*(5), 499-517.
<https://doi.org/10.1080/01612840600599994>
- Tremblay, G., & Turcotte, P. (2005). Gender identity construction and sexual orientation in sexually abused males. *International Journal of Men's Health, 4*(2).
<https://doi.org/10.3149/jmh.0402.131>
- Turmel, C. P., & Liles, R. G. (2015). Understanding male childhood sexual abuse: Consequences and considerations. *Vistas Online, 28*, 1-11.

- Ullman, S. E. (2011). Is disclosure of sexual traumas helpful? Comparing experimental laboratory versus field study results. *Journal of Aggression, Maltreatment & Trauma, 20*(2), 148–162. <https://doi.org/10.1080/10926771.2011.546751>
- Vaillancourt-Morel, M., Godbout, N., Sabourin, S., Briere, J., Lussier, Y., & Runtz, M. (2016). Adult sexual outcomes of child sexual abuse vary according to relationship status. *Journal of Marital & Family Therapy, 42*(2), 341-356. <https://doi.org/10.1111/jmft.12154>
- Walker, E. C., Sheffield, R., Larson, J. H., & Holman, T. B. (2011). Contempt and defensiveness in couple relationships related to childhood sexual abuse histories for self and partner. *Journal of Marital and Family Therapy, 37*(1), 37-50. <https://doi.org/10.1111/j.1752-0606.2009.00153.x>
- Walsh, R. M., & Bruce, S. E. (2014). Reporting decisions after sexual assault: The impact of mental health variables. *Psychological Trauma: Theory, Research, Practice, and Policy, 6*(6), 691–699. <https://doi.org/10.1037/a0036592>
- Weiss, K. G. (2010). Male sexual victimization: Examining men's experiences of rape and sexual assault. *Men and Masculinities, 12*(3), 275-298. <https://doi.org/10.1177/1097184X08322632>
- Whisman, M. A. (2014). Dyadic perspectives on trauma and marital quality. *Psychological Trauma: Theory, Research, Practice, and Policy, 6*(3), 207. <https://doi.org/10.1037/a0036143>
- Whiting, J. B., Cravens-Pickens, J., Sagers, A. L., PettyJohn, J., & Davies, B. (2020). *Trauma, social media, and #WhyIDidntReport; An analysis of social media posts about reluctance to report sexual assault*. [Unpublished Manuscript]. Brigham Young University.

- Whiting, J. B., Olufuwote, R. D., Cravens-Pickens, J. D., & Witting, A. B. (2019). Online blaming and intimate partner violence: A content analysis of social media comments. *The Qualitative Report*, 24(1), 78-94. <https://doi.org/10.46743/2160-3715/2019.3486>
- Young, S. M., Pruett, J. A., & Colvin, M. L. (2018). Comparing help-seeking behavior of male and female survivors of sexual assault: A content analysis of a hotline. *Sexual Abuse: Journal of Research and Treatment*, 30(4), 454–474. <https://doi.org/10.1177/1079063216677785>