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The Externalization of Suffering Among Male Survivors of Child Sexual Abuse: “A Deeply Buried Rage That Must Come Out”

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Studies on child sexual abuse (CSA) have mostly focused on female survivors. However, men are not spared from this type of abuse, as one in 10 men report having experienced CSA before the age of 18. Some adult male victims of CSA, in trying to cope with their history of sexual abuse, overinvest in typically masculine behaviors, such as aggression and rule breaking, which are considered externalizing behaviors. This study aimed to (a) describe the range of externalizing behaviors in adult men who have experienced CSA and (b) explore the functions underlying these behaviors from the perspective of male survivors. Individual semistructured interviews were conducted with 26 Canadian male survivors, aged between 31 and 66, who were recruited via CSA community services. A qualitative-directed content analysis was performed, guided by Achenbach and Rescorla’s taxonomy of externalizing behaviors. Three main categories of externalizing behaviors emerged from respondents’ narratives: (a) aggressive behaviors to express anger and protect integrity; (b) rule-breaking behaviors to protest against an injustice; (c) alcohol and drug use to avoid suffering triggered by CSA. These findings highlight the diversity of behaviors in which male survivors report engaging in response to CSA. Even if they may express their suffering in an explosive way, it is important to support male victims appropriately while recognizing the functions underlying their externalizing behaviors. Approaches to supporting survivors’ recovery should address their feelings of anger and sense of injustice, the use of avoidance-based coping mechanisms, and masculine norms.

Public Significance Statement

Men who have experienced child sexual abuse may externalize their suffering through various behaviors that may be perceived as problematic, including aggressive behaviors, transgressive behaviors, and substance abuse. It is important to offer appropriate support to male survivors, even if their distress might be expressed in ways that are not typically associated with victimhood.

Keywords: child sexual abuse, male survivors, externalizing behaviors, substance use, qualitative study

Although child sexual abuse (CSA) is more prevalent among girls (Barth et al., 2013), consideration for male survivors has gained increasing attention in the last decade among researchers and practitioners. The meta-analysis of worldwide data indicates that 3%–17% of boys have been sexually abused before the age of 18 years (Barth et al., 2013). CSA among boys is thus not a rare or isolated phenomenon. It is a complex issue that deserves the growing attention it has received.

One of the reasons why men are underrepresented in CSA literature is that they are less likely to disclose their abuse experiences (Alaggia et al., 2019). Studies have found that one in two male survivors never disclose their experience of CSA (Okur et al., 2020), while those who do share usually take longer to disclose their sexual victimization than women (O’Leary & Barber, 2008). Notably, Romano et al. (2019) found that men took an average of 15.4 years to disclose their CSA.

Multiple barriers can impede CSA disclosure for men. Adherence to rape-based myths (e.g., rape implies man-to-woman assault; men should be strong enough to defend themselves) can impede them from acknowledging that they were sexually abused (Depraetere et al., 2020). Heteronormative culture also contributes to delaying men’s disclosure (Gagnier & Collin-Vézina, 2016): Some men who were sexually abused by another boy or man express that they were scared about being perceived as gay men or less manly if they revealed their CSA experience (Easton et al., 2014). Some men also blame themselves for their inaction during or after the events (e.g., not defending themselves, not speaking up right away). This sense that they were not aggressive enough can lead them to engage in externalizing behaviors to avoid feeling weak or not masculine enough (Elder et al., 2017). All of these reactions are

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strongly linked to masculine norms present in Western countries (Guyon et al., 2021).

Stereotypes about sexual abuse and masculinities can also influence stereotypical gendered behaviors and the adherence to masculine norms following CSA. Masculine norms refer to, for example, risk-taking, exerting power over women, violence, and dominance (Mahalik et al., 2003). Some survivors perceive sexual victimization as a sign of subordination that is drastically incompatible with this vision of the “ideal” man (Gartner, 2018). Thus, some men feel emasculated and face a fundamental identity crisis following CSA experiences (Clark, 2014). Even if not all men adhere to masculine norms in the same way, those who reported more frequent experiences of childhood trauma often engage in more aggressive behaviors (Jewkes & Morrell, 2018). In order to restore their self-image, some male victims overinvest in typically masculine behaviors, such as aggressive and transgressive behaviors (Gauthier-Duchesne et al., 2022). Considering that these types of behaviors can result in severe interpersonal problems and that healthy interpersonal relationships are an important treatment goal for survivors of CSA (Cloitre et al., 2020), it is crucial to explore and understand externalization further.

Externalizing Behaviors Following Child Sexual Abuse

Studies show that CSA is associated with a wide range of outcomes in survivors, including some that are gender-specific. The present study focused on *externalizing behaviors*, which cover a broad range of manifestations involving both conflicts with other people and rebellion against social norms (Achenbach & Rescorla, 2003) as symptoms specific to men with a history of CSA. Externalizing behaviors, such as substance abuse (Hudson et al., 2017) and aggressive behaviors (Gauthier-Duchesne et al., 2022), seem to characterize the experiences of male victims of CSA in the short and long term. Male victims’ engagement in such behaviors could partially be explained by a need to restore their masculinity through the adoption of stereotypical masculine behaviors, valued from a perspective of *hegemonic masculinity* (Connell, 2005). Hegemonic masculinity refers to culturally dominant norms of being a man, notably characteristics that guarantee the subordination of women to men, such as power and aggression (Connell, 2005). Since sexual abuse against boys commonly involves placing them in a position of vulnerability and passivity (Price-Robertson, 2012), male survivors of CSA may seek to restore their self-image through behaviors valued by hegemonic masculinity (Connell, 2005). This study aimed to fill this gap through a better understanding of the gender-specific needs of male survivors of CSA; it is essential to focus on masculine norms and specific issues tied to masculinities in order to tailor treatment approaches to their gender-specific needs (Rapsey et al., 2020).

The earliest publication that reported externalizing behaviors specifically among boys with a history of CSA was published by Friedrich et al. (1986). They observed in a sample of sexually abused children ($n = 85$) that boys were more likely to externalize their pain when compared to girls. More recently, studies suggest that gender plays a role in moderating the relationship between CSA and externalizing behaviors. For example, CSA is associated with more delinquent behaviors, and this effect is greater among boys during adolescence (Gauthier-Duchesne et al., 2022) and

among young men in early adulthood (Kozak et al., 2018). These findings are consistent with hypotheses on hegemonic masculinity previously described in the literature (Connell, 2005); they also highlight particular gender-specific challenges that CSA male survivors may face. But beyond quantifiable intergender comparisons, less is known about how men who have experienced CSA interpret their own behaviors and experiences. From their perspective, why do they engage in externalizing behaviors? The literature is replete with risk factors predicting the onset of externalizing behaviors; however, our understanding of the meaning male victims themselves attribute to these behaviors in light of their CSA experience remains limited. Yet, such information is essential to preventing harmful behaviors toward oneself (e.g., alcohol and drug abuse) and toward others (e.g., interpersonal violence) and to guide optimal interventions for male victims.

Through an integrative biosocial perspective, Liu (2004) detailed the risk factors associated with externalizing behaviors. The author argues that biological (e.g., malnutrition) and psychosocial risk factors (e.g., sexual abuse) interact to predict externalizing behaviors, with gender as a moderator. From this perspective, being a man and having been sexually abused are two key risk factors that stand out. First, compared to girls, the general population of adolescent boys displays higher levels of externalizing behaviors (Fernandez Castelao & Kröner-Herwig, 2014), which tend to persist during young adulthood (Zheng & Cleveland, 2013). Second, experiencing CSA is related to externalizing behaviors throughout life. Sexual abuse is related to a greater risk of showing externalizing behaviors in childhood, even more so than other forms of maltreatment (Lewis et al., 2016). Systematic reviews and meta-analyses have also shown that CSA is associated with conduct disorder (Maniglio, 2015), the perpetration of intimate partner violence (Li et al., 2020), and substance-related disorders (Maniglio, 2011) in adulthood.

In addition to the concept of hegemonic masculinity (Connell, 2005) and the Liu’s (2004) biosocial interaction model of externalizing behaviors, other hypotheses can be put forward to explain behavioral problems among CSA male survivors. The landmark theory of deviant behavior introduced by Kaplan (1982) suggests another grouping of theoretical functions leading to externalizing behaviors. Delinquency can become a refuge for young people, seen as a way to benefit from the approval and respect of delinquent subgroups (Kaplan, 1982). For example, a child may attempt to belong to a delinquent group after being betrayed by a family member perpetrator of CSA, seeking to protect himself from self-devaluation. Kaplan (1982) also suggested that a person might engage in delinquent behaviors because of the absence of instrumental resources (e.g., maladaptive coping patterns, inadequate social support systems). Moreover, O’Leary and Gould (2010) studied maladaptive coping strategies among male survivors of CSA. Their qualitative findings show that some male survivors use substance abuse, violence, and the expression of anger to suppress thoughts about the abuse (O’Leary & Gould, 2010). The authors also argue that qualitative research is essential to capture the way coping strategies manifest and to determine their subjective meanings (O’Leary & Gould, 2010).

In quantitative research, several questionnaires to assess individuals’ functional problems across their lifetime have been proposed over the years, based on the Achenbach System of Empirically Based Assessment (ASEBA; Achenbach, 2009), which represents one of

the gold standards in the field (Cuesta et al., 2023). Sexual abuse is one of hundreds of topics for which published research has employed ASEBA questionnaires (Achenbach, 2009). These measures have been adapted to different age groups and informants (e.g., self-reporting, partners, therapists). For adults (18–59 years old), externalizing behaviors include three syndromes (see Achenbach & Rescorla, 2003). The aggressive behavior syndrome refers to overtly aggressive problems, both psychological (e.g., blaming others, threatening) and physical (e.g., attacking, fighting). The rule-breaking behavior (previously known as “delinquent”) syndrome involves a pattern of transgressive behaviors, such as lying and stealing, and also includes alcohol and drug abuse. Finally, the intrusive syndrome refers to adults showing off and being socially obnoxious without being physically aggressive. It is also of note that in the field of psychology, externalizing behaviors are transdiagnostic across *Diagnostic and Statistical Manual of Mental Disorders-5* mental health problems, such as conduct disorder, oppositional defiant disorder, and alcohol use disorder (American Psychiatric Association, 2013).

In sum, the functions underlying externalizing behaviors in male survivors lie at the intersection of hegemonic masculinity, delinquency, and emotional regulation difficulties. A better understanding of these functions, according to male victims’ point of view, is needed in order to appropriately support male survivors in their recovery.

The Present Study

The present study had two objectives: (a) to describe the spectrum of externalizing behaviors in adult men who were sexually abused during their childhood and (b) to explore the functions underlying these behaviors from their perspective. Based on Achenbach and Rescorla’s (2003) taxonomy, externalizing behaviors refer to manifestations involving both conflicts with other people and rebellion against social norms. A directed content analysis was used to discern information on the underlying functions that can lead men to engage in these types of behaviors and to capture the specific experiences of CSA male victims.

Method

The present article is based on secondary analyses drawn from a broader mixed-methods study on CSA survivors’ sexuality and their experiences of intimacy. The original study employed a concurrent design (Creswell & Zhang, 2009) to identify CSA experiences, their repercussions on individuals’ sexuality and relationships, and those individuals’ coping and help-seeking trajectories. The original study was not specifically aimed at investigating externalizing behaviors, but this outcome appeared to be significant in the participants’ experiences. As part of the qualitative data collection, individual semistructured interviews were conducted with 51 adult survivors of CSA (25 women and 26 men) between May and September 2017 in Montreal (Quebec, Canada). Since the present article focuses specifically on the experiences of men, the interviews with the 26 CSA male survivors were used for the current analysis. The study was approved by the ethics board of the affiliated university, the Human Research Review Committee of the Université du Québec à Montréal.

Recruitment and Procedure

An invitation to participate in the research project was published via community organizations that provide psychosocial services to CSA survivors. Two ads specifying that participants who had experienced CSA were invited to participate: one targeting women and another targeting men. Social media publications and word-of-mouth solicitation also helped to recruit participants. Individuals who were interested in participating were first screened for eligibility by phone by the research coordinator. Participants had to be aged 18 years or older and had to have experienced CSA in accordance with the Criminal Code of Canada. This criminal definition refers to CSA as unwanted sexual behaviors prior to 18 years old or any sexual contact prior to 16 years old with someone 5 years older or in a position of authority (*Criminal Code*, R.S.C (1985), c. C-46, art. 151 and 153). If they met the inclusion criteria, they were provided with the detailed study protocol.

Adults who agreed to participate in the study were invited to come to the Laboratory of Violence and Sexuality at Université du Québec à Montréal. Each participant individually met one of the five interviewers, who all self-identified as women. Interviewers were graduate students enrolled in a master’s or a PhD program in sexology. All of them were trained in qualitative methods and to manage potential crises, such as suicide risk situations. Recruitment forms detailing the goals of the study, procedures, risks, and benefits were provided and explained. Ethical considerations were once again discussed (e.g., voluntary and confidential participation, participants’ rights), and written consent was obtained. Participants’ sociodemographic data were collected (e.g., gender, age, ethnicity, religion, occupation, education, relationship status, sexual orientation). In-depth individual interviews (average duration of 90 min) were conducted in which participants were asked to share their CSA experiences through this question: “Can you describe to me how the sexual abuse took place?” The participants were invited to elaborate on the perceived repercussions of CSA (“According to you, what have been the repercussions of the sexual abuse lived as a kid? As a teenager? In your current adult life?”; “How did you personally react to the repercussions of sexual abuse in your life?”). Immediately after the interview, with the support of the same interviewer, participants completed a Life History Calendar (Yoshihama et al., 2002) to mark, on a timeline, the events related to CSA and their perceived repercussions. With the consent of participants, interviews were audio recorded and transcribed verbatim. After the interview, participants received \$30 Canadian Dollar as a financial compensation for their time. Measures were taken to support participants and to ensure that they had all the relevant resources if needed: postinterview debriefing was carried out, a list of specialized resources was provided, and follow-up phone calls were made during the following week.

Participants

For the present study, the interviews of 26 cisgender male survivors of CSA were selected. Participants’ ages ranged from 31 to 66 ($M = 51.23$, $SD = 10.13$). Table 1 presents the sociodemographic data of the sample. As shown in Table 2, most of the participants had experienced severe CSA (i.e., involving penetration, by a known person, for a long time period). Half of the

Table 1
Sociodemographic Data of the Sample

| Sociodemographic characteristics | <i>n</i> (%) |
|------------------------------------|--------------|
| Native country | |
| Canada | 23 (88.5) |
| Other (e.g., France) | 3 (11.5) |
| Religion | |
| Catholic | 19 (73.1) |
| Other (e.g., protestant) | 4 (15.4) |
| None | 3 (11.5) |
| Occupation | |
| Employed | 14 (53.8) |
| Student | 2 (7.7) |
| Retired | 3 (11.5) |
| Other (e.g., sick leave) | 7 (26.9) |
| Education level | |
| Elementary school | 1 (3.8) |
| High school | 7 (26.9) |
| College | 7 (26.9) |
| University | 11 (42.3) |
| Relational status | |
| Single without occasional partners | 11 (42.3) |
| Single with occasional partners | 3 (11.5) |
| Engaged in one relationship | 10 (38.5) |
| Polyamorous | 2 (7.7) |
| Sexual orientation | |
| Heterosexual | 15 (57.7) |
| Gay men | 4 (15.4) |
| Bisexual | 2 (7.7) |
| Queer | 1 (3.8) |
| Other (e.g., heteroflexible) | 3 (11.5) |
| None | 1 (3.8) |

participants (53.8%) reported two different experiences of CSA or more. Most of the perpetrators were men or boys (88.5%).

Figure 1 illustrates the descriptive data on problematic substance use collected from the Life History Calendar. If the participant found that the label “substance use disorder, addiction, or substance abuse” corresponded to his experience, he indicated the years of his life during which it occurred and specified the type of substance. Of the 26 participants, 14 indicated in the Life History Calendar that they had had a substance-related problem in their lifetime. The sequence data in Figure 1 show the years of consumption, and the shading represents the type of substance. These sequence data describe participants’ problematic substance use during the entire life course (Vanhoutte et al., 2018) and thus support the findings obtained by the directed content analysis.

Analytical Approach

The interviews were transcribed as the data were collected, allowing the research team to become familiar with the material collected. There were two phases to the data analysis. (a) The first phase—a conventional content analysis (Hsieh & Shannon, 2005)—was an open coding of all the interview data, which took place during the analysis for the original study. An inductive approach was used (Elo & Kyngäs, 2008). In particular, a mixed coding grid was used for the coding stage. Codes closely related to the topics covered in the interview grid (i.e., CSA experiences, sexuality, coping, etc.) were entered into the coding grid at the outset, but codes were then added as the coding process progressed based on

the interview data. The grid could therefore be adjusted based on the empirical material. A team coding procedure (Weston et al., 2001) was conducted to enable a common comprehension of the coding grid and greater consistency in the coding procedure. During the team coding process, three research assistants and the principal investigator met periodically to discuss the coding process, including which codes had emerged or been set aside, and the definition of the codes. Divergences were discussed until a common understanding of the coding grid was reached to ensure that the coding process was as consistent as possible. This procedure created intercoder reliability and increased the trustworthiness of the results (Noble & Smith, 2015). During the coding process, the research team noticed that male participants strongly highlighted their externalizing behaviors when they talked about the overall repercussions of CSA in their lives. Several codes in the grid included excerpts about externalizing behaviors such as “behavioral repercussions of CSA,” “psychological repercussions of CSA,” “intimate partner violence,” and “avoidance strategies.” (b) The second phase was a directed content analysis (Hsieh & Shannon, 2005) using a deductive approach (Elo & Kyngäs, 2008). This phase of analysis was conducted specifically to capture the externalizing behaviors from the perspective of male survivors. The team coded the set of externalizing behaviors by relying on the ASEBA taxonomy (Achenbach & Rescorla, 2001, 2003). In the categorizing step, the coded excerpts relating to externalizing behaviors were grouped according to their similarities to the three proposed syndromes in the ASEBA taxonomy: aggressive, rule breaking, and intrusive. Then, the functions underlying these behaviors were highlighted according to the participant’s points of view to capture the specific experiences of CSA male victims. The categories were discussed in meetings between team members and refined according to common agreement. Interviewees did not mention anything in the intrusive syndrome category, so this was replaced with a substance use category. Finally, we incorporated data triangulation as a methodological strategy to ensure the trustworthiness of the findings (Noble & Smith, 2015) by using interviews and the Life History Calendar to collect data on problematic substance use.

The entire analysis process, both for the entire data set and the subsequent analysis of data related to externalizing behaviors, was supported by ATLAS.ti 7.0, a software that helps refine and structure data for qualitative analysis. This was an iterative process where several rounds of back-and-forth between the raw data and the categories were conducted to ensure that the results reflected the experiences discussed by the participants, which allowed us to strengthen the truth value of the study (Noble & Smith, 2015). The analyses were performed in French and then translated into English for publication. Pseudonyms chosen by participants were used to preserve their identity.

Findings

Among the 26 participants, 20 men (76.9%) spontaneously shared during the interview that they had displayed a behavior, at one point or another during their life, which would fall under our definition of “externalizing.” Next, we describe the conceptual categories of externalizing behaviors, inspired by and adapted from the ASEBA taxonomy. These three categories are (1) Aggressive Behaviors to Express Anger and Protect Integrity; (2) Rule-Breaking

Table 2
Characteristics of CSA

| Prevalence of CSA characteristics in the sample of 26 male survivors | <i>n</i> (%) |
|--|--------------|
| No. of CSA experiences | |
| 1 CSA | 12 (46.2) |
| 2 CSA or more | 14 (53.8) |
| Relationship to the perpetrator ^a | |
| Immediate family member (parental figure, sibling) | 13 (50.0) |
| Extended family member (grandparent, uncle, cousin) | 5 (19.2) |
| Acquaintance (family friend, teacher, coach, religious leader, babysitter, etc.) | 14 (53.8) |
| Stranger | 6 (23.1) |
| Gender of the perpetrator ^a | |
| Male | 23 (88.5) |
| Female | 8 (30.8) |
| Type of sexual acts ^b | |
| Without contact (voyeurism, exhibitionism, viewing of sex scenes) | 0 (0.0) |
| Fondling | 4 (15.4) |
| Penetration (oral, vaginal, anal) | 22 (84.6) |
| Frequency ^b | |
| 1 time | 0 (0.0) |
| 2–10 times | 8 (30.8) |
| 10–20 times | 3 (11.5) |
| 20–50 times | 3 (11.5) |
| Too many times to count | 12 (46.2) |
| Duration ^b | |
| Less than 6 months | 3 (11.5) |
| 6 months to 1 year | 5 (19.2) |
| 1–5 years | 10 (38.5) |
| More than 5 years | 8 (30.8) |

Note. CSA = child sexual abuse.

^aCumulative percentage exceeds 100% as participants could report more than one person. ^bFor participants who reported more than one CSA, the most severe category was chosen.

Behaviors to Protest Against an Injustice; and (3) Alcohol and Drug Use to Avoid Suffering Triggered by CSA.

Category 1: Aggressive Behaviors to Express Anger and Protect Integrity

Among the male survivors interviewed in this study, 13 of them spoke about their propensity to adopt aggressive behaviors either as children or as adults. These behaviors were mostly motivated by anger or the desire to protect their fragile self-esteem and integrity. According to 12 male participants, their aggression could manifest in violent behaviors, such as getting into fights and threatening or attacking others. For some, violence was an integral part of them, which means that it could occur in any context and without a specific trigger. For others, violence occurred mainly in situations that generated intense unpleasant emotions or undermined their self-esteem or masculinity. This was notably the case for Victor, who “got hyper violent verbally and everything” toward one of his colleagues who belittled him. In addition, for four participants, aggression took the form of unusual tantrums during childhood, where they might cry intensely, scream, or destroy objects. Two other participants described themselves as being easily upset as adults, which leads them to meanness and being unkind to others.

As reported by the participants, all of these aggressive behaviors (i.e., violence, tantrums, and meanness) were aimed at protecting their fragile self-esteem in the event of threats and were a way of externalizing the unpleasant emotions they felt. From their perspective, these emotions—such as anger, rage, frustration, and helplessness—brought them back to how they had felt or still feel today about the CSA. Victor explained that his violent behaviors were a mechanism he used to externalize the pain he was experiencing as a result of CSA:

When I was a kid, I was very gentle. I was not violent. ... I was not violent at all. After the abuse, I became violent. It's a defense mechanism to get it all out, I guess. We explode, we explode in every sense of the word.

Male survivors acknowledged that aggression was used in a reactionary manner. CSA impeded them from acquiring the emotional maturity and the necessary tools to manage their emotions adequately. This was expressed by Ludger, whose difficulty in regulating and expressing his emotions even led him to want to kill his wife:

I even wanted to kill my wife because I thought she was the problem, because I am not able to express my emotions and she was telling me to express them. It's nice to say, “Ah he looks happy, blah blah blah.” It's just a façade. Sexually abused men, like, we build a façade. Everything seems to be fine, but inside, it's not fine. We're not okay, we're not okay at all.

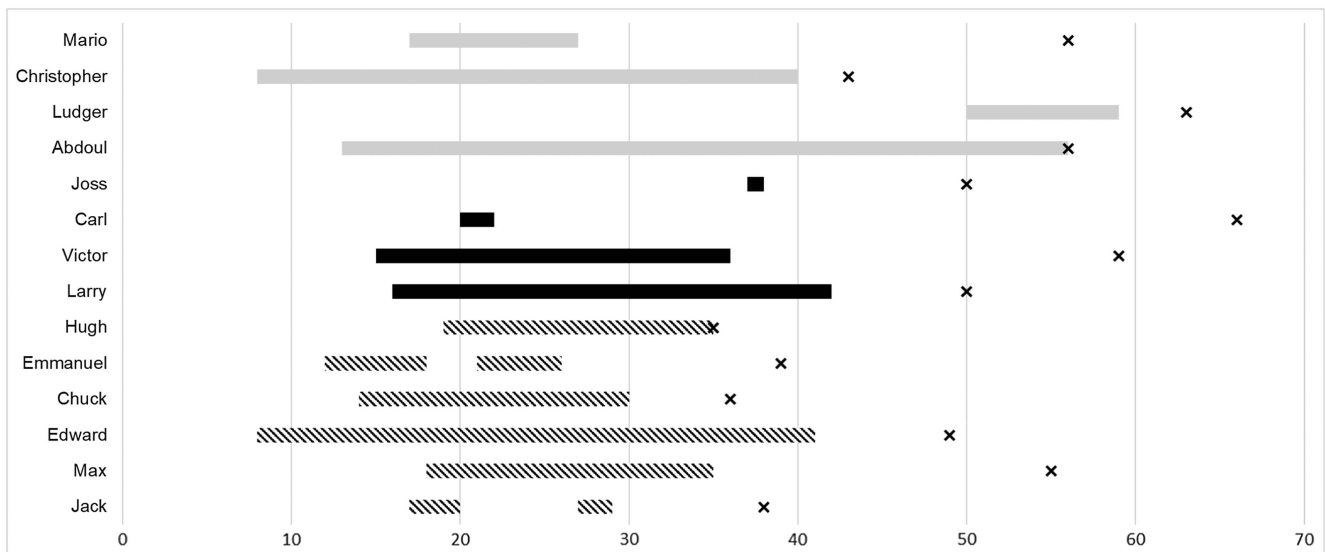
Category 2: Rule-Breaking Behaviors to Protest Against an Injustice

Seven participants detailed that experiencing CSA triggers a feeling of having suffered an injustice. Participants described engaging in rule-breaking behaviors as a way of protesting against this injustice. Five of the interviewees recounted thinking that they do not have to comply with rules since they were victims of such an unfair event. Victor, who was sexually abused by his father, mentioned that he decided to rebel against authority when he realized the wrongness of his father's actions:

It's perverse to give children responsibilities at a very young age that they should not have had. It's the father who should have fulfilled them. Before, that's how it was. But from that moment, realizing that the father's law isn't right, the child sets up his own law and flouts all the other laws. ... I became a rebel. ... That's it, I made my own law and I functioned according to my law.

One example mentioned by four participants was breaking the law. Jacques described his shoplifting episodes as one of the “mechanisms of the abuse.” He expressed that one way to repair his own unfair suffering was by making other people suffer in return as a way to take revenge. Some men experienced remorse afterward breaking the law. But Hugh, for his part, did not feel bad during his childhood while damaging other people's cars: “I kind of figured out pretty quickly that if you pretend to be remorseful, everything will be okay.” Hugh explained that CSA seemed to have reduced his ability for moral judgment; he knew vandalism was wrong but did not fully understand why. He explained that he was “not equipped to understand what's right and wrong in life” because of the CSA he suffered. At 35 years old, Hugh stated that he is just beginning to realize that the sexual behaviors initiated by his older sister were abusive.

Figure 1
Years of Problematic Substance Use Among CSA Men



Note. Horizontal axis = participant's age; gray = alcohol; black = illicit drugs; oblique lines = alcohol and illicit drugs; black X = participant's age at the time of the interview; CSA = child sexual abuse.

Category 3: Alcohol and Drug Use to Avoid Suffering Triggered by CSA

Half of the participants ($n = 13$) said they had engaged in drug or alcohol consumption (in the past or at the time of the study) that they considered problematic. They shared a common objective through their drinking or illicit drug use (e.g., cannabis, cocaine, methamphetamine): to avoid suffering triggered by CSA. Four men used alcohol and drugs to soothe wounds related to the CSA, trying to feel better finally. Alcohol and drugs may indeed have allowed them to temporarily numb the CSA-related pain they were unable to deal with. Participants stated that this strategy freed them from posttraumatic intrusions, such as short-term CSA-related thoughts and nightmares, but that this same alcohol and drug abuse significantly harmed them. In some cases, it also led to various consequences, such as violence and risky sexual behaviors. Edward explained how alcohol and drugs ultimately destroyed him in the long run:

It completely fucked up my life for several years. When they offered me a glass of alcohol and I liked it, at eight years old, it took away the pain that was there, the unhappiness, it filled a lack that I was unable to deal with. Alcohol and drugs first saved my life but at one point destroyed me.

Nine male survivors also talked more about drinking and taking drugs as a way of detaching themselves, of not feeling anything anymore. When emotions run too high following CSA, some men have tended to use substances, as Joss explained:

So, a big consequence of [the CSA] is that a child who is a victim of incest is so destabilized, he experiences so many emotions, he tries to find a way out so much that at some point he may find a way out that is not necessarily the best one, like using drugs, using alcohol. They will numb those emotions, without necessarily dealing with them or fully feeling them.

For his part, Ludger said he had to drink during sexual interactions to freeze his emotions, reminding him of the CSA:

When I was making love, there was always alcohol. I was freezing my emotions. There would always be a romantic dinner, we'd drink a lot of wine. ... Do a shot, something to freeze my emotions so I'd be able to make love and perform.

In short, alcohol and drug use has been a way for some victims to detach themselves from the emotions, thoughts, nightmares, and reliving their experience of CSA.

Discussion

Sexual victimization is associated with a panoply of behavioral and mental health problems, and it concerns individuals of all genders. While society, policy, and science have shed light on the experiences of women, unfortunately, little attention has been given to the realities of CSA in men, which impedes a nuanced understanding of the issues related to male victims (Depraetere et al., 2020). To fill this gap, the present study examined externalizing behaviors, as these behavioral problems seem to particularly affect male victims of CSA (Gauthier-Duchesne et al., 2022; Kozak et al., 2018). We described the range of externalizing behaviors among this specific population and explored the functions underlying these behaviors. A two-step qualitative analytical approach (conventional content analysis and directed content analysis) was used to highlight male survivors' experiences of externalizing behaviors from their own point of view. This method captured the nuances in their own words and their reflections about their own experiences. Since the voices of CSA male survivors are too often overshadowed by issues related to masculinities (e.g., a need for physical and emotional toughness) and their suffering is often silenced, it is essential to give

them the space to share their experiences and emotions freely (Kia-Keating et al., 2005).

The first category that describes male survivors' externalizing behaviors, which shares similarities with the aggressive behavior syndrome (Achenbach & Rescorla, 2003), was labeled Aggressive Behaviors to Express Anger and Protect Integrity. Our male respondents described a variety of aggressive behaviors (e.g., violent acts against others, tantrums as children, meanness). Most of them explicitly attributed these behaviors to anger over the sexual abuse. This anger could be associated with the fact that half of the participants disclosed more than one experience of CSA. Indeed, anger seems to be more frequent among men who have experienced child maltreatment and particularly among those who were sexually revictimized during adulthood (Charak et al., 2019). The rage described by several participants echoes previous studies' findings showing that male survivors are prone to facing difficulties with emotional regulation (Snow et al., 2022). Kia-Keating et al. (2005) observed that CSA male survivors sensed that they should connect with their feelings but that doing so would have placed them in a position at odds with traditional expectations of masculinities. To appear strong and avoid being perceived as vulnerable or damaged, male survivors in Elder et al.'s (2017) study explained that they restricted all their emotions but anger. As in our study, anger and aggressivity seem to be mechanisms to root their masculinity despite sexual victimization. Considering that violence, dominance, and power over women are part of hegemonic masculine norms (Mahalik et al., 2003), displaying violent behaviors could be a (maladaptive) path for male survivors to repair their masculine identity damaged during CSA (Kia-Keating et al., 2005).

Engaging in aggressive behaviors was also found to stem from a desire to protect their integrity, both psychologically and physically. Given that some participants described situations in which they were violent after feeling threatened or humiliated, it is plausible that engaging in violent behaviors allows male survivors to conform to dominant norms of masculinities. Male victims often blame themselves for what happened, feel ashamed, and different from others (Patterson et al., 2023). Thus, engaging in aggressive and violent behaviors may allow survivors to regain a sense of control after experiencing CSA and, at the same time, to preserve a self-image consistent with masculine norms.

The second category was labeled Rule-Breaking Behaviors to Protest Against an Injustice. It was inspired by the rule-breaking behavior syndrome (Achenbach & Rescorla, 2003). These behaviors include breaking rules at school, stealing, and vandalizing and mostly occur during adolescence, after CSA. Indeed, delinquent behaviors seem to be particularly frequent among adolescent boys who are victims of CSA (Gauthier-Duchesne et al., 2022). Nonetheless, participants mentioned that their sense of injustice began early in boyhood, as soon as they realized that trusted adults did not protect them, or even harmed them, which is a unique contribution of the study. This fundamental injustice is likely to have created a sense of betrayal (Finkelhor & Browne, 1985). Externalizing behaviors, such as aggression and rule-breaking, might have become a way of rebelling against this betrayal (Finkelhor & Browne, 1985).

During the interviews, no participants spoke about behaviors related to the intrusive syndrome, which, among other things, includes talking too much and speaking more loudly than others.

We hypothesized that participants did have intrusive behaviors but may not have perceived them as a repercussion of CSA. Indeed, intrusive syndrome is conceived as a behavioral problem among adults but is considered less severe than antisocial behaviors during childhood (Liu, 2004).

According to the ASEBA taxonomy, behaviors related to drinking alcohol and using illicit drugs are characterized as rule-breaking behaviors (Achenbach & Rescorla, 2001, 2003). Our analysis highlighted that several participants used substances to numb the pain caused by CSA. Their narratives were thus grouped under the category of externalizing behaviors called Alcohol and Drug Use to Avoid Suffering Triggered by CSA, which represents a new category that is unique from the ASEBA taxonomy. Considering that this taxonomy was created for the general population, alcohol and drug use was conceived as a transgressive behavior, particularly among adolescents. But with a specific clinical population as male survivors of CSA, substance use might become more of an avoidance tool than a transgressive pattern. Indeed, men in our study have used self-medication to cope with deep suffering related to CSA, such as nightmares, intrusive thoughts, and emotions related to CSA, which is reminiscent of posttraumatic stress disorder. However, this self-medication does not succeed in soothing wounds. On the contrary, the distress resulting from the trauma is likely to persist and increase, as described by the pain paradox (Briere & Scott, 2014). To avoid threatening CSA-related stimuli, men may also use other behaviors valued by hegemonic masculinity, such as expressing anger to appear strong (Elder et al., 2017). In point of fact, hypermasculinity can be perceived as an avoidance-related symptom of posttraumatic stress disorder in itself (Elder et al., 2017). As anger, heavy drinking is another behavior associated with hypermasculinity, particularly in organized sports and university (Dempster, 2011). Substance use could in fact be an ineffective self-medication for male survivors but also a mechanism to restate their hegemonic masculine status threatened by CSA (Giazitzoglu, 2022). All of the 13 participants who spontaneously spoke about their problematic substance use during the interviews indicated in the Life History Calendar that they had substance-related problems during their lifetime. Thus, these participants had perceived their alcohol and drug use as abusive or problematic for many years. But even if alcohol and drug use is considered maladaptive, not judging the behavior per se is crucial as part of offering appropriate support to CSA male survivors.

Clinical Approaches

This study's findings point the way to clinical approaches that could better support male survivors in their recovery from CSA. Unfortunately, specialized resources for men affected by CSA are still limited. Male survivors decry the lack of male-centered services (Easton et al., 2014). It is essential to develop services tailored to the needs of CSA male survivors to ensure that the care offered to them is appropriate and of high quality. Many male survivors reported negative therapeutic experiences and expressed the need to develop a strong connection with a therapist based on trust (Rapsey et al., 2020). Intervention efforts should therefore focus on (a) implementing male-centered CSA services; (b) adapting existing resources to the realities of male survivors; and (c) addressing the roots of externalizing behaviors.

The findings highlight the importance of understanding the functions underlying externalizing behaviors in order to provide more adaptive strategies for men who are struggling with CSA-related difficulties. Professionals specializing in the treatment of sexual violence should appropriately assess externalizing behaviors in boys and men. For boys, 16 sessions of trauma-focused cognitive behavioral therapy (Cohen et al., 2017), without a trauma narrative component, have been found to be efficient in reducing externalizing behaviors among young victims of CSA (Deblinger et al., 2011). For men, practitioners could administer the Adult Self-Report questionnaire (Achenbach & Rescorla, 2003) and conduct an interview to investigate the meanings men give to their behaviors. Assessing and understanding behavioral problems would be useful in helping men to deconstruct dominant masculine norms, especially those that promote dominance and reactivity, in order to induce profound changes in their behaviors. Male victims of CSA are motivated to pursue clinical treatments to change their aggressive behaviors and find coping strategies that are more effective than avoidance (Rapsey et al., 2020). Adapting evidence-based treatment to the needs of male survivors could strengthen therapeutic connections and increase client engagement while reducing early termination (Jones et al., 2017; Rapsey et al., 2020). For example, it would be beneficial to support these men to adopt more prosocial strategies to manage their emotions (e.g., physical activity) and to rebuild their sense of masculinity (Kia-Keating et al., 2005).

Limitations, Strengths, and Future Studies

Considering that the authors of this article are all women trained in the field of sexology, psychology, or public health, we would like to recognize first and foremost that our standpoints and sociocultural backgrounds may have tinged our perceptions of the studied population and the data analysis. Researchers who identify as men or who have different disciplinary training could have used different lenses, leading to alternative findings. Also, some limitations may be attributable to the sample. The number of participants is limited, and despite our efforts to include men with diverse profiles, represented a homogeneous group: middle-aged White men who have experienced severe CSA. Moreover, almost all the participants consulted an organization that helps victims of sexual violence, which is the case for a minority of men affected by CSA overall. Empirical saturation was not reached for all categories given that the focus of the main study was primarily on the sexual and relational repercussions of CSA.

Moreover, the analyses in the present study were limited to externalizing behaviors. Yet, male survivors may also engage in internalizing behaviors, such as depressive and anxious symptoms, or may opt for more adaptive coping strategies (Snow et al., 2022). Besides, why do some men engage in externalizing behaviors, while others do not? One hypothesis would be that men who engage in externalizing behaviors may adhere to masculine norms to a greater extent than others, but this should be explored further (Jewkes & Morrell, 2018). Personality traits, such as the tendency to act rashly when distressed, might also be associated with externalizing behaviors following sexual victimization, as observed among women (Combs et al., 2014).

Despite these limitations, this study was innovative in that it listened to men's perspectives on their own stories of sexual victimization and examined the functions underlying their

externalizing behaviors. We are contributing a new piece to the complex understanding of how the vivid emotions related to CSA contribute to men's inappropriate and antisocial behaviors. CSA male survivors told us that rage, self-protection, and avoidance led to their externalizing behaviors. Further studies would benefit from employing a similar qualitative component highlighting survivors' agency. A mixed-methods design with more participants could include the Adult Self-Report questionnaire to quantitatively measure externalizing behaviors. As well, given that the average age of the participants in this study was 51 years old, it would be interesting to reach younger men to contrast their stories with those of older men. In addition, studies should also contrast the manifestations and functions of externalizing behaviors between male and female survivors to better guide sexual trauma interventions.

Conclusion

The men interviewed as part of this study opened up about their suffering resulting from the sexual abuse they experienced during their childhood. They highlighted being overwhelmed with anger, feeling a sense of injustice, and wanting to avoid suffering. These factors led them to engage in aggressive and transgressive behaviors associated with hegemonic masculinity, such as violence and alcohol and drug abuse. These behavioral manifestations are often harmful to them, their relatives, and society. Some behaviors are downright unacceptable, such as the perpetration of intimate partner violence. However, the needs and emotions underlying these manifestations are valid. Thus, these CSA survivors need to be supported in rebuilding their identities by choosing healthier models of masculinities and more adaptive coping strategies. They deserve to be better accompanied in their journey, even though their suffering might be explosive.

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