Research article

Barriers and facilitators affecting self-disclosure among male survivors of child sexual abuse: The service providers' perspective

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ABSTRACT

Research regarding child sexual abuse (CSA) indicates significant gender differences in disclosure rates, with males less likely to disclose their abuse compared to females. CSA can have lasting impact on a children's emotional, physical, and psychological wellbeing. While service providers play an instrumental role in providing care and support for male CSA survivors, little is known about their perceptions and experiences related to disclosure among these men. The aim of this qualitative study was to explore service providers' perceptions and awareness of disclosure-related barriers and facilitators amongst male CSA survivors. Individual interviews were conducted with eleven service providers. Study findings reveal four key themes related to the disclosure process among male CSA survivors: (a) personal characteristics, (b) interpersonal relations, (c) institutional elements, and (d) societal norms. Findings indicate that service providers understand and respond to complex challenges associated with disclosure of CSA among this marginalized population. Study findings demonstrate the need for additional research on the specific issues of gender bias and stigma associated with male sexual abuse. Along with their empirical significance, these findings can be used to develop more tailored public health and social service-related programming for male CSA survivors, their families, and the broader community to promote a safer and more supportive environment in which to discuss these sensitive and important issues. Recommendations to service providers are discussed.

1. Introduction

Child sexual abuse (CSA) is a global health issue transcending racial, economic, social, and religious lines. A meta-analysis of 217 articles by Stoltenborgh, van IJzendoorn, Euser, and Bakermans-Kranenburg, (2011) on prevalence rates note that globally 180 in 1000 (18%) girls and 76 in 1000 (7.6%) boys have been sexually abused as children. A review of studies conducted primarily in North America by Tourigny and Baril (2011) found 1 in 5 women and 1 in 10 males disclosed a history of CSA (as cited in Gagnier & Collin-Vézina, 2016). CSA is known to have a negative impact on children's future growth and development, resulting in long lasting adverse physical, psychological, social and behavioural outcomes for survivors (Chen et al., 2010; Coles, Lee, Taft, Mazza, & Loxton, 2015; Hillberg, Hamilton-Giachritsis, & Dixon, 2011; Irish, Kobayashi, & Delahanty, 2010). Further, child abuse has associated economic costs and is reported to cost the Canadian healthcare system, legal system, education institutions, and employment industry

approximately 3.6 billion dollars annually (Hankivsky & Draker, 2003).

Previous research shows both boys and girls who have experienced CSA have low disclosure rates, with some children delaying disclosure for years or indefinitely (Alaggia, 2005, 2010; Goodman-Brown, Edelstein, Goodman, Jones, & Gordon, 2003; Hébert, Tourigny, Cyr, McDuff, & Joly, 2009). However, there are substantial gender differences in disclosure rates with male CSA survivors much less likely to disclose their abuse or delay their disclosure compared to their female counterparts (Alaggia, Collin-Vézina, & Lateef, 2017; Hébert et al., 2009; O'Leary & Barber, 2008; Ullman & Filipas, 2005). The negative impact that CSA has on men's ideas about masculinity and social status has also been shown to deter men from disclosing their abuse (Alaggia, 2010; Alaggia et al., 2017; Gagnier & Collin-Vézina, 2016; Kia-Keating, Grossman, Sorsoli, & Epstein, 2005). This is complicated by the very gendered nature of the discourse about sexual abuse more generally, which typically frames it as a singularly female experience (Alaggia et al., 2017). Additional factors that impede disclosure in men are fear of being viewed as homosexual and concern about becoming an abuser themselves (Alaggia, 2005; Alaggia et al., 2017).

While disclosure can be a complex and painful process for CSA survivors, disclosure is also an important factor in addressing childhood sexual abuse. Survivor self-disclosure of CSA can result in an early end to the abuse and abused children receiving the necessary therapeutic interventions (Alaggia, 2010; Alaggia et al., 2017; Goodman-Brown et al., 2003; McElvaney, Greene, & Hogan, 2014; Sorsoli, Kia-Keating, & Grossman, 2008). Non-disclosure may result in further abuse, re-victimization, and put other children at risk (Alaggia, 2010; Goodman-Brown et al., 2003; McElvaney et al., 2014).

Service providers who work with male CSA survivors play an integral role in the community to provide care and support and may facilitate the disclosure process. While service providers have an instrumental role to play in the healing process following any childhood trauma, little is known about their knowledge of and experiences with the disclosure decision making process among male CSA survivors. Providers' awareness of influential factors to male self-disclosure and beliefs regarding CSA may not only influence their physical and mental health assessments but also impact their provision of health services to male CSA survivors. Therefore, it is important to understand their beliefs and attitudes surrounding male CSA disclosure as well their awareness of the issues that male CSA survivors face regarding disclosure. The purpose of this qualitative descriptive study was to explore service providers' perceptions and awareness of disclosure-related barriers and facilitators amongst male CSA survivors. An increased understanding of barriers and facilitators associated with disclosure will help to enhance programs to meet the needs of male CSA survivors. The research questions addressed in this qualitative descriptive study was; What are the perceptions and experiences of service providers who work with male CSA survivors regarding barriers and facilitators to disclosure of male CSA?

2. Methodology

2.1. Participants

The sample consisted of 11 service providers from eight different organizations that provide services to male CSA survivors in two cities located in southern and central Ontario. Each participant had on average five years of experience working with male CSA survivors and included Trauma Coaches, Registered Social Workers, Registered Psychotherapists, and Counsellors. Four participants were male and seven were female. All participants were of Caucasian descent. Seven participants were employed by large agencies, two had their own private practice and the remaining two were employed at an agency in addition to having their own practice.

2.2. Recruitment

Ethics approval was obtained through the Health Sciences Research Ethics Board at the team members' academic institution prior to commencement of the study. Purposive sampling, as well as snowball sampling, were utilized to recruit participants for this study since previous studies on sensitive topics have found these methods to be the ideal method for data collection (Streeton, Cooke, & Campbell, 2004). Inclusion criteria included: (1) a minimum of five years of providing counselling services to adult male survivors of CSA; and (2) fluency in the English language. Recruitment and data collection occurred between October 2015 and March 2016. Directors or managers of organizations in two cities in southern and central Ontario that offered counselling services for male CSA survivors were contacted through the organizations' websites and asked to circulate an email about the study to staff within their agency. All individuals were requested to forward information about the study to anyone who might be interested in participating in the study. Interested individuals contacted the researcher directly by email or phone at which time the researcher determined their eligibility, explained the nature of the study in more detail, and answered any questions. If service provider showed interest in participating the researcher scheduled an interview date, time, and location that was convenient for the participant. Participants were sent an email reminder one day prior to the interview to confirm and remind the participants of the upcoming interview. Written informed consent was obtained from each participant prior to the start of the interview.

2.3. Data collection

Face-to-face in-depth semi-structured interviews was the primary data collection strategy due to the fact that in-person interviewing has been widely used to collect data on sensitive topics while a semi-structured format provided flexibility to explore certain questions in further detail (Gill, Stewart, Treasure, & Chadwick, 2008; Lavrakas, 2008). Majority of the interviews took place at the service provider's place of work and lasted approximately one hour. Each interview was conducted by the first author and explored issues male CSA survivors deal with, societal attitudes of male CSA and disclosure, barriers and facilitators to disclosure, and service

gaps. Interview questions were developed based on literature review and identified gaps in knowledge. All the interviews were audio-taped and transcribed verbatim by the first author. Data collection ceased when the researcher determined data saturation had been achieved. Data saturation was operationalized as the point in which no new codes were emerging from the participants' interviews (Guest, Bunce, & Johnson, 2006).

2.4. Data analysis

Data analysis took place concurrently with data collection. Concurrent data collection and analysis allowed the researchers to follow up on emerging themes and pose new questions to help further clarify prominent themes (Green et al., 2007). Data analysis was guided by the six steps of thematic analysis as outlined by Braun & Clarke's systematic guideline for identifying themes or patterns in qualitative data (2006). Voice recording were transcribed verbatim by first author following which transcripts were imported into R *package* for Qualitative Data Analysis (RQDA) for data management and analysis. The researcher initially conducted multiple readings of the transcripts to gain familiarity with what was said. Initial coding of each transcript involved the primary researcher reading through each transcript line by line and highlighting sections of text representing similar ideas and patterns. Each highlighted text was given a label or code to depict a meaning. Initial coding continued for each transcript and a 'master' code list was created in RQDA. The initial codes were re-applied to later segments of a transcript and to text of subsequent transcripts.

This process of generating codes from the data extracts resulted in 61 initial codes. Each data extract was tagged as either a single code or multiple codes as relevant. Subsequently each code was examined to identify patterns which were then grouped together into one or more themes while large and complex codes were developed as independent themes. The results of the analysis process resulted in four larger overarching themes. The authors met throughout the analysis process to discuss codes and themes and develop preliminary definitions of codes to guide subsequent analysis. Final themes were developed through group discussion until consensus was reached.

2.5. Trustworthiness

Guba and Lincoln's four constructs, credibility, transferability, dependability, and confirmability, were used to establish trust-worthiness. Credibility was established through site triangulation, member checking, as well as prolonged engagement with parti-cipants (Guba & Lincoln, 1985). Site triangulation consisted of interviewing participants from multiple organizations representing different organizational cultures and clinical approaches and further contributed to the study's credibility. For the purposes of the current study member checking was an informal process which involved paraphrasing the participant's responses and asking par-ticipants for clarification during the interviews to avoid their responses being misinterpreted (Erlandson, 1993). Additionally, par-ticipants were asked to comment on responses provided by previous participants (Guba & Lincoln, 1985). Transferability occurred through detailed description of sample. Additionally, inclusion of direct quotes provided rich descriptions of participants' experiences (Ponterotto, 2006). Dependability was established through use of an audit trail. Finally, confirmability was achieved through re-flective journaling during the research process as the researcher wrote down assumptions, thoughts, and questions that emerged throughout the study.

3. Results

3.1. Themes

The research data contained rich insights related to the providers' experiences related to working with CSA survivors and the specific issue of disclosure. Four themes emerged which described service providers' insights and understandings of the barriers and facilitators to self-disclosure of CSA among male survivors: (a) personal characteristics (b) interpersonal relations, (c) institutional elements, and (d) social norms (See Fig. 1).

3.2. Personal characteristics

The barriers and facilitators in this domain consist of a person's feelings, values and beliefs regarding male CSA disclosure. Subthemes that are developed at this micro level consist of conscious internal experiences.

3.2.1. Emotions
The service providers mentioned fear, embarrassment, guilt, and shame as key barriers to self-disclosure among male CSA sur-vivors. Service providers reflected that male CSA survivors were often fearful of further violence, potentially re-triggering the trauma, or being perceived as being different if they revealed having been sexually abused as a child. One participant remarked about the men's fear of being re-traumatized:

> I think it's fear. When a person is harmed sexually especially a boy they're at a very vulnerable time in their life […] to be vulnerable again as an adult is a very difficult thing for a male to do because they go back into that pain, they go back into that weakness. (C. X.)

Male survivors were described as possessing a deep sense of guilt, shame or self-blame regarding the sexual abuse. Participants remarked that due to the way the male body responds to sexual stimulation men may feel an additional sense of guilt especially if the
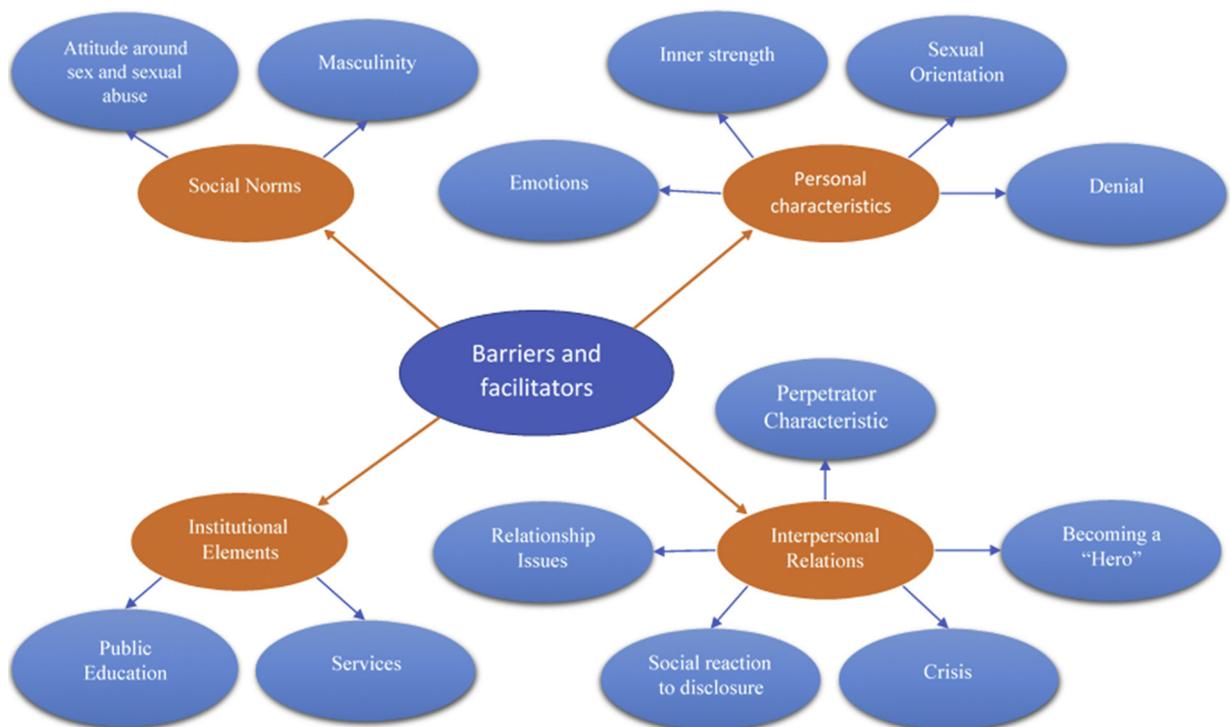
Fig. 1. Thematic map of barriers to and facilitators for disclosure amongst male CSA survivors.

abuse "*felt good*" (A.Z.) at the time. One provider mentioned that the men may be left feeling they had wanted it and that they had been "*somehow complicit" (E.V.).* Finally, service providers mentioned that in cases where the abuse happens over extended period survivors may also experience self-blame for not stopping the abuse immediately or seeking help earlier.

3.2.2. Denial

Participants expressed that denial of sexual abuse may also prevent disclosure where survivors "*kind of shove things aside and say this never happened."* (K.A.) Male CSA survivors may also minimize the event and its impact on their life, not recognizing how the abuse may contribute to their current unhealthy behaviors, such as substance abuse or relationship issues. Participants also drew attention to the role that biology plays during these traumatic experiences, indicating that the brain may unconsciously block the fact that the abuse occurred as a way to help the male survivor cope. One participant remarked:

> *Men can go for years you know like for decades even kind of going 'this didn't happen', 'this is just a foggy memory, I'm not remembering this right.' right? so this is a psychological protection you know sometimes the way the brain protects us from trauma. (K. A.)*

In addition to not acknowledging their CSA abuse or denying their experiences male CSA survivors may also fail to recognize the extent or widespread nature of the abuse resulting in non-disclosure. Participants commented that men may believe their abuse was a unique situation and they are "*the only one*" (E.V.) who had been sexually abused as a child. Service providers remarked that when male survivors of CSA realize that others have had the same experience, as a result of education or through disclosure of CSA by other men, they are more likely to come forward and reveal their own childhood sexual abuse.

3.2.3. Sexual orientation

Participants noted that CSA may lead to survivors questioning their sexual orientation and sexual preferences. Service providers remarked that heterosexual males who have been abused by male perpetrators may question their heterosexuality and think they had unconsciously invited the abuse: "*[…] maybe he is gay and he gave messages to that and that's why the perpetrator sought him out."* (E. W.) while a homosexual male survivor may "*have wondered if that's why he is gay, did that make him gay? so he'll have confusions around that."* (E. W.)

3.2.4. Inner strength

Service providers expressed that disclosing one's personal CSA history to others required a tremendous amount of "*courage*" (A.Z.) and "*strength*" (I.C.) due to stigma and shame associated with being a male who has been sexually abused. As one service provider stated: "*I think it takes so much courage to and this I specific to men, um, I, definitely for men I guess that it's a little bit more harder because there's a stigma or perception that you know out there*" (J. B.). Another participant mentioned that in addition to disclosing the abuse, the men needed strength to seek appropriate services to deal with the aftermath of CSA.

3.3. Interpersonal relations

The interpersonal theme included barriers and facilitators pertaining to the male survivor's interaction with their close social circle including family, friends, peers, as well as other male CSA survivors.

3.3.1. Social reaction to disclosure

Service providers stated that male survivors are more likely to make attempts at self-disclosure when they receive positive reactions from others, such as being believed or receiving compassion, empathy, and emotional support. However, participants noted that if disclosure produces negative reactions, such as not believing that the abuse took place, minimizing or dismissing the abuse, and actively trying to silence the disclosure, male survivors are less likely to attempt further disclosure. One service provider explained:

[…] important thing is that the child is believedumso that there's someone believing them […] treatment also is very important obviously but I think before treatment safety and having someone believe, I think those two things sort of should happen before treatment. (F. Q.)

Family members were described as being an impediment to self-disclosure either by actively silencing the child or encouraging the victim not to seek help. One participant stated:

Some family members will say you know"don't talk about this", "don't go forward", "don't put it in the newspapers" you know parents may feel, especially mothers, that they didn't protect their child and they'll be blamed so there's a lot of, they're not encouraged, the victim is not encouraged to get the help they he needs because the family members will feel like somehow, they did something (E. W.)

Service providers noted that male CSA survivors' concern about social rejection could hinder their disclosure of sexual abuse to others. Some mentioned there is fear of negative social repercussions such as, being fired from their job, being seen as "*damaged*" (H.D), being blamed for the abuse, or being perceived as "*less than a man*" (H.D.). Additionally, participants noted male CSA survivors might feel that after disclosure their friends, family, or spouses may abandon them, or judge them in a negative light. As one participant voiced: "*They think that you know their wife is going to automatically leave them, or their husbands are going to leave them because you're abused, you're a horrible person, or you did some kind of crime, or whatever.*" (B. Y.). Fear of being labelled as "*gay*" (C.X.) or having their sexuality questioned by others was another perceived barrier.

The "*vampire myth*" (I.C.) or the notion that males who are sexually abused as children will grow up to become abusers themselves was described as a common belief and may further silence survivors. Participants suggested male survivors of CSA choose not to disclose due to their concern of being judged as potential threat or a predator by those in their social circle. As one participant remarked: "*I've encountered that with men who have been abused they are afraid that people will think that they are a pedophile*" (D. W.)

Participants stressed the need to create a safe and trusting environment in which males feel comfortable to discuss their CSA history. One service provider remarked that being empathetic to what the survivor has gone through opens the lines of communication and promotes a relationship in which the male survivor feels safe. As one participant explained:

Being supportive and not being judgmental about anything that the man says in the disclosure […] make sure the environment they are saying it in feels safe to them, feels welcoming to them, […] we don't make statements like"oh, that was like 30 years ago, don't you think it's time to get over it." Because that is again a reinforcer of"let's not talk about that", you know. No matter what it is they can say it in this space because it is safe to do so. (B. Y.)

3.3.2. Relationship issues

Service providers noted that many male survivors experience negative interpersonal relationship issues compounded by trust issues. Many noted relationship issues may involve encountering challenges in forming new relationships or maintaining current relationships. Participants mentioned experience of CSA had resulted in men having issues maintaining their marriage in adulthood. One participant stated that the abuse may make men feel vulnerable and thus difficult for them to feel safe in an intimate relationship. Others mentioned that the difficulties encountered in forming trusting relationships are not limited to sexual or romantic relationships; it extends to forming any type of bond whether it be a friendship or interacting with a health service provider. One participant, expressed that CSA survivors may have trouble performing even a simple social interaction such as watching a sport with other males and bonding over a shared interest. Another service provider stated that these relationship issues can result in feelings of "*isolation*" (H.D.) in which the male survivor feels unable to tell anyone that they are "*different*" (A.Z.).

Service providers remarked that many male CSA survivors experience difficulties in trusting others, especially when the abuser is someone who the survivor had previously respected or trusted, such as a parent, close relative, religious figure, or sports coach. Participants stated males are more likely to disclose when they feel that they can trust others. Group therapy was mentioned as a strategy in which the males could form trusting relationships with other male CSA survivors and feel comfortable and safe to self-disclose. As one service provider remarked: "*they are seeing they're are not alone, they are hearing stories and share each other, they become really close. So, it creates an ongoing community for, for a trust, a trust that they wish they always probably had*" (A. K.)

3.3.3. Perpetrator characteristics

The perpetrator's gender, relationship to the survivor, social standing, and professional status were mentioned as additional barriers to self-disclosure. Service providers remarked that there are multiple factors that may lead to non-disclosure in cases where the abuser was related to the victim. One participant noted that the child may feel that by disclosing the abuse they will cause the

family unit to fall apart. Additionally, the child may have had previously respected and looked upto the family member and may continue to feel that they need to protect the abuser even following the abuse. One participant discussing a specific client explained: "[…] *he loved his brother and he really looked up to him, and he, and I don't know if he was like entirely sure if what was going on between them is okay or not okay*" (F. Q.). Additionally, one participant stated that when the abuser is a close relative the child may feel that they are part of the problem, that they had somehow invited the sexual abuse leading to further silence.

Participants noted that the abuser's gender may also play a significant role in non-disclosure. Participants mentioned that in general females are viewed as being a victim and incapable of being an abuser. Service providers remarked society's perception of who can be a perpetrator or victim of CSA may lead to males feeling more reluctant to come forward particularly in situations where the abuser is a female due to the fear of not being believed. Some participants stated that there is an additional shame and embarrassment associated with being abused by a female for a male survivor of CSA.

The perpetrator's social standing or professional status was also identified as a barrier to disclosure. One participant suggested that men who have been abused by clergymen, coaches or teachers are reluctant to disclose because of the belief that abuse would not be committed by those in authority or happen in a place of worship or a school. One participant remarked men of certain ethnic backgrounds are reluctant to come forward with allegations of sexual abuse by religious leader because of the respect that such a position entails: "*Muslim men who have been abused with the mosque by their imam and they couldn't tell anybody and they were saying how this could happen within the mosque.*" (E.G.). Similarly, another participant discussing a client who had been abused by a teacher commented:

> *In his culture it was a teacher and teachers were held in the utmost of regard, um, so it was, um, he-he feels so it was, there was, there was supposed to be a respect there so, um, disclosing that was felt, he felt, I think that was a hard thing to do it was too hard to do, um, I don't think he has disclosed to anyone. (J.B.)*

3.3.4. Becoming a "Hero"

Many participants suggested that disclosure by male CSA survivors encourages other male CSA survivors to come forward and talk about their own experience of abuse. One service provider noted that when men come forward with their disclosure "*we really bring to light for them that the kind of heroism and the kind of courage that it takes to keep being that voice and keep talking.*" (A.Z) Another provider remarked: "*I think when men you know raise their hand and acknowledge the sexual abuse, um, you know gives strength to other men to come forward to maybe pursue pressing charges or just asking for help.*" (I. C.) Service providers indicated that this effect is not limited to initial disclosure but can also influence their decision in other situations. In group therapy settings, service providers mentioned that males are more likely to share their experience of abuse following other men's disclosure about their own childhood sexual abuse experience.

3.3.5. Crisis

Participants remarked that a crisis, or critical life events, can function as a catalyst for self-disclosure and prompt individuals to reevaluate the impact of the abuse on their lives and seek help. Providers highlighted several key contexts or situations that can trigger their clients and produce crises that, ultimately, emerge as critical to the healing process and disclosure Service providers described crisis for male survivors may take the form of emotional triggering caused by social media's depiction of CSA. Participants noted that, in some instances, male celebrities who come forward with their own sexual abuse stories can be emotionally triggering for some male survivors of CSA. In addition to external triggers negative life events such as getting fired from a job or losing their house; relationship issues; depressive symptoms; and disruptive coping mechanisms such as alcohol and substance abuse issues may also function as a catalyst to disclose. Participants stated once the men realize that they need help, they start reflecting on the events from their past and realize the connection between their childhood sexual abuse and their current problems. Commenting on how a crisis can be a catalyst to disclose and seek help, one participant remarked:

> *[…] theymight have an addiction or they might have a mental health issuethey're really under aware of and its really only when things kind of go off the rails that they realize maybe, maybe there's a connection. They seek help and then they begin to see and understand the way its impacted them and that they can change. (I. C.)*

3.4. Institutional elements

The institutional theme related to structural components that are beyond the control of any single individual. Subthemes at this level included services and public education that may facilitate or hinder self- disclosure by male CSA survivors.

3.4.1. Services

Health services that offer support to male CSA survivors were mentioned as playing a key role in CSA survivors' decision to disclose their abuse. Participants indicated that multiple services gaps exist and can function as barriers to disclosure. Participants noted that in some cases, males may be reluctant to come forward with their abuse disclosure as they are unsure of what the next step to take once they have disclosed their sexual abuse.

3.4.2. Public education

Participants stated that education aimed at raising public awareness of male CSA is crucial to increase self-disclosure among male

survivors. Many participants stressed the paucity of information about male CSA particularly in school systems and community settings, such as religious congregations, as well as the general public. One participant noted that schools are reluctant to have service providers come into the schools to talk with students and faculty about sensitive topics like CSA or even topics on safety and boundaries:

> *There was some resistant from the school board, particularly catholic school board where and sometimes it was the teacher that felt uncomfortable with the topic and that children having this conversation in class or the principle. (F. Q.)*

Participants also discussed the reluctance amongst religious communities and religious leaders to educate their congregations on the topic of CSA. Participants also noted the importance of having discussions about sex and sexual health within the family unit. According to many service providers, such discussions can create an environment in which a child will feel comfortable in discussing their sexual abuse. Participants noted that it might be difficult for the child to come forward or disclose about a sexually inappropriate behavior to the parent in families where the topic of sex is not discussed. One participant mentioned that having open conversations about sex teaches children the *"basic life skills"* (G.E.) needed to recognize interactions that may be inappropriate. Another participant stressed the importance of educating children about the different forms CSA can take and the diverse emotional responses that can stem from such a traumatic experience.

3.5. Societal norms

Societal norms developed at the macro level tend to dictate behavior at the smaller group or individual level and reinforce ideas and acceptable behavior. The sub-themes revolved around larger social discourses of masculinity and attitudes around sexuality as well as sexual abuse.

3.5.1. Masculinity

Societal norms regarding masculinity were identified by participants as major barriers to male CSA disclosure. Male survivors were described as being socialized to be strong, not to be victims, protect themselves, not talk about their emotions, not show vulnerability, just deal with abuse and move on. As one participant remarked: *"Societal attitudes that men are not supposed to be victims. Men are supposed to be able to protect themselves. Man, being a victim and being a man is almost like, uh, a contradiction in terms."* (E. W.). Participants mentioned there is gender bias around sexual abuse and that gendered roles and expectations work against men when dealing with CSA. One participant stated that men who disclose their abuse are considered weak or being less than a man, *"a wimp"* (H. D.). One participant commented that the male survivor may feel that they are not fulfilling the gendered roles that society has set out for them. Some stated that the men are seen as having allowed the abuse to take place because they either wanted it or invited the abuse by being vulnerable. One participant remarked on how men begin to question their masculinity and what it means to be a man following their CSA experience:

> *The expectation is that going back to what I just said there, that to be a man means to be a certain way, which typically means in our and many societies and cultures around the world that it means to man up and be strong, carry the weight, don't show you emotion or you appear weak, you're to be the stronghold, uh, the pillar of the family so when that is taken away it can feel like, the um, the inner part of the man is being stripped (C. X.)*

Many providers remarked that disclosure of CSA reinforces the feelings of vulnerability in male CSA survivors. One participant noted that disclosure causes males to relive the pain and weakness they felt when they were being abused as a child. Another provider commented that male CSA survivors may feel they are letting somebody down – whether it be the society, their family, or their children – by disclosing their most vulnerable moment. Participants noted that men may try to disconnect themselves from the abuse and the feelings of being a victim by behaving more *"macho"* (G.E.) either through overly aggressive or hyper-sexual behavior. One participant speaking about the hyper-sexuality and CSA expressed:

> *[…] because we socialize men to like sex and to imagine themselves to be powerful and men are not victims these are a lot of the stereotypes that impact men adversely when there's sexual abuse. They might not feel manly enough so they might become hypersexual, try to have sex with a lot of people as a way of proving that they are manly […] (I. C.)*

Additionally, participants mentioned that there is a double standard when it comes to the ways in which sexual abuse among men is framed in mainstream media. One participant identified the problematic trope of the 'older woman' introducing the younger man to the world of sex in a way that does not always involve mutual consent. He remarked that these depictions would be framed as rape if the instigator/perpetrator was male and the victim female, yet when the gendered dynamics are switched it is not read as a troubling encounter. Participant noted that society tends to glorify CSA by a female perpetrator and that social expectations of how males should react when the abuser is a woman results in further reluctance by male CSA survivors to disclose.

Service providers noted that the ethnicity of the males may also play a significant role by perpetuating the idea of the *"man box"* (G. E), a term used by one participant to describe the 'appropriate' management of emotions and traumatic experiences, which should be contained in box, which is then stored away. Participants remarked that because many ethnic communities have rather singular expectations of what it means to be a man, to diverge from these social constructions and experience something that challenges dominant ideas about masculinity can make the social stigma and social rejection even more pronounced. Service providers noted that some cultures are more likely to glorify the *"sexual initiation"* (A.Z.) of male children by older women and sexual objectification as well as emphasizing male sexual prowess:

African American community for example I think, um, in many corners within that community, uh, particularly in some of the under-privileged urban ghetto areas there is, uh, and it's not exclusive to them but it is a factor I think there's a much stronger the man box is stronger, right? (G. E.)

3.5.2. Attitude around sexuality and sexual abuse

Social stigma around sex as well as sexual abuse, particularly in cases where the victim was male, also serve as a barrier to disclosure. One participant described the discomfort felt by individuals when talking about the topic of CSA:

Boards of trustees in the school system, uh, or, or, Ministry of Education at the governmental levels, uh, a lot of them are personally very uncomfortable, uh, or feel accountable to constituencies, voters, uh, members of the community whomever they feel accountable to, uh, who are, many of whom are very uncomfortable talking about these issues (G. E.)

Another participant expressed that social success is measured by conforming to traditional gendered roles. "*You're supposed to be a man, a woman, have children, have two and a half kids, a dog and a white picket fence this is the idea of success*" (C. X.). Participants remarked that any event, such as CSA, that disrupts the social gender norms is stigmatized. In cases where the perpetrator is a male, negative social attitude around homosexuality and homosexual relationships may also increase male CSA survivor's reluctance to disclose. Finally, general society's response to sexual abuse allegations was also considered to be an impediment to disclosure by participants. One participant suggested that sexual crimes often define the victim as the one to be blamed for the abuse, with societal responses such as "*how could you let this happen*" (H. D.) or in cases when the sexual abuse takes place over a prolonged time frame the victim is blamed for not disclosing sooner.

4. Discussion

Our findings indicated that male survivor's decision to disclose CSA is seen as a highly complex process, influenced by multiple barriers and facilitators that exist on four different yet interrelated levels. The barriers and facilitators to self-disclosure identified by service providers are congruent with those reported by male CSA survivors in previous studies(Alaggia, 2005; Alaggia et al., 2017; Easton, Saltzman, & Willis, 2014; Gagnier & Collin-Vézina, 2016; Sorsoli et al., 2008). Finding similar results is encouraging and shows that there is a high level of awareness or insight present among service providers about the barriers and facilitators that impact self-disclosure among male CSA survivors. Health providers' astute awareness of these factors may have been precipitated through their experience working with male CSA survivors.

Similar to previous research (Easton et al., 2014; McElvaney et al., 2014; Sorsoli et al., 2008), service providers found emotions such as fear, shame, guilt, and self-blame, as having a major impact on male CSA survivors' decision to self-disclose. Additionally, similar to studies on male survivors of CSA (Easton et al., 2014; Kia-Keating et al., 2005) our results indicated that having experienced CSA may lead men to questioning their sexual orientation and as a result be reluctant to self-disclose. For example, Easton et al. (2014) noted sexual orientation is a core part of one's nature and questioning one's sexual orientation may be highly disturbing and function as barrier to disclosure.

Stigma surrounding male CSA was considered a significant barrier to disclosure; participants noted fear of negative social re-percussions, or fear of being labelled as a pedophile and gay prevent male CSA survivors from talking about being sexually abused. Similar results have been found by previous studies with stigma surrounding male CSA playing a key role in male CSA survivor's decision to not disclose (Alaggia, 2005; Easton et al., 2014). Myths associated with male CSA, such male CSA survivors are or will become "gay" or will become abusers, marginalizes male CSA survivors. Similar to previous studies participants in the current study mentioned the "vampire myth", or the belief that the victim of CSA would perpetuate the cycle of abuse, as being a significant barrier to disclosure, despite the fact that only a small minority of male survivors of sexual abuse go on to abuse children themselves (Easton et al., 2014; Leach, Stewart, & Smallbone, 2016). While negative social interactions including stigma and active silencing can function as barriers to disclosure, service providers indicated that positive social interactions such as empathetic social reaction following disclosure and disclosure by other male CSA survivors may encourage disclosure in male CSA survivors. Showing non-judgmental reactions and not minimizing the experience function as key facilitators, encouraging further disclosure.

Raising awareness about male CSA through education was identified as key to encouraging male survivors to disclose about CSA. Our results note the importance of education about sexual abuse for children, adults who come into contact with children, the general public, as well as service providers. The findings indicate that change in social attitudes about male sexual abuse is imperative. Further an increased understanding of male sexual abuse will help create an environment that is conducive to children disclosing, particularly in cases of male CSA.

Education about CSA in the school system may encourage both boys and girls to ask questions and create an environment in which children will come forward when sexual abuse has taken place. Previous studies have indicated that victimization prevention pro-grams increase self-disclosure of sexual abuse (Gibson & Leitenberg, 2000; Wise, 2015). Sexual abuse and awareness programs have been successful in raising awareness of CSA among children as well as teaching them self-protection skills (Gibson & Leitenberg, 2000; Wise, 2015).However, our results indicate, many schools and school administrators are reluctant to bring the topic of CSA into the school education policies. This may send a message that CSA is a topic not open to discussion, further stigmatizing the issue and preventing children from disclosing. Additionally, in addition to educating children in the school participants indicated that it is imperative to raise awareness through providing education in religious institutions (Elkins, Crawford, & Briggs, 2017). Findings suggest there is also reluctance to discuss male CSA in religious institutions, such as churches and mosques. This reluctance may be

due to societal attitude about sex as well as the stigma attached to sexual abuse of males. Programs are needed to educate religious authorities particularly in visible minority communities and to encourage them to promote awareness of the issue among their congregation (Elkins et al., 2017).

CSA awareness and educational programs directed at the general public as well as parents, family members, and close acquaintances of male CSA survivors has a positive impact on disclosure. A qualitative study by Alaggia (2010) which examined disclosure of CSA noted that males described their community as not being knowledgeable on how to handle their disclosure or their behavior following the abuse. Increased public awareness campaigns and open discourse on the impact and behaviours that stem from CSA and how to handle disclosure of male CSA is needed to encourage men to tell their stories. Previous research shows that public awareness campaigns tend to overlook the issues faced by CSA survivors following the abuse and focus primarily on identification of child abuse victims and reduction of risks for abuse (Broman-Fulks et al., 2007).

Additionally, Public Service Announcements focused on reaching minority ethnic populations is imperative because consistent with previous studies (Hanson et al., 2003; Kellogg & Huston, 1995; Kia-Keating et al., 2005), service providers in our study found that ethnic minority men were much more reluctant to come forward with their disclosure. This may be due to the fact that some ethnic groups hold more traditional patriarchal views of gender role and functions in society and as such males from these ethnic communities may face additional pressure to confirm to the masculine norms. Previous studies on men from ethnic minorities who have experienced CSA have found them to be more likely to act tough, display increased aggressive behavior and engage in hypersexuality in an attempt to detach themselves from the role of a victim (Kia-Keating et al., 2005; Valente, 2005).

At the societal level notions of hegemonic masculinity as well as stigma surrounding attitude around sex and sexual abuse impede disclosure. Gendered expectations, and the shame and stigma associated with male CSA underlie the negative reactions associated with male CSA disclosure. Previous studies indicate when males come forward with allegations of abuse, societal views about gender norms become internalized by the male CSA survivors and may function as a barrier and further marginalize males who have been sexually abused as children (Alaggia, 2005; Easton et al., 2014; Gagnier & Collin-Vézina, 2016). Men often feel the pressure to live up to the standards set by their social groups and society at large, and these gender norms may result in a dichotomy between what is means to be a male and to be a victim(Fontes & Plummer, 2010; Hohendorff, Von, Habigzang, & Koller, 2017; Spataro, Moss, & Wells, 2001). As Fontes and Plummer (2010) states: "admission [of CSA] requires 'confessing' to having been victimized, which is a blow to their masculine image" (p. 498). Participants mentioned the pressure to pressure live up to the masculine standards and any feelings or emotions that are not deemed as masculine needing to be put in a box and packed away. In essence gender norms created by society and internalized by male CSA survivors can influence male CSA experience and in turn impact their decisions regarding self-disclosure. As Katz (1999) articulates in "Tough Guise" the man box contains all the characteristics identified as being typically part of what it means to be a "real man". Males who are seen to deviate from these ideals are shamed and stigmatized. The man box then prevents men from disclosing as they reject the vulnerability that comes with disclosing their abuse.

Our findings indicate that gender of the perpetrator plays a complicated role in male survivors' decision to disclose. In cases where the abuser was a male, social responses to homosexuality and social views of the homosexual community may serve to silence men from disclosing their abuse. However, when the perpetrator is a female the social norms dictates that the male should enjoy the abuse and feel honored to be initiated into sex in this way. Therefore, males might be equally as reluctant to come forward due to fear of ridicule or envy (Gagnier & Collin-Vézina, 2016).

Finally, encountering a "crisis" or critical event could act as a catalyst for male CSA survivor's decision making regarding disclosure. While research on critical events as "motivators for change" and their effect on negative health behaviours such as smoking have been well established (McBride, Emmons, & Lipkus, 2003; Pollak et al., 2010), it was interesting to note critical life events as facilitating male CSA disclosure. Previous research on male CSA survivors have found media coverage of CSA and disclosure by others, for example disclosure of CSA by celebrities such as the recent disclosure by *Top Gun* actor Anthony Edwards or Mike Tyson may function as an external event precipitating disclosure in male CSA (Hohendorff et al., 2017; Malloy, Brubacher, & Lamb, 2013). However, participants in the current study noted that negative personal events such as a car accident or dissolution of a family may also lead to CSA questioning their life choices triggering disclosure.

4.1. Implications

Educators in the school system, especially those who are teaching children in the primary grades, may be ideally positioned to create an environment in which children specifically boys are comfortable enough to discuss issues such as inappropriate interactions amongst peers or between an adult and children (Elkins et al., 2017). Education should focus on what is CSA, what are inappropriate interactions, the various responses it can elicit and how to respond. Additionally, guest speakers such as mental health workers could be invited into the school system to speak to youth as they may have much more experience working with male CSA survivors and be more knowledgeable on sexual abuse in comparison to educational staff.

To address the general public's lack of recognition of male CSA, more public service announcements (PSA) geared at raising awareness of the issue should be disseminated. Awareness of the issue seems to play a key role in male CSA survivor's decision to disclose. The belief, "I'm the only one", functions as a barrier to male disclosure and an increased awareness of male CSA can serve to change the notion and help increase male self-disclosure rate. By promoting awareness of male CSA among the general public the misconceptions about the prevalence rate of male CSA will be addressed. Further, increased public awareness and education will serve to potentially reduce the stigma around male victimization and create an environment more conducive to male self-disclosure. Studies have shown education to have a positive impact on social stigma (Pinfold et al., 2014; Tanaka, Ogawa, Inadomi, Kikuchi, & Ohta, 2003). Public awareness campaigns would bring the issue of male CSA to the forefront and into the consideration of policy

makers and service providers leading to possible increase in funding and increase in creation of services for male CSA survivors.

In terms of providing therapeutic services, it is important to recognize that male CSA survivors have unique therapeutic goals that need to be addressed when providing services (Alaggia & Millington, 2008). Our results correspond to previous findings (Alaggia & Millington, 2008; Elkins et al., 2017) that service providers must help male survivors of CSA reconcile the abuse and their masculine identity. Additionally, participants noted that many male survivors internalize fears of perpetuating the cycle abuse with their own children, service providers should discuss these concerns in a non-judgmental and empathetic manner (Alaggia & Millington, 2008).

Although awareness of CSA among males continues to grow, research remains relatively limited in scope and quantity. Future research exploring the views, awareness and knowledge among teachers, parents, and religious authority figures of male CSA are needed to help inform relevant education programs and public awareness campaign regarding male CSA. Additionally, further research on stigma attached to CSA particularly with male survivors, is critical to address societal norms regarding sex, sexual abuse and gender. While there is stigma attached to sexuality and sexual abuse, social ideas about hegemonic masculinity and victimization of males tend to further marginalize male CSA survivors. Therefore, further research on stigmatization of male CSA and social attitudes about masculinity is needed.

Service providers play a large role in the aftermath of allegations of CSA and contribute to the healing process of the survivors. Therefore, it is imperative to further examine the understanding, perceptions and attitudes of the service providers regarding disclosure of CSA amongst males. Such research will inform service and professional educational programs and mental health services for service providers and enhance delivery of care to male CSA survivors. Future research should include ethnically diverse sample of service providers to gain an in-depth understanding of unique issues faced by ethnic service providers as well as males who access service. It may be possible that service providers who are from an ethnic minority may have unique experiences and work with a different group of male CSA survivors than their Caucasian counterparts.

4.2. Strengths and limitations

To our knowledge this is the first study to explore facilitators and barriers to self-disclosure amongst male CSA survivors from the perspective of North American service providers. There are limitations to this study that need to be acknowledged. The service providers were recruited from one specific region of Ontario and were all Caucasian. The results need to be considered with caution as facilitators and barriers to disclosure was not explored directly with male CSA survivors. Thus, while the findings reflect the what service providers understood from male CSV survivors, the survivors may not have disclosed issues that they did not feel comfortable sharing, and the service providers may not have correctly interpreted the concerns expressed.

5. Conclusion

The study results support many of the previous findings about facilitators and barriers for disclosure of male CSA. Male survivors of CSA face unique barriers that need to be acknowledged and addressed, at the same time facilitators need to be strengthened. Findings demonstrate the need for increased awareness and to critically reexamine social values and gender norms as current notions of masculinity prevent young men from coming forward with their abuse. Additionally, as society becomes more diverse there needs to be more focus on males from ethnic communities as they face additional barriers that need to be addressed.

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