A MEN’S RETREAT: FOSTERING AN OPEN DISCUSSION REGARDING CHILDHOOD TRAUMA AND SEXUAL ABUSE

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By

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ABSTRACT

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The purpose of this project is to create a men’s retreat specifically geared toward addressing male issues and experiences regarding childhood sexual abuse. Whereas strides have been made regarding statistics, studies, and healing modalities specific to female childhood sexual abuse conversely, the male population has been severely underserved and under recognized in terms of this type of abuse. This phenomenon may be a result of rigid adherence to male gender roles, which severely constrain and inhibit the disclosing as well as recovery from childhood sexual abuse. Moreover, the socialization of males sets up a negative attitude toward professional help-seeking behavior further impeding any substantive healing for sexually abused male.
Chapter 1

Introduction

I operated my entire life, since age 9, in the shadow that I didn’t know existed. I thought I was a unique individual with unique thoughts, feelings and though I tried to act differently, a unique loneliness was mine and mine alone. I didn’t even notice my inability to have a relationship, with ANYONE, let alone my wife of 23 years, that wasn’t built on humor and sarcastic remarks. No real concerns, no real caring, no real intimacy, no real feelings. Welcome to my wall. In the words of Pink Floyd – I was Comfortably Numb.

I’ve never felt as connected, at peace and understand as I did with each of you. I felt an honest and real connection with every interaction, whether it was a shared story, a comment on something I said or a simple look into the eyes of someone else, one of you, that simply said, ‘I know me too.’

I changed last week. You were all instrumental in that change. Every word that left your lips either inspired me, gave me clarity, gave me reassurance, gave me hope, gave me strength or gave me an overwhelming sense that things would NEVER be the same again.

I too cried all the way home and could not speak as I choked back a lifetime of shame and fear that belonged to a boy that needed someone to finally come his aid, and suddenly realized that help came in the form of a circle of chairs and open hearts. The boy was me, the circle (unbroken and strong) was you, and the words being choked back were being spoken to my wife, in the most honest and open exchange I ever allowed myself to have.

A collective empowered spirit was created through the opening of each of our hearts last weekend. A wellspring of strength that each of us poured into and can now draw from whenever we need it. I am so truly grateful for each of you. Every last one.

Enjoy every morning. Enjoy your day. Enjoy your life. I will truly honor each of you by enjoying mine (Anonymous, 2012).

Every year, according to Hunter (2009) tens of thousands of boys will be sexually abused in the United States; damaging them physically, emotionally, and spiritually, essentially every aspect of their lives will be affected. Specific to becoming an adult, a sexually abused boy will be inundated with such problems as sexual dysfunction, low self-esteem, intimacy difficulties, drug addictions, and even suicide. Often these sexual abuse victims will not even realize they are victims, they may hear or read about sexual abuse and draw no connection between to what happened to them and abuse.
Additionally, Hunter (2009) asserts that the sexually abused boys who do search out professional help will often be misdiagnosed or simply not taken seriously, that sexual abuse might possibly being an underlying cause to their presenting problem. Sadly, sexually abused boys will in all probability be neglected as men (2009).

Statement of Need/Problem

The difficulty in researching child sexual abuse is in part the shame and secrecy surrounding this type of abuse. According to Watkins and Bentovin (1992) the research specific to sexually abused boys has fallen sharply behind that of girls. They hypothesize the reason for this is the belief that sexually abused boys are uncommon and in the rare instance of sexual abuse it is inferred that there are no significant effects developmentally to these boys. Subsequently, research specific to sexually abused boys is limited to a few studies and hence there is little known regarding long term effects from boys experiencing the trauma of being sexually abused (1992).

Furthermore, Lew (2005) argues that male gender role socialization contributes significantly to males having access to the option of reporting and recovering from sexual abuse. He contends that rigid adherence to gender roles instructs boys that they simply cannot be victims. Boys are supposed to be resilient, competitive, tough, self-reliant, and independent, and certainly not emotionally needy (2005).

As stated above, there is a profound need for enforcement personnel, mental health professionals, researchers, and policy-makers to be aware that males are under-represented, under-researched, and under-reported with regards to sexual abuse. Further, strict adherence to male gender roles is an additional factor that hinders males in being
able to admit to being sexually abused and seeking professional mental help to recover from the abuse.

**Purpose**

The purpose of this project is to highlight the social stigma attached to males reporting sexual abuse as well as their reluctance to enter into a traditional therapeutic model in order to process this devastating trauma and heal. The intention of this project is to create a three-day weekend retreat in a wilderness context for males recovering from sexual abuse. The goal of such a retreat is to shed light on this difficult topic in a safe environment with respect to the ingrained unconscious, and rigid male gender role socialization constraints. Additionally, such a retreat will allow men to openly discuss and give voice to this type of abuse, while being mirrored and affirmed by other men as opposed to maintaining the traditional male tenet that men do not have any feelings and should “tough it out” with regards to childhood/adolescent trauma. Finally, this project will bring about a greater understanding of the issue of male sexual abuse, as well as partially compensate for the lack of information and attention to this type of abuse, thus bringing this topic more into the forefront.

**Significance**

As a result of this project, men will finally have a safe outlet for recovering from the effects of childhood sexual abuse. Ultimately, the goal of this weekend retreat is for men to experience a more beneficial therapy model in which they will understand that they are not alone and realize their pain is shared.
Terminology

The following terms are used:

Gender Socialization – The process by which individuals learn the cultural behavior of femininity or masculinity that is associated with the biological sex of female or male.

Norm – A shared rule that guides people’s behavior in specific situations.

Sex – The biological characteristics distinguishing male and female.

Stigma – In terms of perceived mental illness, a sign of disgrace or shame, henceforth causing an individual to not seek professional help.

In order to better understand this issue, it is necessary to review previous studies, literature, and research regarding the sexual abuse of boys and the impediments to reporting and receiving help in terms to recovering from the effects of sexual abuse.
Chapter II
Review of Literature

Introduction

Child abuse is a difficult topic for people to face, let alone child sexual abuse. Thus far the research in this area has been primarily focused on females (Urquiza & Capra, 1990). The purpose of this chapter is to explore child sexual abuse relative to males and how stereotypical gender roles impact reporting or seeking treatment. The first area to be discussed is child abuse, specifically child sexual abuse. The second area to be discussed is the current therapy modalities used to treat sexual abuse victims. In the third area, the phenomenon of the severe under-reporting among male victims of child sexual abuse will be discussed, including the contributing factor specific to stereotypical gender roles. The final section discusses available/current treatment options for men who do seek treatment and/or recovery for child sexual abuse.

Child Abuse

Perhaps the basis for child abuse is best summed up by Miller (1997) who documents a deeply engrained disrespect for children historically. She discusses such universal harmful childrearing practices as breaking of the child’s will, neglect, discrimination, scorn, and an overall general misuse of power, all of which are prevalent and condoned by most societies. Similarly, Miller asserts that seeing a child in distress is considered a trivial matter as they are “just children” and therefore belies the importance of dealing with the mistreatment of children on most any level (1997).

These beliefs are exemplified by Barriere (2005) who illuminates how in ancient Rome, fathers had ultimate power/ownership of their children even to the extent that they...
could decide whether or not the child would be allowed to live. In other words, fathers could for whatever reason decide to kill or in any way harm their children with impunity. Further, Barriere (2005) goes on to elucidate similar circumstances in England where 5-year old children were restrained with chains and required to work 16-hour days in horrific conditions. Additionally, Barriere (2005) notes that in Canada from 1870-1930, 800 plus children were taken from Dublin/London, shipped overseas and were treated similarly to slaves (2005).

Accordingly, Markel (2009) discusses the first case of child abuse which came about in 1874, when a neighbor reported that a 10-year old girl was being severely abused. With an attempt to rectify this situation, the Department of Public Charities and Corrections was contacted with no results at the time. This case was then brought forward to the American Society for the Prevention of Cruelty to Animals (ASPCA) because at the time animals were protected and children were not. The appeal was made under the premise that children were also defenseless members of the animal community. The ASPCA did intercede and henceforth came to be in 1874 the New York Society for the Prevention of Cruelty to Children was founded; this is thought to be the first child protective agency in the world (2009).

In terms of the present day, Kempe, Silverman, Steele, Droegemueller, and Silver (1962) were catalysts in influencing politicians to sanction a formal child abuse reporting system. Kempe et al. (1962) examined and documented hospital emergency room X-rays for 1-year from 70 hospitals across the country. Their graphic and alarming data, presented the first ever-tangible evidence of extreme forms of corporal punishment, as well as of neglect and complete disregard for children’s personhood (1962).
According to the Child Welfare Information Gateway (2010) the definition of child abuse and neglect is, at a minimum, considered to be a recent act or a failure to act on the part of a caregiver or parent resulting in serious physical or emotional harm, exploitation, sexual abuse, or death of a child under the age of 18. Additionally, there are special cases of neglect specific to withholding or failing to procure medical services. Moreover, in terms of national child abuse statistics, Childhelp (2012) reports that the United States has the poorest record of the industrialized nations, losing five children are lost every day due to abuse-related deaths. Furthermore, every ten seconds a report of child abuse is made. Child abuse crosses all socioeconomic as well as ethnic levels. Lastly, of child deaths under the age of 4, approximately 80% die from abuse and of that 80%, approximately 50-60% of these child deaths will not be registered as such on the death certificates (2012).

In terms of statistics related to types of abuse, Childhelp (2012) reports (1) Neglect as 78.3%, (2) Physical Abuse as 17.6%, (3) Psychological Maltreatment 8.1%, (4) Medical Neglect 8.1%, (5) Other 2.4%, (6) Sexual Abuse 9.2% (2012). These are reported statistics, keeping in mind child abuse is considered to be severely under-reported. Accordingly, these child abuse statistics underscore a widespread painful reality that people have a difficult time realizing the magnitude of the number of children being harmed. Yet it is critical that these forms of child abuse are recognized, dealt with, and brought to light. A markedly disturbing form of child abuse i.e., child sexual abuse, is especially the type of abuse people wish to ignore, deny, and distance themselves from.
Sexual Abuse Defined

Haugaard (2000) discusses the challenge of defining child sexual abuse, contending that the term child sexual abuse has never been definitively defined and hence the lack of an accepted definition of child sexual abuse may impede research, treatment, and advocacy endeavors. Haugaard (2000) points out three notable impediments first, professionals in differing fields and have differing mandates and goals. Secondly, most of the traits, signs, and/or characteristics of child sexual abuse, lie along a continuum in which the line or dividing point is rarely black and white and more often is gray. For example, a caregiver or parent bathing their 2-year old child is appropriate yet is this hygiene ritual appropriate for a 14-year old child? This situation illustrates the conundrum as to what age exactly should be considered as the absolute cut off from appropriate behavior to abusive behavior. Thirdly, the location or context in which the behavior in question takes place is yet another factor in the attempt to name the behavior as either appropriate or abusive. For example, a father massaging his daughter’s upper thighs in bed after a vigorous soccer game while in her bed or while on the soccer field (2000). There are again are extenuating circumstances and an array of pertinent questions are needed to decipher whether abuse has taken place.

Hopper (2011) discusses the difficulty in defining what is considered sexual abuse. He postulates how difficult it is to acknowledge any type of child abuse let alone child sexual abuse. He explores such variables as the age of the subject/victim at the time of the incident as well as the level of coercion involved of which he considers highly significant. Essentially, Hopper contends that if the child is under the age of 16, the
sexual incident is considered abusive if verbal threats are used and the child feels negatively about the encounter (2011).

A more concise definition from the World Health Organization a Report of the Consultation on Child Abuse Prevention Geneva (1999) states:

Child sexual abuse is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violate the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person (1999, p. 15).

Similarly, the discord regarding the definition of child sexual abuse corresponds to the differing statistics regarding the prevalence of child sexual abuse. Wilkins & Bentovin (1992) conclude that the prevalence rate is difficult to ascertain and estimate; however, it appears that 1-boy is abused for every 2-4 girls abused (1992). Additionally, Finkelhor (1993) approximates that 1 in 10 boys and 1 in 4 girls will undergo child sexual abuse. He also indicates, as do many other researchers, that the rates are more than likely considerably higher, as child sexual abuse is distinctly under-reported (1993).

**Sexual Abuse Effects**

Despite the lack of unity regarding the definition of sexual abuse and accordingly statistics of its prevalence, researchers agree that there are many adverse effects of child sexual abuse. Recent studies have begun to examine effects of child sexual abuse from a
cross cultural perspective, for example, Moisan, Sanders-Phillips, & Moisan (1997) investigate the symptoms of depression and anger among sexually abused Black and Latino boys. The researchers had a sample of 60 Black and Latino boys aged 13-18 and used the Children’s Depression Inventory and the State-Trait Anger Expression Inventory. They found that Latino males were more likely to have been sexually abused by an extended family member, while Black males were more likely to be abused by an immediate family member. Higher anger scores were correlated with abuse from an immediate family member. Further, Black males had higher anger scores than Latino males, however no differences were found in terms of depression scores (Moisan et al., 1997).

Sanders-Phillips, Moisan, Wadlington, Morgan & English (1995) studied the differences in psychological functioning between Black and Latino sexually abused girls. This study utilized 23 Black girls and 19 Latina girls between the ages of 8-13 years. The procedures this study used were physical and genital examinations as well as the self-report measures: the Children’s Depression Inventory and the Nowicki-Strickland Children’s Locus of Control Scale. The researchers found that Latina girls were more likely to be sexually abused by their biological fathers and relatives, while Black girls were more likely to be abused by their stepfathers and family friends. In terms of depression Latina girls scored higher on the depression scale, possibly because the onset of abuse was at an earlier age and the abuser was most likely to be a relative or a sibling. Additionally, Latina girls reported lower levels of maternal support as well as high levels of family discord (Sanders-Phillip et al., 1995). Further research would needs to be done using a larger sample size.
The factors influencing differences in ethnic groups specific to child sexual abuse are complex. It is imperative for health care professionals to maintain an understanding of the differing social and cultural experiences in order to assess and treat the victim as well as the victim’s family.

Further, a study was undertaken by Dube et al. (2005) in which sexual abuse was distinguished by gender. The main purpose being to assess detrimental childhood experiences to explore a relationship between health behaviors, outcomes, and healthcare use. This study was implemented by Kaiser Permanente’s Health Appraisal Center and the Centers for Disease Control & Prevention as well as Emory University. The cohort study was conducted from 1995-1997 and involved 17,337 participants who completed a survey concerning family of origin dysfunction or abuse during childhood, and multiple other health-related issues specifically severity of child sexual abuse, substance abuse issues, and social problems. Characteristics of the study population were 9367 (54%) female and 7970 (46%) male. The mean age (standard deviation) was 56 (15.2) years. Seventy-five percent of the participants were Caucasian; 39% were college graduates; 36% had some college education; and 18% were high school graduates. Only 7% had not graduated from high school. The participants in the study were pulled from Kaiser Permanente’s Health Appraisal Center (HAC). The center provides such services as standardized medical, psychosocial, and preventive health evaluations to adult members of Kaiser Health Plan in San Diego County. The participants who were assessed at HAC completed a standardized questionnaire, which contained health-related behaviors, a medical review of systems, psychosocial evaluations, and detailed histories of health. In terms of respondents and nonrespondents, the study showed that nonrespondents were
more inclined to be younger, less educated, or from racial/ethnic minority groups. With regards to questionnaire and, more specifically, the definition of childhood sexual abuse, four questions were taken from Wyatt (1985) to define sexual abuse during childhood and adolescence. “Some people, while growing up in their first 18 years of life, had a sexual experience with an adult or someone at least 5 years older than themselves. These experiences may have involved a relative, family friend, or stranger. During the first 18 years of life, did an adult, relative, family friend, or stranger ever (1) touch or fondle your body in a sexual way, (2) have you touch their body in a sexual way, (3) attempt to have any type of sexual intercourse with you (oral, anal, or vaginal), or (4) actually have any type of sexual intercourse with you (oral, anal, or vaginal)?” A “yes” response to any of the four questions ranked the respondent as having experienced child sexual abuse. In terms of prevalence of child sexual abuse, this study shows only a slightly higher incidence between males and females, that being, males 16% and females 25%. In addition, similar findings were indicated for both genders with regards to long term effects specific to alcohol use, drug use, marrying an alcoholic, and other family problems. Further, it was found that 40% of child sexual abuse among men and 6% of child sexual abuse among women was perpetrated by a female, in which both genders reported negative outcomes when compared (2005). The conclusions of this study are limited in that the 75% of the participants were Caucasian as well as the mean age was 56, these are quite limiting factors. Additionally, the results may have been different had the data been gathered in person as opposed to a self-report survey.

Further research suggests a need to discuss the vulnerability of boys to perpetration from both males and females. Given the prevalence rates regarding female
perpetrators, it is crucial for this topic to be openly discussed specific for males being able to disclose and heal. The myth that if the sexual abuse is perpetrated by a female, the male involved enjoys or in some way is matured from the experienced needs to be exposed as a myth. It is important to understand how gender role socialization belies this type of a response. The assumption that a boy/male is somehow strong, tough, and can handle it, hinders disclosure, treatment, and simple recognition that abuse has even taken place. Stereotypical gender role response and the reality of the abuse need to be looked at and recognized as such. Certainly child sexual abuse has devastating effects for both females and males however due to gender development and stereotypical gender roles males face a unique set of challenges that may hinder them from reporting and seeking treatment for this type of abuse.

**Gender Development**

In terms of gender development, according to Lindsey (2006) all social interactions are gendered. She defines gender roles from a sociological perspective as being expected attitudes and behaviors that society associates with each sex. Additionally, Lindsey (2006) defines gender through particular social contexts, as cultural, social, and psychological traits concurrent to males and females. Moreover she defines sex as male or female an ascribed status and masculine and feminine as an achieved status. Lindsey (2006) contends that as early as second grade girls and boys have solid notions about who they are supposed to be and what they are supposed to do. Already boys and girls are closed off to their extensive gender similarities and are exclusively focused on, and even celebrate their minor gender differences. This is symbolized by the iconic pink for baby girls and blue for baby boy’s phenomenon which
begins right away, often with the very first blanket which gets wrapped around the infant. The gender socialization process by which individuals learn the cultural behavior of femininity and masculinity is initiated by the biological sex of female or male. Additionally, gender role socialization is influenced by cultural factors such as social class and race. For example, middle class parents are more flexible than working class parents. Further, Latino and Asian American parents are generally socialized into less flexible gender roles than African-American and Caucasian children. Parents’ behavior according to Lindsey (2005) is a strong predictor in terms of toys given to children. Girls are encouraged toward domesticity and social activities while boys are encouraged to be risk takers and independent (2005).

In an observational study done in a childcare center, Chick, Heilman-Housey, and Hunter (2002) examined the role caregivers play in fostering gender socialization and gender-appropriate behaviors. The research findings revealed that interactions between caregivers and children did influence and/or affect gender-role development and gender socialization for children. In a five-week period Chick et al. (2002) worked with a total of 36 children from infants to 5-year olds. This study took place in a single childcare center in which the participants attended the facility on a full time basis. While the parents gave permission for their children to participate in this study, the sample of children/participants could not be controlled. Additionally, Chick et al. (2002) noted some of the observations included caregivers giving more attention to infant boys specifically that they were being held more often and spoken to more than baby girls. Moreover, when boys were active, no comments were made to them in terms of causality or reprimand, conversely when girls were active; comments such as “too much caffeine”
were mentioned. Furthermore, in a toddler room when both boys and girls were playing and crawling on a sliding board, the girls were instructed to be careful as they could possibly get hurt, where there were no such instructions given to the boys. In terms of reinforcements, Chick et al. (2002) found that girls were praised for their hair, dress, and nurturing behaviors; while boys were praised for their physical size. Similarly, terms used for girls from infants to preschoolers were, honey, sweetie, and cuddle bug. While the term honey was occasionally used for boys, what was most often heard was “Bud” a nickname for buddy. Chick et al. (2002) reported that girls, in terms of play, spoke on the phone, played with dolls, shopped using the supplied shopping carts, and engaged in coloring activities. The caregivers were heard encouraging the girl’s telephone play by saying “Brittney Spears is calling for you.” In another observation, a girl was seen with a rather cumbersome toy and the caregiver was heard saying that was too difficult for her because she didn’t have any muscles. The boys tended to choose such toys as squirt guns, trucks, blocks, and engage in organized events such as bowling. Summarily, boys wanted to make paper airplanes while the girls wanted to make paper fans. Lastly, Chick et al. (2002) indicated that when the children were being read to, the main character in the books were predominantly male and there was only one occasion when the main character of the book was female and she was making breakfast and shopping. Similarly, the two other books being read were “Roger the Racer” and “Tommy the Tugboat” (2002). This study demonstrates how parents and school activities/behaviors reinforce gender activity or passively discourage behavior that is not congruent with societies strict gender ideas.
Lew (2004) argues that gendered training, supplied unconsciously by parents, begins at birth in that female and male babies are talked to differently, held in a different manner, and have differing amounts of attention. This distinction in behavior is made manifested in the prevalent pink and blue color-coding to illuminate the gender of the infant more distinct. Lew (2004) postulates that these beliefs are so deeply ingrained that even a highly aware parent falls victim to teaching gender appropriate behavior. To show how unconsciously these stereotypes are, Lew uses the analogy of a fish, not having a perspective of water (2004). In other words, the directive to gendering is omnipotent and is covertly sanctioned and even mandated by society.

Witt (1997) purports the benefits of gender neutral or androgynous role orientation, contending that while children are exposed to a multitude of factors which influence behaviors and attitudes, the very first and foremost major influence on gender role socialization are learned at home from parents. These behaviors and attitudes are then reinforced outside of the home, further entrenching and solidifying the gendering role/behavior (1997).

**Gender Roles**

The term *gender*, Lindsey (2006) contends, concerns three distinct characteristics specific to females and males via distinct social circumstances, those being social, psychological, and cultural. Lindsey (2006) discusses the term *role* as the proper behavior assigned to persons within society’s ascribed norms which are the communal rules for specific situations that guide people’s behaviors. Roles or positions people occupy involve various levels of status, which is what gendered social interactions are guided by.
For example, for females Lindsey (2006) postulates the status of the mother role is expected to engage in self-sacrificing, nesting, and loving behavior. Accordingly, the status of the father role denotes an expectation of disciplinary, financial provider, and emotionless expert decision maker (2006).

In constructing their own social world, according to Rudman & Glick (2010) children utilize gender as an organizing mechanism. Their differing styles of interaction can be noticed even as toddlers, lending credence to a biological component, although additional factors such as parents encouragement of girls to be, for example, more polite and accommodating than boys, and for boys to be more competitive, aggressive, and dominating (2010).

In middle childhood, Rudman & Glick (2010) report that gender becomes even more important in terms of an individual’s identity. The intensity of a social norm regarding masculine and feminine traits becomes all pervasive and the possibility of violating these gender norms may lead to not just disapproval but far worse, rejection by peers. Further, with regards to puberty, there is a change in gender roles in terms of sexual desire however; earlier behavior roles remain entrenched. (2010).

**Gendered Media**

Lindsey (2006) elucidates the impact of commercial images on gender stereotypes contending that the female is largely seen in terms of occupation as a homemaker usually tasked with a cleaning duty in the kitchen or bathroom. Curiously, even though this product is being sold to a woman, by a woman, the voiceover is most often that of a male voice instructing the female as to what to do. Additionally, approximately one in three
commercials directed toward women has in their content something to do with upgrading a women’s appearance. In terms of children’s commercials, girls are depicted as passive and dependent while boys are shown outside of the home being aggressive, and in control (2006).

**Male Gender Identification**

Pollack (1998) notes the term “Boy Code” as the unwritten rule that boys learn how to behave in terms of their masculine gender role. This unwritten rule holds that boys should be independent, stoic, and stable; they should be adventurous, bold, and a risk-taker. Additionally, their goal should be to achieve high status, power, and dominance. Also, they should ascribe to being tough while keeping their vulnerabilities under control and restrict any expressions of affection. Lastly, they must act as if everything is under control, and, perhaps most destructive, they must not disclose feelings or express themselves in such a way as to seem “feminine” (1998).

Mansfield (2006) states that even though John Wayne is dead he still embodies the ideals of manliness, which include qualities that engender confidence and the ability to command. He maintains manly men are aloof, independent, delegators, leaders, protectors instead of nurturers, and are the abject personification of human ability and competence. More directly, Mansfield (2006) contemplates the impact of the English language and many other languages which refer to the broad term “human being” and “man” as one in the same; seemingly combining the notion of masculinity with a distinctive importance even omnipotence (2000).
Additional masculine traits discussed by Lew (2004) include macho, muscular, fearless, brave, unafraid and potent. Further, Lew (2004) makes clear the message that a woman cannot be masculine as well as a real man cannot exhibit any trace of womanly attributes. Anything less than these rather severe guidelines for men may be perceived as weakness or worse feminine. Accordingly, if the man/boy’s disposition is not suited to these rather strict characteristics then their day-to-day existence can be anguish (2004).

In a study with 204 university students DeFrance and Mahlik (2002) found that sons model their fathers’ gender related behavior and ideals as a basis for what it means to be a man. Similarly, the findings suggest that if the father is in conflict as to what he perceives to be masculine, then his son will also be in conflict as to his sense of maleness (2002).

**Male Seeking Therapy**

Masculine gender role conflict makes it difficult for males to enter into a counseling situation. Schuab & Williams (2007) studied 171 male students from a large Midwestern university with the notion to explore expectations regarding the counseling experience. The age range of the participants was between 16 to 66 years with the median being 22. Regarding ethnicity 82% were identified as Caucasian, 9% identified as African American, 4% identified as Asian American, 3% as Bi/Multiracial, and 2% as Latino American, Native American/Indian, or “other.” Additionally, 47% asserted that they never considered seeking counseling. 27.5% said they had attended at least one counseling session. The researchers found that men who had difficulty expressing feelings and similarly held competition and achievement in high esteem, had difficulty
self-reflecting during the counseling process; expecting the counselor to give answers and/or be directive (2007). Limitations to this study include the high percentage of Caucasian men so the assumptions may not generalize to a more ethnically diverse population.

**Male Therapeutic Models**

With regards to males being resistant to therapy, an article addressing this issue by McKelley & Rochlen (2007) looked at coaching help services for men instead of the traditional sources of professional emotional help. The article reviews several studies with the intention of utilizing coaching as an alternative to traditional therapy thereby decreasing the stigma attached to males seeking therapy. One of the issues focuses on individual psychotherapy as going into past experiences while coaching primarily focuses on current interactions and building social/human relation skills. Another issue is the current traditional psychotherapy model is in direct contrast to the rules of masculinity (2007). Limitations to this article would concern the fine line therein with regards to coaching, counseling, and treatment. Apparently in the coaching relationship, often personal difficulties will often be brought up, perhaps relating to a childhood event in which the coach is not trained to handle. Similarly, the arena of coaching has yet to be definitively defined or certified so for males seeking coaching this would be a concern in terms of what exactly they are about to receive.

McKelley and Rochlen (2007) conducted a similar study where they examined the relationship between male gender role constraints and either executive coaching or seeing a psychologist. The participants were 209 working adult men ranging in age from 21-70,
with a mean age of 40. With respect to race/ethnicity, 85% were Caucasian/European American, 6% Asian/Asian American, 4% Latin/Hispanic, 2% multiracial, 1% African/African American, 1% Indian/Native American and 1% “other.” Regarding education level, 3% completed high school/GED only, 11% some college, 1% associates degree, 42% bachelor’s degree, and 43% graduate degree. In terms of relationships, 61% were currently married, while others were single/never married (25%), living with a partner (9%), single/divorced (4%), or married/separated (1%). The average work experience was 17.33 years with 52% reported a gross annual household income of $100,000 or more per year, 30% between $50,000 and $99,999 and 18% less than $50,000. Lastly, 95 participants (45%) reported previous experience in a professional help-seeking situation. Of those 95, most had experience with a mental health professional such as a psychologist (32%), licensed professional counselor (22%), therapist (15%), psychiatrist (8%), or social worker (1%), 17 reported working with several providers (18%), and 3 were in an executive coaching partnership (3%). The researchers found that both groups had positive experiences however, there was a difference with the men who had a stronger masculine side as well as a higher stigma in regards to pursuing therapy they saw conventional therapy as less favorable. Limitations to this study include a majority (85%) are Caucasian confounding any generalization to other ethnicities. Additionally, there may be an age effect in that with the mean age being 40, the participants simply have more life experience and hence more opportunity to seek therapy services (2007).

Blavina & Marks (2001) explored preferences for males with regards to three different forms of therapy- those being individual therapy brochures, psychoeducational
workshop brochures, and men’s support group brochures. The sample of participants involved 128 subjects taken from a college population. The age range was from 18-49 with a mean age of 20.5. Demographics consisted of (6.4%) African American, (4.5%) Asian, (79.6%) Caucasian, (5.5%) Hispanic, and (4.5%) other ethnicity. The participants were asked to attend sessions and were then asked to fill out questionnaires, including demographic information, a gender-role measure, and an attitudes-toward-help-seeking instrument. In addition, a packet containing one of three brochures describing either (a) traditional psychotherapy services, (b) psychoeducational services, or (c) a men’s support group were given and participants were asked to rate their willingness to be in that particular type of treatment explained in the brochure. The participants were asked to rate both their affective reactions and their notions of the power of the therapist/facilitator. Similar to the findings in other studies the males in this study found all three forms of counseling objectionable more so for those males who had a higher degree of gender-role conflict. The researchers found that gender-role conflicted men had intense apprehension specific to disclosing in a group setting. Moreover, they found that even men who scored lower on the gender-role conflict scale also scored negatively in their willingness to participate in group therapy. Lastly, the view of the all-knowing leader/therapist harmfully impacted the male participants in wanting to be involved in the group possesses (2001).

Scheinfeld, Rochlen & Buser (2011) explored an alternative option to the traditional therapeutic model and studied the use of adventure therapy which incorporates the benefits of adventure-based experiences with characteristics of traditional therapy. The participants in this study consisted of (9) Caucasian and (2) Latino men of middle to
upper-socioeconomic status from urban/suburban backgrounds and an age range from 32 to 58 years with a median age of 49. The sample population was pulled from the lead therapist of the retreat contacting current and former clients. Four of the eight were currently involved in a weekly men’s group led by the lead therapist. Moreover, five participants were attending the retreat for the first time while the remaining six had attended before. In terms of issues, at least 50% of the clients’ presented as having marriage difficulties, depression, anger, loss/grief, self-esteem, and family of origin concerns. The participants voluntarily paid $400.00 for a four-day retreat in a remote wilderness area. Heading up the retreat were a lead therapist and one other licensed psychologist; who had extensive experience working with male clients. First, the group prepared a base camp and spent all four days hiking (4-6 miles daily) and cooking collectively. Correspondingly, several group therapy sessions (2-3 hours) took place sporadically during hikes or in the evening. This informal scheduling of activities allowed the men to process personal issues brought up in group therapy or simply just converse spontaneously about any matter. At the beginning of the retreat the participants were informed that the researcher/observer would be involved and be a participant as well. The participants were then given consent forms, as well as informed of the semi-structured group interview immediately following the retreat of which three sample questions were located: (1) What were the helpful or unhelpful aspects of adventure therapy? (2) How did being in the wilderness and engaging in adventure activities influence your therapeutic experience? (3) In what ways did being male and being with only men impact their therapeutic experience? The findings were all favorable; the men found the experience to be more insightful and more intense in terms of a comparison to a
traditional therapy session. In addition, the participants found that the move into the wilderness allowed the men to separate from their everyday life, while reflecting and addressing issues from a new perspective. Furthermore, the men found that they were more apt to open up and speak freely for example, while performing an activity, as opposed to feeling the pressure to speak in a more confined constructed space with 90-minute constraint. Accordingly, some of the men noted the catalyst of attending the retreat had to do with the group activity format. In terms of the wilderness setting, the men discovered serenity, which lead to deep contemplation and a self-awareness of which was most important to them. Additionally, the men found that shared cooking, shared trekking, and isolative experience allowed them to, for the first time, to experience their fellow men in a non-competitive more relational and interdependent manner (2011).

**Limitation of the Study**

In terms of limitations to this study, the above findings were academic; the sample size was small with most of the participants having had previous therapy experience. Also the data was gathered for a single event; in addition, the principle investigator announced the group interview at the beginning of the retreat, which may have biased the responses. Lastly, the participants may have formed a positive relationship with the principle investigator, as he was also a participant at the retreat hence biasing their responses to the questions.

**Summary**

Research regarding child sexual abuse has come a long way historically. Initially this type of abuse was considered rare and after years of extensive research there is now
evidence to substantiate that statement as being inaccurate. Although the research on
child sexual abuse has focused primarily on females, a more concerted effort is beginning
to understand and expose the incidence of child sexual abuse specific to males. As the
preceding review of literature shows, the incidences of male child sexual abuse is
considered to be severely under recognized and underreported. Components factoring in
the lack of research and reporting have in part to do with the strict adherence to socialized
male gender roles. Simply put, the characteristics of what it is to be considered a man
hinders males from reporting this type of abuse and further to seek professional therapy
to heal and/or recover.
Chapter III

Project Audience and Implementation Factors

Introduction

As presented in the previous chapters, this project is vital as there is a deficit of research concerning the sexually abused male population and hence healing modalities are needed. Further, as the research specific to male gender role is conducted, there is negative impetus for males to seek traditional professional help to resolve and process any childhood trauma and/or effects from childhood sexual abuse. As discussed in the literature review, studies show positive help seeking modalities specific to Adventure Therapy Men’s Retreats. This type of therapeutic model seems to be less threatening relative to male gender roles and thus allows more of a transition into a model, which works well with respect to how males are socialized. This chapter will address a proposed three-day retreat wherein the focus will be on creating a safe and respectful environment in which retreat members may feel understood and thus open to discuss and heal from child sexual abuse. The next section contains information on the intended population of the retreat, retreat facilitator qualifications, retreat co-facilitator qualifications, and the environment where the retreat will be held. The chapter will conclude with an outline of the retreat schedule.

Development of Project

This project was developed as a result of continuous findings in the research that sexually abused males because of socialized gender roles, as well as are adverse to seeking professional help regarding acknowledging and healing from childhood sexual
abuse. In addition this project was inspired by the virtual non-existence of healing modalities specifically for males who do choose to come forward and process their abuse. Accordingly, the development of the proposed retreat design concluded the need to utilize a counseling group format.

**Intended Audience**

This three-day wilderness retreat is intended for males, 18 years old and older. The participants of this retreat model are drawn from a therapist who contacts his current and former clients informing them of an opportunity to attend an annual wilderness-based therapeutic retreat in which then the participants voluntarily choose to attend. Further, participants may be clients who have attended this three-day wilderness retreat previously.

**Personal Qualifications**

The retreat facilitators will have two requirements; (1) the facilitators will be males. (2) There will be a lead therapist and the other will be a licensed psychologist, both specializing in therapy with men.

**Environment and Equipment**

This retreat will take place in an easily accessible wilderness location as in a park where there are hiking trails as well as shower facilities. Additionally, the facilitators will supply pen and paper for the participants at the beginning of the retreat to encourage writing down their definitions of masculinity.
Participants will be asked to bring a tent, sleeping bag, foam padding, pillow, comfortable clothing for four days, flashlight, batteries, toiletries, ear plugs, towel, soap, pen/pencil, journal, hiking shoes/boots, water bottle, sunscreen, and any specific food needs. Facilitators will supply food for four days as well as all camping cookware including charcoal and lighter fluid.

**Project Outline**

*Friday*

5:00pm – 7:00pm. Setting up campsite

Registration/Sign-in

7:00pm – 9:00pm. All participants sit in a circle. The lead therapist and licensed Psychologist begins by introducing himself. Additionally, the group leader explains confidentiality and the intention of the retreat to be a safe and respectful environment. Introductions ensue around the circle.

Once all introductions are complete, beginning with the two facilitators, each participant will read and discuss their personal definition regarding what it is for them to be a man and/or their personal beliefs specific to masculinity.
Saturday

7:00am – 9:00am. Breakfast and clean-up

9:00am – 10:30am. Hiking

10:30am – Noon. Group Therapy (split into two groups) with the focus on family of origin issues including messages covert/overt regarding masculinity additionally discussing male caregiver’s behavior in terms of masculinity

12:00pm – 2:00pm. Lunch and clean-up

2:00pm – 4:00pm. Group Therapy (split into two groups) with a focus on childhood events when the adherence to strict gender role constraints caused emotional pain.

4:00pm – 5:30pm. Hiking

5:30pm – 7:00pm. Dinner and clean-up

7:00pm – 10:00pm Group Therapy (split into two groups) with a focus on discussing the positive aspects of the main male caregiver. Additionally, discussing the challenges of the main male caregiver. Moreover, what specifically would each participant wished they had gotten emotionally and/or taught from their main male caregiver.
Sunday

8:00am – 10:00am. Breakfast and final clean-up

10:00am – 11:00am. Closing Group Therapy (split into two groups) with a focus on re-framing or personalizing what being a man and/or masculinity means to said participant.

11:00am – Noon. All participants sit in a circle. Beginning with the two facilitators, each participant will discuss their beginning of the retreat masculinity definitions and conclude with their own reconstructed definition of masculinity on this, the final day of the retreat.
Chapter IV
Project

The purpose of this chapter is to illuminate the details, time frame, and participant enrollment qualifications for the 3-day men’s retreat. In terms of participants, this retreat will be put together from one or both of the facilitators own current client list. This retreat will allow between 16-20 male individuals all of which are currently in therapy either individual or group therapy. The primary focus in this retreat will be in discussing the construct of masculinity.

Friday

5:00pm – 7:00pm. Setting up campsite
Registration/Sign-in

7:00pm – 9:00pm. All participants sit in a circle. The lead therapist and licensed Psychologist begins by introducing himself. Additionally, the group leader explains confidentiality and the intention of the retreat to be a safe and respectful environment. Introductions ensue around the circle.

Once all introductions are complete, beginning with the two facilitators, each participant will read and discuss their personal definition regarding what it is for them to be a man and/or their
personal beliefs specific to masculinity.

Saturday

7:00am – 9:00am. Breakfast and clean-up

9:00am – 10:30am. Hiking

10:30am – Noon. Group Therapy (split into two groups) with the focus on family of origin issues including messages covert/overt regarding masculinity, additionally discussing male caregiver’s behavior in terms of masculinity

12:00pm – 2:00pm. Lunch and clean-up

2:00pm – 4:00pm. Group Therapy (split into two groups) with a focus on childhood events when the adherence to strict gender role constraints caused emotional pain.

4:00pm – 5:30pm. Hiking

5:30pm – 7:00pm. Dinner and clean-up

7:00pm – 10:00pm Group Therapy (split into two groups) with a focus on discussing the positive aspects of the main male caregiver. Additionally, discussing the challenges of the main male caregiver. Moreover, what specifically would each participant wished they had gotten
emotionally and/or taught from their main male caregiver.

_Sunday_

8:00am – 10:00am. Breakfast and final clean-up

10:00am – 11:00am. Closing Group Therapy (split into two groups) with a focus on re-framing or personalizing what being a man and/or masculinity means to said participant.

11:00am – Noon. All participants sit in a circle. Beginning with the two facilitators, each participant will discuss their beginning of the retreat masculinity definitions and conclude with their own reconstructed definition of masculinity now on this, the final day of the retreat.
Chapter V

Conclusion

The purpose of this chapter is to summarize the preceding chapters, provide the author’s thoughts regarding the project, and provide recommendations for future work in the area of sexually abused males specific to disclosure and professional help-seeking behavior.

Summary

The research regarding child sexual abuse has come a long way, especially in regards to females, whereas the research and/or studies specific to child sexual abuse of males has lagged far behind. Similarly, strides have been made regarding healing modalities specific to female childhood sexual abuse conversely, the male population has been severely underserved and under recognized not only in terms of this type of abuse but also in terms of therapeutic healing modalities relative to males.

As reported in the limited research for men in therapy, it would seem the traditional model often serves the population of females in that the current therapeutic models are more intimate and emotionally based. Conversely, the socialization of males restricts any sense of dealing with feelings, emotions, and relational intimacy issues, thus virtually abandoning men who may have a need or desire to enter therapy.

This phenomenon, in large part, belies a rigid adherence to male gender roles, which severely constrain and inhibit the disclosing as well as recovery from childhood sexual abuse. Moreover, the socialization of males sets up a negative attitude toward
professional help-seeking behavior further impeding any substantive healing for sexually abused males. The notion that men need to be seen as powerful, aggressive, and competent, rather than passive, helpless victims, and worse yet feminine, simply would not be tolerated in the rather restrictive role their biological sex assigns to them. And so the purpose of this project was to create a men’s retreat explicitly geared toward addressing male gender role issues and experiences regarding childhood sexual abuse. The research indicated that the creation of an all-male wilderness three-day retreat would be more suitable and most productive for men in order to feel safe in disclosing childhood trauma and/or childhood sexual abuse. Thus, became this three-day men’s retreat as designed to create a safe and respectful environment for males to have an open discussion regarding childhood trauma and/or child sexual abuse.

The retreat itself is made up of an all-male environment as the literature argues that this is the most conducive setting for receiving the utmost benefit out of the therapeutic experience. Additionally, the facilitators of the retreat are both of males, who work primarily with males in their respective private practices.

Further, as demonstrated by the limited research, activities done during the retreat, for example hiking, create a non-competitive atmosphere and transported the men into a sense of companionship, support, and a sense of humanness in which their traditional gender roles would not allow them to experience.

In short, this three-day men’s retreat is designed for men who have experienced childhood trauma and specifically child sexual abuse, while recognizing and acknowledging the very restrictive socialized gender roles proscribed for men; hence
finally allowing then an opportunity to openly discuss these matters in an atmosphere of support and understanding.

Discussion

This project began as an observation in that, from my own life experience I noticed few males at any of the self-help emotionally based workshops I attend. Accordingly, upon entering Graduate school for my marriage and family therapy degree, I again observed that approximately 98% of the student population was female and approximately 2% of the student population was male. This phenomenon carried over to my observations of the business department graduate students as well as the engineering graduate students, although the ratio of male to female was reversed. I was so struck by how the gender of the students played such a significant role in what the students chose as a life career, it set me out on a path to explore this phenomenon.

Furthermore, as growing up in my family of origin as the only female in a household of five brothers, I was bombarded with the adherence to gender roles from an early age. My brothers were all housed downstairs in bedrooms that were rustic and unkempt; wherein I was upstairs in my own bedroom, with a canopy bed that was draped in a pastel floral chiffon with a white and gold trimmed matching dresser and a large Cinderella mirror. Summarily, my role was to cook, clean and take care of my little brothers, and basically stay indoors. Conversely, my brothers role was to take boxing lessons, argue continually amongst each other, and be out doors as much as possible.
In terms of emotional dispositions, I was, as a female, supposed to be self-sacrificing and selfless, while my brothers as males were to be selfish and look outside of the home for professions.

Growing up with these compelling distinctions, I found the research and studies regarding gender roles so very affirming to my personal experience and quite validating. This in part was the impetus for inquiring how socialized gender roles impede and/or harm opportunities to heal from childhood trauma and child sexual abuse specific to such stringent gender role conditioning.

I had suspected there would be significant research and studies done regarding socialized gender roles however, I was shocked by the negative effects stemming from complying with these gendered restrictions. It was one thing to recognize them as such and label them and a far different insight to truly grasp the covert and overt harm done in programming people simply because they are born as one biological sex or another.

The limited research and/or studies discussing and exploring the effects of sexually abuse males was also a motivation to wonder how gender role socialization plays a part in the rather scant amount of knowledge about the effects of sexually abuse on males, and hence how to then still come up with a healing model that would help this population.

**Future Work/Research**

As discussed, the research and studies are relatively limited so one could conclude that any number of studies and research are sorely needed. That said, specifically, with the limited number of men’s retreats presently available a potential area of future work
would be to interview these men before and after their experiences at the retreat so as to understand what aspects of the retreat were helpful and which were not, then using the collected data and utilizing that to create a more helpful and healing retreat.

It is possible that incorporating the 12-Step Anonymous model into programs that help men recover from childhood trauma and sexual abuse would be beneficial. Presently, the 12-Step model seems to have become a socially accepted and a globally recognized healing tool, so perhaps this model could also assist men in their recovery from child sexual abuse. The 12-Step model uses gender specific groups, which would, according to all the research, help men to recognize their socialized disability with respect to acknowledging emotions and their innermost feelings in a non-threatening environment.

Similarly, future research is needed to explore how the current gender exclusive, all male 12-Step meetings are helping men. Within that research there may be future models to build on.

Another arena for future work and research surrounding this issue would be co-gender workshops where participants openly discussing each other’s perspectives and limitations surrounding their gender role socialization hazards and impediments. Perhaps a wilderness retreat with both genders utilizing the same techniques as the project I have designed or perhaps a four-day retreat wherein the last day is spent bringing both genders together to discuss openly what has been learned by being conditioned to their perspective gendering experience. In terms of research, a self-report survey taken before and after the four-day retreat may lend itself to compelling findings.
Finally, a future research study may be done, by again combining female and male sexual abuse victims, also in a three or four-day retreat, to study the gender similarities and differences in the effects of the abuse. The findings may show how the after-effects of such abuse may contain more variables that are similar despite socialized gender role distinctions.
References


York: Random House Inc.


