Group Work With Men Who Have Experienced Childhood Sexual Abuse

by

John Koop Harder

A Practicum

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Abstract

This practicum describes a group intervention with men who experienced childhood sexual abuse. It occurred at Klinic Community Health Centre of Winnipeg. Eight men participated in the practicum, six completed the group.

The intervention contained three interconnected stages: 1) pregroup individual work 2) the 13-week group sessions and 3) a follow up meeting. The group's primary objective was to create a safe environment to break the silence surrounding the abuse. Other objectives included providing opportunities for mutual support and learning, normalizing the effects of the abuse, reexamining past and present means of coping and assisting in the accomplishment of client identified goals.

Evaluation of the group was accomplished through the comparison of client progress in terms of identified goals and feedback from the group evaluation. All who completed the group saw positive movement in terms of their individualized goals. I also noted the group intervention indicated benefits in terms of (a) the reduction of shame, stigma and guilt, (b) a decrease in the sense of perceived isolation, (c) a positive means of accessing peer support, (d) the creation of a safe and supportive environment, (e) the use of group as a testing ground for new behaviours, (f) increased opportunities for the development of trust and experiences of diversity and (g) the instillation of hope.

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Thank you to my committee, Denis Bracken, Elaine Bergen, Karen Ingebrigtson and Brenda Bacon. Your support, encouragement and direction created a positive environment for the practicum. I would especially like to thank Elaine Bergen for her support as clinical supervisor of the practicum. Elaine, I appreciated your style as a supervisor in that you provided a unique perspective to the group and challenged me. I have grown significantly as a result of having worked with you.

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Introduction

The reality of childhood sexual abuse has gained increasing public recognition since the 1970's as a result of the feminist movement. However, the focus of this acknowledgement was predominantly on girls'/women's experiences. It was not until the 1980's that there appeared the beginnings of a recognition that boys too were experiencing sexual abuse (Lew, 1990). Despite the approximately twenty years of awareness of the existence of male childhood sexual abuse, the literature resources and services available, continue to remain scarce.

A recent report by the Forgotten Man Committee (2001) highlights the situation of services for male survivors of sexual abuse in the province of Manitoba. At the time of this report, only one agency, Klinic Community Health Centre, offered male specific, sexual abuse survivor group programming. The report found that in terms of formal services (i.e. social service agencies, crisis services, hospital services, family counselling and private therapy) used by Manitoban male survivors, 79% of respondents found them inadequate to meet their needs. Given the lack of male specific resources and the inadequacy of traditional counselling services, it is apparent that the needs of many male survivors are not being met. The impact on the survivor can lead to increased feelings of revictimization (Washington, 1999).

It is because of this gap in services that I have chosen to focus my practicum on group work with male survivors of childhood sexual abuse. It is an opportunity to further my counselling skills while at the same time filling an important need within the community. Since I began researching the practicum, there have been significant efforts in the Winnipeg social services community to reduce the gap in services to male

survivors of sexual abuse. In addition to the work of Klinic Community Health Centre, a new organization, the Men's Resource Centre of Winnipeg has begun to offer individual and group counselling for men who have experienced sexual abuse as children.

My interest in working with male survivors of sexual abuse appears to be a natural progression looking at my work and volunteer history. For the last five years I have been working in justice related areas, primarily doing offender based work with a variety of community based organizations. My interest in justice issues led me to embrace the concept of restorative justice which seeks to reduce the harm of crime by taking into account those affected: the victim, the offender and the community. As my area of interest broadened from an offender focus to include the needs of the victim and the community, I became increasingly aware of a large gap in the area of services for victims. In seeing this need, my interest began to focus increasingly on those effected by violence, particularly men who experienced sexual abuse as children.

I chose group work as the primary modality for the intervention for the practicum due to its benefits described in the literature. The use of group work with male survivors of sexual abuse is well supported within the literature (Bruckner & Johnson, 1987; Crowder, 1995; Dimock, n.d.; Gartner, 1999; Horsley, 1997; Lew, 1990; Parker, 1990; Rauch & Jones, n.d.; Singer, 1989). Herman (1997) views the effects of trauma such as childhood sexual abuse as creating disempowerment and disconnection from others. As such, recovery is based on empowerment and reconnection with others. It is due to the increased interpersonal aspect of group work that I chose group work as the primary modality for the intervention. The interpersonal benefits of group work as compared to individual counselling alone can be seen in:

- the reduction of isolation, stigmatism and shame;
- the development of interpersonal trust;
- the creation of a support system of individuals with similar experiences;
- increased self-esteem through the opportunity of helping others, as well as being helped;
- providing a social laboratory in which issues of boundaries, stereotypes and dysfunctional patterns can be identified and altered within a safe and supportive environment;
- the provision for a stronger forum for reality testing and breaking though of denial, especially around issues such as negative beliefs about self-worth and responsibility; a stronger sense of empowerment through the breaking of the silence;
- a safe environment to discuss issues and concerns around sex and sexuality;
- the opportunity to explore issues of masculinity in relation to society, the history of abuse and how they want to see themselves;
- and the provision of an avenue to explore issues of anger and rage within a safe and supportive environment (Briere, 1996; Dimock, n.d.; Parker, 1990; Singer, 1989; Thomas & Nelson, 1994).

In addition to the therapeutic benefits of group, I chose a group modality because of its efficiency of resources. Group work has been found to be more manageable in terms of agency restraints in cost, time and staffing issues (Marotta & Asner, 1999). I also chose group to strengthen and hone my group facilitation skills. I had previous experience doing individual counselling and less experience in group work.

In terms of language, I have used male gender pronouns to describe survivors of childhood sexual abuse. My intent is not to deny women's experiences, rather, to utilize gender specific pronouns for simplicity sake, as I will be working exclusively with men. My preferred term for describing this population is "men who have experienced sexual abuse as children". However, for the sake of brevity, I will be using the terms survivor and victim and interchangeably.

Educational Objectives

Through this practicum I expected to learn a great deal in a variety of areas. A willingness to learn and explore are qualities which guided this practicum. This being

said, specific attention was focused on the following objectives, which directed the practicum:

1. To strengthen my facilitation and co-facilitation skills within a group setting.
2. To gain an understanding of the benefits and challenges of group work with male survivors of childhood sexual abuse.
3. To apply a variety of counselling techniques, especially cognitive behavioural and solution-focused, within a group setting.
4. To gain an understanding of group dynamics and process and an ability to work therapeutically within these frameworks.
5. To enhance my evaluation skills.

Group Objectives and Desired Outcomes

The purpose and intent of the group is as follows:

1. To provide a safe environment in which men can break the silence surrounding male sexual abuse.
2. To provide an opportunity for group members to learn and grow from others who have experienced similar traumas.
3. To examine both the past and present effects of the abuse on the individual and his relationships to others.
4. To examine past and present coping skills and provide the opportunity to develop and try new methods.
5. To assist in the accomplishment of individually defined client goals.

In consideration of the objectives for the intervention, some of the desired outcomes for the group included:

1. Increased self-esteem.
2. Decreased feelings of shame and guilt.
3. Reduced feelings of isolation.
4. Increased support system.
5. Development of positive coping skills.
6. Increased sense of empowerment.
7. Achievement of, or movement towards client initiated goals.

Literature Review

Urquiza & Capra (1990) refer to the literature regarding female survivors of sexual abuse as being in its infancy. Given this imagery, they go on to describe the parallel literature regarding male survivors as existing in an embryonic state. Although over ten years have passed since this comparison, the state of male specific literature on child sexual abuse remains scarce. Gartner (1997) suggests that the literature, beyond that of case studies, is relatively rare. In fact, in comparison to other Western countries, Canada lags behind in the study of male victimology (National Clearing House on Family Violence, 1996). At the time of this literature review, the availability of male-centered research has increased somewhat within the areas of prevalence and symptomology. However in terms of interventions with male survivors, the literature remains scarce in terms of model descriptions and evaluations.

The focus of this literature review is male sexual abuse survivors. Where there remains significant gaps in the male specific literature, I have included literature which is not gender specific or focuses exclusively on women's/girls' experiences.

The purpose of this literature review is to inform the intervention which was my practicum and to provide information on the current state of the literature surrounding male childhood sexual abuse. This literature review is divided into two sections: the first focuses on the realities surrounding male sexual abuse and the second section focuses on issues relating to interventions with male survivors.

The Realities of Male Childhood Sexual Abuse

Language and Terminology

Within this literature review attention was paid to language, especially around labels of victim and survivor. The National Clearinghouse on Family Violence (1995) cautions the use of victim and survivor terms within a hierarchical sense. Rather, they state that these labels ought to be viewed as different stages in healing. That is, they are qualitative not quantitative.

Hunter and Gerber (1990) use the terms victim and survivor within a therapeutic framework. They note that the term, victim, often has negative connotations for individuals, especially men. It often evokes images and feelings of passivity and shame. Given such reactions to the label of victim, Hunter and Gerber (1990) view this as a potential therapeutic tool when working with male survivors. That is, it breaks down the myth that men can not be victimized, and triggers emotions such as anger and fear, which can be used therapeutically.

Defining Sexual Abuse

In order to understand the issues faced by male survivors, a working definition of child sexual abuse is necessary. However, there exist numerous complications in achieving a universally accepted definition. Haugaard (2000) describes variables such as victims' ages, offending behaviour and context of the act, as complicating the development of a single definition. In addition to this, various professions such as lawyers, clinicians and advocates use a variety of definitions to serve their objectives. The difficulty in attaining a single definition of child sexual abuse has negative ramifications for research, treatment and advocacy (Haugaard, 2000).

Given the complexities in defining sexual abuse, Crowder (1995) offers a useful framework to view the concept. Sexual abuse is defined as any "overt or covert sexual behaviour between two individuals when the following conditions exist:

1. The nature of the sexual act(s) is developmentally inappropriate for at least one of the participants;
2. The balance of power and authority (meaning psychological power, economic power, role status power, etc.) between the two individuals is unequal; and
3. The two individuals have an established emotional connection (such as between a child and a caregiver, or a child and authority figure)" (p. 2).

Gartner (1999) views sexual abuse as belonging to three categories: contact abuse, noncontact abuse and covert abuse. Contact abuse is mostly easily recognized and is usually considered the most "chargeable" type of sexual abuse for criminal prosecutors. Contact abuse is the physical aspects of sexual abuse. Examples of this may include penetration, attempted penetration or stimulation of the boy's body or the boy doing the same to the abuser.

Noncontact abuse comprises a wide range of behaviours, some of which are more complicated in legal terms; as such, some of these may or may not be included in prevalence studies. Gartner (1999) describes some examples of noncontact abuse which may include: acting sexual in front of the child (e.g. masturbating in front of the child, engaging in sexualized talk, exposing genitals for sexual gratification); photographing the child for sexual purposes; presenting pornography to the child; and ridiculing the child's sexual development.

Gartner (1999) views covert sexual abuse as being more relationally than behaviourally defined. It is primarily concerned with the blurring of boundaries in relationships. Gartner (1999) describes this as psychological incest rather than actual physical boundary violations. He cites an example of covert sexual abuse as a sexualized

relationship even where there is no concrete physical contact. This category of sexual abuse is often the most difficult to define as abuse and frequently will not be included in prevalence studies.

In defining childhood sexual abuse, it is important to consider that abusive behaviour can be perpetrated by children and adolescents towards other children. For example, Struve (1990) includes in his definition of childhood sexual abuse, issues of the age of minors when there is three or more years age difference, or perceived power differential between victim and offender. Struve (1990) also emphasizes the importance of viewing the offense as an act of power and control, not love and intimacy. It is not an act of lust and passion, but rather a disrespect and disruption of boundaries.

Prevalence of Male Sexual Abuse

There often exists difficulty in performing prevalence studies. However, in areas of sensitivity such as child sexual abuse, research in prevalence becomes even more problematic (Urquiza & Keating, 1990). Such a difficulty is reflected in the wide variance of findings in prevalence studies of male childhood sexual abuse reviewed by Rind, Tomovitch and Bauserman (1998). In the studies reviewed, they found a range of 3 to 37 percent and a mean of 17 percent of the male population studied, experienced sexual abuse. This mean rate of 17 percent is similar to other studies and reports (Finkelhor et al., 1990; Hopper, 2001; Urquiza and Keating, 1990) and Candian studies (Badgley, 1984; Violato and Genius, 1992) which found prevalence rates of 14 percent within their samples. These percents translate into approximately one in six or one in seven males having experienced sexual abuse.

The discrepancies in prevalence studies can be accounted for by methodological problems inherent in research with this population, issues of forgotten memory and obstacles for disclosure with men. Hopper (2001) describes the methodological issues to consider when interpreting prevalence studies as: (a) the population from which the sample originated, (b) whether or not "gate questions" (the process in which the individual needs to answer yes to be asked additional questions) were used in the survey, (c) the wording of questions (i.e. whether the word abuse was used or behavioural descriptors utilized), (d) the definition of sexual abuse used to categorize, and (e) the number of questions used. In addition to these issues, Goldman and Padayachi, (2000) add: (f) the historical time period in which the study occurred (there is a belief that older studies may be more under-reported due to greater reluctance to discuss abuse and issues of sex in general), and (g) the means of data collection (i.e. face to face interviews, self administered questionnaires, or telephone interviews).

In addition to methodological problems in prevalence studies, it is important to consider issues of problematic memories which plague many survivors. Hopper, (2001) states that as many as one in three incidents of abuse are not remembered by the survivor. Given this, rates of prevalence will be underestimated unless issues of memories are factored in.

Another factor which affects rates of prevalence of male sexual abuse survivors are the problematic issues around disclosure. Men in general tend not to as readily disclose their abuse (Holmes & Slap, 1998; Singer, 1989; Thomas & Nelson, 1994). Reasons for this include personal, clinical and societal issues. Examples of personal issues include a desire to protect the perpetrator, a wish to forget about the event,

confusion over pleasure associated with the abuse, failure to encode the abuse and shame regarding same sex abuse or mother-son incest (Holmes & Slap, 1998; Thomas & Nelson, 1994). Another factor influencing disclosure is institutional responses. Due to misinformation and lack of education regarding the realities of male sexual abuse, many clinicians do not assess for abuse among male clientele (Holmes & Offen, 1996; Lab, Feigenbaum & DeSilva, 2000). As males often do not feel empowered to speak of the abuse and clinicians often do not ask about it, the legacy of silence is continued. The lack of available services also deters disclosure. Such problems with current institutions can result in a secondary victimization (Washington, 1999). Influencing both individual and institutional responses are societal factors, primarily issues stemming from patriarchy. Given societal gender roles and stereotypes, male survivors often have difficulty seeing themselves as victims, for to do so may diminish their sense of self-reliance, independence and freedom associated with the masculine ideal (Lew, 1990; Thomas & Nelson, 1994). The myth that men can not be victimized affects not only the survivor but impacts the effectiveness of potential services as well.

The Male Victim of Childhood Sexual Abuse

The age at which onset of abuse occurs reveals little difference between male and female victims (Gold et al., 1998). In a meta-analysis of large sample studies, Holmes and Slap (1998) found the mean and median ages of male victims' first abusive sexual acts to be 9.8 and 10 years of age.

Holmes and Slap (1998) outlined the risk factors that point to higher incidents of abuse as: ethnicity other than of European descent; being under the age of 13; being from a lower socioeconomic status; and not living with their father. Finkelhor et al. (1990) identified additional risk factors such as the existence of an unhappy home life and

having one of the natural parents not living in the home. Contradicting Holmes and Slap (1998), Finkelhor et al.(1990) did not view aspects such as ethnicity and parents' education as factors relating to victimization. Gartner (1999) also included issues such as parental alcohol abuse and/or parental involvement in criminal behaviour as contributing risk factors. Collings (1994) found a history of abusive and/or rejecting parenting as significantly predictive of sexual abuse. The victim's sexual orientation also appears to be a risk factor. Gartner (1997) found that homosexual males were more likely to be abused by men. He cited reasons such as the victim's projection of vulnerability, isolation as well as the sexual predator's ability to identify and exploit such vulnerabilities.

Offense Characteristics

Gender does not appear to play a significant role in the types of sexual offenses committed against children. The differences that do exist can be attributed to anatomical differences (i.e. vaginal penetration for girls and anal penetration for boys). However, male victims experienced oral sex by the perpetrator more often then female victims (Gold et al., 1998).

A comparison of the duration of abuse by victim's gender reveals some variance in the literature (Gold et al., 1998). Similarly, Holmes and Slap (1998) found great variance among male specific research. They found studies citing duration from a one-time occurrence to chronic abuse of up to 48 months.

There is no agreement within the literature regarding the use, or threat of force during the abuse of boys. This is reflected in Homes and Slap (1998) review of male specific studies in which they found a range of 10 to 56% of sexual abuse which included the use, or threat of force.

Offender Characteristics

Much of the literature states that males are more likely to be abused outside of the home, whereas females are more at risk to be abused by a family member (Gartner, 1999; Holmes & Slap, 1998; National Clearinghouse on Family Violence, 1996). However, a Canadian study by Fisher and McDonald (1998) found no statistical difference between boys and girls for extrafamilial or intrafamilial abuse. Regardless of whether the abuse occurs directly within the family or outside of the family, much of the literature has shown that the perpetrator was known to the male victim (Gartner, 1999; Holmes & Slap, 1998; National Clearinghouse on Family Violence, 1996). Fisher and McDonald (1998) did not find a difference in the degree of negative impact on the victim in terms of abuse occurring within or outside of the family.

There is general agreement in the literature that the significant majority of offenders are heterosexual males (Finkelhor et al., 1990; Goldman & Padaychi, 2000; National Clearinghouse on Family Violence, 1996). One of the explanations for this is sex role socialization. That is, men are socialized to be more aggressive and link sexual conquests and aggressiveness (Gilgun, 1990).

Although the majority of offenders are male, research has shown female abusers commit 1 to 24 percent of the offenses against male survivors (National Clearinghouse on Family Violence, 1996). The discrepancies in the rates of female offenders can be seen as a result of (a) the myth that women are not capable of behaving in a sexual abusive manner, (b) the abuse by women is harder to define (is often covert or involves sexually intrusive behaviour) and (c) the survivor may not recognize, interpret and encode the act(s) as abuse (Kasl, 1990). Unlike male offenders, female perpetrators are more likely

to be co-abusers, usually with a male partner (National Clearinghouse on Family Violence, 1996).

A study by Shaw, Lewis, Loeb, Rosado and Rodriguiz (2000) indicated that male children and adolescents were over represented among those sexually victimized by juvenile abusers. In addition, a study by Hunter and Becker (1999) found that 65-75% of male child molestation occurred as the result of adolescent offenders. Shaw et al. (2000) found that victims of juvenile abusers were younger then those abused by adults, and concluded that the impact emotionally and behaviourally on the victim did not differ significantly between adult or juvenile abusers.

The Lasting Impact of Childhood Sexual Abuse

Many authors have documented the negative and long lasting effects of childhood sexual abuse on males (Briere et al., 1988; Bruckner & Johnson, 1987; Crowder, 1995; Gartner, 1999; Lew, 1990; Mendel, 1995; Myers, 1989; Singer, 1989; Urquiza & Capra, 1990). However, there is some dispute about the severity of these effects. The controversy is based upon research populations from clinical samples and nonclinical samples. In a review of the nonclinical literature, Bauserman and Rind (1997) concluded that the majority of studies revealed reactions and outcomes of male childhood sexual abuse as being on the continuum of neutral to positive. They found that moderator variables such as presence of force, perceptions around consent, as well as the relationship to the adult, influenced outcomes. Collings (1994) critiques the nonclinically based literature for its methodological flaws such as biased sampling, inadequate outcome measures, the absence of control groups and problems relating to abuse definition. In an attempt to deal with such methodological problems, Collings (1994)

conducted his own study of a sample of university men. The study showed that contact forms of child sexual abuse are associated with later psychiatric problems. However, for noncontact forms of abuse there did not appear to be a significant difference in symptoms between the noncontact abuse group and control groups.

In contrast to the nonclinically based research, those based on clinical outcomes show the negative effects of sexual abuse on men. Studies indicate that sexually abused males are more at risk for posttraumatic stress disorder, depression and anxiety disorders, paranoia, disassociation, somatization, eating disorders such as bulimia, problems with anger and aggressive behaviour, poor self esteem, legal troubles, self-destructive behaviours such as suicide and substance abuse, and for sexually related problems and difficulties with interpersonal relationships (Briere et al., 1988; Holmes & Slap, 1998; Urquiza & Capra, 1990)

When examining the effects of childhood sexual abuse, it is important to note that other forms of abuse such as emotional and physical abuse, as well as neglect, often accompany sexual abuse. As a result, it is not possible to isolate the precise effects of sexual abuse (Crowder, 1995). In addition, the effects of abuse may not be continuous from childhood to adulthood. Rather, for some survivors there exists a "sleeper effect", that is the impact of the abuse remains asymptomatic until a later point (Saywitz et al., 2000). Herman (1997) states that changes in close relationships such as marriage, the birth of a child or the death of a close relationship may trigger intense symptoms that were previously repressed.

Childhood sexual abuse has both short and long-term consequences for many survivors. Some symptoms such as minor physical injuries (e.g. cuts and bruises), some

sexually transmitted diseases and initial emotional shock can be seen as being short term and will pass. However, some of the more internalized aspects of abuse, such as effects on cognition can have a much longer impact (Crowder, 1995).

The effects of sexual abuse can be seen in every aspect of the self. The emotional, mental, physical and spiritual aspects of the self can all be affected (Crowder, 1995). In addition to devastating the self, the effects of sexual abuse also affect the survivor's relationships with others. The effects of sexual abuse on the male survivor can be compartmentalized into the following: emotional impacts, behavioural problems, cognitive problems, issues of self image and esteem, gender role confusion, physical problems, issues surrounding sexuality, interpersonal difficulties, spiritual impacts and complex posttraumatic stress disorder.

Emotional impacts.

Boys begin to encode societal expectations of masculinity early in life. One of the aspects of the traditionally held viewpoint of masculinity is that men do not readily show vulnerable emotions. With the occurrence of abuse, the male is flooded with vulnerable emotions such as sadness, shame, embarrassment, fear and loneliness. As expression of these emotions does not meet with the male ideal, they are often repressed and/or transformed into something more socially acceptable such as anger (Gartner, 1999). This is one of the differences between male and female survivors; female survivors often tend to turn their anger inward into depression, whereas males often turn it outward and behaviourally act on it in ways that are seen as more aggressive (Bruckner & Johnson, 1987; Winder, 1996).

Such repression and channeling of emotions into the secondary emotion of anger may continue into adulthood. Anger continues to be one of the emotions that is acceptable for men to express. Often much of the anger is directed towards the perceived homosexual nature of the abuse, or towards other issues such as family of origin and the survivor's sense of isolation and lack of power, rather than the exploitative nature of the abuse (Bruckner & Johnson, 1987; Crowder, 1995). Although dealing with anger is an issue for many survivors, it is clear that not all are comfortable expressing it. In fact, many fear accessing their anger as they associate it with violence. As such, anger is repressed which can promote a more passive and withdrawn nature (Crowder, 1995).

In addition to channeling their emotions into anger, many survivors use addictions as a means of repressing and numbing their negative emotions (Herman, 1997; Urquiza & Capra, 1990). Addictions may be to food, substances such as drugs and alcohol, or process addictions such as sex, work or sports etc. In addition to serving the purpose of numbing, addictions can also help in the short term to mask some of the other symptoms of the abuse, such as issues of insomnia, isolation, and some aspects of posttraumatic stress disorder (Matsakis, 1996). Thus, addictions can be a powerful way of coping but can often create their own problems, which in turn can reinforce and even intensify other problematic effects of the abuse.

As men become more aware of their feelings, painful emotions such as anxiety and fear, guilt and depression, shame, sadness, powerlessness, anger and rage may be experienced (Bruckner & Johnson; Crowder, 1995; Lew, 1990; Urquiza & Capra, 1990). These feelings can be overwhelming, which may put the survivor at risk to return to past

methods of numbing, such as addictions. However, Lew (1990), states that experiencing this flood of emotions is temporary and a sign of healing.

Behavioural problems.

As mentioned earlier, males tend to act out their emotions, especially the traditionally masculine accepted emotion of anger. This is especially true of very young children who lack the vocabulary to describe the abuse. The acting out behaviour can be seen in examples of fire setting, infantile behaviours, sexual aggression or aggression in general, inappropriate sexual behaviour, running away and school problems (Crowder, 1995; Thomas & Nelson, 1994). Such behavioural problems can also be viewed as means of expression of the abuse.

Survivors are also more prone to engage in risk taking behaviours. An example can be seen in a tendency to engage in high-risk sexual behaviours such as unprotected sex, prostitution, as well as to have multiple sexual partners (Holmes & Slap, 1998; Paul et al., 2001). Combining a tendency for high-risk activities and problems with anger and aggression can lead to issues of criminal behaviour. The tendency towards high-risk behaviours can be seen as an attempt to prove one's masculinity through overcompensation (Lew, 1990). Such high risk behaviours and issues of self mutilation, and eating disorders can also be seen as attempts to numb painful feelings (Dolan, 1991).

The issue of aggressive behaviour is an area of both controversy and concern for many survivors. There is a notion that male sexual victims will themselves become offenders (Gartner, 1999). This creates much anxiety for the survivor and can be related to factors of not disclosing their own abuse (Thomas & Nelson, 1994). There is some controversy regarding the notion that victims will behave abusively. Dimock (n.d.) found

that many of the men he has worked with displayed abusive behaviours, whether it be physically or sexually. However, Gartner (1999) described his practice experience as the opposite, in that of those he worked with, the majority had not behaved abusively.

The patterns of aggressive behaviour can be seen as one of three reactive responses to childhood sexual abuse (Crowder, 1995; Lew, 1990). One response is the victim's identification with the offender. This may result in greater aggressive behaviour, which can be viewed as an attempt to regain power and control over his life through identification with the aggressor. The survivor knows what it is like to be victimized and decides to take an active and aggressive approach so this does not happen again. This can lead to a need to be in control, which can manifest itself behaviourally through abusive behaviour.

The second type of reaction can be seen as assuming the role of continued victim. The survivor, rationalizes, "this is who I am" and assumes a victim stance in life which manifests itself through greater passivity. This can have further implications for continued abuse and revictimization in future relationships later in life (Paul et al., 2001).

The third type of response typology is that of the protector. The survivor realizes what it is like to be a victim and attempts to protect others from undergoing what he went through, or to help others. This position is highlighted in Etherington's (1995) study, which found that 44 percent of the men in her sample of 25 male survivors of childhood sexual abuse were in a caring profession or voluntary role.

Cognitive impacts.

As the boy attempts to make sense of the abuse, he begins to look for explanations. If he is unable to blame the adult abuser(s) (i.e. if the perpetrator is close to

the boy, such as a parent or family friend etc.), the boy often views himself as responsible for the abuse. As a result, the boy develops a sense of inner badness which forms the core of his identity and this has implications for later self image and self esteem (Herman, 1997). This sense of "badness" leads to cognitions of self-blame which heighten the sense of guilt. This sense of "badness" is further compounded if the male experienced any pleasure during the abuse. This unrealistic sense of responsibility often carries on into adulthood (Briere et al., 1988; Myers, 1989). As an adult, the survivor interprets the abuse through adult values and judgments, often forgetting that as children, they were not able to make decisions regarding consent and participation (Crowder, 1995). Thus, the cycle of self-blame continues from childhood into adulthood.

Another cognitive effect is the persistent notion of helplessness. As children, they were helpless to stop the abuse. This can lead to a continued belief into adulthood of personal helplessness. This notion of learned helplessness can be seen in greater passivity in every day functioning (Crowder, 1995; Lew, 1990). As mentioned earlier, this can lead to continued victimization (Paul et al., 2001).

Another issue is how the survivor encoded, and continues to give meaning to the abuse. Male and female survivors of childhood sexual abuse often encode the abuse differently. Women are more likely to view the abuse as an offense, whereas males may view the abuse as sexual initiation. This is particularly true if the offender is not a parent, or is the gender of the boy's primary attraction (Etherington, 1995; Gartner, 1997). Viewing the abuse as initiation relates to the societal notion that men can not be victimized and they welcome any opportunity for sex. Given this masculinity myth, the male survivor has to work hard to maintain his view as a masculine being within the

context of being sexually victimized. Often this means reinterpreting the abuse as something he initiated, wanted, and had control over (Gartner, 1999). This can lead to cognitive distortions of denial, normalization, minimization, and rationalization (Crowder, 1995; Myers, 1989; Thomas & Nelson, 1994).

Lew (1990) describes survivors' common cognitive patterns as including an "all or nothing" worldview. Within this perspective comes a dichotomy of perfection and worthlessness with little flexibility between the extremes. Lew (1990) views this mindset as presenting itself in four ways. First, the survivor can view himself as damaged or marked. Given the perfection/worthlessness mindset, the survivor may succumb to apathy. As such, he does not strive to meet any goals, which further affirms his belief of himself as a failure. The second scenario described is one in which the survivor settles for mediocrity, yet is unsatisfied or unable to take pride in his modest success. This further lowers self-esteem. The third typology is that of the overachiever. The survivor strives for perfection and accomplishes much, yet remains dissatisfied as he continues to compare himself to others. No matter how successful he becomes, he views himself as a fraud. The fourth type of response is that of the chronic underachiever. Regardless of the person's skills and education, this individual settles for jobs beneath his abilities, as he believes others are more suited for the better jobs. This all or nothing dichotomized thinking can limit options, effect problem solving abilities and has definite implications in other areas of life, particularly in the realm of self-image and self-esteem.

Self-esteem and self-image.

How the child interprets the abuse often negatively affects their identity, especially if the abuse has been interpreted from a self-blaming framework. This has

lasting negative effects on self-esteem (Herman, 1997). The abuse can also lead to viewing the self as damaged goods (Singer, 1989). In addition, being sexually victimized contradicts the masculine ideal. All of these factors, the inner sense of self-blame, the sense of being "damaged goods" as well as not measuring up to the masculine ideal, negatively affect self-image and self-esteem. This sense of negative self worth is often reinforced verbally by negative and degrading comments and manipulation by the perpetrator (Gartner, 1999).

Gender role confusion.

Many authors have documented male survivors' struggles around gender role confusion (Crowder, 1995; Dimock, n.d.; Gartner, 1999; Gilgun & Reiser, 1990; Myers, 1989). This issue stems from the societal myths of males as being in control, self-sufficient, powerful, and in control of their feelings. Also included in these myths are traditional gender roles and expectations of males being heterosexual and the initiators and pursuers of sex (Crowder, 1995). The reality of sexual victimization shatters these notions. As such, gender role confusion results as the male survivor struggles to define himself as a man within the context of his victimization and the societal roles and expectations thrust upon him. Crowder (1995) describes this situation:

> Our culture has no mythology to identity the process of male victimization and boy victims are emasculated by this bias. They are either seen as being like a women and therefore feminized, as being powerless and therefore flawed, or as being interested in sex with men and therefore homosexual (p. 12).

In dealing with such gender identity issues, male survivors typically respond in one of three ways. The first is to adopt a hyper-masculine identity which serves the purposes of overcompensating for the extreme feelings of powerlessness. This can manifest itself in many ways, such as aggressive behaviour, numerous sexual conquests,

emphasis on athletics, etc. (Dimock, n.d.; Gartner, 1999; Lew, 1990). Another response is to deny all things typically associated as being male. This might be seen in the avoidance of activities and qualities associated with aggression. Rather, the survivor seeks more typically unmasculine activities and qualities often associated with gentleness, cooperation and care taking (Dimock, n.d.). Gartner (1999) describes in a case study a third response, in which the survivor chooses not to "grow up" and remains as a boy. By doing so, this survivor avoids the greater societal pressures associated with gender identity.

Complicating the matter of gender roles is the issue of the betrayal of role model(s) as seen in the offender. As offenders are typically male (Goldman & Padayachi, 2000) and usually known to the survivor (Holmes & Slap, 1998), the abuse most often represents a significant betrayal. At best the sexual abuse can result in the loss of a role model (Dimock, n.d.) and at worst, it can be seen as modeling patterns of distorted male behavior and identity (Gartner, 1999).

Physical problems.

Some of the minor physical injuries that result from the abuse do heal over time. Yet for many survivors there exist a legacy of physical problems. With chronic abuse, disregulation of biological functions (e.g. sleep, feeding and elimination functions) can accompany the abuse. This can lead to long-term physical complaints such as sleep disturbances, eating disorders, gastrointestinal complaints as well as other somatic complaints (Herman, 1997).

In addition to somatic complaints, the survivor can be at risk for problems associated to dangerous behaviours such as engaging in high risk sexual acts (Paul et al.,

2001) as well as self destructive behaviours such as drug and alcohol abuse and self mutilation (Holmes & Slap, 1998; Singer, 1989). The ultimate threat to physical health is suicide. In a meta-review of male survivor studies, Holmes and Slap (1998) found that survivors of sexual abuse attempted suicide 1.5 to 14 times more often than in the nonabused male population.

Another physical impact of sexual abuse can be seen in the betrayal of their bodies during the abuse. Through the abuse, there is potential that the male will experience an erection or orgasm. This betrayal of one's body can lead to feelings of disgust for their bodies (Gartner, 1999; Myers, 1989). This can lead to neglect of oneself or the opposite, a preoccupation with oneself (i.e. body building) as a means of overcoming feelings of weakness and powerlessness (Gartner, 1999; Lew, 1990; Myers, 1989).

Another potential physical consequence of the abuse is the tendency of some survivors to purposely project a negative image of himself to others (i.e. obesity, neglect of personal appearance, etc.). This can be seen as a defense strategy. If the survivor is not seen as desirable to others, he believes that he is less at risk for continued abuse. Such a strategy can have health consequences as well as have negative consequences in additional areas such as self-esteem and relationships with others (Lew, 1990).

Impact on sexuality.

The impact of childhood sexual abuse on sexuality can be enormous. In particular, the effects can be seen as creating issues around the development of sexual identity, confusion and concern over sexual orientation, it can augment homophobia,

impacts sexual behaviour and satisfaction, as well as in some cases, relates to sexual dysfunction.

Sexual identity is described as how a person defines himself or herself as a sexual being. This implies an acceptance of their sexual attractions, erotic fantasies and emotional attachment. Sexual identity is a process which may change over time (Gilgun & Reiser, 1990). Sexual orientation is different from sexual identity in that sexual orientation involves the person's erotic and affectional attachments and interests, yet it does not imply acceptance of this (Gilgun & Reiser, 1990). Although research has shown that childhood sexual abuse does not affect sexual orientation (Gartner, 1999; Gilgun & Reiser, 1990) there still exists a strong myth that it does. The abused male struggles with what it means to be abused by a man: Does the abuse make me gay? What does it mean if I got an erection and became aroused to the point of orgasm? For gay males, regardless of the gender of the offender, similar questions and equal confusion occurs: Did the abuse make me gay? Did I ask for the abuse? Working through issues of gender identity while growing up is difficult; the occurrence of sexual abuse greatly complicates the process (Gilgun & Reiser, 1990; Lew, 1990; Thomas & Nelson, 1994. This effect may continue into adulthood (Lew, 1990; Myers, 1989; Singer, 1989). Singer (1989) best describes this in a case example of a man desperately wanting to be heterosexual, yet struggling with sexual feelings towards men. Singer (1989) describes this as a "sexual limbo".

One of the typical abuse reactions, especially by those who were offended against by men, is that of homophobia (Gilgun & Reiser, 1990; Myers, 1989). This affects the survivor in two ways: (a) Due to the myth that sexual abuse by a man means the survivor

is gay, there may be a deterrent regarding reporting and seeking help, and (b) there may be impacts regarding the development of sexual identity, especially if the survivor is gay (Gilgun & Reiser, 1990).

Crowder (1995) sees the victim's sexual arousal patterns as being conditioned by the abuse. This can be seen through the abuse often being his first sexual experience, the association with sex and coercion/violence, the secret nature of abuse, combined with the reinforcer of arousal and orgasm. This all greatly affects the individual's sexuality. Also, it is not uncommon for survivors to develop sexual fantasies around abuse scenarios (Crowder, 1995; Gartner, 1999; Rusinoff & Gerber, 1990) which heightens the sense of shame and personal deviance.

Responding to these issues of sexual shame, powerlessness, and confusion over gender roles and sexual identity, can result in patterns of hyper-sexual activity/sexual compulsions or withdrawal and avoidance of sex (Bruckner & Johnson, 1987; Gartner, 1999; Holmes & Slap, 1998; Paul et al., 2001). Regardless of the effect on sexual behaviour, histories of sexual abuse can affect sexual satisfaction. In a study by Etherington (1995), she found that 92 % of the male sample reported sexual dissatisfaction relating to issues of sexual confusion, delays in development and/ or sexual dysfunction. Holmes and Slap (1998) also state that male survivors were up to five times as likely to report sexually related problems as those who were not abused in childhood.

Interpersonal difficulties.

Factors characterizing childhood sexual abuse include isolation (Herman, 1997), boundary violations (Gartner, 1999), attachment disruptions (Gartner, 1999; Liem &

Boudewyn) and issues around modeling of behaviour (Gartner, 1999). These factors can generate an atmosphere of mistrust and anxiety around interpersonal relationships, as well as create a deficit in the formation of social skills needed to maintain positive relationships as children, adolescents and adults.

The survivor's relationship to other men is often damaged as a result of the abuse. Dimock (n.d.) describes a common scenario in which survivors are anxious and even fearful of developing bonds with other men or even being alone with them. This can be seen as a result of the unconscious belief that they are in constant danger of being victimized (Gartner, 1999). Another aspect that limits the survivor's relationship with other men is homophobia (especially if the abuser was male). Myer (1989) found that men who were abused by other men often equated the abuse with homosexuality and therefore displayed intense homophobia.

Another potential area of relational difficulties can be seen in the survivors' relationship to their own children, or children in general. Some survivors describe the fear of creating arousal in their children or themselves, through basic parenting activities such as toileting, bathing or even play (Etherington, 1995). Such fears can distance themselves from loved ones and limit their role capabilities.

Looking at relationships in general, Lew (1990) describes five common patterns he has encountered with survivors of sexual abuse. The first pattern is that of isolation. The survivor keeps to himself and avoids contact with others, or has relationships but they remain distant, formal and unemotional (Gartner, 1999). The second is the short-lived and volatile relationship. This occurs when the survivor has a series of brief relationships which are characterized by suspicion and mistrust which ultimately ends the

relationship, thus confirming and creating a cycle of mistrust. The next category of relationships is the abusive relationship. The abusive relationship is characterized as either the survivor or partner, or both behaving abusively. There is evidence that histories of male childhood sexual abuse can place the survivor at risk for further abusive relationships (Paul et al., 2001) as well as they themselves behaving abusively (Lisak et al., 1996). The fourth category is what Lew (1990) describes as "settling for crumbs". This type of relationship is characterized by settling with whomever the survivor is with. The belief is that he should feel lucky to be in any relationship at all. Finally there is the two-survivor relationships. This is where two survivors take comfort in one another. All five relationship descriptors are also subject to the issues described around sexuality described in the previous section. This too can create further intimate relationship issues.

Spiritual impact.

Although authors such as Crowder (1995) describe a holistic view of the effects of sexual abuse on the individual as including emotional, mental, physical and spiritual, the spiritual impacts are often ignored in the male specific literature. However, in the non-gender specific literature and that based on women survivors, the negative spiritual impact has been noted (Carlson & Harrigan, 1995; Heggen, 1993; Herman, 1997). Many persons have claimed spiritual distress following sexual abuse. This can be seen in context of metaphor in which the betrayal of authority figures impacts the survivor's relationship with a "higher power". This is further reinforced in the traditional notions of God as male. The impacts on one's spirituality are most notable if the abuse occurred within the context of ritualistic abuse through cults (Carlson & Harrigan, 1995).

Complex posttraumatic stress disorder.

Many authors have described posttraumatic stress disorder (PTSD) in relation to sexual abuse survivors (Courtois, 1997; Crowder, 1995; Dolan, 1991; Gartner, 1999; Herman, 1997; Myers, 1989). PTSD is not a condition specific to sexual abuse survivors. Rather, it is a reactive survival response developed by many victims of severe trauma. Courtois (1997) suggests that many of the PTSD symptoms described in the DSM-IV are based upon findings associated with war trauma and individuals traumatized during adulthood. As such, Courtois (1997) differentiates the experiences chronic abuse survivors and trauma occurring during childhood as different than other trauma survivors. As such, there is a need for a new category, which has been referred to as complex posttraumatic stress disorder (C-PTSD). Herman (1997) describes C-PTSD as:

1. A history of subjection to totalitarian control over a prolonged period (months to years). Examples include hostages, prisoners of war, concentration-camp survivors, and survivors of some religious cults. Examples also include those subjected to totalitarian systems in sexual and domestic life, including survivors of domestic battering, childhood physical or sexual abuse, and organized sexual exploitation.
2. Alterations in affect regulation, including
   - persistent dysphoria
   - chronic suicidal preoccupation
   - self-injury
   - explosive or extremely inhibited anger (may alternate)
   - compulsive or extremely inhibited sexuality (may alternate)
3. Alternations in consciousness, including
   - amnesia or hypermnesia for traumatic events
   - transient dissociative episodes
   - depersonalization/ derealization
   - reliving experiences,
4. Alternations in self-perception, including
   - sense of helplessness or paralysis of initiate
   - shame, guilt, and self blame
   - sense of defilement or stigma
   - sense of complete difference from others (may include sense of specialness, utter aloneness, belief no person can understand, or nonhuman identity)

5. Alternations in perception of perpetrator, including
   - preoccupation with relationship with perpetrator (includes preoccupation with revenge)
   - unrealistic attribution or total power to perpetrator (caution: victim's assessment of power realities may be more realistic than clinician's)
   - idealization or paradoxical gratitude
   - sense of special or supernatural relationship
   - acceptance of belief system or rationalizations of perpetrator
6. Alternations in relations with others, including
   - isolation and withdrawal
   - disruption in intimate relationships
   - repeated search for rescuer (may alternate with isolation and withdrawal)
   - persistent distrust
   - repeated failures of self-protection
7. Alternations in systems of meaning
   - loss of sustaining faith
   - sense of hopelessness and despair (p. 121)

Mitigating Factors

Although the effects of childhood sexual abuse can be extensive, there does not exist a single symptom which characterizes all survivors of childhood sexual abuse. In addition, there exists significant variability in the effects among survivors (Saywitz et al., 2000). Some of the factors that are believed to affect the impact of childhood sexual abuse include the severity of the abuse experienced, the duration and age of the victim, the gender of and prior relationship to the offender, the use of force and aggression, and the victim's use of social supports.

It has been shown that the level of intrusion of the abuse does not necessarily correspond to the degree of intra and interpersonal damage (Dolan, 1991; Ketring & Feinauer, 1999). A study by Ketring and Feinauer (1999) found that long term symptoms of male survivors were not associated with the degree of severity of the abuse. Rather, the men included in the study showed similar symptomology despite the level of abuse. Briere et al. (1988) found similar findings in an earlier study.

The longer the duration of the abuse, as well as the younger the victim's age at the onset of the abuse have been shown to significantly impact the lasting negative effects of childhood sexual abuse (Urquiza & Capra, 1990). Herman (1997) describes this as being the result of the repeated trauma on development to the point that it both forms and deforms the child's personality. This impact on the formation of the self can have long lasting and devastating effects for the survivor.

Both the gender of the offender and the relationship of the offender to the victim have been considered as factors influencing the effects of the abuse. The gender of the offender often does impact how the survivor encodes the experience. For example, survivors are more inclined to encode the offense as sexual initiation if the offender is female (Bauserman & Rind, 1997; Gartner, 1999). Although interpretation of the abuse may be impacted, the negative effects of the abuse do not appear to be significantly different when comparing the gender of the offender (Etherington, 1995).

What appears more significant than the gender of the offender is the relationship of the offender to the victim. The closer the relationship to the survivor, the greater the impact. Tremblay, Hebert and Piche (1999) found that sexual abuse by a close adult resulted in greater anxiety, depression, somatic complaints and withdrawal symptoms than victimization by a stranger. Abuse by a father figure has been shown to have the most impact (Ketring & Feinauer, 1999).

The use of force and aggression has been associated with greater impact to the survivor (Bauserman & Rind, 1997; Urquiza & Capra, 1990). This is a result of both physical injuries as well as heightened traumatic elements such as feelings of

powerlessness, distrust, distortions in normal development and greater social withdrawal (Urquiza & Capra, 1990).

Although these factors significantly influence the outcomes of the abuse, the availability of social supports may reduce the immediate and lasting impact of childhood sexual abuse (Tremblay, Hebert & Piche, 1999). Of particular importance in potentially reducing the negative effects is breaking the silence surrounding the abuse. Gartner (1997) finds that when secrecy is imposed on the child through threats, or when the child is not able to talk of the abuse, the outcome is much more severe. Through secrecy the child feels even more isolated and disempowered. The victim therefore must struggle with this on his own. Breaking the silence surrounding the abuse, even if it is telling one person, can be a freeing experience.

In addition, the availability of supports and confidants has been seen as pivotal in preventing the development of aggressive behaviour of the survivor (Gilgun, 1990). Social support is also influential in negating the self-blame that many survivors experience surrounding the abuse. Liem and Boudewyn (1999) found that when blame is placed solely on the offender, this process can help diminish some of the aspects of the abuse.

Theoretical Framework of the Aftereffects and Treatment

How we understand problems greatly effects our approaches and solutions to them (Furman & Ahola, 1992). As such, theoretical understanding of abuse and its effects is central to intervention. Theories such as feminist, developmental, loss, and trauma, have been utilized to help understand the effects of childhood sexual abuse. No one theory is adequate in itself in working with survivors of sexual abuse, rather, a

variety of approaches and strategies is necessary (Courtois, 1988; Thomas & Nelson, 1994).

Feminist theory.

The feminist perspective provides a framework in understanding why child sexual abuse occurs, the impact of the abuse on males, as well as approaches to intervention. In particular, feminism's critique of patriarchy has proven invaluable.

Struve (1990) describes four prevalent patriarchal norms, which provide a framework to help understand the sexual abuse of children:

1. The notion of chattel property in which the norm is that men have ownership of wives and parents ownership of children.
2. The concept of learned helplessness in which acceptance of one's position of passivity in relation to those seen as dominant is accepted as the norm.
3. The belief of sexual entitlement which views sex as privilege for those seen as dominant in the relationship and as obligation for those as submissive.
4. The shroud of secrecy around sex and sexuality which includes strong norms of not discussing sex (especially true for women and children).

Many authors stress the need to view the effects of childhood sexual abuse through the lens of a patriarchal society (Crowder, 1995; Etherington, 1995; Gartner, 1999; Lew, 1990; Struve, 1990). Struve (1990) describes the effects of patriarchy on the male survivor as including: 1) increased feelings of social isolation, 2) internalization of emotions, 3) feeling imprisoned by patriarchy which relates to the fear of losing the privileges of "being a man" if they disclose, and 4) compliance with patriarchal norms in dealing with the problems, "like a man". These impacts are highlighted in the myth of masculinity that men can not be victimized, especially sexually. (Crowder, 1995).

Struve (1990) recommends a feminist approach to therapy when working with male survivors of sexual abuse, which includes: 1) the use of therapist modeling behaviour to overcome gender stereotypes, 2) the increase of survivors' options through

processes of validation, empowerment and demystification within a therapeutic relationship, 3) an examination of the effects of gender roles and impact in interpersonal relationships and the freeing of the individual from the constriction of such stereotypes, and 4) the application of a variety of techniques and approaches from differing theoretical backgrounds with the awareness of the gender consequences of such techniques.

Although feminist theory has proven useful in explaining the occurrence of childhood sexual abuse, it is not without its critics. The National Clearinghouse on Family Violence (1996) observes the limitations in using a framework based on gender and suggests that one based on issues of power, examining issues of behaviour and relationship, may be more useful.

Developmental theory.

Developmental theory provides a useful framework regarding the impact of the abuse on the development of the self and its impact on further interactions with others. Etherington (1995) uses psychosocial theory to describe the affect on ego development when disrupted by sexual abuse. This results in issues of damaged trust, autonomy, and control, which create lasting problems into adulthood. In addition to affective response and interpersonal effects, disruption of the developmental process also negatively affects cognitive patterns which influence how information is attended to, perceived and regulated. (Liem & Boudewyn, 1999).

As seen through a developmental framework, the impact of sexual abuse impairs how the individual views himself as well as his ability to relate to others. As such, an interpersonal component to intervention becomes necessary (Gartner, 1999; Herman, 1997).

Loss theory.

Often, survivors of sexual abuse view themselves as being altered by the trauma they experienced (Courtois, 1988). As such, a sense of loss becomes a major theme for many survivors. The losses may include: (a) memory, (b) healthy social contact, (c) the opportunity to play, (d) the opportunity to learn, (e) control over one's body, (f) normal experiences of love and nurturance, and (g) family, identity, certainty, etc. (Lew, 1990). Seen within this context, Lew (1990) describes the survivor's experience as a "perversion of childhood" in that the survivor lost every person's right to a normal childhood, consisting of love, protection and nurturance.

The enormous impact of loss has specific intervention implications. This can be seen in an emphasis within treatment models on recognition, remembrance and mourning surrounding the losses which are inherent with abuse (Crowder, 1995; Gartner, 1999; Herman, 1997; Lew, 1990). Hunter and Gerber (1990) take the theme of loss a step further in their incorporation of Kubler-Ross's Grieving Model of denial, anger, sadness, and acceptance/forgiveness, into their intervention with male survivors.

Traumatic stress theory.

Understanding the after-effects of sexual abuse through the lens of traumatic stress theory transforms how survivors' symptoms are viewed. A traumatic stress framework transforms survivors' present life difficulties and symptomology from one of psychopathology to that of survival skills purposefully employed (Courtois, 1988). Although necessary as a means of survival, coping mechanisms such as dissociation, isolation, numbing of feelings, passivity, and excessive caretaking can become maladaptive in adulthood (Kreidler & Fluharty, 1994). The traumatic stress framework

defines symptoms as survival skills; thus the effects of childhood sexual abuse can be seen as normal reactions to abnormal situations (Courtois, 1988) and can be approached and challenged with less apprehension. In addition, such a framework counteracts the tendency for self-blame and normalizes the reactions which empower the survivor.

Interventions with Male Survivors

When considering interventions with male survivors, it is important to understand the realities of male childhood sexual abuse. This includes understanding the effects of the abuse, as well as the theoretical lens in which these effects are viewed. Such an understanding is paramount, as this will shape the intervention. The next step in considering the intervention is an awareness of the values/principles which are to guide treatment. Without these principles in place, the intervention may lack direction. Relating to direction are the goals of the intervention. Aspects of the approaches and techniques used, as well as the intervention modality itself, will shape the intervention's effectiveness. Individual and group counselling are the two main intervention modalities used with male survivors of childhood sexual abuse. The principles, goals, processes and techniques of intervention can be applied within both modalities. Each modality has its advantages and challenges.

Principles Guiding Treatment

There are many approaches and techniques in working with survivors of sexual abuse. However, what is more important than the technical skills of the counsellor, are the principles influencing therapy (Briere, 1996). As such, identification and incorporation of the principles that guide the intervention is key to effective practice. In

particular, Briere (1996) and National Clearinghouse on Family Violence (1996) provide a useful set of operating principles to guide intervention.

Briere (1996) describes seven principles, which form the basis of Survivor Oriented Therapy. These principles include:

1. Counselling requires the full permission and participation of the survivor.
2. Issues of absolute truth are not important. What is important is the need to support the client's pain and the plausibility of their explanation while allowing room for change in explanation as time passes.
3. Responsibility for the abuse is placed solely on the offender.
4. Symptoms of the abuse are viewed as normal reactions to trauma which have become maladaptive as an adult.
5. As sexual abuse takes place within a context of powerlessness, intrusion, and authoritarianism, counselling if it is to be useful, can not replicate this. The process needs to be a survivor/counsellor partnership
6. The survivor is not viewed as pathological, rather as one who has done what it takes to survive. As such, the strengths, rather than the weaknesses are emphasized.
7. There is a need to expand the abuse focus from an individual phenomenon to one where the impact of societal and cultural factors are examined.

These principles outlined by Briere (1996) form a basis of effective therapy with adult survivors of sexual abuse. However, when working with male survivors, a male-inclusive perspective is needed for treatment (National Clearing House on Family Violence, 1996). Although the types of offenses and the effects of the abuse are similar for male and female survivors (Briere et al., 1988), factors of gender socialization create unique needs for the male survivor. Given this, National Clearinghouse on Family Violence (1996) describes a male centered perspective of treatment which includes: (a) the recognition of the diversity of men within the Canadian population and the incorporation of methods to meet these diverse needs; (b) a holistic and balanced approach to intervention encompassing the emotional, physical, mental and spiritual aspects of the individual; (c) the need to respect female contributions and gains in terms

of working with issues of violence and abuse; and (d) the incorporation of a unified male/female vision in the struggle to prevent violence and abuse.

Goals of Intervention

Gartner (1999) does not view symptom reduction or removal as sufficient in itself as the end goal of treatment. Rather, Gartner (1999) stresses the need for the survivor to develop a clearer sense of the self, a greater awareness of his emotional life and the reconnection with others. Herman (1997) echoes the importance of reconnection as a goal of treatment. Herman (1997) views trauma such as childhood sexual abuse as a process of disempowerment and disconnection. As such, recovery is based on empowerment and reconnection with others.

Crowder (1995) provides a fairly comprehensive goal description for recovery,

> Healing from sexual trauma is a process that leads the survivor from a position of making abuse-reactive life decisions, based on past learning, to a new position of making proactive life decisions and choices based on present needs. As the survivor makes his unconscious coping strategies conscious, his personal autonomy increases. Flashbacks of the abuse become reclaimed memories, inexplicable fears and anxieties become associations to present environmental triggers that echo abuse-related experiences, and some chronic somatic complaints become signals for recognizing unmet physical and emotional needs (p. 42).

Although remembrance and integration of the abuse are important themes in recovery, Lew (1990) cautions against remembrance as the primary goal. This can create an obsession with memories which may never surface. It can also create a mindset in which memory recovery is seen as a prerequisite to healing. Both aspects can create obstacles to recovery.

Hunter and Gerber (1990) describe the goal of treatment as the transcendence of labels such as victim or survivor. In essence, this is the removal of the experience of abuse as an issue that defines personal identity.

In sum, the goals of survivor work are based upon notions of empowerment, reclaiming and integrating the experience, which allows the person to be aware of how the past has influenced the present. This is a freeing experience in which the person is able to "move on" which translates into the development of a positive future orientation (Dolan, 1991). This entire process takes place within the context of reconnection with others.

Theraputic Process

A number of authors have written about the theraputic process when working with male sexual abuse survivors (Crowder, 1995; Lew, 1990; Rauch & Jones, n.d.). Much of their work includes similar themes to those of Briere (1996), Courtois (1988), Dolan (1991) and Herman (1997) which are not male specific. Gartner (1999) provides a useful synthesis of the themes of the therapeutic processes when working with male survivors of sexual abuse:

1. There needs to be an acknowledgment that victimization occurred.
2. The historic and familial context must be put in place.
3. Issues of safety must be established through the development of positive coping skills. Once this has occurred, there exists a need to discharge the intense affect surrounding the abuse, in particular around issues of grief, terror and rage.
4. A need exists to recognize the impact of the abuse while at the same time separating the child's traumatic reaction at the time of the abuse with the adult's current ability to withstand the experience.
5. An examination of the influence of the abuse on the adult's current day-to-day functioning and the relearning of new patterns of functioning.
6. Placing the abuse into perspective in which it no longer dominates the present.

Such a process is not a linear one; rather there can be significant fluidity in movement (Crowder, 1995; Herman, 1997). As such, therapy needs to be flexible and client driven in order to maintain effectiveness (Briere, 1996; Crowder, 1995; Herman, 1997).

Theraputic Techniques

There are a number of therapeutic techniques and approaches that have been used with male survivors. Given the diversity of individual experiences, the variance of effects of sexual abuse, and differing individual strengths, an eclectic approach to counselling with a variety of techniques is recommended (Thomas & Nelson, 1994). Examples in the differences in approaches can be seen with the use of techniques such as the use of video and bibliotherapy, gestalt work and psychodrama, writing techniques, inner child work, the use of disclosure, and cognitive-behavioural solution-focused techniques.

Video and bibliotherapy.

A number of authors have incorporated the use of books and videos as part of their intervention (Bruckner & Johnson, 1987; Crowder, 1995; Thomas & Nelson, 1994; Winder, 1996). This technique is both a positive method of presenting material as well as fitting into a framework in which the survivor has greater control over his recovery (i.e. choice of what he reads, how much and when). One of the cautions of this method is to avoid overstimulation (Winder, 1996).

Gestalt work and psychodrama.

These action-oriented techniques also fit within a male-centered framework for recovery (Winder, 1996). Courtois (1988) sees the value of gestalt techniques, such as

the use of symbolic confrontation as seen in the use of the "empty chair" technique, role plays and role reversal, as means of promoting self awareness, the identification and expression of feelings, promoting a sense of closure and encouraging the reclamation of the self. In addition, psychodrama can help in rehearsing actual confrontations, as well as promoting the development of new behaviours (Winder, 1996).

Writing techniques.

The use of journaling has been a well-used technique when working with survivors of sexual abuse (Lew, 1990; Singer, 1989; Thomas & Nelson, 1994). The strength of this technique is that it allows for the venting and clarification of feelings, thoughts, experiences and insights (Winder, 1996). Similar to the process of journaling is the process of letter writing. Letters can be written to the offender (which may or may not be sent) as a means of directing the survivor's pain and anger outward (Dolan, 1991; Winder, 1996). Using a solution-focused technique, letters could also be written to oneself from a future perspective when the problem(s) no longer exists, or letters for a "rainy day", highlighting one's strengths and gifts to be reviewed during troubled times (Dolan, 1991). Dolan (1991) also recommends the use of a written "reminder of truth" which includes the facts around the victimization (e.g. it was not their fault and are in no way to blame). Additional aspects of the "reminder of truth" could include reminders that strengthen connection to inner resources.

Inner child work.

Inherent within childhood sexual abuse is that of immense losses, particularly those around childhood. As such, it is important for the survivor to revisit and regain his childhood. That is, to get to know the boy he was, as this is an important connection to

who he is today (Winder, 1996). Lew (1990) suggests the use of photographs before and after the abuse to aid in this process. In addition, he recommends the reconnection through the means of writing letters to himself as a child, reassuring himself of his strength and that he will indeed survive.

Disclosure.

Disclosure is a powerful technique often used in survivor groups. The strength in this technique lies in the fact that it breaks the silence which often surrounds the survivor. By doing so, it potentially breaks patterns of guilt, shame, secrecy, and suppression (Margolin, 1999). Lew (1990) states that as the experience is retold, more and more details are discovered and recovered. However, this is not always a pleasant experience. Rather, Lew (1990) warns that story telling can create powerful and conflicting emotions both for the narrator, as well as for the group as a whole. It may bring fears of retaliation, betrayal, increased feelings of powerlessness, anxiety, depression and panic attacks. Although this experience can be overwhelming, these negative aspects are viewed as temporary.

Although the use of disclosure as a therapeutic tool has been widely used, there exists much caution regarding its use. A noted criticism of the use of disclosure is its use as a means of desensitization. Dolan (1991) warns:

> Having a victim of sexual abuse tell and retell the tale of her victimization for the sole therapeutic purpose of desensitization is like removing a bullet slowly and painfully, one tiny millimeter at a time, reopening the wound each time. This form of desensitization is not always dependable; even in the cases where it does succeed over time, it is often an inefficient and unnecessarily painful method of treatment that prolongs the client's suffering and revictimizes her over and over again (p. 29).

Cognitive-behavioural approaches.

Cognitive techniques have been used with survivors of childhood sexual abuse to help them reinterpret their experience by recognizing and changing distortions, beliefs and perceptions surrounding the abuse through "cognitive restructuring" (Winder, 1996). A popular tool within cognitive restructuring is examining masculinity myths and how these relate to the survivor's self-perception and interpretation of the abuse (Crowder, 1995; Lew, 1990; Gartner, 1999). Another technique within this approach is the use of reframing which helps the survivor reexamine and reinterpret events, behaviours, and feelings differently (Winder, 1996). Examples of reframing can be seen in a traumatic stress framework which reinterprets symptoms of abuse not as individual pathology, but as creative coping strategies which are no longer useful.

Behavioural techniques such as relaxation, breath control, exercise and assertiveness training have been widely used with survivors (Courtois, 1988; Dolan, 1991; Lew, 1990). In addition, behavioural techniques such as anger and aggression management, have been recommended to deal with men's potential to externalize and act out their anger surrounding the abuse.

One of the advantages of a cognitive approach to counselling is its focus on cognitions and problem solving. This action oriented approach seems to be a better fit when working with men (Mahalik, 2001). In addition, there exists much research which supports the use of this approach and its benefits. Cognitive approaches to counselling have proven useful in dealing with gender based cognitive distortions which often cause distress in men. It has been shown that modification of such distortions can lead to reductions in symptomology (Blackburn, Bishop, Glen, Whalley, & Christie, 1981;

Evans et al., 1992; Rush, Beck, Kovacs, & Hollon, 1977, in Mahalik, 2001). In addition, cognitive behavioural approaches have proven useful when working with trauma survivors. In particular, cognitive behavioural approaches have proven beneficial in reducing posttraumatic stress disorder symptoms (Blake & Sonnenberg, 1998; Kubany, 1998) relieving symptoms of depression (Kubany, 1998; McGinn, 2000) and help increase self-esteem and reduce issues around trauma related guilt (Kubany, 1998).

Solution-focused techniques.

Dolan (1991) has utilized solution-focused strategies such as a "symbol for the present", examining pretreatment change, the "miracle question", and the solution-focused recovery scale with her work with sexual abuse survivors. Although Dolan (1991) is writing from what appears to be an individual counselling model, a solution-focused orientation has been used in survivors' groups and other types of group work, as seen in the work of Metcalf (1998). Metcalf (1998) utilizes the following assumptions of solution-focused therapy within group work:

1. Reframe problems to better maintain possibilities and keep the group non-pathological.
2. Look for, and highlight exceptions to problems discussed in group interactions.
3. Comment on members' competencies within the group and invite others to comment on these.
4. Focus more on the ability of the client to have survived the situation rather than promoting insight.
5. View group members as persons who have complaints about their lives, rather than people with symptoms.
6. Keep in mind that complex problems do not necessarily require complex solutions. Rather, small changes can achieve results.
7. When considering client resistance, attempt to adopt that person's worldview. Consider the importance of his actions and behaviours and attempt to work with the client to consider actions and behaviours that may be less dangerous.
8. Help the group members to externalize their problems. The intent of this is to help the client to see the problem as separate from themselves, which influences, but does not necessarily control their lives.
9. Focus goal setting on what is possible and changeable.

10. Move slowly within the group. Approach each new intervention as an experiment towards change.

Although solution-focused brief therapy has been widely used, there has been little outcome research initiated until recently (Gingerich, 2000). However, in a meta-analysis of solution-focused brief therapy studies (N=15), Gingerich (2000) concluded that although the existing studies do not allow for efficiency to be firmly established, there does exist preliminary support of its benefits. In addition, given the diverse range of settings and populations represented in the studies, it suggests that solution-focused brief therapy has a wide range of applications.

The above-mentioned techniques are some of the most commonly used and referred to within the literature. However, other examples of techniques that have been used with male survivors include hypnosis, visualization and guided imagery (Dolan, 1991; Winder, 1996), the creative use of art and music within therapy (Thomas & Nelson, 1994; Winder, 1996), play writing (Thomas & Nelson, 1994) and body work (Dolan, 1991; Lew, 1990).

Individual Counselling

Individual counselling is often used on its own or as part of a treatment package, which includes group work. Crowder (1995) describes individual counselling as an opportunity for the survivor to become familiar with the counsellor as well as the therapeutic process. The survivor is encouraged to speak of the abuse within a supportive and safe context. In addition, individual work provides greater opportunity to assess and build on strengths and begin work on challenges. Gartner (1999) emphasizes the need for relational reconstruction within counselling, which begins within the individual counselling framework through a supportive, co-created client/counsellor relationship.

Individual counselling has also been seen as a useful support to group work either as a precursor or to be run concurrently. Thomas and Nelson (1994) have found that the group experience is more helpful for members when they have already begun some of the work around the abuse through individual counselling. In addition, Yalom (1995) discusses the use of individual pregroup work as an opportunity to explain and demystify the therapeutic process, discuss expectations for the group, as well as potential effects (positive and negative) of participation, and provide an opportunity for further assessment and problem solving strategies to be developed. Through the pregroup work, the client is in a better position to make an informed choice regarding participation.

In addition to its use as a precursor to group work, many authors advocate the use of concurrent individual and group counselling (Briere, 1996; Gartner, 1999; Rauch & Jones, n.d.; Thomas & Nelson, 1994). This model is often recommended so as to help deal with some the stresses such as increased anger, anxiety, flashbacks and intrusive thoughts that group work might invoke. As such, individual counselling is seen as performing a supportive and safety function for the person within the group. In addition, individual counselling can help counteract some members' need for more attention within the group (Briere, 1996). Another variation on this model is making individual counselling available to group members on an as-needed basis (Dimock, n.d.).

Group Counselling

Toseland and Rivas (1998) define group work as, "goal directed activity with small treatment and task groups aimed at meeting socio-economical needs and accomplishing tasks. This activity is directed to individual members of a group and to the group as a whole within a system of delivery" (p. 12). Looking at groups with male

sexual abuse survivors, Crowder (1995) describes groups with male survivors of sexual abuse as a hybrid of self-help and therapist facilitated approaches.

Group counselling has been used with female sexual abuse survivors since the 1970's. Despite its long history as an intervention, the research base remains at a very early stage (Marotta & Asner, 1999). The research base in terms of efficiency and effectiveness of men's groups for sexual abuse remains even more scarce. What little research is available often consists of case presentations (Gartner, 1999). In addition to problems of research, models of group intervention specific to male survivors are few and far between.

Although there exists limitations within the research base, especially in terms of outcome studies, research has shown the benefits of group treatment with female survivors (Gory, Richter & Snider, 2001; Marotta & Asner, 1999; Paddison, Einbinder, Maker & Strain, 1993; Westbury & Tutty, 1999). Similar types of group evaluation using standardized methods with male survivors are scarce. Margolin (1999) states that group interventions with men are as effective as those with women, but fails to support this statement with research.

Despite the lack of research showing the efficiency of group work with male survivors many authors support its use (Bruckner & Johnson, 1987; Crowder, 1995; Dimock, n.d.; Gartner, 1999; Horsley, 1997; Lew, 1990; Parker, 1990; Rauch & Jones, n.d.; Singer, 1989). The benefits of group counselling in comparison to individual counselling alone include:

- the reduction of isolation, stigmatism and shame;
- the development of interpersonal trust;
- the creation of a support system of individuals with similar experiences;

- increased self-esteem through the opportunity of helping others, as well as being helped;
- providing a social laboratory in which issues of boundaries, stereotypes and dysfunctional patterns can be identified and altered within a safe and supportive environment;
- the provision for a stronger forum for reality testing and breaking though of denial, especially around issues of negative beliefs about self-worth and responsibility; a stronger sense of empowerment through the breaking of the silence;
- a safe environment to discuss issues and concerns around sex and sexuality;
- the opportunity to explore issues of masculinity in relation to society, the history of abuse and how they want to see themselves;
- and the provision of an avenue to explore issues of anger and rage within a safe and supportive environment (Briere, 1996; Dimock, n.d.; Parker, 1990; Singer, 1989; Thomas & Nelson, 1994).

Many of these benefits relate to therapeutic factors inherent within the group process. Yalom (1995) describes 11 therapeutic factors of group work, which include: "the instillation of hope, universality, imparting information, altruism, the corrective recapitulation of the primary family group, development of socializing techniques, imitative behaviour, interpersonal learning, group cohesiveness, and existential factors" (p.1).

Looking specifically at men's survivor groups, Horsley (1997) identified five factors believed to be curative which were identified by therapists working with groups. These factors are rebuilding identity, reducing isolation, reworking family dysfunction, regaining power and control, and recognizing defenses.

Challenges of Group Counselling

Although group counselling offers many advantages as an intervention with male survivors, it is not appropriate as a panacea for everyone, and does have several limitations. For example, as trust is an issue for many survivors, extensive individual counselling may be necessary before group becomes an option (Meiselman, 1990). Also,

as individuals react differently within a group setting, it may not be the most suitable intervention for some, based on personality and learning styles (Webb & Leehan, 1996).

As mentioned earlier, counselling involves the examination of the abuse and the aftereffects. This process, whether through individual or group counselling, can evoke a wide range of negative feelings which can put the survivor further at risk for greater suicidal ideation and/or a return to negative coping mechanisms such as addictions and depression (Briere, 1996; Coe & Barney, 1995; Sparks & Goldberg, 1994). Given the number of persons within a group setting, counselors must be extremely vigilant about observing the warning signs of such negative reactions.

In addition to these challenges, Webb and Leehan (1996) describe issues specific to characteristics of abuse survivors which can create obstacles to group cohesion and functioning. In particular they describe issues around communication patterns, flashbacks, hypersensitivity to others' moods, the effects of low self-esteem, problems around goal setting, the potential for members to become too dependent or protective of others which can deter improvement and reinforce old patterns of behaviour, problems around receiving feedback and the impact on the individual and the group as a whole if the person becomes destructive. Such characteristics of group members can become problematic if these tendencies are not discussed openly prior to group participation and dealt with appropriately during the group.

Group Types

There are three main types of group models used with male survivors described within the literature: the short-term, long-term and self help groups. The type, structure and length of the group are dependent on treatment goals, resources available and

theoretical orientation (Briere, 1996; Marotta & Asner, 1999). As this practicum will incorporate a short-term model, primary attention will be focused on this type of group intervention.

Short-term groups.

Short-term groups tend to be more structured and psycho-educational in nature, focusing on specific areas and goals and operating within a closed format (Lew, 1990; Marotta & Asner, 1999). This translates into structured and planned sessions based on predetermined themes. Although there exist opportunities to process issues and some affective work, the primary purpose of the group is to present psycho-educational material (Crowder, 1995).

Yalom (1995) describes short-term groups in terms of function, suggesting the short-term group uses the least amount of time, while at the same time achieves a specific goal. Within a sexual abuse survivors group framework, Briere (1996) recommends a length between 10-12 sessions. The recommendation regarding the number of sessions for men's groups is echoed in the model presented by Lew (1990) of a flexible 12 session format and Crowder (1995) who uses a format of 8-10 weeks. However, Bruckner and Johnson (1987) utilized a shorter group format of six sessions.

Short-term groups can stand on their own as an intervention, or as part of a more comprehensive treatment plan. As part of a treatment plan, short-term groups can be paired with concurrent individual therapy (Briere, 1996; Gartner, 1999; Rauch & Jones, n.d.; Thomas & Nelson, 1994), used as part of a graduated, two-tiered process which includes long-term group participation (Crowder, 1995) or as a bridge between drop-in meetings and long-term groups (Lew, 1990).

Much of the literature recommends the use of short-term groups with adult survivors of sexual abuse (Margolin, 1999). In particular, this is a useful intervention for men who are just beginning to confront their abuse (Crowder, 1995; Gartner, 1999). The benefits of a short-term, structured format include: (a) an emphasis on client strengths, (b) minimization of regression, normalization of reactions, (d) the sharing and reliving the trauma within a safe and therapeutic environment, (e) promotion of appropriate grief work, (f) establishment of clear boundaries suited towards goal development and (g) accomplishment, and provision of opportunities for new adaptive behaviours to be developed (Goodman & Nowak-Scibelli, 1985; Margolin, 1999). Another benefit of short-term groups is that they can be more manageable for agency constraints in terms of cost and staffing issues (Mennen & Meadow, 1992).

Although short-term groups offer many positive aspects, some limitations exist. Due to the time constraints, issues of the trauma itself can not and should not be explored in depth (Sparks & Goldberg, 1994). In addition, Lew (1990) suggests that these groups can seem too rushed. In terms of its structured nature, Thomas and Nelson (1994) believe that rigid adherence to session content and sequence can lead to greater harm than good. Another criticism of a highly structured group is that it can lead to greater participant dependency on the facilitators (Marotta & Asner, 1999).

Long-term groups.

Long-term groups tend to be more process and insight oriented (Marotta & Asner, 1999). Long-term groups can be time limited and include sessions over 25, while others might be open and ongoing. Sessions tend to be unstructured and fluid, depending on what material the survivors bring into group that week (Crowder, 1995).

Mennen and Meadow (1992) cite the advantages of long-term groups as: (a) promoting increased feelings of the curative power of group cohesiveness, (b) greater opportunities for discussion, (c) serving as a social microcosm in which beliefs and behaviours can be explored within a safe and supportive environment, and (d) promoting greater group cohesiveness and the development of trust. In terms of male survivor groups, this format has been used by Crowder (1995), Singer (1989) and Thomas and Nelson (1994).

One of the limitations of this type of group is the lengthy time commitment for both facilitators and group members. Another criticism is that long-term groups have not been seen as appropriate for those just entering counselling (Gartner 1999; Margolin, 1999). In addition, long-term groups have been thought of as potentially creating dependency and delaying goal oriented work (Margolin, 1999).

Self help groups.

Self help groups are designed, initiated and led by adult survivors of sexual abuse. Leadership within the groups tends to be informal or even leaderless (Lew, 1990). Many of the same aspects and issues of counsellor-led groups are included in the self help group. However, the primary difference between this type of group and counsellor-led groups is that counsellor-led groups tend to be more process oriented (Margolin, 1999).

Some of the benefits of these groups can be seen in survivors' increased feelings of health and competence as they take charge of their recovery (Lew, 1990; Margolin, 1999). However, aspects such as the group's unstructured nature can prove problematic for some survivors. In addition, counsellor-led groups are thought to provide greater structure, a different perspective and expertise in group process (Lew, 1990).

Specific Issues with Male Survivors

As mentioned earlier, a male-specific and inclusive intervention is needed when working with male survivors of sexual abuse (National Clearinghouse on Family Violence, 1996). Related to this is a focus on the influence of socialization which affects the male survivor and his recovery. Struve (1990) identifies nine such factors relating to socialization, which are specific to the male survivor. These include:

1. A reluctance to seek treatment.
2. A tendency to minimize the experience of victimization.
3. Difficulty accepting shame and guilt.
4. A propensity toward exaggerated efforts to reassert masculine identity.
5. Difficulties with male intimacy.
6. Confusion about sexual identity.
7. Behaviour patterns with power/control dynamics.
8. A tendency to externalize feelings.
9. A vulnerability to compulsive behaviours (p. 36).

When working with male survivors it is important to keep these factors in mind, as they will influence aspects of treatment.

The therapeutic importance around issues of language when working with male survivors, especially around labels such as victim and survivor has already been discussed. In addition to these issues, the language used can also affect the disclosure process. For example, men tend to disclose more readily if descriptors of abuse (e.g. definitions and examples provided of contact, noncontact and covert abuse) are used, or if they are asked to describe their early sexual experiences. This has been found more effective than inquiry using language such as "sexual abuse", "victimization", "incest", or "molestation". The use of these terms may trigger a defensive response as they contradict many of the qualities that are traditionally valued within the masculine ideal. As such, the male survivor may be more inclined to deny or minimize the abuse (in order

to maintain their view of themselves as "a man") if such terms are used (Thomas & Nelson, 1994).

In addition to issues of language, one's approach when joining with men can be an issue. Allen and Gordon (1990) have found that a cognitive approach in counselling male clients has been effective. In particular, this approach is often viewed by men as nonthreatening and nonjudgmental. In addition, initial approaches should avoid emphasis on the release of feelings, as this may be interpreted as too emotive or "touchy-feely" and may initiate defenses and disengage in the process.

In addition to issues of joining, the therapeutic approach must factor into what Allan & Gordon (1990) refer to as the "male model of communication". In essence, this includes an emphasis on active strategies such as using lists and diagrams, goal setting, tasks and homework expectations and the use of contracts. Such strategies create boundaries, are more concrete and offer the male a greater sense of control over the process. Other aspects of this model include: 1) acknowledging the difficulty for men to enter into counselling (given male socialization) and the courage it takes to make this step; 2) normalizing the problem, thus removing aspects of the guilt and shame; and 3) a discussion and recognition of the burden of myths of masculinity messages.

Other important issues in working with male survivors is the process of transference and countertransference which are co-created by the survivor(s) and the counsellor (Gartner, 1999). Survivors of trauma often respond to people, especially those in positions of authority, in a manner which has been negatively affected by their experience of trauma (Herman, 1997). At times this can manifest itself through their responses which may replicate roles and patterns which the survivors experienced during

the abuse. As such, the counsellor, especially if he is male, "must allow his [client] to relate to him as a monster, a hero, a lover, a father, a rapist, a weakling, a savior, and even a son. He may be feared as macho and unfeeling, and he may be despised as impotent and effeminate"(Gartner, 1999, p. 278). This process can be used therapeutically as the counsellor helps develop awareness of these patterns, thus promoting change.

Transference within a men's group can create an avenue for discovering a new male identity. As men interact with other men, different roles can be modeled and explored. As such, there exists the opportunity to discover kindness and caring among men (Gartner, 1999).

Of particular note with transference are issues of shame and sexuality. The shame associated with the sexual abuse may create problems for disclosure, especially to those in positions of authority. These issues may arise regardless of the sex of the counsellor (Gartner, 1997).

Another issue of transference is the impact of the sexual nature of the abuse. The survivor learns over time that his sexuality can be used as interpersonal currency. That is, it can be a means of getting what he wants or a method of forming attachments (Gartner, 1999). If these patterns emerge within the therapeutic relationship, this can have serious implications and need to be dealt with cautiously.

Transference can also be seen in the context of power dynamics. Briere (1996) suggested that male survivors often respond to male counsellors in a "one up" position which can be seen through greater aggression, hostility or hypermasculine behaviours towards the counsellor. The alternative to this is the response of a "one down" position

which is seen through greater passivity. Although Briere (1996) is writing more within a counsellor/survivor dyad, it is hypothesized that similar patterns may emerge within a men's group setting among group members or between group leader and individual members.

Given these possibilities, the counsellor needs to be aware of such issues of transference as well as additional personal, social and cultural issues, and examine his/her responses to them. This is referred to as countertransference. The counsellor's response is important as s/he can either respond negatively and potentially replicate patterns of the abuse, or use the response as part of the therapeutic process (Gartner, 1999). Another aspect of countertransference is the potential for vicarious traumatization, also known as traumatic countertransference. This occurs when the practitioner experiences trauma as a result of the content of the material heard or through the process of interaction with the survivor (Gartner, 1999).

In light of the range of implications of the process of transference and countertransference, it is important that the counsellor to be aware of his/her own issues as well as those surrounding male survivors, including various social and cultural issues which may affect counselling. With this in mind, it is recommended that the counsellor maintain supervision, as well as seek additional professional support as needed in order to practice effectively (Gartner, 1999; Herman, 1997).

Conclusion

Since the early 1980's and the beginning of the recognition that boys were, and are, being sexually abused, there has been a gradual increase in the literature regarding male sexual abuse. Much of the focus of this literature has been on issues of prevalence

and the effects of the abuse on the male survivor. These contributions have highlighted the realities of sexual abuse, especially in terms of incidence and potential severity of effects. This literature has shown that as many as one in six males will experience sexual abuse in their childhood. This trauma can negatively affect every aspect of the individual, including his relationships to others. Although this type of research is fairly prevalent, these facts appear relatively unknown outside of the academic realm.

Whereas the more academic literature regarding the prevalence and effects of male childhood sexual abuse has increased, the more practical and practice based literature on interventions with male adult survivors remains relatively scarce. This has direct and negative implications to the quality and availability of services to men. The Forgotten Man Committee (2001) highlights this reality within the Manitoban context in a recent report. The report found that among the male survivors interviewed regarding their experiences with formal services (i.e. social service agencies, crisis services, hospital services, family counselling and private therapy), 79% of these individuals found them inadequate to meet their needs.

In conclusion, there exists much room for improvement within the literature concerning male sexual abuse survivors. The primary area of need is regarding models of intervention specific to the needs of the male survivor. Also, there is a need for continued and comprehensive research regarding both efficiency and effectiveness of such interventions. If these issues remain unaddressed, the services available to men will continue to be substandard and unacceptable.

Intervention Summary

Introduction to the Intervention

The practicum took place at Klinic Community Health Centre in Winnipeg under the auspices of the Crisis and Trauma Program. Klinic is a well respected and long standing service agency offering a wide range of services from community health programs to a variety of counselling services. Klinic has provided leadership and initiative in many areas, including services for male sexual abuse survivors. Since 1998 Klinic has provided group counselling to male survivors as part of their regular program services.

Cofacilitation and Supervision

Klinic staff person, Jeremy Buchner, and I cofacilitated the male survivors group that constituted this practicum. Buchner holds the position of public education coordinator at Klinic. In addition to this role, Buchner has cofacilitated two male sexual abuse survivors groups with Klinic and carries an ongoing counselling caseload.

Clinical supervision occurred on a biweekly basis through Klinic's clinical supervisor, Elaine Bergen. Additional supervision and support came from on-site committee member, Karen Ingebrigtson and University of Manitoba academic advisor, Denis Bracken. Klinic staff were also supportive and available for additional consultation where needed.

Intervention Design

When designing the intervention an eclectic approach was used. That is, I drew upon a number of different theories and approaches to counselling. However, feminist and traumatic stress theories provided the main framework for the group. As such,

notions of empowerment and a strengths perspective were primary principles guiding the group in terms of design, implementation and practice. In addition to issues of empowerment and a strengths perspective, guiding principles described by Briere (1996) and National Clearing House on Family Violence (1996) (see pages 37-38 for more detail) shaped the practicum. Solution-focused, cognitive and to some degree narrative approches to counselling also influenced the design and structure of the intervention.

Crowder's (1995) description of a first stage group as a closed and structured group with an emphasis on psychoeducational material, also shaped the design of this intervention. Crowder (1995) describes a first stage group as being suited for people beginning their work around the sexual abuse. Crowder (1995) defines this stage of therapy as the Victim Stage. The primary therapeutic tasks in this stage of therapy is to "validate the clients abuse history, to build a safe therapeutic process with the client, and to provide educational information about the effects of sexual abuse on its victims" (Crowder, 1995, p. 51).

Intervention Overview

The intervention consisted of three interconnected stages: 1) pregroup work, 2) the 13-week group itself and 3) the follow up individual meeting. The pregroup work consisted of a screening interview conducted by both facilitators (where possible) and two individual sessions with each group member. The purpose of the screening interview was to explore the fit for both the individual and fit of the individual in the group as well as to provide an overview of the group. Those accepted into the group met individually with one of the facilitators for the pregroup sessions.

Pregroup work.

The purpose of the first pregroup session was to achieve a detailed individualized goal description. These goals were revisited during the follow-up session as part of the evaluation process. Group members were encouraged to reflect on these goals throughout the course of the group and pay attention to examples of these happening in their lives. To enhance this process, facilitators wrote letters between sessions to highlight examples of their goals and exceptions to problems noted throughout the course of the group. The second pregroup session focused on what to expect during the group and issues that may arise with participation. In addition, the session focused on examining and enhancing coping strategies prior to the group. The primary intentions of stage one of the intervention were to enhance safety, promote direction and the development of a future orientation, provide for an easier transition into the group, provide for a realistic expectation of the group, and decrease the rate of drop-out.

Group.

The group was a short-term, closed intervention, which was gender exclusive to men who had experienced childhood sexual abuse. The group met weekly for 2-2 ½ hours for what was to be 12 sessions and was expanded to 13. The group began in February of 2002 and terminated in May. The follow up sessions occurred shortly after group termination.

The group was structured in terms of session topics and content. The session topics were decided upon both by the facilitators and the group itself. The facilitators set the initial five and final two sessions of the group. The group chose the topics for the

remaining sessions during the initial group session. The initial five sessions included: 1) Introduction to the Group, 2) Defining Sexual Abuse and Dispelling Myths, 3) Exploring the Effects of Childhood Sexual Abuse, 4) Coping and 5) Messages of Masculinity. The purpose of these sessions was to provide the groundwork for the group.

The group chose the topics for sessions six through eleven during the initial group session. Once the sessions were chosen, they were organized in a systematic manner in order to build upon and compliment the prior sessions. The sessions chosen by the group included: 6) Anger and Sexual Abuse, 7) Self-esteem, 8) Relationships and 9-11) Telling our Stories.

The final two sessions were designed to promote closure and termination of the group. These two sessions included: 12) Healing and Moving on (a reflective session focusing on progress made and looking to the future) and 13) a Celebration.

In designing the content of the sessions, Buchner and I acted collaboratively. We met on a weekly basis to debrief the prior session and design the upcoming session. Although the content of the sessions were planned and structured, flexibility existed to meet the needs of the group during each session.

The structure of each session was made consistent through utilizing a check-in and check-out process that initiated and terminated each meeting. The intent was to promote a predictable structure to the sessions, create an avenue for transition from the day's activities to the group, enhance joining and terminating the session, and promote safety by alerting both the facilitators and the group to issues the individual has been facing that day and week. As part of each check-in (exception being the initial session), a comfort scale (see Appendix A) was employed. The purpose of the scale was to allow

for greater assessment of individual coping both during and outside of the group. In addition, the scale was designed to inform the positioning of the Telling our Stories sessions.

Follow-up session.

The final aspect of the intervention was the follow-up individual meeting. These meetings occurred shortly after the group's termination. During these meetings the facilitators met with each of the group members to review their initial goals, develop future goals, and explore additional resources.

Group Objectives and Desired Outcomes

In considering the intervention, the following objectives shaped the design:

1. To provide a safe environment in which men can break the silence surrounding male sexual abuse.
2. To provide an opportunity for group members to learn and grow from others who have experienced similar traumas.
3. To examine both the past and present effects of the abuse on the individual and his relationships to others.
4. To examine past and present coping skills and provide the opportunity to develop and try new methods.
5. To assist in the accomplishment of individually defined client goals.

The primary objective of the group was to create a safe place for the members to come together. This could be seen in the creation of a safe environment for the group, as well as for personal safety both within and outside of the group. In order to promote safety we offered each member concurrent or as-needed counselling throughout the

group. In addition, issues of safety shaped every aspect of the intervention and could be seen in the pregroup work, the structure of each session (i.e. check-in and check-out, group comfort scale, and ongoing assessment throughout the sessions) and through specific sessions on issues of coping.

Within the objectives of the group, the desired outcomes included:

1. Increased self-esteem.
2. Decreased feelings of shame and guilt.
3. Reduced feelings of isolation.
4. Increased support system.
5. Development of positive coping skills.
6. Increased sense of empowerment.
7. Achievement of, or movement towards, client initiated goals.

Stage 1: Screening and Pregroup sessions

Recruitment and Group Selection

The recruitment of group members came from four main sources: (a) advertising (b) current clients of Klinic, (c) a waiting list from the previous Men's Group, and (d) word of mouth from alumni of the Men's Group. The majority of those who expressed interest in the group responded based on the advertisement for the group which was sent in the form of a poster to 23 local agencies.

I was surprised at the response to the group[1]. By the time the group began, 24 persons contacted me expressing interest in the group. From these initial contacts, 10 screening interviews were scheduled. Those persons who expressed interest in the group but were not interviewed were put on the waiting list (if appropriate), and/or were provided with additional options and services such as individual counselling with Klinic or other agencies. Of the ten persons initially interviewed, two people opted out of the group voluntarily. One person decided that transportation issues (lived outside of Winnipeg) might be a barrier to his participation. The other person, while accepted into the group, did not reply, thus opting out by default. As such, eight members entered into the group. In designing the group I had hoped for between 8 to 10 members given the size of the group rooms at Klinic.

Those contacted for the screenings were informed of the fact that the group was also my practicum and the implications of this (i.e. sessions being videotaped, practicum being published). All those entering the group signed a consent form regarding their knowledge of and participation in the practicum (see Appendix B). In addition to informing the client of the practicum, the screening provided opportunities to answer questions regarding the group and for both the facilitators and the potential member to determine whether group might meet his needs. In determining the individual's suitability for group, the screening was designed (see Appendix C) to assess motivation, interpersonal skills, self-care, stability and present life functioning (i.e. not actively suicidal, homicidal and issues of compulsive behaviour in remission), acceptance of diversity (sexual orientation, ethnic backgrounds, religion etc), abuse reactive

[1] I will be using the pronoun I to describe my own reflections on the intervention as well as my own reactions and responses during the sessions. I will be using the pronoun we to describe issues surrounding

perpetration and the ability to talk about the abuse (Crowder, 1995). The screenings occurred at Klinic and were on average an hour and a half in length. Both facilitators debriefed each interview together. During these debriefings, we discussed the client's suitability for the group as well as any concerns regarding this. Based on this, the client was either accepted into the group and scheduled into the pregroup individual sessions, or provided with other options that might better meet his needs.

The majority of the screenings were cofacilitated (N=6). However, due to a variety of reasons, (Buchner was unavailable, clients were already seeing me for individual counselling) I conducted four solo screening sessions. The screenings that I conducted on my own were reviewed with Buchner. Although these solo screenings went well, I would recommend both facilitators be present for future groups. The extra set of eyes and ears was found to be very helpful during the sessions that were cofacilitated. This was especially noted during our debriefing of the interviews. Often the cofacilitator was able to observe and note issues that were missed by the primary interviewer. In addition, it could be asserted that greater client comfort might be achieved if allowed the opportunity to meet both facilitators prior to the group beginning.

Pregroup Session 1: Goal Setting

The pregroup sessions were designed to promote greater joining of the members with the facilitators. The objective behind this was to reduce anxieties (Yalom, 1995) and increase the sense of comfort and connection which in turn may promote a more beneficial group experience and reduce drop-out rates.

In addition to these objectives, the primary task of this session was to promote goal setting and the creation of a future oriented outlook. The thrust of the session was

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cofacilitation during the group.

rooted in solution-focused practice which "assumes that the construction of a solution is a joint process between client and therapist, with the therapist taking responsibility for empowering the client to create and experience [his] own uniquely meaningful and effective therapeutic changes" (Dolan, 1991, p. 30). In order to achieve this, I designed a goal sheet (see Appendix D) based on the solution-focused practice of scaling. The rationale behind the goal sheet was to create concrete and measurable goals which would allow for a more identifiable sense of client accomplishment, while at the same time providing direction towards the goal. As such, the goal sheet can be seen as both an evaluation tool, as well as a therapeutic technique.

I facilitated the majority of the pregroup sessions (N=6). Originally we sought to divide the group members evenly for the individual sessions. The intent was to promote a more balanced relationship between the group members and facilitators. However, due to scheduling issues and Buchner unavailability, I facilitated the majority of these sessions.

The individualized goals were completed at Klinic through dialogue between the group member and the facilitator. One exception existed to this. One member had requested to take the goal sheets home for reflection and bring them back the following week for discussion. As this seemed to fit with the client's processing style, an exception was made.

Each client was asked to identify one to three goals they would like to work on during the group. These goals were reviewed at the end of group as part of the evaluation process. Each member was told to expect change in their lives and to be aware of these (their goals) happening in small ways already. The group was informed that the

facilitators would be paying attention to examples of these changes throughout the group and commenting on these observations with the occasional letter. In addition to the goal development sheets, each member was given a handout for reflection regarding their strengths and challenges in regards to their goals (see Appendix D)

When examining the goals chosen by the men, a number of themes became observable. The most common theme revolved around issues of understanding themselves. The second most common theme revolved around relationship issues. The third most common theme was coping strategies.

For the most part, I found the process of goal setting to be a positive exercise. It appeared that the group members put a lot of consideration into the development of their goals. Although the process of goal setting appeared to fit with many of the group members, I did detect some hesitation and even frustration from one member. This appeared to stem from the visioning involved in goal setting and the placing of numeric values to the goals as part of the scaling process. For this individual, one of his goals was left with a vague description and lacking a numeric value. As I considered the process of goal setting more of a therapeutic technique and to a lesser extent an evaluation tool, I did not press him further on this. In conversation with Buchner, he too mentioned some resistance and frustration with one of the men he worked with in terms of goal setting. Upon reflection on why this resistance may have occurred, it was assumed that the process of scaling may not have been a familiar or comfortable fit with these individuals styles. Another factor may be the trend described by Webb and Leehan (1996) that some survivors of abuse have difficulty around goal setting.

In addition to goal setting, I found that this session played an important role in reducing the anxieties of the members. This is specifically exemplified in the experience of one person who during the intake interview had expressed much hesitation regarding the group and continued to have reservations. During this session we spent much time reviewing written messages left by past groups for upcoming groups which appeared to reduce some of his apprehensions.

Pregroup Session 2: Expectations and Coping

In addition to promoting joining and reducing client anxieties, this session was designed to present a realistic portrayal of the group and set the groundwork in terms of safety and coping for group. As participation in a sexual abuse survivors' group can evoke strong reactions which may include increased anxiety, stress and heightened experience of the effects of the abuse (Briere, 1996; Coe & Barney, 1995; Sparks & Goldberg, 1994) the client needs to be made aware of these possibilities. The intent of the session was to provide informed choices (Yalom, 1995) and to prepare the men to deal with such reactions to counselling if they did occur. As such, the session had its roots in the feminist counselling model which seeks to empower the client's choice and participation, demystify the process, and utilize and build upon his strengths (Struve, 1990). The session applied cognitive approaches in its psychoeducational emphasis. In addition, the focus on problem solving also fit within a male centered approach to counselling as described by Mahalik (2001) (see p. 43 of literature review for more detail).

During the session, we presented the clients with information regarding what to expect in terms of group process and recovery issues. In addition, a handout on

behaviours that support group process (Crowder, 1996) was distributed and discussed. The purpose of the handout was to help guide the men in how to best make use of the group.

I found it interesting when presenting some of the potential consequences of group participation that one of the members made the analogy that group therapy was similar to a medical drug. That is, with recovery there can occur temporary side effects. As such, there is a need to look at the long-term benefits while at the same time acknowledging the initial challenges. I appreciated this analogy (although it can be seen to minimize the individual's effort in recovery) and asked permission to use this in describing the group. When used with some of the other men in the group, they too seemed to appreciate framing the potential reactions to a survivors' group in such a manner.

In terms of coping, the session focused on how past and present methods might help or hinder their participation in the group. Special attention was given to how these might relate to their goals. In addition to exploring past and present coping strategies, we also explored new strategies which were found in the reading package (see Appendix E) given to each person during the previous session. For the most part, the members had the opportunity to skim the package prior to this session and there were no questions regarding this.

We also inquired about how the members might let us know if they were feeling overwhelmed during, after, or between sessions. The majority stated that they would be able to let us know if and when this was happening or shortly thereafter. However, a few members described difficulty in asking for help and thought they might not indicate to us

or others if they were having a difficult time. We discussed what signals (body language, appearance, participation, behaviour etc.) we might notice if they were struggling and how we (the facilitators and the group as a whole) ought to respond.

Another aspect that was explored were suggestions that would make the group an easier process for them. For the most part, there was not much response to this. However, three members requested to have a jug of water available in the room. They described finding water refreshing and relaxing when feeling stressed or apprehensive. Incorporating their input into the group proved beneficial in that it promoted greater ownership and empowerment of the group.

The session appeared to meet its objectives based on conversations I had with some of the men I met with. Many expressed relief in the description of the group being structured. This dispelled notions of group consisting of men sitting in a circle taking turns "spilling their guts".

In comparison to the initial pregroup session, many of the group members appeared more relaxed in this session. There did not appear to be any surprises either by the members or for the facilitators. I believe however, this session played an important role in preparing for the group.

Stage 2: Summary of Group Sessions

Session 1: Setting the Stage

The focus of this session was to provide an introduction to those participating in the group. The goals within the session were to: (a) reduce anxieties, (b) promote a safe environment and (c) empower members through joint decision making. In addition to these goals, specific objectives of the session included: the establishment of group ground

rules, making decisions regarding topic areas for sessions 6-11, acknowledgment of common hopes for the group, and to present the philosophical stance for the group.

One group member was missing from the session. He had informed us earlier that he would be late, however he showed up at the time of the check-out. We briefly reviewed the session with him and discussed expectations around attendance. Another member had to leave early. He informed the group of this and excused himself near the end of the session.

The group began with a check-in of all the members. Before this occurred, the purpose of the check-in was explained and was acknowledged that it would become a consistent part of each session. Both facilitators participated in this process. Upon completion of the check-in, we reviewed the agenda for the evening.

After describing the agenda for the session, the focus moved to developing the ground rules for the group. This was achieved through a brainstorm responding to the question: What did you need to create a safe environment for the group? The brainstorm facilitated an active environment in which members' opinions were valued and encouraged. The response to the exercise was initially slow. The facilitators had to encourage initial discussion. However, the conversation soon became more involved. The majority of the group added to the development of the ground rules. Themes within the ground rules included: respect; understanding, acceptance and a nonjudgmental approach to the group; confidentiality; issues around attendance; awareness of language used; abstinence from use of alcohol and drugs prior to the group; and sharing "the floor". The ground rules were typed out and distributed to the members during the following week.

Next on the agenda was an exercise to promote joining and communication between members of the group. The group was instructed to get into dyads (exception being one triad) and talk about themselves in the following areas: (a) their first name, (b) the type of music they enjoy and (c) one hope they have for the group. The facilitators did not take part in the exercise but checked in occasionally with the small groups to see how the exercise was progressing. I found it encouraging to see the men in group laughing and talking with one another. It was clear that, to a large degree, the anxieties that existed at the beginning of the group had been reduced.

Once regrouped, we focused attention on their hopes for the group. Themes within the hopes included: to feel normal and not so alone, to build trust with others (especially with men), to learn to cope better, to learn about sexual abuse and its effects, to learn to trust oneself, and to be in a group with other men. I felt this to be a powerful exercise in normalizing the men's experiences, reducing stigma, isolation and sense of pathology. It was encouraging to see the men respond to this exercise. As they spoke, others nodded their heads in agreement. I found this to be one of the turning points in the session, where the beginnings of acceptance and safety were formed as they saw commonalties in each other.

The next section took the form of a mini-presentation by the facilitators on the philosophy of the group, our roles within the group, and general administrative and housekeeping issues. The intent was to better inform the group members of what to expect and demystify the process.

The Messages of Hope presentation included written messages left by previous group members to the upcoming group. I initially thought that this would have a greater

impact than it had. Reactions appeared mixed within the group. Some members appeared apathetic to them, others related to specific quotes and one member expressed his anger at seeing these. We debriefed the experience after viewing the messages. While the debriefing went positively, I believe I missed a therapeutic opportunity with one of the men who described anger at some of the messages. I assumed his anger was a response to the unfairness of the effects of the abuse, but I did not probe into his experience. Rather, I normalized his and others' feelings of anger as a reaction to recovery issues. I believe the normalizing was important, however this would have had more of an impact had I probed into the meaning and origins of his anger. In reflection on why I responded in such a manner, I believe I might have been reacting somewhat to the group and my role in it. I perhaps might have slipped into the role of "expert" rather than facilitator. As a result, I missed a therapeutic opportunity but gained a valuable lesson in my responses and roles assumed during the group.

The last exercise was to choose topic areas for sessions 6-11. The intent of providing choice was to empower the clients to initiate the direction for the group, while at the same time providing the needed structure to promote this. The group brainstormed areas that they would like to see covered during the group. From their interests we categorized them in six sessions which included Anger and Sexual Abuse, Self-esteem, Relationships and Telling our Stories and sought group approval for the choice and ordering of the sessions.

It was during the brainstorming of the topic areas that I saw the group beginning to mesh. This was seen through communication patterns changing from member-to-leader to more member-to-member dialogue. The common interests in topic areas

appeared to reduce some of their sense of isolation and promoted joining. This was seen through body language (nodding of the head, some sighs of relief) as well as direct comments to one another. I believe that the preliminary opening exercises of the session such as establishing safety (establishment of ground rules) and the icebreaker/ introductions exercise paved the way for this to happen.

The session closed with a check-out. Some of the responses heard in the check-out included: "I should have done this 10 years ago" and "I feel better now than I did at the beginning". However, one member described continued anxiety while another was not sure what was going on for him at the time. Although these statements indicate some stress, I found them also to be indicators of safety in the fact that they were able to state them.

The session was rooted in feminist theory, in that it sought to empower the group individually and collectively through initiating their own expectations for the group (i.e. the ground rules) as well as providing direction in topic areas. In addition, the session was patterned after Toesland and Rivas' (1998) suggestions of sharing power with the group, as seen with the encouragement of member-member communication and direct client input into the direction of the group.

Session 2: Defining Sexual Abuse and Dispelling Myths

The primary objectives of Session 2 were to: (a) define sexual abuse and to begin to examine the effects on the men and (b) examine and begin to challenge the myths surrounding sexual abuse and masculinity. Initially, I had hoped to explore the effects of sexual abuse in more detail, however I believe we were overly ambitious in designing the

session. Rather than squashing important dialogue, we postponed elements of this session until Session 3. The rationale in doing so was to operate at a client driven pace.

Seven of the eight men were present for this session. The one member that was missing informed me ahead of time regarding his absence and requested I pass this information to the group.

The group began with a check-in. I found it encouraging to see the increased levels of trust within the check-in as demonstrated through greater risk taking in terms of their sharing and openness. I was particularly encouraged by one member's honesty of not wanting to be at group that night, but came anyway out of respect for himself (this related to his personal goal developed during the initial pregroup session).

As part of the check-in, the group comfort scales (see Appendix A) were administered. This proved to be a useful tool. The men appeared to put much effort into it and offered valuable input into how we as facilitators can help in their process during group. The majority of the scores were higher than I had expected, especially in terms of reactions to the group and coping during the group. However, there existed some concern with two members' rating of their coping outside of group. These members were subsequently contacted to explore what additional support they might find useful.

The group discussion regarding what sexual abuse means to them, proved beneficial. The group described their experience of sexual abuse as being: a violation; a violent attack; control and manipulation; belittling; overpowering; a loss of innocence; disorienting, chaotic and creating a disarray of emotions; an abuse of power; secretive; insane; a death to an aspect of themselves; and altering their perception of society, their personal growth, trust and interactions with others. I felt this to be an important

discussion as it promoted individual risk taking for the members as they talked about their personal meaning of abuse. The entire group participated in the discussion. The facilitators linked themes and emphasized issues pertaining to power, consent and behavioural aspects in defining sexual abuse.

The next exercise examined some of the myths and realities relating to sexual abuse as well as masculinity. The facilitators alternated reading statements regarding men and sexual abuse. A brief discussion followed each statement as the group shared their experiences and opinions. This proved to be a dynamic exercise with much discussion from the group as a whole. Although I felt the exercise to be very positive, it did create much tension.

The two myth statements that provoked the greatest debate and the most tension were: (a) Most sexual abuse of boys is perpetrated by homosexual males who fit the description of the "dirty old man" and (b) Boys who were abused by men, are, or will become homosexual. Within the discussion of these statements, some homophobic statements and attitudes were presented. As facilitators we held back somewhat in our comments, but reminded the group of the need to be respectful. By doing so, one member talked about how he thought his own homophobia might be related to the abuse that occurred. As facilitators we echoed this and discussed homophobia as a common reaction and survival response to sexual abuse and challenged the group to consider the implications of this in their lives. One group member's response was particularly interesting. He talked about reinterpreting his response to an incident with another male earlier in the day which he initially described in fairly homophobic terms. He now reevaluated his initial response as a consequence of the abuse and the anger from it. As

such, he transformed his reaction from a focus outward to challenging himself and his assumptions. Allowing this exercise to create tension and conflict within the group was therapeutically beneficial as it promoted reflection, created dialogue, and challenged assumptions.

In designing and facilitating the session, much of the theoretical basis had its roots in feminism. That is, we examined the effects of traditional gender roles and their impact on the individual and his relationship to others, applied the use of therapist modeling of behaviour in challenging gender stereotypes, and sought empowerment through a client driven model of facilitation. In addition, by examining the myths and realities of sexual abuse, we sought to transform the focus of the abuse from an individual phenomenon to one in which societal and cultural factors are examined. This too has its roots in feminism and is also an important aspect of survivor oriented therapy (Briere, 1996) and a male-inclusive perspective to sexual abuse treatment (National Clearinghouse on Family Violence, 1996). In addition, aspects of developmental theory were incorporated as we examined some of the effects of the abuse and its implications and roles within current relations and interactions with men.

Session 3: Exploring the Effects of Childhood Sexual Abuse

The primary objectives of Session 3 focused on: (a) exploring the initial and long-term effects of the abuse, (b) reframing the effects from individual pathology to normal reactions to trauma, (c) reducing the sense of isolation and (d) beginning the process of mourning. Within the session we used a variety of means of presentation and facilitation which included brainstorming, small group work, film and facilitator presentation. Two

persons were missing from this session. Both contacted me ahead of time to inform me of this and requested that the information be passed on to the group.

During the check-in a number of people talked about the tension felt during the last session. The group acknowledged the need to be able to speak honestly about their feelings but also emphasized the need to keep this respectful. As such, an important group norm was developed.

After the check-in, the comfort scale was completed and we reviewed the evening's agenda. Next, the group watched the film, "Four Men Speak Out on Surviving Child Sexual Abuse". In observing the group members' body language during the film, all members appeared to be quite impacted (i.e. at times a few members' eyes were diverted, some faces were flushed). At the end of the film, we debriefed the experience. Initially there was little response, just a feeling of tension. However, once a few people started to talk about the film and parallels to their own lives, the whole group became more engaged. Two members talked about insights gained from watching the film. One person noted similarities in patterns of relationships in keeping people at a distance. Another noted that alongside the trauma of abuse, he too had certain needs met (i.e. attachment, belonging, and affection). All members talked about seeing parallels in their lives.

After debriefing the film, we talked about the effects on their lives, both initially as a child and adolescent and the long-term and current impacts of the abuse. The group divided into two small groups and "flipcharted" the effects of sexual abuse as seen both in their lives as well as in the film, specifically in the areas of self-esteem, physical effects, impact on issues of sex and sexuality, and relationships and interpersonal

impacts. The small groups reported back to the larger group and discussed the effects in the various areas of their lives.

This exercise proved to be valuable in not only normalizing the effects but also in the promotion of joining with the group. There appeared to be a greater sense of connectedness as members saw similarities in others' lives. This promoted a greater degree of positive communication, both verbally and nonverbally. I believe this exercise represented a turning point for the group, seen through the men's response to it.

Other examples which demonstrated group connectedness and displayed a greater sense of comfort and the ability to take risks within the group included the presence of humour. In addition, more member-to-member communication and gentle and respectful challenging was seen. Members also disclosed more personal aspects of their lives. One member talked about his tendency to present a "tough-guy" image and keep people at a distance. He explained his rationale for this as keeping himself safe from being hurt. I saw that this was a big leap for him to talk openly about this as he had let down that very image for a moment to acknowledge this. In addition to these examples of increased trust and comfort was the demonstration that disagreements or differing experiences can be accepted and learned from. One member talked about his tendency to shut down emotionally and be self-centered as a means of coping. Another member was able to talk about how this was vastly different from his experience, as he found himself reacting more emotionally in situations and had a tendency to put others needs ahead of his own. This ability to discuss contradictory experiences demonstrated that the group was a safe place in which the men could speak honestly. These two members ended the discussion by joking that they ought to hang out so that they can learn from one another. This

statement highlighted the value of group work's benefits as seen in interpersonal learning and mutual aid.

The session extended for a half-hour longer than usual. We checked with the group on whether they wanted to continue with the discussion on effects or wrap up the exercise to be continued next session. The group chose to continue. During the check-out a number of people talked about feeling emotionally exhausted, but found much value in the session. I believe that throughout the session, we were able to work within the "therapeutic window" as described by Briere (1996). That is, we achieved a balance between introducing, experiencing and addressing therapeutic material without overwhelming people within the group.

Traumatic stress theory shaped the design and purpose of the session. The intent was to begin to transform a person's past and present life difficulties and symptomology from psychopathology to survival skills purposely employed (Courtois, 1988). This framework continued to be utilized throughout the group.

Another theoretical lens which shaped the session was loss theory which describes the survivor's sense of self as being altered by the trauma of childhood sexual abuse (Courtois, 1988). As such, the session focused on identifying this sense of loss and beginning the mourning process as an aspect of healing. This sense of mourning was reflected in statements such as "I wish I could go back and start all over again". A connecting theme for many of the men were attempts to regain their childhood (i.e. revisiting their old schools, buying yo-yos, comics, watching cartoons, etc.). A number of the men described these patterns and some shame regarding these, especially in regards to responses from their partners/families and friends. Such behaviours were

normalized, validated and even encouraged, as Lew (1990) believes that it can be beneficial to return to aspects of childhood to promote understanding of themselves and their loss as children.

Session 4: Coping

In this session we sought to: (a) complete unfinished issues regarding the last session on effects of sexual abuse, (b) explore past and present coping strategies and reexamine their effectiveness in terms of short and long-term goals, and (c) to reframe coping strategies into survival skills. Seven of the eight members were present for this session.

After the check-in and comfort scale, the group discussed the possibility of expanding the length of group to 2 ½ hours (based on some members' comments last week). However, the majority thought we should maintain the 2 hour structure with the flexibility to go overtime if this met the needs of the group. I was encouraged by the degree of ownership that the group had taken in such a short period of time, as demonstrated in this decision making process.

We then proceeded to finish the discussion on the effects of sexual abuse session from the other week. This took the form of a brief presentation focusing on normalizing the effects of sexual abuse as responses to trauma. As the last session took place two weeks prior (due to a long weekend) I believe the wrap-up of the previous session was not as effective. However, some important points were made as a result of revisiting the last session. In fact, one member thanked the facilitators for discussing the fact that sometimes survivors wonder "am I going crazy" when considering the effects of the

abuse out of context. Placing the effects of the abuse within a trauma context appeared to meet the needs of this individual as well as opened the door for important discussion.

In addition to perhaps decreasing the effectiveness of the wrap-up section, the two week gap between sessions appeared to negatively affect the group's joining. I felt that the group appeared less connected and perhaps more awkward than in previous sessions. Both facilitators noticed the difference in comparison to the last session. Members of the group commented on missing the last week as well. One member described the group's progress as "starting to get into the groove", however he felt the two week break disrupted this.

The remaining part of the session focused on issues of coping. This took the form of a presentation by the facilitators, an individual exercise, and large group discussion. The presentation by the facilitators focused on defining, identifying and reframing of coping strategies into survival skills. The intent was to depathologize certain coping strategies as a means to reduce some of the resulting blame and shame that individuals may have as a result of incorporating them. I believed the presentation on this was necessary, however, as there had been a presentation on the effects of sexual abuse, I found the session to be too lecture-like. This negatively impacted the group's energy level. We attempted to deal with this lack of energy through the use of humour, which appeared somewhat effective. However, the attention level, in comparison with previous sessions was significantly lower.

The next item on the agenda was an individual exercise examining a time line on how they have coped from the time of the abuse to the present. The intent of the exercise was to promote reflection on how they have dealt with things in the past, to put coping

into context (depathologize) and to set the stage to reexamine these methods of coping in terms of current goals. After the exercise the group was invited to share some of the ways they coped throughout their lives.

The final aspect of the session was a presentation on reexamining the effectiveness of current coping methods as they related to their initial goals. One member of the group commented on this exercise, "you are asking us to think foreign thoughts". This was an important point to be made. For many people these ways of coping are fairly ingrained. We echoed the difficulty in this, however emphasized that change is possible. This appeared to create some frustration for this individual, as it appeared he was looking for a quicker solution. We offered the concept of the group as a testing ground. That is, the group was a safe place in which to take calculated risks in attempting new ways of dealing with things. We commented on the risks the members had been taking within the group and encouraged the members to acknowledge these for themselves, and continue to do so.

During the check-out, one member discussed how he has trouble thinking about respecting what he has done in terms of coping, as he described having hurt a number of people by doing so. The issue of responsibility in actions was briefly covered during the session, however, from his comment, it was clear that it was not enough. This was one aspect that could have been emphasized more within the session and was subsequently covered in more detail during the following session.

Traumatic stress theory influenced the design of this session with its emphasis on reframing symptoms and coping as survival skills purposefully employed. Much of the

session was psychoeducational in nature. As such, our roles as facilitators were more active as we presented for much of the session.

While debriefing the group, both facilitators felt the session appeared rushed due to time constraints. In addition, the format of the session was weighted too heavily on presentation by the facilitators. I believe that this negatively impacted the session's effectiveness. In reflection, the session was too insight oriented and thus missed a practical element on ideas of how to better cope with situations. We dealt with this shortcoming by including aspects of coping into the following sessions.

Session 5: Messages of Masculinity

When planning this session, we sought to: (a) place the abuse within a cultural/societal perspective, (b) examine the impacts of cultural messages of masculinity, on being male and a sexual abuse survivor and how this affects recovery, (c) begin the process of reinterpreting "what it means to be a man", (d) provide tools to aid in this process, and (e) continue dialogue around effective means of coping. Seven of the original eight members were present during this session.

As part of the check-in, we asked members to share ways of dealing with stress that they have found useful. With some curious probing by the facilitators, this exercise turned into a means of the group supporting and learning from one another and accomplished (a) a sense of empowerment of the group members, (b) mutual aid, and (c) the provision of new and effective coping techniques. Some examples of effective coping shared by the group included changing self-talk, reflecting on progress made, being with people, prayer, art, and walking. The facilitators presented two additional

coping strategies and provided examples of each. This focus on increasing coping strategies became an important aspect in the following sessions.

With further discussion on coping, one member inquired on others' experiences in "recovery". He described his strategy in wanting to head "full force into recovery". Others shared similar desires of "wanting to be better and wanting it now" but emphasized the need to take it slow. This was another example of the group increasing its responsibility in the direction and support of the group. It appeared the group had transitioned into the maintenance stage of group development. Subsequently we as facilitators became less involved in terms of initiating discussion, providing direction and support. Rather, we found our roles shift towards highlighting and drawing together themes, expanding on conversation and maintaining focus.

The next part of the session focused on a brainstorm around the question: "What does it mean to be a man"? All participated in the exercise and appeared to have a lot of fun in doing so. Focusing on the responses to the brainstorm, the group split into two smaller groups to focus on 1) the effects of these messages on men and 2) how these beliefs interfere with their lives, relationships, etc. The small groups reported back to the large group and a discussion followed. This exercise proved to be valuable both in process and content. We found that within smaller group activities there appeared to be greater participation and comfort. In terms of content, the men discussed the negative consequences of buying into such messages.

The next exercise was a large group brainstorm around the question: "What comes to mind with the word victim"? It was interesting to note the tenor of the group during this exercise as compared to the previous one. Whereas the feeling of the group

during the previous conversation appeared light and lively, this brainstorm on "victim" appeared solemn and serious. There was a marked difference between the two. Another interesting aspect of this exercise was the first thing that was stated during this "victim" brainstorm was "woman". I found this significant because it demonstrated the power of the myth that men can not be victimized, especially sexually. In addition, because the men saw that most victims were women, they struggled with seeing themselves as masculine while at the same time being an abuse survivor. After the brainstorm, the groups compared the two lists on "what it means to be a man" and "victim" and were encouraged to reflect on themes and implications of seeing themselves in both labels. A number of the men commented on the two lists as being polar opposites of one another. The men also discussed a feeling that the negative consequences of buying into the expectations of masculinity tend to be amplified. Others talked about the chaos of living aspects of the duality of these perceived labels.

The next exercise focused on reexamining the messages of masculinity and exploring whether there were aspects of these they wished to give up. When designing the session, I was uncertain of the response to this exercise. However, I was surprised to hear the men discuss wishing to reduce or leave behind many of the issues originally presented in the brainstorm.

Up to this point, the majority of the session focused on awareness building. The next step provided tools to act upon this awareness. We distributed and presented a cognitive-behavioral tool designed by Mahalik (2001). The exercise broke down themes of masculinity into nine points and included common cognitive distorted statements around winning, emotional control, risk taking, violence, being a "playboy", self-reliance,

the primacy of work, disdain of homosexuals and physical toughness. The exercise focused on identifying such statements and rethinking them by critically examining the historic consequences of such statements, the logic behind such beliefs, and then experimenting with different responses. Unfortunately due to time restrictions, there was not opportunity to discuss this in great detail. However, we acted upon teachable moments when we saw examples of stereotypical masculine-based cognitive distortions during following sessions and applied this tool to aid in the process.

The theoretical lens that shaped this session was predominately feminist, as we sought to place the context of the abuse within a cultural perspective of patriarchy. The intent was to examine the implications of the abuse on the individual when seen through a societal context (Briere, 1996; Lisak, 2001).

Session 6: Anger and Sexual Abuse

During this session, the objectives were: (a) to discuss personal experiences of anger, (b) to provide an educative piece around anger and trauma, (c) to reframe approaches to anger, and (d) to provide methods of expressing and transforming anger/or coping with it. We were not able to accomplish all of the evening's objectives during this session. The educative piece on anger and trauma was not covered to my satisfaction. This was due to the group prioritizing discussion and sharing of experiences. As such, this session followed a client driven pace. Although some of educative piece was lacking, we did manage to weave some of it into aspects of the discussion and postponed our presentation until the following week.

Prior to this session, I met with one of the group members to discuss options available to him. He had missed the last three sessions in a row. He had expressed

interest in continuing with group, however I questioned this. Considering the initial group guidelines, the potential impact on group process with his potential return, his present life circumstances and the effect of missing three consecutive sessions might have on his benefiting from the group, I recommended he wait until next group to begin anew. We discussed individual counselling options, in which he expressed interest and he was added to the list for the up-coming group.

Before the actual session began, the group was given the opportunity to watch the film "Tough Guise", as an optional continuation to last week's session on Messages of Masculinity. Five of the seven members participated in this. During a brief discussion after the film, a number of men noted similar themes in the film from last week's session.

After the check-in and comfort scales were administered, we began a guided discussion around issues of anger. To help prepare for group discussion, the members were given a sheet with a series of questions regarding anger to be worked on individually. The group then discussed responses to these. Within the discussion there were examples of individual risk taking as members shared vulnerable emotions, personal story telling and displayed acceptance of contrary experiences. The mood throughout this aspect of the group was different than others. It was more somber and serious and to some degree more tense, as personal sharing increased.

One of the questions that sparked interesting and insightful dialogue was whether anger was easier to express than other emotions. About half of those who shared stated it was, while the other half said it was not. These examples of contrary experiences were not questioned, rather they were accepted by the group. In describing their experiences with anger, one member viewed anger as "the ultimate conflict" which he stated he does

his best to avoid. Another member described anger as something he values: "the best defense is a strong offense... I stand my ground and knock the other guy down". This statement fit with others he had made in which he has described his strategy to maintain safety by keeping others distant. We validated his statement as a method of coping/surviving, but challenged him to consider how this impacts his current and long-term goals.

The question regarding fears associated with anger also promoted important discussion. Some themes found in the discussion included not wanting to hurt others or themselves and the impact on loved ones and on other relationships (i.e. would end up alone). One of the more interesting comments was a statement from one individual who felt that if he experienced anger towards the perpetrator or the abuse, it would be similar to admitting the abuse really occurred. This individual felt that anger was a good thing but difficult and discussed his hope at someday being able to direct his anger towards issues surrounding the abuse.

The question on "what makes you angry", brought out the theme of injustice (i.e. disrespect, overpowering, violations, etc.) as the main catalyst. However, what most often triggered people to act (or to hope to act) on their anger were scenarios in which another was being wronged. The majority of the group discussed the theme of rescuing others as being a pattern in their lives. One member summarized why this occurs: "I see it as doing for people that I wished people would have done for me". Others in the group echoed this notion. As a group we also discussed the consequences, both positively (feels good, being valued) and negatively (avoidance of their own issues, assault charges, etc.)

of this. A powerful quote from a member ended the discussion, "I need to keep telling myself, I am not … superman".

The next question regarding what makes you angry about the abuse, prompted the most discussion. One of the dominant themes from this, was anger directed at the lack of responsibility from the perpetrator and those that ought to have protected them as children. Another theme revolved around the loss of possibilities: "I should have been the captain of the football team. Instead I was the goon". This theme has been prominent for a number of members throughout the group. Others talked about experiences of revictimization from others (i.e. court, family and friends). Another talked about the secrecy regarding the abuse and the anger surrounding this.

During this last question regarding anger towards the abuse, I perceived a greater sense of emotional tension within the group, as more personal experiences were being shared. Given the time remaining in the session and the greater emotional tension, I decided to reroute conversation to end the session on a more positive note. Subsequently I postponed the presentation on anger, as I did not believe this was the right opportunity to include it. Rather, we moved to a brainstorm of the group's experiences of effective coping and dealing with anger. I explained the rationale for changing the agenda and sought group approval for doing so. This shift in the session appeared to be effective as members discussed their strengths and appeared to gain some additional coping tools. Humour was effectively used during this aspect of the session and positively contributed to lowering the tension. My intent in the session was to work within the concept of the therapeutic window as described by Briere (1996). The session resembled an emotional

bell curve with less tension at the beginning, to more in the middle, then a de-escalation in the end.

The group appeared to be in the maintenance phase of group development. This can be seen in the greater degree of sharing and participation, more member-to-member communication and greater examples of mutual aid. One member commented on this: "I think we are more open to talk about stuff ... now it is a totally different vibe when I come in here now then from the first couple [sessions], so I think everyone is a bit more comfortable and I find it is a lot easier to talk".

The intent in designing the session was to be more psychoeducational in nature. However, given the needs of the group, this shifted to accommodate greater sharing and discussion. The session reflected a feminist approach to counselling in its emphasis on empowerment and a client driven pace of therapy. Aspects of developmental theory and traumatic stress theory were also present during the session as we explored individual responses to anger as being effected by the trauma experienced during childhood and adolescence. These reactions were normalized and validated and, at the same time the group was challenged to reconceptualize their experiences of anger and how this relates to their goals.

Session 7: Self-esteem

The session's objectives sought to: (a) explore the meaning of self-esteem and the impact of sexual abuse on it, (b) develop a vision of a healthy sense of self and to examine aspects of this happening presently, and (c) increase self esteem. Five of the seven members were present for the session.

Due to the Easter long weekend, the group had previously decided to meet on a Tuesday rather than miss a week. As a result, the group was held on a different day and in a different room. Given the change in day and room for the group, there was a lower attendance rate and a different feel to the group. This appeared to impact the group, as they did not appear to be as connected as prior sessions (see Discussion section for recommendations regarding long weekends).

For a large portion of the session we focused on the "leftovers" from the session on anger. This aspect of the group was more pyschoeducational and cognitive in nature. We sought to provide information about anger, the effects of trauma on anger and effective use of anger in everyday life and recovery. Our intent was to normalize and validate experiences of anger as well as reframe such experiences as survival responses, while at the same time challenging members to consider anger within a recovery framework. Some interesting discussion followed the presentation on issues of transference and anger, as well as effective use of anger within a recovery framework. Although I felt this to be an important follow-up to last session, I believe we spent too much time on this, which perhaps distracted from the effectiveness of the primary session's topic on self-esteem.

During the discussion on anger, one of the areas that we touched on was the notion of anger directed inward. This concept provided an excellent segue into the session's primary topic on self-esteem. The first exercise on self-esteem was small group work on a series of questions on what is self-esteem, the effect the abuse had on this, and something unique about themselves or something they value about themselves. It

appeared that the two small groups found themselves engaged in this exercise, as it took awhile to refocus back into the larger group for debriefing.

The next exercise was adapted from Chew (1998) which focused discussion on what effect a healthy sense of self would have on the way they view themselves, relationships, assertiveness, and work/school. We wrote the responses on a flipchart and added a more solution-focused spin to the exercise by inquiring where they saw these things happening in their lives and how to build upon them. A number within the group shared examples of these happening currently in their lives.

Developmental and loss theories and a solution focused approach helped shape this session. With this there was a focus on how the abuse, and the losses inherent in it affected the development of the self and self-esteem.

Session 8: Relationships

During the session on relationships, we focused on: (a) exploring the effects of sexual abuse on relations with others, (b) reframing the effects on relationships in terms of developmental and trauma theories, (c) challenging current responses and roles in relationships as they relate to their goals, (d) exploring past and present positive relationships and (e) preparing for the upcoming Telling our Stories sessions. I facilitated this session alone. Four of the seven group members were present for the session.

During the check-in, one member took the opportunity to read the letter we had written him and to respond to it. In his comments he mentioned his appreciation of others' sharing and how this has encouraged him to trust more. He also mentioned seeing positive changes outside of the group and that others have commented on noticing these

as well. His comments on the letter gave me encouragement in that the letters were serving their purpose in highlighting exceptions to problems and positive change.

The first exercise of the session was an examination of the effects of the abuse on relationships. I brought in previous material on this topic written by the group during Session 3, Exploring the Effects of Childhood Sexual abuse. The group expanded on these and added other areas effected by the abuse in terms of relationships. Through this exercise some excellent discussion emerged which was predominantly peer driven. As a result, much mutual aid and support occurred. In addition, the smaller group format allowed for greater opportunities for those who have been generally more reserved in the group to take a more active role.

The psychoeducational component of this exercise with its emphasis on normalizing and validating proved to be effective. This can be seen in the comments of two of the members. In response to this exercise, one person shook his head and laughed, commenting, "things make so much sense now". It appeared that he had gained a lens in which to view his actions as survival mechanisms, or as being affected by the trauma. Another member commented on the traumatic stress perspective incorporated in this exercise by making reference to previous discussions regarding the effects of trauma as being normal reactions to abnormal events. This framework appeared important to this individual throughout the group sessions as he had commented a number of times on the theme, "so I'm not crazy?"

I saw increased levels of ownership and a sense of safety throughout the session. There was a greater degree of sharing and involvement with one another and the ability to voice individual needs within the session. For example, during one exercise, a member

asked when we would break as he was feeling somewhat overwhelmed. I thought this was a positive act, as it not only reflected on his assertiveness and positive boundaries, but also reflected ownership and a feeling of safety that he could voice this to the group.

After the break I facilitated a reflective exercise on positive relationships they have experienced. In this exercise I had the group silently reflect on a number of statements that were read aloud. My intent was to focus on exceptions to problems described in the previous exercise. This exercise had its origins in solution-focused practice. Group members were encouraged to share their experiences of positive relationships and to reflect on where else in their lives they see this happening and how they could build more of this into their lives. This exercise was relatively brief, but it appeared to provide a positive refocus.

The next exercise was the solution-focused miracle question (Dolan, 1991) in which I had the group members do a written exercise focusing on what would be different in their lives if they woke up tomorrow and found the issues which brought them into the group were gone. Additional questions followed, exploring what would be different, who would notice and where do they see some of this currently happening? Many stated they found this to be a difficult exercise. After spending some time individually on the exercise, the group was invited to share their responses. The first person to share did not see examples of his description of "the miracle" currently happening in his life. I invited the group to comment on this and asked them whether they saw examples of this happening for him within the group? This paved the way for increased support and mutual aid in which many of the members commented on noticing examples of things he had described in the miracle question occurring throughout the past

sessions. I too added some observations on this. The initial member who shared his response to the exercise appeared to appreciate the comments but added, "In my head, I don't want to believe what you are saying". This exercise proved to be a useful tool in identifying and challenging some of the minimizations and distortions held by some of the members. Other members proceeded to share their responses to the exercise while the group commented on their observations. The process of inviting the group to comment on their observations of others in the group was to some degree a risk on my part. The risk lay in the fact that if others did not identify positive attributes, the individual's sense of pathology might have been further reinforced. However, the group appeared to be at a point in which they could take a more active role in supporting one another. I believe this invitation to comment on their observations of one another was an important prelude to the active support demonstrated during the following Telling our Stories sessions.

The final aspect of the session was preparation for the Telling our Stories sessions. In this we explored some of their hopes and concerns with the upcoming sessions. One member talked about his hope for the sessions as "getting this monkey off my back". Another expressed concern that he felt his experience was not as notable in comparison to others within the group. With this statement a number of the members challenged him on this minimization. This was a helpful conversation in setting the stage for the Telling our Stories sessions.

As mentioned, much of the session had its roots in solution-focused practice. However, there was a psychoeducational component, which drew upon traumatic stress

and developmental theories to normalize responses to the trauma of sexual abuse in terms of their relations to others.

Sessions 9-11: Telling our Stories

During these sessions we sought to: (a) promote empowerment through breaking the silence surrounding the abuse, (b) reduce the burden of shame, guilt and stigma, (c) breakdown defenses such as denial, minimization and rationalizations around the abuse, and (d) promote mutual aid and support.

Initially we assigned two sessions for this with the agreement that this would be flexible and would take as much time as needed. We added a third session to accommodate those who had not had an opportunity to tell their story. The group decided to use this as an extra session, thus making the group a total of thirteen sessions.

When designing the practicum, I initially set out to use the comfort scale (see Appendix A) as a guide to indicate at what point members were feeling secure enough to proceed to these sessions. By adding the scores from the scale we were going to decide as a group a numeric value which would indicate the degree of felt security needed for the Telling our Stories sessions to proceed. However, this was not achieved due to an oversight on my part. In retrospect, I believe this to be a good thing. Although many of the scores on the comfort scale were quite high (see appendix F) throughout the sessions, one individual scored consistently lower than others in the group. This was his first experience with a therapeutic group and he had only recently disclosed the sexual abuse. All things considered, he was coping remarkably well. However, if we had assigned a minimum score to indicate positive coping needed for the story telling, we may have

alienated this individual and further pathologized him. As such, I found this oversight on my part to be beneficial.

In recognition of the difficulty people might experience in sharing their stories, we wanted to create opportunity to share without feeling pressure to do so. However, we were aware that nonparticipation could also create anxiety and perhaps a sense of personal failure. To address this we designed a ritual in which members could still participate without the pressure of having to vocalize their story. The ritual was based on the Inuit Inukshuk, which used rock structures to provide guidance and direction to travelers. As part of the story telling, members were invited to bring in a rock which they would leave behind. The intent was to symbolize a release of some of the burden they carried. As part of the process of closure to the group, the rocks were collected and the group created an Inukshuk during the last session (see session 13 for further description). This part of the exercise symbolized a transformation from an individual burden to a collective, which gives hope and guidance. In addition to the symbolic nature of this exercise, it also served a practical purpose. The nonverbal ritualistic aspect of the exercise allowed members to participate symbolically in the story telling without having to verbalize their story. This allowed for a greater opportunity for a person to save face if he did not feel comfortable in speaking.

Group members were instructed to tell as much or as little of their story as they wished. After each narration, the group had opportunity to comment and offer encouragement. To aid in the conceptualization of the narration and the supportive elements, I created a handout (see Appendix G) which was distributed prior to the

sessions. All seven members participated in both the narration and supportive elements of the session. On average two stories were told per session.

The majority of the stories contained a transformative and hopeful element as opposed to a more factual accounting of the abuse. As a result, the focus was more on overcoming and visioning for the future rather than a recounting of the past. I found this to be an important aspect to the session as it promoted more of a "survivor" rather than "victim" stance. In addition to transformative and hopeful aspects, additional themes found within the stories included: feelings of guilt, shame and isolation around the abuse, confusion and chaos surrounding the abuse and its effects, struggles with minimization and denial, feelings of betrayal by the perpetrator, family and friends as well as the justice system, generational loss (discomfort around their own children or children in general) and experiences around past disclosures. The process appeared to be meaningful for many within the group as the majority thanked the group for the opportunity to speak and be heard. One described the positive impact that he found in this opportunity, that he wished he could do this everyday.

The interactional element to the story telling gave opportunity for supportive feedback and important discussion. A snowball effect was created as others saw parallels in their own lives, which gave way to important discussion, sharing of experiences and solutions. For example, the first person to speak caught himself minimizing his experience near the beginning of his narration. This prompted positive discussion around minimizations, which set the groundwork for the group to challenge each other around their own minimizations.

Another important aspect of these sessions was the reduction of guilt, shame and sense of pathology. A good example of this was seen in the comments by one member after hearing someone else speak. "I feel I am a freak for some reason. I feel I did something wrong and it makes me think of your story. It wasn't your fault. You didn't deserve it and it's just like me. We are all innocent." Another example was seen in one member's sharing his discomfort with his children especially regarding bathing and engaging in play with them. With this disclosure, a number of people talked about experiencing similar responses and the guilt, shame and fear associated with this. The story telling helped normalize their experience and place it within a trauma context. In addition to this, another described his way of coping with his discomfort around children. He described that by vicariously living through his children, he had found greater comfort with them, himself and to some degree an opportunity to regain some of what he lost during his own childhood.

Although the snowball effect produced positive discussion and mutual aid, the Telling our Stories sessions did affect some of the members in other ways. With the check-out during the initial session, one member described having a headache and experiencing what he described as "information overload" (he did however describe the session positively, nonetheless), while another member described the experience as being more difficult then he imagined. Other members described experiencing an increase in nightmares during the three weeks the stories were being told. Another member described waking up at night at the same point in the evening when the abuse occurred as a child.

I felt the supportive aspect to the session was as important, if not more so, than the narration. However, it took some coaching for this to occur. As such, the facilitators initiated the comments during the first stories while others in the group followed our lead. By doing so, we modeled appropriate support and eased the group into this. However, during later stories, the group took the lead role in responding to the narrator. From my perspective, the group was functioning at its peak during these sessions. With this, we as facilitators played a lesser supportive role. Instead, we focused our attention in drawing together themes and some additional encouraging probing into their experiences.

Session 12: Healing and Moving On

The objectives of this session included: (a) to evaluate and acknowledge progress made, (b) to consider future goals, (c) to present resources in terms of future support and goals, and (d) to begin the process of termination. Six of the seven group members were present for the session.

The first exercise of the evening was a large group brainstorm on a series of four reflections. The first reflection focused on negative beliefs about themselves that they have left behind. Some of their responses included: I am a bad person, I am a child molester, things will never change, I am guilty, men aren't supposed to cry, I shouldn't be angry. The second reflection focused on positive changes they have noticed in themselves. Members of the group described seeing changes in their degree of comfort with their children, greater sense of relaxation and calmness, pride in themselves, increase in caring, patience both in themselves and in others, greater sense of direction, self confidence, the ability to slow things down and not react impulsively, and knowing and understanding themselves.

The next area of reflection focused on aspects about themselves that they have come to accept and will not change. This produced less response, however one person made an interesting contribution in that he has come to accept himself as a man. He elaborated on this by saying he is able to reinterpret what it means to be a man. He described the freedom that has come with no longer buying into the stereotypical definition of maleness.

The final aspect to the brainstorm was visioning around future goals. The dominant theme focused on issues surrounding relationships. Other goals included working on anger, as well as becoming involved in social action work (i.e. self-help groups and abuse prevention).

I was surprised at the responses given during this exercise, especially around issues of progress. I expected the group to identify some progress, however I did not expect the positive degree that they acknowledged. The majority of the group participated in the exercise, however, one person who described struggling to see progress during his check-in, remained silent. I wondered what effect hearing others' progress had on this individual. The group picked up on this member's silence and commented on this in a joking, yet supportive manner. This may have had a positive effect on the individual, as he became more involved during the second half. Also, during the break, I noted another member checking in with him on how he was doing. This was another positive example of the group taking charge in initiating support and encouragement.

The next exercise was a written individual reflection on the types of messages they would want to give to a boy who had been sexually abused. After the exercise the

group was invited to share responses and consider what it would take for them to hear their responses for themselves. This produced a mixture of responses. One member found this to be too much like "pop psychology" but did acknowledge his reaction might be due to his current mood. Another commented on finding comfort in writing how he wished he had been responded to as a child. In reflection, I wondered if this was the right exercise for the session. It may have been more useful during the session on the self and self-esteem.

The final aspect to the session focused on the question, Where to from here? The thrust of this section was sharing of resources. We shared resources in terms of programs and agencies, as well as materials such as books, videos and web sites. When designing this aspect of the session, it did not occur to me to inquire into the group's suggestions and experiences of resources. Fortunately, members jumped into the conversation and shared what they had found helpful. This was a good example of the group taking ownership of the process as well as my own need to maintain an empowerment focus.

The design of the session focused on the tasks of termination. We sought to review the process of the group and envision the future. One aspect of the session that could have been improved on was greater attention to thoughts and feelings around termination.

Session 13: Celebration

The purpose of this session was to recognize and celebrate the ending of the group. Five of the seven members were present for the session. The absence of the two members was a disappointment for me as well as for others in the group. During one of the follow-up sessions, one member commented on the negative impact it had on him

when others were absent from sessions, especially during the end of the group. Those missing during the session had not informed us of their absence.

The original intent of the session was to have a predominantly social evening. However, there were a few "leftovers" (Inukshuk exercise and the evaluations) and housekeeping issues from the last session which needed attention. The inclusion of these interrupted the festive mood in that it provided a reflective atmosphere as well. This was not necessarily negative, however it differed from how I initially envisioned the session.

The primary order of business was the celebration, which took the form of food and visiting. The group had previously decided on ordering pizza for the celebration. During the socializing a number of the group commented on the importance of the relationships that had developed during the group. In order to maintain these relationships, some exchanged telephone numbers.

Following the meal and socializing, we completed the Inukshuk ritual that had initially been introduced as part of the Telling our Stories sessions. The impact of the exercise exceeded my expectations. The members gathered their stones and broken pieces of concrete and silently and solemnly placed them in a pile. As this was taking place, it was obvious that an immediate change in the mood of the group had occurred. Whereas prior to this the atmosphere was light, it was now reflective. Once they had completed the structure (all participated) the group returned to their chairs and sat in silence in what appeared contemplation. The group was then invited to comment on the experience. One member commented that he appreciated the exercise and wanted to keep his rock to create a personal collage for himself. Another member talked about the meaning the concrete had for him. He described the similarities between the concrete

and the abuse as both being made by humans. Another commented on the concrete as something that was once whole but now was broken, shattered and useless. He made the analogy of this being similar to how he has felt since the abuse. He described finding relief in being able to symbolically leave this burden behind. However, he did acknowledge he may once again pick up this burden, but felt it might now be easier to put down again and leave behind.

As usual, the group ended with a check-out. This was more drawn out than usual as members expressed appreciation for the group and the relationships formed. Despite the absence of the two members and the distractions from the festivities in terms of the evaluations and the Inukshuk ritual, I felt the session to be an effective end to the group.

Stage 3: Follow-up Meeting

Follow-up Individual Sessions

During the individual follow-up sessions we sought to: (a) promote closure, (b) reflect on initial goals, and develop future goals, (d) review resources and (e) provide opportunities for further feedback. Our intent with the session was to review progress made and build upon this for the future. Of the group, six persons participated in the follow-up sessions. One person missed the last two group sessions and could not be reached regarding the final follow-up session. Our initial intent was for both facilitators to participate in all of the sessions. However, due to scheduling conflicts, only one session was cofacilitated. I facilitated the remaining five sessions. On average the sessions lasted for one hour.

The review of the individual goals developed during the pregroup sessions appeared to be an interesting and rewarding experience for the members. It was

particularly interesting to review the markers for progress with a number of the group members. Two members who had not reviewed their goals during the course of the group, expressed their surprise at reviewing what they had written only a few months previously. Both individuals commented on their future descriptors of progress as being an accurate current description of themselves. One person commented that at the time he wrote the goal it had seemed so unattainable. All members described satisfaction with their progress in the group.

The format for the future goal development (see appendix H) was similar to the initial goal sheets. The development of future goals was a fairly relaxed and informal process. With some of the group members we completed the goals together; with others, the goal sheet was given to be worked upon at a later date. All members were given the sheets to take with them. The process of developing the goals appeared easier and more relaxed than during the initial pregroup sessions.

Evaluation

In evaluating the practicum, three aspects were considered: my educational objectives, the group members' individual progress and the group objectives and desired outcomes. In addition, I comment on themes noted within the group evaluation form completed during the last session. In order to avoid repetition, I do not comment on the group objectives and desired outcomes in a separate section, as many of these are indicated in my reflections on the educational objectives.

Educational Objectives

The evaluation of my educational objectives took the form of a self-reflective process on my experiences in the areas of each objective. The reflection was informed by a number of sources, the first being the Facilitator's Session Evaluation form (see Appendix I) which I completed on a weekly basis. The intention of the weekly evaluation was to promote reflection on my educational objectives and to provide a record of what was working or not working during the intervention.

In addition to the weekly evaluations, reflection on the educational objectives was shaped by feedback from meetings with the cofacilitator, Jeremy Buchner and clinical supervisor, Elaine Bergen. I met with Buchner on a weekly basis to debrief the previous session and to plan upcoming sessions. Clinical supervision of the group occurred on a biweekly basis for a one-hour period. Feedback, suggestions, direction and support were important aspects of these meetings. The above mentioned persons were aware of my educational objectives and were in a position to provide feedback and direction regarding these.

In order to enhance my learning, the sessions were video taped. All potential group members were informed of this and each member signed an agreement outlining their knowledge of the videotaping and their consent to participation in the practicum (see Appendix B) prior to the commencement of the group. I reviewed each video session on a weekly basis. In viewing the videos, I focused on what was working well during the group, the challenges experienced, group dynamics, my facilitation style and issues around cofacilitation. I reviewed aspects of the video with Elaine Bergen during supervision. The videos were treated as any other clinical record at Klinic and thus guided by similar policies of confidentiality. The videos were kept in a locked cabinet and did not leave the premises of Klinic. At the end of the practicum, each video was destroyed.

Educational Objective 1: To strengthen my facilitation and co-facilitation skills within a group setting.

During the course of the practicum, I became aware of a number of different mannerisms I displayed while facilitating the group. One of the first things I noticed when reviewing the videos was the over usage of my hands when I talked. Another potential distraction was my habit of drinking coffee out of a large mug during group. It almost appeared as if I was trying to hide behind this mug. I also became aware of certain words and phrases I used excessively. Although such mannerisms did not significantly subtract from my facilitation, they certainly did not add to it. I worked at reducing these mannerisms throughout the group and believe I was successful in accomplishing this. In reviewing later sessions, such mannerisms did not occur to the same degree as the initial sessions.

Another personal insight I gained during the course of the group was my over ambitious nature when designing the initial sessions. I had a tendency to present an unrealistic agenda for the session time frame. As a result of this, there was some carry-over between sessions. I believe this distracted from some of the sessions' effectiveness as certain topics did not get the attention needed. My over ambitiousness was later rectified, as I became more aware of my desire of wanting to do too much in too little time. With this awareness I was able to design more realistic agendas for the remaining sessions.

During the group I felt confident and at ease. This may have been a result of the discovery that my skills as a facilitator had improved significantly since the last group I facilitated in 1999. In particular, my assertiveness skills, refocusing, reframing, summarizing, drawing together themes and giving attention to group process and dynamics had improved. In addition, I believe I developed a greater awareness of adult learning styles and the ability to adopt various facilitation mediums to address these styles.

I found myself to be fairly confident during the sessions and while I see this as generally positive, at times my confidence limited my facilitation skills as I occasionally slipped into the role of "expert". By doing so, I missed some therapeutic opportunities. An example of this could be seen in my responding to a situation rather than probing into the person's experience and meaning. From this I have learned to keep notions of empowerment and curiosity at the forefront of my mind during facilitation.

The practicum highlighted for me the value of cofacilitation. In particular, I found cofacilitation valuable in terms of providing additional personal support, creating

greater awareness of group dynamics, providing opportunities for debriefing and shared decision making and sharing responsibilities. Buchner's input and involvement added significantly to the group and created a relaxed cofacilitation experience. Another important aspect of cofacilitation was the mutual learning component. Both Buchner and I brought skills, experiences and approaches to counselling which benefited the group in addition to our own learning.

Although I found numerous benefits to cofacilitation, I did experience some initial awkwardness. This was a result of the dual roles I filled at Klinic as staff person and student. As the group was my practicum, I took a greater role in the design and implementation of the group than did Buchner. Because of this I was initially concerned with power imbalances within our relationship as cofacilitators. We were able to overcome this issue by talking openly about these concerns in addition to our hopes for the group and for cofacilitation, our personal strengths and challenges, and how to be supportive to each other around these. As a result of these conversations, the initial concerns were soon left behind. Our openness in communication on these issues, as well as similarities in styles, values and approaches contributed to a successfully cofacilitated group.

Educational Objective 2: To gain an understanding of the benefits and challenges of group work with male survivors of childhood sexual abuse.

During the course of the practicum, I noted numerous benefits of group work with male survivors of sexual abuse which included: (a) the reduction of shame, stigma and guilt, (b) a decrease in isolation and greater normalization (decreased pathology) of effects, (c) accessing peer support and relaying information, (d) the creation of a safe and

supportive environment, (e) using the group as a testing ground for new behaviours and approaches, (f) increased opportunities for the development of trust and experiences of diversity and (g) the instillation of hope. Within the following reflections are indicators which support the accomplishment of aspects of the group objectives (see pages 63-64) and the presence of the desired outcomes for the group.

Decrease in shame, stigma and guilt.

Through peer interaction there were opportunities for a reduction of shame, stigma and guilt. The reduction of stigma around the abuse could be felt as early as the initial session of group. This was reflected in the comments of two of the members, who described their surprise on how "normal" the people in group seemed. One person elaborated on this in that he had expected a room of "freaks" as that is how he felt about himself as a man who had experienced sexual abuse. Seeing other "normal" individuals with similar experiences reduced some of the shame, stigma and guilt. Another example of this can be seen in this comment, "I feel I am a freak for some reason. I feel I did something wrong and it makes me think of your story... there is nothing wrong with you, it wasn't your fault. You didn't deserve it and it's just like me, we are all innocent."

One member found the interactive element of group especially important in reducing his sense of guilt and shame. This individual was able to voice his need from the group to hear from them that he was not to blame for the abuse. The power in this interactive peer process could not have been attained to the same extent through individual counselling. The reduction of shame, stigma and guilt ought to have a positive impact on self-esteem as well.

Reduction of isolation and normalization.

While doing intake for the group, many of the men described feeling alone, feeling no one else could have had similar experiences. In fact, two of the group members' primary interest in the group was in meeting and listening to others with similar experiences. Not only did the group reduce the sense of isolation, but it also normalized some of the effects of the abuse as members saw similarities in each other. This is demonstrated in the comments of one individual in his reflection of the value he placed on finding understanding and acceptance in the group, "...when I acknowledge and vocalize something, people nod their heads and I go, 'so I'm not going crazy'". Of particular importance for some within the group was the discovery that others too felt uncomfortable around children. Seeing this as a common reaction to the abuse helped relieve some of their fears that they are, or will become child molesters.

Accessing peer support and relaying information.

Throughout the course of the group I noted the power of information relayed by a peer as opposed to by a counsellor or facilitator. I found this particularly true in terms of giving support and understanding, sharing coping strategies, challenging minimizations and distortions, and highlighting consequences of certain behaviours. The interpersonal learning found within the group can be seen in the comment, "when you hear each individuals' true feelings about what they went through, it sort of gives you more insight". It was encouraging to see the group at the height of its functioning in their support of one another.

The creation of a safe and supportive environment.

The importance of the group being a safe and supportive environment was evident for a number of the members. Throughout the group, members commented on finding understanding and acceptance which some had not experienced elsewhere. One person described the relief that he found in the group, that he could "be himself". Another person commented, "I am feeling pretty lucky I have a place where I can say what I said and am grateful that you people can share what you have to share and trust that you know that I am sitting here listening, that feels good as well". These statements reflect the importance of the group to both give and receive support.

Utilizing the group as a testing ground.

As members found the group to be a safe and supportive environment, they were able to experiment and test new ground in terms of new approaches and behaviours. This is reflected in the comments of one member's experience of a session in which he described himself as having a "bad day". This was evident in his unusual conduct, in that he remained fairly quiet, detached and uninvolved during the session. The group noticed the difference in him and commented on it. After the session ended, this person related to me that his behaviour had regressed to how he used to be. He further reflected on the group's response, in that they found his behaviour unusual. He found this to be proof of his progress in becoming the person he wants to be. That is, the group did not know him as he used to be, and when this resurfaced it was unusual to them, whereas prior to the group, this had been the norm. Other important examples of the group being a testing ground can be seen in the members challenging traditionally held stereotypes of

masculine behaviour and experimenting with their new found interpretations of masculinity.

Increased opportunities for building trust/experiencing diversity.

A number of the members entered group stating that they had difficulties with trust, especially with other men. The group offered opportunities to challenge themselves in trusting again within a safe environment. Members saw the benefits of this in that by the end of the group, some were referring to others as friends. Another important aspect of group was the positive experience of diversity that the group represented. Members commented on forming relationships with people within the group that they would not necessarily have outside of the group. They described the benefits from this as challenging their stereotypes and assumptions.

Instillation of hope.

Seeing others of differing ages, experiences and at different stages of "recovery" provided hope for a number of individuals. This is reflected in the comments of one of the younger member's sharing his frustrations at "recovery". "I was surprised by how long this [recovery] takes, is there something wrong with me? But I see you guys and I think it's OK".

In addition to the numerous therapeutic benefits to group, I also found group to be an efficient way of meeting the requests for services for men who experienced sexual abuse as children. Since beginning my work with Klinic, I was surprised at the number of men looking for services in this area. Although individual counselling has its benefits, I found group to be a useful modality in providing increased services to meet the community demand.

Although I experienced numerous benefits using a group process with male survivors, I did experience some challenges. The first challenge I experienced was around assessment of individual coping. Given the group setting, it was difficult to gauge the needs of individual members during and between sessions. I found this different than an individual counselling session where I could probe further into issues around coping. However, within a group setting, this was not possible to the same extent. The processes of check-in and check-outs, as well as the comfort scale (see Appendix A) aided in this process of assessment. In addition, we found it helpful to inquire into peoples' experiences immediately after a session, discreetly on a break, or through a telephone call during the week, if we noted some struggles during group.

Related to issues of coping, was trying to utilize the concept of the "therapeutic window" within a group setting. Briere (1996) describes the process of working within the therapeutic window as achieving a balance between experiencing and addressing therapeutic material in such a manner that the person(s) coping abilities are not overwhelmed. I found working within this concept more difficult within a group setting. Whereas in individual counselling, there can be greater awareness of individual issues and triggers and perhaps control over this process, within a group setting this becomes more difficult given the numbers and diversity represented in the group. There were a few times during the group, especially during the initial sessions, that it appeared that some members were utilizing avoidance strategies and were on the verge of being overwhelmed. However, I found it encouraging that these persons were able to use effective means of coping prior to becoming overwhelmed (e.g. calling for a group break, excusing themselves for a few minutes, etc.). Although I found working within this

framework a challenge, I believe that we were successful in implementing it. I see this as a result of being aware of group process and dynamics and operating therapeutically within these. The emphasis placed during the screening interviews on individual coping and attempts to match these levels with others in the group aided in our ability to work with the therapeutic window. In addition, the opportunity for concurrent, or as-needed individual counselling, added to our ability to operate within this concept.

Another challenge I encountered was members' tendency to compare and minimize their experiences in relation to others within the group. The potential effect this had on the individual was to further pathologize him and perhaps cause him to reconsider his role in the group. We as facilitators acted proactively in dealing with this possibility by highlighting this tendency during the pregroup sessions. When we witnessed this occurring during the group we gently challenged it. The group soon assumed this role and began to challenge each other around comparisons and minimizations of their experiences.

Issues around problematic attendance created a challenge both for those that were absent, as well as for the group as a whole. Attendance of the group was fairly regular during the first half of the group. However, during the second half, we experienced more absences. As the sessions built on each other, an absence created a gap in the flow of the sessions which limited the benefits of the group for the absentee. Individual absences also negatively impacted others in the group as indicated in some of the group evaluations as well as through individual feedback reported during the follow-up sessions. Problems with attendance appeared to reduce the levels of trust and connectedness within the group. Although attendance was emphasized during the

screening interviews, pregroup sessions and initial group session, we did not place a limitation on the number of absences which would be tolerated before a person would be asked to leave. I believe if this had been clearly stated prior to the group beginning, some of the problematic issues might have been avoided. In consideration of future groups, I would recommend a policy of allowing absences to a maximum of two sessions. If an individual missed more then two sessions, he would need to meet with the facilitators and renegotiate his position within the group.

Educational Objective 3: To apply a variety of counselling techniques, especially cognitive therapy and solution-focused, within a group setting.

In designing the group I took an eclectic approach. As such, I drew upon a number of different approaches to counselling which included cognitive therapy and solution-focused methods, feminist, and to some degree narrative processes. I found a cognitive focus effective in terms of educating, normalizing and reframing the effects of trauma. This psychoeducational approach was especially valuable as it promoted greater personal insight which was important to many within the group.

I also found cognitive techniques useful in challenging assumptions and expectations in terms of masculinity issues. By rethinking and redefining what it means to be a man, an avenue in which to view himself in a more positive light was provided. In addition, cognitive approaches were useful in addressing denial and minimizations around the abuse.

Whereas a cognitive approach promoted insight into the abuse as well as opportunities to change thinking and behaviour, solution-focused techniques provided focus away from problems towards that of exceptions and solutions. The focus on

exceptions highlighted what was going right with the person as well as provided an invitation to build upon these. This created a hopeful and positive atmosphere in the sessions.

A solution-focused lens shaped many of the exercises as well as the design of some of the sessions. In particular, I found the process of goal setting and scaling utilized in the pregroup sessions, to be helpful. Not only did they provide for a useful evaluation tool, but also and more importantly they provided a map towards achieving these goals and insight into where these where already occurring. In addition, the use of letters written by the facilitators also highlighted exceptions and solutions noted within the group. A number of individuals commented on finding the letters helpful and encouraging. The group itself also proved useful in highlighting exceptions to problems described by members. One member commented on valuing this about the group as he felt that others could see more positive things about himself then he could. Through comments from the group, he described achieving more insight into himself and greater recognition of his positive qualities.

I found the cognitive and solution-focused approaches to be a good combination for the group. They demonstrated a balance between education and insight around trauma and exceptions to the problems experienced and solutions already occurring. However, if I could recreate the group, I would include more solution-focused approaches. In reflection, I found some of the initial sessions to be too insight oriented and missing a practical component. This was especially evident during the session on coping. My intent during this session was to reframe negative coping strategies into survival skills. Although this was important, I focused more on problems rather than

their working solutions. I believe this session and others could have been improved upon with a more practical, solution-oriented approach rather than an insight and problem centered focus.

A feminist approach to counselling was influential throughout the intervention and I found it to be an appropriate fit with the other approaches used in the intervention. Feminism's emphasis on empowerment, validation of one's experiences, and demystification of the counselling process were themes also found within the other approaches. However, what I found especially valuable about a feminist approach to counselling when working with male survivors was its emphasis on expanding the focus of the abuse from an individual phenomenon to a cultural and societal context. By examining gender role assumptions and stereotypes we were able to see the impact that these beliefs have on the male survivor. This was especially demonstrated during the Messages of Masculinity session in which the men concluded that buying into stereotypical gender roles increases the effects of the abuse on them.

In addition to the cognitive, solution-focused and feminist approaches, some narrative aspects were woven into the sessions. Narrative approaches were best demonstrated in the Messages of Masculinity session, the preparation for the Telling our Stories sessions and the letters written to the group members by the facilitators. In consideration of future groups, I am interested in incorporating more of a narrative focus. I saw this approach as achieving a positive fit with group work with male survivors.

Educational Objective 4: To gain an understanding of group dynamics and process and an ability to work therapeutically within these frameworks.

Through this practicum, I gained much insight into group development, process and dynamics and how to work therapeutically within these frameworks. In terms of approaching the group and categorizing the experience, I utilized Henry's (1992) concept of group stages as including, initial, convening, formation, conflict/disequilibrium, maintenance and termination stages.

During the initial stage, I focused on the development of the intervention. Within this, I researched the literature and sought existing models of group work with male survivors. The degree of research and preparation that went into the group resulted in a sound intervention and increased my abilities as a facilitator in that it boosted my confidence and made me aware of potential issues that I might encounter during the group.

Within the convening stage, Henry (1992) describes issues of approach/avoidance as clients test the waters as to whether the group is what they are looking for. In anticipation of this, I included the pregroup sessions as a prelude to the group. I found these sessions useful in clarifying the survivor's aspirations for the group as well as presenting a realistic portrayal of what to expect from the group in terms of benefits and potential reactions. In addition, the initial group session helped with this process in that it further clarified hopes for the group.

During the formation stage, the main task was the unification of the group, which included developing norms and common goals. In terms of promoting unification, we focused on exercises which encouraged member to member conversation. Exercises in

dyads and small group work were useful in promoting communication and joining. In terms of developing goals and direction for the group, the client-initiated ground rules and topic selection was integral during the initial session. As a result, issues of power and control were shared with the group which demonstrated that their input and direction in the group was welcome and expected. During this stage, we as facilitators took a more active role in directing the sessions and modeling expectations and promoting joining.

One unanticipated challenge experienced during this stage was a long weekend in March. As group took place on a Monday, there was a two week break between the third and fourth sessions. I believe this disrupted the formation process, or as one person described it, "the groove". The anticipation of long weekends and holidays and their positioning in terms of group development is an important learning I have taken from this experience.

The conflict/disequilibrium stage occurred early in the group. This was demonstrated during the second session around the issue of homophobia and the subsequent tension and conflict resulting from this. I believe the conflict was handled positively and therapeutically. What aided in the resolution of the conflict was the ability to acknowledge the presence of conflict, the provision of an educational piece around conflict as normal and natural and highlighting the guidelines of respect during all aspects of the group. As a result of this approach to the conflict, I believe that the freedom to voice one's opinion, as well as the need to remain respectful to the group and others became important group norms. This positively set the tone for future discussions and approaching disagreements within the group.

I was surprised at how quickly the group achieved the maintenance phase. This may have occurred as soon as the third and fourth sessions, but was definitely evident by the sixth session. The recognition of this stage is reflected in the comment from one member, "I think we are more open to talk about stuff. Now it is a totally different vibe when I come in now then from the first couple of sessions, so I think everyone is a bit more comfortable. I find it is a lot easier to talk". Indicators of this stage occurring could also be seen in the positive functioning of the group as demonstrated by increased member to member communication, greater individualized risk taking, mutual aid occurring, and the acknowledgment of progress being made. As facilitators, our roles shifted during this stage in that we took a more relaxed, less active role during the sessions, allowing the group to take a greater role in the session and support of one another. With this shift in roles, we concentrated our attention on maintaining the focus of the session, drawing together of themes, reframing and, to a lesser degree on presenting material. I found it was important for the group to be in this phase as they entered the Telling our Stories sessions. This aided in their ability to act supportively to one another, which was crucial to the success of these sessions.

In terms of the termination phase, the Telling our Stories sessions aided in initiating this process as it redirected primary attention from the group to the individual. The Healing and Moving On session also aided in the tasks of this stage in promoting individual reflection around progress and change. I found that the Inukshuk ritual during the last session also promoted a positive sense of closure during the group as it symbolized leaving something behind as well as the creation of something new. Whereas the sessions of Telling our Stories, Healing and Moving On and the Celebration session

promoted closure, the absences of some members during these sessions was a potential distraction from this.

Educational Objective 5: To enhance my evaluation skills

During the course of this practicum, I have gained much insight into issues of evaluation. As the practicum progressed, I noted development in my thinking regarding methods of evaluation. Initially when I was designing the practicum, I felt that individualized rating scales would be the ideal method of evaluation for client progress. However, as I implemented this, I noticed a few challenges in terms of initiating goal setting and the process of scaling with a few of the group members (see pregroup session 1 for further description). As a result, I began to reconsider this tool's fit for future use with male survivors of sexual abuse. Instead, I began to consider more of a measurement of general progress, rather than specific client goals of future groups. This being said, as the group ended, we revisited the initial goals with each of the members and I found this to be a very positive experience. Each group member discussed movement in their goals. The sense of accomplishment was noted as members described seeing the behaviours they set out as markers of progress, already happening in their lives. I do not believe this process would have been as therapeutically meaningful if a general measurement tool had been employed. As a result, I recommend and will continue to use individualized client goals both as a therapeutic technique as well as an evaluation tool in terms of future group work with male survivors of sexual abuse.

Another learning I will take from the practicum relates to the development of a group evaluation form (see Appendix J). When I designed the current group evaluation, I focused on a short and simple form. However, as I began to analyze the responses, I

found myself wanting more information. In future groups, I would recommend greater use of open-ended, qualitative responses rather than a more quantitative design, to achieve a more detailed evaluation. For example, I would suggest asking "what are three things you will take from this experience" and "what are three things you will continue to be working on in the next couple of months".

In reflection on the responses to the group evaluation, the importance of the wording of questions became apparent. For example, the wording of the second question, "How well did this group meet your needs?", provided a variety of responses. The majority of the members found that the group had met their expectations. However, one member found the group adequately met his needs and another stated that it somewhat met his needs. These responses contradicted other aspects of both the evaluation and the individualized goal responses. In reflection on why this might be, I began to focus on the wording of the question. As needs are individually defined and may be based on realistic or unrealistic expectations of the group process, this might explain the contradictory feedback received. In consideration of future evaluations, I will refrain from using needs language (especially if the response is rated quantitatively), and focus on more specific issues.

Individual Progress

Individualized client goals were used to measure client progress. This fit within a feminist framework in which the client was seen as the expert of his reality and owner of the process of recovery. It was important that each client dictate the areas he wanted to focus attention on. To measure such specific goals, client initiated individualized rating scales were employed.

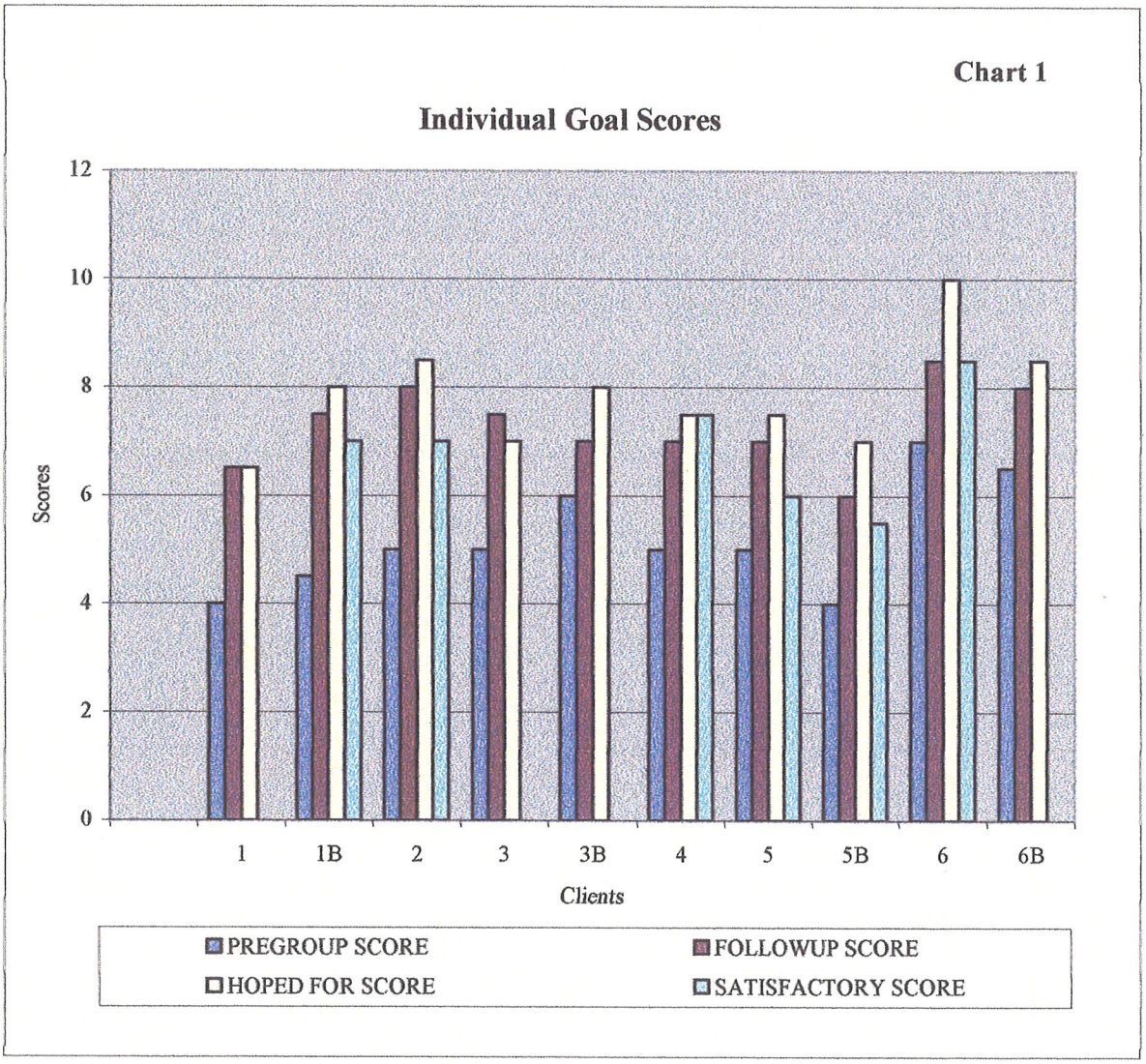
Up to three goals were selected by each client during the pregroup sessions. Each of the goals was defined behaviourally in concrete and observable terms, in conjunction with the facilitator (see Appendix D for the goal description sheet). The client provided anchors for a ten-point scale, 1 equaling minimal presence of the goal and 10 being goal achievement. The process of defining the scales was informed by the solution-focused practice of scaling. Once the scales were defined, the client rated where he saw himself on that day. During the follow-up session after the completion of the group, these scales were revisited by each of the clients and the facilitators. The members then ranked where they saw themselves in terms of their goals. Evaluation of the progress consisted of a comparison of the two scores.

I chose individualized rating scales as a measure of client progress because of their simplicity and their match with feminist values. In addition, Bloom, Fischer and Orme (1999) have found such self-anchored scales to have high face validity and acceptable test-retest reliability. I also appreciated the solution-focused process which guided the development of the scales. Not only did this process provide for an evaluation tool, but it was also an aspect of the intervention as it planted the seeds towards solutions.

The evaluations of the individualized goals took place during the follow-up session after the termination of the group. The majority of these sessions occurred within a week of the termination of the group. Six of the seven group members took part in the evaluations. The person who was absent from this process had not attended the last two group sessions, nor could he be contacted regarding this. The majority of the evaluations were facilitated by myself (N=5) with the exception of one that was cofacilitated with Buchner. On average these sessions lasted for one hour.

In reviewing the goals, both the client and the facilitators discussed observations and reflections as they related to his goals. All who participated in the goal review described progress in their identified goals (see chart 1). This is reflected in the chart through the comparison of the pregroup scores (dark blue) and follow-up scores (purple).

Chart 1



Note: Where no Satisfactory Score is recorded, the client had indicated that any positive movement would be considered satisfactory.

An average of two points positive movement (range of 1-3 points) was noted. With the exception of one person, all the group members achieved the progress that they had described as being satisfactory as outlined during the initial goal setting process. This is seen in chart with the comparison of the follow-up scores (purple) and the satisfactory score (light blue). Some of the members attributed their progress to their hard work and determination, the development of new coping skills, and an increase in self-esteem and support. In addition to the self-identified progress, some members described others noticing the positive changes occurring in them during the last number of months.

One member's goal for the group was to begin to trust in himself. While doing the pregroup goal setting, this person outlined that he would know that he attained this goal when he would feel good about himself (not as guilty), when he would trust in other men, when he would be doing things for himself without thought to what others might think, when people would see him for who he is and accept him as such, when he would feel more energized and lastly when he would participate in a group sport. In order to get to this point, he felt he needed to become comfortable with his emotions and feel okay about crying. When he achieved the degree of progress he hoped for during the group, he felt that he would feel comfortable with who he was, he would be more sociable, would find some direction and would be able to make decisions.

It was interesting to review his goal with him as he described surprise at achieving many of the indicators he listed as progress. For example, he found that his self-esteem had improved, which energized him. During the first half of the group, he often described himself as feeling trapped in a cage or as if a fist was clenching around him

when describing the effects of the abuse. This imagery changed for this individual near the end of the group. At this time, he described the abuse as freezing him, almost like an ice cube. During the follow-up session he described feeling thawed and further elaborated that this was like awakening from hibernation. I found this to be a powerful image and testament to his participation in the group, as well as the group's positive role in this transformation.

He also saw other examples of progress in the degree that he participated during the group and to the degree in which he allowed himself to feel vulnerable emotions. He saw this as an example of his beginning to trust himself and others again. Although he stated that he had not yet joined a sports team, he described himself playing music with others. He also described finding some direction in his life and described making some significant plans for the upcoming fall. In reviewing his goals, he described the initial process of goal setting to be distant and unattainable. However, reviewing his goals, it appeared he took pride in his achievements.

Group Evaluation

An evaluation form (see Appendix J) containing open and closed ended questions elicited feedback from the members on their experiences of the group. The intent of the evaluation was to gather feedback on the group process which would inform the design of future groups and offer indicators of the achievement of the group's objectives.

Some interesting and valuable information was attained through this evaluation. Four themes in terms of benefits became apparent. The first theme had to do with issues around the self. Members commented on finding improvements in terms of greater self-esteem, confidence, understanding of themselves and a reawakening in terms of their

sexuality. The second theme noted was in terms of the members' relationships. Members found increased comfort and trust around being with other men. In addition, the diversity found in the group helped break stereotypes which increased possibilities for future relationships. The third theme highlighted a shift in perspective for some of the members. A few men commented on now being able to look to the future rather than being so focused on the past. The final theme noted was a reduction in isolation. Members commented on the group helping them to feel not alone. A few people found the Telling our Stories especially helpful in this process.

The closed ended questions of the evaluation indicated further benefits to the group as being a safe and supportive environment, gaining new information about the abuse as well as acquiring new skills in managing the effects of the abuse. All members described experiencing these benefits with the exception of one person who stated he did not acquire new skills in managing the effects of the abuse. However he elaborated that he had already dealt with the abuse and did not need new skills in this area. The responses from the closed ended questions offered further support to the achievement of the group objectives.

In addition to providing the members opportunity to outline the benefits they experienced during the group, the group evaluation also provided an opportunity to describe some of the challenges they experienced. Whereas one of the dominant themes in the benefits of the group had to do with issues with the self, members also commented that the group presented challenges in this area. A number of people found it to be a difficult process to think positively about themselves and begin to forgive themselves. Another challenge described in the evaluation was being in a group with men. It is

interesting that the same person who reflected on this to be one of the main benefits of the group also described this as one of the primary challenges of the intervention. This is a good example of the group being an opportunity to challenge oneself and take calculated risks within a supportive environment. It is clear from this person's description that he (as well as others in the group) met this challenge and saw benefit from this. A final challenge described by one person was having the Telling our Stories sessions at the end of the group. This individual also described the stories as beneficial. From this, I can deduce that it was not the stories themselves that were a challenge for him, but rather the positioning of them.

The group evaluation also provided feedback in terms of the value of each of the sessions. The group ranked each of the sessions using a three point Likert scale ranging from not very helpful, somewhat helpful to very helpful. The group ranked the three most important sessions as, the Telling our Stories sessions, Messages of Masculinity and Exploring the Effects of Childhood Sexual Abuse. These responses did not surprise me as I too found them to be some of the more effective sessions both in terms of facilitation and content. The lowest ranked sessions were the Defining Sexual Abuse and Dispelling Myths and Coping sessions. Once again this did not present a surprise given issues with both sessions. During the Defining Sexual Abuse and Dispelling Myths session, the group experienced its first conflict. In reflection on the session on coping, the content of the session could have been improved. From this information, I have greater confirmation on what worked and what needs to be improved upon for future groups.

Discussion

Upon completion of this practicum, I found group work to be an effective intervention for counselling male survivors of sexual abuse. The results from the individualized goal sheets and group evaluation offer indicators of the success of this intervention. I believe much of the success of the intervention lay in the interactional benefits inherent in group counselling.

Although the group modality provided many benefits to the intervention, I found specific aspects of the practicum added to the effectiveness of the group. In particular, I found a) the design of the intervention, as a structured, time limited and closed intervention, b) the pregroup work, c) the choice and ordering of the sessions, d) the use of a variety of facilitation methods, e) the provision of additional support, f) the theoretical orientation for the intervention, and g) a male centered approach added to the effectiveness of the group.

Intervention Design

The intervention's design as a structured, time limited and closed group added to the group's effectiveness. I found the structured nature of the group, reflected in the consistent use of a check-in and check-out each session, preplanned sessions (clear objectives and agenda for each session), and the set agenda for the ordering of the sessions offered a sense of security in that it minimized surprises. The group had a sense of what to expect during the sessions and could prepare for these. The provision of readings prior to the sessions also aided in this. My intent in using a structured approach was to provide a sense of security and to demystify the counselling process.

The length of the intervention appeared to meet the needs of the majority of the group. However, one person described his disappointment in the length of the group as he felt we were just getting started. My intention in designing the group as a 12-session intervention (we added an extra session to make 13 sessions to give opportunity for each member to participate in the Telling our Stories sessions) was to offer an inclusive introduction for men entering counselling around issues of childhood sexual abuse. It is my belief that, had the intervention been shorter, the length would have detracted from the impact, in that important material would have been missed. Had the group been longer, the length may have been intimidating for those just entering into counselling. I found the length of the group to be an appropriate fit, in that it covered the material I had hoped within a time frame which was manageable for the members and the facilitators.

Structuring the intervention as a closed group also aided in the achievement of the group's objectives, in that it fostered a sense of safety. Within a short time frame, relationships formed in the group. As a result, the men were able to let down some of their defenses, experiment with new behaviours, and learn from one another. With an open group, this may not have occurred to the same extent, given trust and safety issues with fluctuating membership.

Pregroup Work

I found the pregroup work in the screening interview (see Appendix C) and the two individual sessions to be an important aspect of the intervention. The initial interview focused on issues of motivation, interpersonal skills, self-care, stability and present life functioning, acceptance of diversity, the ability to talk about the abuse and consideration of abuse reactive perpetration. This was important in considering the

make-up of the group. The central issue for the screening was safety, both for the individual as well as for the group. As a result of the thorough screening process, I found those entering the group were at a point in their lives in which they could potentially benefit from the group and utilize their resources to manage potential reactions. This aided in their ability to gain from the group as well as contribute to it, which positively impacted the group's cohesiveness and functioning.

The two individual pregroup sessions also played an important role in the success of the group. In addition to promoting joining with the facilitators and thereby reducing members' anxieties going into the group, the pregroup sessions sought to promote goal setting, which provided a future outlook (hope), a strategy to attain the goal(s) and a tool to measure progress. I found individual goal setting to be an important aspect of the intervention in that it boosted self-esteem when members were able to identify progress. In fact, two members described reflection on their progress as an important aspect of their self-care routine and coping with stress and challenges experienced during group.

Another objective of the pregroup sessions was to provide a realistic expectation for the group in terms of the benefits and potential reactions that may occur as a result of participation. This proved useful in terms of normalizing experiences during the group. For example, a number of persons described experiencing new memories around the abuse, increases in flashbacks and anxiety, and an increase in suicidal ideation. As we had discussed this possibility prior to the group beginning, we were able to do some strategizing around dealing with these reactions if they were to occur. Had this aspect of the group not occurred, I believe the rate of attrition might have been higher and individual safety compromised. In consideration of future groups, a handout outlining

the benefits and challenges to the group might add to the ability of the individual to make an informed choice regarding participation as well as the normalization of the challenges if they do occur.

Choice and Ordering of Sessions

The choice and order of the sessions also added to the group's effectiveness. I chose the first five session topics to include an Introduction to the Group, Defining Sexual Abuse and Dispelling Myths, Exploring the Effects of Childhood Sexual Abuse, Coping, and the impact of Messages of Masculinity. In choosing these sessions, an emphasis was placed on examining the social context of the abuse, normalizing the effects of sexual abuse, and reframing, reexamining and exploring coping strategies in terms of their effectiveness with current and long term goals. I found these sessions and their position within the first half of the group provided a strong foundation for the intervention.

The provision of choice of session topics also proved useful in that it promoted a sense of empowerment and ownership of the group, which became important group norms. In addition to highlighting these norms, the provision of choice of topics also promoted joining in that members saw similar interests which promoted a sense of commonality.

The order and positioning of the sessions was intentional so that each session built upon previous sessions. The positioning of the Telling our Stories sessions near the end of the group differed from the previous group model practiced at Klinic which placed these sessions during the first half of the intervention. The Telling our Stories sessions near the end of the group served a number of purposes. Firstly, as these sessions

occurred later in the group, greater group cohesion had developed which perhaps created more comfort in the narration of their experiences. Secondly, the increased group cohesion also allowed for greater peer support, encouragement and challenging of minimizations and distortions to occur. Thirdly, the positioning of these sessions allowed for greater opportunity to develop and apply positive coping strategies, which was an important prerequisite to these sessions. Finally, the positioning of these sessions was directly impacted by the members' feedback and concern that these sessions not happen too early in the group. The placement of the sessions related to principles of empowerment and operating within a client driven pace. The one concern I had was the potential for the story telling to reinforce a victim mentality as the members described their experiences of the abuse. We dealt with this potential draw-back by introducing a framework for the members to consider in their conceptualization of their stories (see Appendix F). By doing so, the majority of the stories focused on a sense of accomplishment in overcoming the effects of the abuse. We saw these stories having a profound message of hopefulness, rather than a narration of the trauma they experienced.

Facilitation Methods

The incorporation of a variety of facilitation modalities such as presentations, large and small group as well as individual exercises and the use of video and bibliotherapy also added to the intervention. I especially found the incorporation of small group work important near the beginning of the intervention, as it encouraged those who had been less active during the large group to participate. Individual exercises also proved beneficial within the group as it allowed the members to make themselves vulnerable within their reflections while utilizing the safety and supportive environment

of the group. The use of videos and additional readings served an important function in the greater sense of normalization. For example, one member commented early within the group on the impact a reading had on him. He expressed, "it was like he [the author] was writing about my life". This had a profound impact on normalizing the effects of the abuse for this individual. In addition to normalizing, the readings and videos provided a different medium for the message, which allowed for greater opportunities for information to be understood and internalized. For example, another member commented on the impact another of the readings had on him. The handout encouraged the reader to consider the impact of their experience of abuse from a framework in which they were not to blame and the responsibility was placed solely on the abuser(s). The author questioned what impact viewing their stories/lives from this perspective might have. Although reframing the conceptualization of the abuse in such a manner was emphasized throughout the group, this reading allowed for this message to be heard, believed and internalized for this individual. As a result, the different means of presentation promoted a greater opportunity for understanding and integration of material. The videos also increased the impact of the messages of the session. This was particularly notable during the Messages of Masculinity session. As the focus of the session was on cultural and societal influences on interpreting what it means to be a man, a video presentation was important to the session, given the impact the media and entertainment industry has on the interpretation of gender roles and stereotypes.

Additional Support

I found the provision of additional support to group members to be an important element in promoting safety throughout the group. Additional support was demonstrated

through the availability of concurrent or as-needed individual counselling throughout the course of the group. One person saw me weekly throughout the group and two other members made use of the as-needed counselling and saw me twice each. In addition, I found it important to be available after sessions to meet briefly with members who appeared to be struggling and to be available to be reached by telephone if needed during the week. As previously mentioned, a number of members experienced new memories, flashbacks and suicide ideation during the course of the group. The additional support appeared to assist these members to overcome the chaos that accompanied these effects. As such, these members were able to complete group and described finding value in the process. Without the provision of additional support, these individuals may not have completed group and/or may have been further at risk.

Theoretical Framework

The theoretical framework which shaped the intervention drew upon feminist, traumatic stress, developmental and loss theories. This provided a useful lens in which to understand the effects of sexual abuse on men. In particular, I found aspects of feminist and traumatic stress theories valuable. These theories' emphasis on viewing the effects of the abuse and means of coping as creative methods of survival rather than individual pathology, provided a positive reframe to view past and current problems. This allowed for greater opportunities for self-forgiveness, understanding and adopting new coping strategies. I also found that applying a framework which focused on the strengths (rather than problems) appeared to have a positive impact on self-esteem within the group. In addition to these aspects, feminist theory's emphasis on examining the effects of the abuse through the lens of a patriarchal society proved to be an important aspect of the

intervention. It highlighted the impact patriarchal norms have on amplifying the effects of the abuse. In doing so, it encouraged a redefining "what does it mean to be a man", which promoted opportunities in overcoming some of the effects of the sexual abuse as well as increased self esteem.

Although utilized to a lesser extent, loss theory shaped the intervention in that it promoted recognition of the losses inherent with the abuse. This helped normalize the effects of the abuse and promoted healing through incorporating aspects of grieving. Developmental theory also normalized the effects of the abuse and promoted greater self understanding.

Male Centered Approach

During the practicum, I found it important to incorporate a male centered approach which included purposeful use of language, an emphasis on cognitive processes, and use of the counsellor as role model in overcoming gender stereotypes. In terms of language, attention was paid to terms such as victim and survivor, each being used purposefully throughout the practicum. In general, we used the word "survivor" to describe men who had experienced sexual abuse. However, the term "victim" was purposefully used during the Messages of Masculinity session to create a reaction from the men in the hopes that it would contradict the myth that men can not be victimized.

I found a focus on cognitions rather than feelings a better fit when working with men, at least initially. This allowed for the creation of a safe environment in that it avoided an emphasis on the release of feelings, which may have been seen by the men as threatening or uncomfortable and perhaps too "touchy-feely". An example of the focus on cognitions rather than feelings can be seen in the facilitators' phrasing of the check-in

and check-outs. We purposeful used phrases such as "what has been going on for you today" rather than "how are you feeling". As the group progressed, the men began to explore matters on a more emotional level as well as cognitive. I found this to be an important and necessary transition since there are numerous emotional effects associated with the abuse (see pp. 16-18 of literature review). A focus on emotions also fits within a holistic framework of working with male survivors as described by the National Clearinghouse on Family Violence (1996).

The idea of the facilitator as role model is an important aspect of a feminist counselling model and I found it useful within a male centered approach in overcoming traditional gender roles. Examples of role modeling could be seen during the processes of the check-in and check-outs during each session. We, the facilitators took part in this process and often chose to use feeling words as part of our sharing. Our hope in doing so was to demonstrate for the group that it was okay for men to express feelings.

As part of the modeling of behaviour, we also wanted to challenge members around issues of sexism, racism, homophobia, etc. found in their language and actions. I found this to be an important part of our role within the group, but did not want to appear to rigid or too "politically correct" as this would impact joining within the group and create an atmosphere in which the group might feel they would need to censor themselves. As a result, we carefully chose who, what and when we challenged during the group.

Challenges

Although I believe the intervention to be very successful, I did experience some challenges and there were a few things I would do differently if I could do the practicum

again. One of the first challenges I experienced was time. In designing the group, I allotted two hours per session. My rationale in doing so was to keep the sessions brief so as not to overwhelm persons within the group and accommodate time constraints members might have. However, once the group began, I discovered this was not as much an issue as I initially thought. During some sessions, a few members described during the check-out feeling emotionally drained. However, for the most part, I found the energy level of the group would have accommodated longer sessions. I also found that two hour sessions were too brief for what I was attempting to accomplish during the evening. For future groups, I would recommend a session length of 2 ½ hours.

One aspect of the practicum that limited the time per session was the weekly comfort scale, which was completed as part of the session check-in. The purpose of the scale was to enhance safety within the group by giving facilitators a greater sense of the member's perception of coping as well as to inform the positioning of the Telling our Stories sessions. The scale did aid in the assessment of safety issues throughout the group. However, I found that the extra time would have been better used on covering other issues rather than completing the scales. Although many put thought and effort into the scales, I received feedback from some of the members that the time used on the scales could be better used in focusing on the session topic. Other members lightheartedly voiced their opinions in a joking manner during a few of the sessions. An example of this was found in one of the responses to the scale in which the question asked, "what needs to happen to increase my sense of comfort within the group"? The person responded, "scrap the comfort scale!! Install some couches with pillows." Although the scales did

take time, I did find them useful. However, for future groups distributing the scales every second session might be more appropriate.

Other challenges found in the practicum related to individual assessment on coping and operating within the "therapeutic window" in a group context, and balancing the needs of the individuals with the group. I also struggled with the tendency for the men to compare experiences within the group, the negative impact of fluctuating attendance on the group, and the disruption of the flow of sessions due to holidays.

In consideration of future groups with men who have experienced sexual abuse, I will continue to use the model demonstrated in this practicum. In general, I found the design, structure and content of the intervention beneficial. However, the next time I employ this modality I would do several few things differently. I would lengthen the sessions to 2 ½ hours in addition to scheduling the group during the middle of the week to limit the impact of long weekends on the group. I would also incorporate more of a solution-focused orientation and limit emphasis on creating insight.

Conclusion

During the course of this practicum I have learned much about strengthening my facilitation skills and issues surrounding group work with male survivors of sexual abuse. In terms of facilitation issues, I have learned a great deal about my strengths and challenges as a facilitator and have found this practicum has increased my skill and knowledge basis of group facilitation. Cofacilitating this group has highlighted the value and need for cofacilitation when working with male survivors of sexual abuse.

This practicum has demonstrated to me the power and effectiveness of group work with male survivors of sexual abuse. In particular, I found group to be a useful process to aid in decreasing shame, stigma and guilt, reducing the sense of isolation and normalizing experiences and effects, sharing solutions and accessing peer support. It was also instrumental in creating a safe and supportive environment in which members can experiment with new behaviours and ways of interacting with others, working at issues of trust and experience hope. Although group work has many intrinsic benefits within its peer interactive process, I found the intervention's design as a structured, time limited and closed group to be critical to the functioning of the group. The pregroup sessions and the provision of choice for some session topics after a strong foundation had been established, the incorporation of a variety of facilitation and presentation modalities, the provision of additional support, and a strong theoretical basis to be necessary components in the potential success of the group.

Reflecting on the experience of the practicum, I believe I met my educational objectives. I feel I have gained tremendously in the areas I sought to focus my learning on. In particular, I found the knowledge gained in terms of group dynamics and process

and the ability to work therapeutically within these frameworks as well as issues surrounding group work with male survivors as invaluable. As I continue to work with male survivors of sexual abuse and utilize group modalities, I will continue to reflect and apply the rewards of this experience.

This practicum has highlighted the reality of the prevalence and impact of male childhood sexual abuse. When I began to consider a practicum with male survivors, there was initial concern regarding whether or not there would be enough people interested in a group of this type. I was surprised and even saddened by the degree of interest and response to the group. My experience doing intake for this group has demonstrated the need for increased services to men around issues of sexual abuse. With greater awareness and acceptance that males have been and are being sexually abused, I envision an even greater demand for services than are presently being offered. Given this, I see a need for increased funding and resources within this area. Through this practicum I found group work to be an efficient use of resources in terms of time and staffing issues. As a result, I can envision group work being an important resource in meeting the demand for services.

The most important thing I will take from this experience is a greater sense of hope. Being invited into the lives of the group members was both an honour and a privilege. The struggles and triumphs they shared amazed me with their resiliency. Seeing the devastation that the abuse created in their lives and their progress within the group and sense of hopefulness for the future, reinforced the notion that healing is possible and group work can be a powerful vehicle towards that change.

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Appendix A

Individualized Group Participation Comfort Scale

Date:

Name:

This scale is designed to promote self reflection in how people are finding the group. In addition it allows for us, the facilitators, a gauge to better structure the sessions depending on the needs of the group. For the first three questions apply a number from 1-9 as it applies to you today. Please answer each question honestly.

1	2	3	4	5	6	7	8	9
strongly disagree				unsure				strongly agree

1. I feel confident in my reactions to the group _____

2. I feel I am coping well during the group _____

3. I feel I am coping well outside of the group _____

4. What needs to happen to increase my sense of comfort within the group?

5. How can I work towards this?

6. How can the facilitators/group aid in this process?

Appendix B

Consent for Participation in Practicum Evaluation

I _____, am aware and agree that in addition to my participation in Klinic's Male Survivors Group, I am also participating in John Koop Harder's practicum for the Masters of Social Work program. As such, I understand that my participation is voluntary and that I may withdraw my consent at any point without penalty. Through participation in the group and the practicum, I

1. Agree to attend the two pregroup sessions and the 12 weekly group meetings. In addition I will attend one follow up meeting.

2. Agree to maintain the group guidelines developed by the group.

3. Understand that as part of the practicum a written and published report of the group's experience as well as a public presentation at the University of Manitoba will occur. If interested, I will be invited to anonymously attend and will be informed of the date and time.

4. Understand that each group session will be videotaped. The videotapes and their content will remain confidential and will not be used for any purpose other than for that of the learning of the facilitator, John Koop Harder. Upon the termination of the group, the videos will be destroyed.

5. Understand that all client information shared is confidential (see confidentiality consent form). No identifying client features will be revealed in the report or presentation.

Name_____

Signature of Participant_____

Date_____

Witness_____

Appendix C

Men's Group Screening Outline

Introduction
- Welcome
- Confidentiality
- Purpose of the group
- Purpose of the screening
- Questions?

Current Situation
- How do you feel about being here today?
- Please tell us a bit about yourself (family, work, hobbies, etc.?)

Motivation
- What influenced your decision to join this group? Why now?
- Have you sought help for this in the past? For other reasons? (If so, what was helpful? What was not?)
- What do you hope to get out of being a part of this group?

Group Experiences and Expectations
- Please describe your past experiences in groups? Likes, dislikes?
- What do you think being a part on a Male Survivor's group might be like?
- What concerns do you have about being part of such a group? How can we/group work at reducing these?
- Is there anything specific that you would need from us to make the group a positive experience?
- How will you let us know if the group process is not working for you?
- How comfortable would you be in a group with men of different social and economic backgrounds, different ethnic backgrounds, religion, and sexual orientation?

Supports
- Who are the people you turn to when something is bothering you (stressed, feeling down, etc.)
- Are there other resources involved in your life (counsellors, psychiatrists, other groups, etc.)
- Do these people know of your desire to be a part of this group? If not, how do you think they would respond?

Coping
- How do you look after yourself during periods of stress and tension? How would you describe the effectiveness of these methods?
- Being a part of a survivor's group can bring up a lot of unresolved feelings and issues, which might trigger negative coping patterns. How would you let us/group if

you are having problems during or after a session? What needs might you have around this?
- What role, if any, have drugs and alcohol played in your life?
- Are you currently on any medications? Are there any medical conditions that you think we should know about?
- Risk assessment - Have you ever had any thoughts of suicide? (If yes, any current thoughts? *Assess lethality*) Have you ever attempted to purposely harm yourself or others, or attempted suicide? If so, in what manner? What was the outcome(s)? Have you ever required hospitalization as a result?

Family History
- What was it like growing up in your family?
- What is your current relationship to your family of origin?
- What had your parent's relationship been like (i.e., any violence? abuse? addiction issues?

Sexual Abuse History
- Tell us as much about your childhood sexual experiences as you think we need to know to understand what happened you (who, type, length, frequency, use of force, how did it end?)
- Have you ever discussed the abuse with anyone? How did they react? What happened as a result? What was it like to talk about it?
- How do you feel about talking about your abuse within the group?
- How do you feel about hearing of other people's abuse?
- As a child, how did you make sense of what was happening to you?
- What effect do you believe this had on you growing up? Today?
- How has this been talking about this?

Abuse Reactive Perpetration and Continued Victimization
- For some survivors, they have experienced to some degree a continued pattern of abuse, whether sexually, physically or emotionally, within relationships. Has this happened with you?
- For some survivors, their experiences of abuse has created a need to be in control which has at times resulted in physical or emotional violence within relationships. Has this ever happened with you?
- Often victims of sexual abuse worry about they themselves becoming sexual abusive. For some, this becomes a reality and they have behaved sexually abusively in the past. Has this ever happened with you?
- How are you doing talking about this?

Wrap Up
- Questions?
- Effects normalized
- Summary of session
- Strengths highlighted

Appendix D

Men's Group Individualized Goal Sheet

1. Through participating in this group I hope to achieve....

2. What will I notice that is different in my life when I achieve this? What will I be doing, feeling and thinking as a result of these positive changes?

3. On a scale of 1-10, where am I today?

4. What would it take to move up one notch on the scale? What would be different at this point? How would you know when you achieved this? Who else might notice this?

5. On a scale of 1-10 where do I hope to be at the end of the group? What would be different at this point?

6. On a scale of 1-10 where would it be OK for me to be at the end of the group?

7. Where do I notice some of _____(what I hope to achieve) happening now?

Things to Consider in Regards to my Goals…

1. What might get in the way of my accomplishing my goals?

2. What am I currently doing or have done in the past to overcome obstacles?

3. Who might I enlist for help? Who has helped in the past?

4. What might be the first step in overcoming these obstacles? Is this already happening?

Appendix E

Session Supplemental Readings, Exercises and Handouts

Pregroup Session 1: Goal Setting

- no handouts

Pregroup Session 2: Expectations and Coping

- Coping Package
  - Techniques of Empowerment for Flashbacks, Chew (1998), p. 79.
  - Strategies for Dealing with Flashbacks, Chew (1998), p. 80.
  - The Rainy Day Letter, Dolan & Johnson (1995).
  - Coping Strategies When Experiencing Intense Feelings, Klinic.
  - Quotes by Participants Describing Healing strategies, source unknown.
- Behaviors That Support Group Process, Crowder (1995), pp. 181-183.

Session 1: Setting the Stage

Session 2: Defining Sexual Abuse and Dispelling Myths

- Incest: Myths and Realities, Lew (1990), pp.11-30.

Session 3: Exploring the Effects of Childhood Sexual Abuse

- Initial Effects of Childhood Sexual Abuse, Courtois (1993), p 71.
- Long Term Effects of Childhood Sexual Abuse, Courtois (1993), p. 72.
- Life Areas Affected by Childhood Sexual Abuse, Hunter (1990), pp. 59-91.

Session 4: Coping

- Coping: How Did I Survive?, Davis (1990), pp. 144-163
- Survival Strategies: A New Perspective, Lew (1990), pp. 91-97.

Session 5: Messages of Masculinity

- Messages About Masculinity, Lew (1990), pp. 33-46.
- Men and Feelings, Lew (1990), pp. 47-53.

Session 6: Anger

- Anger, Davis (1990), pp. 315-339.
- It's the Thought That Counts, Greenberger & Padesky (1995), pp. 15-25.
- Anger Work-Out # 3: The Good, the Bad, and the Ugly, Weisinger (1985), pp. 35-40.
- Living with Anger, Matsakis (1996), pp. 191-200.

Session 7: Self-Esteem

- Self Image, Self-Esteem and Perfectionism, Lew (1990), pp.117-126.
- Personal Questions: Befriending Yourself, Kano (1989), pp. 115-122.

Session 8: Relationships

- Assessing Your Current Support Network, Courtois (1993), pp. 137-140.
- Characteristics of Safe Verses Unsafe People, Courtois (1993), pp. 133
- Questions to Ask Before Allowing Yourself to be Vulnerable to Another Person, Courtois (1993), pp. 134-136.
- For (and About) Partners, Family and Friends, Lew (1990), pp. 275-296.
- Relationships and Social Support, Lew (1990), pp. 171-180.
- Handout adopted from Maltz and Holman (1987).

Sessions 9-11: Story Telling

- Breaking Secrecy, Lew (1990), pp. 148-170.

Session 12: Healing and Moving On

- Moving On, Lew (1990), pp. 259-271.
- Winnipeg Resources, Klinic, revised by Koop Harder

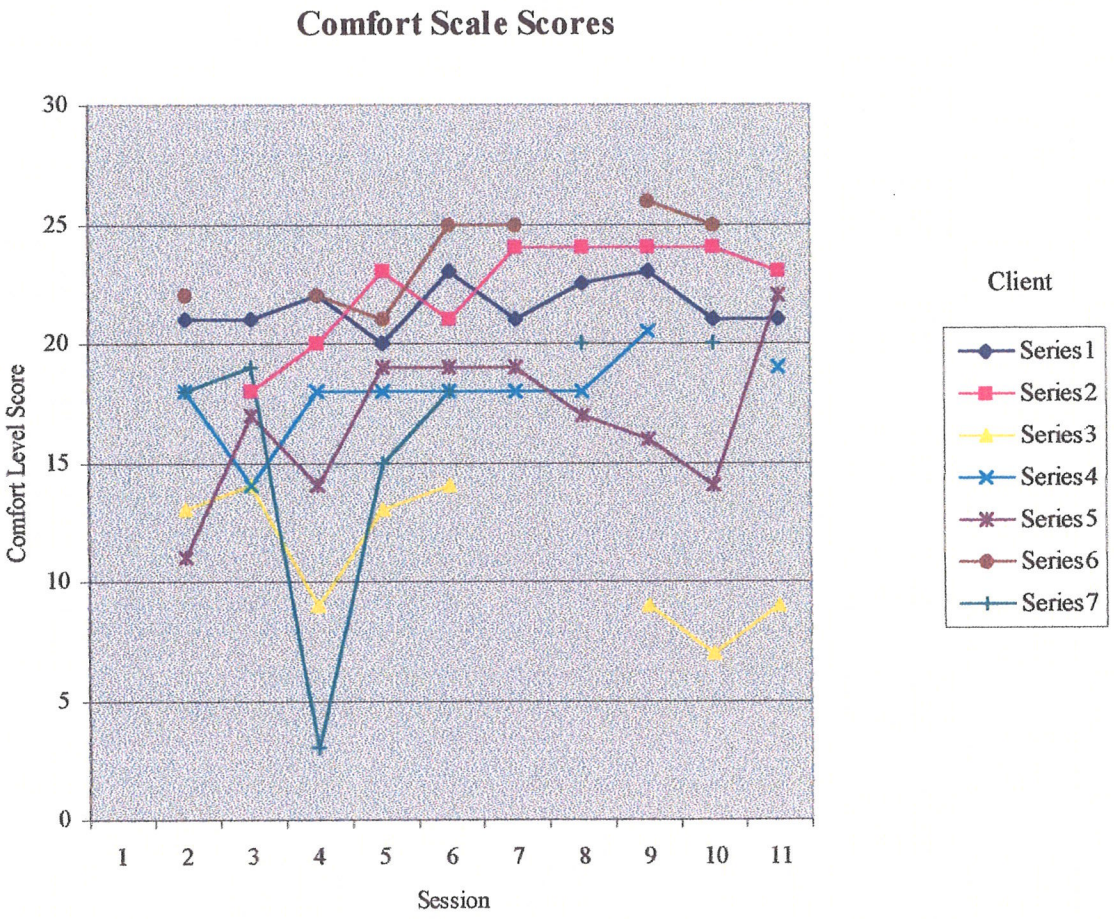
Session 13: Celebration

- no handouts

Post Group Session

- no handouts

Appendix F


Comfort Scale Scores
Comfort Level Score
30
25
20
15
10
5
0
1
2
3
4
5
6
7
8
9
10
11
Session
Client
Series1
Series2
Series3
Series4
Series5
Series6
Series7

Appendix G

Breaking the Silence: Telling our Stories

For many survivors of sexual abuse, telling their story can be an important aspect of recovery - if it is done within a supportive manner. Sexual abuse takes place within an environment of secrecy, manipulation and betrayal. Breaking the silence around the abuse can be an empowering experience. Some of you may have shared your story with others in the past and have experienced a mixture of reactions from them.

The opportunity to tell your story is yours to do with it as you will. You may say as much, or as little as you wish. Although many have found this exercise to be beneficial, it will not be easy. When you tell your story, we will be here for you, to bear witness, to share, and to support you. This is a place of safety. To share your story is also to share the burden, to find a place where some of the weight can be lightened.

The way you share your story is yours to decide. You can use this time as you wish. However, some have found it useful to use these as a guide for telling their story:

1. How have you overcome and survived the abuse. What has gotten you to this point in your life?
2. Has the way you conceptualize the abuse changed over time (many people talk about their story as changing with participation in group – that new perspectives have changed the way they view themselves and the abuse)? What are these changes? What has made the difference? What kept you from seeing these in the past?
3. Talk about the abuse (for example, who perpetrated it, how old were you? How did this impact you growing up and currently? How did the abuse stop? Have you disclosed about the abuse to anyone – what was that like? What was it like to keep this secret? What is it like now that you have told? etc.

When considering your story, keep in mind

- What forces (ex. myths, messages of masculinity, perceptions of others – family, friends, etc) have shaped your story?
- How does your interpretation of the abuse add/or take from your pain and distress?
- Is there an alternative way to frame your story (ex. are there examples of courage, determination, creativity, determination, dignity, that can be found in your story but go unrecognized in your dominant version of your story)?

These are but a few ideas on how to structure your story. Some choose not to tell their story, but express it in different ways, such as through art or music. You are free to be as creative as you want.

As story telling is a participatory process, for those listening to others' stories consider: (adapted from an exercise from the Men's Resource Centre of Winnipeg)

1. What was it like for you to hear other men's experience of their abuse?
2. Were there any parts that you could relate to?
3. How hard do you think it was for them to tell you this?
4. What does this say about them that they were willing to tell this despite the pressures to maintain the silence?
5. What words of encouragement do you have for them?

Appendix H

Where to From Here?

Now that group is completed, what is the next step? What are some areas in your life that you want to work on in the upcoming year?

What resources both internally (personal strengths) and externally (family, friends, community, organizations etc.) that will help in this process?

What obstacles exist that may make achieving these goals a challenge?

When I achieve these goals, what will I notice that is different in my life? What will I be doing, feeling, and thinking as a result of these positive changes?

What is the first step I need to take to achieve these goals?

Appendix I

Weekly Facilitator's Session Evaluation

Date:

Session:

Topic:

1. What were the session goals?

2. How well do you feel these objectives were met/accomplished?

1	2	3	4	5
poor	average	good	very good	excellent

Comments

3. What worked well in tonight's session?

4. What challenges did you experience?

5. What would you do differently?

6. Comment on the group process (reflections on group stages, issues of transference, etc.)

7. What were your reactions to these? (issues of countertransference, roles assumed, etc.).

8. Recommendations for future groups on the topic.

9. General comments, concerns or questions?

10. In general how would you rate tonight's session?

1	2	3	4	5
poor	average	good	very good	excellent

Why?

Appendix J

Men's Group Evaluation

Date: _____

1. What have been the benefits for you being in this group?

2. How well did this group meet your needs?

1	2	3	4	5
not at all	somewhat	adequately	met my expectations	exceeded my expectations

Comments?

3. What did you find most useful about the group?

4. What did you find most challenging about the group?

5. Please rate the sessions with the following responses:
   1 – not very helpful 2 – somewhat helpful 3 – very helpful

   ____ Session 1: Setting the Stage
   ____ Session 2: Defining Sexual Abuse and Dispelling Myths
   ____ Session 3: Exploring the Effects of Sexual Abuse
   ____ Session 4: Coping

____ Session 5: Messages of Masculinity
____ Session 6: Anger and Sexual Abuse
____ Session 7: Self-esteem
____ Session 8: Relationships
____ Sessions 9-11: Telling our Stories
____ Session 12: Healing and Moving On

Please rate the following statements:

6. I found the group to be a safe and supportive environment.

1	2	3	4	5
strongly disagree	disagree	unsure	agree	strongly agree

7. I found I gained new information about the dynamics of sexual abuse.

1	2	3	4	5
strongly disagree	disagree	unsure	agree	strongly agree

8. I acquired new skills to better manage the effects of sexual abuse.

Yes No

Please explain

9. What changes would you recommend for future groups?

Additional Comments