Virtually Helping?
An exploration of the use of the Internet and online resources by adult male survivors of childhood sexual abuse

A dissertation submitted to The University of Manchester for the degree of
MA in Counselling Studies in the Faculty of Humanities

2010

DUNCAN CRAIG

SCHOOL OF EDUCATION

1.0. List of Contents

Section **Page**

2.0. List of Tables 4
3.0. List of Figures 5
4.0. Abstract 6
5.0. Declaration 7
6.0. Copyright Statement 8
7.0. Dedication 9
8.0. Acknowledgements 10
9.0. Preface 11
10.0. Introduction 12-15
  10.1. Sexual Abuse of Males 12
  10.2. Experiential Foundation 12
  10.3. Terminology 13
  10.4. Cyberspace 14
  10.5. Researcher Identity 14
  10.6. Research Format 15
11.0. Literature Review 16-29
  11.1. Introduction 16
  11.2. Prevalence of Childhood Sexual Abuse 16
  11.3. Defining Childhood Sexual Abuse 17
  11.4. Male Victimisation and the Silence of Men 19
  11.5. The Internet and Computer Mediated Communication 23
  11.6. Health Online – The Benefits and Dangers 25
  11.7. Internet and Online Use 27
  11.8. Conclusion 29
12.0. Methodology 30-48
  12.1. Introduction 30
  12.2. Becoming a Researcher 30
  12.3. Adopting a Methodology 31

12.4. The Sample 34

12.5. The Method 35

12.6. The Procedure 38

12.7. Data Analysis 41

12.8. Ethical Issues 44

12.8.1. Informed Consent 44

12.8.2. Confidentiality 45

12.8.3. Disembodiment and Participant Safety 45

12.8.4. Data Storage 46

12.8.5. Researcher Safety 46

12.9. Conclusion 47

13.0. Results 49-63

13.1. Participants Details 50

13.2. Current Websites 51

13.3. The First Website Used 54

13.4. General Thoughts and Opinions on Websites 60

13.5. Conclusion 63

14.0 Discussion 64-74

14.1. Introduction to Discussion 64

14.2. Researcher Issues 64

14.3. Results Issues 65

14.4. Methodological Issues 69

14.5. Ethical Issues 70

14.6. Conclusion 71

14.7. Summary of Recommendations for Specialist Sites 72

15.0. Postscript 74

16.0. References 75-85

17.0. Appendices 86-101

17.1. Email to Hosts Text 87

17.2. Research Supervisor Letter 89

17.3. Information Page Text 90

17.4. Questionnaire Text 94

17.5. Further Support Text 98
17.6. Consent Form Text 99
17.7. Participant Solicitation Advert 100
    17.7.1. Advert Text 100
    17.7.2. Advert in Situ 101

Word Count: 16036.

2.0. List of Tables

Table **Page**

1.0. Participants Country of Residence 35

2.0. Participants Age (in range) 35

3.0. Respondent Rate 42

4.0. Participants Age (in range) 50

5.0. Participants Country of Residence 51

3.0. List of Figures

Figure **Page**

1.0. Embedded Exploratory Design 33
1.1. Exploratory Design 33
1.2. Embedded Exploratory Design 34
2.0. Screenshot Virtually Helping Home Page 39
2.1. Screenshot Information Page Entrance 39
2.2. Screenshot Text Information Page Exit 40
2.3. Screenshot Audio Information Page Exit 40
2.4. Screenshot Virtually Helping Exit Page 40
2.5. Screenshot Further Support Page 41
3.0. Consent Agreement 50
4.0. Current Site Awareness 52
4.1. Current Site Use 52
4.2. Current Site Access Time 53
4.3. Current Site Access Frequency 53
4.4. Current Site Section Use 54
5.0. First Site Use Safety 57
5.1. First Site Use Helpfulness 60

4.0. Abstract

Virtually Helping? An exploration of the use of the Internet and online resources by adult male survivors of childhood sexual abuse.

Childhood sexual abuse (CSA) is one of the most under-reported crimes worldwide, especially if the victim is male. Unable to speak out, many boys carry this 'secret' into adulthood, remaining silent through the use of maladaptive coping mechanisms. However, with the advancement and acceptance of technology within daily life, specialist survivor websites appear to offer a way to safely break the silence. This study sets out to explore the use of specialist survivor websites by adult male survivors of CSA, using an online survey that will look at: the participant, his current and first use of these sites, and capture his general thoughts and opinions. The use of mixed methods, including standard quantitative analysis and Thematic Analysis, ensured that both quantitative and qualitative data was collected. The results show three main overriding reasons why online resources were being used by this participant group. These were: the use of online anonymity to discuss issues, often shrouded in shame, that one finds difficult to discuss face-to-face in an offline environment; the importance of being able to connect with others that have had similar experiences to one's own that allow one to feel less isolated, whilst still retaining a level of anonymity; and most interestingly, and contradicting the need for anonymity, the fact that there is little or no face-to-face or offline alternative to online support as a male survivor of childhood sexual abuse. The author concludes that in the absence of specialist face-to-face services in the community, male survivors of CSA are beginning healing using professionally developed and managed specialist websites. However, it seems that many men require face-to-face services to complete this journey.

5.0. Declaration

No proportion of the work referred to in the dissertation has been submitted in support of an application for another degree or qualification of this or any other University or other institute of learning.

6.0. Copyright Statement

i) Copyright in text of this dissertation rests with the author. Copies (by any process) either in full, or of extracts, may be made **only** in accordance with instructions given by the author. Details may be obtained from the appropriate Graduate Office. This page must form part of any such copies made. Further copies (by any process) of copies made in accordance with such instructions may not be made without the permission (in writing) of the author.

ii) The ownership of any intellectual property rights which may be described in this dissertation is vested in the University of Manchester, subject to any prior agreement on the contrary, and may not be made available for use by third parties without the written permission of the University, which will prescribe the terms and conditions of any such agreement.

iii) Further information on the conditions under which disclosures and exploitation may take place is available from the Head of the School of Education (or the Vice-President and Dean of the Faculty of Life Sciences for Faculty of Life Sciences' candidates).

7.0. Dedication

I would firstly like to thank Dr. Clare Lennie, who literally ‘tricked’ me into beginning this academic journey, which I am truly grateful for.

I’d also like to thank my research supervisor, Dr. Terry Hanley, who has supported me all the way, especially through the times when I wanted to give up (UREC!). Thank you so much.

Thank you to my friends for the support and encouragement given right from the start (especially to Julian, Michael, Christos, Micky and Bob).

Thank you to all the website ‘hosts’ who kindly allowed me to use their sites to carry out this work. A special thank you has to go to each of the men that took part in this research, your words inspired me to go on and continue to do so to this day.

A very special thank you has to go to the most amazing man in the world… my best friend and husband, Wes. I’m not too sure I could have done this without your support, constant encouragement and never pressuring me or rushing me to finish.

And finally, I would like to say congratulations, to me! Who would have thought that you would actually get here, “the boy done good!”

I would like to dedicate this project to all the precious boys and girls, men and women who have survived abuse of any kind and continue to find strength to live another day.

Break the silence… it stops with us!

8.0. Acknowledgements

I am grateful to the following sexual abuse support sites and online support groups for their assistance in this study:

1in6
www.1in6.org

Amsosa
www.amsosa.com

International Days: Male Survivors of Sexual Abuse and Violence
www.facebook.com/group.php?gid=229464599362

Male Survivor
www.malesurvivor.org

Male Survivors of Sexual Abuse and Violence Group
www.facebook.com/group.php?gid=4634119958

Men Are Survivors Too
www.facebook.com/group.php?gid=176634705747

National Association of People Abused in Childhood
www.napac.org.uk

Pandora's Aquarium
www.pandys.org

Survivors Manchester
www.survivorsmanchester.org.uk

Survivors UK
www.survivorsuk.org

The Lantern Project
www.lanternproject.org.uk

The Survivors Trust
www.thesurvivorstrust.org

9.0. Preface

I remember leaving my first ever counselling session feeling like I was walking ten feet off the ground. As I sat on the bus, making my way home, I can remember thinking that one day I would like to help someone feel this way. Several years later I started to make changes that would allow me to do just that and thus I began my training to become the Integrative Counsellor that I am today.

I never thought, back then, that the training I undertook would change my life forever. Never in a million years did I think that it would start a chain reaction that would involve me rediscovering my past, understanding its impact on the present, and help me discover who I really am.

Throughout my training and clinical practice I have been honoured to bear witness to other people going through a similar process, occasionally as if it was a reflection of my own journey.

It is these sorts of experiences that have brought me to this point. The point where I challenge my own internal demons of being a 'failure', unable is unable to accomplish anything academic, and reflect on and understand my own 'story' along with the stories of others, to and create a piece of work that can and will make a difference, to organisations and their service users – male survivors of childhood sexual abuse.

For me, this first and real expedition into formal research has been both frustrating and exciting, often at the same time. It has given me the confidence to venture further and deeper into formal inquiry, both as a researcher and practitioner, into the field of sexual violence.

10.0. Introduction

This dissertation will explore the use of the Internet, and online resources, by adult male survivors of childhood sexual abuse. I aim to review the current literature available; explain the reason for choosing the methodology I have, making reference to the methods of data collection used and how the data is analysed; display the results, highlighting points of interest; and finally engage in a discussion with the whole project.

10.1. Sexual Abuse of Males

The sexual abuse of males is one of the most under reported crimes worldwide, attributed to the overwhelming challenges victims face in coming forward to report. This means that data collection efforts, such as The British Crime Survey, are

> *"likely to seriously underestimate the levels of interpersonal violence… and sexual victimization"* (Jansson, 2006, p28).

This under reporting translates into a lack of societal awareness and knowledge of the physical and psychological impact the crime has on the 'victim', otherwise known as the 'legacy of abuse' (Lew, 2004). The distinct lack of research in this particular field (see Young, Hartford, Kinder and Savell, 2007; Sorsoli, Kia-Keating and Grossman 2008) only exacerbates this silence that in turn, keeps male victims' mute.

10.2. Experiential Foundation

I first became interested in the silence of male victims/survivors of sexual abuse and rape whilst exploring the legacy of the abuse I experienced as a child and young adolescent, in both my training as an Integrative Therapist and personal therapy. Coincidentally, at this time many of the male clients in my clinical practice were presenting me with a range of issues that, during exploration within the therapeutic process, appeared to relate to childhood trauma. I began to realise that I was witnessing, in real time, the detrimental effect the absence of specialist support and silence in their lives had had on the well being of these men. I also began to fully understand the real cost of childhood sexual abuse.

As a therapist, I fully adhere to the principle of *"Beneficence"* (BACP, 2007, p3) and as a survivor I wanted to find out exactly what specialist support for men was available. I discovered that rather than the traditional face-to-face services that addressed women's needs, the majority of specialist services for men were delivered online in the form of message boards, chat rooms, self-help websites and email (see malesurvivor.org; pandys.org; male-rape.org and 1in6.org). Once I engaged with these sites and their members, both online and offline, I found that rather than being a 'substitute' for traditional services, they were providing something more important. This ignited my desire to explore why these specialist services for male victims/survivors of sexual abuse were mainly online; why so many men were using them; and what can be learnt to ensure the support provided is what men want. This was the foundation to, and the reason for, this dissertation.

Besides being a piece of academic work, it is vital to me that it is also accessible to everyone, not just academics. The legacy of abuse often leaves people bound up in confusion and therefore a healing process must involve unwrapping the confusion in order for the person to gain his own understanding of the traumatic events and the impact these have had on him. The desired result is that he will then be able to move forward in his life. With this in mind, this dissertation has been purposefully written in a widely accessible style and format that can hopefully make it a healing tool for the future.

10.3. Terminology

The terminology that I will use throughout this dissertation is synonymous within the field of sexual violence, but to ensure there is clarity for all I will highlight key terms as follows. Rather than using 'victim' and 'survivor' interchangeably as some do within specialist literature (see Crowder, 1995), the term 'victim' will refer to the male as was an abused child and 'survivor' as is an adult in the present, unless specifically stated otherwise. This is in keeping with many other research-practitioners in this field such as Draucker (1992), Lew (2004), Dale (1999) and Etherington (2000).

It is important to also understand that rather than being a definition itself, the phrase ‘childhood sexual abuse’ or ‘CSA’ refers to a collection of sexual offences against children (see Sexual Offences Act 2003). Some argue this creates a problem for researchers and practitioners in respect of continuity (see Finkelhor, 1986; Pereda, Guilera, Forns and Gomez-Benito 2009); and, without a definition, those that have been subjected to acts of abuse may feel that they have nothing to measure their experiences against and therefore are not seen themselves as victims, which in turn is not conducive to processing and healing from the trauma (Etherington, 2000b). However, for the purposes of this research, and in keeping with the autonomy of use of online resources, I will leave childhood sexual abuse as a self-defining term.

10.4. Cyberspace

The use of the Internet as a vehicle for contact and engagement, with practices such as multi-purpose access of websites and message boards, email and live relay chat will be referred to in this work as *“computer mediated communication (CMC)”* (Hine, 2000, p9-10) rather than using the limited activity of ‘Online Counselling’ as defined by Anthony and Goss as

> *“…text-based communication over the Internet either by email or by Internet relay chat (IRC)”* (2009, p1).

I will also use the term *“help-seeking behaviour”* (see Ybarra and Sunman, 2006; Galdas, Cheater and Marshall, 2005; Mansfield, Addis and Courtenay, 2005; Möller-Leimkühler, 2002) to refer to the activity of sourcing and researching information and communication online.

10.5. Researcher Identity

Continuing with the theme of clarity, it is important to acknowledge from the beginning of this research process that I am aware my own identity as a survivor may be a contributing factor in the decision making process of a potential participant and therefore, may influence participation due to the framing of my identity by another as friend, colleague, peer or alliance of ‘brother’. I will discuss this issue in more depth in subsequent chapters.

10.6. Research Format

The chapters of the dissertation will follow parallel process to the action of research. To begin with I will critically evaluate the available literature surrounding male survivors of sexual abuse and that of CMC and help-seeking behaviours, especially in reference to men. I will then proceed to the methodology behind the research and explain why I took a mixed methods approach, describing the logistics methods and my procedures of conducting the research and analysing the data. The results will then follow. Finally I will engage in a discussion of my findings, highlighting possible further work and examination, and make recommendations.

It is generally accepted that sexual abuse is primarily about power. If, as the English philosopher Sir Francis Bacon said, knowledge is power (see Wikipedia, 2010a) then I hope that everyone gains some knowledge of the subject from this dissertation that can help to empower others.

11.0. Literature review

11.1. Introduction

Researchers need *"to become completely familiar with* (the) [sic] *topic"* through analysis of the material available, which has *"as much intellectual and practical value as collecting first-hand data"* (Hart, 2001, p2).

In creating this literature review, adhering to Hart's philosophy, as above, I have used a variety of sources to collect the material; from the databases: 'PsycINFO', 'Mediline', 'PubMed', and 'Wiley InterScience'; to Google Scholar and various printed and electronic journals and specialist textbooks. I have also been fortunate to receive literature directly from the original written source, authors Dr. Terry Hanley, Professor Kim Etherington, Dr. Patrick O'Leary and Dr. Peter Dale, to whom I am extremely grateful.

11.2. Prevalence of Childhood Sexual Abuse

Over the past 25 years the body of literature available that focuses on CSA (Childhood Sexual Abuse) has grown significantly. A large proportion of this work has concentrated on attempting to identify the prevalence rate (see Cawson, Wattam, Brooker and Kelly, 2000; Pereda, Guilera, Forns and Gomez 2009). Although this is extremely important work, the findings published have highlighted a large number of discrepancies in reported incidence, leading to confusion in both clinical and research practice, as well as in the wider world. In 1988, Becker suggested that the actual number of CSA cases would be significantly higher than that which is stated, due to sexual abuse being an inherently and majorly under-reported crime. Nearly twenty years later, Jansson (2006) surmised that the British Crime Survey and other data collection efforts alike were:

> *"likely to seriously underestimate the levels of interpersonal violence, such as domestic violence and sexual victimisation"* (p28)

due to challenges victims face in coming forward and therefore resulting in the under-reporting of the crime.

In their work on the subject of male victims of CSA, Cermak and Molidor (1996) suggested

> *"retrospective self-reports show a higher incidence of male sexual abuse than official reports"* (p388).

O'Leary and Barber (2008) make reference to the fact that reviews of research on prevalence, estimate "*anywhere between 2.5 and 36.9% of males"* (p134) are victims of sexual abuse. These inconsistencies cause great difficulties for researchers in agreeing credible prevalence rates. They also add to the uncertainty and confusion surrounding the sexual abuse of males for many practitioners and clinicians, and crucially, for victims/survivors themselves. A variety of reasons have been proposed for the causation of the discrepancies, but it seems apparent that the lack of continuity in defining CSA is regarded as one of the most significant factors (see Goldman and Padayachi, 2000).

11.3. Defining Childhood Sexual Abuse

Schechter and Roberge (1976), creating the first and one of the most widely used definitions, hypothesised CSA as being:

> *"the involvement of dependent developmentally immature children or adolescents in sexual activities they do not truly comprehend, and to which they are unable to give informed consent and that violate the sexual taboos of family roles"* (p129)

A decade later, Pediatrician and child abuse expert, Krugman (1986, p25) defined CSA as:

> *"the engaging of a child in sexual activities that the child does not understand, to which the child cannot give informed consent, or which violate the social taboos of society"*.

Whereas renowned Social Worker and Psychotherapist, Blume (1986, p5) states:

> *"the use of a minor to meet the sexual or sexual/emotional needs of another person"*.

In her groundbreaking treatment model of male survivors of CSA, Crowder (1995, p2) defined CSA as:

> *"overt or covert sexual behaviour between two individuals"* when the sex act is *"developmentally inappropriate for at least one of the participants"*, the power balance is unequal and there is already an emotional connection.

More recently, in 2008, the NSPCC have stated that CSA:

> *"occurs when someone exploits their power, authority or position and uses a child sexually to gratify their own needs"* (EduCare/NSPCC, 2005, p3) and go on to define it as *"when a child or young person is pressurised, forced or tricked into taking part in any kind of sexual activity with an adult or young person."* (NSPCC).

As this suggests, creating a single definition of CSA has been an evolving process over the past three decades, striving to encompass all possible abusive acts, and has largely been unsuccessful in its goal. However, rather than a single definition, CSA is used as an umbrella term to describe a collection of sexual offences against children (see Sexual Offences Act 2003). The absence of a single legal definition may go someway to explain the lack of a clinical definition, but as Gosiorek (1994) points out:

> *"although there is no consensus on an absolute definition of sexual abuse for research purposes, the various research definitions that exist are relatively objective"* (p38).

Whilst there is a truth to this statement, having *"no standardisation of definition in clinical practice"* (Finkelhor, 1986, p19) impacts greatly on participant selection for research (see Putnam, 2003) and therefore on *"the findings and, consequently, the conclusions to be drawn"* (Cermak and Molidor, 1996, p386). As Wynkoop (1995, p50) states

> *"Obviously, such variability influences the estimates of child sexual abuse prevalence…"*,

it simply hinders a reliable account of prevalence rates. Without this, society at large remains relatively unaware of the reality of male victimisation;

> "*the problem is given less attention than it deserves and requires"* (Cermak and Molidor, 1996, p386);

leaving clinicians less prepared to recognise the issue and provide necessary and sufficient support. This can be interpreted by men as reinforcing the need to remain silent and in a state of isolation. It leads to under-reporting and propagates society's lack of awareness; and so the cycle continues.

11.4. Male Victimisation and the Silence of Men

However it is important to note,

> *"in spite of the criteria cited in reporting laws, agencies generally use their own criteria"* (Pierce and Pierce, 1985, p192).

Recently, for the purposes of their work and resources, many specialist sexual abuse support agencies and practitioners in the field of sexual violence have adopted the ratio of 1:6, referring to the number of men who have experienced sexual abuse before the age of 16 (see Male Survivor, The Survivors Trust, Jim Hopper, 1in6, Mankind Counselling, and Survivors Manchester).

For the past few years, in the UK and many parts of Western Europe, the sexual abuse and violence committed against women and girls has been driving the agenda (see Home Office, 2009). Although this is vitally important work, it negates the abuse of men. The focus needs to be more balanced. While there has been an increase in published work on the *"harmful effects of the abuse"* (Anderson, 2008, p25) or 'legacy issues' (see Browne and Finklhor, 1986; Etherington, 1995; Putnam, 2003), on the whole there is still a relative absence of research on male victims/survivors in comparison to the amount of work focusing upon female victims/survivors (Young et al, 2007; Sorsoli et al, 2008).

> *Researchers have generally neglected sexual experiences of boys with adults, assumed them to be the same as those of girls, or tried to understand them by referring to clinical research while ignoring nonclinical research.* (Bauserman and Rind, 1997, p105)

Urquiza and Capra (1990) opined that the body of research on adult male survivors of CSA is at *"an embryonic stage"* (Holmes, p70, 1997). Twenty years later, I would argue that this statement still rings true, especially when applied to work that looks at the therapeutic needs of adult male survivors.

Although researchers and authors cannot agree on the prevalence of male CSA, they do all agree that sexual abuse is shrouded in silence and secrecy - the very act itself is usually committed when the child is alone. It is common for victims to be sworn to secrecy and maintain a strict silence, usually through the use of threats of harm to himself or his loved ones, which can often include the perpetrator him/herself. Therefore the message the victim receives is to protect all around him at all costs, even by neglecting himself, and that

> *''maintaining a lie to keep the secret is the ultimate virtue, while telling the truth would be the greatest sin''* (Summit, 1983, p185).

The maintenance of this silence is often carried into the male's adult life with the message

> *"exposure means disgrace"* (Anderson, 2008, p28).

In a study of both male and female survivors of childhood sexual abuse, O'Leary and Barber (2008) found that men were three times less likely to report the abuse at the time of incidence(s) and that

> *"it was not uncommon in this study for men to report taking in excess of 20 years to talk about their experiences"* (p139).

A decade earlier, King and Woollett (1997) had found that men accessing a specialist support service had delayed disclosing for more than 17 years. These two examples are consistent with other published work. In 2001, Paine and Hansen conducted a comprehensive review of both clinical and research literature and found that

> *"research indicates that lengthy delays in disclosure and even nondisclosure are common"* (p271),

confirming the extreme difficulty there is in breaking the silence and 'revealing the secret'. From the available literature relating to the length of time it takes a man to disclose, it seems that the time-gap between abuse and disclosure is getting wider. Even taking into account variances in definition, data collection, etc., this is a matter of great concern to me. However, the word count restrictions of this dissertation mean I am unable to address this issue fully.

Shame, guilt, fear of judgment, emotional readiness, confusion of sexual identity and orientation, along with the lack of awareness and acceptance of male victimization by self, society (see Sorsoli et al*,* 2008; Holmes, Offen and Waller, 1997; O'Leary & Barber 2008) and practitioners/clinicians (see Lew 2004; Etherington 2005, 1995; Draucker 1992; Crowder 1995) are all factors that have been identified as being significant issues in the silence of male victims. However Anderson (2008) offers a slightly different perspective, proposing that the loss of physical and psychological control at the time of the abuse

> *"leads to an experience of worthlessness, self-blame and shame. Secrecy and perhaps repression appear as the only way to retain some sort of control"* (p33)

Regardless of the causation, the evidence shows that, on the whole, men prefer to remain silent rather than seek support or engage with support services (see Banks, 2001).

The problem was first discussed in the work of Padesky and Hammen (1981), considered controversial at the time, looking at the depression symptoms and help-seeking by gender. They found that there was *"clear sex differences"* in *"symptom expression and willingness to seek help for depression"* (p329). In his article (2001) looking at men and the NHS, Ian Banks, President of the Men's Health Forum, discusses the importance of the gender split in seeking health information. He also highlights the differences in the way men from various socioeconomic groups, ages and races engage with health information, making the point that

> *"the macho male maxim of "strength in silence" has an important effect on their desire for information"* (p1059).

Banks (2001) continues that, from boy to manhood, the idea that health and wellbeing is the domain of women is embedded in the male psyche. Addis and Mahalik (2003) state

> "*empirical research supports the popular belief that men are reluctant to seek help…"* (p5)

and propose that the societal expectations of the heteronormative masculine paradigm, is a contributing factor in the difficulties men find in seeking help. Simply put, society's idea of what makes a man, together with societal pressure on men to conform to this idea, make it difficult for men to ask for help, which leads to the erroneous assumption that men don't care about their health.

There is also a strong argument that the environment adds to the difficulty men have in accessing support. Services are often *"male unfriendly"* (Banks, 2001, p1059), with few visible male receptionists and front line staff to identify with; waiting room walls lined with health information aimed at women and children; and tables and magazine racks strewn with an array of women's magazines. A study by Health of Men network, in association with the Centre for Men's Health at Leeds Metropolitan University, found that not only do men care and are concerned about their health, but

> *"are willing and able to engage with their health when services are tailored to their needs"* (Centre for Mens Health, 2008, p1)

The literature clearly shows that men find it hard to ask for help in the traditional way. Therefore the outcome and logical conclusion must be to find new ways of engaging with men in an environment they feel comfortable and safe in. For male survivors it must be one that is sensitive to CSA legacy issues because

> *"exposure in ordinary social setting might lead to stigmatisation and/or rejection"* (Anderson, 2008, p29).

11.5. The Internet and Computer Mediated Communication

Researching the challenges of disclosure that male survivors face, Sorsoli, Kia-Keating and Grossman (2008) highlight what they believe to be the implications for working therapeutically with men. One of the key proposals they make is for the need to *"develop specific ways of communicating with male survivors…"* (p343), expressing the importance of finding out how and where barriers can be removed, whilst being mindful of issues such as shame. In my opinion, what Sorsoli fails to acknowledge is the use of the Internet and CMC (Computer Mediated Communication), which arguably offers *"elasticity of communication"* (Skårderud, 2003, p155), and explodes some of the traditional foundations of the therapeutic interface such as

> *"(1) visible contact; (2) talking; (3) synchronous –'real time'- interaction"* (Skårderud, 2003, p155).

Many believe that, should they wish, the Internet can provide a haven where one can be anonymous and retain ambiguity, without explicitly revealing one's age, gender, disability, race or even be exposed by their own body language (see Nakamura, 2002). The anonymity the Internet offers not only creates a sense of freedom from the expectations and constraints of everyday life, it also decreases the likelihood of *"incurring social sanctions"* (McKenna and Seidman, 2006, p283). It is argued that cyberspace's lack of social contextual rules and cues promotes some form of equality in 'participation' and disinhibition of 'participants', therefore encourages a freedom to do and be (see Spears and Lea, 1992). Weckert (2000) identifies the anonymity of the Internet as a liberating force:

> *"the Internet is a ripe venue for individuals to explore and express aspects of self, especially those that tend to go unexpressed in everyday life"* (McKenna and Seidman, 2006, p283)

Nakamura (2002) however, states that this belief is one for the *"digital utopians"* (p31), and is simply a dream. She concedes that the actual physical form of the person remains hidden, but the language, username, image/avatar one uses, along with the way one asserts oneself in cyberspace reveals much about the identity of the person. Goss and Anthony (2003) discuss the

> *"development of sophisticated computer-generated representations of the self (avatars)"* (p206)

for use within health environments, detailing how this new technology could empower clients by facilitating an anonymous space to discover themselves in reality. But as more complex and graphic rich interfaces evolve, new and shared languages could emerge which may well homogenise some online environments and therefore allow the user to become more 'reality-invisible'. However, as Bell correctly points out

> *"one of the difficulties with writing about the Internet is that it moves so quickly"* (2007, p453).

To date, after an extensive search, I have been unable to find any literature on any of the databases, journals or textbooks that directly relate to the use of the Internet by adult male survivors of childhood sexual abuse. In my search I have also spent time in conversations with researchers and clinicians working in the field of sexual violence. They have stated their belief that no similar work currently exists. In personal communication with Professor Kim Etherington, author and editor of specialist books and journal articles relating to sexual abuse, primarily in relation to issues surrounding men as victims, she stated:

> *"I also think your research idea is extremely interesting and probably unique (at this stage)"* (2009).

Therefore, it is fair to assume that I am creating an original piece of research. What I have found, however, is work that relates to the online help-seeking behaviours of those affected by what are often described as 'stigmatised illnesses'. These are such health issues as; eating disorders, suicide, depression, sexual health and male cancers. All issues, much like sexual abuse, that are often shrouded in shame. Skårderud (2003) proposes that shame is linked intrinsically to secrecy and silence,

> *"one does not want to talk about what is shameful"* (p158).

Anderson writes that for male survivors of CSA,

> *"shame and guilt has become the hallmark of the victim"* (2008, p26).

11.6. Health Online – The Benefits and Dangers

As early as 1996, at the beginning of the mass introduction of the Internet into households (see Wikipedia.org, 2010b; LivingInternet.com), researchers have both praised and criticised the use of CMC and the Internet for health and wellbeing. Researchers and writers such as *"Kaufman, 1996; Reid, 1996; Van Gelder, 1996"* (Robson and Robson, 2000, p250) have all discussed the intimacy that can occur on the Internet between people who have never physically met. But it is exactly this juxtaposition of intimacy and anonymity that some report as being beneficial and helpful.

In studying the use of the Internet as a health information tool for people with stigmatised illnesses, Berger, Wagner and Baker (2005) found that this group is

> *"more likely to turn to the Internet for health-related information"* (p1825)

than those people without. They also found that those with stigmatised psychiatric conditions reported an increase

> *"in their health care utilization and communication with a health care provider"* (p1825)

which they attributed to use of the Internet, stating that these findings could hold *"particular promise for these people"* (p1826). Similarly, Haas, Koestner, Rosenberg, Moore, Garlow, Sedway, Nicholas, Hendin, Mann and Nemeroff (2008) found that students who had engaged in a web-based interactive outreach engagement service, for those at risk of suicide, were three times more likely to enter into 'physical-world' psychological treatment than those that did not. Barak and Dolev-Cohen (2006) identified in their work a significant correlation between the high level of activity of a message board and lower levels of distress in the board users. In a study looking at young people's motivation and experiences of online counseling, King, Bambling, Lloyd, Gomurra, Smith, Reid and Wegner (2006) found that many participants reported

> *"''it is easy enough to type (how) I feel'' or ''I think, before describing my feelings''"* (p172)

indicating a sense of being comfortable with communication via text rather than entering into a verbal dialogue.

However, it is extremely important to recognise and acknowledge the potential harm that can be caused through the use of the Internet and CMC. The first criticism came from Morrissey (1997), who argued that the practice of online counselling became legitimate before it could be investigated properly. The field is still under-researched and technology is growing faster than the ability of researchers and practitioners to keep up with it (Bell, 2007).

A major concern raised is the dissemination of not only poorly researched information, but also deliberately incorrect advice - the extreme being collusion with maladaptive, unhealthy and extremely dangerous behaviours, possibly resulting in death. The ‘normalising’ of an issue is discussed by Barak and Dolev-Cohen (2006) in their work regarding online support groups. They highlight the point that the *“special type of self-help”* (p186) of ‘being’ with others in similar ‘distress’ that online support groups facilitate, could be detrimental to the physical health of the service user should the site not be moderated or facilitated professionally and ethically. Chesley, Alberts, Klein and Kreipe (2003) found that ‘support’ provided by pro-anorexia sites was often dangerous, so much so that the information disseminated could result in serious harm or death. This included providing clinical information that could assist in avoiding detection of weight loss and even the promotion and initiation of weight loss competitions.

All the work I have found on CMC and online health interventions agrees on the need for ethical practices and broadly favour online practitioners, as opposed to more traditional settings. Barak and Dolev-Cohen (2006) suggest that online users will engage positively with a virtual space, providing that the space is properly and professionally facilitated and maintained, and that maladaptive practices are discouraged, and clear instructions on the use of the space are provided to the user.

11.7. Internet and Online Use

Finally, it is important to place the use of the Internet and CMC in context by investigating actual prevalence. In 2000, a survey looking at ‘online life’ in America found that

> *“55% of individuals with Internet access have used the Web to get health or medical information”* (Fox and Rainie, p3).

According to a 2001 poll conducted by leading research company MORI, here in the UK

> *"60% of internet users would seek help for mental health problems online"* (Hanley and Reynolds, 2009, p5).

In a study of the 'frequency of health-related search terms on the Internet', 1% of all queries were found to contain health-related keywords, such as

> *"Health…*
> *Viagra…*
> *Anorexia…*
> *Weight Loss"* (Phillipov and Phillips, 2003, p2259).

Eysenbach and Köhler, however, found that 4.5% of all actual engine searches were health-related, e.g.

> *"Health care services and organizations…*
> *Medicines…*
> *Addiction…*
> *Mental Health"* (2004, p2946).

It is worth noting that the 2003 Phillipov and Phillips study did not include unusual and rare terms, and therefore Eysenbach and Köhler's 2004 study reveals a more valid statistic.

In 2009, the Office for National Statistics estimated that around 70% of UK households have Internet access (2009b, p1). It is thought that 75% (Office for National Statistics, 2008a, p4) of males, from the UK adult population, are Internet users. Of the 18,414,900 (Office for National Statistics, 2008b) men that use the Internet in the UK, it has been estimated that 23% post messages on newsgroups/message boards; 35% used the Internet as an educational tool; and 31% sought health-related support and information (Office for National Statistics, 2009a, p11, Table 6).

11.8. Conclusion

In conclusion, it is clear that research has played an important part in uncovering the legacy and damage caused by CSA and how the shame men hold, in part due to society, causes the silence of victims/survivors and builds barriers to disclosure in the 'real world'. But with the growth of technology, a new way of supporting those dealing with societal stigma issues is developing. Therefore, from all the literature, it seems logical to hypothesise that CMC and the Internet could be of benefit to adult male survivors in making positive changes as part of the healing process.

> *"Getting the chance to be open and talk represents an opportunity to grow"*
> (Anderson, 2008, p33).

12.0. Methodology

"good research cannot be built on poorly collected data" (Gillham, 2000, p1)

12.1. Introduction

In the previous chapter, I provided the reader with a view of the available literature on the legacy of childhood sexual abuse, and focused, in particular on;

- the impact the act has on men;
- highlighted the barriers often faced by men in seeking help and support;
- and drawn attention to the use of the internet and online resources when working with issues often shrouded in shame.

The chapter also addressed the distinct lack of research on the support needs of adult male survivors of childhood sexual abuse, and gave credence to the proposal that this study is potentially an original piece of research.

In this chapter I aim to provide;

- a rationale to the research methodology,
- an explanation of the procedure used in the recruitment of participants and the collection of data,
- an account for the method used for the data analysis,

and throughout the chapter and specifically at the end

- an investigation of the ethical issues of the research.

12.2. Becoming a researcher

The historical chasm between practitioner and researcher is often attributed

> *"to the differing roles and professional interests and values of researchers and clinicians"* (McLeod, 2003a, p472).

In recent years the gap has narrowed, with an increased rise in practitioners conducting research in order to develop and progress their own knowledge and practice. McLeod lists significant characteristics of 'practitioner research', including that of a *"research question born out of personal experience and a 'need to know'"* (1999, p8) and reminds us of the importance of finding *"ways of making research more relevant for practice"* (2006, p202).

The need and desire to develop my own practice by understanding an experienced and observed phenomenon was the foundation, echoed in McLeod's words, of my move to become a practitioner-researcher in order to carry out a

> *"systematic process of critical inquiry leading to valid propositions and conclusions that are communicated to interested others"* (McLeod, 2003b, p4)

Importantly though, I heed the warning of Dallos and Vetere of doing some

> *"…hard thinking about the practicalities…"* (2005, p29)

of conducting research. Careful consideration of the methodology is vital for gaining the richest outcomes, which in turn will have greater implications for practice.

12.3. Adopting a Methodology

When carrying out the research design and choosing to adopt the best methodology for the project, one is always faced with

> *""the great qualitative-quantitative debate" of the past century"* (Greene, 2008, p10).

Either a researcher uses the philosophical assumptions of a Constructivist and holds an advocacy/participatory worldview and therefore adopts the qualitative paradigm; or the researcher is a Positivist and thus espouses the quantitative paradigm (see Creswell, 2003, p19). It has been hotly argued that these two opposing paradigms cannot mix because of their vastly differing ontological and epistemological boundaries (see Guba, 1990).

> *"the split between qualitative and quantitative approaches has been significant for the field as a whole, and remains a source of conflict and tension"* (Neimeyer and Resnikoff, 1982: in McLeod, 2003a, p457)

However the exploratory nature of my research required the collection and analysis of both qualitative and quantitative data. The quantitative aspect of the research provided data pertaining to the awareness of specialist survivor websites; the use of these sites, including times and length of use. Whereas the qualitative facet allowed me to capture the real-time thoughts and narrative of the man behind the screen, in effect gave him a voice, reflecting online conditions he is used to and behaviour he is already engaged in.

Although its argued these 'two ways of knowing' are *"irreducible to one another"* (Bruner, 1986, p11), it has been widely acknowledged that they are at least *"complementary"* (Bruner, 1986, p11). Lincoln and Guba (2000) have suggested that

> *"methodology can no longer be treated as a set of universally applicable rules or abstractions"* (p191)

due to *"the blurring of genres"* (p191). Johnson and Onwuegbuzie (2004) propose that it is about time we moved beyond these old research arguments. Both paradigms are important, they continue; a mixed methods approach enables the researcher to counterbalance their respective strengths and weaknesses.

Taking a pragmatic view, it was logical to surmise that the best methodology to adopt for my research was a mixed methods design, and combine both approaches *"into the research methodology of a single study"* (Plano-Clark and Creswell, 2008, p21). Interestingly,

> *"Pragmatism, is typically associated with mixed methods research"* (Creswell and Plano-Clark, 2007, p23).

As Creswell (2003, p15) states, the origins of using mixed methods is not entirely new, and actually relates back to Campbell and Fiske's 1959 study of the validity of psychological traits, which provoked others to combine interview and observations with surveys (p15).

Taking Creswell and Plano-Clark's 'Embedded Design' (2007, p7), which provides a supportive role from one type of dataset to the other (see Fig 1.0), and combining it with their 'Exploratory Design' (2007, p76), a two-part approach to research starting with the qualitative datum and culminating in a quantitative approach involving analysis and interpretation (see Fig 1.1), I have created an 'Embedded Exploratory Design' (see Fig 1.2).

Fig 1.0. Embedded Design

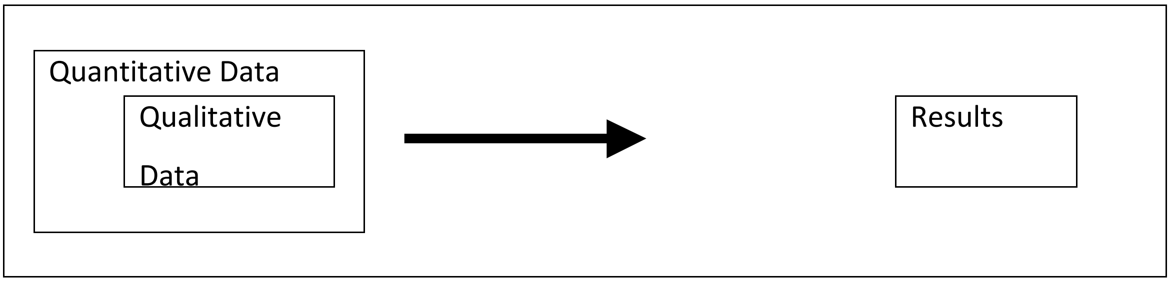


Fig 1.1. Exploratory Design

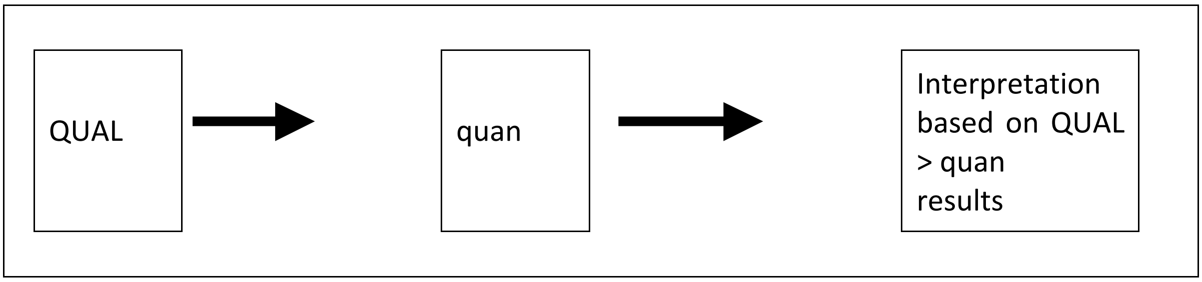
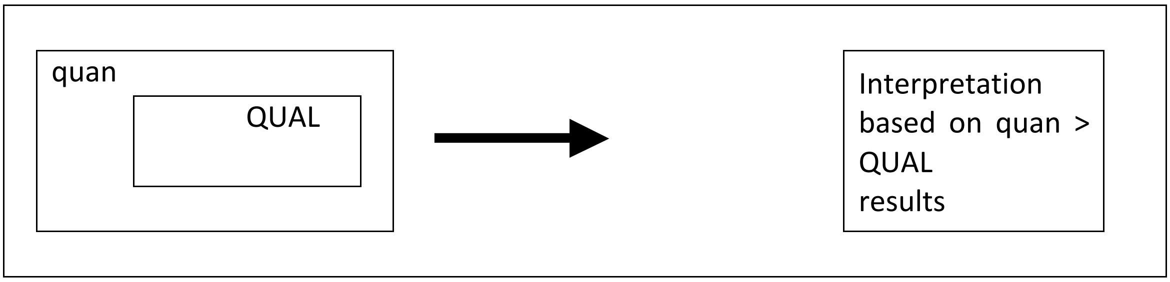


Fig 1.2. Embedded Exploratory Design



As detailed in Fig 1.2, the emphasis of the design is on the qualitative facet of the data, which is set within the context of the quantitative data. This will have the desired effect of providing a more 'fuller' picture of the phenomenon being explored.

12.4. The Sample

In choosing to consent or not to participate in the research project, by clicking the appropriate decision box, 65 people officially took part in the research. However, as detailed in the next chapter, after checking the authenticity of the data corpus, 54 participants actively engaged in the research providing answers and narrative. By virtue of the research question, participants were all adult male survivors of childhood sexual abuse.

The study purposefully set out not to define what is meant by childhood sexual abuse. This was done in order to ensure that the appropriateness to participate is decided by the potential participant and not by a narrow definition that is potentially exclusive, as discussed earlier in the literature review in reference to past research. This is also conducive to the use of the Internet and specialist online resources under exploration, being self-selecting and offering self-determined engagement. Thus all of the participants of this research have defined themselves as survivors of childhood sexual abuse.

The Internet is an internationally shared space (see Goss and Anthony, 2003, p20) with online forums/newsgroups 'dislocated' or not necessarily posited in a particular geographical location (see Hine, 2000; Colon and Friedman, 2003). Therefore, in order for the research to be conducive to the subject, it was decided not to limit subjects to the UK, but to allow for international participation (see Table 1.0).

Table 1.0. Participants Country of Residence

Australia	5	Ireland	1
Canada	2	UK	37
Germany	1	USA	8

However, as both the written and spoken language of the research is English, it is not unreasonable to assume that all participants are English-speaking or at least able to understand and comprehend English at more than a basic level.

Table 2.0. Participants Age (in range)

18 – 19	0	40 – 49	17
20 – 29	8	50 – 59	16
30 – 39	11	60 – 69	2

Before participants could enter into the study, they all had to confirm they were over the age of eighteen and therefore are classed as adults (see Table 2.0).

12.5. The Method

According to Crotty, the main textbooks written specifically for researchers and students have described *"almost countless methods"* (1998, p4-5) of research that are available. McLeod points out that generally there are

> *"six types of data that have been used in counseling research:*
> - *informant self-report*
> - *external observer reports*
> - *dialogical co-constructions*
> - *official records*
> - *projective techniques*
> - *personal experience"* (1999, p87),

with self and observer-reporting being the two most used sources of data. Informant self-reporting enables the research participant to retain a degree of anonymity, and to choose which sections of the report s/he will complete, and to what extent or degree s/he will engage with the report. This type of data collection method is the most conducive to my work, as it ensures that the participants are in full control of their own engagement, accurately mimicking the behaviour under investigation.

The most common self-reporting technique is identified as being the questionnaire (see McLeod, 2003b, p55-69; Gillham, 2000), which is evident in the literature reviewed in the previous chapter (see O'Leary, 2009; O'Leary and Gould, 2008; Walker, Holman and Busby, 2009; Ullman and Filipas, Dube, Anda, Whitfield, Brown, Felitti, Dong and Giles, 2005; King and Woollett, 1997). It is said that a vital element of conducting a literature review is to enable the researcher to examine the various data-gathering methods used in their particular area of interest, and find out which techniques are usually employed (see McLeod, 2003b). Therefore the method employed and technique used in this investigation is in accordance with those already used within the field of sexual abuse research.

The questionnaire was purposefully designed for anonymous completion, collecting only the biographical data needed to give a brief depiction of the range of male survivors participating in the research, e.g. age, location and county of residence; and contains both open and closed questions (Stewart, 2005, p396-397). The rationale behind the decision to use a mix of open questions and 'selected response' closed questions was that this outcome would provide me with some *"words rather than numbers"* (Miles and Huberman, 1994, p1) as *"open questions can lead to a greater level of discovery"* (Gillham, 2000, p5). It is widely acknowledged that free-ranging open questions can also be *"motivating for the respondent"* (Gillham, 2000, p34), leaving them feeling that the personal opinions and experiences they have detailed are of importance (see Anderson, 2007).

To ensure the data collection techniques were parallel with and conducive to my subject, the questionnaire was hosted online rather than sent to participants via traditional or digital postal methods.

> *"the Internet, and in particular the Word Wide Web, has enabled social scientists to create a virtual laboratory where the data can be collected twenty-four hours a day, across the globe"* (Joinson, 2005, p21)

But as this is a relatively new environment for me as a researcher, it was vital to ensure that both the pros and cons of conducting research online were fully explored. In his 'virtual article', Wright (2005) sets out clear and concise points that researchers in this field should consider first. Whereas Mann and Stewart (2000) explore the *"four initiatives in Internet Research"* (Goss and Anthony, 2003, p22) highlighting the advantages and disadvantages of using 'Web-page-based Surveys'.

Reflecting on all of their words, I decided to 'buy in' an online survey program package as I did not have the *"technical knowledge required to set up the survey"* (Mann and Stewart, 2000, p70). After researching the various online survey hosts and packages available, I opted to use 'Survey Monkey'. From my own enquiries this seemed to be the choice of a majority of counselling and psychology student researchers, along with many organisations in a health setting. However this particular software did not allow for the hosting of a 'front-end' site that would hold information about the research and a 'Further Support' page. Therefore I decided to purchase the domain name (see Mann and Stewart, 2000, p10) www.virtuallyhelping.co.uk and produced a microsite (see Donnelly, 2001) to host these front-end pages. The site held a digital certificate, ensuring extra security, which was then connected to the questionnaire consent form, held securely on Survey Monkey.

I had initially contemplated conducting interviews with participants online via 'IRC (Internet Relay Chat)' (see Mann and Stewart, 2000, p11), using well-known and well-used hosts such as Skype, MSN, Yahoo Chat. However after much consideration and discussion with peers and in supervision, I decided the data collected through the questionnaire was sufficient for the investigation. A salient point made by McLeod (2003b) explains the importance of only collecting data that is needed and will be analysed as

> *"it is inconsiderate, and possibly unethical, to ask research participants to supply data which will not be used"* (p33).

Also, on further reflection I decided that interviews felt too intrusive for this particular subject matter and in the context I envisaged. Conducting interviews would more than likely require the participant to reveal more about himself than was necessary, or crucially, more than he would normally do in his usual online activity.

12.6. The Procedure

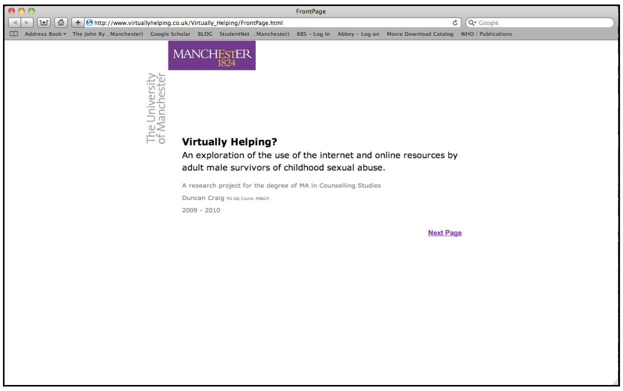
The research process began with a call for participants, managed ethically and with caution. Known specialist survivor website and social networking page founders, managers and webmasters, referred to from herein as 'hosts' (e.g. Napac; Survivors Manchester; The Survivors Trust; Jim Hopper) were contacted through email requesting to use their site and message boards' for the recruitment of research participants (see appendix 17.1). Attachments were added to the email request in the form of:

1. a letter from Dr Terry Hanley of the University of Manchester, the assigned research supervisor for this project (see appendix 17.2);
2. the Information Page text that participants would have to read or listen to before agreeing to consent (see appendix 17.3);
3. the final questionnaire text (see appendix 17.4);
4. the text for the 'Further Support Page' that participants could instantly access at the click of a link, detailing online and telephone support for male survivors (see appendix 17.5);
5. the consent form text that every participant would have to agree to before commencing with the questionnaire (see appendix 17.6).

Once I had received written agreement from each 'host' giving me permission to recruit participants through their pages, an advert was placed on their respective online space calling for participants (see appendix 15.7).

The data-collection period ran for a month to ensure that, should they wish, those only accessing these sites on an occasional basis were able to participate. The length of time the questionnaire was open also allowed for potential participants to read the online advert and reflect on whether they wished to participate or not, a parallel process of how the survivor sites had been engaged with. Once the participant decided to engage with the research, he was able to click onto the main 'Virtually Helping' site from the ad (see Fig 2.0).

Fig 2.0. Screenshot Virtually Helping Home Page



Virtually Helping?
An exploration of the use of the internet and online resources by adult male survivors of childhood sexual abuse.

A research project for the degree of MA in Counselling Studies

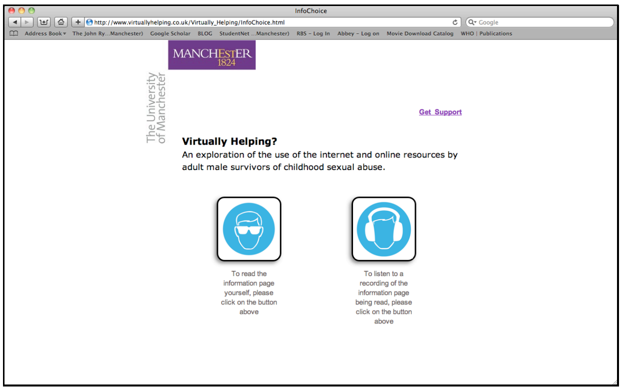
Duncan Craig PG Dip Couns. MBACP.

2009 - 2010

Next Page

The participant was first directed to a page that gave him a choice of reading or listening to information about the research (see Fig 2.1).

Fig 2.1. Screenshot Information Page Entrance



Get Support

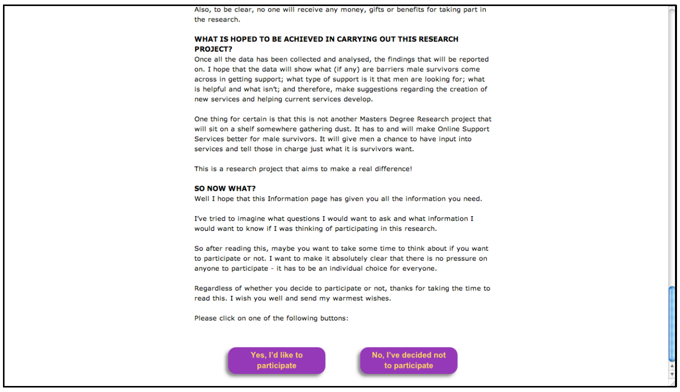
Virtually Helping?
An exploration of the use of the internet and online resources by adult male survivors of childhood sexual abuse.

To read the information page yourself, please click on the button above

To listen to a recording of the information page being read, please click on the button above

At the end of the written information page (see Fig 2.2) or audio information page (see Fig 2.3), the participant was asked to click on a button to either agree to participate or not.

Fig 2.2. Screenshot Text Information Page Exit



Also, to be clear, no one will receive any money, gifts or benefits for taking part in the research.

WHAT IS HOPED TO BE ACHIEVED IN CARRYING OUT THIS RESEARCH PROJECT?
Once all the data has been collected and analysed, the findings that will be reported on. I hope that the data will show what (if any) are barriers male survivors come across in getting support; what type of support is it that men are looking for; what is helpful and what isn't; and therefore, make suggestions regarding the creation of new services and helping current services develop.

One thing for certain is that this is not another Masters Degree Research project that will sit on a shelf somewhere gathering dust. It has to and will make Online Support Services better for male survivors. It will give men a chance to have input into services and tell those in charge just what it is survivors want.

This is a research project that aims to make a real difference!

SO NOW WHAT?
Well I hope that this Information page has given you all the information you need.

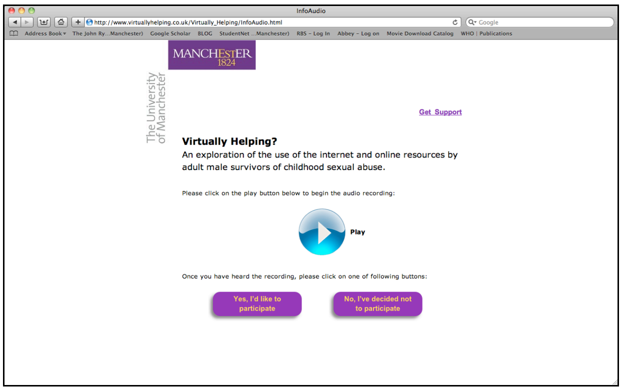
I've tried to imagine what questions I would want to ask and what information I would want to know if I was thinking of participating in this research.

So after reading this, maybe you want to take some time to think about if you want to participate or not. I want to make it absolutely clear that there is no pressure on anyone to participate - it has to be an individual choice for everyone.

Regardless of whether you decide to participate or not, thanks for taking the time to read this. I wish you well and send my warmest wishes.

Please click on one of the following buttons:

Fig 2.3. Screenshot Audio Information Page Exit



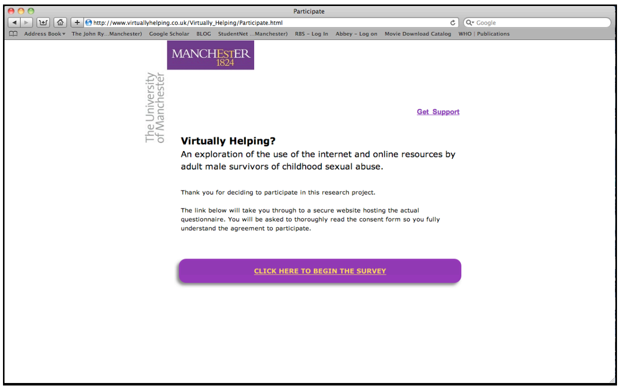
Virtually Helping?
An exploration of the use of the internet and online resources by adult male survivors of childhood sexual abuse.

Please click on the play button below to begin the audio recording:

Once you have heard the recording, please click on one of following buttons:

On agreeing to participate, he was then routed to a 'Thank you' page (see Fig 2.4) where he was informed that he would be directed to the questionnaire consent form, which would need to be read and agreed before he could commence with the survey.

Fig 2.4. Screenshot Virtually Helping Exit Page

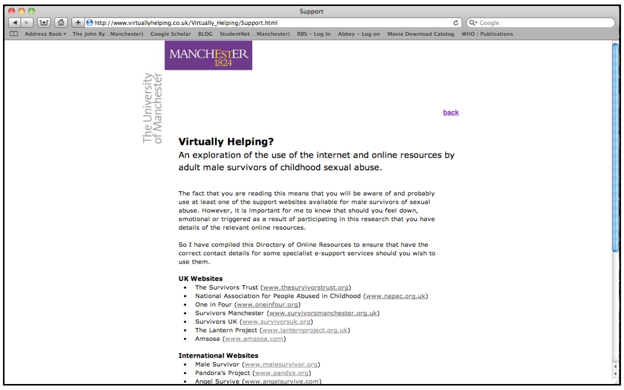


Virtually Helping?
An exploration of the use of the internet and online resources by adult male survivors of childhood sexual abuse.

Thank you for deciding to participate in this research project.

The link below will take you through to a secure website hosting the actual questionnaire. You will be asked to thoroughly read the consent form so you fully understand the agreement to participate.

Fig 2.5. Screenshot Further Support



Virtually Helping?
An exploration of the use of the internet and online resources by adult male survivors of childhood sexual abuse.

The fact that you are reading this means that you will be aware of and probably use at least one of the support websites available for male survivors of sexual abuse. However, it is important for me to know that should you feel down, emotional or triggered as a result of participating in this research that you have details of the relevant online resources.

So I have compiled this Directory of Online Resources to ensure that have the correct contact details for some specialist e-support services should you wish to use them.

UK Websites

- The Survivors Trust (www.thesurvivorstrust.org)
- National Association for People Abused in Childhood (www.napac.org.uk)
- One in Four (www.oneinfour.org)
- Survivors Manchester (www.survivorsmanchester.org.uk)
- Survivors UK (www.survivorsuk.org)
- The Lantern Project (www.lanternproject.org.uk)
- Amsosa (www.amsosa.com)

International Websites

- Male Survivor (www.malesurvivor.org)
- Pandora's Project (www.pandys.org)
- Angel Survive (www.angelsurvive.com)

The participant was then free to engage with the questionnaire, which on completion would end with a 'thank you' page and details of when and where the completed outcomes report could be found and downloaded (see appendix 12.4 for full questionnaire).

12.7. Data Analysis

Having adopted a mixed methods design, the procedure of the data analysis followed a 'sequential mixed methods analysis'. As Creswell and Plano-Clark state:

> *"the purpose of the sequential mixed methods analysis of the data is to use the information from the analysis of the first database to inform the second database"* (2007, p142)

Following this analysis method allowed me to view the online activity-based behaviour of the sample via the quantitative data; then understand why this behaviour is carried out by the sample, through the qualitative data.

Once the period for data-capture ended, the data was 'collected' to an Excel spreadsheet inside the questionnaire program and downloaded 'locally' onto the computer's hard-drive. Holding the spreadsheets on the 'local' drive enabled me to become 'familiar with the data' (see Creswell and Plano-Clark, 2007, p130-131), check the 'authenticity' (see Mann and Stewart, 2002, p212-214) and clean any errors (see Creswell and Plano-Clark, 2007, p130-131). A 'master' database containing the collective responses to all questions from all participants was created; and one for each question containing those particular responses. This enabled each question to be worked upon and analysed without fear of compromising, creating errors or deleting the rest of the data.

In the process of checking the authenticity of the collected data (see Table 3.0) I chose to delete 9 'ghost' submissions from the master sheet, as all data fields for these 9 'individuals' contained no datum. Participation in the research was anonymous and it was therefore impossible to identify those that clicked to agree to participate but then went no further. As with my counselling practice, when a client does not return after a session, I can only suggest possible reasons. In this case I surmised that the participant was unable to begin the actual questionnaire due to a technical fault or 'real life' interruption, or that he decided not to participate after all.

> *"Researchers may approach the 'authenticity' of online data in a variety of ways. In the first place they would need to make their own assessments of the 'candour' of participants. They would then need to determine the status and significance of data generated"* (Mann and Stewart, 2000, p214)

Table 3.0. Respondent Rate

No of respondents who agreed consent to participate	63
No of respondents who declined consent to participate	2
No of 'Ghost' respondents (those agreed to participate but went no further)	9
No of respondents who fully completed the questionnaire	41
No of respondents included in the data analysis (those who gave consent)	54

The analysis began with attention focused on the quantitative database. Having 'cleaned' the numbers and arranged in numerical order, pie charts and graphs were created using Survey Monkey's own software. Simple numerical equations, created in the spreadsheet, described the 'central tendency' of selected questions, indicating *"what the sample as a whole is like"* (McLeod, 2003b, p44); and transformed raw information – such as city of residence or time spent online – into 'descriptive' graphs and charts. The focus of this mixed methods design was on qualitative data and therefore no attempt was made to organize or analyise the quantitative data in any great depth. The numerical tables, graphs and charts assist in elaborating the 'story' being told through the qualitative 'words'.

Following the period of familiarity with the quantitative data, a two-week long intense 'immersion' (see Creswell and Plano-Clark, 2007, p130-131) in the qualitative 'data corpus' took place. Thematic Analysis, a technique that gives researchers a *"way of seeing"* (see Boyatzis, 1998, p1), was used to analyse the qualitative data following an *"Inductive approach"* (Braun and Clarke, 2006, p83). This approach was chosen as

> *"the closeness of the code to the raw information increases the likelihood that various people examining the raw information will perceive and therefore encode the information similarly"* (Boyatzis, 1998, p30).

Although I adhered completely to the Inductive approach of coding all the data without fitting it into *"the researcher's analytic preconceptions"* (Braun and Clarke, 2006, p83), it would be fallacious to state the process is truly objective. I acknowledge that I bring my own experience to the analytical process; namely, my own sef-knowledge and a deep understanding of the issue being explored, whether through clinical experience or the literature reviewed. As Ely, Vinz, Downing and Anzul state

> *"if themes reside anywhere, they reside in our heads from our thinking about our data and creating links as we understand them"* (1997, p205-206).

Themes were identified at both a 'manifest' and 'latent' level *"at the same time"* (Boyatzis, 1998, p16), rather than just choosing a single level (see Braun and Clarke, 2006), as it enabled me to gain both the surface and visible content, and the *"underlying aspects of the phenomenon under observation"* (Boyatzis, 1998, p16).

The initial coding, searching for candidate themes to then be reviewed, and the naming and defining of themes (see Braun and Clarke, 2006, Table 1, p87) was initially conducted through a basic spreadsheet application and then through a CAQDAS (Computer Assisted Qualitative Data Analysis) package at separate times. This enabled me to not only compare the 'codebook' from each, but also reflect on the similarities and, significantly, the differences of the responses. For the research to remain conducive to the project subject matter, it was necessary for the data to be analysed via a computer.

12.8. Ethical Issues

Once all relevant documentation had been submitted to UREC (University Research Ethics Committee), it was reviewed and three amendment recommendations were made:

- The removal of the question asking participants to provide their exact date of birth from the questionnaire and consent form;
- Gaining written permission from the web 'hosts' to advertise this survey;
- Reconsideration of the use of 'self disclosure' in the Information Sheet.

Following the resubmission of the amended documents, the project was granted full ethical approval by UREC. From the beginning, ethical practice and considerations were a high priority due to the nature of the topic and the potential vulnerability of the participants. A key concern from the outset and throughout the research was the safety of each participant.

12.8.1. Informed Consent

It was vital that each participant was engaging in the research of his own free will and choice (see Mann and Stewart, 2000, p48). Therefore no financial or other physical incentive was offered and following reflection of a UREC recommendation, the information sheet was amended to be less self-disclosing and thus remove the possibility of unconsciously emotionally 'persuading' (see Cambell and Groundwater-Smith, 2007, p76-77) any potential participant to become involved out of a 'duty to your fellow survivor'.

For those participants with low level literacy skills an audio-visual alternative to the information sheet was planned. However, following a rethink as the result of a UREC recommendation, I chose to only produce an audio alternative. This meant I could not be actually seen and therefore, again not be seen to be 'persuading' participants to participate. On further reflection, I also concluded that any video of myself reading the information sheet was potentially too intrusive and too unlike the participants usual online experience to be conducive to my subject.

The consent page text (see appendix 12.6) was based on the University of Manchester School of Education's own 'Policy on Informed Consent' (2009).

12.8.2. Confidentiality

In order that participants could speak freely about their own use of the Internet without the fear of being judged, each had to feel that the setting was confidential and their identity was protected. Therefore, it was explicitly stated that no identifying or contact information would be collected, including IP addresses, and therefore anonymity was ensured. Even if ones words are used in the final report verbatim, they could not be linked to a known individual. This anonymity ensured a high level of confidentiality (see Hine, 2005).

12.8.3. Disembodiment and Participant Safety

Dealing with disembodied words collected from an online questionnaire meant there was no direct contact with participants and therefore a

> *"reduced ability to protect participants who are straying into dangerous areas"* (Mann and Stewart, 2000, p55).

Care was therefore taken to ensure that questions did not lead participants to necessarily reflect on the abuse or trauma, but instead focus on their healing process. The design of the 'Further Support' page (see appendix 12.5) focused on providing links to practical, immediate and crisis support on offer, both virtually and offline. The contact details were checked to ensure the services were fully operational. As participants would be recruited through sites frequented by a large proportion of American citizens, it was important to provide international support links.

The University of Manchester logo was included on all literature and carried through the design of the micro site and questionnaire, as instructed by UREC. This was to provide a sense of safety through ethical supervision by a respected institution. The contact details of the University research supervisor assigned to this project were also included on the micro site and adverts.

All of these steps were taken to ensure that if the participant does feel he is ‘triggered’ (see Grubman-Black, 1990) by the questionnaire, he has access to further support resources.

12.8.4. Data Storage

All the data generated through Survey Monkey was securely stored on their servers. This is a main feature of the site and the reason why so many large companies use Survey Monkey. However once it was collected onto a spreadsheet and downloaded locally onto my own computer, the file was password protected to ensure only I had access to it. The main and subsequent folders contained within, and all of the related documents were also password protected, to which only I have access. I also made the decision that there would be no paper copies of any raw data or spreadsheets, negating the risk of raw data being seen by anyone other than myself.

The overall concern is always that participants can be exposed through the data collected (see Mann and Stewart, 2000). However, as no identifying or contact data was collected, the risk of a breach is nil.

12.8.5. Researcher Safety

As well as being a researcher, I am also a survivor and in a similar situation to the participants. It was imperative that I thought about my own safety.

This was done through reflective discussion with both my clinical practice supervisor and my academic research supervisor. It was agreed that my own practice as an experienced therapist in this field had equipped me with the skills to handle the personal narrative, or qualitative datum, which may be emotive. My own sense of safety had previously enabled me to identify when I needed extra support, in the form of extra supervision or to return to therapy, and I was confident that I would be able to manage this decision again.

It was agreed with my clinical practice supervisor that we would allocate time each month to discuss my research and thus have a space to reflect on my own well-being. Regular tutorials and email contact with my academic research supervisor ensured I remained fit-to-practice.

Throughout the whole research process, I continued to adhere to the BACP Ethical Framework for Good Practice in Counselling & Psychotherapy (BACP, 2010) and subscribed to and adopted the BACP 'Ethical Guidelines for Researching Counselling and Psychotherapy' (Bond, 2004). I was also bound by the approval guidelines set out by UREC and agreed that I would not depart from the protocol that had been given ethical clearance. It is important to note that all of the management and handling of all was in line with the Data Protection Act 1998.

12.9. Conclusion

Dallos and Vetere (2005), warning of *"…hard thinking about the practicalities…"* of conducting research (p29), has been an important reference to carry throughout the whole research design process, from choosing a methodology through to the data analysis.

It was important to ensure that all decisions made were based on ensuring that:

- the risk of causing harm to the participant was minimal to nil;
- the method of exploration being carried out was conducive to the subject being explored;
- only data that would be used would be collected;
- the participant felt he made a positive contribution and his data will be treated as such.

I feel strongly that these four points have been adhered to and therefore this research project is as ethically considered as possible, ensuring that not only have any participants come to any harm, but their voices have been heard and their words treated in exactly the way they should be… with great importance and significance.

13.0. Results

Within this chapter I aim to present the individual and overall findings of both the qualitative and quantitative data that was gathered during the data capture period via the online questionnaire. Each question asked in the survey was placed under one of four headings, or themes, as follows:

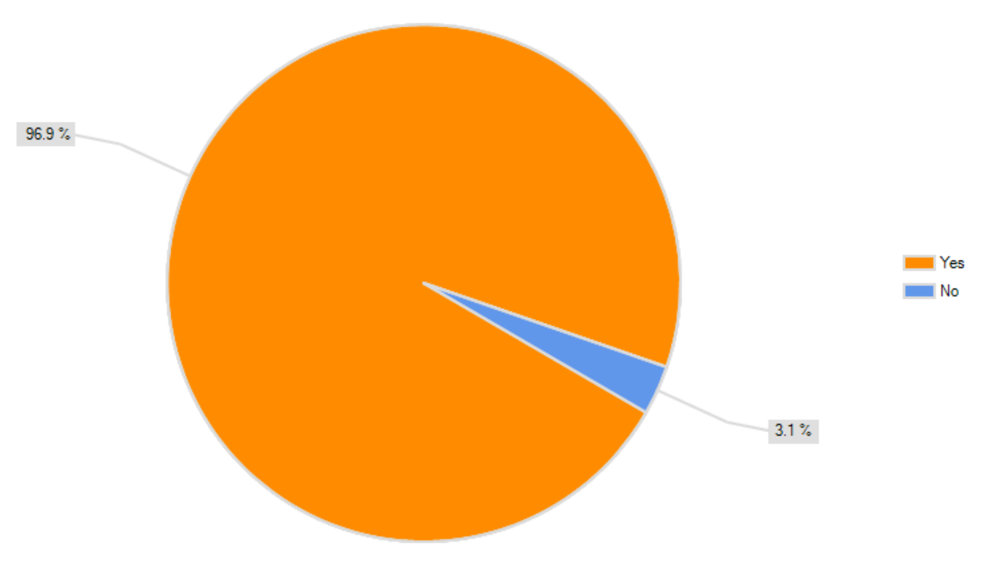
- Participant Details
- Current Website Use
- The First Website Used
- General Thoughts and Opinions on Websites

This kept a linear thread running through the questionnaire, starting with looking at the participant himself; then to his current behaviour online, which is how he has ended up at this questionnaire; then looking at how he first used and experienced specialist survivor sites; and finally, with his experience in mind, finding out what he thinks about specialist survivor sites and what he believes they could do to best serve survivors. Therefore, to retain this purposeful and logical thread running through the data collection effort, the following chapter is presented in a similar manner to the layout of the questionnaire.

It is important to note that all direct quotes used in this chapter have been collected from the qualitative aspect of the survey and are presented verbatim with no amendments or spelling corrections. This is done in order to preserve the truthfulness of the data and the survivor's real voice. All direct references will include the anonymous participants reference code e.g. (SU00), to denote it from a textbook or journal article.

Before the survey data collection started, informed consent had to be gained from each potential participant (see Fig 3.0). After reading the information sheet and consent agreement, participants were asked if they consented to take part in this research project. The total number of people who 'clicked' on Yes or No, and therefore made a choice to participate or not, was 65 (*n*=65). 97% (*n*=63) clicked 'Yes' and 3% (*n*=2) clicked 'No'. Interestingly, rather than closing the window containing the research pages on their screen as is usual behaviour, 2 people actively chose to state they had decided not to take part.

Fig 3.0. Consent Agreement



It is important to note that of the total number of participants (*n*=65), 9 consented to participate but then did not provide any further information or answer to the questions, post-consent form, and are thus unable to be included in any further statistics or comments. Therefore, unless otherwise stated, from herein the total number of participants referred to is 54 (*n*=65 – *n*=2 – *n*=9).

13.1. Participant Details

The age range of the participants can be seen in Table 4.0, previously shown in Chapter 8. The participants mean age was 42 years old, and modal age of 40 years old.

Table 4.0. Participants Age (in range)

18 – 19	0	40 – 49	17
20 – 29	8	50 – 59	16
30 – 39	11	60 – 69	2

The largest number of participants (*n*=37) stated their country of origin (see table 5.0) was the UK, followed by USA, Australia and Canada. Although cyberspace is mainly country/location neutral, as I have already stated in earlier chapters, I believe the reason for the higher number of UK residents participating in this research is due to the solicitation of participants. A large proportion of survivor agencies that advertised the research through their own website and social networking pages, are UK based.

Table 5.0. Participants Country of Residence

Australia	5	Ireland	1
Canada	2	UK	37
Germany	1	USA	8

When asked the question if participants had engaged in similar research, 81% (*n*=44) stated that they have never, whilst the remainder (*n*=10) stated they had either previously or currently engaged in similar research.

13.2. Current Websites

To investigate the awareness and current use of specialist websites and cyberspace, participants were asked to provide answers to eight specific questions.

The first two questions of this section looked at the awareness (see Fig 4.0) and actual use (see Fig 4.1) of the more well known specialist survivor websites.

10% (*n*=5) of participants stated that they were not aware of any of the sites listed or had used any of the sites listed. Unsurprisingly, as it is the largest and longest running site specifically for male survivors, Malesurvior.org was both the most well known site (*n*=31) and the site the majority of participants had used (*n*=27).

With regards to the use of social networking sites, Facebook™ was the most used (*n*=20), with 39% of participants regularly using the site, followed by MySpace™ (*n*=4) and Twitter™ (*n*=2). However, 47% (*n*=24) of participants stated they did not use any social networking sites. Participants aged between 50-59 were the group that most used facebook (*n*=7), whereas those in the 40s (*n*=10) reported that they used social networking sites least.

Fig 4.0. Current Site Awareness

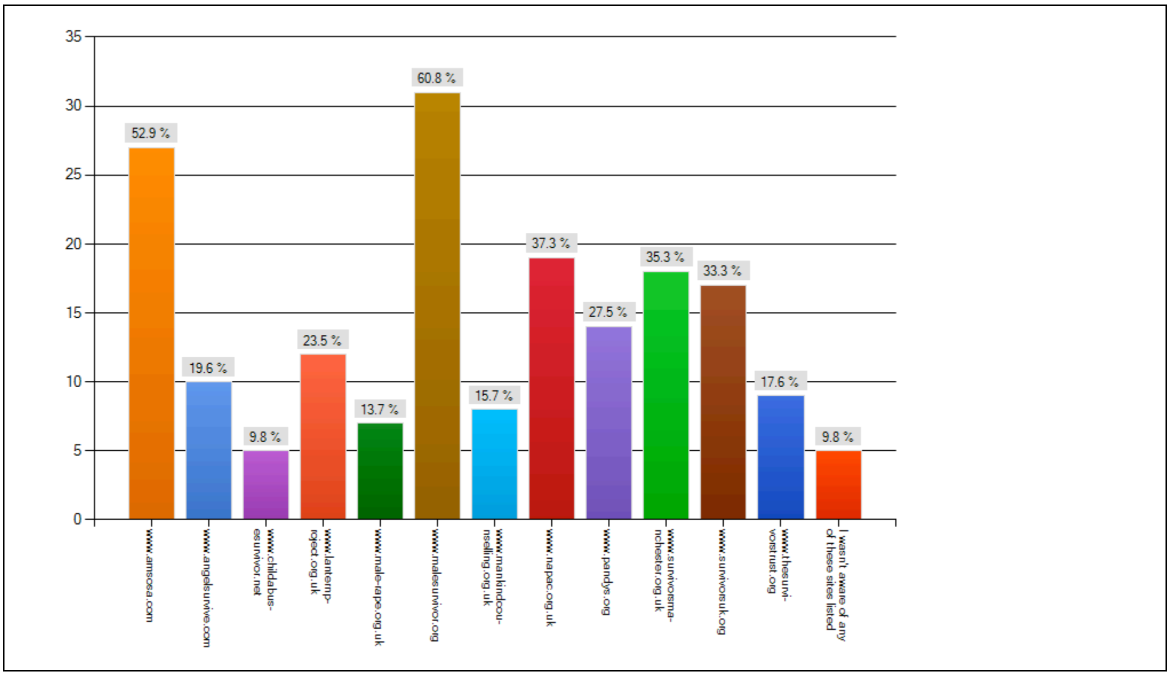
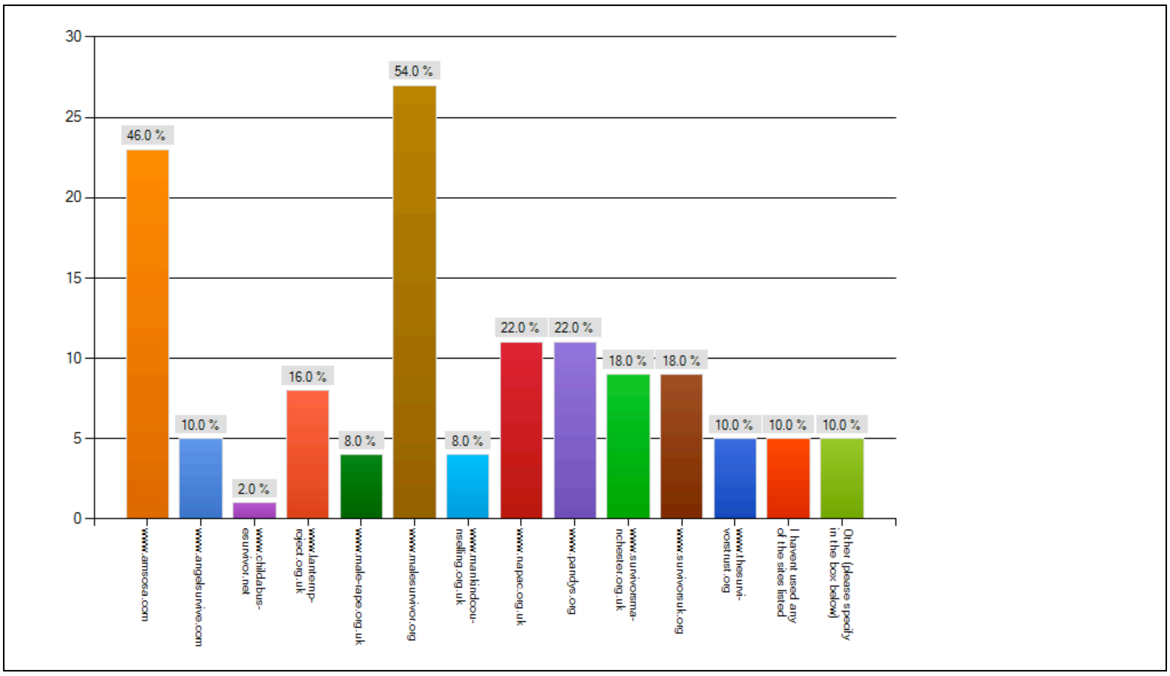
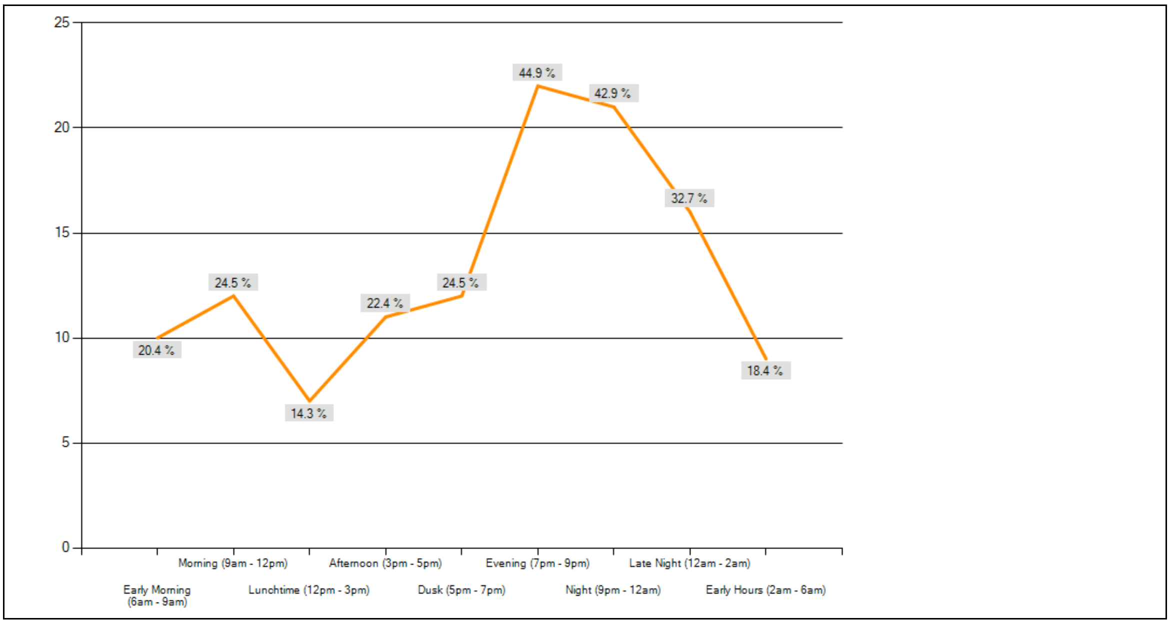


Fig 4.1. Current Site Use



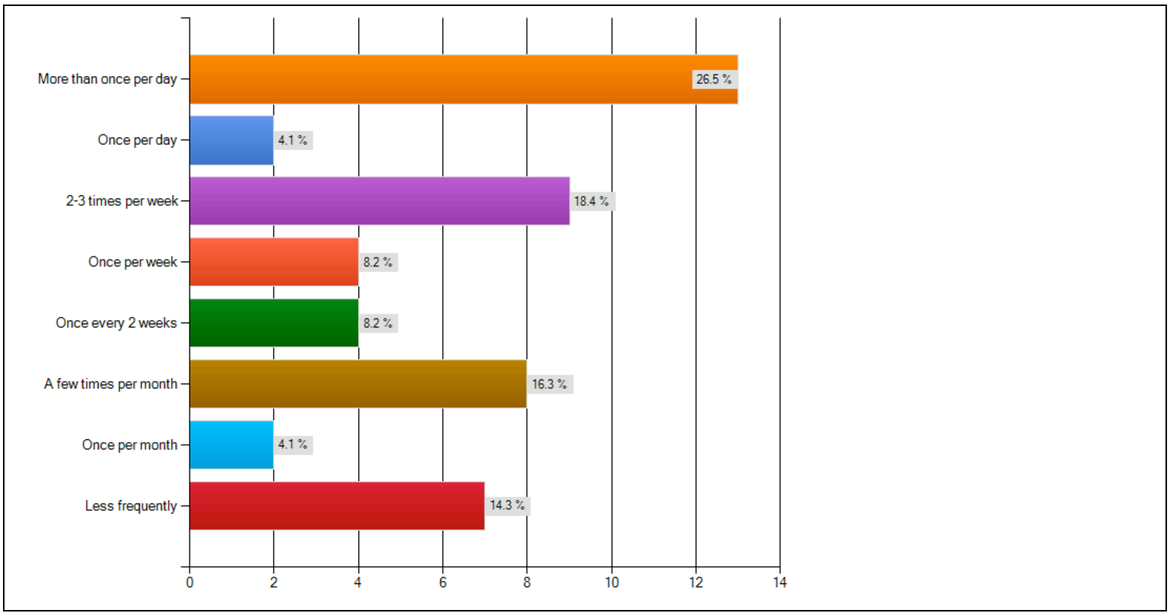
Home was registered as the most common place to access the Internet, with 92% of participants stating this, followed by 4% (*n*=2) of participants stating the workplace as the next most common place to access specialist sites.

Fig 4.2. Current Site Access Time



What time participants accessed specialist sites (see Fig 4.2) was clearly weighted towards the latter part of the day. 45% (*n*=22) stated they accessed sites between 7pm and 9pm, 43% (*n*=21) between 9pm and 12am, and 33% (*n*=16) between 12am and 2am. On average, they stayed online in one ‘sitting’ for 1 hour 8 minutes, with the modal length of time being 1 hour. Those in their 50s were more likely to be online between the hours of 9pm and 12am than all other age ranges, and registered being online between 12am and 3am more than any other age range.

Fig 4.3. Current Site Access Frequency

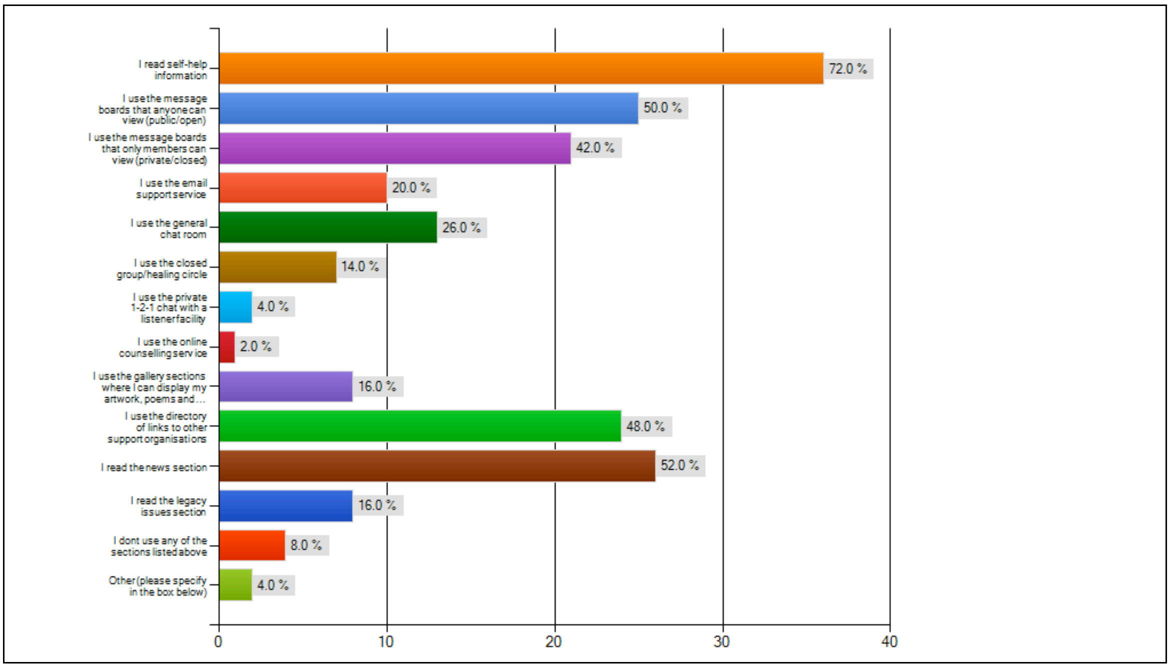


27% of all participants who answered the question, “How often do you access these sites” (*n*=49), stated they go online more than once per day, followed by 18% who stated they access sites 2-3 times per week (see Fig 4.3). Those in their 20s were more likely to be the age group accessing sites more than once per day.

When participants (*n*=50) were asked about the sections of the sites that they use (see Fig 4.4), 72% stated they read the self-help information; 52% read the news sections; 50% used public message boards; 48% used the directory and signposting facilities; and 42% used the private message boards. Chat facilities featured significantly, with 26% using general chat rooms and 14% using closed healing circles.

Those in their 40s (*n*=13) and 50s (*n*=12) registered as the age ranges using self-help information more than anyone else, whereas those in their 20s (*n*=4) and 30s (*n*=4) registered as age ranges using Chat Rooms more than anyone else.

Fig 4.4. Current Site Section Use



13.3. The First Website Used

Moving on to investigate the time when participants (*n*=47) first used these specialist sites, the average age of first use was 38 years old, with the median age of 39. From this I was able to establish how long each participant had been online accessing these sites. The mean length of time was 4 years, with the median being 3 years.

When asked how they discovered the first site they had used, unsurprisingly 67% of all participants (*n*=49) stated that they had found it through a search engine. However, 20% stated someone trusted, such as a therapist, doctor or friend had recommended the site. Advertising featured very low on the register with only 6% of people stating they had become aware of the site through online and traditional advertising.

The various reasons given by participants (*n*=47) for accessing online support, as opposed to other forms of help, fell under two distinct themes: 'The Environment' and 'Lack of Choice'. Under this first theme of 'The Environment', 'anonymity', 'privacy', 'confidentiality' and words associated with 'embarrassment' featured as initial and key codes with 51% of participants using these keywords as the main reason why they accessed online:

> *"online support is sort of anonymous so it is easier to talk about deeply shameful and embarrassing stuff that I can't get out to real people"* (SU03)
>
> *"No personal 1:1 contact initially"* (SU30)
>
> *"I found it difficult to express myself about issues one to one in person"* (SU35)
>
> *"IT'S LESS PERSONAL AND I FELT MORE COMFORTABLE WITH THE ANONYMITY"* (SU44) (NB: written in caps by participant)
>
> *"Anonymous = safety. Needed privacy - family in bed."* (SU64)

The other keywords, e.g. 'access', 'practicality', that came under this first theme centred on online accessibility:

> *"accessible 24/7"* (SU08)
>
> *"Needed immediate support that night."* (SU47)

This practicality not only offered access to a support tool when the participant needed it, but was also a highly important practical tool in itself for one participant, as it enabled him to tell people in his life offline.

> *"I first disclosed the abuse by posting it on male survivor message board and emailing my friend a link to it."* (SU14)

Of the second chief reason, 21% of participants focused solely on one key theme, 'Lack of Choice':

> *"there is nothing else besides a therapist"* (SU05)
>
> *"Couldn't find support for men anywhere else"* (SU10)
>
> *"There is a general lack of support available in my current area and all areas I have previously lived in. Online support seems to be the only support I can access."* (SU20)
>
> *"all that was available to help me at the time"* (SU26)

When asked if they still used the original site they first accessed (*n*=46), 73% of people stated that they did, feeling a sense of connection and support being the main reason as to why:

> *"valuable for continuing connection with other survivors who are now friends"* (SU01)
>
> *"Sharing takes away the loneliness"* (SU08)
>
> *"I feel I learn from others experiences and hope i can contribute something to aid others recovery."* (SU19)

> *"I would be dead without the support I receive"* (SU03)

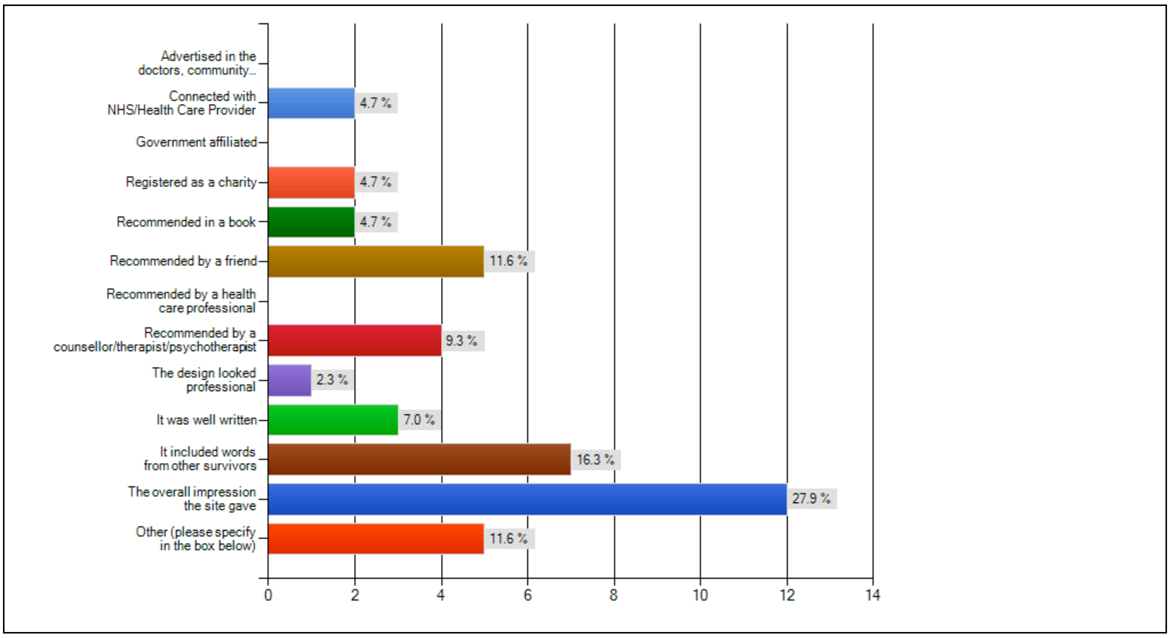
Of the 12 participants that stated they no longer used the site they first used, 33% said that they felt the site had in some way served its initial purpose

> *"I have moved on since first acknowledging that I had been sexually abused"* (SU60)

and they were not getting anything new from it.

> *"I'VE READ MOST OF THE SITE AND FEEL THERE IS LITTLE NEW TO READ"* (SU44)

Fig 5.0. First Site Use Safety



When asked about how they decided if the site they first used was safe (*n*=43), in the absence of any universally accepted 'kite mark' or 'professional standards body', 28% (*n*=12) of people registered that the overall impression of the site was way they had judged that the site was safe to use by its overall impression, whilst 16% (*n*=7) had, in effect, relied on the fact that other survivors were participating on the site as it included their words – whether through message boards, chat rooms, 'gallery' or survivors stories, etc (see Fig 5.0). Collectively, over 20% of participants stated that they had judged the site to be safe due to its status externally; whether through affiliation with statutory organisations, recommendation through trusted professional sources, or legal status. Interestingly, of the 12% of people that gave a reason ‘other’ than those listed, over 60% had not thought about safety,

> *“first one I saw”* (SU03)
>
> *“No other choices at that time…”* (SU04)

which appears to demonstrate the immediacy of participants’ need to get help at that moment in time.

The sites usefulness as a practical tool to gather the information that the participant wanted and needed was cited as one of the main points as to why the site was liked.

> *“It provided the information I was looking for”* (SU23)
>
> *“information in a way i could understand without medical terms”* (SU40)
>
> *“Completeness of topic - seems like pretty much everything is covered”* (SU64)

However, the single most important theme that emerges is the connection with other survivors. The direct connection, often managed through IRC (Internet Relay Chat), or delayed and fragmented dialogue on message boards;

> *“The contact with other Male Survivors that helped me to deal with the sexual abuse.”* (SU13)
>
> *“contact with other survivors made me feel less alone and that someone really understood what I was going through”* (SU14)
> *“Familiar voices”* (SU19)

appears to also extend to the body copy contained within the sites general pages;

> *"It was written by someone that had similar experiences to me"* (SU16)

and the sections of the site dedicated to providing a space to display survivors own words and pictures;

> *"There were people's words on there, like real people."* (SU10)

Once again, the importance of anonymity was very present within participants' answers, summed up best by (SU35) in his own words in stating that it enabled him the

> *"freedom to express myself without fear of being reconised"*

Participants (*n*=20) also expressed what they disliked about the site. Unsurprisingly, bad navigation and layout were highlighted as direct practical points; and loss of anonymity through membership registration; or loss of safety through temporary or permanent closure of sections of the site, were raised as points of dislike. The sites' potential to compel participants to face the reality of their situation, past and present, was commented on as a dislike, as was the *"female dominated"* (SU51) presence in some of the international and mixed sex/gender sites

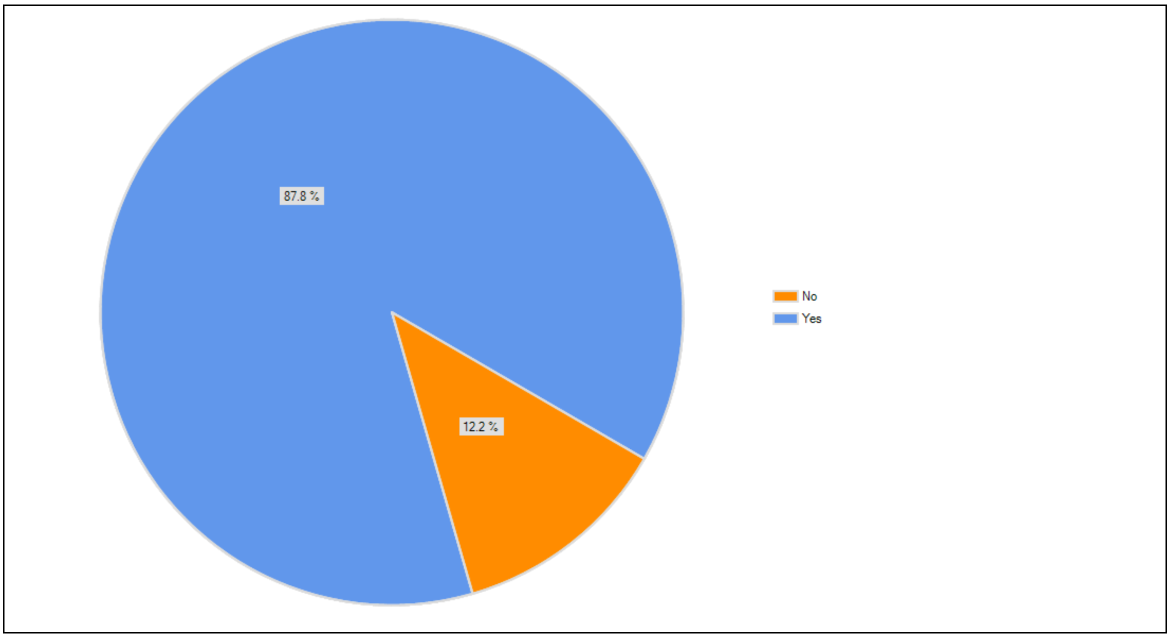
> *"At first I had a difficult time becoming really at ease in such a feminine-hurt-mostly-by-male environment. I felt like I was trespassing. This is still an issue sometimes."* (SU08)

However, 50% of participants (*n*=10) stated that there was *"nothing"* that they disliked about the sites they first used, which was most surprising. As the questionnaire is designed to be a receptive vessel only capture the answers to questions and participants' narrative, I am unable to follow up this line of enquiry, although further discussion and hypothesis as to the reason for this answer is discussed in the following chapter.

When asked if using the site helped (see Fig 5.1), 88% of all participants (*n*=42) answered ‘Yes’, using words that centre around the theme of ‘connecting with others’;

> *“Put me in contact with others to begin breaking the isolation”* (SU01)
>
> *“nice to find out you are not alone in your thoughts and feelings”* (SU05)
>
> *“It gave my concerns another voice to be spoken with”* (SU19)
>
> *“By allowing me to discuss online with fellow survivors things I couldn't talk to my friends & family about.”* (SU24).

Fig 5.1. First Site Use Helpfulness



The 12% that stated the site didn’t help them gave no further information or reasons for their answer and therefore I am unable to provide any analysis.

13.4. General Thoughts and Opinions on Websites

Over a third of all participants (*n*=35) stated that the reason they thought someone would choose to specifically access a specialist survivor website was because of the anonymity that cyberspace provides.

> *“Easier to tell your story as you have anonimity.”* (SU14).

The ability to be anonymous appeared to be more important for those participants in their 40s than any other age range, with nearly half of all respondents in this category citing ‘anonymity’ in their narrative;

> *“to be anon. not have to talk in front of someone and be able to see the other person as it makes the guilt feel worse.”* (SU40).

The importance of being *“…able to comunicte with others that have been there”* (SU39) was also evident as a key factor in the reason to why men may access online support. 31% of participants stated that connecting with others was vital, summed up perfectly in this statement;

> *“because you can encounter other people who have more or less similar experiences, who go through similar recovery processes and who don't judge.”* (SU08).

Surprisingly though, nearly a quarter (*n*=9) of the participants that provided an answer to Q23 stated people would use online services *“because there is nothing out there for men and its not fair”* (SU10) and therefore there is ‘no alternative’.

But when asked what they thought would stop someone from choosing to use a specialist website, nearly half of all participants (*n*=35) who answered the question (*n*=17) stated loss of anonymity as the key factor. Although 62% of these people also stated that loss of security as a factor, an extra 40% agreed that loss of some form of security was an inhibiting factor, perhaps through the behaviour of the other site users;

> *“Sense of cliqueness…”* (SU04)

> *“The fear of being judged. The fear of not belonging there (as a male).”* (SU08)

The perceived lack of professionalism of the site moderators/hosts was also given as a reason to stop using websites;

> *"if it wasn't run properly or seemed like there wasnt anyone there that was a professional"* (SU10).

On the same theme, 59% (*n*=20) of all participants (*n*=34) said that involvement of qualified professionals would make specialist websites and online support services better;

> *"More qualified health care professionals making sure survivors had as many and the right resources to help them cope as possible."* (SU14).

Interestingly, although not as vocal, a small proportion of participants (*n*=6) stated that online support services would be better if there were also offline services and/or access to offline therapy that would complement the online activity.

When asked what other online services would be useful, 56% of all participants that expressed an opinion (*n*=32) answered that access to a variety of professionals, including qualified and registered counsellors, mental health and other allied health professionals, lawyers and police, which would give people direct;

> *"updates on the law and how the legal system, including the police, are responding and progressing."* (SU18)

and would be an additional benefit to the site and its services. The addition of new technology emerged as a key theme with many participants stating that the use of video conferencing vehicles such as Skype™, text based IRC and podcasting would enhance the online experience and be useful services for survivors.

13.5. Conclusion

It is evident that when given a safe space to express themselves, which is online space more often than not, male survivors of childhood sexual abuse can and do find their voice. The silence really is broken.

Even those that decided they did not want to participate in the full survey by stating that they chose not to consent (*n*=2) or those that did consent but were then unable to comment further (*n*=9), have still been able to have their voices heard and their presence registered.

It appears that the anonymity of online is important for male survivors. But rather than choosing to use cyberspace to heal, maybe they have been forced to go online because of the very real and obvious lack of face to face and offline services?

What is absolutely crystal clear is that men want to connect and are finding ways of connecting with others. They want to get help and are finding ways of getting the support they need. For the moment, specialist male survivor websites are providing a much needed service assisting men to break the silence and move on from the legacy of childhood sexual abuse.

14.0. Discussion

14.1. Introduction to Discussion

In this chapter I intend to reflect upon the research question and discuss the results of the study in more detail, whilst suggesting areas for future investigation and research. I also aim to highlight recommendations taken from key findings of the study, aimed at specialist websites and organisations.

14.2. Researcher Issues

Throughout this study I have continually been aware that as a survivor who actively works in the field of sexual violence, I have my own pre-conceived ideas and theories why male survivors use specialist websites. I am a consumer of these sites myself, and appreciate the role they perform. This first hand experience must inform the approach I have taken to this study. As McLeod states

> *"It is inevitable that what is produced will to a greater or lesser extent, bear the mark of the investigator's approach"* (2001, p182).

In other words, the statistical data and participants' could become 'coated' with my own history or biases, bringing the truth of the analysis into question. However, I believe - through careful consideration and planning of the research design, discussions made in supervision and with my peers, feedback received and amendments made as a result of the UREC process – that I have been able to focus on the task at hand. Although I do not claim to be 100% impartial and objective, I do believe that I have achieved a greater degree of objectivity than I ever thought possible.

I do, however, acknowledge the danger that having such a wealth of background knowledge on the subject was detrimental to the study and research of male survivor sites currently available. As I possessed an in-depth working knowledge of online resources, I did not fully investigate the current choice of specialist sites available and therefore, omitted to include a small number of sites. This meant I missed opportunities to engage more potential participants in the study and to capture their words. Perhaps, if I had not been so involved in this field of work, I might have spent more time investigating the area and so have discovered the fully available choice (see McLeod, 2003b, p178-194).

14.3. Results Issues

From the outset, the study not only confirmed some already held assumptions and understandings, but also revealed more unexpected results.

Analysing the behaviour in relation to the participants' age began showed significant differences. Those in their 20s were shown to access specialist sites more than once a day, more than any other age range. This unsurprising result could be easily explained as marketing and sales research consultancies state that a significantly higher proportion of users of smartphones, such as the iPhone, PDAs and other mobile Internet devices, are between 18 and 30 years old (see rubiconconsulting.com; nielson.com; Rubicon Consulting, 2008). With portable devices, the Internet and thus websites can be accessed on the move from anywhere.

More interestingly, it was shown that those in their 50s reported using the social networking site, Facebook, more than any other age range. This is contradictory to Facebook's own statistics that show men in their 50s as the least likely to use the site (see Clicky Media, 2010), and the Oxford Internet Survey that shows only a quarter of users of social networking sites are their 50s (OxIS, 2007). With the vast amount and ever-increasing number of support groups appearing on social networking sites, could it be that for this specific group of 'fifty-somethings' social networking is simply an extension of the type of health and help-seeking behaviour studied by the likes of Raine (2008), Ybarraa and Suman (2006) and Rice (2006)? I believe the answer is undoubtedly 'yes'!

> *"Middle-aged men who are most devoted to traditional beliefs about masculinity, are half as likely as other men to get routine medical care"* (Dotinga, 2010)

It is not an unreasonable hypothesis, given that those in there 50s are less likely to visit their GP, that men are more likely to take advantage of the anonymity that the

Internet offers (see Fox and Rainie, 2000, p7), and, as this study shows, this age group register significantly higher than their younger counterparts for using self-help, message boards and email support services, it is not an unreasonable hypothesis.

Taking into account that the time of day when the sites are most accessed is between 7pm and midnight, with a high level of activity occurring in the small hours of the night, is not surprising that the home is the most common place that participants accessed these sites (97%). As one participant put it

> *"Needed privacy - family in bed"* (SU64)

This desire for anonymity is a thread that runs throughout the results. Even if the anonymity is arguably only a perception by the consumer (see Nakamura, 2002), it seems extremely important. Over half of the participants stated in some way that anonymity was a pivotal reason for them accessing these sites in the past and the reason they continue to use them today - over a third of the participants actually used the word 'anonymous' in their answers! It was a key point for those in their 40s and 50s, which begs the question why? What is happening for men at that time of life? Could it be connected to the idea of a 'mid-life crisis' (see Fielder, 2010) when *"Men reaching mid-life may feel a loss of masculinity and confusion about their future role."* (Fielder, 2010). These feelings are a mirror image of the feelings he experienced as a child during the abuse, throughout his adolescence and into his adulthood. They could act as a psychological trigger, and finally push him into breaking the silence and seeking to find support, but in a way he feels is the safest possible at that moment. That is to say, anonymously.

Anonymity, or rather the loss of it, featured as a significant reason why people stopped using specialist sites. However, alongside the need for anonymity, there seems to be a growing desire for offline/face-to-face interaction. This is highlighted by SU31's answer to the question, '*What do you think would make online support services better?'*

> *"personal interaction"* (SU31)

I believe that this apparent contradiction explicitly demonstrates the internal struggle adult male survivors often battle - the need to remain silent and anonymous versus a desire to speak out and cleanse oneself.

20% of participants stated that they found these specialist sites through a personal recommendation. But in order to have a site recommended, there first has to be disclosure. The reality seems to contain both these conflicting positions: the need to speak out and cleanse oneself, and the desire is to remain anonymous. Over a quarter of participants also commented that specialist services in the community for men are few and far between or non-existent. 'Lack of choice' vies with 'anonymity' in the battle for prime position in participants' hierarchy of needs, and, on further investigation, may very well win the fight.

The key point though, is that whether online or offline, participants want to connect, usually to *"someone that had similar experiences to me"* (SU16) as *"Sharing takes away the loneliness"* (SU08), summed up beautifully as

> *"i met other guys like me and i dont want to loose touch with them or the belonging"* (SU10).

This connection brings about a sense of community

> *"i new that i wosent alone eney more"* (SU59)

and with that comes a sense of loyalty. When asked what they disliked about the site or what they would change, three quarters of all participants stated that there was *"nothing"* that they disliked about the site or that they would change. I am uncomfortable with this apparent 'blind loyalty'. It potentially contains an element of silencing, the very issue the sites are there to fight.

> *"There can always be improvements to any site I was just glad to have a platform"* (SU35)

Similarly, it seems that little thought had been given as to whether the site was safe to use, with over half the participants stating that the general impression of the site was the deciding factor or that they *"didn't consider safety"* (SU53). Although Fogg, Marshall, Laraki, Osipovich, Varma, Fang, Paul, Rangnekar, Shon, Swani and Treinen (2001) state

> *"Anecdotal evidence suggests that Web users are becoming more skeptical of the information they find online and may be wary of Web-based experiences"* (p61)

it could be argued that lack of consideration of the safety of these specialist websites is 'blind loyalty'. But maybe this time, it's born out of a sense of the immediacy and desperation for support.

One of the most surprising findings, in relation to behaviour online, was the discovery that two people physically declined to participate in the study by clicking 'No' rather than simply closing the web browsers window, regarded as a more usual and common action (see Hargittai, 2002). However, in doing so, they still registered their involvement. This clearly demonstrates a desire to still be 'counted', without having to give any more details or participate further. It also demonstrates a respect for the study and thus the subject matter. The behaviour is certainly conducive to the whole culture of the use of cyberspace; the disembodied engagement at whatever level the participant sees fit at that moment (see Hine, 2000; Nakamura, 2002).

Just as interesting, nine people consented to participate then provided no further information or took no further action. Draucker states

> *"Participation in research on sexual trauma may provoke disturbing memories and distressing emotions."* (1999. p161)

and although the risk of triggering negative memories for participants was minimised as much as possible, it could not be completely removed and therefore may be a reason why consent was given but no further action taken. As no identifying data or contact details were collected, I am unable to pursue this line of inquiry and can only speculate about such causes as a loss of Internet connection, loss of privacy, or second thoughts post-consent. Although highly intriguing, this is a comfortable feeling for me as a practitioner-researcher: analogous to a client failing to ever return in counselling practice.

Whilst practical limitations prevent follow-up inquiry, one piece of data offers some small illumination. Contrary to the findings of the literature review, 19% of participants stated they have previously engaged and/or currently engage in similar research. Assuming that the question had been worded and understood correctly, this may suggest that they are referring to 'grey literature' yet to be published. I aim to conduct literature searches for further comparative studies work in the future.

As Bell states *"the internet is now ubiquitous"* (2007, p445), yet the quantity of research in this area is still minimal. Text-based CMC has been the main focus of research but as new technology has paved the way to new forms of CMC, such as graphic rich virtual-reality (see Bell, 2007), so researchers need to catch up. There is an obvious intelligence and research gap in this area, with a real need for further studies to be conducted. I would like to see the implementation of a large-scale review of the literature relating to the use of technology with male survivors. At the very least, a review of literature focusing on the use of technology in men's health and a review of literature pertaining to 'treatment' of adult male survivors of CSA are well overdue.

14.4. Methodological Issues

As well as the slight post-analysis frustration of not being able to follow a few other lines of inquiry, I also became mildly concerned about my inability to carry out 'Thematic Analysis', as introduced and described by Boyatzis (1998), instead conducting a 'frequency count' of particular words, which is often associated with 'Content Analysis' (see Krippendorff, 2004). A number of the survey's questions asked participants to provide narrative, rather than choosing an option from a 'Likert scale' (McLeod, 1999, p92) or from a multiple-choice box, and gathered only a single or a selection of single words or sentence. Although the answers were extremely important and are still regarded as rich data - after all they were the participants' truths - the analysis sometimes became an 'on the surface' occurrence count rather than a deep immersion in dialogue. I was reminded of Braun and Clarke's list of pitfalls of what results in poor analysis;

> *"Thematic analysis is not just a collection of extracts strung together with little or no analytic narrative. Nor is it a selection of extracts with analytic comment that simply or primarily paraphrases their content."* (p94).

Eventually I came to the conclusion that as a mixed methods study, 'Thematic Analysis' is only one result analysis method employed in this study. The practice, however, does appear to be much better suited to a study that carries a greater amount of narrative, maybe through a different data collection technique than a questionnaire, such as single or group interviews.

14.5. Ethical Issues

As stated earlier in chapter 11, the research design and planning had ensured the majority of ethical dilemmas had been dealt with appropriately. The UREC process had highlighted a small number of possible gaps that were closed. I am confident that this was an ethically sound study.

However, throughout this process, I have noted on numerous occasions the apparent unease that some peers and academics display when hearing me discuss the exploration of this subject. It seems that there is a reluctance to engage in discussion concerning male victims/survivors of sexual abuse, especially directly with male victims/survivors of sexual abuse. Although I am fully aware and agree that the primary objective is to ensure no harm is caused to the research participant and that

> *"Reasonable steps should be taken to control and eliminate all adverse risks"* (Bond, 2004, p5)

This reluctance to engage in the subject is of great concern, because, as previously stated, the research deficit needs addressing and I believe that we have an ethical duty to;

> *"systematically and continually seek to enhance the quality, effectiveness and safety of their (practitioners') [sic] practice on well-founded evidence."* (Bond, 2004, p4)

Could it be that researchers/practitioners are reflecting their own state of discomfort with the subject, and shielding behind the fear that talking 'abuse' will cause harm to the victim/survivor? A number of articles have been written concerning the issue of 'talking abuse', most notably Draucker (1999), Becker-Blease and Freyd (2006) and (2007), Ullman (2007) who collectively concur that although participation in such research is of ethical concern, practitioners and researchers

> *"overemphasise survivors' vulnerability and ignore the costs of avoiding asking about abuse"* (Becker-Blease and Freyd, 2006, p218)

which could be construed as colluding with societies silence. They also agree that

> *"the benefits of confiding a traumatic experience to a trustworthy other seem to outweigh the immediate distress that accompanies discussion of painful experiences"* (Dracuker, 1999, p161)

Maybe in our ethical caution, not asking and not talking about abuse is the real ethical issue. Maybe it's the silence that is unethical.

14.6. Conclusion

In conclusion, the study has found that although some male survivors desire face-to-face support in their healing, the Internet and specialist websites are providing an important step in the journey. Through the anonymity the Internet provides, men are connecting with others *"like me"* (SU10) which is

> *"allowing me to discuss online with fellow survivors things I couldn't talk to my friends & family about"* (SU24)

and to be able to

> *"say without judgement what was going on for you, your thoughts and emotions"* (SU17)

However, it is not just fellow survivors that men want to communicate with, there is a need and desire for health, legal and therapeutic professionals to be involved on the 'other-side of the screen'. The clear message is that men want to talk! And specialist websites are enabling them to do that.

As society begins to accept the abuse of males, in part due to high profile cases and reports such as the publication of the Irish Government's report by The Commission to Inquire into Child Abuse (2009), the ground is laid for more men to be able to come forward and get the support they deserve. Professionals, organisations and researchers need to be more aware, more vocal and carry out further study that will highlight and provide evidence of the needs of male victims and survivors.

14.7. Summary of Recommendations for Specialist Sites

The following list is a summary of recommendations aimed at specialist websites and organisations working with male survivors:

- In general, users are put off by complicated navigation, overuse of colour and display fonts. Simplicity appears to be key to a helpful website.
- Activity on these sites is at the highest during the latter part of the evening (7pm – 12pm). This is therefore deemed the best time to directly engage with service users.
- Site users want to feel safe whilst using the online environment. From retention of anonymity, clarity of the boundaries to using the site, and the knowledge that the site is managed by a professional, site 'hosts' have a duty to ensure service-user safety is a priority. Implementing and confidentiality polices, data protection policies, complaints procedures and making them publically available, will greatly assist this.

- Self-help information and news should be updated on a regular basis to ensure that it is both up-to-date and the service-user does not feel the site is being abandoned, mismanaged or lacks professional input.
- Providing and facilitating a space for service users to converse directly with other health, legal and therapeutic professionals is of great benefit to survivors' healing process and something explicitly requested by participants in this study.
- Overt service-user involvement on the site is essential for a majority of service-users. The desire to be able to 'help others' through the imparting of words or by taking on a role of moderator is an important additional part of their healing.

15.0. Postscript

In undertaking this research study, I have not only been able to confirm some of my initial thoughts and hypotheses, but also discovered new ideas and gained greater understanding of the phenomenon being explored.

It has given me the impetus to investigate further the wider issues of men in the role of victim, the current and possible future use of technology in mental health and talking therapies, and the gendering of health and help-seeking environments. I have made reference to the fact that there is an obvious research gap investigating the therapeutic needs of adult male survivors of childhood sexual abuse. But I would also like to add that although there is a greater amount of work on females than males, the area in general is lacking a commitment to investigation. I hope that this study can fire imagination and generate more interest in this field. Without the research, we cannot build a solid evidence base of the needs of victims and survivors. Without this evidence base, how do we know that what we are doing is helping?

In this, the 21st Century, technology has become an essential part of our everyday lives. Although I am not suggesting that the use of technology in counselling and psychotherapy is better or worse than traditional face-to-face activities, I am suggesting that for some people it is pivotal to their wellbeing. Therefore we must accept and understand it as another part of the development of our profession. After all, we are all striving to ensure we best meet the needs of the client.

In the near future, I aim to further develop my own relationship with research and continue to 'speak about the unspeakable' (Anderson, 2008). Talking about abuse isn't abusive. But I believe colluding with the silence is.

16.0. References

1in6. (2010). *1in6* [Website].
Available from: <http://www.1in6.org>
[Accessed: 8 April 2010].

Addis, M.E. & Mahalik, J.R. (2003). Men, masculinity and the contexts of help seeking.
American Psychologist. 58(1). 5-14.

Anderson, T.H. (2008). Speaking about the unspeakable: Sexually abused men striving towards language.
American Journal of Men's Health. 2(1). 25-36*.*

Anthony, K. & Goss, S. (2009). *Guidelines for online counselling and psychotherapy, 3rd edition including Guidelines for online supervision.*
BACP. UK.

BACP. (2010). *Ethical Framework for Good Practice in Counselling and Psychotherapy*.
British Association for Counselling & Psychotherapy.
Leicestershire. UK.

Banks, I. (2001). No man's land: men, illnesses, and the nhs.
British Medical Journal. 323. 1058-1060*.*

Barak, A. & Dolev-Cohen, M. (2006). Does activity level in online support groups for distressed adolescents determine emotional relief.
Counselling & Psychotherapy Research. 6(3). 186-190.

Bauserman, R. & Rind, B. (1997). Psychological correlates of male child and adolescent sexual experiences with adults: a review of the nonclinical literature.
Archives of Sexual Behaviour. 26(2). 105-141*.*

Becker, J.V. (1988). The effects of child sexual abuse on adolescent sexual offenders.
As cited in **O'Leary, P.J. & Barber, J.** (2008). Gender Differences in Silencing Following Childhood Sexual Abuse.
Journal of Child Sexual Abuse. 12(2). 133-143*.*

Bell, V. (2007). Online information, extreme communitites and internet therapy: Is the information good for our mental health?.
Journal of Mental Health. 14(4). 445-457*.*

Berger, M. Wagner, T.H. & Baker, L.C. (2005). Internet use and stigmatized illness.
Social Science & Medicine. 61. 1821-1827*.*

Blume, E. S. (1986). The walking wounded: post-incest syndrome.
Siecus Report. 15. p5-7.
As cited in **Draucker, C. B.** (1992). *Counselling Survivors of Childhood Sexual Abuse.*
Sage Publications. London. UK.

Bond, T. (2004). *Ethical Guidelines for Researching Counselling and Psychotherapy.*
British Association for Counselling & Psychotherapy.
Leicestershire. UK.

Boyatzis, R.E. (1998). *Transforming Qualitative Information: Thematic Analysis and Code Development.*
Sage Publications. London. UK.

Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology.
Qualitative Research in Psychology. 3(2). 77-101.

Browne, A. & Finkelhor, D. (1986). Impact of child sexual abuse: a review of the research.
Psychological Bulletin. 99(1). 66-77.

Bruner, J. (1986). *Actual Minds, Possible Worlds*.
Harvard University Press. MA. USA.

Campbell, A. & Groundwater-Smith, S. (2007). *An Ethical Approach to Practitioner Research: Dealing With Issues and Dilemmas in Action Research*.
Routledge. London. UK.

Cawson, P. Wattam, C. Brooker, S & Kelly, G (2000). *Child Maltreatment in the United Kingdom: a Study of the Prevalence of Abuse and Neglect.*.
National Society for the Prevention and Cruelty to Children (NSPCC). London. UK.

Centre for Men's Health. (2008). *A Study Of Its Effectiveness In Engaging With Men.*
Leeds Metropolitan University. Leeds. UK

Cermak, P. & Molidor, C. (1996). Male victims of child sexual abuse.
Child and Adolescent Social Work Journal. 13(5). 385-400.

Chesley, E.B. Alberts, J.D. Klein, J.D. & Kreipe, R.E.b. (2003). Pro or con? anorexia nervosa and the internet.
Journal Of Adolescent Health. 32(2). 123-124.

Clicky Media. (2010). UK Facebook User Statistics April 2010.
Available from: <http://www.clickymedia.co.uk/2010/04/uk-facebook-user-statistics-april-2010/>
[Accessed: 01 August 2010]

Colón, Y. & Friedman, B. (2003). Conducting group therapy online. 59-74
In **Goss, S. & Anthony, K. (Eds)** (2003). *Technology in Counselling and Psychotherapy.*
Palgrave. Hampshire. UK.

Creswell, J.W. (2003). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. 2nd Ed.
Sage Publications. USA

Creswell, J.W. & Plano-Clark, V.L. (2007). *Designing and Conducting Mixed Methods Research*.
Sage Publications. CA. USA.

Crotty, M. (1998). *The Foundations of Social Reserach*.
Sage Publications. CA. USA.

Crowder, A. (1995). *Opening The Door. A Treatment Model for Therapy with Male Survivors of Sexual Abuse.*
Brunner/Mazel Inc. New York. NY.

Dale, P. (1999). *Adults Abused as Children.*
Sage Publications. London. UK.

Dallos, R. & Vetere, A. (2005). *Researching Psychotherapy and Counselling.*
Open University Press. Maidenhead. UK.

Data Protection Act. (1998). *The Data Protection Act 1998*.
The Stationery Office Limited. London. UK.

Donnelly, V. (2001). *Designing Easy-To-Use Websites.*
Addison-Wesley. Harlow. UK.

Dotinga, R. (2010). For macho men, doctor visits are less likely.
abc News. [Website]. Available from
<http://abcnews.go.com/Health/Healthday/story?id=8304243&page=1>
[Accessed: 12 August 2010].

Draucker, C.B. (1992). *Counselling Survivors of Childhood Sexual Abuse.*
Sage Publications. London. UK.

Draucker, C.B. (1999). The emotional impact of sexual violence research on
participants. *Archives of Psychiatric Nursing*. Xlll(4). 161-169.

Dube, S.R. Anda, R.F. Whitfield, C.L. Brown, D.W. Felitti, V.J. Dong, M. & Giles, W.H. (2005).
Long-term consequences of childhood sexual abuse by gender of victim.
American Journal of Preventive Medicine. 28(5). 430–438
Elsevier Inc. USA.

EduCare/NSPCC. (2005). *Child Protection Awareness Programme - Module One.*
Understanding the Basics. CPA13MO1 – 08/05 V4.
de Brus Marketing Services Ltd. Warwickshire. UK.

Ely, M. Vinz, R. Downing, M. & Anzul, M. (1997). *On Writing Qualitative Research.*
Falmer Press. London. UK

Etherington, K. (1995). Adult male survivors of childhood sexual abuse.
Counselling Psychology Quarterly. 8. 233-241.

Etherington, K. (2000). *Narrative Approaches to Working with Adult Male Survivors of Child*
Sexual Abuse.
Jessica Kingsley Publishers. London. UK.

Etherington, K. (2000b). When the victim is male: therapeutic issues for male survivors of
childhood sexual abuse. 224-8.
In **Kemshall, H. & Pritchard, J. (Eds)** (2000) *Good Practice in Working with Victims of*
Violence.
Jessica Kingsley Publishers. London. UK.

Etherington, K. (2005). Researching trauma, the body and transformation: a situated account
of creating safety in unsafe places
British Journal of Guidance & Counselling. (2005). 33(3). 299-313.

Etherington, K. (2009). *Personal Email Correspondence*.
[Accessed: 26/10/2009 09:10 BST]

Eysenbach, G. & Köhler, C. (2004). Health related searches on the internet.
Journal of the American Medical Association. 291(24). 2946.

Fielder, D. (2010). Mid-life crisis.
Male Health. [Website]. Available from
<http://www.malehealth.co.uk/node/18837>
[Accessed: 13 August 2010].

Finkelhor, D. (1986). *A Sourcebook on Child Sexual Abuse*.
Sage Publications. California. USA.

Fogg, B.J. Marshall, J. Laraki, O. Osipovich, A. Varma, C. Fang, N. Paul, J. Rangnekar, A. Shon, J. Swani, P. Treinen, M. (2001). What makes Web sites credible?: a report on
a large quantitative study. In Paper presented at *Proceedings of the SIGCHI Conference on Human Factors in Computing Systems* [Conference]. 61–68.
31 March – 4 April 2001.

Fox, S & Rainie, L. (2000). The online health revolution: how the web helps Americans take better care of themselves .
Cited on *Pew Internet & American Life Project* [Website].
Available from
<http://www.pewinternet.org/~/media//Files/Reports/2000/PIP_Health_Report.pdf.pdf>
[Accessed: October 2009].

Galdas, P.M. Cheater, F. & Marshall, P. (2005). Men and health help seeking behaviour: literature review.
Journal of Advance Nursing. 49(6). 616-623.

Gillham, B. (2000). *Developing a Questionnaire*.
Continuum. London. UK.

Gosiorek, J.C. (1994). *Male Sexual Abuse.*
Sage Publications Inc. California. USA.

Goldman, J.D.G. & Padayachi, U.K. (2000). Some methodological problems in estimating incidence and prevalence in child sexual abuse research.
The Journal of Sex Research. 37(4). 305-314.

Goss, S. & Anthony, K. (Eds). (2003). *Technology in Counselling and Psychotherapy.*
Palgrave. Hampshire. UK.

Greene, J.C. (2008). Is mixed methods social inquiry a distinctive methodology?.
Journal of Mixed Methods Research. 2(1). 7-22.

Grubman-Black, S. (1990). *Broken Boys/Mending Men: Recovery from childhood sexual abuse.*
The Blackburn Press. New Jersey. USA.

Guba, E.G. (1990). *The Paradigm Dialogue*.
Sage Publications. California. USA.

Haas, A. Koestner, B. Rosenberg, J. Moore, D. Garlow, S.J. Sedway, J. Nicholas, L. Hendin, H. Mann, J. & Nemeroff, C.B. (2008). An interactive web-based method of outreach to college students at risk for suicide.
Journal of American College Health. 57(1). 15-22.

Hanley, T. & Reynolds Jnr, D.J. (2009). Counselling Psychology and the Internet: A review of the quantitative research into online outcomes and alliances within text-based therapy.
Counselling Psychology Review. 24(2). 4-13.

Hargittai, E. (2002). Beyond logs and surveys: In-depth measures of people's web use skills. *Journal Of The American Society For Information Science And Technology*. 53(14). 1239–1244.

Hart, C. (2001). *Doing a Literature Search: A Comprehensive Guide for the Social Sciences*.
Sage Publications. London. UK.

Hine, C. (2000). *Virtual Ethnography*.
Sage Publications. London. UK.

Hine, C. (2005). *Virtual Methods*.
Berg. Oxford. UK.

Holmes, G.R. Offen, L. Waller, G. (1997). See no evil, hear no evil, speak no evil: why do relatively few male victims of childhood sexual abuse receive help for abuse-related issues in adulthood?
Clinical Psychology Review. 17(1). 69-88.

Home Office. (2009). *Together We Can End Violence Against Women and Girls: A Strategy.*
London. UK.

Jansson, K. (2006). *British Crime Survey – Measuring crime for 25 years*.
Home Office. London. UK.

Jim Hopper. (2010). *Jim Hopper* [Website].
Available from <http://www.jimhopper.com/abstats/#boys>
[Accessed: 30 April 2010]**.**

Johnson, R.B. & Onwuegbuzie, A.J. (2004). Mixed Methods Research: A Research Paradigm Whose Time Has Come.
Educational Researcher. 33(7). 14-26.

Joinson. A. (2005). Internet behaviour and the design on virtual methods.
In **Hine, C. (Ed)** (2005) *Virtual Methods.*
Berg. Oxford. UK.

King, M. & Woollett, E. (1997). Sexually assaulted males: 115 men consulting a counseling service.
Archives of Sexual Behavior. 26(6). 579-588.

King, R. Bambling, M. Lloyd, C. Gomurra, R. Smith, S. Reid, W. and Wegner, K. (2006). Online counseling: The motives and experiences of young people who choose the Internet instead of face to face or telephone counseling.
Counselling and Psychotherapy Research. 6(3). 169-174

Krippendorff, K. (2004). *Content Analysis: An Introduction to its Methodology*. 2nd Ed.
Sage Publications Inc. CA. USA.

Krugman, R. (1986). Recognition of sexual abuse in children.
Paediatrics in Review. 8. 25-30.

Lew, M. (2004). *Victims No Longer.* 2nd Ed.
Quill: HarperCollins. New York. NY.

Lincoln, Y.L. & Guba, E.G. (2000). Paradigmatic controversies, contradictions, and emerging confluences.
In **Denzin, N.K. & Lincoln, Y.S.** (2000). *Handbook of Qualitative Research*.
Sage Publications. California. USA.

Living Internet. (2010). *Living Internet* [Website].
Available from: <http://www.livinginternet.com/i/ii.htm>
[Accessed: 1 June 2010].

Male Rape. (2010). *M-Power* [Website].
Available from: <http://www.male-rape.org.uk>
[Accessed: 2 April 2010].

Male Survivor. (2010). *Male Survivor* [Website].
Available from: <http://www.malesurvivor.org>
[Accessed: 2 April 2010].

Mankind Counselling. (2010). *Mankind Counselling* [Website].
Available from: <http://www.mankindcounselling.org>
[Accessed: 2 April 2010].

Mann, C. & Stewart, F. (2000). *Internet Communication and Qualitative Research.*
Sage Publications. London. UK.

Mansfield, A.K. Addis, E. Courtenay, W. (2005). Measurement of men's help seeking: development and evaluation of the barriers to help seeking scale.
Psychology of Men & Masculinity. 6(2). p95-108.
American Psychological Association. Washington. USA.

McKenna, Y.A. & Seidman, G. (2006). Considering the Interactions – The effects of the Internet on self and society. 279-295.
In **Kraut, R. Brynin, M. & Kiesler, S.** (2006). *Computers, Phones and The Internet.*
Oxford University Press. Oxford. UK.

McLeod, J. (1999). *Practitioner Research in Counselling*.
Sage Publications. London. UK

McLeod, J. (2001). *Qualitative Research in Counselling and Psychotherapy*.
Sage Publications Ltd. London. UK.

Mcleod, J. (2003a). *An Introduction to Counselling*. 3rd Ed.
Open University Press. Berkshire. UK.

McLeod, J. (2003b). *Doing Counselling Research.*
Sage Publications. London. UK.

McLeod, J. (2006) The relevance of research.
In **Feltham, C. & Horton, I.** (2006). *The Sage Handbook of Counselling and Psychotherapy*.
Sage Publications. California. USA.

Miles, M. & Huberman, A. (1994). *An Expanded Sourcebook of Qualitative Data Analysis*.
Sage Publications. California. USA.

Möller-Leimkühler, A.M. (2002). Barriers to help seeking by men: a review of sociocultural and clinical literature with particular reference to depression.
Journal of Affective Disorders. 71. 1-9.

Morrissey, M. (1997). NBCC webcounseling standards unleash intense debate.
Counselling Today Online, 40, American Counseling Association.
Available from:
<http://www.counseling.org/ctonline.archives/ct1197/webcounseling.htm>
[Accessed: 1 June 2010].

Nakamura, L. (2002). *Cybertypes*.
Routledge. New York. NY.

NAPAC. (2009). *National Association for People Abused in Childhood* [Website].
Available from: < http://www.napac.org.uk>
[Accessed: May 2010].

Neimeyer, G. & Resnikoff, A. (1982). Qualitative strategies in counselling research.
Counselling Psychologist. 10. 75-85.
Cited in **Mcleod, J.** (2003a). *An Introduction to Counselling*. 3rd Ed. 457.
Open University Press. Berkshire. UK.

Nielson. (2010). *The Nielson Company* [Website].
Available from: <http://nielson.com>
[Accessed: 12 August 2010]

NSPCC. (2008). *NSPCC* [Website].
Available from:
<http://www.nspcc.org.uk/helpandadvice/whatchildabuse/sexualabuse/sexualabuse_wda36370.html?gclid=CKW9pPqP6ZECFQGoQwodA1BQeQ>
[Accessed: 19 March 2008]

Office for National Statistics. (2008a). *First Release: Internet Access 2008*.
Crown Copyright.
Available from: <http://www.statistics.gov.uk/pdfdir/iahi0808.pdf>
[Accessed: 22 November 2009].

Office for National Statistics. (2008b). *Population Estimates*. [Website]
Available from: <http://www.statistics.gov.uk/cci/nugget.asp?id=6>
[Accessed: 22 November 2009].

Office for National Statistics. (2009a). *Internet Access Households and Individuals 2009*.
Crown Copyright.
Available from: <http://www.statistics.gov.uk/pdfdir/iahi0809.pdf>
[Accessed: 22 November 2009].

Office for National Statistics. (2009b). *Internet Access Households 2009*.
Available from:
<http://www.statistics.gov.uk/CCI/nugget.asp?ID=8&Pos=&ColRank=1&Rank=374>
[Accessed: 22 November 2009].

O'Leary, P.J. (2008). Men who were sexually abused in childhood: coping strategies and comparisons in psychological functioning.
Child Abuse & Neglect. (2009). 33. 471–479

O'Leary, P.J. & Barber, J. (2008). Gender Differences in Silencing Following Childhood Sexual Abuse.
Journal of Child Sexual Abuse. 12(2). 133-143.

O'Leary, P.J. & Gould, N. (2008). Men who were sexually abused in childhood and subsequent suicidal ideation: community comparison, explanations and practice implications.
British Journal of Social Work. 1 October 2008. 1–19.

OxIS. (2007). OxIS [2007] databases provided by the Oxford Internet Institute on [26 July 2010]. Referenced as per Terms and conditions for use of Oxford Internet Surveys (OxIS) Data

Padesky, C.A. & Hammen, C.L. (1981). Sex differences in depressive symptom expression and help-seeking among college students.
Sex Roles. 7(3). 309-320.

Paine, M.L. & Hanson, D.J. (2001). Factors influencing children to self-disclose sexual abuse.
Clinical Psychology Review (2002). 22. 271-295.

Pandys. (2010). *Pandora's Aquarium* [Website].
Available from: <http://www.pandys.org>
[Accessed: 5 April 2010].

Pereda, N. Guilera, G. Forns, M. & Gomez-Benito, J. (2009). The international epidemiology of child sexual abuse: a continuation of finkelhor.
Child Abuse & Neglect The International Journal. 33. 331-342.

Phillipov, G. & Phillips, P.J. (2003). Frequency of health-related search terms on the internet
Journal of American Medical Association. 290(17). 2258-2259.

Pierce, R. & Pierce, L. H. (1985). the sexually abused child: a comparison of male and female victims.
Child Abuse and Neglect. 9. 191-199.

Plano-Clark, V.L. & Creswell, J.W. (2008). *The Mixed Methods Reader*.
Sage Publications. CA. USA.

Putnam, F.W. (2003). Ten-year research update review: child sexual abuse.
Journal of the American Academy of Child and Adolescent Psychiatry. 42(3). 269-278.

Rains, S.A. (2008). Seeking health information in the information age: the role of internet self-efficacy. *Western Journal of Communication*. 72(1). 1–18.

Rice, R.E. (2006). Influences, usage, and outcomes of Internet health information searching: Multivariate results from the Pew surveys.
International Journal of Medical Informatics. 75. 8—28

Robson, D. & Robson, M. (2000). Ethical issues in internet counseling.
Counselling Psychology Quarterly. 13(3). 249-257.

Rubicon Consulting. (2008). *The Apple iPhone: Successes and Challenges for the Mobile Industry*. 1-35.
Available from:
<http://rubiconconsulting.com/downloads/whitepapers/Rubicon-iPhone_User_Survey.pdf>
[Accessed: 12 August 2010]

Rubicon Consulting. (2010). *Rubicon Consulting* [Website].
Available from: <http://rubiconconsulting.com>
[Accessed: 12 August 2010]

Schechter, M.D. & Roberge, L. (1976). Sexual exploitation.
In **Helfer, R.E. & Kemp, C.H. (Eds)**. (1976) *Child Abuse and Neglect: The Family in the Community*.
Ballinger Publishing Company. MA. USA.

Sexual Offences Act. (2003). *The Sexual Offences Act 2003*.
The Stationery Office Limited. London. UK.

Skårderud, F. (2003). Sh@me in cyberspace. relationships without faces: the e-media and eating disorders.
European Eating Disorders Review. 11. 155-169.

Sorsoli, L. Kia-Keating, M. & Grossman, F.K. (2008). “I keep that hush-hush”: male survivors of sexual abuse and the challenges of disclosure.
Journal of Counseling Psychology. 55(3). 333-345.

Spears, R. & Lea, M. (1992). Social influence and the influence of the ‘social’ in computer-mediated communication. 30-65.
In **Lea, M.** (1992). *Contexts of Computer Mediated Communication.*
Harvester Wheatsheaf. Hertfordshire. UK.

Stewart, W. (2005). *An A-Z of Counseling Theory and Practice.*
Nelson Thornes Ltd. Cheltenham. UK.

Summit, R.C. (1983). The child sexual abuse accommodation syndrome.
Child Abuse & Neglect. 7. 177-193.

Survivors Manchester. (2010). *Survivors Manchester* [Website].
Available from <http://www.survivorsmanchester.org.uk>
[Accessed: 30 April 2010]**.**

The Survivors Trust. (2010). *The Survivors Trust* [Website].
Available from: <http://www.thesurvivorstrust.org>
[Accessed: 18 May 2010].

Ullman, S.E. & Filipas, H.H. (2003). Gender differences in social reactions to abuse disclosures, post-abuse coping, and PTSD of child sexual abuse survivors.
Child Abuse & Neglect. (2005). 29. 767-782.

University of Manchester. (2009). *Ethical Approval for Research Involving Human Participants: Guidelines for students in the School of Education.*
Available from: <http://www.education.manchester.ac.uk/intranet/ethics/_files/
Fileuploadmax10Mb,166979,en.pdf>
[Accessed: 4 December 2009].

Urquiza A. J., & Capra, M. (1990). The impact of sexual abuse: Initial and long-term effects.
In **Hunter, M.** (Ed.). *The sexually abased male: Vol. 1. Prevalence, impact and treatment*. 105- 136. Lexington, MA. USA.

Walker, E. Holman, T. & Busby, D. (2009). Childhood sexual abuse, other childhood factors, and pathways to survivors' adult relationship quality.
Journal of Family Violence. 24(6). 397-406.

Weckert, J. (2000). What is new or unique about internet activities. 47-64
In **Langford, D.** (2000). *Internet Ethics.*
McMillian Press. London. UK.

Wikipedia. (2010a). *Wikipedia* [Website].
Available from: <http://en.wikipedia.org/wiki/Scientia_potentia_est>
[Accessed: 2 May 2010].

Wikipedia. (2010b). *Wikipedia* [Website].
Available from: <http://en.wikipedia.org/wiki/The_Internet>
[Accessed: 01 June 2010].

Wright, K.B. (2005). Researching internet-based populations: advantages and disadvantages of online survey research, online questionnaire authoring software packages, and web survey services.
Journal of Computer-Mediated Communication. 10(3). Article 11.
Available from: <http://jcmc.indiana.edu/vol10/issue3/wright.html>
[Accessed: 17 July 2010]

Wynkoop, T. F. Capps, S. C. & Priest, B. J. (1995). Incidence and prevalence of child sexual abuse: A critical review of data collection procedures.
Journal of Child Sexual Abuse, 4(2), 49–67.
Cited In **Pereda, N. Guilera, G. Forns, M. & Gomez-Benito, J.** (2009). The international epidemiology of child sexual abuse: a continuation of Finkelhor.
Child Abuse & Neglect The International Journal. 33. 331-342.

Ybarra, M. & Suman, M. (2006). Help seeking behavior and the internet: a national survey. *International Journal of Medical Informatics*. 75. 29-41.

Young, M.S. Hartford, K.L. Kinder, B. & Savell, J.K. (2007). The relationship between childhood sexual abuse and adult mental health among undergraduates. *Journal of Interpersonal Violence.* 22(10). 1315-1331

17.0. Appendices

17.1. Email to Hosts Text

Dear [redacted],

I am writing to you as an active member of [redacted] (Male Forum), a provider of services to Male Survivors (www.survivorsmanchester.org.uk), a qualified therapist here in the UK, a Masters research student, and a male survivor myself.

The reason for this email is that i am currently undertaking a research Masters and i would like to involve [redacted].

The research project, entitled "Virtually helping - An Exploration of the use of the internet and online resources by adult male survivors of childhood sexual abuse" was born out of my own 'story' of looking for support when i began dealing with my own issues relating to the abuse i suffered as a child and teenager. In fact [redacted] was one of the main places i would hang out and talk with others 'like me'. So when it came to conducting this research (as a qualified therapist and research practitioner) i wanted to involve [redacted] as a thank you but also because we all know that there are many men that find healing through [redacted] and website alike.

Attached you will find 6 documents as follows:

1. A letter from my research supervisor stating ethical approval has been granted.
2. The information sheet that will be read by all potential participants.
3. A copy of the consent agreement that participants will have to acknowledge before starting the online questionnaire.
4. A copy of the advert that i aim to place on message boards, in email groups, and on websites.
5. A copy of the support directory sheet that will be provided to every participant should they wish.
6. A copy of the questionnaire text that will be in the actual live online one.

What I would like to know is once the time is right (when the questionnaire is live and all the elements are in place) would [redacted] permit me to advertise my research and a link to the questionnaire on www.pandys.org in the message board forums, chat rooms, and on the main website? As a member, i did not want to just start telling people but rather go through the proper channels as i see this as an important piece of work that will help men tell us what they want from services and hopefully help organisations develop their services if necessary.

I will provide [redacted] with an acknowledgement in the final dissertation and in a planned Journal Article for publishing once complete at the end of the year. I will also provide you with an electronic copy of the dissertation once complete. I will also be looking to present the research at various conferences throughout 2011.

I hope that there is enough information here for you, but should you wish to ask any questions or obtain further information then please don't hesitate to contact me at [redacted]

I look forward to receiving your response

Warmest wishes

Duncan

Duncan Craig. Post Grad Dip Couns. MBACP. ITA.
[redacted]

17.2. Research Supervisor Letter

The Manager
[redacted]

26th March 2010

To whom it may concern

Re: Duncan Craig’s MA in Counselling Research

This letter confirms that I am supervising Duncan’s MA in Counselling research and provide my contact details should you have any questions, concerns or complaints about the project.

This project has been granted ethical clearance by the University of Manchester Research Ethics Committee (UREC).

Should you wish to contact me with regards to this research masters project, my contact details are as follows:

Dr Terry Hanley
[redacted]

Yours Sincerely

Dr Terry Hanley. CPsychol

17.3. Information Page Text

Hello and thank you for showing interest in this particular research project.

This sheet/film* has been created to explain to you:
- The reason the research is being carried out;
- What the research is about;
- How the research will be conducted;
- Who is eligible to participate and what participating entails;
- What is hoped to be achieved in carrying out this research project.

The whole project is being undertaken as part of the MA in Counselling at The University of Manchester. The University Research Ethics Committee has given ethical approval for the project and Dr Terry Hanley is supervising the project and can be contacted with any concerns via email at terry.hanley@manchester.ac.uk

THE REASON THE RESEARCH IS BEING CARRIED OUT

Support for male survivors of childhood sexual abuse in many cities is at best, limited and at worst, non-existent. Many face-to-face Crisis and Counselling Centres offer much needed support to women but do not offer the same much needed support to men.

During my search for such support, I discovered a few national and international message boards, chat rooms and websites for adult male survivors of sexual abuse and rape, some offering online support and counselling.

In making contact with male survivors I soon began to realise that for the majority of men I spoke to, the internet, these specialist websites and the services offered had been an important part of their healing process for a wide variety of reasons.

WHAT THE RESEARCH IS ABOUT?

The varied reasons those men spoke about using specialist sites made me see the potential importance of the Internet and online services in supporting male survivors. So when it came to deciding the research subject for my masters degree, the decision was easy… to explore the use of the Internet and online resources by adult male survivors of childhood sexual abuse.

As already stated, conversations I’ve had already have given me some ideas as to why some men use the Internet but I want to know more. I want to find out where, how long and how often guys are accessing these sites; I want to find out what aspects of these sites guys find helpful and what are not; how guys judge what sites to use, and so on. I want to see if I can find any similar patterns between answers and maybe learn some lessons that organisations running these sites can use to make sure their sites are what guys want!

HOW THE RESEARCH WILL BE CONDUCTED?

An online questionnaire has been created that asks guys to tick boxes and/or write their thoughts and ideas. The reason the questionnaire is online is because guys are already online, using specialist sites and services so it is a logical step. Importantly though, as the questionnaires are not being sent out directly to home addresses asking for them to be returned and as people are not being asked to handwrite answers then they remain anonymous, as do their answers. If people have anonymity then they are more likely to give their true answer. It's that simple really.

Once someone has read this information sheet*/listened to this recording*, has read and ticked the consent to participate box on the agreement, then they will be led through to the questionnaire and asked to answer a number of questions.

All the data gathered from the questionnaire will then be analysed using well established research methods and the results will form part of the final written dissertation.

WHO IS ELIGIBLE TO PARTICIPATE?

The fact the research is focused on the use of the Internet and online resources by adult male survivors of childhood sexual abuse means that participants eligible to engage in this research are adult male survivors of childhood sexual abuse.

For the purposes of this research, it's not necessary to limit the definition or define what is meant by childhood sexual abuse. In the same respect, the research is not looking into act of sexual abuse and no one is being asked to discuss or recall the abuse itself - it's not what the research is about. Hopefully, you will understand now that I'm looking at and interested in reasons, usage etc for using the Internet in support and healing.

It is important to state though that this is a sensitive subject and there is always the possibility that talking about seeking support may bring up difficult memories and emotions. However, because of the very essence of this research, it is more likely that the majority of people who do participate will have a support network already in place. I have also provided a Directory of Online Support Services that any participant can download and keep.

So just to be absolutely clear, any male survivor of childhood sexual abuse over the age of 18 that uses or has used the Internet in seeking support is eligible to take part.

WHAT PARTICIPATING ENTAILS

Much of this has been discussed already but its important to make sure that anyone wishing to participate has a clear understanding of what they are agreeing to do. So, the first thing that a participant will be asked is to read the research consent form. This is really important because as we know, abuse is about the removal of power, control and choice; and so its vital that any man that decides to participate has the power himself to choose to make that decision, because he is in control. Just because someone is a survivor, it doesn't mean they have to take part and should not feel or be made to feel like they do.

Once they have consented to take part by clicking in the relevant box, they will be taken through to the questionnaire itself.

The only personal details asked for is current age, area where the participant lives, and what age they were when they first accessed a survivor site. No identifying information is asked for or taken simply because it's not necessary, only questions important to the research outcomes will be asked. Then once this front page is completed, the participant will then be asked to go through each page, and either tick boxes to answer questions or type their reasons', opinions and thoughts into the relevant spaces.

Engaging in the research will take up to 45 minutes, including completing the questionnaire which should take no longer than 15 minutes. Some people will do it quicker and some people will do it slower. It doesn't matter, what is important is that potential participants have a rough idea of the time commitment when deciding if or not to take part and if completing it could be fitted into their schedule.

The questionnaire will be live online from midnight (GMT) 12th April and close at midnight (GMT) on 14th May 2010.

It's important to say here, every participant has the right to stop filling in the questionnaire at any point without worrying about having to complete it or feel pressured into completing it.

Also, to be clear, no one will receive any money, gifts or benefits for taking part in the research.

WHAT IS HOPED TO BE ACHIEVED IN CARRYING OUT THIS RESEARCH PROJECT?

Once all the data has been collected and analysed, the findings that will be reported on. I hope that the data will show what (if any) are barriers male survivors come across in getting support; what type of support is it that men are looking for; what is helpful and what isn't; and therefore, make suggestions regarding the creation of new services and helping current services develop.

One thing for certain is that this is not another Masters Degree Research project that will sit on a shelf somewhere gathering dust. It has to and will make Online Support Services better for male survivors. It will give men a chance to have input into services and tell those in charge just what it is survivors want.

This is a research project that aims to make a real difference!

SO NOW WHAT?

Well I hope that this Info sheet/recording* has given you all the information you need.

I've tried to imagine what questions I would want to ask and what information I would want to know if I was thinking of participating in this research.

So after reading/listening to* this, maybe you want to take some time to think about if you want to participate or not. I want to make it absolutely clear that there is no pressure on anyone to participate - it has to be an individual choice for everyone.

Regardless of whether you decide to participate or not, thanks for taking the time to read/listen to* this. I wish you well and send my warmest wishes.

(*to be deleted as appropriate)

17.4. Questionnaire Text

Thank you for choosing to participate in my research by completing this questionnaire. It should take approximately 15 minutes to complete and you are reminded that all answers you give are anonymous.

Before the questions begin, please can you provide me with the following details:

Personal Details:

2) Present age ☐
3) Country of residence ☐
4) Area of residence ☐

5) Have you previously participated, or currently participating, in research into online support for male survivors of sexual abuse: *(please tick all that apply)*

○ Previously
○ Currently (in the last month)
○ Both

Internet Usage:

6) Which of the following websites are you aware of? *(please tick all that apply)*
○ www.amsosa.com
○ www.childabusesurvivor.net
○ www.lanternproject.org.uk
○ www.malesurvivor.org
○ www.napac.org.uk
○ www.pandys.org
○ www.survivorsmanchester.org.uk
○ www.survivorsuk.org
○ www.thesurvivorstrust.org.uk

7) Which of the following survivor websites have you used? *(please tick all that apply)*
○ www.amsosa.com
○ www.childabusesurvivor.net
○ www.lanternproject.org.uk
○ www.malesurvivor.org
○ www.napac.org.uk
○ www.pandys.org
○ www.survivorsmanchester.org.uk
○ www.survivorsuk.org
○ www.thesurvivorstrust.org.uk

Other (please state): ☐

7) Which of the following social networking sites do you use to connect with Survivor Groups or blogs? *(please tick all that apply)*

○ Bebo
○ Blogster
○ Facebook
○ Friends Reunited
○ Google Buzz
○ hi5
○ MSN Blog
○ MySpace
○ Twitter
○ Yahoo Groups
○ I don’t use social networking sites
Other (please state): ☐

9) Where is the main location you normally access these sites from? *(please tick one)*

○ Work ○ Home ○ College/University ○ Public Library ○ Internet Cafe
○ Public Space with wireless access on Laptop ○ Internet enabled phone

10) What time do you normally access these sites?

○ 6am – 9am ○ 9am - 12pm ○ 12pm – 3pm ○ 3pm – 5pm ○ 5pm – 7pm
○ 7pm – 9pm ○ 9pm – 12am ○ 12am – 2am ○ 2am – 6am

11) On average, how long do you spend in one session:

Hours ☐ Mins ☐

12) How often do you access these sites? *(please tick one)*

○ A few times every day ○ Once a day
○ Every other day ○ 2-3 times per week
○ Once a week ○ Once every 2 weeks
○ A few times per month ○ Every month
○ Occasionally

13) What sections/services on the websites do you use? *(please tick all that apply)*

○ I read self-help information
○ I use the message boards that anyone can view (public/open)
○ I use the message boards that only members can view (private/closed)
○ I use the email support service
○ I use the general group chat room
○ I use the closed group/healing circle chat
○ I use the private 1-2-1 chat with a listener facility
○ I use the gallery sections where I can display my artwork, poems, and stories (user content)
○ I use the directory of links to other support/organizations
○ I read the news section
○ I read the legacy issues section

14) What age were you when you first accessed a survivor website?

15) How did you originally find the site you first used?
○ Advertised in a magazine
○ Recommended by a friend
○ Recommended by a therapist
○ Recommended by a doctor
○ Referenced in a book
○ Search engine
○ Website online advertising
○ Websites Poster/Leaflet
○ Other (please specify)

16) What was the specific reason for accessing online support?

17) Did you/do you continue to use the site? ○ Yes ○ No
why?

18) How did you decide if the site was safe to use?
○ Advertised in doctors, community health centres
○ Connected with NHS/Health Care System
○ Government affiliated
○ Registered as a charity
○ Recommended in a book
○ Recommended by a friend
○ Recommended by a counsellor/therapist/psychotherapist
○ The design looked professional
○ It was well written
○ It included words of other survivors
○ The overall impression the site gave
○ Other (please specify)

19) What did you like about the site?

20) What didn't you like about the site?

21) Did using the site help you? ○ Yes ○ No
why?

22) What would have made your online experience of this site better?

23) Why do you think someone would specifically choose to use a survivor site?

24) What do you think would stop someone from specifically choosing to use a Survivor Website?

25) What do you think would make online support services better?

26) What online services do you think male survivors may find useful?

27) Would you like to say anything else in relation to this subject or the research?

Thank you, I am extremely grateful that you took the time to take part in this research.

Please click on the ‘DONE’ button to submit your data.

17.5. Further Support Text

The fact that you are reading this means that you will be aware of and probably use at least one of the support websites available for male survivors of sexual abuse. However, it is important for me to know that should you feel down, emotional or triggered as a result of participating in this research that you have details of the relevant online resources.

So I have compiled this Directory of Online Resources to ensure that have the correct contact details for some specialist e-support services should you wish to use them.

UK Websites

Amsosa (Amsosa)
The Survivors Trust (www.thesurvivorstrust.org.uk)
National Association for People Abused in Childhood (www.napac.org.uk)
One in Four (www.oneinfour.org)
Survivors Manchester (www.survivorsmanchester.org.uk)
Survivors UK (www.survivorsuk.org)
Survivors West Yorkshire (www.survivorswestyorkshire.org.uk)
The Lantern Project (www.lanternproject.org.uk)

International Websites

Male Survivor (www.malesurvivor.org)
Pandora's Aquarium (www.pandys.org)
Child Abuse Survivor (www.childabusesurvivor.net)

If you do feel emotional then just try to remember, you have already acknowledged that it can be part of your healing journey and it's a natural human reaction.

All of the sites listed are either focused on male survivors of sexual abuse or have a specific section just for male survivors. But they are not just there for when times get tough, they are also there to help you stay connected and to feel less isolated.

You know this already but here's a reminder:

There is always strength in numbers and you know you are not alone in this!

However if you do feel in crisis then please contact the Samaritans at www.samaritans.org (UK residents) or telephone 1-866-334-HELP (USA residents). A&E is always there in an emergency.

17.6. Consent Form Text

To participate in this research project, you must be a male over the age of eighteen (18).

I declare that I was born on the Month, Date and Year entered above and am therefore over the age of eighteen years old (18).

Having read the information sheet/listen to the information recording in full, I hereby confirm that:

- I understand the research question and the reason for carrying out the research.
- I understand what I am being asked to do as a participant.
- I understand that I will receive no financial reward or other benefit for taking part in the research.
- I understand that I am free to withdraw from the research at any time, without giving any reason and without causing detriment to myself.
- I understand that the information I provide is anonymous, will be treated as confidential and will be stored securely in password protected folders and storage areas.
- I understand that the researcher will store, manage and handle all the data I provide in accordance with the Data Protection Act 1998.
- I agree that the researcher has taken all reasonable steps to ensure that I will come to no harm by virtue of my participation and have access to the Support Directory provided, giving me the details of various online support organisations.
- I am only consenting to take part in the research as set out on the information sheet.
- I will not permit any other person to access this online questionnaire or website.
- I understand that I will be able to download a copy of the ‘Summary of Findings’ from www.virtuallyhelping.co.uk, which will be available from 1st November 2010.

Consent to participate

By ticking this box, you are certifying that you have read and understood the agreement and therefore are giving your informed consent to participate in this research. ☐

17.7. Participant Solicitation Advert

17.7.1. Advert Text

Virtually Helping?
An exploration of the use of the Internet and online resources by adult male survivors of childhood sexual abuse.

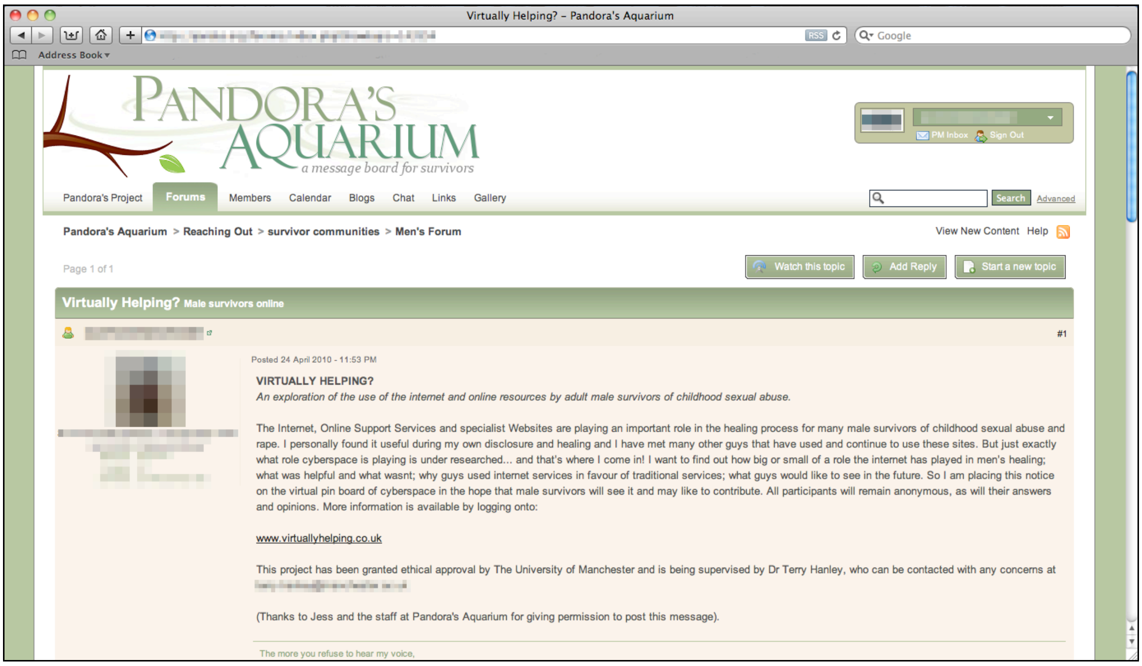
The internet, online support services and specialist websites are playing an important role in the healing process for many male survivor of childhood sexual abuse and rape. I personally found it useful during my own disclosure and healing and have met many other guys that have used and continue to use these sites. But just exactly what role cyberspace is playing is under researched… and that's where I come in! I want to find out how big or small of a role the internet has played in men's healing; what was helpful and what wasn't; why guys used internet services in favour of traditional services; what guys would like to see in the future. So I am placing this notice on the virtual pin board of cyberspace in the hope that male survivors will see it and may like to contribute. All participants will remain anonymous, as will their answers and opinions. More information is available by logging onto:

www.virtuallyhelping.co.uk

This project has been granted ethical approval by The University of Manchester and is being supervised by Dr Terry Hanley, who can be contacted with any concerns at [redacted]

17.7.2. Advert in Situ

www.pandys.org



Posted 24 April 2010 - 11:53 PM

VIRTUALLY HELPING?
An exploration of the use of the internet and online resources by adult male survivors of childhood sexual abuse.

The Internet, Online Support Services and specialist Websites are playing an important role in the healing process for many male survivors of childhood sexual abuse and rape. I personally found it useful during my own disclosure and healing and I have met many other guys that have used and continue to use these sites. But just exactly what role cyberspace is playing is under researched... and that's where I come in! I want to find out how big or small of a role the internet has played in men's healing; what was helpful and what wasnt; why guys used internet services in favour of traditional services; what guys would like to see in the future. So I am placing this notice on the virtual pin board of cyberspace in the hope that male survivors will see it and may like to contribute. All participants will remain anonymous, as will their answers and opinions. More information is available by logging onto:

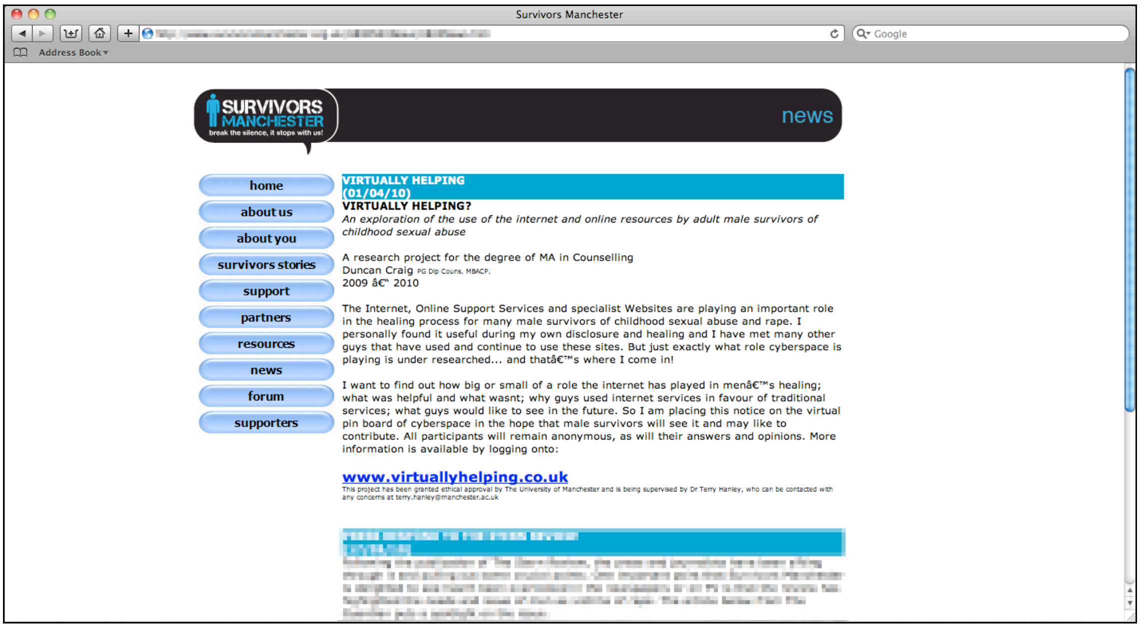
www.virtuallyhelping.co.uk

This project has been granted ethical approval by The University of Manchester and is being supervised by Dr Terry Hanley, who can be contacted with any concerns at [redacted]

(Thanks to Jess and the staff at Pandora's Aquarium for giving permission to post this message).

The more you refuse to hear my voice,

www.survivorsmanchester.org.uk



VIRTUALLY HELPING (01/04/10)

VIRTUALLY HELPING?
An exploration of the use of the internet and online resources by adult male survivors of childhood sexual abuse

A research project for the degree of MA in Counselling
Duncan Craig PG Dip Couns. MBACP.
2009 â€“ 2010

The Internet, Online Support Services and specialist Websites are playing an important role in the healing process for many male survivors of childhood sexual abuse and rape. I personally found it useful during my own disclosure and healing and I have met many other guys that have used and continue to use these sites. But just exactly what role cyberspace is playing is under researched... and thatâ€™s where I come in!

I want to find out how big or small of a role the internet has played in menâ€™s healing; what was helpful and what wasnt; why guys used internet services in favour of traditional services; what guys would like to see in the future. So I am placing this notice on the virtual pin board of cyberspace in the hope that male survivors will see it and may like to contribute. All participants will remain anonymous, as will their answers and opinions. More information is available by logging onto:

www.virtuallyhelping.co.uk

This project has been granted ethical approval by The University of Manchester and is being supervised by Dr Terry Hanley, who can be contacted with any concerns at terry.hanley@manchester.ac.uk

[redacted]