

Barriers and Journeys to Resilience: The Experiences of African Male Survivors of Sexual Trauma

Introduction

Sexual violence against men remains a significantly under-researched and under-acknowledged issue globally, with cultural and societal barriers often impeding understanding and support for survivors. In Africa, the experiences of male survivors of sexual trauma are further complicated by deeply entrenched cultural notions of masculinity, systemic neglect, and geographical isolation, particularly in rural areas (Majola et al., 2023; Mshweshwe, 2020). These challenges create a landscape where male survivors often face profound silence, stigma, and limited access to resources, underscoring the critical need for focused academic and clinical attention (Jewkes and Morrell, 2010).

Existing literature highlights how societal perceptions of masculinity in African contexts frequently equate manhood with strength, dominance, and resilience (Njoku and Dery, 2023), leaving little room for vulnerability and creating significant barriers to acknowledging male victimhood. Survivors fear ostracism, ridicule, and emasculation, which leads to pervasive silence around male sexual violence. This issue is further compounded by the lack of institutional frameworks that recognize male sexual violence, which discourages disclosure and help-seeking behaviors. Studies in Sub-Saharan Africa indicate that the intersection of these factors leaves male survivors at risk of psychological and physical health deterioration, social isolation, and diminished quality of life (Nyabena, 2024; Fry et al., 2019).

This study centers on the experiences of African male survivors of sexual trauma, with a particular focus on individuals participating in online mental health support groups facilitated through the SIDINL Newsletters. These groups, managed by psychotherapists in Zimbabwe, provide a rare opportunity for male survivors to share their experiences. The study's young participants reported experiencing sexual trauma during adolescence or early adulthood. By analyzing transcripts from these discussions, the study aims to illuminate the unique challenges faced by African male survivors, explore societal and cultural factors influencing their experiences, and identify potential pathways for healing and advocacy.

The methodological approach of this study combines qualitative analysis with a focus on participant narratives, and the findings reveal several key themes. First, participants grappled with defining their experiences as "sexual violence," often influenced by cultural stigmas and restrictive definitions of trauma. Many survivors hesitated to label their experiences as violent due to the absence of physical force, despite acknowledging profound psychological harm. Second, societal norms around masculinity emerged as a significant barrier to disclosure and healing, as survivors expressed fears of being perceived as weak or unmanly. Third, the study highlights the critical role of community and systemic factors in shaping survivors' experiences. In rural African settings, geographical isolation and limited health resources compounded survivors' challenges, while systemic neglect and lack of legal recognition further marginalized them.

Despite these challenges, the study uncovers pathways for healing and resilience. The online groups analyzed in this study provided a vital space for survivors to share their stories, validate each other's emotions, and explore strategies for coping and recovery.

These groups also facilitated cross-cultural exchanges, where local and international psychotherapists collaborated to offer diverse perspectives and approaches to healing. The success of these online platforms underscores the potential of culturally sensitive, trauma-informed, and gender-sensitive support systems in addressing the needs of male survivors.

The study's outcomes carry significant implications for policy, practice, and future research. By shedding light on the unique experiences of African male survivors of sexual trauma, this research calls for a re-evaluation of existing frameworks and interventions. Policies must prioritize anonymity, accessibility, and cultural sensitivity to create an environment where male survivors feel safe to disclose and seek help. Healthcare providers and mental health professionals need gender-sensitive training to address male survivors' specific needs effectively. Furthermore, educational programs that challenge societal norms and stereotypes around masculinity are essential to fostering a more inclusive and supportive environment.

In conclusion, this study contributes to the growing body of literature on male sexual trauma by centering the voices of African survivors and highlighting the intersectional barriers they face. By examining cultural, societal, and systemic factors, as well as the potential of innovative support systems like the SIDINL Newsletters, this study offers a comprehensive understanding of the challenges and opportunities in addressing male sexual violence in African contexts. The findings emphasize the urgency of targeted interventions and the transformative potential of creating safe spaces for survivors to heal and reclaim their narratives.

Literature Review

African framings of masculinity significantly influence support-seeking behavior among male survivors of sexual violence. These influences can be both negative and positive, yet existing responses to sexual violence have primarily been designed for women and need to be adapted to address male survivors' needs (Alexandre et al., 2022). In Sub-Saharan Africa, cultural beliefs around masculinity emphasize strength, power, and dominance, perpetuating the perception that men should protect themselves and are less likely to be victims of sexual trauma (Mayeza, 2024). The expectation of men to conform to traditional gender roles can make it difficult for male victims to come forward and seek support (Ajayi et al., 2022).

Barriers to help-seeking among sexually abused married or cohabiting women in Ghana include financial difficulties, lack of social support, and stigma, which may also apply to male victims (Apatinga and Tenkorang, 2022). However, there is limited empirical data comparing sexual violence patterns across genders. Nevertheless, research indicates that both conflict-related and non-conflict-related sexual violence affect men and boys, with civilian-perpetrated assaults being most common in countries like the Democratic Republic of Congo (Lussy et al., 2021). Studies in countries like South Sudan highlight the need for stakeholders to consider both direct and indirect forms of male-directed conflict-related sexual violence in policy and practice to maximize positive health outcomes for survivors (Oluwoye et al., 2023).

Male survivors of sexual violence in Sub-Saharan Africa experience a wide range of psychological and physical wounds, including trauma, depression, and anxiety (Yagi et al., 2022). These experiences can lead to short- and long-term challenges, affecting their masculine identity, healing journeys, and overall well-being. Sexual violence stigma has immediate and lasting effects on social and health outcomes, particularly among vulnerable groups such as refugee adolescents in Uganda. In these contexts, overarching stigma and fear of social judgment create permanent barriers for survivors seeking healthcare and legal support in refugee settlements (Logie et al., 2023).

The pressure to conform to traditional masculinity norms, such as dominance, stoicism, and emotional restriction, contributes to the underreporting of sexual abuse by men (Carper et al., 2016). Men's perceptions of traditional masculinity norms are valued by other men but not by society as a whole or by women, indicating the influence of societal expectations on reporting behavior (Iacoviello et al., 2022). Furthermore, research indicates that women who sexually offend against boys are treated more leniently, potentially due to societal gender norms (Rooney, 2020). Men abused by women often refrain from reporting, as social structures may minimize, excuse, or even encourage such behavior (Fraser et al., 2024).

The trauma experienced by male survivors of sexual abuse is shaped by cultural constructions of masculinity, which foster a culture of silence around male sexual abuse (Chan, 2014). The impact of rape myths and male rape myths influences reporting, access to services, and survivors' coping mechanisms, highlighting the role of masculinity and social stigma in perpetuating the culture of silence around sexual abuse (Widanaralalage et al., 2023). Finally, other male family relatives again play the main role in determining how the whole family and community respond to male or female survivors of sexual violence in conflict-affected areas, while they may experience their own trauma from witnessing this practice of sexual violence (Kelly et al., 2017).

Methodology

Research methodologies to investigate sexual trauma among male or female survivors in Sub-Saharan Africa are varied and include qualitative and quantitative approaches. Common methodologies include sexual health counseling and surveys (Mer and Flicourt, 2015), in-depth interviews with survivors to understand their life experiences (Apatinga and Tenkorang, 2022), retrospective studies using registry-based data to identify patterns (Lussy et al., 2021), and cross-sectional surveys employing logistic regression modeling to examine associations between traumatic events and health-risk behaviors (Gibbs et al., 2019).

Qualitative research methods are particularly effective for analyzing the behavior and thought processes of adult male survivors. These methods enable in-depth exploration of sensitive topics, particularly when survivors face societal norms and stigmas that discourage disclosure (Das et al., 2022).

This study analyzes online discussion groups specifically developed and managed by local psychotherapists in Harare, Zimbabwe, as part of the SIDINL Newsletters. These online

mental health groups are designed to provide a safe environment, in this case for male survivors of sexual trauma, to share their own challenging experiences. Participants in these groups are young male survivors of sexual trauma, aged between 20 and 30 years, whose traumatic experiences primarily originated during adolescence or young adulthood in settings such as schools or workplaces.

Psychotherapists managing these groups, with external assistance from foreign professionals of the SIDINL Newsletters, initiated contact with initial participants. These participants then recommended others they trusted to join, utilizing a cascading online recruitment strategy similar to snowball sampling. This method was chosen for its effectiveness in engaging individuals within sensitive and stigmatized populations (Olatuwoye et al., 2022).

Two separate online groups, each comprising approximately 15 members, were analyzed for this study. The groups were designed to provide support to male survivors, particularly from rural or suburban areas of Zimbabwe. These regions are predominantly remote, with severely limited access to mental health services. The psychotherapists leading the groups were familiar with the socio-cultural context of rural communities, enabling them to foster an environment of trust and relatability.

These groups were structured to create a sense of community and safety, and members of these groups openly discussed their trauma in facilitated online conversations, led by a local team of psychotherapists. The online setting offered several key benefits for discussing highly stigmatized issues. Participants engaged from familiar and private spaces, which allowed for more open and honest discussions (Strand et al., 2020). The asynchronous and semi-structured nature of the groups enabled participants to share at their own pace. Over seven months in 2023, active participation in these psychotherapist-led groups established a layer of trust essential for authentic disclosures. Structured logs and anonymized transcripts of online discussions were maintained throughout this period, forming the core dataset for this study.

The study employed qualitative thematic analysis to extract recurring themes and patterns in the discussion transcripts. Thematic coding focused on key stages of participants' trauma experiences, social and psychological impacts of the trauma, barriers to disclosure and seeking support, and cultural influences on their understanding and expression of masculinity (Slade et al., 2019).

These online groups were originally developed independently of the research for this article. At the end of the designated timeframe of these groups, the managing teams overseeing these groups compiled and shared the anonymized transcripts for the analysis purposes of this article. This approach ensured that the research did not influence the natural dynamics or content of the discussions, preserving authenticity and relevance to the participants' lived experiences. The pre-existing nature of these groups helped mitigate researcher influence, as facilitators and participants were unaware of the specific focus of this study during the discussion period (Harris et al., 2024). This separation preserved the integrity of the data by maintaining the natural flow and context of conversations.

Finally, all participants were informed of the study’s objectives and gave their explicit consent for their anonymized discussion data to be analyzed. Personal identifiers were removed from all transcripts, and only aggregate insights were used in the analysis.

Findings

Violence and Male Dominance

This table (Table 1) provides an overview of the varied dimensions of sexual violence as experienced by participants, a sensitive relationship between the nature of the trauma and the emotional responses it evokes.

Table 1. Sample of Sexual Violence Experiences and Emotional Responses

| Aspect of Trauma | Description | Emotions |
|---------------------------|---|------------------------------|
| Coercion and Manipulation | Use of psychological pressure and exploitation of trust | Betrayal, confusion |
| Physical Violation | Instances of forced sexual acts, including male rape by authority figures | Anger, helplessness |
| Cultural Stigma | Fear of judgment and emasculation due to societal norms | Shame, isolation |
| Lack of Consent | Sexual acts performed without explicit agreement | Guilt, frustration |
| Trust Betrayal | Abuse perpetrated by someone known and trusted | Pain, distrust |
| Systemic Neglect | Barriers to help-seeking and societal invalidation of male victimhood | Anger, resentment |
| Targeted Victimization | Selection of victims based on perceived vulnerability or weakness | Vulnerability, powerlessness |

Source: Analysis of online groups (SIDINL Newsletters).

The concept of sexual violence and its strict definition as a traumatic experience remains complex for male survivors. Shared narratives reveal that the interpretation of trauma, its classification as violence, and the emotional responses it evokes are deeply personal and influenced by cultural, societal, and individual factors.

Participants often grappled with the definition of sexual violence and whether their experiences qualified as such. One recurring theme was a hesitance to label their experiences as “violence” or “trauma” due to cultural stigmas surrounding masculinity and victimhood. A participant said: “I don’t know if I’d call it violence—it wasn’t physical like a fight. But it’s something that’s stayed with me, and it’s painful in ways I can’t explain.”

This participant, a 23-year-old male, described being coerced by an older male relative into repeated sexual acts under the guise of familial affection. While the acts did not involve overt physical force, the emotional and psychological manipulation left lasting scars. This reflects an internal conflict between societal expectations and the reality of psychological harm.

For many, the absence of overt physical force contributed to their reluctance to classify their experiences as violent. However, the psychological manipulation, coercion, and betrayal of trust inherent in these experiences were described as profoundly damaging. One survivor recalled: “He was someone I looked up to, someone who was supposed to protect me. Instead, he used that trust to hurt me in ways I never imagined.”

This account involved a 20-year-old man who had been repeatedly raped by a community elder who was supposed to be a mentor. The elder used his position of authority to isolate the victim and enforce compliance through intimidation.

In contrast, others explicitly identified their experiences as acts of violence, emphasizing the violation of autonomy and dignity. For some survivors, the violence stemmed from intense sexual harassment by peers or colleagues, where they were repeatedly targeted, humiliated, or coerced into non-consensual acts. One survivor shared: “They’d gang up on me, touch me in ways I didn’t want, and laugh about it like it was a joke. But it wasn’t a joke to me.”

This individual described enduring frequent harassment during his time in boarding school. He detailed how a group of older students would corner him in communal spaces, forcibly touch him, and ridicule him in front of peers, leading to significant emotional distress and a lasting fear of groups. Such statements underline a growing recognition among survivors that sexual violence encompasses more than physical harm, since it is also about power, control, and the stripping away of agency.

Cultural norms and societal attitudes toward masculinity significantly shaped participants’ perceptions. In contexts where masculinity is equated with dominance and resilience, acknowledging victimhood often felt like an admission of weakness. As one survivor put it: “Where I’m from, men are supposed to be strong, protectors. If something like this happens to you, people think you’re less of a man. That’s why I never told anyone.”

This survivor’s trauma stemmed from being sexually assaulted by his first male employer who exploited his economic dependency. The survivor’s fear of societal judgment and emasculation perpetuated his silence for years, a perception that contributed to a silence around sexual violence and a tendency to downplay its impact. Survivors often felt isolated, unable to reconcile their experiences with societal expectations.

Other participants discussed the deliberate selection of victims by perpetrators, often based on perceived vulnerability. For instance, one survivor explained: “I was just a kid, and he knew I wouldn’t fight back. They pick people they think can’t defend themselves.” This 25-year-old survivor recounted being targeted by a group of older boys during his adolescence. They isolated him from his friends during sports practice and subjected him to repeated abuse, exploiting his timid personality and lack of physical strength.

The emotional toll of sexual violence was a recurring topic, with participants describing a range of feelings from shame and guilt to anger and confusion. Shame emerged as a dominant emotion, often tied to societal stigma. One survivor articulated: “I felt dirty, like I’d done something wrong. Even now, I struggle to look at myself in the mirror.” This 22-year-old survivor had been assaulted by a family friend, and the resulting shame prevented him from disclosing the abuse for years.

Others described feelings of betrayal and distrust, particularly in cases where the perpetrator was someone they knew. As one participant recounted: “It was someone I trusted, someone I thought cared about me. That’s what hurts the most—not just what they did, but who they were.” This participant, who had been raped by his best friend after a night of drinking, expressed deep pain over the loss of the friendship and trust.

At the same time, some survivors expressed anger—not only at their abusers but also at a society that failed to protect or validate them. This anger was often directed at the systemic barriers to seeking help and the pervasive myths about male victimhood. As one participant noted: “Why is it that when something like this happens to a woman, people take it seriously, but when it happens to a man, it’s a joke? That’s what makes me angry.” This individual had been sexually assaulted by a group of men during a socio-political protest and faced ridicule when he attempted to report the crime. His anger was fueled by the trivialization of male sexual violence in public discourse.

Silence and Weakness

This table (Table 2) illustrates the connection between societal norms, personal fears, and observed attitudes that perpetuate silence among male survivors.

Table 2. Sample of Experiences of Stigma and Silence Among Male Survivors.

| Reason for Silence | Description | Associated Experiences |
|---------------------------|--|---|
| Fear of Judgment | Concerns about being labeled weak or unmanly | Dismissive responses from family |
| Cultural Expectations | Pressure to conform to ideals of masculinity and resilience | Abuse by relatives or peers |
| Risk of Social Alienation | Fear of losing friendships or professional relationships | Rejection by confidants, workplace stigma |
| Internalized Shame | Personal feelings of guilt and self-blame | Chronic anxiety, panic attacks |
| Observing Stigma | Witnessing dismissive or mocking attitudes toward male survivors | Mockery in social or professional circles |
| Reason for Silence | Description | Associated Experiences |
| Fear of Judgment | Concerns about being labeled weak or unmanly | Dismissive responses from family |

Source: Analysis of online groups (SIDINL Newsletters).

A significant barrier to disclosure among male survivors of sexual violence is the pervasive perception of weakness associated with discussing their experiences. This stigma, deeply ingrained in current norms, compels many survivors to remain silent, exacerbating their trauma and hindering their access to support systems.

Participants repeatedly highlighted the fear of being perceived as weak or less masculine as a key reason for their reluctance to disclose their trauma. One survivor described his ordeal: "When I tried to tell my uncle what happened, he just laughed and said, 'Be a man. Don't let people push you around.' That made me feel like it was my fault, like I wasn't strong enough." This survivor had been sexually assaulted by an older male neighbor who cornered him in a secluded area. The dismissive response from his uncle reinforced the expectation that men should endure hardships without complaints, leaving the survivor isolated and invalidated.

Another participant shared: "I thought about telling my friends, but I knew they'd just call me soft. Guys don't talk about stuff like this. It's not what we do." This individual's experience stemmed from persistent sexual harassment at his school, where older high students repeatedly made inappropriate comments and gestures. His internalized fear of ridicule prevented him from reporting the behavior, even as it escalated over time. The cultural emphasis on masculinity and resilience often deters survivors from acknowledging their experiences. As one participant noted: "In my culture, men don't ask for help. If you talk about something like this, people think you're weak or broken."

Another participant elaborated: "The idea that you're supposed to be strong all the time, it's exhausting. After it happened to me, I didn't even think about telling anyone because I knew they'd see me differently." This participant's experience involved sexual assault by a group of peers during a hazing ritual. The fear of being labeled weak or merely incapable compounded his trauma, pushing him to suppress his feelings and avoid seeking help.

The potential for social alienation also emerged as a critical factor in survivors' silence. One survivor explained: "When I finally opened up to a close friend, he stopped talking to me. He didn't say why, but I knew he thought less of me because of what I told him." Another participant recounted a similar experience: "I overheard someone at work making jokes about a guy who said he was assaulted. They said he probably wanted it. After that, I knew I couldn't tell anyone about what happened to me."

The act of remaining silent often compounds the psychological toll of sexual violence. One participant reflected: "Keeping it inside felt like it was eating me alive. I started having panic attacks, but I still couldn't bring myself to tell anyone." This survivor, who had been assaulted by a friend during a social gathering, described how the inability to share his experience led to chronic anxiety and self-doubt. The lack of external validation or support left him trapped in a cycle of self-blame and shame.

Another participant shared: "I tried to act like everything was fine, but inside, I was falling apart. Not talking about it made me feel like I was the only one going through this." This individual's trauma involved ongoing sexual harassment by a colleague, which escalated to

physical assault. His silence, driven by fear of judgment, isolated him further, intensifying his emotional distress.

Impact on Personal Lives

This table (Table 3) highlights the pervasive impacts of sexual trauma, showing how deeply it influences survivors’ personal and professional lives.

Table 3. Sample of Experiences: After-Life, Long-Term Impact of Sexual Trauma.

| Area of Impact | Description | Associated Experiences |
|----------------------------|---|---|
| Intimacy and Relationships | Difficulty forming or maintaining close connections | Fear of physical touch, lack of trust |
| Parenting Challenges | Struggles with engaging emotionally or being a role model | Fear of vulnerability, emotional distance |
| Professional Withdrawal | Inability to sustain employment or social interactions | Chronic anxiety, isolation |
| Physical Health | Somatic symptoms like migraines and panic attacks | Chronic pain, unexplained illnesses |
| Self-Perception | Negative self-image and internalized shame | Feelings of brokenness, loss of identity |

Source: Analysis of online groups (SIDINL Newsletters).

The enduring effects of sexual trauma ripple through various facets of survivors’ personal lives, shaping their relationships, self-perception, and daily functioning.

For many survivors, sexual trauma profoundly disrupted their ability to form and maintain intimate relationships. One participant shared: “I’ve been married for three years, but I still can’t let my wife touch me sometimes. It’s like I’m back there again, and I just freeze.” The inability to separate past trauma from present interactions often led to frustration and misunderstanding in his relationship.

Another participant explained: “Every time someone tries to get close to me, I push them away. I don’t know how to trust anyone anymore.” This survivor’s trauma stemmed from being assaulted by a trusted mentor. The betrayal of trust deeply impacted his ability to form new relationships, leaving him isolated and guarded.

Some survivors also reported struggles with parenting due to their unresolved trauma. A father in the group expressed: “I love my son, but I’m terrified of getting too close to him. I don’t want him to grow up thinking it’s okay to be vulnerable because of what happened to me.” This survivor’s experience of rape by a family member led to feelings of inadequacy as a role model. His inability to reconcile his own trauma with his aspirations as a father created tension in his parental role.

The effects of trauma also extended to survivors’ professional lives, with many expressing difficulties maintaining stable employment or social connections. One participant shared:

“I quit my job because I couldn’t handle being around people anymore. Every time someone looked at me the wrong way, I’d think they knew, and I’d panic.” This individual had been harassed and assaulted repeatedly in school, and the fear of judgment or exposure led to chronic anxiety and eventual withdrawal from professional environments.

Another participant recounted: “I stopped going out with friends because I didn’t want to explain why I’m not the same guy anymore. They wouldn’t understand.” This survivor, who had been sexually assaulted by a peer during a trip, described how the emotional toll of the trauma eroded his social confidence, leaving him isolated from his friend group.

The psychological effects of trauma often manifested in physical symptoms. One survivor noted: “I get these migraines that knock me out for days. The doctors can’t find anything wrong, but I know it’s because of what happened.” This participant had been repeatedly assaulted by a group of peers in his teenage years. The unresolved emotional distress contributed to chronic physical ailments, further complicating his recovery.

Another survivor shared: “Sometimes, my chest tightens up, and I feel like I’m going to die. It’s like my body remembers even when I try to forget.” This individual’s experience of sexual violence led to frequent panic attacks, which disrupted his daily routine and ability to function.

Trauma deeply influenced how survivors viewed themselves. One participant reflected: “I feel broken, like I’ll never be whole again. No matter what I do, it’s always there in the back of my mind.” This survivor’s ongoing struggle with self-worth stemmed from being assaulted by an older male, family relative during his childhood. The internalized shame and self-blame persisted, overshadowing his attempts at recovery.

Another participant expressed: “I’ve stopped looking in the mirror. I don’t like who I see anymore.” This individual’s trauma involved a prolonged period of coercion and sexual assault by superiors in his workplace. The loss of agency and dignity left him feeling disconnected from his former self.

African Male Sexual Victim

There is a clear intersection of cultural, societal, and geographical factors that uniquely shape the experiences of African male survivors of sexual violence (Table 4), particularly for those living in rural settings.

Table 4. Sample of Experiences: Challenges of African Male Survivors.

| Aspect of Trauma | Description | Specific Experiences |
|------------------------|--|--|
| Cultural Stigma | Pressure to conform to rigid masculine norms | Dismissal by elders, fear of ridicule |
| Community Pressures | Emphasis on collective reputation over individual well-being | Victim-blaming, silencing to avoid shame |
| Geographical Isolation | Limited access to healthcare and mental health resources | Inability to seek anonymous support |

| | | |
|-----------------------------|--|---|
| Systemic Neglect | Lack of legal and institutional recognition for male sexual violence | Mockery by police, reverence for perpetrators |
| Emotional and Physical Toll | Manifestation of trauma in mental and physical health | Depression, anxiety, chronic pain |

Source: Analysis of online groups (SIDINL Newsletters).

A pervasive cultural expectation of dominance amplifies the difficulty for African male survivors to disclose their experiences. One participant noted: “In my village, a man crying or saying he was hurt in this way is seen as disgraceful. They say you are weak and no longer a real man.” This survivor expressed that the social pressure to embody an almost brutal form of masculinity silenced him for years. The fear of losing his status as a “protector” within his family and community further compounded his trauma.

Another survivor shared: “When I told an elder about what happened, he told me it’s impossible for a man to be a victim. That’s something they say only happens to women.” This man revealed how dismissive cultural narratives made it nearly impossible for him to seek help or validation, as the concept of male victimhood was not recognized in his rural setting.

The geographical isolation of rural communities often exacerbates the struggles of male survivors. Limited access to healthcare and mental health resources force many to cope with their trauma in silence. One participant explained: “There’s no one to talk to here. If you tell someone, the whole village knows by the next day, and they will laugh at you.” This survivor’s experience of assault by a family member was compounded by the lack of anonymity in his village.

The close-knit nature of rural communities made disclosure risky, as survivors often feared public ridicule and ostracism. African survivors often grapple with societal expectations and the collective nature of community life. In many African societies, community reputation outweighs individual well-being, further deterring survivors from coming forward. One participant explained: “If I said anything, they would say I was trying to shame the village. They care more about how it looks to outsiders than what happens to us.” The fear of being labeled a troublemaker kept him silent.

Another survivor remarked: “The nearest place I could get help is a day’s journey away. I can’t leave my farm for that long, and even if I could, what would I say when I get there?” For this individual, logistical barriers to accessing support services prevented him from seeking therapy or legal assistance. The physical distance and lack of tailored resources for male survivors in rural areas left him without options for formal support.

The absence of legal and institutional recognition for male sexual violence further marginalized survivors. One participant described his attempt to seek justice: “I wanted to report it, but I knew they would side with the perpetrator because he is a respected elder. In my culture, elders are always right, no matter what they do.” This individual underscored

how power dynamics within rural communities often deter survivors from speaking out. The entrenched reverence for authority figures left him feeling powerless and abandoned.

The cumulative effects of cultural stigma, isolation, and systemic neglect take a significant emotional toll on African male survivors. One participant reflected: “It feels like carrying a stone on my chest every day. You can’t breathe, but you can’t let it go either because no one will catch it.” The lack of a supportive outlet for his emotions magnified his feelings of despair and loneliness.

Discussion

Participants exhibited varied perceptions of what constitute sexual violence, often influenced by societal norms and personal experiences. Some hesitated to label their experiences as “violence” due to the absence of physical force, despite acknowledging significant psychological harm. This aligns with other research indicating that male survivors often underreport or misinterpret their experiences because of societal expectations of masculinity and the misconception that men cannot be victims of sexual violence (Rawcliffe, 2023; Elkins et al., 2017). Conversely, others explicitly identified their experiences as violent, emphasizing violations of autonomy and dignity. This perspective is supported by studies highlighting that sexual violence encompasses a spectrum of behaviors beyond physical assault, including coercion and manipulation (Staley et al., 2022).

The reluctance to disclose experiences of sexual trauma among male survivors is deeply rooted in societal stigma and cultural constructs of masculinity. Participants expressed fears of being perceived as weak or unmanly, leading to prolonged silence. This phenomenon is well-documented, and societal norms often discourage men from expressing vulnerability, inhibiting disclosure and access to support (Hlavka, 2017).

The fear of social alienation and judgment further compounds this silence. Male survivors reported concerns about losing friendships or professional relationships upon disclosure. Such fears are corroborated by research indicating that male survivors often anticipate negative reactions, including disbelief or minimization of their experiences, which deters them from seeking help (Easton, 2013).

The enduring effects of sexual trauma permeate various aspects of survivors’ personal lives, including relationships, self-perception, and daily functioning. Participants reported difficulties with intimacy, trust issues, and challenges in forming or maintaining relationships. These findings are consistent with studies showing that male survivors often experience major disruptions in interpersonal relationships due to trauma-related symptoms such as hypervigilance and emotional numbing (Limoncin et al., 2024).

Additionally, the psychological toll of trauma manifested in physical health issues among participants, including chronic pain and panic attacks. This aligns with research indicating that trauma can lead to somatic symptoms, as the body often expresses psychological distress through physical ailments (O'Driscoll and Flanagan, 2016).

In various African contexts, cultural norms and societal attitudes significantly influence the traumatic past experiences of male survivors of sexual violence. Traditional concepts of masculinity often equate manhood with strength and dominance, making it challenging for men to acknowledge victimization without fear of being perceived as weak (Gumede et al., 2023). This cultural backdrop contributes to the underreporting of sexual violence against men and boys, as survivors fear ostracism or disbelief (Liebling et al., 2024).

Therefore, several barriers impede the healing process and support-seeking behaviors among male survivors. The fear of being labeled as weak or unmanly discourages men from disclosing their experiences. This internalized stigma can lead to isolation and reluctance to seek professional help (Nyabena, 2024). Many male survivors may not recognize their experiences as abuse due to societal misconceptions about male invulnerability to sexual violence. This lack of awareness hinders acknowledgment and the pursuit of support (Edström and Dolan, 2019). The scarcity of services specifically designed for male survivors means that many do not receive the necessary care. Existing services may not be equipped to address the unique needs of men, leading to feelings of alienation (Donne et al., 2018). In African cultures where masculinity is associated with dominance and emotional restraint, admitting to victimization can be particularly challenging. These norms can prevent men from seeking help and contribute to prolonged suffering (Gumede et al., 2023). Furthermore, the legal and social frameworks in African countries have historically focused on female victims, leading to a lack of resources and support systems tailored for male survivors. This gap exacerbates the challenges faced by men in seeking help and contributes to the perpetuation of silence around male sexual victimization.

The experiences of male survivors of sexual trauma in African contexts differ notably from those in Western Europe, influenced by cultural, societal, and systemic factors. The emphasis on rigid masculinity, community reputation, and reverence for authority figures exacerbates the silence surrounding male victimhood in Africa. African survivors face a unique blend of stigma and isolation, amplified by the lack of tailored resources and legal recognition (Nyabena, 2024; Gumede et al., 2023). This underscores the critical need for culturally sensitive approaches that address these barriers. Moreover, the intersection of cultural stigma and systemic neglect creates a cycle where survivors feel trapped, unable to access justice or healing. The findings point to the importance of education and advocacy in challenging societal norms and promoting understanding of male sexual victimization within African contexts. Policies that prioritize anonymity, accessibility, and trust-building are essential to breaking this cycle and fostering a supportive environment for survivors (Gumede et al., 2023; Majola et al., 2023). In contrast, Western European contexts have seen a gradual shift towards recognizing male sexual trauma, with increasing availability of support services and a growing societal acknowledgment of male victimhood (Poirson et al., 2023). This has led to a more sensitive management of cases and a more supportive environment for healing.

The study's findings highlight the critical need for trauma-informed and gender-sensitive support systems. Healthcare providers, mental health professionals, and support networks must recognize the unique challenges faced by male survivors, including societal stigma

and internalized notions of masculinity that hinder disclosure and healing (Elkins et al., 2017). Implementing educational programs to challenge stereotypes and promote understanding of male sexual victimization is essential.

Furthermore, creating safe spaces for male survivors to share their experiences without fear of judgment is imperative. Support groups like these SIDINL Newsletters, both online and in-person, can provide validation and community, aiding in the recovery process, and benefits of cross-cultural interactions in support groups, where diverse approaches to healing can offer new perspectives and strategies for coping. Policies and interventions should be developed to address the specific needs of male survivors, ensuring they receive appropriate care and support (Sperlich et al., 2021).

Conclusion

This study sheds light on the profound and unique challenges faced by African male survivors of sexual violence. In navigating a landscape shaped by cultural norms, societal expectations, and systemic gaps, these survivors confront significant obstacles to disclosure, healing, and justice. The deeply entrenched notions of masculinity, coupled with community and familial pressures, perpetuate a culture where male victimhood is largely dismissed or ridiculed. This silence is further amplified by the geographical isolation and limited resources available especially in rural African settings. Compounding these issues is the systemic neglect of male survivors within legal and institutional frameworks, leaving many without avenues for support or justice, and trapped in cycles of shame, guilt, and unresolved trauma.

The study also underscores the transformative potential of culturally sensitive, trauma-informed, and gender-sensitive support systems. The success of online mental health groups, such as those facilitated through the SIDINL Newsletters, highlights the importance of creating safe spaces where survivors can share their experiences without fear of judgment. These platforms not only validate survivors' emotions but also offer unique opportunities for community and connection. The integration of cross-cultural perspectives, as observed in the collaboration between local and international psychotherapists, provides a model for how diverse approaches can enhance the mental healing process. Moving forward, the development of policies that prioritize anonymity, accessibility, and trust-building is essential. By addressing these barriers and fostering more inclusive support networks, stakeholders can empower survivors to reclaim their narratives and pursue meaningful recovery.

References

- Ajayi, C. E., Chantler, K., & Radford, L. (2022). The role of cultural beliefs, norms, and practices in Nigerian women's experiences of sexual abuse and violence. *Violence against women*, 28(2), 465-486.
- Alexandre, A. B., Rutega, B., Byamungu, P. A., Notia, C. A., & Alldén, S. (2022). A man never cries: barriers to holistic care for male survivors of sexual violence in eastern DRC. *Medicine, conflict and survival*, 38(2), 116-139.

- Apatinga, G. A., & Tenkorang, E. Y. (2022). Barriers to help-seeking for sexual violence among married or cohabiting women in Ghana. *Violence against women*, 28(15-16), 3844-3864.
- Carper, T. L., Bartone, A. S., & Petty, F. C. (2016). Animal companions and military veterans: How dogs can help America's heroes. *Men and their dogs: A new understanding of man's best friend*, 195-214.
- Chan, S. T. (2014). The lens of masculinity: Trauma in men and the landscapes of sexual abuse survivors. *Journal of Ethnic and Cultural Diversity in Social Work*, 23(3-4), 239-255.
- Das, S., Pramanik, S., Ray, D., & Banerjee, D. (2022). "The Unheard Voices": lived experiences of Sexual abuse in Male Survivors. *Indian journal of psychological medicine*, 44(5), 474-478.
- Donne, M. D., DeLuca, J., Pleskach, P., Bromson, C., Mosley, M. P., Perez, E. T., ... & Frye, V. (2018). Barriers to and facilitators of help-seeking behavior among men who experience sexual violence. *American journal of men's health*, 12(2), 189-201.
- Easton, S. D. (2013). Disclosure of child sexual abuse among adult male survivors. *Clinical Social Work Journal*, 41(4), 344-355.
- Edström, J., & Dolan, C. (2019). Breaking the spell of silence: Collective healing as activism amongst refugee male survivors of sexual violence in Uganda. *Journal of Refugee Studies*, 32(2), 175-196.
- Elkins, J., Crawford, K., & Briggs, H. E. (2017). Male survivors of sexual abuse: Becoming gender-sensitive and trauma-informed. *Advances in social work*, 18(1), 116-130.
- Fraser, J. M., Bradford, J. M., Pritchard, C., & Moulden, H. M. (2024). Childhood Sexual Abuse by Women of Boys Who Go On to Sexually Offend: Review and Critical Analysis. *Current Psychiatry Reports*, 26(3), 45-52.
- Fry, M. W., Skinner, A. C., & Wheeler, S. B. (2019). Understanding the relationship between male gender socialization and gender-based violence among refugees in Sub-Saharan Africa. *Trauma, Violence, & Abuse*, 20(5), 638-652.
- Gibbs, A., Hatcher, A., Jewkes, R., Sikweyiya, Y., Washington, L., Dunkle, K., ... & Christofides, N. (2019). Associations between lifetime traumatic experiences and HIV-risk behaviors among young men living in informal settlements in South Africa: a cross-sectional analysis and structural equation model. *JAIDS Journal of Acquired Immune Deficiency Syndromes*, 81(2), 193-201.
- Gumede, D., Luthuli, M., Hlongwane, S., Orievulu, K., Gumede, N., & Adeagbo, O. (2023). Males' Experiences of Gender-Based Violence in Sub-Saharan Africa (SSA): A Review of Literature. *Young People, Violence and Strategic Interventions in Sub-Saharan Africa*, 187-209.

- Harris, J., Germain, J., McCoy, E., & Schofield, R. (2024). Ethical guidance for conducting health research with online communities: A scoping review of existing guidance. *Plos one*, 19(5), e0302924.
- Hlavka, H. R. (2017). Speaking of stigma and the silence of shame: Young men and sexual victimization. *Men and Masculinities*, 20(4), 482-505.
- Iacoviello, V., Valsecchi, G., Berent, J., Borinca, I., & Falomir-Pichastor, J. M. (2022). Is traditional masculinity still valued? Men's perceptions of how different reference groups value traditional masculinity norms. *The Journal of Men's Studies*, 30(1), 7-27.
- Jewkes, R., & Morrell, R. (2010). Gender and sexuality: emerging perspectives from the heterosexual epidemic in South Africa and implications for HIV risk and prevention. *Journal of the International AIDS society*, 13, 1-11.
- Kelly, J., Albutt, K., Kabanga, J., Anderson, K., & VanRooyen, M. (2017). Rejection, acceptance and the spectrum between: understanding male attitudes and experiences towards conflict-related sexual violence in eastern Democratic Republic of Congo. *BMC women's health*, 17, 1-11.
- Liebling, H. J., Barrett, H. R., Artz, L., & Shahid, A. (2024). Viable justice: survivors of sexual and gender-based violence and/or torture amongst South Sudanese refugees living in settlements in Northern Uganda. *International Journal of Migration, Health and Social Care*, 20(1), 125-147.
- Limoncin, E., Gaudio, B., Ciocca, G., Jannini, T. B., & Jannini, E. A. (2024). The Impact of Sexual Abuse on the Emotions and Relationship. In *Emotional, Physical and Sexual Abuse: Impact on Individuals, Couples, Children and Minorities* (pp. 45-55). Cham: Springer International Publishing.
- Logie, C. H., Okumu, M., Coelho, M., Loutet, M. G., Berry, I., Lukone, S. O., ... & Kyambadde, P. (2023). Sexual violence stigma experiences among refugee adolescents and youth in Bidi Bidi refugee settlement, Uganda: Qualitative insights informed by the stigma power process framework. *SSM-Mental Health*, 4, 100242.
- Lussy, J. P., Dube, A., Lusi, J. K. M., Kikoli, A. M., Mukekulu, E. K., & Bartels, S. A. (2021). Trends in sexual violence patterns and case management: a sex disaggregated analysis in Goma, Democratic Republic of Congo. *Conflict and health*, 15, 1-9.
- Majola, K. B., Mkhize, S. M., & Udoh, J. A. (2023). Gender-based violence: Sociocultural barriers to men speaking up and seeking help in South Africa. *African Journal of Gender, Society & Development*, 12(1), 27.
- Mayeza, E. (2024). Rape culture: Sexual intimidation and partner rape among youth in sexually diverse relationships. *Sexualities*, 27(4), 1074-1090.
- Mer, S. R., & Flicourt, N. (2015). Women victims of sexual violence in armed conflicts in the Democratic Republic of Congo. *Sexologies*, 24(3), e55-e58.

- Mshweshwe, L. (2020). Understanding domestic violence: masculinity, culture, traditions. *Heliyon*, 6(10).
- Njoku, E. T., & Dery, I. (2023). Gendering Counter-Terrorism: Kunya and the Silencing of Male Victims of CRSV in Northeastern Nigeria. *African Studies Review*, 66(4), 949-966.
- Nyabena, S. M. (2024). Breaking The Silence: Exploring the Challenges and Support Mechanisms for Male Survivors of Gender-Based Violence in Sub-Saharan Africa. In *The Palgrave Handbook of Violence in Africa* (pp. 849-864). Cham: Springer Nature Switzerland.
- O'Driscoll, C., & Flanagan, E. (2016). Sexual problems and post-traumatic stress disorder following sexual trauma: A meta-analytic review. *Psychology and Psychotherapy: Theory, Research and Practice*, 89(3), 351-367.
- Olaluwoye, T., Hoban, E., & Williams, J. (2023). Forms of sexual violence perpetrated in conflict and post-conflict settings against South Sudanese men resettled in two communities in Uganda: an exploratory qualitative study. *Conflict and health*, 17(1), 49.
- Olaluwoye, T., Hoban, E., Connors, P., & Williams, J. (2022). Sexual violence against men in conflict and post-conflict settings: a qualitative research methodology. *American journal of men's health*, 16(2), 15579883221084496.
- Poirson, L., Robin, M., Shadili, G., Lamothe, J., Corruble, E., Gressier, F., & Essadek, A. (2023, June). Male victims of sexual abuse: impact and resilience processes, a qualitative study. In *Healthcare* (Vol. 11, No. 13, p. 1868). MDPI.
- Rawcliffe, C. (2023). "Men are the alphas. Men can't be hurt. Men can't be victims"-Narrative, identity, and male victims of female perpetrated intimate partner abuse (Doctoral dissertation, University of East Anglia).
- Rooney, L. (2020). Gendered perceptions of child sexual abusers: the paradox of the "vulnerable other". *Journal of Contemporary Criminal Justice*, 36(4), 559-581.
- Slade, M., Rennick-Egglestone, S., Blackie, L., Llewellyn-Beardsley, J., Franklin, D., Hui, A., ... & Deakin, E. (2019). Post-traumatic growth in mental health recovery: qualitative study of narratives. *BMJ open*, 9(6), e029342.
- Sperlich, M., Logan-Greene, P., & Finucane, A. (2021). Adopting a trauma-informed approach to gender-based violence across the life course. *Understanding gender-based violence: An essential textbook for nurses, healthcare professionals and social workers*, 185-202.
- Staley, G., Zaidan, A. C. V., Henley, K., Childers, L. G., Daniel, R., Lauderdale, S. A., & McGuire, A. P. (2022). Commending rather than condemning: Moral elevation and stigma for male veterans with military sexual trauma. *BMC psychology*, 10(1), 292.
- Strand, M., Eng, L. S., & Gammon, D. (2020). Combining online and offline peer support groups in community mental health care settings: A qualitative study of service users' experiences. *International Journal of Mental Health Systems*, 14, 1-12.

Widanaralalage, B. K., Hine, B. A., Murphy, A. D., & Murji, K. (2023). A Qualitative Investigation of Service Providers' Experiences Supporting Raped and Sexually Abused Men. *Violence & Victims*, 38(1).

Yagi, I., Malette, J., Mwindo, T., & Maisha, B. (2022). Characteristics and impacts of conflict-related sexual violence against men in the DRC: A phenomenological research design. *Social Sciences*, 11(2), 34.