Relationships and post-traumatic growth in male survivors of childhood sexual abuse

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Introductory Chapter: Thesis Overview

Thesis Overview

Childhood sexual abuse (CSA) is an umbrella term describing the involvement of a child or adolescent in sexual activity they do not fully comprehend or give their informed consent to (Mathews & Collin-Vézina, 2017; World Health Organisation [WHO], 2017). Perpetrators may be adults or children who exploit a position of responsibility, trust or power over the victim, and use psychological, emotional and material manipulation to carry out their abuse on a single or repeated occasion (WHO, 2017). CSA is therefore recognised as a complex, relational and psychological trauma which occurs within families, peer groups, institutions and communities. The violation of what ought to be safe settings and use of a harmful power dynamic mean the effects of CSA extend far beyond the physical, causing deeper psychological, emotional and relational consequences (Mathews & Collin-Vézina, 2017).

In recognition of the trauma caused by CSA, researchers have started to explore the question of how certain individuals not only 'survive' their abuse, but experience some form of positive personal growth as a result of this struggle, a process known as post-traumatic growth (PTG, Tedeschi & Calhoun, 2004). Although PTG has been identified for CSA survivors, its development and enabling factors remain understudied, particularly for male CSA survivors. Supportive relationships are cited as a cornerstone of PTG by its theorists (Tedeschi & Calhoun, 2004) which has been corroborated in a meta-analysis of PTG in 103 mixed trauma populations (Prati & Pietrantoni, 2009), as well as specific groups including US veterans (Tsai, El-Gabalawy, Sledge & Southwick, 2015), Holocaust child survivors (Lev-Wiesel & Amir, 2011), adult sexual assault survivors (Ullman, 2014), and female CSA survivors (Hartley, Johnco, Hofmeyr & Berry, 2016). However, at the time of writing, how supportive relationships may contribute to growth for male CSA survivors remains unknown. This thesis provides an exploration of PTG processes and the lived experiences of two key

relationships for male CSA survivors: their partner relationships and their relationships with their children.

Chapter 1 describes the systematic review which identified, screened and synthesised extant qualitative literature concerning the lived experience of partner relationships for male CSA survivors. A narrative synthesis illuminated the difficulties, as well as experiences of healing and growth, that survivors reported in connection to their partners. Having children was cited as a particularly significant outcome of their partner relationship and component of their own personal growth, leading the research team to conclude further exploration of the father-child relationship and PTG was warranted for male CSA survivors.

Chapter 2 documents the empirical paper which explored the experiences of fatherhood and PTG for a small group of male CSA survivors. Interpretative Phenomenological Analysis was used to explore how these men experienced PTG alongside fatherhood, and the meanings they ascribed to this. The findings illuminate how fatherhood can act as a transformational process through which survivors can not only heal, but also grow, from CSA.

The target journals are Archives of Sexual Behavior for chapter 1 and Child Abuse and Neglect for chapter 2. Both chapters comply with each journal's author guidelines (Appendices A and B) with the exception of including tables and figures in the main text of the chapters, in line with thesis guidelines.

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Chapter 1: Literature Review

The lived experience of partner relationships for male survivors of childhood sexual abuse: a systematic review and narrative synthesis

Target journal: Archives of Sexual Behavior

Abstract

Background and Aim: Research has documented wide ranging psychological impacts of childhood sexual abuse (CSA) for male survivors, but their experiences of partner relationships remain understudied. This systematic review aimed to synthesise the qualitative literature concerning the lived experience of partner relationships for male CSA survivors.

Method: Electronic searches were conducted across PsycINFO, CINAHL and PubMed and complemented by reference searches of relevant articles. Searches were limited to peer-reviewed studies in the English language. Studies were included if they sampled adult male CSA survivors and reported data on the lived experience of partner relationships, corroborated by participant quotes.

Results: 1297 titles and abstracts and 119 full text articles were screened, of which 16 studies were included. Articles were quality appraised using the Critical Appraisal Skills Programme qualitative checklist (2018) and a narrative synthesis of relevant data derived five themes: 'Sexual orientation confusion', 'Sexual intimacy difficulties', 'The barrier of emotional intimacy'; 'Navigating agency' and 'Healing and growth through love'.

Conclusions: Male survivors can face considerable barriers with relational intimacy, but despite these difficulties, romantic relationships also provide a fertile space for men to heal and experience post-traumatic growth (PTG).

Clinical Implications: Clinicians should be aware of the diffuse impacts CSA can have upon male survivors' intimate relationships, which may be exacerbated by social gender norms. Helping survivors and their partners build a safe space in which to process CSA and re-assert their agency and relational boundaries, as well as the expression of love and validation, can support survivors towards PTG.

Keywords: Male survivors, childhood sexual abuse, partner relationships, systematic review, narrative synthesis.

Background

Current consensus agrees at least one in six boys experience childhood sexual abuse (CSA) before the age of 18 (Lyons & Romano, 2019), with under-reporting and definitional differences across countries making it difficult to ascertain more precise prevalence estimates (Jeong & Cha, 2019). Research has typically focused on documenting the adverse psychosocial impacts this abuse has on survivors' lives, demonstrating correlations between CSA and a wide range of mental health problems (Chen & Gueta 2016), substance misuse (Chen, Gueta & Ronel, 2020; Wolff, Frueh, Shi & Schumann, 2012), marital problems, dissatisfaction and separation (Whisman, 2006; Dube et al., 2005) and offending behaviours (Ogloff et al., 2012). This focus has resulted in an evidence base where there is *"virtually no domain of symptomatology that has not been associated with a history of sexual abuse"* (Kendall-Tackett, Williams & Finkelhor, 1993, p.173). While this has improved our knowledge of the wide-ranging impacts of CSA, it can make it difficult for clinicians to know how best to meet the unique needs of survivors at an individual level.

In contrast, there is a dearth of person-centred literature concerning the lived experiences of male CSA survivors (Lyons & Romano, 2019), especially regarding their experiences and perceptions of partner relationships (Meyer, Cohn, Robinson, Muse & Hughes, 2017). This is surprising, given that CSA is differentiated from other forms of trauma for being inherently relationally based; by occurring within the context of an interpersonal relationship it is highly likely the effects will persist in some form within survivors' subsequent intimate relationships (Nasim & Nadan, 2013).

Extant research has highlighted how male and female survivors can have difficulties trusting others, may feel fear when relating to others, and often feel unworthy of love; all of which can impair one's ability to form partner relationships (McElvaney, 2019; O'Leary, Easton & Gould, 2017; Larsen, Sandberg, Harper & Bean, 2011). CSA violates physical and

emotional boundaries of trust and intimacy which, combined with strong experiences of shame and self-blame, can lead survivors to build emotional and relational defences to prevent others from getting "too close" (Talmon & Ginzburg, 2018; Larsen et al., 2011).

For male survivors who do achieve partner relationships, much of the existing research into their relational experiences has focused on their sexual difficulties disclosed in therapeutic settings (Feiring, Simon & Cleland, 2009; Alaggia & Mishna, 2014). Physiological responses to the abuse in childhood can cause male survivors to experience confusion around their sexual orientation, assuming their response suggests an attraction to the gender of the perpetrator (O'Leary et al., 2017; Durham 2003). Similarly, conflicted feelings experienced by the child during sexually abusive acts can cause sexual dysfunction, and distress and confusion towards sexual intimacy in adulthood, as men re-experience pleasure, shame, arousal and revulsion in these contacts (Alaggia & Mishna, 2014; O'Leary et al., 2017). Sexually compulsive behaviours have also been reported and can be conceptualised as the result of men struggling to balance intimacy and autonomy in relationships (Meyer et al., 2017) or a search for partners to heal a sense of self-loathing (Træen & Sørensen, 2008). Such difficulties are frequently described as 'sexual dysfunction'; however, they often provide a window into the emotional and psychological world of the survivor, representing an externalisation of painful emotions or self-protective behavioural strategies to seek and avoid attachment to others (Meyer et al., 2017). Although helpful to our understanding of male survivors in therapeutic settings, less is known about the intimate, relational experiences of men outside of clinical settings and whether such findings are valid in the wider population.

To help make sense of CSA survivors' reported relational difficulties, attachment theory posits childhood experiences shape the internal working models (IWMs) that guide how individuals interpret the actions of others, understand and express emotions, and behave

and communicate with others into adulthood (Bowlby, 1979; Walker, Holman & Busby, 2009). After the parent/caregiver – child relationship, the second most important attachment relationship is between romantic partners, where the strongest emotions arise and have the greatest influence (Walker et al., 2009). It is within this relationship that unresolved negative self-beliefs, assumptions about the trustworthiness of others, and unhelpful beliefs about emotional experience and expression are likely to arise and create distress for the survivor and their partners. Conversely, a positive partner relationship also provides an opportunity for male survivors to have a new, "corrective", attachment experience within which they feel nurtured and their needs are met, challenging some of their previous assumptions and healing the damage of their trauma (Alaggia & Mishna, 2014). This hypothesis has been supported by literature concerning disclosure experiences of male and female CSA survivors; positive and supportive responses from partners who offer alternative perspectives to survivors' negative self-beliefs play a key role in helping an individual's cognitive processing of their trauma, as well as reconstructing a more positive self-concept (Rapsey, Campbell, Clearwater & Patterson, 2017; Easton, Coohey, Rhodes & Moorthy, 2013; Woodward & Joseph, 2003). In a large, cross-sectional study of men and women, Walker and colleagues (2009) found no strong relationship between experiencing CSA and adult relationship quality and satisfaction. Instead, this relationship was mediated by the way in which emotions were typically managed and experienced between partners, and whether survivors still perceived the CSA to have a negative impact in their lives. These findings suggest partners can offer a corrective attachment relationship within which survivors may process and move on from their abuse experiences and achieve satisfying romantic relationships.

Post-traumatic growth (PTG) is a concept developed by Tedeschi and Calhoun (2004) referring to the positive change individuals experience following the struggle with traumatic life events. The model recognises five key domains within which individuals can experience

PTG including greater appreciation for life, recognition of new possibilities, an increased sense of personal strength, spiritual development, and improved relationships (Tedeschi & Calhoun, 2004). The latter domain – where individuals report experiencing warmer, more meaningful and satisfying interpersonal relationships following the survival of trauma – is particularly pertinent to exploring the relational experiences of trauma survivors. As well as being an *outcome* of PTG, the model suggests establishing close, trusting, secure relationships can also play an important role in the *process* of growth, as these significant others may offer alternative perspectives and narratives that the individual can draw upon in the cognitive processing of their trauma and subsequent schema change (Tedeschi & Calhoun, 2004).

Several quantitative and qualitative studies suggest almost half of female CSA survivors experience PTG (Dagan & Yager, 2019). One qualitative exploration of this experience found the validation and love of a partner supported women's PTG by offering a new perspective which helped them to re-frame negative self-beliefs and free them from self-blame and shame (Hartley, Johnco, Hofmeyr & Berry, 2016). Despite such findings, previous research with male CSA survivors has typically focused on the adverse social and relational impacts of their trauma and only a small yet developing body of research has explored PTG. Within this small field, the question of whether, and how, the intimate partner relationship could contribute to male CSA survivors' PTG, has not yet been explored.

The literature reviewed presents the growing recognition of the diverse nature of the impacts CSA has upon men's interpersonal functioning, but also the potential for healing and PTG from this trauma through partner relationships. To date, there has been no systematic review of research exploring male survivors' lived experiences and perceptions of partner relationships.

Aim

The aim of this review is to synthesise the best available evidence exploring the experiences of partner relationships for adult male survivors of childhood sexual abuse, in order to better understand the specific needs of these men and their partners, provide insight into potential processes of recovery and growth, and to help guide support services and intervention. An Expert by Experience (EbE) was one of three supervisors comprising the research team. This EbE consulted on all stages of the review process, from development of the aim, supervision of the data analysis, choice of theoretical framework and topics for the discussion, to commenting on all drafts of the review and dissemination of the review findings.

Method

Search Strategy

Three electronic databases (PsycINFO, CINAHL and PubMed) were searched to identify relevant literature from their earliest records until April 2020. Manual searches of reference lists of the included articles and relevant reviews were also completed for studies not included within the database search results. Initial scoping searches including key terms associated with "partner relationship" yielded limited results; following consultation with two librarians with backgrounds in scientific librarianship, a broader search strategy was developed which removed terms associated with "partner relationships" and included terms based on "adult male survivors", "childhood sexual abuse" and "lived experience". This broader strategy identified literature concerning the lived experience of male survivors of CSA with relevant data about partner relationships "hidden" within the results (Cherry, Smith, Perkins & Boland, 2017). Table 1 provides details of the specific terms used to search journal titles and abstracts, based upon the three search concepts. Searches were limited to

peer-reviewed articles in the English language, and the results were exported to EndNote X9 (2020) for organisation, de-duplication and screening.

Table 1: *Search Terms*

Search concept	Search terms used
Adult male survivors	S1 = (men OR man OR male* OR masculin* OR "male surviv*" OR "male victim*")
Childhood sexual abuse	S1 AND S2, where S2 = (child* OR juven* OR infan*) AND ("sex* abuse" OR "sex* abused" OR rape OR incest OR CSA)
Lived experience	S1 AND S2 AND S3, where S3 = (experien* OR narrative* OR account* OR them* OR qualitative*)

Screening and Eligibility

The screening and selection phase occurred in two phases. In phase 1 the inclusion criteria for the review were:

(1) Empirical research articles, with

(2) A sample including adult (over 18 years) male survivors of CSA, which

(3) Reported on their lived experience of partner relationships, and was

(4) Corroborated by quotes to represent male survivors' voices (i.e. qualitative data).

As the aim of the review was to explore the lived experience of partner relationships for male CSA survivors, only studies which included qualitative data (i.e. solely qualitative or mixed-methods studies) from the survivors' perspective were included. In phase 1, titles and abstracts of articles were screened according to these criteria; all records which appeared relevant, or required an in-depth reading for clarification, were obtained for their full text to be reviewed for eligibility in phase 2. In phase 2, full-text articles were screened according to the above criteria, plus the additional criterion of whether they included 'enough' experiential

data to clearly describe male survivors' *lived experience* of partner relationships. This was defined as studies with qualitative data which clearly described an aspect of the partner relationship (i.e. a challenge they faced), but also how the survivor experienced this, made sense of this, or felt impacted by this (i.e. the emotional, psychological, cognitive or behavioural impact of the challenge on the survivor). This criterion thus excluded studies which made reference to participants' partners but offered no exploration of how survivors experienced this relationship, their perceptions about their relationship, or the emotions they experienced as a result of the relationship. Figure 1 provides details of the screening and eligibility process including reasons for inclusion and exclusion.

Data Extraction

Key study characteristics were extracted from the included studies using a researcher-developed data extraction tool. A summary of this information is presented in Table 2. For the data analysis, first order data (i.e. participant verbatim quotes) and second order data (i.e. authors' interpretations of the data) relating to male survivors' experiences of their partner relationship were extracted. For records which included male survivors within a mixed sample of non-CSA survivors or women (e.g. Arreola, Ayala, Díaz & Kral, 2013; Crete & Singh, 2015; Deering & Mellor, 2011; Denov, 2004; MacIntosh, Fletcher & Collin-Vézina, 2016), only data clearly representing the male survivor experience was extracted (i.e. data including a male survivor quote or clear author statement regarding its relevance).

Quality Appraisal

The Critical Appraisal Skills Programme (CASP; 2018) checklist for qualitative literature (Appendix C) was used to systematically assess included articles for rigour and methodological and ethical issues. This tool uses ten questions with additional prompts and was selected because it offers a structured approach to assess studies with heterogeneous designs (Butler, Hall & Copnell, 2016). A total quality rating of low, moderate or high

quality was calculated for each article by summating individual scores for each of the ten items (whereby 1= item met, 0.5 = item partially met/unclear and 0 = item not met (based on Butler et al., 2016)). Articles were classified by their overall scores; 'High': 9-10, 'Moderate': 7.5-8.5 and 'Low': ≤7. An independent reviewer [S.R.] appraised 25% of the articles at random and returned a 96% agreement rate, with no impact to the overall quality classifications of the studies. This discrepancy was discussed, and final scores were agreed. Studies were not excluded based on quality assessment, in line with recommendations from Siddaway and colleagues (Siddaway, Wood & Hedges, 2019) that this can risk discounting important findings for reviews with an integrative (as opposed to interpretative) aim. Instead, consideration is given to the quality of each study contributing to the review within the discussion section.

Data Synthesis

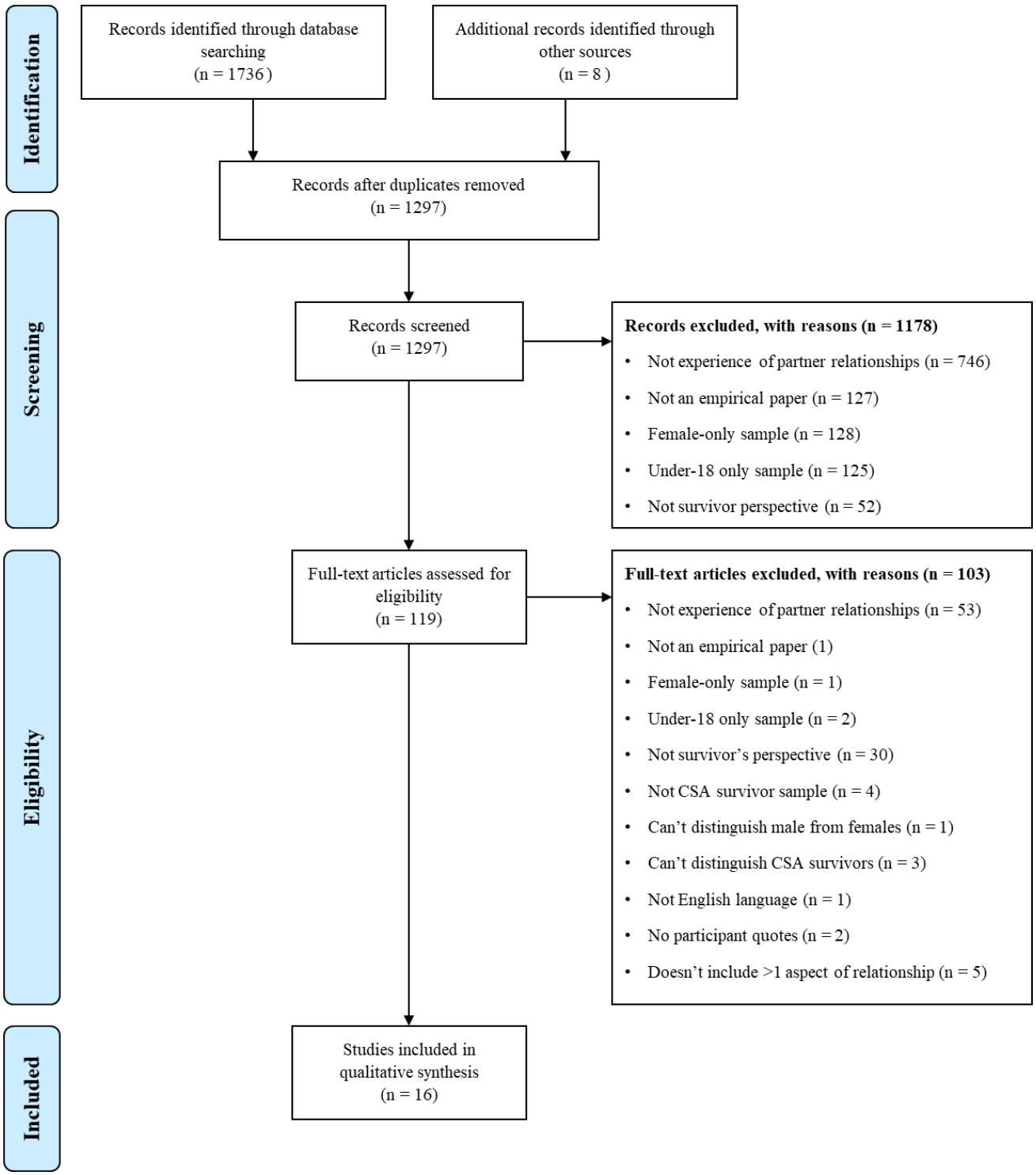
Given the divergence of main focus and variety of methodologies used within the included studies, a suitable approach was required to integrate the key findings relating to partner experiences. Narrative synthesis was selected for this purpose as it is recommended for the synthesis of heterogeneous literature concerning different topics (Siddaway et al., 2019). Narrative synthesis was conducted in four stages following Popay and colleagues's (2006) guidance, with all extracted data coded by hand and synthesised and stored on Microsoft Word. In the first stage, extracted data was read in order to identify common themes frequently discussed across studies, for example "difficulties with trust". These themes represented the over-arching framework for colour coding the data in the second stage, which was completed by hand (see Appendix D for a coding example). In the third stage, data was re-synthesised for convergence and divergence of colour-coded themes to identify patterns across the data, for example, "difficulties with trust" vs "learning to trust". In the final stage, interconnected and similar themes were grouped and reorganised under

overarching themes, for example “difficulties with trust” was connected with “fear of vulnerability” and both were arranged under the key theme of “the barrier of emotional intimacy”. In total, five key themes were identified to describe the collective findings of included articles on the experience of partner relationships (see Appendix E for prevalence of each theme across the articles).

Results

The database searches returned 1,736 records and a further 8 papers were identified through hand searching (Figure 1). After removing duplicates, the titles and abstracts of 1,297 articles were screened, with 1,178 records excluded for failing to meet phase 1 inclusion criteria. Full-text copies of 119 articles were assessed for eligibility in phase 2 and 103 articles were excluded. A total of 16 records published between 1990 and 2019 were included in the final review. In two cases, the same dataset was used to publish two separate articles; all four of these articles were included as they each detailed novel outcomes (Kia-Keating, Grossman, Sorsoli & Epstein, 2005; Kia-Keating, Sorsoli & Grossman, 2010; Easton, Leone-Sheehan, Sophis, & Willis, 2015; Easton, Leone-Sheehan & O’Leary, 2019). Therefore, this review includes records from 16 studies of 14 unique datasets and participant groups.

Figure 1: PRISMA flow diagram of searching, screening and eligibility processes



Study Characteristics

Of the 16 included studies, just two had male CSA survivors' experiences in partner relationships as their main focus (Crete & Singh, 2015; MacIntosh et al., 2016) and one of these was focused specifically on the disclosure process (MacIntosh et al., 2016). One study explored male survivors' broader relational experiences (Kia-Keating et al., 2010) and two studies researched sexual identity development (Arreola et al., 2013; Gilgun & Reiser, 1990). The most common research topic was the lived experience (Alaggia & Millington, 2008) and impacts of CSA, with specific focus on female-perpetrated CSA (Deering & Mellor, 2011; Denov, 2004), clergy-perpetrated CSA (Easton et al., 2015; Isely, Isely, Freiburger & McMackin, 2008), ethnic background differences (Payne et al., 2014), Icelandic men (Sigurdardottir, Halldorsdottir & Bender, 2012), psychological impacts (Lisak, 1994) and impacts informing clinical practice (Gill & Tutty, 1999). One study investigated turning points in healing from CSA (Easton et al., 2019) and another explored processes of resilience and masculinity (Kia-Keating et al., 2005). Despite the broad range of topics explored, all studies included details of the lived experience of partner relationships. Table 2 details the aims, methodological characteristics and key findings from the sixteen studies.

The vast majority of studies were conducted in the USA (Arreola et al., 2013; Crete & Singh, 2015; Easton et al., 2015; Easton et al., 2019; Gilgun & Reiser, 1990; Isely et al., 2008; Kia-Keating et al., 2005; Kia-Keating et al., 2010; Lisak, 1994; Payne et al., 2014) and Canada (Alaggia & Millington, 2008; Denov, 2004; Gill & Tutty, 1999; MacIntosh et al., 2016), with one study conducted in Australia (Deering & Mellor, 2011) and another in Iceland (Sigurdardottir et al., 2012). Recruitment of male survivors was largely from clinical settings (Alaggia & Millington, 2008; Crete & Singh, 2015; Denov, 2004; Easton et al., 2015; Easton et al., 2019; Gill & Tutty, 1999; Isely et al., 2008; MacIntosh et al., 2016; Sigurdardottir et al., 2012) with four studies recruiting from non-clinical spaces (Arreola et

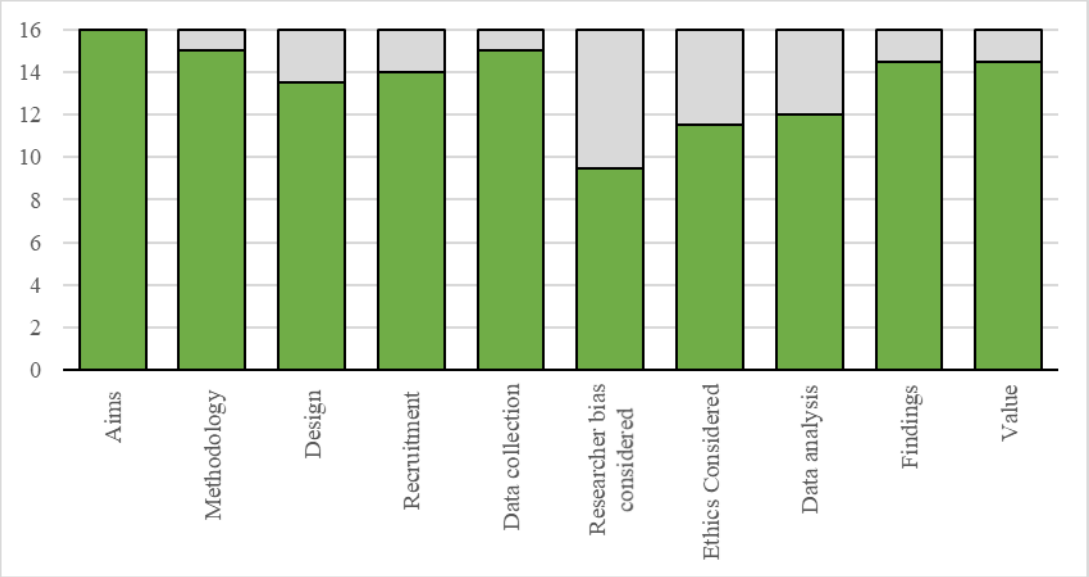
al., 2013; Deering & Mellor, 2011; Payne et al., 2014; Lisak, 1994), two recruiting from clinical and community institutions (Kia-Keating et al., 2005; Kia-Keating et al., 2010) and one not stating its recruitment setting (Gilgun & Reiser, 1990). Seven records drew upon data that was collected as part of a wider study to derive novel findings (Alaggia & Millington, 2008; Denov, 2004; Easton et al., 2015; Easton et al., 2019; Kia-Keating et al., 2010; MacIntosh et al., 2016; Payne et al., 2014).

The characteristics of samples varied widely; sample size ranged from three men (Gilgun & Reiser, 1990) to 250 men (Easton et al., 2015) and recorded ages were between 21 and 84 years old. Ten studies reported the ethnic background of participants (Alaggia & Millington, 2008; Arreola et al., 2013; Crete & Singh, 2015; Denov, 2004; Easton et al 2015; Easton et al 2019; Kia-Keating et al., 2005; Kia-Keating et al., 2010; Lisak 1994; Payne et al., 2014), however ethnicity could not be differentiated between male and female participants in one study (Denov, 2004) and was incomplete in two studies (Easton et al.,2019; Easton et al. 2015). In the seven studies which fully documented ethnicity, men identified as White / Caucasian (n = 97), Latino (n = 59), Black (n = 50), African-American (n = 3), Aboriginal (n = 3), Native-American (n = 2), multiracial Native American (n = 1), African-Canadian (n = 1), African-Cuban (n = 1), East Indian (n = 1), Metis (n= 1) , Mexican American (n = 1) and Puerto Rican (n = 1). Six studies reported the sexual orientation of participants (Alaggia & Millington, 2008; Arreola et al., 2013; Crete & Singh, 2015; Gilgun & Reiser, 1990; Gill & Tutty, 1999; Kia-Keating et al., 2005; Kia-Keating et al., 2010) and of these, 33 men identified as heterosexual/straight, 23 men identified as homosexual/gay and one man was reported as *"unsure, possibly bisexual"* (Gilgun & Reiser, 1990). Participants reported different relationship statuses which included being in stable cohabiting relationships, divorced/separated, single, and having sexual partners.

Most studies used face-to face interviews to collect data (Alaggia & Millington, 2008; Arreola et al., 2013; Crete & Singh, 2015; Denov, 2004; Gilgun & Reiser, 1990; Gill & Tutty, 1999; Isely et al., 2008; Kia-Keating et al., 2005; Kia-Keating et al., 2010; Lisak, 1994; Payne et al., 2014; Sigurdardottir et al., 2012), with four exceptions using a phone interview (MacIntosh et al., 2016), postal survey (Deering & Mellor, 2011) and online survey (Easton et al., 2015; Easton et al., 2019). Methods of data analysis were varied, including content analysis (Easton et al., 2015; Easton et al., 2019; Gilgun & Reiser, 1990; Gill & Tutty, 1999; Lisak, 1994; Payne et al., 2014), thematic analysis (Denov, 2004; Isely et al., 2008; MacIntosh et al., 2016;), a *"holistic approach"* to thematic analysis (Arreola et al., 2013), grounded theory (Kia-Keating et al., 2005; Kia-Keating et al., 2010), phenomenological analysis (Alaggia & Millington, 2008; Crete & Singh, 2015; Sigurdardottir et al., 2012) and in one study, the qualitative method was not stated (Deering & Mellor, 2011).

Quality Appraisal

Figure 2: Total CASP scores across included records



Full results of the quality appraisal of all records are reported in Table 3. Nine of the included articles were classified as high quality (Alaggia & Millington, 2008; Crete & Singh,

2015; Denov, 2004; Kia-Keating et al., 2005; Kia-Keating et al., 2010; Lisak, 1994; MacIntosh et al., 2016; Payne et al., 2014; Sigurdardottir et al., 2012), five records were rated as moderate quality (denoted as "mod." in Table 3) (Arreola et al., 2013; Deering & Mellor, 2011; Easton et al., 2019; Easton et al., 2015; Gill & Tutty, 1999) and two studies were classified as low quality (Gilgun & Reiser, 1990; Isely et al., 2008). As depicted in Figure 2, the overall strengths of the articles were that most had a clearly explained and justified choice of research methodology, design and recruitment strategy, in line with the research aims. All articles except one (Isely et al., 2008) provided a clear and comprehensive description of their data collection methods and eleven provided a description of the data analysis which enabled their rigour to be sufficiently determined (Alaggia & Millington, 2008; Arreola et al., 2013; Crete & Singh, 2015; Easton et al., 2019; Easton et al., 2015; Kia-Keating et al., 2005; Kia-Keating et al., 2010; Lisak, 1994; MacIntosh et al., 2016; Payne et al., 2014;., Sigurdardottir et al., 2012). Figure 2 also highlights that the most common methodological weaknesses were insufficient detail given to consideration of researcher bias, omitted in ten studies (Arreola et al., 2013; Deering & Mellor, 2011; Denov, 2004; Easton et al., 2015; Easton et al., 2019; Gilgun & Reiser, 1990; Gill & Tutty, 1999; Isely et al., 2008; Kia-Keating et al., 2010; Payne et al., 2014) and thin description of ethical considerations, found across nine studies (Alaggia & Millington, 2008; Crete & Singh, 2015; Easton et al., 2015; Easton et al., 2019; Gilgun & Reiser, 1990; Gill & Tutty, 1999; Isely et al., 2008; Kia-Keating et al., 2005; Kia-Keating et al., 2010).

The contribution of the two studies rated "low" to the overall findings must be considered with caution, particularly because their recruitment strategies, consideration of the researcher's role, and rigour of analyses were not clear, suggesting greater potential for bias in both. This is especially important for Gilgun and Reiser (1990) because it contributed a relatively large amount of data to the synthesis due to having a larger volume of relevant

findings. It should be noted, however, that these two articles did not add any anomalous findings and their results were supported in the other included studies. In addition, the remaining articles which also contributed a large amount of data to the synthesis were generally rated “high” quality (Crete & Singh, 2015; Kia-Keating et al., 2005; Kia-Keating et al., 2010; Lisak, 1994; MacIntosh et al., 2016; Sigurdardottir et al., 2012).

Table 2*: Study characteristics and key themes relating to partner relationship experiences*

Authors, date	Recruitment setting	Sample characteristics	Research aim	Design	Method	Summary of key findings related to partner relationships
Alaggia & Millington (2008)	Canada; social services. Recruited for a wider study into disclosure	n = 14. Aboriginal (n=3), Metis (n=1), East Indian (n=1), Afro-Canadian (n=1), Caucasian (n=8). Heterosexual (n=10), homosexual (n=4). In stable co-habiting relationships (n=5), divorced/single (n= 9), fathers (n=6)	To understand the lived experience of male survivors in childhood and adulthood.	Long-Interview Method (McCracken, 1988)	Phenomenological reduction	Most men experienced sexual and emotional intimacy difficulties with partners. Several men voiced concerns about disclosing CSA to partners. CSA caused anxiety and confusion about sexual preference.
Arreola et al. (2013)	San Francisco, USA; gay-identified venues (e.g. bars, clubs	n = 9. All identifying as Latino and gay. Taken from an overall sample of 27 non-CSA and CSA survivors.	To explore the factors contributing to Latino gay men's sexual development and sexual health	In-depth, semi-structured interview	Holistic approach(Comfort et al., 2005)	Men felt a lack of agency, choice and loss of will over sexual encounters and confusion around pleasure and intimacy in sex. All men voiced a longing for connection and affection in partner relationships. Therapy supported men's agency in relationships.
Crete & Singh (2015)	USA; survivor support and therapy services, social media outlets	n = 5. Aged 20s - 50s. All White. Taken from a sample including their female partners	To explore resilience processes in the context of relationships with female partners	2 semi-structured interviews; 1 individual and 1 with their partner	Phenomenological design (Relational Cultural Theory)	All men reported attachment to their partners. Partners supported growth by giving acceptance and empathy and offering a space for men to learn to trust, feel emotions and communicate. Men overcome sexual identity confusion by redefining their masculinity.

Deering & Mellor (2011)	Victoria, Australia; newspaper advert	n = 9. Aged 29 - 64. All experienced female-perpetrated CSA. Taken from a sample including 5 women	To explore the impacts of female-perpetrated CSA	Postal survey of open-ended questions (Mitchell & Morse (1998)	Not stated	Participants voiced difficulties in trusting and relating to women as well as emotional expression in relationships. All men reported sexuality difficulties.
Denov (2004)	Ottawa, Canada; social services, therapy services. Recruited for a wider study on female sex offending	n = 7. Taken from a sample with 7 women, identifying as White (n=13), Aboriginal (n=1). All experienced female-perpetrated CSA	To explore the experience and long-term impacts of female-perpetrated CSA	Semi-structured interview lasting 2-3 hours. 12 participant stories verified by referrer.	Thematic analysis	All participants reported a strong mistrust of women, and for some, a fear of female sexuality. Men experienced varying degrees of discomfort with sexual intimacy and love.
Easton et al.(2019)	USA; National survivor organizations. Recruited for the 2010 Health and Well-Being Survey	n = 205. Aged 27-78. 90.6% Caucasian. 70.1% cohabiting with a partner.	To explore the negative effects of clergy-perpetrated CSA on self-identity	Secondary analysis of an open-ended answer on the 2010 Health and Well-being Survey	Conventional content analysis (Hsieh & Shannon, 2005)	Some men described "passivity" in relationships, leading to abusive/controlling relationships or co-dependence. Men voiced difficulties with emotional and sexual intimacy and confusion about their sexual orientation.

Easton et al. (2015)	USA; National survivor organizations. Recruited for the 2010 Health and Well-Being Survey	n = 250. Aged 23 - 84. 90.4% Caucasian. 71.6% cohabiting with a partner.	To explore experiences of turning points in healing from CSA	Secondary analysis of an open-ended answer on the 2010 Health and Well-being Survey	Conventional content analysis (Hsieh & Shannon, 2005)	Partner relationships can act as "turning points" in healing. Relationship loss, a partner's strength and support, and having children, can be transformative for survivors. Partners offer a space for men to make sense of their CSA.
Gilgun & Reiser (1990)	USA; recruitment setting not stated	n = 3. Aged 27 - 32. Homosexual (n=1), heterosexual (n=1), "unsure, possibly bisexual" (n=1)	To explore the impact of CSA on sexual identity development	Life history interviews, participants interviewed average 5 times	Content analysis	All men reported sexual orientation confusion. Shame, guilt and low self-esteem undermine identity and sexual-identity development. Healing can occur through relationships, however, lifelong intimacy and sexual orientation problems can also occur.
Gill & Tutty (1999)	Calgary, Canada; therapy services	n = 10. Aged 27 - 50. Heterosexual (n=8), homosexual (n=2). Cohabiting (n=6), separated (n=1), single (n=2), single with sexual partners (n=1)	To explore the impact of CSA on male survivors in order to inform clinical practice	In-depth interview and follow up interviews	Content analysis	Inability to trust partners impaired all men's ability to maintain relationships. All men had difficulties with emotional intimacy, some struggled with sexual intimacy. Most men entered counselling due to relationship difficulties.
Isely et al. (2008)	USA; national advocacy group for clergy abuse survivors	n = 9. Aged 31 - 67. All self-defined as middle class, 7 described "typically Catholic" backgrounds	To examine the psychological and/or psychosocial impact of clergy-perpetrated CSA	In-depth interview	Thematic analysis	All men reported difficulties with emotional intimacy and trust, yet most had loving relationships and families. Some men reported promiscuity and sexual identity confusion. Disclosing CSA to partners helped healing.

Kia-Keating et al. (2005)	Boston, USA; therapy and community settings (including those directed towards men of colour to enhance diversity)	n = 16. Aged 24 - 61. Caucasian (n=11), Afro-American (n=2), African Cuban (n=1), Puerto Rican (n=1), Mexican American (n=1) part-Native American (n=1). Homosexual (n=7), Heterosexual (n=9). All self-identified as "resilient"	To explore how 'resilient' survivors manage CSA experiences and masculine expectations	2 in-depth, semi-structured interviews taking place approx. 1 week apart	Grounded theory (Strauss & Corbin, 1990)	Participants voiced difficulties managing and expressing emotions to partners and with sexual desire/intimacy. Participants experienced healing through partner relationships, making sense of their CSA and learning to love, connect and develop healthy boundaries.
Kia-Keating et al. (2010)	Boston, USA; therapy and community settings (including those directed towards men of colour to enhance diversity). Recruited for Kia-Keating et al., 2005)	n = 16. Aged 24 - 61. Caucasian (n=11), Afro-American (n=2), African Cuban (n=1), Puerto Rican (n=1), Mexican American (n=1) part-Native American (n=1). Homosexual (n=7), Heterosexual (n=9). All self-identified as "resilient".	To explore the experiences of male CSA survivors in relationships	2 in-depth, semi-structured interviews taking place approx. 1 week apart	Grounded theory (Strauss & Corbin, 1990; 1998)	Men described difficulties with emotional connection, intimacy and trust. Relationships providing love, acceptance, understanding and connection supported participants' healing. Managing boundaries, anger, and learning to trust led to successful relationships.

Lisak (1994)	New England, USA; an urban university campus	n =26. Aged 21 - 53. European American (n=23), Native American (n=2), African American (n=1). 23 students and 3 staff from the same University	To explore the psychological impacts of CSA	Autobiographical interview	Content analysis	Men reported difficulties managing emotions, trusting partners, subjugating their needs and relational boundaries. Most men experienced sexual orientation confusion, some feared their sexuality and others derived self-worth from it.
MacIntosh et al. (2016)	Montreal, Canada; therapy services. Recruited for a wider study on CSA disclosure	n =7. Taken from a total sample with 20 women, all aged 31 - 69.	To explore survivors' experiences of disclosing their CSA to romantic partners	Telephone interview	Thematic analysis	Men's difficulties with sexual intimacy often provided the catalyst to disclose CSA to partners. Disclosure was healing for most men; positive responses reduced men's shame and increased safety and closeness in the relationship.
Payne et al. (2014)	California. USA; health fairs, employment agencies, websites, newspapers. Recruited for a wider study on stress reactivity	n = 150 men. Black (n=50), White (n=50), Latino (n=50).	To explore the ongoing impacts of CSA for men from three different ethnic groups	Semi-structured, open-ended interview, adapted from a female population (Glover et al., 2010)	Content analysis	Men from all three different ethnic backgrounds described difficulties with intimacy, trust and communicating with their partners. Sexual difficulties including hyper-sexuality and lack of desire, as well as orientation confusion were also reported by all three groups.

Sigurdardottir et al. (2012)	Iceland; education and therapy centres in 3 locations	n =7. Aged 30 - 55. 6 men fathers	To explore the consequences of CSA on Icelandic men's health and well-being	2 interviews with each participant	Phenomenology (The Vancouver School of Phenomenology)	All men described relational difficulties including issues with trust, emotional connection, over-control and sexual intimacy. Men reported dysfunctional relationships with unfaithful or violent partners and all but one were separated from spouses or their child's parent.

Table *3: Quality appraisal of included articles using the Critical Appraisal Skills Programme Checklist (CASP; 2018)*

Authors	Aims	Method	Design	Recruitment	Data collection	Bias considered	Ethics Considered	Data analysis	Findings	Value	Quality
Alaggia & Millington (2008)	Yes	Yes	Yes	Can't Tell	Yes	Yes	Can't Tell	Yes	Yes	Yes	High
Arreola et al. (2013)	Yes	Yes	Can't Tell	Yes	Yes	Somewhat	Yes	Yes	Yes	Somewhat	Mod.
Crete & Singh (2015)	Yes	Yes	Yes	Yes	Yes	Yes	Somewhat	Yes	Yes	Yes	High
Deering & Mellor (2011)	Yes	Yes	Can't Tell	Yes	Yes	No	Yes	No	Yes	Yes	Mod.
Denov (2004)	Yes	Yes	Yes	Yes	Yes	Somewhat	Yes	Can't Tell	Yes	Yes	High
Easton et al. (2019)	Yes	Somewhat	Yes	Yes	Yes	Can't Tell	Can't Tell	Yes	Yes	Yes	Mod.
Easton et al. (2015)	Yes	Somewhat	Can't Tell	Yes	Yes	Can't Tell	Can't Tell	Yes	Yes	Yes	Mod.
Gilgun & Reiser (1990)	Yes	Yes	Can't Tell	No	Yes	No	Can't Tell	No	Can't Tell	Somewhat	Low
Gill & Tutty (1999)	Yes	Yes	Yes	Yes	Yes	Can't Tell	Somewhat	Can't Tell	Can't Tell	Yes	Mod.
Isely et al. (2008)	Yes	Yes	Can't Tell	Can't Tell	No	No	Can't Tell	No	Can't Tell	Yes	Low
Kia-Keating et al. (2005)	Yes	Yes	Yes	Yes	Yes	Yes	Somewhat	Yes	Yes	Yes	High
Kia-Keating et al. (2010)	Yes	Yes	Yes	Yes	Yes	Somewhat	Somewhat	Yes	Yes	Yes	High
Lisak (1994)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Somewhat	High
MacIntosh et al. (2016)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	High
Payne et al. (2014)	Yes	Yes	Yes	Yes	Yes	Somewhat	Yes	Yes	Yes	Yes	High
Sigurdardottir et al. (2012)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	High

Note: CASP (2018) questions in full: 1. Aims: Was there a clear statement of the aims of the research?; 2. Method: Was a qualitative methodology appropriate?; 3.Design: Was the research design appropriate to address the aims of the research?; 4. Recruitment: Was the recruitment strategy appropriate to the aims of the research?; 5. Data collection: Was the data collected in a way that addressed the research question?; 6. Bias considered: Has the relationship between researcher and participants been adequately considered?; 7. Ethics Considered: Have ethical issues been taken into consideration?; 8. Data Analysis: Was the data analysis sufficiently rigorous?; 9. Findings: Is there a clear statement of findings?; 10.Value: How valuable is the research?

Scoring System: 'Yes' = 1 point; 'Somewhat' or 'Can't Tell' = 0.5 points; 'No' = 0 points; total scores: 9-10 = High quality; 7.5-8.5 = Moderate quality; 7 and under = Low quality

Data Synthesis

Narrative synthesis identified five over-arching themes across the records which will be described in turn. The first three themes, 'Sexual orientation confusion', 'Sexual intimacy difficulties' and 'The barrier of emotional intimacy', outline the difficulties men commonly reported in their partner relationships. The fourth and fifth themes, 'Navigating agency' and 'Healing and growth through love', explore how men were able to overcome some of these difficulties and experience positive growth through a positive and fulfilling relationship with their partners.

Sexual Orientation Confusion.

A key finding across nine studies was that CSA led men to experience confusion and distress around their sexual orientation throughout childhood and adulthood (Alaggia & Millington, 2008; Arreola et al., 2013; Crete & Singh, 2015; Easton et al., 2019; Gilgun & Reiser, 1990; Isely et al., 2008; Kia-Keating et al., 2005; Lisak, 1994; Payne et al., 2014). The extent of this uncertainty and distress varied; at one end of the spectrum, men questioned their orientation and delayed engaging in romantic relationships in their teenage and young adult years (Alaggia & Millington, 2008; Arreola et al., 2013; Crete & Singh, 2015; Gilgun & Reiser, 1990; Lisak, 1994). At the other end of the spectrum, five studies (Alaggia & Millington, 2008; Easton et al., 2019; Gilgun & Reiser, 1990; Isely et al., 2008; Payne et al., 2014) described survivors' orientation confusion as a lifelong battle causing suicidal ideation (Gilgun & Reiser, 1990), hateful self-beliefs (Alaggia & Millington, 2008; Gilgun & Reiser, 1990; Isely et al., 2008) and the avoidance of romantic relationships entirely (Gilgun & Reiser, 1990).

Both heterosexual and homosexual survivors expressed concerns that their sexual preference was somehow influenced by their CSA. Internalised blame for the abuse led straight men to report a nagging anxiety that they could be gay, as described by one

participant: "[…]*if I allowed myself to have that type of sexual behaviour with a man doesn't that make me homosexual?"* (Alaggia & Millington, 2008, p. 271). For gay survivors, the process of accepting their sexuality was complicated by their fears the abuse "made them" gay, leading to anxiety in relationships and feeling their sexual orientation and identity were inauthentic (Easton et al., 2019; Payne et al., 2014). Four studies (Arreola et al., 2013; Gilgun & Reiser, 1990; Isely et al., 2008; Kia-Keating et al., 2005) reported how internalised homophobia caused some gay survivors to face a double burden of shame, due to their sexuality in addition to their CSA.

Two studies (Alaggia & Millington, 2008; Gilgun & Reiser, 1990) included men who believed the CSA had not caused sexual orientation doubts, however these individuals were in the minority within each study. One article (Payne et al., 2014) found double the number of statements regarding sexual orientation confusion made by Latino (42%) and Black survivors (39%) compared to White (19%), but possible reasons for this discrepancy were not explored within the study.

Sexual Intimacy Difficulties.

Linked to sexual orientation issues were the difficulties gay and straight men described in achieving sexual intimacy and pleasure with their partners, as reported by fourteen studies (Alaggia & Millington, 2008; Arreola et al., 2013; Deering & Mellor, 2011; Denov, 2004; Easton et al., 2019; Gilgun & Reiser, 1990; Gill & Tutty, 1999; Isely et al., 2008; Kia-Keating et al., 2005; Kia-Keating et al., 2010; Lisak, 1994; MacIntosh et al., 2016; Payne et al., 2014; Sigurdardottir et al., 2012).

Survivor accounts most commonly reported a lack of enjoyment and a range of distressing psychological and physiological experiences during sex, including panic, anxiety and flashbacks to their CSA (Alaggia & Millington, 2008; Arreola et al., 2013; Denov, 2004; Gill & Tutty, 1999; Gilgun & Reiser, 1990; MacIntosh et al., 2016; Lisak, 1994;

Sigurdardottir et al., 2012), nausea (Gill & Tutty, 1999), pain (Kia-Keating et al., 2005) and sexual dysfunction (Easton et al., 2019; Payne et al., 2014; Sigurdardottir et al., 2012). Shame was a dominant theme across discussions of sexual intimacy, causing and perpetuating men's difficulties. Some survivors found sexually intimate acts shameful and their own sexuality something to be feared and rejected (Deering & Mellor, 2011; Denov, 2004; Lisak, 1994), having been somehow *"contaminated"* by their abuse (Lisak, 1994). Other men appeared to internalise shame, describing themselves during, or after sex as *"sullied or soiled"* (Gill & Tutty, 1999) *"dirty"* (Denov, 2004; Sigurdardottir et al., 2012) and deserving of punishment: *"the minute I ejaculate then I feel I should be killed"* (Lisak, 1994, p. 544). Five studies (Easton et al., 2019; Gilgun & Reiser, 1990; Kia-Keating et al., 2005; Sigurdardottir et al., 2012; Lisak, 1994) highlighted survivors who blamed themselves for their sexual difficulties, feeling there was *"something wrong"* with them (Lisak, 1994), compounding their shame and acting as a barrier to discussing their issues with their partner (MacIntosh et al., 2016). A contrasting finding in three studies (Deering & Mellor, 2011; Gill & Tutty, 1999; Lisak, 1994) were men who described their self-worth as being centred on their sexuality, as illustrated by one survivor: *"I wanted to be a sex machine because that's all I was good for"* (Lisak, 1994, p. 541). These men also highlighted relationship difficulties as they often suppressed their own needs and pleasure in favour of their partners' or focused entirely on the sexual aspects of a relationship.

Internalised shame and psychological and physical difficulties during sex led to men reporting avoidance of sexual intimacy in nine studies (Alaggia & Millington, 2008; Deering & Mellor, 2011; Denov, 2004; Gill & Tutty, 1999; Kia-Keating et al., 2005; Lisak, 1994; MacIntosh et al., 2016; Payne et al., 2014; Sigurdardottir et al., 2012). Men in relationships described how they had developed avoidance strategies such as different bedtimes or dissociating during sex (Gill & Tutty, 1999), whereas others chose to avoid partner

relationships for long periods of time (Gill & Tutty, 1999; Kia-Keating et al., 2005; Lisak, 1994) or maintained complete celibacy (Deering & Mellor, 2011; Easton et al., 2019). When men did engage in sexual intimacy with partners, they commonly reported this to be devoid of emotional meaning and connection, drawing a line between their ability to have sex and inability to "make love" (Alaggia & Millington, 2008; Deering & Mellor, 2011; Easton et al., 2019; Gilgun & Reiser, 1990; Gill & Tutty, 1999; Kia-Keating et al., 2005; Payne et al., 2014; Sigurdardottir et al., 2012). Some men reported a hyper-sexuality and a large number of sexual partners (Alaggia & Millington, 2008; Gill & Tutty, 1999; Isely et al., 2008; Kia-Keating et al., 2005), primarily experienced as unwanted drives or addictions with destructive effects on relationships, rather than pleasurable or autonomous life choices (Easton et al., 2019). Authors conceptualised survivors' frequent casual sexual behaviour as a strategy to avoid emotional closeness (Gill & Tutty, 1999), a search for connection and intimacy (Arreola et al., 2013) and an attempt to prove "manhood" (Payne et al., 2014).

Four studies included survivors who overcame sexual difficulties and reported fulfilling and intimate sex lives (Gilgun & Reiser, 1990; Crete & Singh, 2015; Kia-Keating et al., 2005; Kia-Keating et al., 2010), however, the majority of men across fourteen studies found this difficult to achieve.

The Barrier of Emotional Intimacy.

An equally prevalent theme in 14 studies (Alaggia & Millington, 2008; Crete & Singh, 2015; Deering & Mellor, 2011; Denov, 2004; Easton et al., 2019; Easton et al., 2015; Gill & Tutty, 1999; Isely et al., 2008; Kia-Keating et al., 2005; Kia-Keating et al., 2010; Lisak, 1994; MacIntosh et al., 2016; Payne et al., 2014; Sigurdardottir et al., 2012) was the struggle men reported facing in achieving emotional intimacy and trust within their partner relationships. This theme was interlinked with sexual orientation and sexual intimacy concerns but also represents a thematically distinct finding.

For many men, emotional intimacy was perceived as a threatening experience, linked to a strong sense of mistrust towards others, fear of being vulnerable, and a need for self-protection (Crete & Singh, 2015; Deering & Mellor, 2011; Denov, 2004; Isely et al., 2008; Kia-Keating et al. 2005; Kia-Keating et al., 2010; Lisak, 1994; Payne et al., 2014; Sigurdardottir et al., 2012). One participant described the impact this has on his marriage:

> The sexual abuse has damaged me in that I cannot fully trust a woman. It's a contradiction because I'm married to a woman, but I don't fully trust her. Something inside tells me she's going to leave me, and she's going to take my kids. I feel a sense of doom (Denov, 2004, p.1147).

Participants' fear of vulnerability was not only born out of a need for self-protection, but also their self-beliefs as being "*unloveable"* or *"damaged goods"* (Isely et al., 2008; Lisak, 1994; MacIntosh et al., 2016; Sigurdardottir et al., 2012), leading survivors to withdraw from their partners through fear of rejection if they showed their *"true self"* (Crete & Singh, 2015; Gill & Tutty, 1999; Isely et al., 2008; Kia-Keating et al., 2005; Kia-Keating et al., 2010; Payne et al., 2014; Sigurdardottir et al., 2012).

As such, participants described feeling detached from their feelings (Crete & Singh, 2015; Easton et al., 2019; Easton et al., 2015; Isely et al., 2008; Kia-Keating et al., 2005; Sigurdardottir et al., 2012), with some survivors facing difficulties managing strong emotions, acting out with violence and/or anger towards their partners (Deering & Mellor, 2011; Gill & Tutty, 1999; Kia-Keating et al., 2005; Kia-Keating et al., 2010). This response may be partly understood by some survivors who described how they had not had stable caregiving relationships or appropriate emotional intimacy role-modelled to them in childhood (Crete & Singh, 2015; Isely et al., 2008; Kia-Keating et al., 2005; Kia-Keating et al., 2010) and struggled to know what "normal" is (Crete & Singh, 2015).

A further tension described by survivors in five studies was concern around disclosing the "heavy secret" of their CSA to partners (Alaggia & Millington, 2008; Crete & Singh, 2015; MacIntosh et al., 2016; Payne et al., 2014; Sigurdardottir et al., 2012). This caused feelings of insecurity, fearing judgement from their partner, as well as a sense of guilt that they were lying or hiding something in the relationship (Crete & Singh, 2015; MacIntosh et al., 2016; Payne et al., 2014). This could lead survivors to fall into a pattern of ending relationships prematurely to avoid this experience (Alaggia & Millington, 2008).

Despite these difficulties, men described a yearning for emotional connection and close relationships with partners (Arreola et al. 2013; Kia-Keating et al., 2005). In five studies (Arreola et al., 2013; Crete & Singh, 2015; Isely et al., 2008; Kia-Keating et al., 2005; Kia-Keating et al., 2010), therapy was reported to help men learn to trust, challenge feelings of shame, and open up to emotions and healthier ways of relating. However, some survivors could not overcome this hurdle and pushed away opportunities for long term relationships (Alaggia & Millington, 2008; Deering & Mellor, 2011; Easton et al., 2019; Gill & Tutty, 1999; Isely et al., 2008; Lisak, 1994).

Navigating Agency.

A theme found across eleven studies (Alaggia & Millington, 2008; Arreola et al., 2013; Crete & Singh, 2015; Easton et al., 2019; Easton et al., 2015; Gill & Tutty, 1999; Isely et al., 2008; Kia-Keating et al., 2005; Kia-Keating et al., 2010; Lisak, 1994; Sigurdardottir et al., 2012) related to the way in which survivors navigated their role and sense of agency within partner relationships. This theme was reported as a difficulty, but also as a crucial aspect of some men's healing and growth from their abuse experience.

Many participants faced difficulties with asserting themselves in relationships. Five studies described survivors who experienced themselves behaving in a way that was controlling, dominant or abusive towards partners (Alaggia & Millington, 2008; Gill & Tutty,

1999; Kia-Keating 2005; Kia-Keating et al., 2010; Sigurdardottir et al., 2012). Equally, men in five studies also reported feeling they were overly passive in relationships (Arreola et al., 2013; Gill & Tutty, 1999; Easton et al., 2019; Lisak, 1994; Sigurdardottir et al., 2012), suppressing their own needs (Crete & Singh, 2015; Easton et al., 2019; Lisak, 1994) and struggling to establish their own identity, as one man described: *"I thought I did not have the right to disagree with my wife, that I had to put her feelings and the marriage first, at all costs. I had no identity in the relationship"* (Easton et al., 2019, p. 1151). In three studies (Crete & Singh, 2015; Easton et al., 2019; Lisak, 1994), men felt that their difficulties asserting boundaries, combined with a low sense of self-worth, led them into dysfunctional or abusive relationships with strong or controlling partners, mirroring their CSA experiences.

Yet, in seven studies (Arreola et al., 2013; Crete & Singh, 2015; Easton et al., 2019; Easton et al., 2015; Isely et al., 1996; Kia-Keating et al., 2005; Kia-Keating et al., 2010), men were able to overcome these relational barriers, which became an important part of their journey of healing and personal growth. Some men described finding a sense of agency through their partner issuing an "ultimatum*"* for separation or divorce (Easton et al., 2019; Easton et al., 2015; Kia-Keating et al., 2005; Kia-Keating et al., 2010). Ultimatums were often in response to survivors' emotional withdrawal or unhelpful coping strategies, yet for some, they acted as a catalyst or *"turning point"* (Easton et al., 2015; Easton et al., 2019), giving participants the encouragement and strength to begin to open up to their difficulties and start the work of healing, which often included entering therapy (Gill & Tutty, 1999). Individual therapy helped survivors develop an authentic sense of self and their agency (Arreola et al., 2013; Easton et al., 2019; Gilgun & Reiser, 1990; Isely et al., 2008), whilst couple therapy was reported to help men heal their difficulties with partners and gain greater insight into their partners' experiences (Crete & Singh, 2015; Kia-Keating et al., 2010).

Men described how re-defining *"manhood"* was an important process to help them cultivate an identity that felt authentic to them in their relationship, as well as embrace some of their stereotypically *"non-masculine"* characteristics such as being caring and nurturing towards their partner (Crete & Singh, 2015; Kia-Keating et al., 2005). Through developing and embracing their own masculine identity, men felt more confident in establishing and communicating their own needs as well as boundaries (both sexual and non-sexual) with their partners, resulting in more satisfying and fulfilling relationships (Crete & Singh, 2015; Kia-Keating et al., 2010; Kia-Keating et al., 2005) and a sense of positive personal growth (Easton et al., 2015; Crete & Singh, 2015).

Healing and Growth through Love.

Despite men's difficulties with emotional and sexual intimacy, eight studies (Arreola et al., 2013; Crete & Singh, 2015; Easton et al., 2015; Gilgun & Reiser, 1990; Isely et al., 2008; Kia-Keating et al., 2005; Kia-Keating et al., 2010; MacIntosh et al., 2016) described male survivors who experienced healing and positive personal growth through their partner relationships and the love of their significant other.

A partner who was caring, loving and gentle, and cultivated a felt sense of safety within the relationship, was highly valued by men and reported by some as "life changing" (Kia-Keating et al., 2005). One study described the *"profound appreciation"* survivors felt for their partners' unconditional love and small acts of kindness, because it fulfilled their unmet needs from childhood, as described by one man: *"You know, no one's ever done that to me […] Stuff that I'd never had in my whole life. And stuff like that that I'll never forget."* (Kia-Keating et al., 2010, p. 674). This sense of safety and experiencing these characteristics modelled to them by their partners enabled survivors to *"learn"* how to love, become more vulnerable, and reconnect with their emotions (Crete & Singh, 2015; Kia-Keating et al., 2005; Kia-Keating et al., 2010). Partner relationships also provided a sense-making space for

men to understand the impacts of their abuse, as they reflected on their behaviour within their relationship and started to understand how it was connected to their CSA (Easton et al., 2015). One study was unique in reporting how some male survivors experienced deep connections with partners who had also experienced CSA, describing them as *"true partners"* because of their shared experience (Kia-Keating et al., 2010).

A second form of healing and personal change described by survivors was their partners' acceptance of them *"for who I am"* (Easton et al., 2015) reported in five studies (Crete & Singh, 2015; Easton et al., 2015; Kia-Keating et al., 2010; Gilgun & Reiser, 1990; MacIntosh et al., 2016). Survivors who overcame the *"risk"* and fears of rejection for disclosing their CSA described positive responses from their partners as being transformative, starting the process of beginning to question, and heal feelings of shame, self-blame and self-loathing (Crete & Singh, 2015; Easton et al., 2015; MacIntosh et al., 2016). Experiencing another perspective and seeing themselves through their partner's eyes could help to heal low self-worth, as described by one man: *"I feel that having someone who loves me, believes in me, is willing to fight for me, who sees me as heroic, who sees me as a gifted and wonderful person is extremely affirming"* (Crete & Singh, 2015, p. 350*).* Other survivors felt freer to be their "true self" within their relationship (Crete & Singh, 2015; Easton et al., 2015), as well as commit to connecting more fully with their partner: "*[...] I cannot tell you how wonderful it is to discover the real me…I am no longer afraid to love and be loved for whom I am: a man and a good man at that"* (Easton et al., 2015, pp. 160-161). Five studies reported how survivors were able to extend this healing connection to their relationship with their children (Easton et al., 2015; Isely et al., 2008; Kia-Keating et al., 2005; Kia-Keating et al., 2010; Sigurdardottir et al., 2012). Having children was described as a powerful healing and motivating force in recovery, as the relationships participants were able to cultivate with them made "life worth living" (Sigurdardottir et al., 2012).

Discussion

This review explored the lived experience of partner relationships for male CSA survivors. It offered insights into the common difficulties and barriers male survivors faced in establishing, developing and maintaining partner relationships, as well as factors which helped them to overcome these difficulties and achieve healing and positive growth through their relationships.

Common difficulties included confusion and distress around sexual orientation, with both straight and gay survivors reporting their CSA led them to question the authenticity of their sexuality and delay engaging in relationships. Societal homophobia appeared to compound this difficulty, creating an additional layer of shame and barrier of self-stigma for men to overcome, supporting O'Leary and colleagues' (2017) finding that ingrained societal disdain of homosexuality has significant male-specific consequences for CSA survivors. Men also reported difficulties with sexual intimacy, which included feelings of fear, shame, flashbacks and sexual dysfunction. This theme adds evidence to theories which suggest CSA disrupts sexual development processes and can particularly impair male survivors' ability to process their sexuality without distress (Meyer et al., 2017). The finding also supports complex trauma theories which emphasise the body as a key site for "remembering" abusive acts (Herman, 1992) with close interpersonal interactions activating memories of invasion and assault, inducing a sense of threat far greater than cognitive reminders (Talmon & Ginzburg, 2018). Closely linked to sexual intimacy were the problems men reported with emotional intimacy and trust, supporting quantitative evidence that both male and female survivors are more likely to develop an insecure attachment style and have difficulty trusting their partner to be accepting and available to meet their needs (Meyer et al., 2017; Dagan & Yager, 2019). There was also clear evidence to suggest internalised shame and self-blame are significant processes leading male survivors to feel a need to isolate themselves from others,

in order to isolate their *"secret"* (Dorahy & Clearwater, 2012). Masculine norms encouraging men towards emotional control and self-reliance were found to be enablers of this process, in line with findings from Easton et al. (2013).

Despite such difficulties, many men were able to overcome barriers to emotional intimacy and trust through the love, acceptance and validation of their partners. Partner relationships provided men with a sense of belonging in order to "correct" feelings of shame (Dorahy & Clearwater, 2012), and an opportunity to learn how to love and be loved without physical and emotional pain, as has also been observed with female CSA survivors (Dagan & Yager, 2019). The opportunity for survivors to "tell" and "integrate" their story and emotional experience has been determined to be a vital part of healing, predominantly researched within therapeutic settings (Dagan & Yager, 2019; Llewellyn-Beardsley et al., 2019; Nasim & Nadan, 2013). However, this review highlights how intimate relationships offer an important alternative, accessible, and safe space for this process. Many male survivors were able to develop secure attachment relationships with their partners, which provided the strength and security for men to develop a more coherent sense of their own agency, masculinity, and overall self-identity. This adds to the nascent body of literature into the experiences, and facilitators, of post-traumatic growth (PTG) for male CSA survivors. It suggests that many male survivors were able to experience PTG through their partner relationships, manifested as the cognitive processing of their trauma, a greater sense of personal strength, and in turn, more meaningful and improved relationships with partners (Tedeschi & Calhoun, 2004; Easton et al., 2013). The findings suggest that positive intimate relationships providing "corrective" emotional experiences and attachment experiences can enable PTG in male survivors, something previously only researched with female survivors (Dagan & Ybalager, 2019). This review also adds to our understanding about the co-existence of distress alongside PTG (Baljon, 2011); supporting the understanding that it is not

the absence of difficulties which is suggestive of PTG, but the way in which these difficulties are responded to by the individual that is key. An important finding was that some men referred to their children as being a significant outcome of their partner relationship and a key part of their healing. This finding challenges the notion of intergenerational transmission of trauma amongst CSA survivors and adds to our knowledge regarding the protective role of close relationships following trauma, specifically regarding how children can be considered within this context (Canevello, Michels & Hilaire, 2016). Further exploration is required into whether the father-child relationship can lead to PTG through similar processes to partner relationships.

Implications for practice

The findings of this review have implications for practitioners and support services working with male CSA survivors. In therapeutic practice, during assessment, formulation and intervention, practitioners should seek to include survivors' experiences of forming and maintaining intimate relationships, the meaning of these relationships to them and their hopes and priorities for such relationships moving forwards. This would better align services towards "personally meaningful recovery" for CSA survivors which considers personal, relational and existential priorities for an individual, rather than a narrow focus on "symptom remission" (Chouliara, Karatzias & Gullone, 2014). In enquiring about sexual intimacy, practitioners must be mindful of their potential to reinforce processes of shame, self-stigma, and "compromised masculinity", perpetuating a survivor's trauma (O'Leary et al., 2017). Clinicians should therefore seek to provide an empathic, non-judgemental and safe space, within which the myths of hegemonic masculinity, sexual identity, and CSA can begin to be debunked, prior to exploring sexuality. The findings suggest support can be tailored towards helping survivors re-claim a sense of their own needs, safety, boundaries and agency

(Chouliara et al., 2014); many survivors found the therapeutic relationship a helpful space to cultivate this, in order to then extend it to their partner relationships.

This review has also highlighted the key role partners can play in "witnessing" survivors' stories whilst offering alternative perspectives to their core beliefs, which in turn, supports them to craft a new narrative of growth and hope (Chouliara et al., 2014). Unfortunately, partners remain generally excluded from abuse survivors' treatment and services should proactively seek to welcome and support partners within their work, whether through direct couple therapy or providing psychoeducation and/or support groups open to partners. Such groups could help partners to understand and identify the relational impacts of CSA, as well as offer a confidential space to share their experiences and feel supported in their attachment roles. Similar groups have been introduced for the partners of female CSA survivors (e.g. Sims & Garrison, 2014), yet there is no empirical evidence of a similar group for partners of male survivors. It is important to recognise that many male CSA survivors do not disclose their abuse histories and many will not seek therapeutic or peer support. Current services would benefit from seeking to establish community-based projects and linking in with other organisations to raise awareness of the reality of male CSA, link in with hard-to-reach groups, and promote the range of support available to male survivors and their families.

Strengths and Limitations

A key limitation of the evidence included within this review is that only two of the included articles made partner relationships their key focus, meaning the data obtained is unlikely to be as extensive or rich as it would be if all articles held the same, relevant, main focus. A broad, extensive search strategy was developed in order to obtain the included articles, as more specific, narrow strategies yielded limited results. Therefore, rather than being a methodological flaw, this limitation is demonstrative of the diminutive evidence base and demonstrates the urgency for further research into male CSA survivor experiences. A

second limitation was that the majority of included articles (nine studies) recruited participants solely from clinical settings, meaning the review findings may be more pertinent to those who are seeking or engaging in therapeutic or social service support. The review findings may therefore not be reflective of the experiences of survivors who are not help-seeking, for example, those who feel they are coping adequately or who have processed and overcome their difficulties, or individuals who are suffering alone without access to services. Thirdly, the majority of studies were conducted in North America, only seven studies included full characteristics of the ethnic backgrounds of participants and just six included their sexual orientation. The high proportion of papers from North America could be partially explained by the language bias introduced by the review search strategy in excluding non-English speaking papers. However, this does not explain the failure of papers to describe full characteristics of the participants included, which means the findings of this review cannot necessarily be extended to men from diverse cultural and ethnic backgrounds or those not identifying as heteronormative or cisnormative. Lastly, although the majority of the included studies were considered high quality, the most common methodological limitations were researcher bias and ethical considerations, which were not explicitly stated. In an attempt to minimise such bias and remain true to the participants' own words, this review synthesised both first and second order data, however, researcher bias may still impact the choice of theory in discussing the findings. Attachment theory, theories of masculine identity and PTG were drawn upon to discuss the findings in this review, however, further research from different academic disciplines would offer a richer understanding of this topic by drawing upon additional theoretical standpoints. Despite these limitations, this review provided a comprehensive understanding of participant experiences and perceptions of their partner relationships, based on a scrupulous review of the best available evidence of the time in line with Butler et al.'s (2016) definition of the aims of a qualitative systematic review. The body

of literature reviewed included significant heterogeneity in topics explored, experiences captured and relationship statuses of participants, yet despite this, relative consistency of themes across studies was found. Although this review does not intend to generalise or propose experiences across all populations are the same, the findings do suggest male survivors can face similar experiences in partner relationships, which can aid support services.

Recommendations for Future Research

This review highlights the small size of the current evidence base around the lived experiences of partner relationships for male CSA survivors. Further research is required with male survivors from diverse cultural and ethnic backgrounds to provide greater insight into the way in which different individuals experience partner relationships, make sense of their CSA, and achieve healing and growth from their trauma. Masculinity is conceptualised differently across cultures, with the prioritisation of different gender roles and characteristics likely to significantly impact the way in which men navigate their abuse history, partner relationships and seek support from services. It is important the evidence base reflects this diversity, so that clinicians and interventions can be culturally sensitive and effective in helping all male survivors and their partners. Eight out of the 16 included studies reported some element of growth experienced by male survivors in their partner relationships. Further research is required to explore the experience of PTG and its contributing factors and barriers, in order to better understand a process that was documented in half of the studies but absent from the remainder. To achieve this, Easton and colleagues (2013, p.217) have called for more research around *"what male survivors think and do over time"*, which this review supports. It would be particularly helpful for studies to explore what those survivors who identify as having experienced PTG understand to be the significant processes and factors involved in their experiences. Much of the extant research with male survivors recruited

participants from clinical settings, presenting a risk of selection bias and greater attention paid to therapeutic factors in recovery, and possibly overlooking other factors such as social, family, and community support (Chouliara et al., 2014). It would therefore be beneficial for future research to explore the perspectives of meaningful recovery and growth processes for survivors recruited from outside of clinical settings. This review demonstrates the importance of attending not only to the specific needs of the male survivor, but also the significant people in their lives who provide 'informal' support. Partners have been neglected by the literature and it would be helpful to explore their experiences, their perceptions, and whether the benefits of PTG extend to them, in order to inform services in meeting both the survivors' and the partner's needs.

Lastly, this review highlights that for some survivors, a significant outcome of a partner relationship was their children. Children were perceived to make life "worth living", and the relationship they established was experienced as healing. This finding suggests the father-child relationship offers another potential avenue for male survivors to experience PTG. Motherhood has been found to contribute to growth for female survivors through the experience of expressing and experiencing 'safe' love, and building a new identity as a mother (Wright, Fopma-Loy & Oberle, 2012; Hartley et al., 2016). Such processes echo those cited as important for male survivors' growth in this review, suggesting further research into whether fatherhood can provide a similarly "corrective" emotional experience, and opportunity to develop a more authentic sense of identity, is highly warranted.

Conclusion

This synthesis of extant qualitative literature found male CSA survivors' commonly experience sexual orientation confusion and difficulties with sexual and emotional intimacy in their partner relationships. Despite these issues, partner relationships also provide a space for men to develop a sense of agency and identity, establish safe relational boundaries, and

experience acceptance and love which all contributed to experiences of healing and growth from their abuse. Clinicians should be aware of the breadth of relational difficulties survivors may face, yet also the opportunities within therapy for survivors to re-claim a sense of their own relational needs, boundaries and agency, which may then be extended to their partner relationships.

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University of Liverpool

Doctorate in Clinical Psychology

Chapter 2: Empirical Paper

"It's that embrace that always feels like home": Fatherhood and post-traumatic growth in male survivors of childhood sexual abuse

Target journal: Child Abuse and Neglect

Abstract

Background: Post-traumatic growth (PTG) can be experienced by survivors of childhood sexual abuse (CSA), although the causal factors and processes are under-researched in male survivors. Motherhood can lead to PTG for female CSA survivors and initial research suggests fatherhood can be healing for male survivors, but it is not yet known how the father role and father-child relationship could contribute to PTG.

Objective: To provide an in-depth understanding of the relationship between fatherhood and PTG for a group of male survivors of CSA.

Methods: In-depth semi-structured interviews were conducted with six participants from the UK and USA. Data were analysed using Interpretative Phenomenological Analysis (IPA) to identify four master themes, each with constituent subthemes.

Results: PTG was experienced through the father-child relationship in four phases, constituting four master themes: 'Fatherhood as threat'; 'Fatherhood as reparative'; 'Fatherhood as opportunity' and 'Fatherhood as self-realisation'. Fatherhood initially triggered unprocessed abuse memories; however, the relationship with their children was healing of this pain, enabling participants to vicariously experience a childhood free of abuse. Fatherhood provided a lens through which participants could turn their traumatic experiences into something positive, achieve a sense of personal fulfilment and cultivate a new, preferred identity.

Conclusions: Fatherhood provides a transformational process through which male CSA survivors can experience PTG. Services supporting survivors to develop their identity and role as fathers, and therapies offering a safe space for survivors to connect with their inner child and relate to the self with greater compassion, could enhance PTG experiences.

Keywords: post-traumatic growth, fatherhood, male survivors, childhood sexual abuse, interpretative phenomenological analysis

Background

The prevalence of childhood sexual abuse (CSA) is difficult to determine as it is under-reported, under-researched and defined differently across cultures (Jeong & Cha, 2019). The 2019 Crime Survey for England and Wales found 3.1 million adults (7.5% of the adult population) experienced sexual abuse before the age of 16 (Office for National Statistics, 2020). This figure is an underestimate as it excludes CSA perpetrated against 16 and 17 year olds and cannot capture undisclosed CSA. Global averages estimate 8% of boys and 20% of girls have experienced CSA (World Health Organisation, 2017) but there is a discrepancy between the levels of self-reported CSA and those reported by official bodies (Collin-Vézina, Daigneault & Hébert, 2013). Boys have been particularly under-represented in official statistics and there is now growing consensus that at least one in six boys experiences CSA (Cook, Anderson, Simiola & Ellis, 2018). Despite recent high profile cases and media interest in the UK and USA, the longstanding cultural "shroud of secrecy" (Gagnon & Hersen, 2000) around CSA has permeated the evidence base, with limited exploration of male survivor experiences until recently. Healing experiences have also been overlooked (Jeong & Cha, 2019); therefore, although this study's main focus is on post-traumatic growth (PTG) following CSA, a review of extant research into CSA and psychological sequelae is required to set the context, demonstrating how and why PTG is relevant for this population.

Research has found CSA survivors more likely to experience depression (Maniglio, 2010), suicidal ideation and attempts (Angelakis, Gillespie & Panagioti, 2019), anxiety and post-traumatic stress disorder (Maniglio, 2013), substance abuse, self-harm and conduct problems (Moynihan et al., 2018) compared to non-CSA survivors. Greater psychological distress may develop from feelings of intense shame and self-blame for sexual abuse, leading survivors to hold critical self-beliefs, struggle to make sense of their experiences, feel socially

disconnected and lack a coherent sense of identity (Easton, Leone-Sheehan & O'Leary, 2019; Sorsoli, Kia-Keating & Grosman, 2008; Draucker & Petrovic, 1996). Traditional notions of masculinity constructing men as strong and dominant and associating victimisation with femininity, in combination with tactics used by perpetrators to entrap, coerce and silence their victims, reinforce these difficulties (Kia-Keating, Grossman, Sorsoli & Epstein, 2005; Durham, 2003). Some cultures, such as Latino and African-American, can place greater value upon traditional masculinity, meaning men from these backgrounds may face an additional burden (Sorsoli et al., 2008). Gendered stereotypes and social stigma therefore pose a real, and imagined, internalised threat to male survivors. As a result, male survivors express fears of being blamed or accusations of being weak, homosexual or even an abuser themselves, if they disclose their CSA experience (Price-Robertson, 2012; Phanichrat & Townshend, 2010; Durham, 2003). These fears, combined with limited opportunities to explore and communicate emotions, compound survivors' feelings of distrust and isolation (Struve, 1990).

The CSA relationship also shapes survivors' interpersonal difficulties. This relationship is complex, involving emotional dependency, a power differential, the building of trust, and violation of boundaries (McElvaney, 2019). As internal working models (IWMs) of self and others develop in childhood, the abusive relationship impacts the child's understanding of boundaries, love, care and survival, which subsequently influences thoughts, feelings and behaviours in adult relationships (McElvaney, 2019; Bowlby, 1979). Survivors' experiences of distrust and alienation can be understood as abuse outcomes: examples of self-protection and survival which become counter-effective in adulthood by reinforcing trauma-laden childhood IWMs (Draucker & Petrovic, 1996). In acknowledging the wide-ranging, devastating impacts of CSA, recent research has started to move towards examining *why* and *how* some survivors can go on to experience a sense of healing and

positive relationships in spite of such difficulties, in order to support other individuals towards this same goal. This question may be answered through the framework of PTG.

PTG is a concept developed by Tedeschi and Calhoun (2004) to describe the range of positive psychological changes experienced as a result of the struggle with highly challenging events. Where 'resilience' is the personal characteristic enabling an individual to cope with adversity, the authors differentiate PTG as describing the transformational, experiential changes and restructured cognitive schemas which emerge after an individual's battle with their traumatic experiences (Tedeschi & Calhoun, 2004). Research has shown PTG can be classified into five key domains of altered experiences and schemas: more meaningful relationships, greater appreciation for life, increased sense of personal strength, recognition of new possibilities, and spiritual development (Tedeschi & Calhoun, 2004). In the first domain of PTG - improved interpersonal relationships - trauma survivors report a transformative sense of being closer to others, of being able to relate to others in a new, important way, or of finding more meaning in their relationships following their struggle with trauma. However, not only are relationships an *outcome* of PTG, positive relationships may also act as key *enablers* of PTG, by offering survivors an alternative to their trauma-laden IWMs and a space within which they can safely disclose, make sense of, challenge, and re-process their trauma into growth (Tedeschi & Calhoun, 2004, Hartley, Johnco, Hofmeyr & Berry, 2016).

To date, research has provided evidence to show male CSA survivors have experienced healing through certain relationships, including therapeutic relationships which enable re-learning of trust and boundaries (Chouliara et al., 2011; Kia-Keating, Sorsoli & Grossman, 2010), spousal relationships which provide acceptance and love (Crete & Singh, 2015; Kia-Keating et al., 2005; Woodward & Joseph, 2003) and altruistic relationships which use traumatic experiences for good (Stidham, Draucker, Martsolf & Mullen, 2012; Grossman, Sorsoli & Kia-Keating, 2006). PTG research is more extensive for female CSA survivors

than male; this field has documented how PTG may also be achieved through motherhood and the experience of building nurturing and secure relationships with children. Through caring for their children, mothers found opportunities to safely express and experience love, as well as recognise and nurture their own needs (Wright, Fopma-Loy & Oberle, 2012; Hartley et al., 2016). Female survivors faced parenting difficulties linked to reminders of their abuse but managing this pain whilst watching their children thrive enabled women to re-evaluate their strength and construct new identities as "good mothers", in turn helping them move beyond their abuse experiences (Hartley et al., 2016).

Despite such findings for female survivors, no study has yet explored *how* the lived experience of fatherhood and the father-child relationship could contribute to PTG for male survivors. Just one study, of 11 men in the Republic of Ireland, has examined the broad experience of fatherhood for CSA survivors, finding it to be destabilising, but also potentially healing, for these men (O'Brien, Creaner & Nixon, 2019). Fatherhood triggered unintegrated aspects of survivors' trauma, leading to parenting difficulties of hypervigilance, self-doubt and detachment from their families, however, it also encouraged survivors to open up and engage in therapy and provide a better father-child relationship than they had experienced (O'Brien et al., 2019). Although the ability to protect children and provide a better parenting experience to their own has been linked to healing elsewhere (Stidham et al., 2012; Martsolf & Draucker, 2008), this process is not understood in detail nor is it clear how it could contribute towards PTG. As the construction of a new identity as "mother" was pivotal for female survivors' PTG, contemporary constructions of fatherhood may offer a similar process for male survivors, re-framing their emotional intuition and empathy as parenting strengths, rather than shameful 'non-masculine' traits (Crete & Singh, 2015).

Parenting difficulties stemming from debilitating fear and internalising the victim-to-offender discourse can be so strong that some survivors deny themselves the opportunity to

have children (Price-Robertson, 2012; Martsolf & Draucker, 2008; Denov, 2004). Male survivors have reported to face problems connecting (physically and emotionally) with their children (Denov, 2004), managing their emotions and re-triggered abuse memories whilst caregiving (Sigurdardottir, Halldorsdottir & Bender, 2012) and being excessively over-protective (Stidham et al., 2012). Such difficulties have yet to be conceptualised using a PTG model, which offers a less stigmatising understanding of these relational difficulties by recognising that distress co-exists alongside growth, and may even support its maintenance as a cognitive and emotional reminder of not only what has been lost, but also what has been gained (Tedeschi & Calhoun, 2004). The recent findings that fatherhood could contribute to survivors' healing and PTG (O'Brien et al., 2019; Wark & Vis, 2018), yet is a role which continues to be feared and avoided by survivors, indicates the importance of further exploration and understanding of this topic. As motherhood has been found to contribute to PTG for female CSA survivors, and with recent requests from survivors for healthcare research to focus on healing factors in recovery (Cook et al., 2018), PTG is an appropriate theoretical framework to explore the experience of fatherhood for male CSA survivors.

Purpose and rationale for the study

This study seeks to explore the following broad questions for a group of male survivors who are fathers: What is their lived experience of fatherhood and PTG? How do they make sense of how their experiences of fatherhood have contributed to PTG? And what do they understand to be the significant aspects of their PTG experience in relation to their development as fathers? The purpose is to offer an in-depth understanding, based on individual experiences, of the relationship between fatherhood and PTG for a group of male survivors of CSA.

Methods

An Expert-by-Experience was one of three supervisors comprising the research team. They were involved in developing the research aims, considering ethical issues, advising on recruitment and interviewing, agreeing theoretical frameworks, supervising the data analysis, commenting on all drafts of the paper, and offering recommendations for the dissemination of the findings.

A qualitative design using Interpretative Phenomenological Analysis (IPA) was considered best suited to the research questions, to elicit the experience of one small homogenous group, and meanings ascribed to this experience. IPA was selected because it affords an in-depth and rich understanding of lived experience and meaning-making, which was agreed by the research team to be the priority of the research given how under-researched the field is. Alternative methodologies such as grounded theory or narrative analysis which offer the development of models, theory or timelines, were considered to be premature at this stage, but could be used to build upon the findings of this novel study in future. Purposive sampling was conducted to ensure recruitment of men who had experienced CSA and some form of positive personal growth, linked to their experience of becoming fathers.

Participants and Recruitment

Semi-structured interviews were conducted with a sample of six participants from a non-clinical population. All participants were fathers with children between 3 and 25 years old; one participant also had an infant grandson. Three participants were the birth-father of their children, two had adopted children, and one had birth and adopted children. Pseudonymised participant demographic information is summarised in Table 4.

Table 4*: Pseudonymised Participant Demographics*

Name	Age range	Relationship status	Details of children and age ranges	Ethnicity
Andy	55 - 59	Long-term female partner (not children's mother)	2 daughters, 1 son (18 – 25 years), all biological. Son has additional care needs.	White British
John	30 - 35	Married to a woman (his child's mother)	1 son (3-5 years), biological, who has special educational needs. His twin passed away in childbirth.	White British
Chris	55 - 59	Widower for 4 years (his children's mother)	3 daughters (18 - 25 years), 2 biological, 1 adopted. 1 grandson (0-12 months)	White British
Jason	45 - 49	Married to a woman (his child's mother)	1 daughter (18 – 20 years), biological	White American
Steven	50 - 55	Married to a woman (his child's mother)	1 daughter (14-16 years), adopted	White American
Corey	35 - 39	Married to a man (his child's other father)	1 son (2-4 years), adopted, with special educational needs.	Black American

Participants were recruited by contacting survivor groups on online media platforms (Twitter and Facebook) and sharing the research advertisement on these platforms (Appendix F). Interested individuals were invited to contact the researcher, who shared a study information sheet detailing what participation would entail (Appendix G). Telephone contact was arranged to assess participant eligibility, discussing the inclusion and exclusion criteria and answering any questions from participants. The inclusion criteria were adult males who experienced sexual abuse before age 16, were fathers to biological, step, fostered or adopted children, self-defined this relationship as significant/meaningful and self-identified as having experienced growth through this relationship. Participants were excluded if they did not meet the inclusion criteria, were non-English speaking or were experiencing difficulties which could impair their capacity to provide informed consent (e.g. substance misuse, cognitive

impairment) or could be exacerbated by involvement in the research (e.g. significant mental health difficulties). A target sample of 4-10 participants was determined in line with IPA methodological recommendations to enable in-depth, idiographic analyses of individual experiences and development of meaningful cross-case analysis (Smith, Flowers & Larkin, 2012). Initial interest in the research exceeded this target with 23 individuals responding to advertisements. To reduce researcher selection bias it was agreed the first six participants who registered interest in the study and met eligibility criteria would be invited to participate. A balance between homogeneity and heterogeneity in the sample was sought in order to capture enough shared lived experience to conduct IPA, but maintain a breadth of experience so that the findings were not narrowly confined to a small subset of male CSA survivors. Participants were purposively recruited to represent a broad spectrum of fatherhood, including those with young children and older children, those with or without partners, and with some diversity in personal characteristics, such as sexual orientation and ethnic background. This heterogeneity was sought to ensure the sample was more representative of wider society and that the findings could be relevant to male CSA survivors from different backgrounds and with different family characteristics. Table 4 details the variation in participants' age, relationship status and parenting dyads, sexual orientation, age ranges of children, children with and without special educational and care needs, and ethnicity. Written informed consent was obtained from all participants via consent form (Appendix H) prior to each interview. This was completed using hard copies for the face to face interviews and participants choosing a remote interview received the form via email and a signed, scanned copy was returned to the researcher.

Procedure

Six semi-structured interviews were conducted; two took place in person in a private room at the University of Liverpool and four were conducted over video call. Video

interviews granted access to fathers who could not attend in person due to childcare commitments or geographical location, and offered an alternative environment for men to discuss sensitive topics within. An interview schedule was developed (Appendix I) and a version shared with participants two-to-six weeks before the interview to reduce potential anxiety around interview topics and support informed consent. The interview schedule comprised open-ended, non-directive questions in five broad topic areas to ascertain: What are participants' beliefs about fatherhood? What are participants' experiences of building a father-child relationship? How have their CSA experiences shaped their development as fathers? How has fatherhood contributed to their positive personal growth? How has fatherhood shaped their understandings of their CSA experience? The interview was conducted flexibly, with sensitive additional questions and prompts encouraging participants to voice what was meaningful to them. Interviews lasted between 62 – 108 minutes and were dictaphone recorded. Participants were debriefed and given an information sheet outlining relevant support services (Appendix J) at the end of their interview. Two interviews were transcribed by the researcher, the remainder by a University-approved transcriber under a confidentiality agreement. The transcriber copies were checked for accuracy whilst listening to the audio-recording, which aided researcher familiarity with the transcripts.

Ethical Issues

The study was reviewed and approved by the Doctorate in Clinical Psychology Research Review Committee and received ethical approval from the University of Liverpool Ethics Committee (Appendices K and L). Participants were informed that their participation was entirely voluntary; they could withdraw from the research before or during the interview, and could withdraw their data up to two weeks after the interview (before it would be compiled for analysis). Identifiable information was edited from transcripts and pseudonyms were used to ensure participant anonymity. All participant information was kept confidential,

held on a secure server hosted by the University of Liverpool and under UK data protection legislation.

Data analysis

The interviews were analysed using IPA which aims to understand individuals' lived experience and how they make sense of that experience within their own particular context (Smith et al., 2012). IPA draws upon phenomenology in using an idiographic approach to study the unique, intersubjective experience of the individual and their reality, in a step-by-step analysis, before uncovering generalised conclusions across a larger group (Eatough & Smith, 2017). Concurrently, IPA draws upon hermeneutics to emphasise the role of the researcher-as-interpreter, who aims to make sense of the participant making sense of their experience, known as the "double hermeneutic" (Smith & Osborn, 2003, p.51). IPA is therefore an iterative and cyclical method, as the researcher continually engages with their interpretative lens and their participants' words in a reflexive dialogue throughout analysis (Smith et al., 2012). Reflexivity was upheld throughout the study; the researcher used a reflective journal (Appendix M) to monitor assumptions, preconceptions and subjectivities, and how these impacted upon decisions and interpretations made in interviews and analysis.

Data analysis occurred in four stages as detailed by Smith et al. (2012) and used NVIVO 12 Pro software (QSR International Ltd., 2019) for data storage and retrieval, following Wagstaff and colleagues' (2014) recommendations (see Appendix N for worked example). Firstly, to immerse the researcher in the data, each interview transcript was listened to and read twice with any striking observations noted. Secondly, the researcher conducted line-by-line noting of three types: 'descriptive comments' summarising the essence of participants' words, 'linguistic comments' exploring language use and speech patterns, and 'conceptual comments' capturing the deeper meaning of words, in relation to self-concepts and lived experience. Thirdly, the participants' words and researcher's comments were

analysed together and summarised into emergent themes across each transcript. Emergent themes were then clustered to produce master and sub-themes, prioritising what was meaningful, nuanced and common for each participant. Analytic memos were kept for each participant enabling the researcher to maintain an iterative position immersed in the data, and a space to set aside and reflect upon presumptions, dilemmas and emerging insights (Saldana, 2013). Finally, all themes were compared and rearranged based on convergence, divergence and nuance across the whole sample, to construct the higher-order themes which reflect a coherent, transparent and rigorous interpretation of the six participants' experience (Yardley, 2000).

Validity

The first author shared each transcript with the research team, who reviewed and discussed initial coding of the first transcript, emergent, master and sub- themes for four participants, and higher-order themes for the whole sample to ensure credibility and validity. First author interpretations were reviewed by the research team alongside the data they referenced to ensure a systematic and transparent exploration of each individual account and the sample as a whole.

Positionality

Reflexivity is the systematic process of attending to the researcher's influence, considering how their experiences, assumptions and epistemological stance interact with knowledge construction throughout research to develop new understandings (Finlay, 2003). This self-examination reduces the risk of researchers' unclarified biases dominating their findings (Finlay, 2003). The researcher in this study is a white-British, female, trainee clinical psychologist with no children or personal experience of CSA. They identify with the hermeneutic position of researcher-as-interpreter and interpretive ontological stance prioritising the study of how people make sense of, and find meaning within, significant life

experiences (Smith et al., 2012). In line with IPA guidelines, the researcher continually engaged with their own interpretations throughout the research, specifically querying how their own experience of being parented and their prior knowledge of clinical psychology theory could shape each stage in the process. This was conducted in the reflective journal where the researcher would note down, reflect upon and analyse questions such as *"Am I interested in this section of the transcript because it is familiar to me?"* or *"Am I drawing upon attachment theory because of my clinical experience and overlooking other options?"*

Results

Data analysis found participants experienced four phases of growth in their father-roles, which they moved through non-sequentially. Each phase represents a master theme, comprised of three or four subthemes (Table 5).

Table 5: *Master themes and subthemes*

Master theme		Subtheme	
1	Fatherhood as threat: "Feeling I can't protect myself or I'm weak"	1.1	Re-living the trauma through caretaking
		1.2	Child as threat to inner child
		1.3	Reaching a breaking point
2	Fatherhood as reparative: "It unlocked a part of my personality I didn't think I had"	2.1	Repairing relational intimacy
		2.2	An "emotional awakening"
		2.3	A vicarious childhood
		2.4	Child's love as validation
3	Fatherhood as opportunity: "What happened to me drives me to be a better Dad"	3.1	Child as motivation: breaking point to turning point
		3.2	Turning painful experiences to good
		3.3	A new family legacy: liberation from my past
4	Fatherhood as self-realisation: "You have to be true to yourself, you really do"	4.1	Reclaiming the self from the CSA: constructing a new identity
		4.2	Finding meaning through my child

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1. Fatherhood as threat: “Feeling I can’t protect myself or I’m weak”

The first master theme highlights participants’ difficulties in their early parenting experiences and adapting to their new roles. Despite preparing practically for their child’s arrival, participants were unprepared for the painful memories triggered through caregiving which opened up vulnerable parts of themselves and destabilised existing coping strategies.

1.1 Re-living the trauma through caretaking.

All participants described feeling unprepared for the triggering of painful memories of their abuse through their relationship with their children. Flashbacks were triggered by physical acts such as changing nappies, or toddler tantrums: *“every time he hits me I feel triggered because of my past”* (Corey). Triggers could also be psychological, such as their child reaching the same age that they were during the abuse, forcing them to confront *“how young you were”* (Steven) and start an agonising re-processing of their experiences all over again.

Abuse memories could be triggered by subtle, unexpected cues, which made their onset feel unpredictable and their presence ubiquitous: *“like a shadow, it’s just like that bogeyman in the closet”* (Jason). This sense of threat caused the men to return to a state of fear, powerlessness and paralysis in the face of their flashbacks, as if they were re-living the abuse again: *“When he starts having meltdowns and he’s screaming like someone is trying to murder him, what happens for me is this visceral fear, it’s horrible, it absolutely destroys me and my body…I feel paralysed”* (Corey).

Their children's communication of pain and distress were experienced as particularly traumatising for the participants because it acted as a mirror, resonating with their own unresolved emotional pain:

> When Sophie was talking about suicide I **really**, **really** felt I didn't know what to do then. I felt completely out of control. It took me back to that place of what do you do when you can't express the emotional pain of it all? It was really overwhelming (Chris).

Chris describes a parallel process of paralysis – this time in his parenting ability and role - as he was abruptly swept up by the *"shadow"* of CSA, forced to confront his own unresolved difficulties and vulnerable inner child.

1.2 Child as threat to inner child.

Equally unexpected was the struggle with experiencing their own child as competition for attention and care, often from their spouse:

> The whole world was turned upside down, because where my wife could sense when I needed that extra little hug, or that extra attention, she could pick up on that, but then we had this **thing** that's just taken our whole life. And I know it sounds selfish but it was knowing I wasn't number one anymore (Jason).

The reference to his daughter as a *"thing"* and the emphasis placed upon this word highlights the raw and resentful feelings Jason held, and projected upon his daughter, for his previously stable world being thrown into disorder.

This disturbance is twofold, as children not only threatened spousal attention, but limited the *"emotional energy"* (Chris) the survivors had left to look after their own needs. Jason later described how his usual daily routine *"keeps me altogether, but if I take one thing out of there…then I could go off the spectrum".* This shows the effort survivors have to put into structure and routine to achieve a sense of coping and control, yet it also illuminates how

precarious this solution is, and how easily it can be threatened or shattered through attending to another's needs. For Andy, this threat became a reality when he temporarily left the family home to attend to his own emotional well-being *"I had to leave […] I actually kind of needed it, an emotional break from it all, so there's a little bit of a fracture between me and the girls".*

1.3 Reaching a breaking point.

The transition to fatherhood sharpened participants' pre-existing fears and insecurities; particularly strong were beliefs about being flawed: *"the damaged human being who can't participate in society in a normal way"* (Andy). The uncertainty and uncontrollability inherent in parenting caused *"lots and lots of anguish"* (Corey), *"extreme anxiety"* (Jason) and *"panic or fear - but a lot of times you don't realise that's what you're feeling, it's a knee jerk reaction"* (Steven). These unprocessed emotions heightened survivors' perceived inability to cope and as Andy describes, previous coping strategies such as *"obsessive or self-destructive behaviours"* were now considered *"wholly inappropriate"* as fathers. Furthermore, core beliefs about being fundamentally flawed meant the difficulties participants faced in their early parenting were experienced as 'proof' they were incapable fathers, further reinforcing their sense of unworthiness. For some, this became intolerable:

> I literally imploded, I literally couldn't cope any more. All of this stuff that was locked in came streaming out, the release was incredible. […] It was that thinking: "I don't deserve to be a dad, I don't deserve these marvellous little creatures I've created" (Andy).

For Andy, the pressure of fatherhood opened up Pandora's Box, full of his fears and insecurities which became so unbearable, ending his life felt like his only option: *"I was going to kill myself because I was convinced, I was absolutely convinced, that it was impossible for me to give my kids what they needed"*.

The experience of reaching some kind of a breaking point, *"my lowest of lows*" (Jason) - when suppressed emotions and beliefs re-surfaced - was shared by all participants. They understood this as an inevitable process, however it was accelerated by fatherhood, as fear and self-doubt thrived off their increased vulnerability in adjusting to their new roles.

2. Fatherhood as reparative: "It unlocked a part of my personality I didn't think I had"

This theme describes how parenting enabled participants to experience a childhood not stolen by abuse. Re-learning of relational boundaries and emotional experiences through their relationships with their children helped to repair some of the damage of their pasts.

2.1 Repairing relational intimacy.

All survivors described their unease and distress around establishing close relationships following the abuse. The father-child relationship, with their children's innate demands for physical and emotional connection and comfort, magnified this difficulty, but also became the vehicle through which men could re-learn safe relational boundaries:

> Just having a cuddle almost felt unnatural, they literally throw themselves round you, makes you visibly flinch […] cos you don't have physical connection, that's programmed out of you. Sex is sex but that warmth and cuddling - it's a totally new experience for me - and when I got over it - wow! (Andy).

Andy's words illuminate the messy process of unravelling and re-learning the boundaries between physical and sexual intimacy that had been violated and muddled by his abuse experiences. His language choice of *"unnatural"* and *"programmed out"* suggest he had an almost robotic, mechanical relationship to intimacy until his children opened him up to the emotional intimacy - *"warmth"* - he was deprived of in childhood.

A common theme amongst participants was keeping their child *"safe"*, understood to hold greater meaning and importance than simply protecting their child from danger. As

Jason highlights, establishing a secure parent-child relationship was healing of their own childhood experiences of feeling unsafe and yearning for the protection that never came:

> I could just wrap her up with my arms and she knew she was safe and I had her, that's … to me that was the greatest feeling ever. I wrapped her up, she was in my care, you couldn't get any closer than that.

2.2 An "emotional awakening".

Survivors described restricted emotional experiences prior to becoming fathers, with emotions feeling uncontainable *"I would have these outbursts"* (Jason) and overwhelming *"that feeling of being out of control"* (Chris) or something they had to detach from *"I did struggle to engage on an emotional level with girls"* (Andy). The arrival of their first child was a pivotal moment in their memories of opening up to *"all of these emotions, it's just, you know, it's a whirlwind"* (Corey) with an impact so strong it too, was overwhelming, yet not in a destructive way:

> It was a firework just - boom! You know, an explosion or eruption … that I could feel all that emotion at one time, you know, like I had been … I don't know, maybe I had been guarded the whole time, but it was just like boom! There was a percussion from it, I felt blown away by it (Jason).

Jason's extract highlights how his daughter's birth prompted the start of what he called his *"emotional awakening"*, feeling what he could no longer avoid, whilst becoming aware of his role and choice to self-protect or open up to emotions. For Andy, the opportunity to reciprocally experience positive emotions with his children led to a life-saving self-realisation*: "I realised no, you're capable of warmth, you're capable of empathy, you're capable of all of these things[…]it saved my life, 100%"*.

2.3 A vicarious childhood.

Participants described their children's happiness as being incredibly important; their discussions illuminated this as a reciprocal process, with their child's joy bringing them joy: *"It's the best feeling in the world, you get to be there when he's laughing, you know "Ah what you laughing at? What you laughing at? Show me!""* (John).

John's extract conveys the magnitude of this sense of joy, and his requests to be shown the joke illuminate another re-learning process facilitated by the father-child relationship, of *"trying to find that childhood happiness that can't be squashed, that was there before the abuse"* (Steven). For all participants, involvement in their children's play was prized because it provided access to a childhood full of experiences and emotions that they did not have, like *"growing up a second time around"* (Jason). This took different forms for survivors; for Corey, who had experienced neglect and abuse, more stereotypical childhood activities were prioritised: *"I want to be able to have fun. I want to run around with my kid, I want to get in the pool, I want to jump on the trampoline with him".*

For Chris, the carefree and innocent quality of his children's childhood was most cherished:

> When I look back on their early childhood, I think probably my favourite time of life was then. I just loved being, you know, love the kind of things that they would say. And their laughter and sense of fun (Chris).

That this was Chris' favourite time of life, despite his children now being adults, signifies the importance of this experience to his healing journey.

2.4 Child's love as validation.

Once survivors overcame the hurdle of feeling threatened by their children's needs, the experience of being loved unconditionally provided the ultimate form of validation:

> I suppose it's like those first 8/10 years, you're completely and utterly the centre of their lives, they love you … and you can't do anything wrong[…] There's that deep love that they have for you because you're their dad. It's amazing really isn't it? (Chris).

Their children's complete acceptance of them and their abilities as fathers, enabled survivors to open up to a process of self-acceptance which acted as an antidote to the fears and insecurities they experienced at their breaking points: *"Every time the girls communicate they say "I love you" ... they don't have to say that, you know, so ... that's the proudest thing"* (Andy).

Participants with older children faced a difficult adjustment when their children became more independent and critical, and the felt sense of total unconditional love changed: *"I still get hurt when my kids tell me off for things, I think "I'm trying my best here"* (Chris). Chris's words demonstrate how self-acceptance is an ongoing process, yet despite this, all survivors with older children had internalised the validation from their children's early years to adjust to their increasing independence: *"She doesn't have to talk to me every day, we can always pick up like an old, your favourite book, and I'm always here and she's always there"* (Jason).

3. Fatherhood as opportunity: "what happened to me drives me to be a better Dad"

Children acted as the motivation for participants to make active steps towards healing, and fatherhood offered a liberating pathway to turn their past experiences into something positive.

3.1 Child as motivation: breaking point to turning point.

All survivors described their child as the main encouragement for getting through times when their CSA was triggered or breaking points when they felt they could no longer cope: *"When I tell people what I've been through they say how are you still coping? And I*

say well I have to, I've got no choice, because Matthew needs me" (John). The recognition that he is responsible for someone else more vulnerable than himself, that he is important and needed, is John's motivation for battling his ongoing mental health difficulties. Indeed, children gave a new set of priorities and focus in survivors' lives which for the first time, felt greater than themselves and worth fighting for:

> You have to open your soul to [CSA], I knew I needed to, I knew it was make or break. I knew that if I didn't, I would actually be perpetuating damaged lives…cos if I killed myself or if I ran away because I couldn't cope, they'd be left with this inadequate woman and their lives would be horrendous (Andy).

Like John, recognition of his responsibilities to his children was Andy's motivation to start the painful process of confronting his CSA, which was crucial to start healing from it. The process of opening up to their past was avoided by almost all survivors until they had children because *"you have to be able to say ok, I choose to make myself vulnerable here"* (Chris), and for the survivors, being vulnerable had painful associations with their abuse. However, the *"gift"* of a child helped them cross that line:

> You have to let go because you have something all of a sudden in your life that you need to care for. You've been given this gift of a person and in a lot of ways I think it's really just that. All of a sudden there's something else more important (Steven).

3.2 Turning painful experiences into good.

Once survivors had opened up to their past, they actively drew upon their own negative experiences of parenting as a blueprint for parenting their own children, seeking to provide *"the complete opposite"* to their experience:

> It's given me the greatest gift of all, that lesson of how **not** to be a dad. I'm doing the complete opposite of what he did…I might be skew-whiff upstairs, but I will do my best for Matthew, no matter how hard things get for me personally (John) .

Participants' early traumatic experiences were something they no longer feared, but became a source of strength they used to guide their relationship with their children. This gave a focus and direction to their fathering roles: *"I don't want to say "no I can't do that" as my mother said to us. No, I want to be engaged"* (Corey) but also, as indicated by John, provided an important sense of self-belief and self-acceptance that despite their perceived flaws, they were better parents than their own. John's latter sense-making of his traumatic experiences as a *"gift"* was shared by others, who came to understand themselves as being better parents for having gone through traumatic childhoods, recognising the growth they have experienced:

> Truthfully I don't think it's fair, I feel like I've got the cheat book to being a father because all I have to do whenever I doubt anything, I just have to think "what kind of dad did I need at that time of my life?" And that's what I give my child. I just wanted someone that would listen to me, believe me, always be there for me (Jason).

3.3 A new family legacy: liberation from my past.

Through turning their own childhood experiences into something more positive for their children, survivors were understood to be transforming a legacy of pain and trauma into one of safety and love for future generations:

> It's about giving warmth and love so that when my daughters have children, then their children get it. That positivity about family life…that's what I didn't have, I kind of tried to grab it, but I couldn't get it (Andy).

Andy's extract illuminates the contrast between survivors' felt powerlessness in childhood, and the realisation of their power and active role in stopping intergenerational trauma transmission in adulthood. This awareness is hugely significant as it is as close as survivors can get to 'defeating' the trauma that has already been experienced, in order to move on.

As the security of their relationships with their children grew, and they gained confidence in their father roles, participants felt increasingly distanced from their own childhoods, enabling an important process of starting to *"let go"* (Steven) of their experiences: *"The abuse that I had, to me, you can't let it dictate your future…because if you let your past dictate your future you're never gonna be gone from it, never"* (John).

"Letting go" required some reprocessing or sense-making for participants. Some participants sought to forgive their perpetrators, yet for others, seeing their parents through a new lens, now they were parents themselves, offered a new understanding which helped them make peace with their traumatic childhoods:

> It's made me have a little more empathy for my mom and other caregivers…I think that my mom had nothing but walls and she couldn't see how we were being affected and then do something about it to protect us, me…it's taken time for me to understand that and reach a place to just accept that (Corey).

4. Fatherhood as self-realisation: "You have to be true to yourself, you really do"

The final phase of men's growth describes the process of cultivating a new identity as a 'father', a new appreciation for life brought by their children, and the meaning found in giving back to others.

4.1 Reclaiming the self from the CSA: constructing a new identity.

An important feature of participants' growth was transcending previously held self-concepts: *"weak"* (Jason), *"odd"* (Andy), *"chicken-shit"* (John) and *"victim"* (Steven). Paradoxically, this transcendence required men to first reach a new acceptance and integration of their CSA:

> It's just one of those things like if I had a headache I'm gonna take an Aspirin for it, you know? It's always going to be there but it's not going to be **me**, it's just … a place I visit (Jason).

The choice Jason describes to *"visit"* the past illustrates how he has reclaimed and reprocessed his CSA history as something within his control, a stark contrast to his earlier descriptions of CSA as a *"shadow"* or *"bogeyman in the closet"*. Through reclaiming and reintegrating their CSA, participants could unpick effects of the trauma from the *"real me"*: *"There was this animosity, this latent aggression which actually isn't me. It's not me. The real me's come out over time"* (Andy).

Andy's relationship with his children helped this self-realisation, discovering *"a part of my personality that I didn't think I had, I didn't know I could be kind or considerate"* to refute the hostility tied to his past. Fatherhood provided participants with the opportunity to experiment with new identities and cultivate something which felt true to themselves:

> You feel like you have to dress a certain way, act a certain way when you're a dad […] I did that in the beginning and then I was like I don't have to be macho! I've been down there dressed in princess dresses with my daughter! (Jason).

For other participants like Steven, an identity as *"a regular kind of guy"* provided transcendence from his past, achieved through developing a stable, family life:

> Hanging out on the beach or something like that with my wife and daughter…these little things, they seem little but to do everyday things for a survivor, that's a huge thing, because survivors don't feel like they deserve it, or they still think that they're a victim.

4.2 Finding meaning through my child.

All participants found fatherhood *"gave a great meaning to life"* (Steven). Some survivors, like Corey, could clearly articulate how their child contributed to their growth: *"I think it is part of my healing to help this child, it's helping me mature, it's helping me understand just how impactful my own childhood was on me and then healing that part"*.

Corey demonstrates the reciprocal nature of growth and benefit between him and his son, yet for other survivors, fatherhood brought a deeper sense of destiny and personal fulfilment:

> Becoming a dad does make you more holistic somehow…When we don't, I think we're just missing out on stuff that we should do, we should feel. Erm…I think it's a really positive thing if we allow it to be and I think it can be healing of the negative things we've experienced (Chris).

Chris's words express how fatherhood, with the emotions and roles that entails, helped him to fully realise and fulfil his potential as a person and reclaim meaning in his life outside of his trauma. His grandson, who he lives with, embodies an extended opportunity for continued growth which Chris cherishes: *"to have a little grandson now is just so precious".* This sense of complete-ness brought by their children was evident throughout participant accounts, sometimes taking the form of a more nuanced, quiet satisfaction with life: *"Yeah fatherhood can be, and was, a positive thing. It actually made me feel quite a content human being that I feel today"* (Andy).

4.3 Learning to parent the self.

Over time, through caring for their children, participants began to learn how to internalise some of that care and start to parent and reassure the self:

> Early on, a lot of times I would think "oh god I'm feeling like this, it's too much, it means this is going to happen" but it never really happens that way…that kind of becomes internalised. You learn that whatever it is that's going on, you're going to be ok (Steven).

Self-care was evident through rejecting unhelpful coping strategies and finding healthier alternatives: *"so now it's alcohol minimum, don't smoke, keep fit, good diet, all those positive things"* (Andy). Andy described his previous strategies of fighting, drinking and promiscuity as being *"self-destruct mode*", suggesting his beliefs in his own self-worth have shifted to

enable this change. Achieving a more compassionate and nurturing approach to self was still, however, a work in progress for some participants:

> I'm still quick to tell myself off rather than be nurturing to myself. I need to learn to do that more I think so um, you know, that mini me, you know, [chuckle] the little boy, I need to learn to be kinder to him because I still think I'm still quite hard on him really (Chris).

Chris's words highlight the powerful, long-lasting hold of self-criticism and blame, despite his motivation to change. However, healing is a journey - *"you're never at some kind of end point, it's always a process, always working to be better"* (Steven) - spurred on through continually connecting with their children and their pasts:

> If I'm not taking care of myself then he's going to see that. Like I'm modelling what appropriate behaviour is, right? I realised that's what I did not get growing up and so I didn't look after myself (Corey).

4.4 A 'father figure' to others.

All participants spoke of the importance to them of helping others beyond their immediate families, particularly other survivors*: "I'm also helping others get their lives back...and so those things are really important to me, I provide care to people who have suffered from childhood sexual abuse and other abuses, and that's what keeps me going"* (Corey). Corey's dedication to offer *"care"* suggests his role as a *de facto* father figure to those he helps. His drive to help other survivors *"get their lives back"* suggests an extension of his personal battle with CSA and another way in which survivors can re-frame their traumatic experiences as a strength and transcend their abuse. Achieving this status was a twofold challenge for some participants, requiring them to challenge CSA-laden beliefs *"that men are not safe in a way"* (Chris) within "*a cultural context where it isn't easy for men to be close to men"* (Chris). Chris's roles as father and grandfather helped him overcome this:

"because of the kids then there are guys who I've got closer to" and feel able to connect with, and help, other men in his work.

Helping other survivors provided ongoing reciprocal growth, and a role that strengthened and extended their cultivated identities beyond what they built with their children. Through positioning themselves as 'helpers', participants could no longer be victims; instead, they were people who had survived, battled and overcome their CSA:

> **Interviewer:** So we've talked about different areas of your life in terms of growing up and becoming a Dad, and I guess in bringing it together can I ask what sense do you make of your overall experiences of fatherhood, being a survivor of sexual abuse?
>
> **Andy:** That anything's possible. It doesn't matter what you've been through. Anything's possible. You can get over anything.

Discussion

This study aimed to explore the lived experience of fatherhood for a group of male survivors of CSA and uncover how their experiences contributed to PTG, conceptualised as a four-phase journey which participants experienced in a fluid, non-sequential manner. Each master theme marked a development in the survivors' father-child relationship and a parallel re-structuring of beliefs, emotional experiences, and understanding of themselves and their abuse histories, in line with PTG theory.

'Fatherhood as threat'

Participants initially found having a child extremely challenging, triggering painful abuse memories, and men struggled to balance the emotional and psychological consequences of these whilst tending to their children's needs. Such difficulties have been noted previously (O'Brien et al., 2019; Sigurdardottir et al., 2012; Stidham et al., 2012). The findings reported here indicate that they are due to the child representing an unconscious threat to the survivor's sense of self, or felt sense of security in their spousal relationship. To cope with this threat, participants in this study initially adopted unhelpful self-protective strategies, culminating in reaching some form of *"breaking point".* Although very painful, breaking points were understood to be a formative and necessary part of participants' growth, marking the point when they could no longer avoid the emotional and psychological weight of their pasts, and presenting the choice to open up to their CSA or continue down a *"self-destructive"* path. Breaking points for male survivors have been reported and previously linked to PTG (Phanichrat & Townsend, 2010; Easton et al., 2015; Alaggia & Millington, 2008), however, the causative and reparative role of the father-child relationship in these breaking points as a core component of the PTG journey has not been previously documented.

'Fatherhood as reparative'

The finding that the father-child relationship repaired survivors' sense of threat in interpersonal relationships and restored key emotional and psychological experiences is also novel and expands our understanding of the relational factors that enable PTG. This repair can be understood through attachment theory (Bowlby, 1979) which complements theories of PTG. Participants re-learnt safe, intimate boundaries to build a secure attachment relationship with their children, which acted as a 'secure base' for the men and their children to experience trust and safety (Pietromonaco & Barrett, 2000). Feeling loved, wanted and needed became an antidote to participants' fears about their parenting ability and negative self-beliefs, known as barriers to relational security for CSA survivors (Wark & Vis, 2018). Participants reported an emotional awakening, feeling that they were opening up to new emotional experiences in parallel with their children. This finding suggests that the felt sense of safety, experienced within the father-child attachment relationship, supported participants' capacity to mentalise (Fonagy, 1991); that is, to identify, understand and think about their own and their children's mental states, a necessary precursor to restructuring trauma-laden IWMs.

Participants acted as a safe and stable attachment figure enabling their children to explore, play and flourish, which vicariously provided these experiences for their own inner child, restoring some of the key psychological and emotional processes neglected in their own childhoods. Research has previously only explored how spousal and therapeutic relationships can support PTG for male CSA survivors, through offering acceptance, validation and the re-learning of relational boundaries (Forde & Duvvury, 2017; Kia-Keating et al., 2005; Crete & Singh, 2015). Yet alongside this, research has also reported how survivors can face continuing distrust, distress and insecurity in adult relationships (Alaggia & Millington, 2008; Denov, 2004). This research found that a safe vicarious childhood –

unattainable through therapeutic or spousal relationships - was pivotal in healing survivors' inner child, which in turn supported their development of healthy intimate adult relationships. This key finding adds new understanding to the evidence base and may explain why some survivors experience PTG and others face continued distress in adult relationships (Alaggia & Millington, 2008; Denov, 2004).

'Fatherhood as opportunity'

The 'aspirational self', responsible for hopes, dreams and belief in the possibility of a positive future, is often inhibited by CSA (Easton et al., 2019), but the present study demonstrates that fatherhood offered this group of male survivors a sense of meaning, purpose and positivity for their future. As reported elsewhere (O'Brien et al., 2019; Price-Robertson, 2012; Martsolf & Draucker, 2008), participants described a clear motivating force in their life to provide their children with a better parenting experience than their own. To achieve this, survivors used their traumatic experiences as a guide, doing *"the opposite"* for their children, which in turn, helped them re-conceptualise their CSA as a *"gift"*; participants saw themselves as good fathers *because* of their experiences, not *in spite* of them. Survivors were able to use their trauma and pain as a source of strength to provide positive experiences for the next generation, which offered men a means of accepting and making meaning out of their abuse experiences to achieve PTG. This supports the literature exploring PTG through motherhood with female CSA survivors (Woodward & Joseph, 2003; Hartley et al., 2016)., and adds to our understanding of the important role of parenting within PTG theory. It also contrasts with damaging victim-to-offender and intergenerational transmission of trauma discourses, known to limit the fathering experiences of many abuse survivors (Price-Robertson, 2012).

'Fatherhood as self-realisation'

The wide-ranging destructive effects of CSA upon survivors' identity development are well documented (Easton et al., 2019). However, this research highlights for the first time how fatherhood enabled men to sculpt a sense of personal fulfilment, complete-ness and a *"true self"*. Through successful, affirmative relationships with their children, survivors came to recognise that their previous self-perceptions *("weak", "damaged"*) were based in their abuse and began to identify their own strengths for the first time, as has been reported for mothers who have experienced PTG following CSA (Hartley et al., 2016). Identity comprises individuals' internalised relationships with their outer social world; their gender identity and social memberships (Ferguson, 2008). As suggested elsewhere (Kia-Keating et al., 2005; Sorsoli et al., 2008; Forde & Duvvury, 2017), participants reported previous difficulties in relationships with other men, fearing societal stigma and feeling their gender identities did not fit cultural norms. Yet fatherhood provided men with an alternative script of masculinity (Kia-Keating et al., 2005), reframing attributes like empathy as strengths. Participants also applied a "father figure" template to overcome their barriers with other men, taking on a *de facto* father figure role with other survivors and in the workplace. This identity appeared to heal difficulties in men's relational or social self, bringing about a new identity within which their 'inner' and 'outer' selves better aligned (Easton et al., 2019).

PTG was conceptualised by participants as a continual process of new learning, self-reflection and connecting with others, in keeping with theoretical models distinguishing PTG as a *new* experience of self and others, rather than a return to a previous way of being (Tedeschi & Calhoun, 2004). Beyond the father-child relationship, one participant engaged in continual growth through his relationship with his grandson, and for others, building supportive relationships with other survivors helped them stay connected to their pasts whilst unconsciously reinforcing their identities as 'helpers' and 'survivors'. These findings

contribute to our understanding of the important role of relationships in bearing witness to, and supporting development of, new narratives within PTG (Tedeschi & Calhoun, 2004).

Clinical Implications

Male CSA survivors have expressed a desire for research to examine factors which enhance healing from CSA (Cook et al., 2018). The present study shows that fatherhood can offer an opportunity for men to not only heal, but also make meaning of their abuse, find a new appreciation for life and develop their authentic selves in line with PTG. Clinicians should be aware that the victim-to-offender myth poses a pervasive fear for male survivors and work with individuals and systems to discredit this. The myth that survivors must completely "resolve" their abuse prior to becoming parents (Kwako, Noll, Putnam & Trickett, 2010) must also be challenged; positive change can occur through the father role alongside distress. Participants in this study reported therapy to be highly beneficial to their growth as fathers, yet provision of therapeutic support for CSA survivors and of relational and parenting support in particular, remains inadequate. This research documented how male survivors' psychological distress was particularly heightened following the birth of their child, and the significant impacts this can have on the relationship with their partner and child. Specialist perinatal mental health teams (PMHTS) are still primarily funded to provide evidence-based psychological therapies to support the relationship between mother and baby, and although fathers' involvement is encouraged, this is not a standardised target. Further investment and creative use of resources in PMHTs are required to ensure all can offer specific therapeutic support to fathers as working with just one half of a parenting dyad is insufficient and short-sighted when considering the well being of the whole family system.

In PMHTs and wider therapy settings, male survivors should be supported to develop their own identity and roles as fathers. Structured psychoeducational programmes on attachment, mentalisation and parenting behaviour would support this, as would the

development of safe spaces where fathers and their children could develop secure relationships through activities, play and exploration together. Survivors have queried how peer groups can be harnessed to promote recovery (Cook et al., 2018) and survivor support services could offer an easily-accessible, stigma-free location for such groups to enable early intervention.

Male survivors may benefit from opportunities to connect with, and nurture their 'inner child', which could be supported through guided therapeutic interventions or self-help practice from home. Shame, self-blame and criticism are lasting effects of CSA which can impact fatherhood. Thus, cultural change at a societal level is required to break the silence around CSA, change the 'blame' discourse and address stigma. Until then, therapies supporting survivors' re-appraisals of shame and adoption of more self-compassionate approaches are vital.

Strengths and Limitations

Some participants in this research experienced other childhood abuses and neglect, meaning the effect of CSA upon men's experiences could not be studied in isolation. This is indicative of the complexity of conducting trauma research. The homogenous sample was small but included diverse father-child dyads, including children at different developmental stages and with additional needs, birth and adopted children, a grandchild, and different parenting combinations (father-mother, father-father, single father and widower). This work therefore provides a novel contribution to the evidence base by illuminating the experiences of an under-studied group. However, generalisation of the results to the wider population is inappropriate, given that participants were predominantly White-British or White-American, were engaging with survivor-networks, and the sample size was six, in line with IPA methodology. Despite every effort to ensure validity, IPA research does not claim complete objectivity nor freedom from researcher-bias. The researcher's professional role as a therapist

may have pulled them towards more emotionally-laden parts of interview and analysis, and although the researcher's personal characteristics (female, and younger than most participants) may have helped to counteract the power differential inherent in the research relationship (Aléx & Hammarström, 2008), it is unknown whether or how this impacted on participant responses.

Directions for further work

Fathering roles and identities, gender roles and attitudes to CSA vary enormously across cultures; further research exploring the fathering experiences of CSA survivors from different cultural backgrounds is imperative to inform support services. What constitutes PTG is culturally-specific (Calhoun, Cann & Tedeschi, 2010) and research into the enablers and barriers of this experience across more diverse populations would help clinicians and theorists to work within culturally-appropriate frameworks. Lastly, not all men wish (or are able) to become fathers, and research exploring the potential of PTG through other relationships, particularly partners and altruism, is warranted.

Conclusion

This paper has documented how, for this sample of male CSA survivors, fatherhood may be initially destabilising, yet over time can act as a transformational process of PTG, through which the damage of their abuse can be repaired, a new meaning to life is found, and an authentic sense of self and identity is achieved. Services should support survivors to develop their identity and role as fathers to enhance the relationship with their child(ren). Therapies providing a safe space for male CSA survivors to connect with their inner child and relate to the self with greater compassion could enhance opportunities for PTG.

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Appendix A: Author guidelines for chapter 1: Archives of Sexual Behavior

The full version of the guidelines can be retrieved from:

https://www.springer.com/journal/10508/submission-guidelines

Manuscript style

The 2010 Publication Manual of the American Psychological Association (Sixth Edition) should be used as the style guide for the preparation of manuscripts. Type double-spaced and left-justified in 12-point Times New Roman font using 1-inch margins on all sides. Number all pages (including table pages and figure-caption page), except the title page, consecutively with Arabic numerals placed in the upper right-hand corner. An abstract, preferably no longer than 250 words, is to be provided as the second page. A list of 4–5 key words is to be provided directly below the abstract.

Illustrations

Illustrations (photographs, drawings, diagrams, and charts) are to be numbered in one consecutive series of Arabic numerals and cited in numerical order in the text. Each figure should have an accompanying caption. The captions for illustrations should be listed on a separate page.

Tables should be numbered consecutively with Arabic numerals and referred to by number in the text. Each table should be typed on a separate page, placed at the end of the manuscript (i.e., after the References section), and should have a descriptive title. Center the title above the table, and type explanatory footnotes (indicated by superscript lowercase letters) below the table.

List references alphabetically at the end of the paper and refer to them in the text by name and year in parentheses. References should include (in this order): last names and initials of all authors, year published, title of article, name of publication, volume number, and inclusive pages.

Appendix B: Author guidelines for chapter 2: Child Abuse and Neglect

The full version of the guidelines can be retrieved from:

https://www.elsevier.com/journals/child-abuse-and-neglect/0145-2134/guide-for-authors

Length and Style of Manuscripts

Full-length manuscripts should not exceed 35 pages total (including abstract, text, references, tables, and figures), double spaced with margins of at least 1 inch on all sides and a standard font (e.g., Times New Roman) of 12 points. Instructions on preparing tables, figures, references, metrics, and abstracts appear in the Publication Manual of the American Psychological Association (6th edition).

Abstract: Abstracts should follow a structured format of no more than 250 words including the following sections: Background, Objective, Participants and Setting, Methods, Results (giving specific effect sizes and their statistical significance), and Conclusions.

Keywords: Immediately after the abstract, provide a maximum of 6 keywords, using American spelling and avoiding general and plural terms and multiple concepts (avoid, for example, 'and', 'of').

Reference style

Text: Citations in the text should follow the referencing style used by the American Psychological Association, Sixth Edition.

List: references should be arranged first alphabetically and then further sorted chronologically if necessary.

Appendix C: CASP (2018) checklist for qualitative literature

CASP
Critical Appraisal Skills Programme

Paper for appraisal and reference: .....

Section A: Are the results valid?			
1. Was there a clear statement of the aims of the research?	Yes Can't Tell No	☐ ☐ ☐	HINT: Consider • what was the goal of the research • why it was thought important • its relevance
Comments:			
2. Is a qualitative methodology appropriate?	Yes Can't Tell No	☐ ☐ ☐	HINT: Consider • If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants • Is qualitative research the right methodology for addressing the research goal
Comments:			
Is it worth continuing?			
3. Was the research design appropriate to address the aims of the research?	Yes Can't Tell No	☐ ☐ ☐	HINT: Consider • if the researcher has justified the research design (e.g. have they discussed how they decided which method to use)
Comments:			

CASP
Critical Appraisal Skills Programme

4. Was the recruitment strategy appropriate to the aims of the research?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- If the researcher has explained how the participants were selected
- If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study
- If there are any discussions around recruitment (e.g. why some people chose not to take part)

Comments:

5. Was the data collected in a way that addressed the research issue?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- If the setting for the data collection was justified
- If it is clear how data were collected (e.g. focus group, semi-structured interview etc.)
- If the researcher has justified the methods chosen
- If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews are conducted, or did they use a topic guide)
- If methods were modified during the study. If so, has the researcher explained how and why
- If the form of data is clear (e.g. tape recordings, video material, notes etc.)
- If the researcher has discussed saturation of data

Comments:

CASP
Critical Appraisal Skills Programme

6. Has the relationship between researcher and participants been adequately considered?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- If the researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location
- How the researcher responded to events during the study and whether they considered the implications of any changes in the research design

Comments:

Section B: What are the results?

7. Have ethical issues been taken into consideration?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained
- If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study)
- If approval has been sought from the ethics committee

Comments:

8. Was the data analysis sufficiently rigorous?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- If there is an in-depth description of the analysis process
- If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data
- Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process
- If sufficient data are presented to support the findings
- To what extent contradictory data are taken into account
- Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation

Comments:

9. Is there a clear statement of findings?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider whether
- If the findings are explicit
- If there is adequate discussion of the evidence both for and against the researcher's arguments
- If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst)
- If the findings are discussed in relation to the original research question

Comments:

CASP
Critical Appraisal Skills Programme

Section C: Will the results help locally?

10. How valuable is the research?

HINT: Consider

- If the researcher discusses the contribution the study makes to existing knowledge or understanding (e.g. do they consider the findings in relation to current practice or policy, or relevant research-based literature
- If they identify new areas where research is necessary
- If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used

Comments:

Appendix D: Example extract of data coding

Key:

- Sexual orientation confusion
- Sexual intimacy
- Emotional intimacy
- Agency
- Healing and growth from love

Denov (2004)

The Long-Term Effects of Sexual Abuse by Women: *Relationships with women.*

Only one male participant reported not feeling damaged by the female sexual abuse experience. All 14 participants reported a strong mistrust of women as a result of the sexual abuse experience: *"The sexual abuse has damaged me in that I cannot fully trust a woman. It's a contradiction because I'm married to a woman, but I don't fully trust her. Something inside tells me she's going to leave me, and she's going to take my kids. I feel a sense of doom."* (Man #4). The mistrust of women was sometimes related to a woman's sexuality. Two men reported a fear of female sexuality *"I developed this strategy to deal with female [friends]. Seeing women as sexual beings would bring feelings of distrust, so I separate their sexual aspects [from the rest of them]. If I ...have female friends, what will be easier for me to do is [to think to myself] "She's a person." She's a woman, yes, but I kind of take away [her] sexuality ...if I integrate the two it makes it more threatening. . . . I'm paranoid about women getting at me [sexually]." (Man #6)*

The Long-Term Effects of Sexual Abuse by Women: *Discomfort with sex*

All of the participants reported varying degrees of discomfort with sexual intimacy: *"I can't make love because I feel dirty.... There was a point where [my wife] wanted a lot of sex, and I couldn't do it. ...I felt really dirty and disgusted. After sex, I would take a bath and scrub down my skin."* (Man #4)

Easton, Leone-Sheehan & O'Leary (2019)

Relational Self: *General passivity*

One third of participants (34.2%) perceived damage in how they relate to others and in actions or behaviours within relationships, due to the Clergy-Perpetrated Sexual Abuse (CPSA). Men described their relational self-identity as characterized by passivity in relationships. Some men described relationships that were either abusive or dysfunctional e.g. *"I let people take advantage of me. I (have) been in abusive relationships"*. In addition to being in relationships with a strong or controlling partner, men also described their own behaviours as submissive in relationships e.g. *"The abuse created a sense of myself as someone who is acted upon rather than acts, someone passive rather than active"*.

Relational Self: *Intimate relationship problems*

Participants explained CPSA had negatively impacted their relational self-identity in terms of intimate relationships e.g. *"Thanks to the sexual abuse [by] clergy, I am still unmarried and celibate my entire life. What more can be said than [the priests] completely ruined my life"*. Many men experienced social problems such as emotional unavailability, difficulties with intimacy, and sexual dysfunction which often impaired past and current relationships. One participant: *"Problems with relationships with the opposite sex my whole life made me think something is wrong with me. Intimacy is a big issue"*. While some men had *"great difficulties with sexual intimacy"*, a few participants expressed tendencies towards promiscuity: *"I struggle with monogamy with the most wonderful person of 12 years, and I have cheated numerous times in bathrooms, cars, places on the go, and it has led to a constant unhappiness in what started as a wonderful marriage"*. Some men indicated that a consequence of CSA was complete co-dependence whereby they allowed their partner to define their identity, as well as prioritise their partner over themselves *"I thought I did not have the right to disagree with my wife, that I had to put her feelings and the marriage first, at all costs. I had no identity in the relationship..."*.

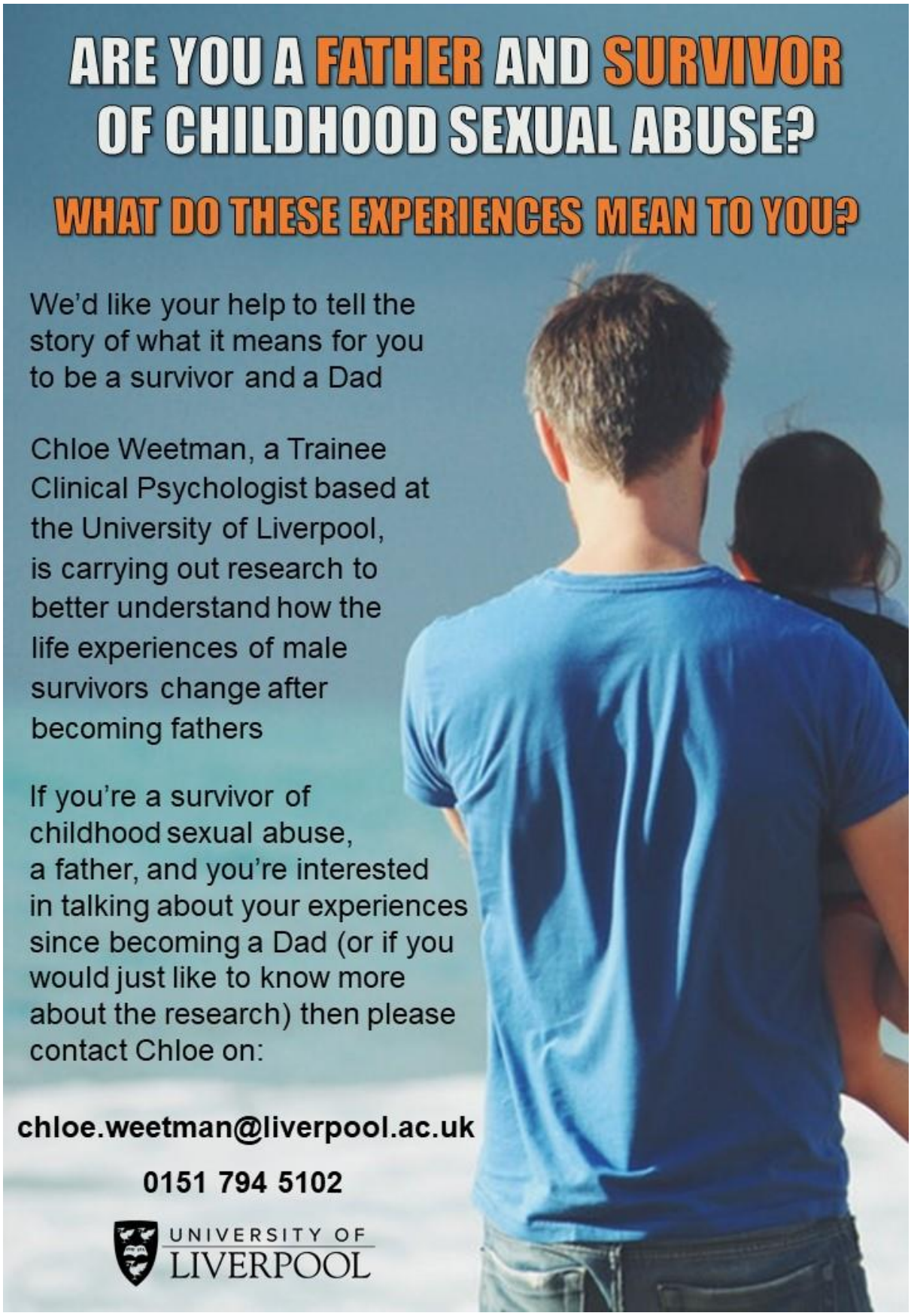
Gendered Self: *Sexual Orientation Concerns*

One fourth of men described the abuse as negatively affecting their gendered self-identity. Many indicated the abuse impacted their sexual orientation. Some men expressed conflict between their sexual desires or behaviour and their sense of sexual identity, one summarized the conflict: *"I have struggled all my life trying to identify just what my sexual orientation really is. I present myself as hetero, but prefer same gender sex, although I have had sex with males and females"*. Participants also reported confusion related to sexual orientation: *"I am a gay adult male. Since my first homosexual experience was abusive and with a Catholic priest, I did not come to terms with my homosexuality in a healthy manner. I was confused about my sexuality and failed to realize that homosexuality was "normal" for me"*. Both heterosexual and homosexual men expressed concern their CSA had influenced their sexual preference in some way ie *"I have often wondered whether or not the abused caused me to be gay"*.

Appendix E: Spread of themes across included articles

	Sexual orientation confusion	Sexual intimacy difficulties	Barrier of emotional intimacy	Navigating agency	Healing and growth through love
Alaggia & Millington (2008)	X	X	X	X	
Arreola et al. (2013)	X	X		X	X
Crete & Singh (2015)	X		X	X	X
Deering & Mellor (2011)		X	X		
Denov (2004)		X	X		
Easton et al. (2019)	X	X	X	X	
Easton et al. (2015)			X	X	X
Gilgun & Reiser (1990)	X	X			X
Gill & Tutty (1999)		X	X	X	
Isely et al. (2008)	X	X	X	X	X
Kia-Keating et al. (2005)	X	X	X	X	X
Kia-Keating et al. (2010)		X	X	X	X
Lisak (1994)	X	X	X	X	
MacIntosh et al. (2016)		X	X		X
Payne et al. (2014)	X	X	X		
Sigurdardottir et al. (2012)		X	X	X	

Appendix F: Research Advertisement



Appendix G: Participant Information Sheet

V2 UNIVERSITY OF LIVERPOOL 14/01/2019

Fatherhood and positive growth in survivors of childhood sexual abuse

Do you think becoming a Dad has changed your outlook on life? Has it helped you experience positive growth and change as a person? Has fatherhood changed what you prioritise or value? Has it impacted what you think about yourself or how you feel in relationships?

If you answered "Yes" to any of these questions I would like to invite you to take part in a research study. Before you decide whether to participate, it is important for you to understand why the research is being done and what it will involve. Please read the following information carefully and feel free to ask me if you would like more information or if there is anything you do not understand. I would like to emphasise that you do not have to accept this invitation and should only agree to take part if you want to. Thank you for taking the time to read this.

1. What is the purpose of the study?

I am carrying out this study as part of my doctoral training in Clinical Psychology at the University of Liverpool. I am interested in exploring "post-traumatic growth" which is the experience of **positive change** or **growth** in oneself after trauma. This growth can occur through the process of finding ways to adapt to, cope with, or even learn from, traumatic experiences. This study aims to understand how **fatherhood** - the process of becoming and being a Dad - relates to positive growth for male survivors of childhood sexual abuse. This study is concerned with exploring the **lived experience** of fatherhood, which means I would like to understand more about the views and understandings of male survivors at an individual level.

2. Why have I been chosen to take part?

I would like to speak to a group of male survivors of childhood sexual abuse who are fathers and who feel they have experienced some form of positive personal growth linked to being a Dad. Don't worry if you're unsure whether you fit the criteria to participate, I will arrange an initial conversation with all interested individuals to double check this research is suitable for you, before we go ahead with the interview.

3. Do I have to take part?

No. Taking part in this research is **entirely voluntary**. You are free to withdraw from the study if you change your mind before we meet. You do not need to provide a reason for withdrawing.

4. What will happen if I take part?

If we both agree after the initial conversation that the research project is right for you and you would like to participate, I will send you the interview questions to give you a better idea of what we will discuss in the interviews. Once you have read all these we can discuss any questions you might have. If you are happy to go ahead, then we can set a date, time and place for the interview which can be face to face or over video call. I will always try to fit around your preferences and schedule. The interview will be with myself and last about one hour. It will be audio-recorded using a Dictaphone. The interview will feel more like a "normal" conversation where you will be invited to reflect on your personal experiences of being a survivor and a Dad.

5. How will my data be used?

The University processes personal data as part of its research and teaching activities in accordance with the lawful basis of 'public task', and in accordance with the University's purpose of "advancing education, learning and research for the public benefit". Under UK data protection legislation, the University acts as the Data Controller for personal data collected as part of the University's research. The research supervisor, Dr Gundi Kiemle, acts as the Data Processor for this study, and any queries relating to the handling of your personal data can be sent to: gkiemle@liverpool.ac.uk. Further information on how your data will be used can be found in the table below.

How will my data be collected?	Using a Dictaphone for audio recordings of interviews.
How will my data be stored?	Electronic copies will be stored on a secure University of Liverpool system and paper copies will be held in a secure University of Liverpool control room.
How long will my data be stored for?	Up to ten years.
What measures are in place to protect the security and confidentiality of my data?	Transcribed copies of the interview data and data included in the final report will be anonymised so that all names and other identifiable information (e.g. towns) will be changed or deleted. The Dictaphone will be password protected. Interview recordings will be permanently deleted from the Dictaphone once transferred to the secure University system.
Will my data be anonymised?	Yes. You will be invited to provide a pseudonym of your choice and all information which could help to identify you will be changed or deleted.
How will my data be used?	For the purposes of this research study only.
Who will have access to my data?	The research team only.
Will my data be archived for use in other research projects in the future?	No.
How will my data be destroyed?	The data will be permanently deleted by the University after being securely held for ten years.

6. Exceptions to anonymity

The only exception to maintaining anonymity would be if you disclosed information to suggest yourself or another person were at risk of serious harm or engaging in serious criminal activity. In such cases I may be legally required to disclose your confidential information to the relevant authorities. Such a situation is **highly unlikely** to occur but please ask for more information if you have any concerns.

7. Expenses

We will cover the costs of reasonable travel to an agreed interview location, requiring receipts for train fare, car parking and taxi or bus fares. We would also reimburse costs of refreshments.

8. Are there any risks in taking part?

You may find thinking about your story and who you are triggers some strong emotions, thoughts or memories. This is not unusual but could potentially be distressing. I hope receiving the questions before the interview would help you prepare for this. You are not required to answer any questions you do not wish to and if you were to feel distressed at any point in the interview then please let me know so we can pause it, discuss what would make you feel more comfortable and have some time to decide whether you would like to continue or end the interview. We could also discuss services and organisations which may be of ongoing help to you.

9. Are there any benefits in taking part?

The interview provides an opportunity to take some time out and think about your own story, who you are as an individual and as a Dad. This is something we don't do very often and you may find this is helpful for you, however, because we all experience things differently it is impossible to predict whether you personally would find this beneficial or not.

10. What will happen to the results of the study?

A summary of the results will be sent to everyone who takes part in the study. The results will also be published in an academic journal. It would not be possible to identify you in the results of either because all information will be anonymised.

11. What will happen if I want to stop taking part?

You can withdraw from the research at any point before or during the interview without providing a reason. You can withdraw your data up to two weeks after the interview has taken

place by simply contacting myself and requesting to withdraw it from the study. After this point, your interview data would be anonymised and combined into the larger set of results so it would **not** be possible to withdraw it.

12. What if I am unhappy or if there is a problem?

If you are unhappy, if there is a problem, or if you simply would like to discuss any aspect of this research further then please let us know by contacting myself, Chloe Weetman, or the research supervisor, Dr Gundi Kiemle, using the details overleaf and we will try to help. If you remain unhappy or have a complaint which you feel you cannot come to us with then you can contact the Research Ethics and Integrity Office at: ethics@liv.ac.uk. When contacting this Office please provide details of the name or description of the study, the researcher(s) involved, and the details of the complaint you wish to make.

The University strives to maintain the highest standards of rigour in the processing of your data. However, if you have any concerns about the way in which the University processes your personal data, it is important that you are aware of your right to lodge a complaint with the Information Commissioner's Office by calling 0303 123 1113.

13. Who can I contact if I have further questions?

If you have any further questions please contact myself - Chloe Weetman - using the details below:

Lead Student Investigator: **Chloe Weetman**  Email: **chloe.weetman@liverpool.ac.uk** Tel: 0151 794 5102 University of Liverpool, D Clin Psychol. Office, Whelan Building, Liverpool, L69 3GB	**Lead Supervisor:** **Dr Gundi Kiemle** Academic Director & Admissions Tutor HCPC registered Clinical Psychologist & UKCP registered Psychotherapist Senior Fellow/ Higher Education Academy Email: **gkiemle@liverpool.ac.uk** Tel: 0151 794 5755 / 5534 / 5530 Doctorate in Psychology Training Programme, University of Liverpool, Whelan Building, Liverpool, L69 3GB

Appendix H: Participant Consent Form

Participant consent form

Version number & date: Version 2, 14/01/2019
Research ethics approval number: 3893
Name of researchers: Chloe Weetman (Student Investigator) and Dr Gundi Kiemle (Principle Investigator)

Title of the research project: Fatherhood and positive growth in survivors of childhood sexual abuse

Please initial box

1. I confirm that I have read and have understood the information sheet dated 14/01/2019 for the above study, or it has been read to me. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I understand that taking part in the study involves an audio recorded interview which will be transcribed. ☐
3. I understand that my participation is voluntary and I am free to stop taking part and can withdraw from the study at any time without giving any reason and without my rights being affected. In addition, I understand that I am free to decline to answer any questions I do not wish to answer. ☐
4. I understand that a potential risk of taking part in this study is experiencing distress due to the nature of the topics of discussion in the interview. I understand if I do experience any distress in the interview I should communicate this to the researcher who can pause or end the interview and discuss what support is available to me. ☐
5. I understand that personal information collected about me which could identify me - such as my name or where I live - will not be shared beyond the study team. ☐
6. I understand that my responses will be kept strictly confidential. I give permission for the research team to have access to my fully anonymised responses. I understand that my name will not be linked with the research materials and I will not be identified or identifiable in the report or publications that result from the research. ☐

7. I understand that the confidentiality of the information I provide will be safeguarded and won't be released without my consent unless required by law. I understand that if I disclose information which raises considerations over the safety of myself or the public, the researcher may be legally required to disclose my confidential information to the relevant authorities. ☐
8. I understand that I can request access to the information I provide and destruction of that information if I wish at any time up to two weeks after the interview has taken place. I understand that I will no longer be able to request access to, or withdrawal of the information I provide after 14 days after the interview date. ☐
9. I understand that the information I provide will be held securely and in line with data protection requirements at the University of Liverpool. My data will be fully anonymised and used for the purposes of this research study only. ☐
10. I understand that signed consent forms and a transcript of my interview will be retained in a secure control room at the University of Liverpool, accessed only by administration staff from the Doctorate in Clinical Psychology. This information will be destroyed following the student investigator's successful completion of the Doctorate in Clinical Psychology, predicted to be in September 2020. ☐
11. I agree to take part in the above study. ☐

Participant name	Date	Signature
Name of person taking consent	Date	Signature

Principal Investigator: Dr Gundi Kiemle
Doctorate in Psychology Training Programme
Whelan Building,
University of Liverpool,
Liverpool, L69 3GB
0151 794 5755 / 5534 / 5530
gkiemle@liverpool.ac.uk

Student Investigator: Chloe Weetman
D.Clin. Psychol. Office
Whelan Building
University of Liverpool
Liverpool, L69 3GB
0151 794 5102
chloe.weetman@liverpool.ac.uk

Appendix I: Interview Schedule

Version 2 16/11/2018

Planned Questions for Interview

This is a list of the broad areas of conversation I hope to cover when we meet. This meeting should feel like a 'normal' conversation rather than a formal interview. Like any other conversation, new topics that aren't on this list are likely to come up. Unlike normal conversations, I will be doing more listening than talking. This is because I would like our meeting to offer you the space to talk about your experiences and what is important to you. If you would like to discuss any aspect of the interview then please get in touch with me and I will be happy to talk about it further with you.

Key topic areas:

1. **Please could you tell me what you thought and felt about fatherhood before you became a Dad?**
- *Prompt: What did you think or feel about this throughout your life?*
- *How does your own experience of being parented relate to this?*
- *For more than one child: how did this experience change for later children?*

2. **Can you tell me about your experience of building your relationship with your child(ren) and what it is like to be a Dad for you now?**
- *What has been difficult/distressing and what has been positive for you? How did you manage distress alongside your father role?*
- *Can you tell me what being a Dad is like for you in terms of the regular, everyday things you do? Is there anything you do that you feel is unique to you and your child(ren) or that you take particular pride in as a father?*
- *Elicit identity - How would you describe yourself as a Dad?*

3. **How has your experience of abuse in your own childhood shaped your development as a parent?**
- *What has this process been like over time? Are there times that your past experiences feel more or less significant? What do you understand as impacting that?*
- *Have there been any other experiences in your life that have been important in shaping how you are as a Dad?*

4. **How has being a Dad contributed to your personal growth and positive change?**
- *Prompt: Has it changed how you view or understand yourself?*
- *Prompt: has it changed how you view or understand others or your relationships?*
- *Prompt: has it changed your outlook on life or what you prioritise and value?*

5. **How has being a Dad changed you and helped you to make sense of your experiences in childhood, including the abuse?**
- *Prompt: to elicit positive change and sense-making as a result of fatherhood*

Version 2 16/11/2018

Warm up questions:

1. **Can you tell me a little about what interested you in taking part in this research?**

2. **Please could you tell me a bit about yourself? This could be anything that is important to you about your life now or in the past so I can understand a bit more about you.**

3. **Can you tell me about your child or children so I can get a better sense of who you are a father to?**

Ending questions:

1. **What messages would you give to yourself in the past or to or other survivors who are fathers or who are considering fatherhood?**

2. **Is there anything else you would like to discuss that you feel is important to this research or to understanding your life experiences that we haven't talked about?**

Appendix J: Participant Debrief Sheet

Version 2

UNIVERSITY OF LIVERPOOL

Debriefing sheet: Fatherhood and positive growth in survivors of childhood sexual abuse

Thank you for taking part in this study. This sheet provides a reminder of the purpose of the study and what to do if you have any questions following the interview. It also provides details of organisations you may wish to contact if you feel you would benefit from further support around anything we have discussed in this study.

1. What is the purpose of the study?

This study is being conducted as part of the researcher's doctoral training in Clinical Psychology at the University of Liverpool. The researcher is interested in exploring how fatherhood relates to positive growth, or change in oneself, for male survivors of childhood sexual abuse.

2. What will happen to the results of the study?

The researcher will send a summary of the results to everyone who takes part in the study. The results will also be published in an academic journal. All information will be anonymised and it will not be possible to identify you in the summary or publication.

3. What if I want to withdraw my information from the study?

You can withdraw your information up to two weeks after the interview by contacting the researcher and requesting to withdraw from the study. After this point, your data will be anonymised and combined into the larger set of results so it would **not** be possible to withdraw it.

4. Who can I contact if I have further questions?

If you would like to discuss any aspect of this research further then please contact the researcher, Chloe Weetman on: chloe.weetman@liverpool.ac.uk, 0151 794 5102 or the research supervisor, Dr Gundi Kiemle on: gkiemle@liverpool.ac.uk, 0151 794 5755 / 5534 / 5530. If you remain unhappy or have a complaint which you feel you cannot come to us with then you can contact the Research Ethics and Integrity Office at: ethics@liv.ac.uk.

5. What if I would like some further support following the interview?

As explained in the information sheet and consent form, a possible risk of taking part in this study is that you may experience some strong emotions after taking part. This is not unusual; many people find that thinking about their life story and who they are brings up difficult emotions, thoughts and memories. If you feel you would like some further support with how you are feeling or any of the issues you discussed when taking part in this study then please get in touch with one (or more) of the organisations overleaf. Support can be accessed online, on the phone or face to face.

Version 2

UNIVERSITY OF LIVERPOOL

Safeline: National Male Survivor Service

National service for emotional support, information and signposting

Helpline: 0808 800 5005

Text: 0786 002 7573 (standard rate)

Available: Mon, Wed, Fri: 10am - 4pm

Tues, Thurs: 8am - 8pm

Sat: 10am - 12 noon

Safeline Counselling Service

A remote counselling service for male survivors of abuse via telephone, voice or video call, instant message or email

Contact the service to refer yourself via email: support@safeline.org.uk

or phone: 0808 800 5005 (helpline)

01926 402 298 (office)

Survivors UK

A national service providing online, text and watsapp helplines for male survivors of sexual abuse

SMS: 0203 322 1860

Whatsapp: 07491 816 064

Web Chat via the website: www.survivorsuk.org

Email: info@survivorsuk.org

Survivors UK Counselling Service

A face to face, telephone and online counselling service for male survivors of sexual abuse

Contact the service to refer yourself via email: info@survivorsuk.org,

phone: 0203 598 3898

or online referral form via the website: www.survivorsuk.org

Ben's Place

A free, confidential virtual support service for male survivors of sexual abuse

tel: 01274 965 009

email: male@bensplace.support

Available: Mon - Fri 10am - 6pm

www.survivorswestyorkshire.org.uk

Local services

Find details of services offering online, phone and face to face support as well as groups in your local area via the male survivors partnership website:

www.malesurvivor.co.uk

or phone: 0808 800 5005

Mental Health Support

If you feel you would benefit from support with your mental health e.g. low mood, worry and panic, then please contact your GP

You can also contact the Campaign Against Living Miserably (CALM), a male only service on:

0800 58 58 58

Available: 5pm - midnight every day

Crisis Support

If you are concerned about your mental health or feel you are in a crisis please contact the **Samaritans** who are open 24 hours a day, 365 days a year

tel: 116 123 (free)

or email: jo@samaritans.org.uk

If you feel you cannot keep yourself safe please visit your nearest A&E service

Appendix K: Doctorate of Clinical Psychology Research Review Committee approval

D.Clin.Psychology Programme
Division of Clinical Psychology
Whelan Building, Quadrangle
Brownlow Hill
LIVERPOOL
L69 3GB

Tel: 0151 794 5530/5534/5877
Fax: 0151 794 5537
www.liv.ac.uk/dclinpsychol

Chloe Weetman
Clinical Psychology Trainee
Doctorate of Clinical Psychology Doctorate Programme
University of Liverpool
L69 3GB

9 August 2018

RE: An exploration of fatherhood and post-traumatic growth in male survivors of childhood sexual abuse
Trainee: Chloe Weetman
Supervisors: Dr Gundi Kiemle, Dr Michelle Lowe & Bob Balfour

Dear Chloe,

Thank you for your response to the reviewers' comments of your research proposal submitted to the D.Clin.Psychol. Research Review Committee (letter dated 17/07/18).

I can now confirm that your amended proposal (version number 3, dated 31/07/18) meets the requirements of the committee and has been approved by the Committee Chair.

Please take this Chairs Action decision as ***final*** approval from the committee.

You may now progress to the next stages of your research.

I wish you well with your research project.

Dr Luna Centifanti
Vice-Chair D.Clin.Psychol. Research Review Committee

Appendix L: University of Liverpool Ethics Committee ethical approval

Central University Research Ethics Committee B

4 February 2019

Dear Dr Kiemle

I am pleased to inform you that your application for research ethics approval has been approved. Application details and conditions of approval can be found below. Appendix A contains a list of documents approved by the Committee.

Application Details

Reference:	3893
Project Title:	Fatherhood and positive growth in survivors of childhood sexual abuse
Principal Investigator/Supervisor:	Dr Gundi Kiemle
Co-Investigator(s):	Miss Chloe Weetman
Lead Student Investigator:	-
Department:	School of Psychology
Approval Date:	04/02/2019
Approval Expiry Date:	Five years from the approval date listed above

The application was **APPROVED** subject to the following conditions:

Conditions of approval

- All serious adverse events must be reported to the Committee (ethics@liverpool.ac.uk) in accordance with the procedure for reporting adverse events.
- If you wish to extend the duration of the study beyond the research ethics approval expiry date listed above, a new application should be submitted.
- If you wish to make an amendment to the study, please create and submit an amendment form using the research ethics system.
- If the named Principal Investigator or Supervisor leaves the employment of the University during the course of this approval, the approval will lapse. Therefore it will be necessary to create and submit an amendment form within the research ethics system.
- It is the responsibility of the Principal Investigator/Supervisor to inform all the investigators of the terms of the approval.

Kind regards,

Central University Research Ethics Committee B

ethics@liverpool.ac.uk

0151 794 8290

Appendix - Approved Documents

(Relevant only to amendments involving changes to the study documentation)

The final document set reviewed and approved by the committee is listed below:

Document Type	File Name	Date	Version
Participant Information Sheet	Information sheet v2		
Participant Consent Form	Consent form v2		
Study Proposal/Protocol	Research Proposal	07/08/2018	final
Evidence Of Peer Review	Chloe Weetman D.Clin.Psychol Committee Approval	09/08/2018	1
Interview Schedule	Interview Schedule - Researcher Version	16/11/2018	1
Interview Schedule	Interview Schedule - Participant Version	16/11/2018	1
Advertisement	Recruitment flyer	16/11/2018	1
Debriefing Material	Debriefing sheet v2	14/01/2019	2
Research Tools	Protocol for potential confidentiality breach	14/01/2019	1
Research Tools	Letter to Ethics Committee re amendments 14.01.2019	14/01/2019	1

Appendix M: Reflective Journal Excerpts

Reflections following participant 1 interview (10th May 2019)

This felt like he came with a strong idea of the story that he wanted to share of his experiences. I felt as though we were skirting around difficulties, so that the difficult time or experiences were alluded to, but not described in detail. I felt like we hadn't really got to the 'core' of this experience – the 'nitty gritty' – therefore, at a late stage in the interview I took the opportunity to jump in and ask directly but I think this direct question felt too much? It felt like he then communicated to me that he had said as much as he was willing to say and didn't want to go any further with it. Was this my interviewing style or was this a way for him to keep control over what he wished to discuss and not discuss? Was this not wanting to connect with the pain and difficulties?

I'm aware I wasn't very directive in this interview and I was concerned about cutting him short, or missing something which was important for him to discuss. However, I also need to be aware of not giving too much space to speak. Should I scaffold more in future interviews? It's a difficult balance because I am also aware of not stepping into my more familiar "therapist" role. This should become clearer once I've transcribed this interview.

Analytic note from initial noting and coding for Jason (16th January 2020)

- Jason presented a very positive story of his experience as a father – largely describing all of the positive experiences and things it has brought to him – incl. growth and happiness. Some reluctance to discuss difficulties and insecurities?
- Jason uses lots of analogies and quite detailed stories and scene setting – what is the motivation here? Is he trying to make sure he describes something well to me? If so, are these the parts of the interview that feel particularly important to get across to me?
- The connection / bond / specialness between him and his daughter - is she his saviour?
- His daughter seems to embody something important in his own personal healing, in that it doesn't matter if he continues to struggle, as long as she is ok and she grows up having escaped the difficulties he experienced, then that represents something good.
- His description of himself as his daughter's playmate made me think about him as a child. Did she bring opportunities for his inner child to come out and develop?
- His description at the end of her as a baby and just wanting that "holding" and "closeness" really stuck with me as significant – I can't yet describe why but I felt something shift in me upon listening back to that and reading that, he just sounded so full of emotion. There was lots of focus on describing times when his daughter was a baby – and my questions didn't always direct this. He describes her being a baby as the "best time" – this stage of fatherhood seems particularly significant – holding? Containment? Innocence of a baby?

Reflections during cross case analysis (17/02/20)

Maintaining the essence of the individual and their lived experience whilst looking at the whole, across the full sample is proving a struggle. I'm trying to set aside what I know for each before moving onto the next to try to minimise making any leaps and overlooking the unique and the specific. I'm also trying to be aware of not just following my research questions as I don't want to overlook anything novel.

Current key themes which strike me as important within all accounts are:

- Emotions and the close relationship with their child as healing – boundaries violated by abuse? Safety and innocence of their children
- Vicarious childhood – watching the child and joy in the child's joy - re-experiencing this for themselves?
- What being a father means to identity. Finding new meaning in life.
- The dark shadow of CSA – the damage, the weight, the burden - ongoing struggles despite participants presenting as "healed". (this is staying with me but is this my therapist bias? i.e. I naturally attend to pain and suffering more as it's something I am used to doing in order to support change?)
- Child as the reason to survive, child as motivator

Appendix N: Data analysis process examples

Extract to illustrate the analytic process (Jason)

Quote	Exploratory coding	Emergent theme	Superordinate theme	Subtheme	Master theme
"When she would look at me with all that trust, then knowing that, you know, she never saw any of my insecurities in me"	Doesn't say what his insecurities are – is he describing his ability generally as a father? Or his fear around physical touch/nappy changing? Feeling trusted by his daughter is key – helps him to trust himself?	Importance of trusting relationship	Fatherhood provided a reciprocal, transformative love	Repairing relational intimacy	Fatherhood as reparative

Table of master themes, subthemes and super-ordinate themes (by participant)

Participant colour code:
Participant 1: Andy
Participant 2: John
Participant 3: Chris
Participant 4: Jason
Participant 5: Steven
Participant 6: Corey

Master theme	***Subtheme***	**Superordinate theme**
1. Fatherhood as threat: "Feeling I can't protect myself or I'm weak"	*1.1 Re-living the trauma through caretaking*	Fear of passing on the legacy Internalised abuse: feeling abnormal, damaged, unhuman Difficulties connecting with child The agonising shame of CSA Difficulty controlling emotions Feelings of vulnerability, weakness The dark shadow of CSA: a curse Being out of control an unbearable challenge CSA re-triggered: forced to remember Disconnected from the father role CSA re-triggered The nagging fear Feeling exposed and vulnerable
	1.2 Child as threat to inner child	Feeling alone, unsupported and let down Feeling an unworthy, unfit father Feeling not wanted Difficulty balancing own emotional needs with children's Insecure and threatened inner child Unable to balance own needs and family's needs Struggle to attend to CSA and parenting Feeling rejected as a parent
	1.3 Reaching a breaking point	Reaching a breaking point Destructive mode Fear of opening up to CSA Feeling out of control as a parent (return to CSA) A fearful and fractured self Addiction as escape from the pain Paralyzed by fear
2. Fatherhood as reparative: "It unlocked a part of my personality I didn't think I had"	*2.1 Repairing relational intimacy*	Repairing what it is to be human Building our relationship Developing relationship reparative Fatherhood provided a reciprocal transformative love Adjusting to independence Re-asserting relational boundaries with my child Opening up my walls: building relationships and trusting others Becoming less self-focused
	2.2 An "emotional awakening"	Unlocking love Holding my child in mind Increased emotional sensitivity Daughter as an emotional awakening Child as opening my emotional self Preciousness, fragility of my child The vulnerability of my child: transformatory Keeping intolerable feelings in check

	2.3 A vicarious childhood	Restoring my personality; restoring me Prioritising play with my son Re-experiencing joy, childhood innocence A second chance of growing up: hurt child to adult self Re-experiencing joy is healing Re-discovering fun The importance of having fun, enjoying my child
	2.4 Child's love as validation	Being acceptable in my children's eyes The value of being needed by my son Validation from own children Experiencing true unconditional love Finding safety in my daughter The father identity: validates me as a person Re-appreciating and valuing my self
3. Fatherhood as opportunity: "What happened to me drives me to be a better Dad"	*3.1 Child as motivation: breaking point to turning point*	Choosing to live, choosing to fight Fatherhood: Stepping up to a challenge Fatherhood: the promise of a new identity Fatherhood saved me: dedicated, committed to improving as a father Daughter as saviour Belief in a happy ending Daughter as motivation to keep going in recovery Striving to achieve a perfect family
	3.2 Turning painful experiences to good	Parenting: giving what I never had Fathering differently: Determination for better for my child Importance of children fulfilling a positive legacy Being present and prioritising my children A parenting blueprint: being the parent I needed Growth through ensuring she is different to me Parenting better because of my recovery; sharing wisdom Doing the opposite of my parents is my strength Importance of being the good role model: equipping my son
	3.3 A new family legacy: liberation from my past	Repairing the legacy by ending the cascade of suffering Reaching an acceptance of my past Making sense of own parenting legacy as healing Stopping the legacy of suffering: creating new rules Forgiveness as the last stage of growth Fatherhood as a seismic shift in priorities Fatherhood as opportunity for normal Healing through parenting – finding forgiveness Parenting as a team, learning together

4. Fatherhood as self-realisation: "You have to be true to yourself, you really do"	*4.1 Reclaiming the self from the CSA: constructing a new identity*	Realising the 'real me' Fulfilling the 'ideal Dad' identity "Thriving" not just surviving Constructing my own gender identity Grandad: a new opportunity, a new role Fatherhood as a re-birth Opening up to CSA as healing from CSA Re-establishing a new, strong identity: realising my fighting spirit Striving to be 'perfect Dad' Connecting with CSA keeps me recovered: prized self-awareness
	4.2 Finding meaning through my child	Distancing the self from the past Self-realisation Healing the self through fatherhood Fatherhood made me feel whole, complete Daughter as my missing puzzle piece, reason for living Fatherhood given meaning to life Being a Dad is part of my growth
	4.3 Learning to parent the self	Still fighting, still flawed but that's ok New coping behaviours Reaching an acceptance of problems Taking pride in the small things Opening up to my inner child and vulnerability Managing CSA: "niggling away" Becoming "Wolverine": reconnecting with my inner child Re-parenting the self – instilling confidence and self-belief Balancing self-care and family's needs The ongoing work of staying strong Caring for the self is caring for my child; motivation to be a better person
	4.4 A father figure to others	Finding purpose in saving others: putting right that path The importance of good male role models Healing through helping others The importance of being looked up to Survivor network: belongingness and strength Opening up publically as growth Desire to help others Self as an 'experienced' survivor Helping others is my survival