## Abstract

Research has documented wide ranging psychological impacts of childhood sexual abuse (CSA) for male survivors, but their experience of relationships is understudied. This qualitative review aimed to synthesise the qualitative literature concerning the experience of partner relationships for male CSA survivors. Electronic searches were conducted across PsycINFO, CINAHL and PubMed, complemented by hand searches of references. Searches were limited to English language peer-reviewed studies. Studies were included if they sampled adult male CSA survivors and reported qualitative data on their experience of partner relationships. Sixteen studies met the review criteria. Articles were quality appraised using the Critical Appraisal Skills Programme qualitative checklist (2018) and narrative synthesis derived five themes: ‘Sexual orientation confusion’, ‘Sexual intimacy difficulties’, ‘The barrier of emotional intimacy’; ‘Navigating agency’ and ‘Healing and growth through love’. Key findings were male CSA survivors can face considerable barriers to relational intimacy, however, romantic relationships also offer a space to heal and experience post-traumatic growth (PTG). Clinicians should be aware of the diffuse impacts CSA can have upon male survivors’ intimate relationships. Helping survivors and their partners build a safe space in which to process CSA, re-assert agency and relational boundaries, and express love and validation can support survivors towards PTG.

## Introduction

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 estimate precise prevalence (Jeong & Cha, 2019). Research has typically focused on documenting the adverse psychosocial impacts of this abuse, finding correlations between CSA and a range of mental health problems (Chen & Gueta 2016), substance misuse (Chen et al., 2020), marital dissatisfaction and separation (Whisman, 2006; Dube et al., 2005) and offending (Ogloff et al., 2012). While this has improved our knowledge of the wide-ranging consequences of CSA, how clinicians can meet the unique needs of survivors at an individual level is less clear.

Indeed, there is a dearth of person-centred literature concerning the lived experiences of male CSA survivors (Lyons & Romano, 2019), especially regarding their personal relationships (Meyer et al., 2017). This is surprising given that CSA is differentiated from other traumas for being inherently relationally based; as CSA centres around violating physical and emotional boundaries of trust and intimacy, it is reasonable to theorise subsequent adult relationships will be impacted (Talmon & Ginzburg, 2018). This hypothesis is supported by extant research showing male and female survivors report difficulties trusting others, can feel fear when relating to others, and often feel unworthy of love (McElvaney, 2019; O’Leary et al., 2017).

For male survivors who do achieve partner relationships, existing research into their relational experiences has typically focused on sexual difficulties disclosed in therapeutic settings (Alaggia & Mishna, 2014; Feiring et al., 2009). Sexual orientation confusion can be experienced as survivors assume their physiological responses to the abuse suggests an attraction to the perpetrator’s gender (Durham 2003). Similarly, conflicted emotions experienced by the child during abusive acts can cause sexual dysfunction and distress 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 are also reported and conceptualised as the result of survivors struggling to balance intimacy and autonomy (Meyer et al., 2017) or searching for partners to heal a sense of self-loathing (Træen & Sørensen, 2008). This is often labelled ‘sexual dysfunction’ however such difficulties can be understood as an externalisation of painful emotions or self-protective strategies to seek or avoid attachment with others (Meyer et al., 2017). Such findings are helpful for working with survivors seeking support for sexual difficulties, however, less is known about the wider relational impacts they may face, as well as experiences of positive personal change and healing through relationships.

Attachment theory posits the next most important relationship after parent-child is between romantic partners, where the strongest emotions arise and have most influence (Walker et al., 2009). In this relationship, unresolved negative self-beliefs, assumptions about trustworthiness, and unhelpful beliefs about emotional expression can surface, creating distress for survivors and their partners. Conversely, this relationship may also offer a “corrective” attachment experience where survivors feel nurtured and their needs met, healing some of the damage of their trauma (Alaggia & Mishna, 2014). This hypothesis has been supported by research on the disclosure experiences of CSA survivors which found partners who respond positively and challenge survivors’ negative self-beliefs help survivors construct a more positive self-concept and process and move on from their abuse (Easton et al., 2013). The experience of processing and overcoming abuse, as well as achieving satisfying romantic relationships can be explained by post-traumatic growth (PTG) theory. PTG refers to the transformative, positive psychological changes individuals experience following the struggle with highly challenging events (Tedeschi & Calhoun, 2004). Improved relationships with others is one of five key domains of PTG, with individuals reporting closer, warmer and more meaningful interpersonal relationships following their survival of trauma (Tedeschi & Calhoun, 2004). The theory also suggests establishing secure relationships can enable PTG, as significant others offer alternative perspectives for the survivor to use in the cognitive processing of their trauma and subsequent schema change. Several quantitative and qualitative studies suggest almost half of female CSA survivors experience PTG (Dagan & Yager, 2019) and one qualitative study has highlighted how a partner’s validation and love directly contributed to women’s PTG by helping them re-frame negative self-beliefs and reduce feelings of blame and shame (Hartley et al., 2016). Despite such findings, male CSA survivor research has typically focused on the adverse social and relational impacts 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 highlights increasing recognition of the diverse impacts CSA can have on men’s interpersonal functioning, but also the potential for healing and PTG through partner relationships. To date, there has been no systematic review of research exploring male survivors’ experiences and perceptions of partner relationships.

### The Current Study

This review sought to identify, appraise and integrate extant qualitative literature to answer the following research question: What experiences do male CSA survivors report in their partner relationships? The research purpose was to better understand the specific needs of these men and their partners, provide insight into recovery and growth, and inform support services and intervention. An expert by experience was one of three supervisors comprising the research team and they consulted on all stages of the review process.

## 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 the reference lists of included and relevant articles were also completed. Initial scoping searches using terms associated with “partner relationship” yielded limited results. A librarian with expertise in scientific librarianship was consulted and a broader search strategy was developed to remove “partner relationships” and include terms for “adult male survivors” (precise terms used: men OR man OR male\* OR masculin\* OR "male surviv\*" OR "male victim\*"), “childhood sexual abuse” (precise terms used: (child\* OR juven\* OR infan\*) AND ("sex\* abuse" OR "sex\* abused" OR rape OR incest OR CSA)) and “lived experience” (precise terms used: experien\* OR narrative\* OR account\* OR them\* OR qualitative\*). This broader strategy identified literature concerning the lived experience of male CSA survivors with relevant data about partner relationships ‘hidden’ within the results, in line with recommendations by Cherry et al. (2017). Searches were limited to peer-reviewed articles in the English language.

### Screening and Eligibility

The screening and selection phase occurred in two phases. In phase 1 the inclusion criteria for the review were: i) empirical research articles, with ii) a sample including adult (over 18 years) male survivors of CSA, which iii) reported on their lived experience of partner relationships, iv) corroborated by male survivor quotes. In phase 1, titles and abstracts of articles were screened according to these criteria; all records which appeared relevant were obtained for a full text review 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 further detail of the screening process and inclusion and exclusion criteria.

### Data Extraction

Key study characteristics were extracted from the included studies using a researcher-developed data extraction tool (see Table 1). During 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 et al., 2013; Crete & Singh, 2015; Deering & Mellor, 2011; Denov, 2004; MacIntosh et al., 2016), only data clearly representing a male survivor experience (i.e. using male survivor quotes) was extracted.

### Quality Appraisal

The Critical Appraisal Skills Programme (CASP; 2018) checklist for qualitative literature was used to assess the rigor and methodological issues of included articles. Overall quality ratings were calculated for each article by summating the ten CASP item scores (whereby 1= item met, 0.5 = item partially met/unclear and 0 = item not met (based on Butler et al., 2016)), classifying articles as ‘high’: 9-10, ‘moderate’: 7.5-8.5 or ‘low’: <7 quality. An independent reviewer appraised 25% of the articles and returned a 96% agreement rate, with this discrepancy discussed and final scores agreed. In line with Siddaway et al.’s (2019) recommendations for qualitative reviews with an integrative (as opposed to interpretative) aim, studies were not excluded based on quality assessment as this can risk discounting important findings. Instead, consideration is given to the quality of each study contributing to the review within the discussion section.

### Data Synthesis

Given the variety of methodologies and foci of the included studies, narrative synthesis, following Popay and colleagues (2006) guidelines, was used to synthesise the data as it is recommended for integrating heterogeneous literature (Siddaway et al., 2019). In the first stage of data synthesis, common topics across the data were noted. These topics were then organized into themes, and the data was colour-coded by hand according to each theme, for example “difficulties with trust”. Data was re-synthesised for convergence and divergence of themes, identifying patterns across the data, for example, “difficulties with trust” vs “learning to trust”. In the final stage, similar and interconnected themes were grouped and reorganised, for example “difficulties with trust” was connected to “fear of vulnerability” and both were arranged under the theme “the barrier of emotional intimacy”. In total, five themes were identified to describe the collective findings of the included articles on the experience of partner relationships (see Table 2 for prevalence of each theme across the articles).

## Results

### Database searches returned 1,736 records and a further 8 papers were identified through hand searching. 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, with a total sample size of 743 male CSA survivors, were included in the final review. In two cases, the same dataset was used to publish two separate studies, yet and all four of these papers were included in the review as each detailed novel outcomes (Easton et al., 2015, 2019; Kia-Keating et al., 2005, 2010).

### [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 of 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 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 et al., 2008), ethnic background differences (Payne et al., 2014), Icelandic men (Sigurdardottir et al., 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).

The vast majority of studies were conducted in the USA (Arreola et al., 2013; Crete & Singh, 2015; Easton et al., 2015, 2019; Gilgun & Reiser, 1990; Isely et al., 2008; Kia-Keating et al., 2005, 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 one 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, 2019; Gill & Tutty, 1999; Isely et al., 2008; MacIntosh et al., 2016; Sigurdardottir et al., 2012) with four cases of recruiting from the community (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, 2010) and one not stating the setting (Gilgun & Reiser, 1990). Seven research groups used data that was collected as part of a wider study (Alaggia & Millington, 2008; Denov, 2004; Easton et al., 2015, 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 participants were aged between 21 and 84. Participants’ ethnic background was detailed in ten studies (Alaggia & Millington, 2008; Arreola et al., 2013; Crete & Singh, 2015; Denov, 2004; Easton et al 2015, 2019; Kia-Keating et al., 2005, 2010; Lisak 1994; Payne et al., 2014), however, this could not be differentiated between males and females in Denov’s (2004) research, and was incomplete in Easton et al. (2015 and 2019). In the seven papers which had ethnicity fully documented, 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). Participants’ sexual orientation was included in six studies (Alaggia & Millington, 2008; Arreola et al., 2013; Crete & Singh, 2015; Gilgun & Reiser, 1990; Gill & Tutty, 1999; Kia-Keating et al., 2005, 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 including being in stable/cohabiting relationships, having sexual partner(s), being divorced/separated and being single.

Face-to-face interviews were used to collect data in 12 of the 16 studies (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, 2010; Lisak, 1994; Payne et al., 2014; Sigurdardottir et al., 2012). Of the remaining four studies, MacIntosh et al. (2016) used phone interview, Deering and Mellor (2011) utilized a postal survey, and Easton and colleagues (2015, 2019) drew upon online surveys to collect data. All authors used qualitative designs and varied methods were drawn upon to analyse data, including six uses of content analysis (Easton et al., 2015, 2019; Gilgun & Reiser, 1990; Gill & Tutty, 1999; Lisak, 1994; Payne et al., 2014), four uses of thematic analysis (Arreola et al., 2013; Denov, 2004; Isely et al., 2008; MacIntosh et al., 2016), three uses of phenomenological analysis (Alaggia & Millington, 2008; Crete & Singh, 2015; Sigurdardottir et al., 2012) and two uses of grounded theory (Kia-Keating et al., 2005, 2010). Deering and Mellor (2011) did not explicitly state their method of data analysis but their description is suggestive of thematic analysis.

### [Table 1: Study characteristics and key themes relating to partner relationship experiences].

### [Table 2: Prevalence of each theme across included articles]

### Quality Appraisal

Full results of the quality appraisal of all records are reported in Table 3. Overall strengths of the studies were that most authors had a clearly justified choice of methodology, design and recruitment strategy, in line with the research aims. All researchers 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 determined (Alaggia & Millington, 2008; Arreola et al., 2013; Crete & Singh, 2015; Easton et al., 2015, 2019; Kia-Keating et al., 2005, 2010; Lisak, 1994; MacIntosh et al., 2016; Payne et al., 2014;., Sigurdardottir et al., 2012). The most common methodological weaknesses were insufficient detail given to consideration of researcher bias, omitted by ten authors (Arreola et al., 2013; Deering & Mellor, 2011; Denov, 2004; Easton et al., 2015, 2019; Gilgun & Reiser, 1990; Gill & Tutty, 1999; Isely et al., 2008; Kia-Keating et al., 2010; Payne et al., 2014) and brief descriptions of researchers’ ethical considerations in nine studies (Alaggia & Millington, 2008; Crete & Singh, 2015; Easton et al., 2015, 2019; Gilgun & Reiser, 1990; Gill & Tutty, 1999; Isely et al., 2008; Kia-Keating et al., 2005, 2010). In such papers, authors would typically include some consideration of ethics, for example, that ethical approval had been granted by an appropriate body, however, would not provide full details of all steps taken to maintain standards for their participants. Long et al. (2020) emphasize that absence of such details does not automatically indicate poor quality, reminding readers of the content limitations placed on qualitative authors due to publication requirements. It was agreed that the studies with brief discussion of ethical considerations would be included in this review because quality appraisal highlighted additional strengths, including other aspects of the methodology and provision of important findings, and because absence of detail regarding ethical considerations in the paper could be due to publication factors, and does not equate to absence of such practices in the research itself.

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

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

### 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 commonly reported in partner relationships. The fourth and fifth themes, ‘Navigating agency’ and ‘Healing and growth through love’, detail how men overcame some of these difficulties and experienced positive growth through a positive and fulfilling relationship with their partners.

#### Sexual Orientation Confusion.

A key finding described in nine studies was that CSA led men to experience confusion and distress around their sexual orientation in 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 adolescence and early adulthood (Alaggia & Millington, 2008; Arreola et al., 2013; Crete & Singh, 2015; Gilgun & Reiser, 1990; Lisak, 1994). At the other end of the spectrum, in five studies (Alaggia & Millington, 2008; Easton et al., 2019; Gilgun & Reiser, 1990; Isely et al., 2008; Payne et al., 2014) survivors’ orientation confusion was reported as a lifelong battle causing suicidal ideation (Gilgun & Reiser, 1990), hateful self-beliefs (Alaggia & Millington, 2008; Gilgun & Reiser, 1990; Isely et al., 2008) and 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 fears the abuse “made them” gay, leading to anxiety and fear their sexual identity was inauthentic (Easton et al., 2019; Payne et al., 2014). Researchers described how internalised homophobia caused some gay survivors to face a double burden of shame, due to both their sexuality, and their CSA (Arreola et al., 2013; Gilgun & Reiser, 1990; Isely et al., 2008; Kia-Keating et al., 2005).

Two studies (Alaggia & Millington, 2008; Gilgun & Reiser, 1990) included men who reported no sexual orientation doubts, however, these individuals were in the minority within each study. Only Payne and colleagues (2014) reported on the relationship between sexuality and ethnicity, finding double the number of statements regarding sexual orientation confusion made by Latino (42%) and Black survivors (39%) compared to White (19%), however, reasons for this discrepancy were not explored by the authors.

#### 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 in 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, 2010; Lisak, 1994; MacIntosh et al., 2016; Payne et al., 2014; Sigurdardottir et al., 2012).

Survivors most commonly described a lack of enjoyment and a range of distressing psychological and physiological experiences during sex, including panic, anxiety and CSA flashbacks (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 commonly referenced in relation to sexual intimacy, causing and perpetuating men’s difficulties. Some survivors found sexual 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 CSA (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 punishment: *“the minute I ejaculate then I feel I should be killed”* (Lisak, 1994, p. 544). Survivors across five studies (Easton et al., 2019; Gilgun & Reiser, 1990; Kia-Keating et al., 2005; Sigurdardottir et al., 2012; Lisak, 1994) discussed how they 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 from suppressing their own needs and pleasure in favour of their partners’ or from being entirely focused on the sexual side of partnerships.

Internalised shame and psychological and physical difficulties during sex led men to report 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) and developing avoidance strategies such as different bedtimes or dissociating during sex (Gill & Tutty, 1999). Some participants avoided romantic relationships for long periods of time (Gill & Tutty, 1999; Kia-Keating et al., 2005; Lisak, 1994) or maintained total celibacy (Deering & Mellor, 2011; Easton et al., 2019). When men did engage in sexual intimacy with partners, they commonly reported this lacked emotional connection, emphasising their ability to have sex but not “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 discussed a hyper-sexuality or many sexual partners (Alaggia & Millington, 2008; Gill & Tutty, 1999; Isely et al., 2008; Kia-Keating et al., 2005) and this was largely experienced as an unwanted drive or addiction with destructive effects, rather than an autonomous life choice (Easton et al., 2019). Authors cited casual sex as a strategy to avoid emotional intimacy (Gill & Tutty, 1999), a search for connection and intimacy (Arreola et al., 2013) and a demonstration of “manhood” (Payne et al., 2014). Four studies included men who overcame sexual difficulties and reported fulfilling sex lives (Gilgun & Reiser, 1990; Crete & Singh, 2015; Kia-Keating et al., 2005, 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., 2015, 2019; Gill & Tutty, 1999; Isely et al., 2008; Kia-Keating et al., 2005, 2010; Lisak, 1994; MacIntosh et al., 2016; Payne et al., 2014; Sigurdardottir et al., 2012) was the difficulties participants reported in achieving emotional intimacy and trust with their partners.

For many men, emotional intimacy was perceived as threatening, linked to a strong sense of mistrust towards others, fear of vulnerability and desire for self-protection (Crete & Singh, 2015; Deering & Mellor, 2011; Denov, 2004; Isely et al., 2008; Kia-Keating et al. 2005, 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 due to a need for self-protection, but also their self-beliefs as “*unloveable”* or *“damaged goods”* (Isely et al., 2008; Lisak, 1994; MacIntosh et al., 2016; Sigurdardottir et al., 2012) which made them withdraw, fearing their partners’ rejection (Crete & Singh, 2015; Gill & Tutty, 1999; Isely et al., 2008; Kia-Keating et al., 2005, 2010; Payne et al., 2014; Sigurdardottir et al., 2012). As such, survivors described detachment from their feelings (Crete & Singh, 2015; Easton et al., 2015, 2019; Isely et al., 2008; Kia-Keating et al., 2005; Sigurdardottir et al., 2012), with some struggling to manage strong emotions and acting with violence or anger towards their partners (Deering & Mellor, 2011; Gill & Tutty, 1999; Kia-Keating et al., 2005, 2010). This response may be partly understood by the fact some men described a lack of role models for appropriate emotional intimacy or stable caregiving in childhood (Crete & Singh, 2015; Isely et al., 2008; Kia-Keating et al., 2005, 2010).

A further tension described by survivors in five studies was concern around disclosing their CSA to partners (Alaggia & Millington, 2008; Crete & Singh, 2015; MacIntosh et al., 2016; Payne et al., 2014; Sigurdardottir et al., 2012). This caused a sense of insecurity as men felt they were lying or hiding something from partners, but also feared their judgement (Crete & Singh, 2015; MacIntosh et al., 2016; Payne et al., 2014). This feeling of insecurity led some men to end relationships prematurely in order to avoid it (Alaggia & Millington, 2008).

Despite these difficulties, survivors described a yearning for emotional connection and intimacy 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, 2010), men reported therapy helped them learn to trust, challenge their shame, and open up to new emotions and ways of relating. However, some survivors could not overcome this hurdle and continued to avoid 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 reported in eleven studies (Alaggia & Millington, 2008; Arreola et al., 2013; Crete & Singh, 2015; Easton et al., 2015, 2019; Gill & Tutty, 1999; Isely et al., 2008; Kia-Keating et al., 2005, 2010; Lisak, 1994; Sigurdardottir et al., 2012) concerned the way survivors navigated their role and agency in relationships. This was experienced by men as a difficulty, but also as a crucial aspect of their healing and growth from CSA.

Many participants faced difficulties asserting themselves in relationships. Survivors in five studies described behaving in a controlling, dominant or abusive way 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 find their identity, as one participant 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), survivors described how their problems asserting boundaries, and low self-worth, led them into dysfunctional or abusive relationships with strong or controlling partners which mirrored their CSA experiences. Alongside such difficulties, men 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) did describe how they overcame these relational barriers which became an important part of their healing and personal growth. Some participants described finding a sense of agency when their partner issued an “ultimatum*”*, often in response to survivors’ unhelpful coping strategies, but which gave the survivors the encouragement and strength to begin to open up to their difficulties and start the work of healing, which often included entering therapy (Easton et al., 2019; Easton et al., 2015; Kia-Keating et al., 2005; Kia-Keating et al., 2010). Individual therapy helped survivors develop an authentic sense of self and agency (Arreola et al., 2013; Easton et al., 2019; Gilgun & Reiser, 1990; Isely et al., 2008), whilst couple therapy was helped men solve 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 and embrace some of their stereotypically *“non-masculine”* characteristics such as being caring and nurturing with their partner (Crete & Singh, 2015; Kia-Keating et al., 2005). Through embracing their own masculine identity, men felt more confident in establishing and communicating their personal needs and boundaries (both sexual and non-sexual) with their partners, resulting in more satisfying and fulfilling relationships (Crete & Singh, 2015; Kia-Keating et al., 2005, 2010) 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, participants in 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, 2010; MacIntosh et al., 2016) described experiences of positive personal growth through their partner relationships.

A partner who was caring, loving and cultivated a felt sense of safety in the relationship was highly valued by survivors, reported by some as “life changing” (Kia-Keating et al., 2005). Kia-Keating and colleagues (2010, p.674) described the *“profound appreciation”* men felt for their partners’ unconditional love and acts of kindness because this fulfilled their childhood unmet needs, 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.”*. Safety and care modelled by partners helped survivors to *“learn”* how to love, access vulnerability, and connect with their emotions (Crete & Singh, 2015; Kia-Keating et al., 2005, 2010). Partner relationships also provided a sense-making space to recognise the impacts of their abuse as they reflected on their behaviour in the relationship and started to understand how it was connected to their CSA (Easton et al., 2015). Kia-Keating et al. (2010) uniquely described some participants with partners who were also CSA survivors and the deep connection they reported to feel with their *“true partners”* because of this shared experience.

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), a finding discussed 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”* of disclosing their CSA received positive responses from partners which were transformative, helping men start the process of questioning their shame, self-blame and self-loathing (Crete & Singh, 2015; Easton et al., 2015; MacIntosh et al., 2016). Seeing themselves through their partner’s eyes helped to heal low self-worth, as described by one participant: *“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 reported feeling free to be their *“true self”* within their relationship (Crete & Singh, 2015; Easton et al., 2015), and committed 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 research teams found 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, 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 is the first qualitative review to our knowledge to explore the experience of partner relationships for male CSA survivors. The studies reviewed included heterogeneity in topics explored, experiences captured and relationship statuses of participants, yet despite this, relative consistency of themes across articles was found. This review offers insight into some of the common difficulties and barriers male survivors reported in establishing and maintaining partner relationships, as well as factors which enabled them to overcome these difficulties and achieve growth through their relationships.

Common difficulties included confusion and distress around sexual orientation, with 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 self-stigma for men to overcome, supporting O’Leary and colleagues’ (2017) finding that cultural 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 emphasising the body as a key site for remembering abusive acts (Van der Kolk, 2015), with close interpersonal interactions activating memories of invasion, inducing a sense of threat far greater than cognitive reminders (Talmon & Ginzburg, 2018).

Linked to sexual intimacy were the problems men faced with emotional intimacy and trust, supporting quantitative evidence that male and female survivors are more likely to develop an insecure attachment style and have difficulty trusting their partner will be accepting and available to meet their needs (Meyer et al., 2017; Dagan & Yager, 2019). There was also clear evidence suggesting internalised shame and blame are key processes leading survivors to isolate themselves in order to hide their *“secret”* (Dorahy & Clearwater, 2012). Masculine norms of emotional control and self-reliance enabled 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 has been recognised as a vital part of survivors’ healing in therapeutic settings (Dagan & Yager, 2019; Llewellyn-Beardsley et al., 2019) and this review highlights how intimate relationships can also offer an important, accessible, and safe alternative space for this process.

Many male survivors were able to develop secure attachment relationships with their partners, which provided the 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 relationships following trauma, particularly how children can be considered in 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.

### Limitations

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

A second limitation was that the majority of researchers (nine studies) recruited participants solely from clinical settings, meaning the findings may be more pertinent to those who are seeking or engaging with support services. The findings may therefore not apply to men who are not help-seeking, for example, those who feel they are coping adequately or have overcome their difficulties, or individuals without access to services.

A third, important limitation relates to diversity; the majority of studies were conducted in North America, only seven papers included full detail of participants’ ethnic backgrounds and just six reported their sexual orientation. The high proportion of studies conducted in North America may be partly explained by excluding non-English language papers in the search strategy, however, this does not explain the failure of researchers to report participants’ full characteristics. This issue 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. Masculinity is conceptualised differently across cultures, with the prioritisation of different gender roles 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.

Lastly, although the majority of included articles were considered high quality, common methodological limitations were that researcher bias and full ethical considerations were not explicitly stated. To minimise such bias and remain true to participants’ own words, this review synthesised first and second order data, however, researcher bias could have impacted the theoretical framework used to discuss the findings. Further research from diverse disciplines and theoretical standpoints would offer a richer understanding of this topic.

Implications

Within therapy, practitioners should seek to include male CSA 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” (Chouliara, Karatzias & Gullone, 2014, p.70) for CSA survivors which considers personal, relational and existential priorities for an individual, rather than a narrow focus on symptom remission.

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 and offering alternative perspectives to trauma-laden beliefs, which in turn, supports new narratives of hope (Chouliara et al., 2014). Unfortunately, partners are often excluded from survivors’ treatment; services should proactively welcome and support partners, whether through direct couple therapy, or providing psychoeducation or support groups open to partners. Such groups could help partners to understand 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 partners of female CSA survivors (e.g. Sims & Garrison, 2014), yet there is no empirical evidence of a similar group for male survivors’ partners. It is important to recognise that many CSA survivors do not disclose their abuse nor seek therapeutic or peer support. Current services would benefit from establishing community-based, collaborative projects to raise awareness of male CSA, access hard-to-reach groups, and promote support available to male survivors and their families.

### Implications for practice

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| * Services should proactively support partners in their work, through direct couple therapy or psychoeducational and/or support groups.
* Psychoeducational support groups offering partners a space to explore the relational impacts of CSA and share experiences should be piloted (see Sims & Garrison, 2014).
* Clinicians must be mindful of their potential to reinforce shame, stigma and masculinity myths when working with male survivors, particularly in enquiring about intimate relationships. Building trust and safety is an essential precursor to therapy.
* The therapy relationship offers a safe space for survivors to identify and reclaim their own needs, boundaries and agency which can then be extended to personal relationships.
* Rather than narrowly focusing on symptom remission, mental health services should strive towards personally meaningful recovery (Chouliara et al., 2014) measuring outcomes in line with survivors’ own personal, relational and existential priorities.
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### Recommendations for Future Research

This review highlights the small size of the current evidence base around the 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.

Personal growth experienced by male survivors in their partner relationships was reported in eight out of the 16 included studies. Further research exploring the experience of PTG and its contributing factors and barriers is required to better understand a process that was documented in half of the studies but absent from the remainder. To achieve this, Easton et al. (2013, p.217) have called for more research on *“what male survivors think and do over time”*, which this review supports. It would be particularly helpful for researchers to explore what survivors who have 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, possibly overlooking other factors such as social, family, and community support (Chouliara et al., 2014). It would therefore be beneficial for further studies to explore meaningful recovery and growth processes for survivors recruited outside 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 providing ‘informal’ support. Partners have been neglected by the literature and it would be helpful to explore their experiences 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 believed to make life “worth living” and their relationship with them was experienced as healing, suggesting the father-child relationship offers another potential avenue for PTG. Motherhood has supported female CSA survivors’ PTG, through expressing and experiencing ‘safe’ love, and building an identity as a mother (Wright et al., 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 similar experience, is highly warranted.

### Implications for research

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| * Further research with male CSA survivors from diverse cultural and ethnic backgrounds would provide insight into wider experiences of partner relationships and sense-making and healing from CSA.
* The knowledge base for PTG and male CSA survivors is small; studies exploring this experience, its contributing factors, and its barriers are needed to illuminate processes of healing and growth from trauma, alongside its devastating consequences.
* Partners are neglected in the literature; research eliciting their experiences, and whether the benefits of PTG extend to them, would help services meet both parties’ needs.
* This review found children were key for some survivors’ healing. Whether the father-child relationship offers another avenue for men to experience PTG requires exploration.
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## 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 offer a space for men to reclaim their agency and identity, establish safe relational boundaries, and experience acceptance and love which all contributed to experiences of 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.

### Critical findings of this review for male survivors of CSA

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| * Sexual orientation confusion is common for straight and gay male survivors, causing considerable distress and sometimes delayed engagement in romantic relationships.
* Male survivors can face difficulties with sexual intimacy, reporting fear, shame, flashbacks and sexual dysfunction during, and after, sexually intimate acts.
* Being emotionally intimate and trusting with partners is a frequently cited challenge.
* Societal homophobia and masculine norms create additional layers of internalised shame and stigma for male survivors to overcome in their intimate relationships.
* A loving, accepting partner can provide a corrective attachment experience, supporting the building of emotional intimacy and trust.
* Partnerships can foster a sense of belonging, counteracting men’s feelings of shame.
* Partners may provide male survivors with alternative narratives to help them process their abuse, develop a coherent sense of agency, and redefine their identity.
* Male survivors could experience post-traumatic growth through their partner relationships; this was manifested as re-processing their trauma, gaining a sense of personal strength, and achieving more meaning and satisfaction in their relationship.
* Having children is reported by some male CSA survivors to be a significant and powerful force in their experiences of healing and personal growth.
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