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Coping strategies of men who have been sexually abused in childhood

A qualitative metasynthesis

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“Whereas mankind owes to the child the best it has to give”

Declaration of the rights of the child

20 November 1989

ABSTRACT

Estimates on the prevalence of childhood sexual abuse on boys vary from 8% to 35% globally. These figures are known to be well below the actual numbers that are believed to be much higher than those found in official data. Most cases of childhood sexual abuse are never reported, boys are less likely to report sexual abuse and if they ever do, they do so up to 10-20 years later than girls with similar experiences. This metasynthesis adds to the scarce qualitative literature on coping of male victims. It brings together the types of coping strategies men with histories of childhood sexual abuse use and allows for deeper understanding on how men cope with childhood sexual abuse.

Aim: To explore coping strategies used by men who have been affected by childhood sexual abuse

Method: A qualitative metasynthesis

Findings: Men affected by childhood sexual abuse reported the use of several coping strategies throughout their lives. These coping strategies were adapted to changes in their social environment. Meaningful inter-personal relationships were found to influence which coping strategies victims would resort to. Not all men felt affected by their experiences of childhood sexual abuse and some reject to be labelled as victims, while others felt empowered by the recognition of their victimhood.

Conclusion: Men reported using similar coping strategies in different settings, but with different outcomes. Social support and social awareness about male victimisation were found to affect coping strategies used by men who have been affected by childhood sexual abuse.

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LIST OF ABBREVIATIONS

CAQDAS = Computer-assisted qualitative data analysis software package

CASP = Critical appraisal skills programme

CSA = Childhood sexual abuse

HIV = Human immunodeficiency virus

PRISMA = Preferred reporting items for systematic reviews and meta-analyses (healthcare)

PTSD = Post traumatic stress disorder

WHO = World health organisation

INTRODUCTION AND BACKGROUD

In light of recent high-profile cases of celebrities and priests being accused of molesting young boys*, there's growing awareness of boys being victims of sexual abuse. Research has long focused on female victims of childhood sexual abuse (CSA) ^(1,2). Leaving the academic and general social awareness on the plight of male victims unheard. Recently studies have stated that the portion of male victims of CSA is higher than previously estimated (previous estimates place CSA on boys between 11% and 30% globally) ⁽¹⁻⁶⁾. Childhood sexual abuse is particularly traumatic for a child as the perpetrator is generally in a position of trust and authority. The breach of that trust can have lifelong consequences that manifest in various adaptive mechanisms that are referred as coping strategies ⁽⁷⁾. Comparative studies have shown that male victims of CSA have higher prevalence of psychological diagnosis, sexually transmitted diseases, substance abuse and criminal behaviour than their male counter parts with no histories of CSA ⁽⁷⁻¹⁰⁾. These high prevalence in victims of CSA can be explained through different coping strategies adopted by them. The coping strategies used by victims determine their later adjustment and functioning in life ⁽¹¹⁾. As coping from CSA is a lifelong process that affects most areas of victims lives ^(2,12,13) it is important to increase understanding of coping to allow healthcare professionals identify and offer assistance and support for these victims to best manage their trauma. Through an increased understanding and recognition of different coping strategies clinicians can identify victims at an earlier stage and help them resort to more constructive coping strategies. Hence understanding coping of male victims with histories of CSA is of utmost importance for the development of efficient policies and clinical practices to identify and offer support to these victims. Changing the general attitudes towards male victimisation through knowledge can allow for a supportive atmosphere that would encourage these men to seek help earlier in their lives.

This qualitative metasynthesis aims to fill a research gap in qualitative data focusing on men that have been affected by CSA. Due to the sensitive nature of the topic as well as the stigma and many barriers facing male victims to denounce the abuse and further participate in personal in-depth qualitative interviews, it is not surprising that the small amount of qualitative literature

* The documentary "leaving neverland" which gave accounts of men revealing accusations of sexual abuse by Michael Jackson, and scandals revolving around sexual abuse of boys within the Catholic church.

discussing coping of CSA generally consists of a small number of participants. Research on male coping from CSA has generally focused on specific aspects of coping ^(8,14). Very few studies have discussed coping from CSA in broader terms exploring different coping strategies used by male victims. To the knowledge of the author no qualitative synthesis of these studies has been done prior to this project. Therefore, this qualitative metasynthesis aims to answer the question “*what are the coping strategies used by men affected by childhood sexual abuse?*”

Global prevalence of childhood sexual abuse

Childhood sexual abuse is known to be a global problem affecting both boys and girls from all socioeconomic- ethnic and cultural backgrounds ^(12,15,16). Estimates on the prevalence of CSA typically relies on official country data that we know to be much below the actual numbers due to the many barriers to reporting that victims face ^(4,15–17). The lack of general awareness (a type of societal concealment) about CSA contributes to the difficulties children have in coming forward to denounce the abuse. The feminist movement’s advocacy has created much awareness related to girl’s sexual victimization that has led to increased reporting of CSA amongst girls and women. However, boys have not benefitted from the same support in regards to social awareness of CSA, which still contributes to their tendencies to conceal or completely fail to report abuse ^(17,18). Given these points, there is still much left to be done to advocate for the plight of the male victims of CSA.

Studies concentrating on low or middle-income countries report prevalence of CSA on boys to be higher in the African continent compared to others ^(4,17). These same studies suggest that this might be explained by collectivist cultures in Asia that see the needs of a group/family to precede the needs of an individual ^(4,17). Studies also found differences in CSA prevalence on boys between ethnic groups in high income countries, which can also be explained by cultural context and the status of the “strong male” that these cultures maintain ^(4,17). In addition to this, studies have found that male victims are less likely to come forward to denounce the abuse than their female counterparts ^(4,13,17). If male victims do ever denounce the abuse they do it approximately 10 years later than girls ⁽⁴⁾. There are also methodological issues around prevalence estimates as the majority of studies have focussed on the female victims leaving a research gap around the male victims of CSA ⁽¹⁵⁾. Studies are unanimous on the fact that the

prevalence of boys affected by CSA is much higher than statistics show. Barriers facing male victims affected by CSA are present in every continent and in all cultures. Much more work is needed to break the stigma facing male victims, hence the need of qualitative studies exploring experiences these victims have faced in order to build models best suited to understand and find solutions to the barriers they face. By understanding men's accounts of coping with experiences of CSA we can better understand which types of policies would instigate higher percentages of disclosure, which can lead to more men receiving the support they need to better cope with their histories of CSA.

History of interventions tackling childhood sexual abuse

Discussion about CSA in U.S.A started approximately in the mid-1970s^(13,19). In U.S.A the first prevention programmes for childhood sexual abuse were put in place in the late 1970s to early 1980s⁽¹⁹⁾. It was not until 1982 that the first model to explain sexual violence of children was developed⁽¹⁸⁾. This model as well as three other published shortly after all aimed to provide information for understanding sexual violence against children irrespective of gender⁽¹⁸⁾. The discussions and research around CSA are often based on the “male perpetrator and female victim” paradigm. It has taken much longer for any research literature to focus on the male victims of CSA^(1,13). Much of the early information concerning male victims have been gathered from incarcerated paedophiles⁽¹³⁾. Meaning that at this time the victims themselves were not found nor heard. It has taken till the late 1990s to early 2000s before the plight of the male victims has been heard⁽¹³⁾. Finally in 2003 a model explaining the dynamics of CSA when the victim is male was introduced⁽¹⁸⁾. As the discussions around male victims of CSA are still recent there is a need for more research and understanding on the topic, to further the plight of the male victim.

In low- and middle-income countries awareness about the prevalence of sexual abuse on girls has gotten increased publicity⁽¹⁶⁾. Much less is known about the sexual violence experienced by boys in these countries. A WHO school based survey in five different African countries found that 23.8% of boys under the age of 14 years had experienced physically forced sex⁽¹⁶⁾. A comparative study on experiences of sexual violence on boys between Haiti, Kenya and Cambodia found alarmingly high percentage of forced sexual experiences on boys under the age of 18 years⁽¹⁶⁾. This study using surveys found that 23.1% of respondents in Haiti had been

victims of CSA. In Kenya the study found that 14.8% of respondents had been victims of CSA and in Cambodia 5.6% of respondents affirmed experiences of CSA. The researchers still believe that these figures are an underestimate of the actual numbers in these countries and believe that actual numbers of victims is higher than presented in their results⁽¹⁶⁾. Many studies affirm that CSA affects one in five to one in six boys globally^(1,13,17,20). The impunity for perpetrators and lack of resources to help victims of CSA in lower income settings might explain such high prevalence^(6,21). However male victims of CSA in higher income settings also face social stigma and a lack of knowledge about resources to seek help from. In conclusion studies have conflicting views on the influence of socioeconomic status on the prevalence of CSA, but differences on coping between cultural contexts even in higher income countries seem to be evident from previous studies^(22–24).

Impact of childhood sexual abuse

The first model on the impact of childhood sexual abuse in 1985 suggested that there are four factors that cause “traumagenic dynamics” namely; betrayal, traumatic sexualization, stigmatization and powerlessness⁽¹⁰⁾. The combination of these four traumas in a child is what is argued to make the trauma of sexual abuse as a child unique compared to any other traumas a child might experience during childhood⁽¹⁰⁾. Victims of CSA experience these four traumagenic dynamics in different ways depending on several factors around how, when for how long and by whom they have experienced the abuse from. However, these traumas can affect the child’s behaviour as he/she grows up even after the abuse has ended. Victims of CSA often feel isolated and this can lead to criminal behaviour of various forms or severe self-destructive behaviours, low self-esteem, risk of contracting HIV and high risk of becoming victims again later in life (revictimization)^(7,10,12). Particularly in the case of male victims stigmatization may lead to overly controlling and aggressive behaviours that can lead to criminalisation^(10,17). Men who have been affected by CSA are also more likely than other men to experience sexually related problems and sexually violent behaviour⁽¹³⁾. Some studies have found differences in the impact of CSA between males and females. This is likely due to the different coping mechanisms adopted by two genders^(12,17). CSA can take many different forms and have several different levels of severity. The duration of the abuse, the age of the victim at the onset of the abuse as well as the level of severity and the role of the perpetrator has in the victims life all influence the level of impact CSA will have on the victim and hence influence the coping strategies used by the victim⁽⁷⁾. There are however some differences between studies

about which factors have the most determining effects on the impact as well as coping of children that have been affected by CSA ^(17,20). The above-mentioned factors are present in the majority of the studies, the discussion has merely been around which precedes the other in impact, but all are agreed to have an effect on the child and his/her coping.

Coping of male victims of childhood sexual abuse

Some studies have found that the onset of CSA on boys tend to be earlier than that of the girls ⁽⁴⁾. However, there is no consensus between studies on an earlier onset of abuse for boys. Several studies do agree that boys experience more penetrative CSA than girls, which adds to the differences in impact of CSA on boys compared to girls ⁽⁷⁾. Specific effects of CSA that relate to boys are shame around masculine identity, extreme anger, guilt, suppression and withdrawal ⁽¹⁷⁾. This inevitably leads to different coping mechanisms between the two genders, which has been established in comparative studies. Females are more likely to cope internally which may lead to mental disorders like suicidal thoughts and other disorders, whereas males tend to externalize their coping which may lead to violent, controlling or criminal behaviours and/or substance abuse ^(7,12,13,17,20). These known differences in coping between the two genders underlies the importance for gender-based studies. Only through in-depth understanding on how males affected by CSA cope with the trauma, can we further improve initiatives in place to help them overcome this trauma.

Coping is a vast term that includes many different aspects of how an individual manages and responds to internal and external demands of a threatening or stressful situation ⁽¹¹⁾. Literature varies greatly in naming different categories of coping as well as how to label coping. Coping is defined as any strategy used by victims as a response to their experiences of CSA ⁽¹¹⁾.

Terminology and definitions of coping

Cognitive coping is also referred to as adaptive coping in some literature. It refers to coping where the victim attempts to change one's perception or conception of a situation by focusing on positive aspects of a situation ⁽¹¹⁾. Some literature addresses this type of coping as "meaning making" ⁽²⁵⁾. Despite various wordings they all refer to the same type of strategies used by

victims in coping with the experience of CSA. This can include seeking social support and other “positive” ways of coping such as meditation, art or advocacy.

Behavioural coping, which refers to the behavioural responses to stress are strategies that include actions that aim to reduce the stress experienced by the victim ⁽¹¹⁾. Behavioural coping are mechanisms by which the victim tries to physically distance himself from the stress by various methods. This strategy is often linked to “unwanted” behaviours such as substance abuse.

Another coping category is approach coping, which is a way for the victim to take direct action to regulate stress, thus attempting to integrate painful material ⁽¹¹⁾. This coping strategy is associated with both positive and negative outcomes, depending on what actions the victims takes to regulate their stress.

Avoidance coping is a strategy that the victims often use to reduce stress, distancing himself from the trauma by preventing negative emotions from becoming overwhelming ⁽¹¹⁾. This is an attempt by the victim to protect himself from a threatening event ⁽¹¹⁾. This is often correlated with more severe psychological outcomes in the long term ^(17,20).

Victims use different coping strategies at different stages in their lives ^(11,20). That is to say that a victim of CSA is likely to use a variety of coping strategies throughout his life adapting to new challenges and situations as he grows and matures.

Studies regarding coping strategies of boys affected by CSA are limited by the fact that the data is usually collected from boys/men who have sought some sort of counselling for their experiences, or are incarcerated for sexually violent crimes ^(4,13,17,20). While we know that many male victims of CSA never denounce the abuse or seek help for the consequences of the abuse data collected on coping mechanisms from those that do, cannot be expected to be representative of the entire spectrum of male victims of CSA. What we do know from comparative studies is that male victims of CSA are up to 10 times more likely to suffer

psychological sequelae including post-traumatic stress disorder (PTSD) than the male population that has not been affected by CSA ⁽¹²⁾. More severe the abuse the more severe the psychological symptoms. Studies conducted in high income countries have found that ethnicity plays a role in care seeking behaviour amongst male victims of CSA with men of colour being less likely to seek help ⁽¹⁷⁾. Other studies however found no ethnic differences in coping amongst adolescent victims of CSA ⁽¹⁵⁾.

In conclusion we know that CSA affects children globally irrespective of gender or origin. Quantitative research on coping of male victims of CSA has largely concentrated on comparing male victims to female victims or to non-victim males of the population. This has contributed to the understanding of how male victims are affected more by psychological as well as physical problems compared to the general population ^(15,17). This however does not provide in depth knowledge on the experiences of these victims and therefore does not provide specific information on how to address these issues with victims. Knowledge on coping strategies used by male victims has been gathered from incarcerated criminals or from victims that have sought some sort of psychological help for their experiences and all acknowledge being victims of CSA ^(13,26). There is a big proportion of victims that do not recognise being abused and therefore are unattainable by health professionals and researchers. This leads to them falling out of the spectrum of initiatives put in place to help victims ⁽²⁶⁾. This is why increased awareness not only amongst the general population, but health professionals alike is crucial to help victims currently out of the scope of health professional to find tools to seek help.

Quantitative studies are often summarised in the form of a literary review or a meta-analysis helping to bring knowledge from studies with primary sources in one place and creating theories and models to help further the cause of these studies ⁽⁴⁾. This leaves a gap in knowledge on how these victims have experienced and coped with the abuse. As CSA is a sensitive topic qualitative studies on victims typically focus on very few cases that they analyse. This is why a metasynthesis by synthesising several studies will contribute to a broader view of the knowledge gathered by individual researchers in the field ⁽²⁷⁾. Therefore, this metasynthesis will go through known qualitative literature exploring coping strategies used by boys/men that have been affected by CSA to synthesize and analyse known strategies that are explored in these

studies This metasynthesis will contribute in filling the research gap in the field and will help to inform future research.

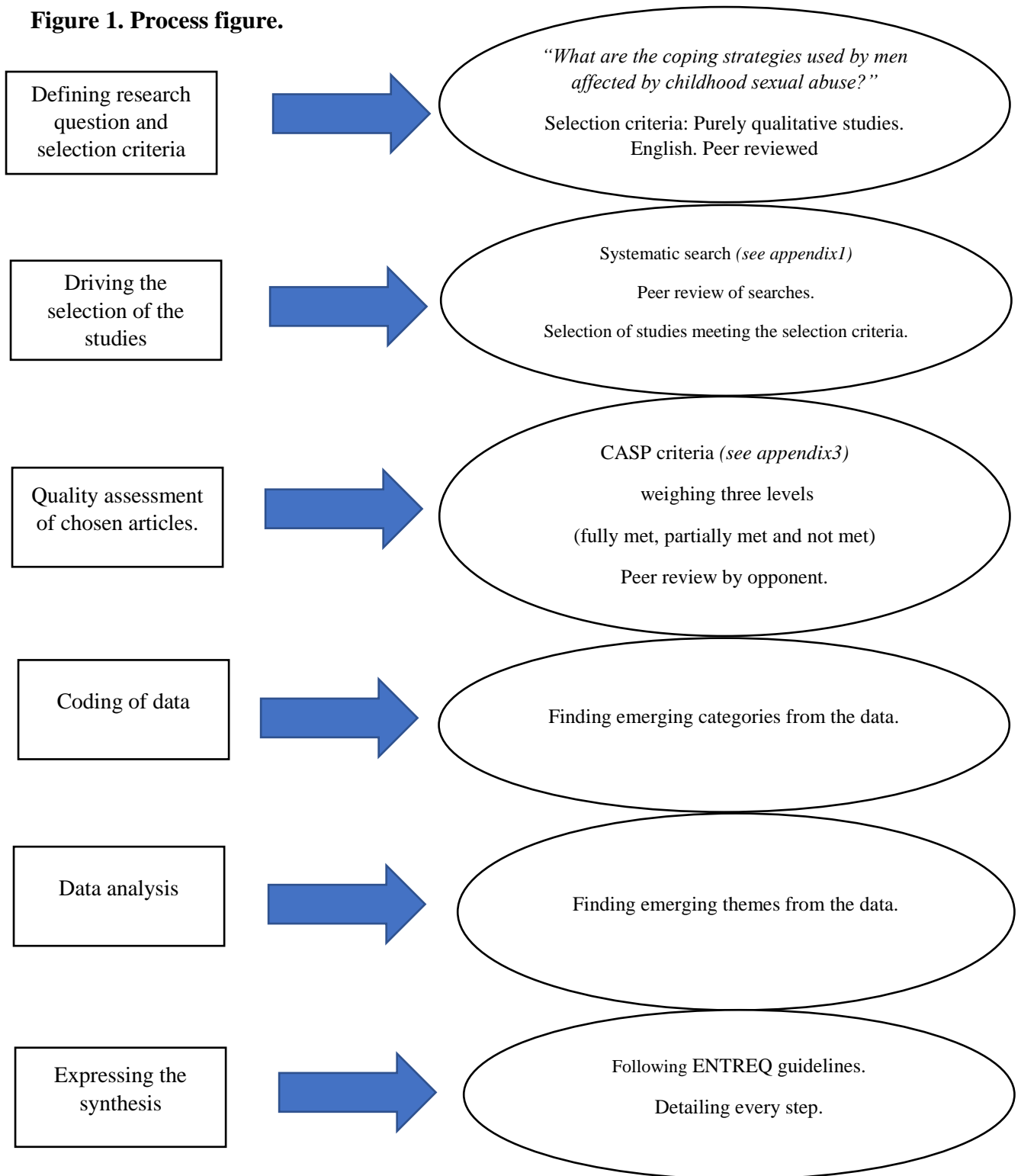
Aim

The aim of this study was to explore coping strategies used by men affected by childhood sexual abuse. This was done by systematically researching known databases for qualitative peer reviewed studies that focus on male victims or make a clear separation between men and women in their results and discussion.

METHOD

This thesis uses qualitative meta-synthesis as its methodology. Qualitative metasynthesis is a method of systematically collecting and integrating findings from qualitative studies ⁽²⁸⁾. It goes beyond systematically finding qualitative studies and reviewing them, it develops an overarching interpretation emerging from the original discussions and results of the data. The aim of this method is to capture the increasing number of qualitative research and to facilitate the transfer of gained knowledge in to improving healthcare ⁽²⁹⁾. There are several ways to approach a meta-synthesis ^(27,28,30). This thesis approached it through a method which is adapted from thematic synthesis ⁽²⁹⁾. Moreover a metasynthesis brings a systematic approach to qualitative work, and offers an additional interpretation and analysis to existing work adding original insight into the field of study ⁽²⁹⁾. The below figure illustrates the steps followed in this metasynthesis ⁽²⁹⁾.

Figure 1. Process figure.



Research question

With this qualitative metasynthesis, the question explored was as follows “*what are the coping strategies used by men who have been affected by childhood sexual abuse?*”. The aim was to find qualitative studies globally to be able to draw a conclusion with a global context. However, despite extensive efforts finding purely qualitative studies addressing coping of male victims of CSA in lower- or middle-income settings none were found. This limits the analysis to higher income settings and is therefore not representative of all victims that might not benefit from the same resources as those included in this metasynthesis.

Systematic search

The systematic search took place between February-March 2019. Two rounds of searches were conducted from five databases (namely; PubMed, Scopus, WebOfScience, ASSIA, Proquest Social Science Premium Collection). Conducting several rounds of searches allowed for refining searches and search terms to yield relevant results as well as ensuring that the maximum of relevant studies were included in the search. This ensured that the searches were systematic and that any studies that might have been missed in the first round were found during the second round. Several rounds of searches also helped in refining search terms and combinations to yield relevant sources ^(31,32). The searches were done together with a peer. This allowed for more reflection while refining search terms and also allowed for discussions that supported the process and selection of data ⁽³²⁾. Comparing searches and consulting a peer on regular basis allowed for more depth of the searches. Before commencing the search, we familiarised ourselves with different databases and their contents. Search terms were refined using the thesaurus embedded in the databases. For PubMed we searched and familiarised ourselves with MESH-terms and on how to use them (*see table 1*). Two separate library sessions were attended to learn the dos and don'ts of systematic searching.

Table 1 MESH -terms

| TERMS | SYNONYMS | MESH TERMS |
|------------------------------|---------------------------------------|---|
| SEXUAL ABUSE | Child abuse (psycinfo) | Sex offences |
| | Physical abuse (psykinfo) | Child abuse, sexual |
| | Sexualisation (psykinfo) | |
| | Sexual intercourse (psykinfo) | |
| | Sexuality (psykinfo) | |
| | Sex offenses (psykinfo) | |
| | Boundary violations (psykinfo) | |
| | Boundary crossing (psykinfo) | |
| | Child sexual abuse (ASSIA) | |
| | Childhood sexual abuse (ASSIA) | |
| | Organised sexual abuse (ASSIA) | |
| | | |
| CHILD | Abused children (ASSIA) | Child |
| | | Adult survivors of child abuse |
| | | Parent-Child Relations |
| | | Child welfare |
| | | Psychology, Child |
| | | Child, Development |
| | | Child behaviour |
| | | Child abuse |
| | | Adult survivors of child adverse events |
| | | Child health |
| | | |
| COPING | Stress and coping measures (psykinfo) | Adaptation, Psychological |
| | Coping behaviour (psykinfo) | |
| | Coping skills (ASSIA) | |
| | Emotional coping (ASSIA) | |
| | Coping style (ASSIA) | |
| | | |
| SEXUAL ABUSE OF CHILD | Sexual aggression (ASSIA) | Child abuse, Sexual |
| | Sexual assault (ASSIA) | |
| | | |
| BOYS | | Male |
| | | Men |

*Search for MESH terms 8.2.2019

Searches were adapted to each database using search blocks as well as Boolean terms (“AND” “OR” “NOT”) for expanding and narrowing searches to yield relevant results. Final searches were peer reviewed (*see appendix 1*). Discrepancies in the search results were discussed and reviewed, and all additional studies were added to the search. Doing the searches in pairs allowed for increased quality of searches and refining methodology.

Inclusion and exclusion criteria

Inclusion criteria were that the articles had to be peer reviewed, published in English, using purely qualitative methods of data collection and focusing on male victims of CSA or that male and female victims were clearly separated in the results and discussion.

Studies that were not purely qualitative (including mixed methods) were excluded as well as studies that did not differentiate between male and female participants and studies that did not clearly discuss coping from CSA. Studies that joined coping from CSA with HIV or cancer were also excluded. The searches followed with the STARLITE[†] principles ⁽²⁹⁾. They are used for conveying the essential information obtained in a literature search for qualitative studies ⁽³³⁾. Results of the STARLITE principles used in the systematic searches for this thesis can be found in *table 2* below.

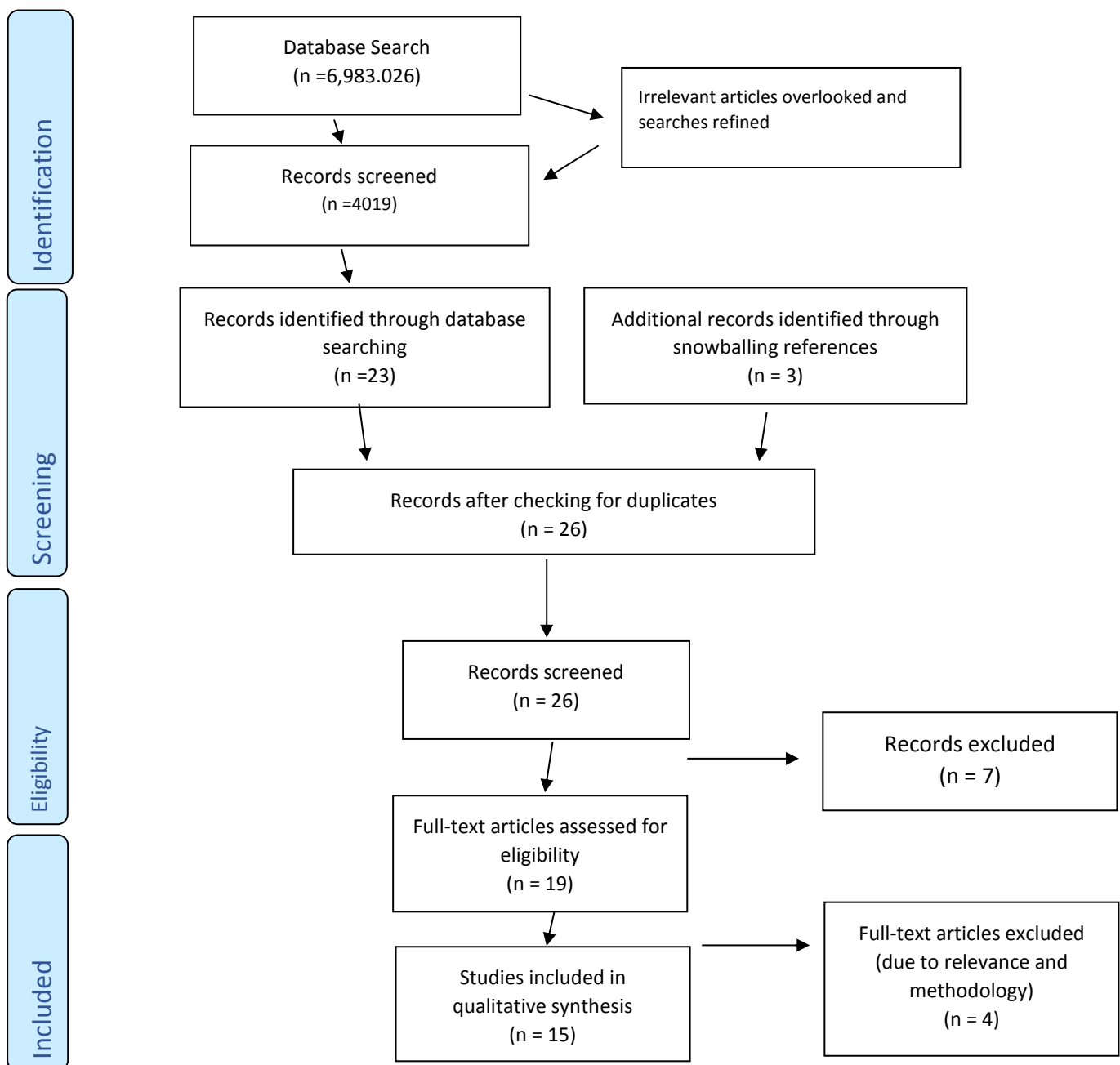
[†] STARLITE stands for sampling strategy, type of study, approaches, range of years, limits, inclusion and exclusions, terms used, electronic sources

Table 2 STARLITE searches

| # | Criteria | Result |
|---|-------------------------|---|
| S | Sampling strategy | Systematic |
| T | Type of study | Peer reviewed, purely qualitative |
| A | Approaches | Electronic and citation snowballing |
| R | Range of years | 1989 – 2016 |
| L | Limits | English, full text available |
| I | Inclusion and Exclusion | <p>Inclusion: Studies focusing on male victims of CSA and any form of coping.</p> <p>Exclusion: Mixed method, full text not available, studies not clearly separating results by gender, studies where data was collected from convicted paedophiles, studies whose main focus was on HIV management or sexual orientation.</p> |
| T | Terms used in searches | (see table 1) |
| E | Electronic Sources | <p>PubMed, ASSIA, Scopus, Proquest social science premium collection, WebOfScience.</p> |

The two rounds of searches and citation snowballing yielded a total of 27 articles. The articles chosen from the database searches were entered into a bibliographic software program (Zotero) for automatic removal of duplicates. These articles were then further analysed for relevancy to the research question. This was followed by double checking the methodology in order to exclude any mixed method studies or studies where methodology was not clear or not well followed through. After this stage 15 articles remained (*see appendix 2*). This process is illustrated in the PRISMA[‡] figure below ⁽³⁴⁾.

Figure 2 PRISMA process flow chart



[‡] PRISMA= Preferred Reporting Items for Systematic reviews and Meta-Analyses, is a tool to improve the quality of reporting research specifically in the healthcare sector⁽³⁴⁾.

Quality assessment

To further ensure the quality of the studies chosen from the systematic search, an instrument for qualitative quality assessment called critical appraisal skills program (CASP) was used⁽³⁵⁾. This tool is specifically designed for assessing quality of qualitative research articles. The CASP guidelines were followed for the three-level analysis (fully met, partially met and not met) of the articles. After carefully scoring each article according to the scale. Scaling was peer reviewed and scaling criteria was discussed to reach a consensus on the scoring of each article. No articles were excluded based on CASP quality criteria. This decision is based on the CASP not being used for selection of articles rather for rigour of the metasynthesis by standardising the quality evaluation of each article^(27,29,35). The full CASP scoring of each article included in this metasynthesis can be found in *Appendix 3*.

Analysis

Each selected research article was then entered into a qualitative data analysis software Minor Q Lite. The use of a computer-assisted qualitative data analysis software package (CAQDAS) facilitated data management as well as allowed for increased speed in coding and retrieval of relevant phrases from the data. Moreover the use of CAQDAS facilitates a systematic approach to coding as well as improves rigour and consistency of approach⁽³⁶⁾. Great care was taken to ensure that phrases were not taken out of context and that all data was carefully read through several times to ascertain all of the data was included in the analysis. The results and discussion sections of each article was coded twice for coping. This was done by grouping codes with similar outcomes under the same descriptive categories. These categories were then reviewed and again grouped by outcome under themes. Then these themes and categories were further analysed. This phase produced seven categories that were then aligned under four themes. This facilitated finding rich and complex accounts of the data. Thematic analysis allows for examining perspectives of different articles as well as with a well-structured approach summarising key features in larger data sets⁽³⁷⁾. Codes were then organised into categories until overarching themes emerged (*see appendix 4*)⁽³⁶⁾. Codes and themes were then peer reviewed and discussed.

There are several existing frameworks for analysis to help better understand coping from CSA^(10,11,14,18,38). However, there is no consensus between these frameworks and different coping

styles can be named differently. For example O’Leary has used a regression model in his multivariate analysis[§] explaining coping from CSA ⁽¹⁷⁾. The following year another study attempted to categorise coping with this model but found that some of the coping strategies used by participants of that study did not fit the regression model ⁽⁴⁰⁾. The differences are at times simply in wording, O-Leary discusses substance abuse as suppression ⁽⁴⁰⁾ whereas Easton et al. labels it as avoidance coping ⁽⁴¹⁾. The coping strategy itself remains the same the difference is merely in wording of its classification. For the purpose of this metasynthesis. The data was deliberately not coded into an existing framework, as this might limit the depth of the analysis. Therefore, coding was done using an inductive process where themes were allowed to evolve naturally by going back and forth between the data and themes ⁽³⁶⁾.

The majority of articles used in this metasynthesis used purposive sampling for the recruitment of their participants. This limits their analysis to victims from similar settings or backgrounds. The authors have also mainly focussed on a specific aspect of coping or “survival”, which means they have not explored the full spectrum of coping used by their participants. Nevertheless, their data did allude to various forms of coping even though it was not always separated for analysis. Therefore this metasynthesis used thematic analysis for a more flexible approach allowing for analysis of selected articles for all forms of coping and combining them under overarching themes ⁽³⁷⁾. This was done firstly by identifying categories and themes that emerged from the two rounds of coding described above.

[§] hierarchical regression model was used in four steps: the demographic variable age, characteristics of the abuse, disclosure and response to the sexual abuse, and interactions. Severity of the abuse, relationship with the abuser, number of the abusers and not disclosing the abuse within one year were linked to higher prevalence of mental health problems amongst male victims of CSA⁽³⁹⁾.

RESULTS

This chapter presents the data that emerged from the thematic analysis. The data included various forms of CSA. Some of the articles had focussed specifically on mother-son incest, while other articles looked at CSA by clergy. Several articles were drawn from counselling settings while one article concentrated on abuse experiences of boys in institutionalised care. *Table 3* below illustrates the variations in the forms of abuse and recruitment methods used in the data.

Table 3 List of data included for analysis

| No. of studies | Recruitment of participants | Perpetrator(s) |
|----------------|---|---------------------------|
| 1 | Flyers & word to mouth | Clergy |
| 1 | Claimants of a legal battle | Institutional abuse |
| 2 | Volunteers and cases through clinicians | Mixed |
| 4 | Social media & flyers | Mixed |
| 5 | Therapy groups or cases from therapists | Mixed |
| 2 | Through clinicians and case studies | Incest (mother or father) |

Although all the interviews were conducted in higher income settings (Australia, New Zealand, U.K and U.S.A) there's a very good variation of the onset of abuse as well as a full scale of different perpetrators. Coping from CSA is tightly linked to the duration, onset as well as the relationship between the victim and perpetrator. Some of the articles also accounted for various social and economic backgrounds of the victims, which adds to the richness of the data. Even though some of the articles focused on particular aspects of coping with such a diversity between the articles all aspects of coping were touched upon as a combination. These variations in the data allowed for broader analysis of the content and makes the summary of this metasynthesis broadly relevant.

Despite coping from CSA being an individual journey always very personal to the victim, there are similarities in the effects and therefore coping mechanisms used by victims. The majority of participants revealed deep feelings of stigma, shame and anxiety related to their experiences of CSA. This is summarised in the following statement of a researcher "Because of the stigma and general silence surrounding the sexual abuse of boys and men, many of the survivors maintained the secret of the abuse for years or even decades" [Easton et al. Turning points in

the healing process for men recovering from childhood sexual abuse, 2015]. This statement was echoed in several studies. All studies also mentioned that the majority of victims having had some forms of depression during their lives after the abuse. “depression resulted from anger turned in on the self since these men believed anger/rage towards their abusing mother was inappropriate” [Krug, Adult male reports of childhood sexual abuse by mothers: Case descriptions, motivations and long-term consequences, 1989]. These feelings of shame, guilt, anxiety and anger were reactions they had to the abuse, how they managed these feelings were how they coped with the abuse.

Overall, analysing the data of 15 articles yielded four themes and seven categories (*for full coding tree see appendix 4*). These themes and their analysis are depicted below.

Internalising coping strategies

This theme recurred in most of the studies as many of the participants had used some form of internalising coping during their lifetime. Part of the participants discussed *disassociation* as a way of coping during the abuse when they were children, and they had maintained this coping strategy as a way to cope with any stress, as one participant described “I just float off and so I never really deal with the problem” (Anonymous male “John”) [Gill et al. Male survivors of childhood sexual abuse: A qualitative study and issues for clinical consideration, 1999]. This has enabled these victims to deal with the distressing situations they encountered as children, which at the time could have been seen as a positive way of coping as it allowed for the child to disengage with the traumatic situation and after the act continue their daily activities. However, over time as some victims continued with this form of coping into their adulthood it became a barrier to their success in work life as well as in their inter-personal relationships. One study related how disassociation during sexual intercourse, which for these victims of CSA were stressful situations, became a barrier for them to form deeper and closer relationships, which in many cases resulted in the inability in maintaining long term intimate relationships.

Another way some participants internalised their coping was through *suppression*. Illustrated in the following quote from a participant how this form of coping had affected him.

Through my adult life I managed to keep my abuse ‘in the past’ [as I had] ‘moved on’ and didn’t let the past affect me. Until the night I woke up in the backyard shivering and crying. PTSD had hit me upside the head like a 2 x 4 (anonymous male “participant 146”) [Easton et al. “From that moment on my life changed” Turning points in the healing process of men recovering from childhood sexual abuse, 2015].

This participant well described suppression and denial, which are both very common coping strategies used by male victims of CSA, although successful initially, this type of coping strategy comes with an expiration date. As illustrated by this participant and echoed in other studies in this metasynthesis, a once effective coping strategy of suppression and denial drove the victims to suffer some forms of clinical depression, PTSD, or suicidal thoughts/attempts. Easton et al. Describes denial and suppression as “unsuccessful coping strategies” for the very fact that internalising the trauma led to these participants eventually suffering from maladaptation to the challenges of everyday life as adults.

Silence is a widely used coping strategy. One of the findings in this metasynthesis is that unlike denial and suppression, that according to studies included in this metasynthesis always lead to unwanted mental health outcomes. Silence was associated with responsive coping strategies as well as with internalising coping strategies with less favourable outcomes for the victim. In this chapter we focus on silence where it falls into internalising coping strategies. One of the most extreme examples of what silence as a coping strategy had led one victim to is summarised by the author below.

One man reflected on the potential implications of remaining silent and harbouring feelings of revenge. He was interviewed in prison, where he was serving a sentence in relation to the murder of his father, who was the perpetrator [O’Leary et al. Exploring coping factors amongst men who were sexually abused in childhood, 2010].

In another study participants described how coping with silence had affected them in the long term as adults. “having problems snowball on top of me” and “being caught in a spider web.” (anonymous male) [Draucker et al. Healing of adult male survivors of childhood sexual abuse,

1994]. The use of silence as a coping strategy was sometimes through coercion and the only means of survival as expressed by this interviewee:

... if you mentioned anything about a Catholic priest - Christ almighty you'd most likely get a bash for that because you're lying, you know what I mean? A Catholic priest wouldn't do that!
(Anonymous male "Garry") [Stanley, Silencing violations in state care, 2016].

In these cases, silence was not merely a coping strategy by choice, rather a means of avoiding further harm in the hands of their perpetrators and the environment around them. Silence in its various forms was the most common coping strategy explored in these studies. Some studies explored it exclusively while in other studies participants mentioned it during interviews. The reasons why victims relied on silence as a coping strategy varied greatly between studies. Several studies noted that stigma around male victimisation was so strong that boys felt powerless and unable to seek help. Others resorted to silence due to the close relationship between them and the perpetrator as is the case in mother-son incest. Lack of social awareness on the topic had resulted in the fact that these men did not feel safe enough to disclose the abuse and therefore resorted to silence. Several participants also discussed the understanding that society had embedded within them was that men cannot be victims. This resulted in self-blame for not being "man enough" to defend themselves or being "strong enough of a man" for being victims. One participant summed his feelings about it as follows.

the message I was getting constantly then is this is what you do if you are a man, you are constantly in control at all times and as long as you are in control of yourself you can't be a victim ... I wasn't in control. Men are supposed to be in control. (Anonymous male)[Gill et al. Male survivors of childhood sexual abuse: A qualitative study and issues for clinical consideration, 1999].

In some cases, this message came directly from within the family as happened to one participant whose father had witnessed him being victimised by two elder brothers and while he cried afterwards his father had said to him: "Shut up, you're a man, you're not supposed to cry." (Anonymous male) [Draucker et al. Healing of adult male survivors of childhood sexual abuse, 1994]. Some victims resort to "repossessing" their masculine identities by means of aggressiveness, and overly masculine behaviour. This often resorts in conflicts with the social

environment and sometimes law enforcement. This is one of the reasons there is such a high prevalence of male victims of CSA being incarcerated for sexual crimes globally.

Such feelings of inferiority of having experienced CSA and being silent about it often results in various forms of mental health issues as stated earlier. There was often a fear of repercussions in case of disclosure that also lead these men to remain silent. As one participant verbalised it "If I let her (mother) know, she'd let my dad know and he'd blame me. I already thought he'd sent me to boarding school because of it, because he suspected," (Anonymous male "Ben") [Gill et al. Male survivors of childhood sexual abuse: A qualitative study and issues for clinical consideration, 1999]. This statement clearly described the fear and stigma this child felt at the time of the abuse, and why silence was the only coping strategy available for him at the time. The problem with this form of silence as a coping strategy is that it amplifies internalised negative feelings that not only contribute to self-destructive behaviour and mental health problems, as time goes on the barrier for seeking help and ending the cycle of suffering only gets higher, and problems of victimisation are often masked behind other issues such as mental health issues. This was discussed by mental health professionals where a victim of CSA might be referred to them for any set of interpersonal problems or more severe health issues, and only through extensive counselling a history of CSA was revealed. These delays in receiving help for these victims sometimes caused the loss of jobs or relationships due to the fact that victims were not able to resort to more responsive coping strategies that would have allowed them to lead more fulfilling lives.

Another side effect of silence broadly discussed in these studies was the inability for these victims to maintain a long-term relationship in their adult lives. This external manifestation of this form of silence coping was sometimes what lead these victims to seek professional help, and later to reveal their histories of CSA that eventually lead them to receiving help and adopting different coping mechanisms away from silence. This was exactly what happened in a case study narrated by the author "The presenting problem of maintaining a relationship was mitigated by working through the sexuality associated with the mother being present in his bed during his pubertal years" [Krug, Adult male reports of childhood sexual abuse by mothers: Case descriptions, motivations and long-term consequences, 1989]. The inability of maintaining a working long-term intimate relationship was not limited to victims of incest, but

rather widely discussed by victims with various backgrounds of CSA. This is because when victims are using silence as their coping mechanism there is no one in their immediate social circle to teach them how a natural and positive sexual relationship works. This leads them to continue with their dwarfed understanding of a sexual relationships, not allowing them to process their childhood traumas and adapt to more constructive coping strategies.

In conclusion internalising coping strategies were widely used by participants. These strategies were shadowed by strong feelings of self-blame which are very common amongst victims of sexual abuse, but particularly strong with male victims as there was an underlying questioning of their masculine identity and failure of being “man enough”. Problems in maintaining long term relationships were widely discussed as negative results of internalising coping strategies and further amplified feelings of low self-esteem.

Reactional coping strategies

Various forms of reactional coping strategies (self-destructive behaviour and reactions to the social environment) were revealed throughout the data. As discussed under the section of internalising coping strategies, many of these reactional coping strategies were the leading cause of victims falling under the care of healthcare professionals or law enforcement, which would lead to unearthing histories of CSA.

In some cases, the separation between reactional coping strategies and internalising coping strategies is difficult to draw. An example of this is substance abuse, which in this metasynthesis was classified under reactional coping strategies. Literature places coping through substance abuse under behavioural coping or avoidance coping and in some cases as externalising coping strategies ^(11,17,20). These all refer to the same coping mechanism simply by using different terms depending on the framework or paradigm used. As this metasynthesis does not focus on only one aspect of coping substance abuse can fall under both categories depending on the approach taken. The decision to classify it under reactional coping strategies based on coping strategies being separated from their triggers. Even though substance abuse can be caused by silence coping which can lead to depression, which in turn is strongly associated with substance abuse. These were purposively separated from each other as the data reflects that coping strategies are not linear. Substance abuse may in some cases be a result of

silence coping, but in other studies it was referred as a coping mechanism on its own by victims themselves with no reference to silence.

It is important to clarify this classification as various forms of substance abuse was a very common theme arising from the data. In a case study the researcher reported the following

The patient reported he initiated recreational drug use at approximately age 10, apparently as a mechanism to cope with his affect surrounding sexual contact with his mother. The patient began heroin use when he was approximately 15 years old [Krug, Adult male reports of childhood sexual abuse by mothers: Case descriptions, motivations and long-term consequences, 1989].

This case study with several cases illustrated similar pattern of substance abuse used as a coping strategy. It would of course be much too simplistic to assume that this is the course of victims coping through substance abuse. The same study illustrates another case where the victim coped with the separation from the abuser with substance abuse.” He shared the mother’s bed until he was 15 years of age. Interestingly, his narcotic use began shortly after he was given his own bedroom” [Krug, Adult male reports of childhood sexual abuse by mothers: Case descriptions, motivations and long-term consequences, 1989]. This might be perceived as a contradiction, but as stated before coping is a personal journey individual to each victim. Coping with CSA has more to do with coping with the feelings stemming from the abuse rather than the abuse itself. As one interviewee put it “Yeah, if I’ve felt unsafe, and my instinct told me that I could relax then yeah, I’d drink and I’d enjoy it, I had some grouse [sic.] drinking binges” (47 year old male) [O’Leary et al, Exploring coping factors among men who were sexually abused in childhood, 2010]. Although substance abuse is not a unique coping mechanism to victims of CSA alone, it is however highly correlated with either the onset or the end of the abuse.

One interesting finding stemming from the data was the variety and the prevalence of self-abuse amongst the victims. Substance abuse can also be classified as self-abuse. Although self-abuse took various forms in the data, ranging from over working, dangerous workout routines

to sexual risk taking and substance abuse. These can all be seen as forms of re-victimisation which is a common problem with survivors of CSA

An important category when discussing male coping with CSA, is coping around perceived loss of or inferior masculinity. In the case of male victims, the sense of failing as a man or not being man enough in some cases lead to manifestations of toxic masculinity. For example in one case study it was stated that “...need to appear masculine may have been present in his interacting with younger boys. His tendency to spend more time with younger peers may have helped him feel more superior or masculine.” [Diamanduros et al. Theoretical perspectives of male sexual abuse: Conceptualization of a case study, 2012]. As for those using substance abuse as a coping strategy aggressive or dominant behaviour stems from the same need to feel safe and regain control of the perceived loss of power that these victims felt. As one interviewee put it “There is an assumption that a ‘real man’ would not allow himself to be dependent, vulnerable, weak, or passive; that a ‘real man’ or boy knows how to avoid problems” (Anonymous male) [Hunter, Beyond surviving gender differences in response to early sexual experiences with adults, 2009]. This sentiment was shared with men irrespective of who or which gender the perpetrator was. This notion of masculinity and manhood can stand in the way of acknowledging victimisation. This in turn may prevent victims from seeking help and turning towards more positive coping strategies and break the cycle of revictimization. This also substantiates the need for interventions and research focusing on males affected by CSA.

Sexual risk taking in its various forms is also part of reactional coping strategies. Some associated this to the low self-esteem the victims struggled with, others with the need of regaining masculinity. One researcher stated: “This man described engaging in unsafe sex as a way of coping” [O’Leary et al. Exploring coping factors amongst men who were sexually abused in childhood, 2010]. Another researcher reported: “...when depressed, has gone to adult movie theatres to be sodomized by strangers...” [Singer, Group work with men who experienced incest in childhood, 1989]. Interestingly not all researchers classified sexual risk taking as a coping strategy. In many studies sexual risk taking was discussed as a manifestation of internalising coping strategies, whereas other authors classified it as a coping strategy. This was discussed by Grossman et al. and O’Leary who had categorised sexual risk taking as a theme in their studies classifying it as a coping strategy ^(25,40). In comparison there were

participants who struggled with combining emotional attachment and sexual intercourse as one interviewee said: "I can't have the two things together. I can't have an intimate relationship that is meaningful." (Anonymous male) [Hunter, Beyond surviving gender differences in response to early sexual experiences with adults, 2009]. This view was shared by many and often lead to sexual risk taking outside of a long-term relationship, but in some cases, it resulted in discord within interpersonal relationship without sexual risk taking.

Responsive coping strategies

A recurrent theme in the data was pro-active coping mechanisms. One that was explored extensively was seeking help. This is likely due to the fact that most of the data was gathered through counsellors and group therapy records. This coping mechanism was widely associated with responsive coping strategies.

Once I committed to long-term therapy, I began to see how the process of opening up and feeling the pain and having someone witness it, and the stories connected with that pain, were vital to healing. (Participant 155) [Easton et al. "From that Moment on My Life Changed": Turning Points in the Healing Process for Men Recovering from Child Sexual Abuse, 2015].

And another author stated: "...indicated that joining a support group represented one of his main coping strategies" [Phanichrat et al. Coping Strategies Used by Survivors of Childhood Sexual Abuse on the Journey to Recovery, 2010]. However, the data did reveal a conflicting discourse expressed by an interviewee as follows:

... after he had disclosed the abuse, he felt "like I was on trial, the way you hear female victims are treated in court for rape." [...] "the nurse kicked me in the shins, saying you shouldn't act like that, that's the way a victim would act." Along with several other participants, he believed that he was constantly being overtly and covertly told that men cannot be victims, and, that if you had been victimized, you were not truly a man. (Anonymous male "Robert") [Gill et al. Male Survivors of Childhood Sexual Abuse: A Qualitative Study and Issues for Clinical Consideration, 1999].

In cases like these where clinical professionals are not trained effectively to attend to male victims of CSA seeking help might not evolve into a successful coping strategy. On the other hand, successful contacts with clinical or mental health professionals lead to substantial progress in coping for these men as one participant explained:

Trust is a miracle. I've never trusted anybody. And it's the biggest single byproduct of my therapy, just learning that I can sit in a room with another person and they don't have any desire to abuse me. It's a big deal. (Anonymous male "Bill") [Kia-Keating et al. Relational Challenges and Recovery Processes in Male Survivors of Childhood Sexual Abuse, 2010].

Some studies simplify this as seeking help being the key for responsive coping strategies for these men. This could be due to the fact that much of the interviews were conducted with men attending or who had attended therapy for a longer period of time or from therapist who discussed their "successful" therapy outcomes. Some studies also focused on "resilient survivors" where the purposive sampling only included males from successful therapy settings. This once again gives a much too linear understanding of coping. As demonstrated seeking help alone did not always result in responsive coping strategies. Some studies also revealed that seeking help does not always require contact with health care personnel. Rather disclosure to a trusted person was sometimes enough or even public speaking, which was echoed through several interviews. The following quote gives an example of how public speaking resulted in responsive coping for one victim:

. . . decided to go public with my story. The process of figuring out how to describe how the abuse affected me provided a great amount of introspection, which led to untangling the emotional ball of knots that contained all the anger and hate I was feeling inside for 25 years. Walking into the room where my press conference was held, I felt a weight lift from my shoulders and I literally stopped walking with hunched shoulders for the first time since I was a happy-go-lucky kid, pre-abuse. (Anonymous male

“participant 530”) [Easton et al. “From that Moment on My Life Changed”: Turning Points in the Healing Process for Men Recovering from Child Sexual Abuse, 2015].

This quote illustrates why in this metasynthesis seeking help, disclosure to non-professionals as well as joining support groups and public speaking were all categorised under the same theme. Even though the forms of seeking help varied amongst these men they all lead to responsive coping with positive results. Some men showed great resilience in seeking help even after failed attempts or receiving the help they needed.

Another form of responsive coping was *escaping* this could be through art, finding refuge or physically distancing from the abuser to another house or in some cases to another city. As one interviewee said: “I’ve learned over the years just to put [anger] aside. . . . I’ve learned to do meditation and yogas and different things like that, and that’s the way I deal with it.” (Anonymous male “Earl”) [Kia-Keating et al. Relational Challenges and Recovery Processes in Male Survivors of Childhood Sexual Abuse, 2010]. No matter the way of escaping there was a consensus amongst the men across the studies that this brought them peace and was a successful coping strategy.

Lastly, we turn to the category of adaptive coping. Some studies focused solely on these forms of responsive coping strategies. As eluded before in this chapter safe relationships were a form a responsive coping as one interviewee put it:

...grandmother the most important relationship in his life: “She accepted me for me. She didn’t judge me for any reason.” [...] someone accept him fully. [...] his aunt as the one relative with whom he connected because she was “warm and sunny, like no matter what I would say, she would accept me.” (Anonymous male “Brad”) [Kia-Keating et al. Relational Challenges and Recovery Processes in Male Survivors of Childhood Sexual Abuse, 2010].

The safe relationship didn't necessarily need to be an inter-personal relationship as illustrated by this interviewee discussing his relationship with his dog: "taught me about that it really is possible to be, in another, in a room with a single other living creature and have them do you no harm. In a way I really feel like she taught me to love again." (Anonymous male "Bill") [Kia-Keating et al. Relational Challenges and Recovery Processes in Male Survivors of Childhood Sexual Abuse, 2010]. Due to the stigma and various barriers surrounding seeking help some men opt for seeking help through non-conventional means.

Another form of adaptive coping is spirituality that also arose from the data. As one interviewee said:

And he [the leader of the prayer meeting] had everyone gather around and lay hands on us and it was just like a real beautiful prayer and it was like he knew everything that happened ... it was definitely from God that he brought us all...Then it was like, the only way I can describe it, it felt like my heels came off and all that crap just drained out and something new, warm, and unbelievably good replaced it. (Anonymous male) [Draucker et al. Healing of Adult Male Survivors of Childhood Sexual Abuse, 1994].

For some participants spirituality was a strong positive tool of coping. The data was limited to Christian settings, there was no qualitative data available discussing coping through spirituality in other religious setting to explore if coping through spirituality differs between various religions and if the prevalence of coping through spirituality is higher or lower between setting of different religious nominations. However, for those that did resort to coping through spirituality it resulted in responsive coping and allowed them to live fulfilling lives despite their experiences of CSA.

A different form responsive coping that emerged from the data was understanding. This form of responsive coping emerged as the victims rationalising the actions of the abuser as expressed by this interviewee: "My mom has a major mental illness and that's why she did those things to me" (Anonymous male) [Grossman et al. A gale force wind: Meaning making by male survivors of childhood sexual abuse, 2006]. Or "[...] The first time he molested me, he invited me to the rectory to wrestle and have pizza after serving mass with him. . . O.K, he likes me now." (Anonymous male) [Fater et al. The lived experience of adult male survivors who allege

childhood sexual abuse by clergy, 2000]. Some later changed their views and opted for different coping strategies feeling that initially they had used self-blame as an underlying reason for the understanding and later felt it contributed to their low self-esteem and could no longer sustain this form of coping. Others found coping through understanding as being a responsive coping strategy that allowed them to manage their history of CSA and lead fulfilling lives.

Turning now to another form of adaptive coping that was eluded to in previous chapters. Some of the data portrayed the view of certain men who refused to be labelled as victims. Some also stated that they did not feel that their experiences of CSA had affected their lives in any way. This is a contradicting statement shared by several interviewees, but an important one to highlight the diversity amongst men affected by CSA. One author stated: "... saw their experiences as part of their normal process of sexual development as adolescents and not as abusive experiences" and: "...their early sexual experiences had not affected them negatively. [...], "I got on with my life. It didn't seem to affect me." (Anonymous male) [Hunter, Beyond Surviving Gender Differences in Response to Early Sexual Experiences With Adults, 2009]. As discussed in the background experiences of CSA vary greatly from a one-time incident to years of severe abuse. This as well as the age of onset of the abuse and the role of the perpetrator in the child's life greatly influences the coping mechanisms used by these victims. This chapter reflect those differences.

Finally returning to coping through silence that was discussed earlier in a different form. Silence may have been a more acceptable way of coping in the past, but in light of recent mediatised events some participants felt that coping through silence was no longer as acceptable as before. One interviewee expressed this by saying: "As the awareness became more, I thought, 'Well maybe I've done the wrong thing in not raising this issue.'" (Anonymous male) [Hunter, Beyond Surviving Gender Differences in Response to Early Sexual Experiences With Adults, 2009]. Others coped through silence out of fear of the reactions they might receive as expressed by this participant: "The reason that I haven't discussed it, I think, is that I'm afraid of their reaction, because I don't think that I've been traumatized by this event." (Anonymous male) [Hunter, Beyond Surviving Gender Differences in Response to Early Sexual Experiences With Adults, 2009]. Here silence was used as a form of protection, but not

in a negative way as described in previous segments, rather not to be put in a situation that necessitates managing other people's reactions while the victim did not feel the need to disclose the abuse for their personal coping. These testimonies underlie the importance of diversity within the data to enable deeper understanding and variation within themes.

The use of several coping strategies

A recurring theme amongst authors discussions was that many of the participants had discussed the use of more than one coping strategy during their lives post abuse. This is likely due to the fact that all participants were interviewed as adults and much time had lapsed since the abuse. The data was collected from men in various stages of their lives which also allows for various coping strategies to emerge. It is important to note that the conclusion of the use of several coping strategies came from the researchers not from the participants. Some men were aware of their coping stemming from experiences of CSA, while others had not fully internalised how their experiences of CSA had led them to specific coping mechanisms.

As discussed under responsive coping strategies some men had turned away from silence coping due to societal pressure or increased awareness and sense of responsibility towards potential future victims. This allowed men to move away from internalising coping strategies and toward responsive coping strategies. This is merely one example of how men used several coping strategies. O'Leary et al. discussed suppression as a coping strategy and continued to describe how men coped with suppression by sexual risk taking as described in the following quote "Extreme forms of sexual behaviour may be a form of 'suppression by competing activities'; it may also be a way of performing masculinity by men who believe that their sexual identity has been brought into doubt." [O'Leary et al, Exploring coping factors among men who were sexually abused in childhood, 2010]. This demonstrates how men can use several coping strategies in their attempts to manage their traumatic pasts. Hunter discussed how having children of the same age as when the victims had been when the abuse began was a catalyst to changing coping strategies towards responsive coping as stated here "The factors making disclosure easier in adulthood included [...] having children of the age that they were when their own sexual abuse began..." [Hunter, Beyond Surviving Gender Differences in Response to Early Sexual Experiences With Adults, 2009]. This was a common summary of

findings as much of the data was drawn from therapy settings. Some authors purposely only focused on a specific coping strategy, but even amongst those they sometimes found variations in the way that one coping strategy was used by victims.

DISCUSSION

The aim of this thesis was to explore how coping from CSA amongst male victims was discussed in qualitative literature. The most important finding of this study is that coping mechanisms occur for different reasons. This was well illustrated with coping through silence, where in certain cases it was imposed on the victims by the environment and in other instances it was a conscious choice to ensure survival, privacy or simply due to the fact that the victims did not feel affected by their experiences of CSA. Some victims had turned away from silence coping as they no longer felt it was socially acceptable, and others felt a responsibility towards possible future victims that may be harmed due to their silence ^(26,42,43). Many studies discussed several negative feelings such as shame, stigma and fear as underlying causes for silence. These fit the model of traumagenic dynamics developed by Finkelhor et al. ⁽¹⁰⁾ discussing stigmatisation that CSA causes in victims. Finkelhor et al. also discussed how trauma can be caused not only from the experience of CSA but also by the social stigma and shame felt afterwards ⁽¹⁰⁾. This supports the findings of this metasynthesis where coping could stem from a variety of reasons and situations. Just as concluded by Finkelhor et al. findings of this metasynthesis showed that coping strategies adopted by victims were strongly associated with models of supportive caring these victims received ⁽⁴⁴⁾. The message the general society portrays to these victims can determine whether they resort to responsive coping or internalising coping strategies.

Men who had suffered CSA in institutionalised care and were “silenced” by the environment they lived in and lacked any form of social support clearly resorted to less responsive coping strategies in comparison to other victims ^(42,43). This is not to say that those affected by CSA outside institutions would systematically cope better than those that were in institutions. Men who had a supportive adult in their lives as children or who had been able to create a supportive inter-personal relationship as adults attributed their responsive coping strategies to these meaningful supportive relationships no matter the nature of that relationship, even when that

relationship was with a pet for example a dog. Quantitative data suggests that coping is associated with the form of abuse suffered by the victims (severe vs. not severe) ⁽⁷⁾. However, this was not substantiated in the data used in this metasynthesis. The forms of abuse were discussed in most of the studies, but there was no clear pattern on direct coping strategies these victims adopted. Men with severe histories of CSA who were able to form meaningful interpersonal relationship were just as able to resort to responsive coping strategies as men with less severe histories of CSA. Similarly, men with less severe histories of CSA did at times resort to the same coping strategies as those with severe histories. The qualitative data used in this metasynthesis put more emphasis on the role the perpetrator had in the lives of these men and in few studies the duration of the abuse was discussed. From previous literature we know that all of these factors affect the coping strategies these victims resort to ⁽⁷⁾.

Coping through seeking help

The other finding of significance was that although coping through seeking help has been a successful and positive coping strategy for many, there are also those for whom seeking help has not been an effective coping strategy, and hence should not be promoted as the only solution for males affected by CSA. Some men were met with less than professional attitudes when seeking help that exasperated them and lead them away from responsive coping strategies ⁽⁴⁵⁾. Others did not receive the help despite seeking it ⁽⁴³⁾. While some did receive the help they sought but did not find that this benefitted their coping ⁽²⁵⁾. Interestingly disclosure to a non - professional resulted in similar coping strategies as various forms of seeking help from a clinical setting or self-help groups. This calls for broadening the meaning of seeking help in this context as it emerged from the data that the coping strategies sought through seeking help, can alternatively be accomplished by disclosing experiences of CSA to a supportive person outside of the clinical environment. For victims to be able to seek help or form meaningful inter-personal relationship they need to be in a supportive social environment. This can be created by increasing awareness amongst the general public. Especially within clinicians that need to be more comfortable addressing questions around CSA with males to create opportunities for them to feel accepted and finding avenues to best manage their experiences of CSA.

Socioeconomic context and re-victimisation in relation to coping

According to previous studies higher socioeconomic background is associated with the use of responsive coping strategies. This is attributed to the easier access to care in higher socioeconomic settings ⁽¹⁵⁾. This notion was challenged by Grossman et al. who took socioeconomic backgrounds into consideration and found that it did not affect the use of responsive coping strategies ⁽²⁵⁾. This is likely due to the fact as previously discussed that the data used in this metasynthesis found high importance of successful interpersonal relationships on responsive coping strategies and the lack of successful social support was associated with higher risk of internalising coping strategies. Grossman et al. explored how socioeconomic status affected participants help seeking behaviours. They discovered that men from lower socioeconomic background had not participated or participated less in intensive therapies for their experiences of CSA. Nevertheless, they also discovered that men from higher socioeconomic backgrounds belonging to ethnic minorities had also encountered prejudice and obstacles in seeking help from conventional therapies. However, these men despite the lack of therapy were able to participate in altruistic activities and engaged heavily in helping others which for them resulted in successful responsive coping. This despite the lack of access to mental health professionals ⁽²⁵⁾. Sandra Gray also challenged ethnicity being a defining factor in the choice of a specific coping strategy, by stating that there were no differences between ethnicities in relation to coping from CSA ⁽¹⁵⁾. These findings support Thoits theory on key resources, which speculates that an individual's key management resources such as self-efficacy are sources for responsive coping ⁽⁴⁶⁾. To summarise socioeconomic background can affect access to care, but this does not directly relate to the use of reactional coping strategies, rather men are able to find other means to resort in responsive coping strategies. Men who have strong internal capabilities can manage stressful situations in a productive way despite their external resources ⁽⁴⁶⁾. However, one can argue that in the case of CSA where a child is traumatised before reaching emotional maturity these victims cannot be expected to have had the chance to develop such strong internal resources to cope with stressful situations. Lowering obstacles for seeking help from a clinical setting should be prioritised. There are many helplines dedicated for women that have been victims of CSA or other form of abuse, much less helplines are available or targeted specifically for men. Few countries do have such initiatives in place, but they often lack funding and are not as widely available as those targeting women ^(47,48).

Coping through substance abuse as well as different forms of silence were the most used coping strategies emerging from the data. Interestingly substance abuse can be seen as a form of re-victimisation as victims often harbour feeling of self-blame and low self-esteem, and therefore do not value themselves or their safety. This substantiates previous studies that have found an elevated prevalence of HIV amongst both male and female victims of CSA ^(8,9). This can arguably increase the stigma felt by these victims as discussed in the model of traumagenic dynamics of CSA on children by Finkelhor et al. and further promote the use of unsuccessful coping strategies ⁽¹⁰⁾.

Whilst the literature identifies a direct pathway between being a victim of CSA and becoming an offender this was not substantiated by the data used in this metasynthesis ^(44,49,50). There is no denial that statistics reveal a high prevalence of victims of CSA resulting to later sexual offending, this however is not reflective of the entire male population who has been affected by CSA ⁽⁴⁴⁾. Sexual risk taking in various forms was discussed throughout the data and was associated with re-victimisation as well as self-harming. These men have often had a distorted understanding of male sexuality and later struggle to associate sex with affection. This does not directly lead to sexual offending, rather it creates barriers for these victims to form lasting meaningful relationships and trust. It is of utmost importance to highlight this fact, as the notion of victims later turning into offenders adds to the stigma felt by these men and in some cases adds to the reluctance for seeking help.

Different narratives of men who have experienced childhood sexual abuse

Hunter et al. as well as Crete et al. brought forward more positive narratives of men who have been affected by CSA ^(24,26). These voices are less heard in the discussions of childhood sexual abuse. The fact is that there are men who do not feel affected by their experiences or are able to cope with these experiences in a way that does not lead them through a path of self-harming, mental health issues nor inter-personal conflicts is important to highlight when discussing coping from CSA. For the purpose of answering the research question of this study being “*what are the coping strategies used by men who have been affected by childhood sexual abuse?*” It was of utmost importance to include these narratives into the analysis for allowing for a broader understanding and the fulfilment of the aims of this study. These men expressed the desire to be heard and highlight their stories as an alternative to the negative pitiful one often portrayed in discussions of CSA. Many rejected the notion of victimhood, which is why many researchers choose to refer to them as survivors rather than victims ⁽²⁶⁾. In contrast others took ownership of their victimhood and felt that admission to it had helped them to resort to more responsive coping strategies ^(41,51). Either way these men wish to be addressed, both sides require a chance to voice their experiences and have equal opportunity for support if they feel the need for it. Open discussions and avenues for men to express themselves freely would benefit not only existing victims but could potentially allow boys in precarious situations to have the courage to come forward and seek help at an earlier stage.

There is a clear research gap around male victims of CSA. More research is needed to further understand how to increase reporting of CSA and most importantly how to enable earlier reporting to allow these children to receive help as early as possible. With increased awareness it is also expected to give tools for further prevention of these cases. More clinicians need to be aware of this phenomenon, and they need to be given tools on how to attend to these victims. To further help clinicians in attending and recognising males affected by CSA. Further policies need to be put in place to defend the rights of these victims and for prevention of their victimisation. It was only in 2016 that the criminal court for the first time classified rape of men as sexual violence ⁽⁵²⁾. Much more work needs to be done to guarantee the sexual integrity of boys globally.

Strengths and limitations

As previously discussed not using any of the existing frameworks for this metasynthesis was a conscious choice and was supported by the fact that authors in the data used for this analysis struggled with fitting their findings into existing frameworks as the coping strategies of victims did not stay the same throughout their lives ⁽²⁶⁾. This also allowed for inclusion of studies using different frameworks without conflicting their findings. A qualitative metasynthesis is an important addition to the lacking scope of qualitative studies focusing on male victims of CSA. With this metasynthesis several studies were brought together to discover the wider scope of coping with CSA. This allowed a broader analysis from a larger pool of participants that would not have been possible in a traditional qualitative in-depth interview setting. This also allowed for analysis of studies conducted in different continents which is not easily attainable through other qualitative methods. As the topic of CSA is a very sensitive one, pooling victims from different stages of coping and victimisation would not have been possible through other methods. As many authors opted to focus on specific aspects of coping, bringing those studies together creates a unique scope of all different sides of coping.

Many of the studies were interested in clinical implications of CSA and called for more research. There is however an existing clinical guideline for male survivors of CSA ⁽⁵³⁾. This guideline however does not include any notes on coping to increase the understanding of victims, or to help in noticing patterns. This adds to the value of this metasynthesis highlighting how different coping strategies affect male victims of CSA and how important it is for clinicians to be aware of these strategies to enable them to be more confident in discussing possible experiences of CSA with their patients. As men are typically reluctant to disclose experiences of CSA and often hide the core reasons for their behaviour, knowledge on coping from CSA is crucial to allow clinicians to initiate discussions of CSA as discovered by Hunter men were very receptive to clinician initiating discussions about CSA and found it helpful in allowing victims to disclose and seek help ⁽²⁶⁾.

This metasynthesis includes data only from high income settings, which limits it's results to apply only to these settings. The systematic searches did not yield any qualitative studies from low-middle income countries. This limits the scope of findings to the settings used in the original studies. Coping is tightly linked to culture and context as discussed under spiritual

healing where victims relied on their spiritual beliefs as a way of coping. These results can therefore not be generalised globally rather are limited to higher income predominantly Christian settings. The searches were limited to five databases used in this study. Including more databases could potentially have added to the number of studies included in the metasynthesis. This however was not possible under the time constraints and with these five databases the majority of relevant studies are expected to have been included. Using more time for the systematic search with more rounds of searches could have possibly yielded more studies for analysis. Only studies published in English were included in the analysis. This criterion lead to the analysis focusing solely on English speaking countries that might have arguably similar settings compared to non-English speaking countries. Including studies from other languages could have potentially added to the scope of the analysis including more diverse settings.

CONCLUSION

The aim of this study was to explore different coping strategies used by men who have been affected by CSA. The search for qualitative literature revealed a research gap on studies focusing purely on the coping of male victims. Many of the studies focused on one specific aspect of coping (e.g. positive coping strategies) and did not explore the full scope of coping used by the men interviewed. This allowed for in depth understanding of that particular coping strategy but gave a one-sided account of coping these men resorted to. 15 studies were analysed, which yielded four main themes of coping namely, internalising coping, reactional coping, responsive coping and the use of several coping strategies. Quantitative literature highlights the high prevalence of substance abuse and criminal behaviour amongst men with histories of CSA ⁽⁷⁻¹⁰⁾. The data used in this metasynthesis partially supports these findings. Substance abuse was very commonly used as a coping strategy amongst these victims. However, this metasynthesis does not substantiate the high prevalence of criminal behaviour found in other studies. Only a small minority of participants had resorted to criminal behaviour as a coping strategy and did not reflect the majority of the men interviewed in the data used for this metasynthesis. In addition, this study has revealed how coping with CSA is not a linear progression. Men use several coping strategies throughout their lives adapting to their changing circumstances. The social environment and inter-personal relationships have a strong influence on how men cope with CSA. Increased awareness and public acceptance of men being in the

role of a victim can further help these men in seeking help and resort to responsive coping strategies.

This metasynthesis adds to the scarce qualitative literature on coping of male victims. It brings together the types of coping strategies men with histories of CSA tend to use and allows for deeper understanding on how men cope with CSA. This allows for clinicians to be more aware of the possibility of specific behaviours (e.g. substance abuse) to be linked to a history of CSA and how discussing this possibility in a supportive environment can help these men to resort to more responsive coping strategies. As many of the men discussed feelings of seclusion and lack of hope, more policies need to be put in place to bring support and awareness specifically to male victims of CSA.

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Appendix 1 Search Tables

DATABASE: PubMed

| Search date | Keywords (MESH in bold) | No of hits | Titles read | Abstracts read | Articles read | Articles chosen |
|-------------|---|------------|-------------|----------------|---------------|-----------------|
| 11.2.2019 | Search (sexual abuse, child) AND coping | 980 | | | | |
| 11.2.2019 | Search (sexual abuse, child) AND coping Sort by: [pubsolr12] | 994 | | | | |
| 11.2.2019 | Search (((adaptation, psychological) AND child abuse, sexual) AND boys) OR male Sort by: [pubsolr12] | 8241262 | | | | |
| 11.2.2019 | Search ((((((child abuse, sexual) AND boys) OR male) AND adaptation, psychological) AND child) OR adult survivors of child abuse) OR teenager Sort by: [pubsolr12] | 1998709 | | | | |
| 11.2.2019 | Search (((((((child abuse, sexual[MeSH Terms]) AND Child [MeSH Terms]) OR teenager [MeSH Terms]) OR adult survivors of child abuse [MeSH Terms]) AND adaptation, psychological [MeSH Terms]) AND boys) OR male [MeSH Terms]) OR men [MeSH Terms] Sort by: [pubsolr12] | 8058183 | | | | |
| 11.2.2019 | Search (((((((((((sex offences[MeSH Terms]) OR child abuse, sexual[MeSH Terms]) OR abuse, child sexual[MeSH Terms]) OR adult survivors, child abuse[MeSH Terms]) OR abuses, child[MeSH Terms]) OR adult survivors of child abuse[MeSH Terms]) OR teenager[MeSH Terms]) OR teenagers[MeSH Terms]) AND behavior, coping[MeSH Terms]) OR behaviors, coping[MeSH Terms]) OR coping behavior[MeSH Terms]) OR coping behaviors[MeSH Terms]) OR adaptation, psychological[MeSH Terms]) AND boys[MeSH Terms]) AND boys[MeSH Terms] Sort by: [pubsolr12] | 196 | 196 | 8 | 1 | |
| 11.2.2019 | Child abuse, Sexual AND Boys OR male AND adaptation, psychological AND child OR adult survivors of child abuse OR teenagers | 1998705 | 1 | 1 | | |
| 11.2.2019 | Search (((((((((((child abuse, sexual[MeSH Terms]) AND abuse, child sexual[MeSH Terms]) OR teenager[MeSH Terms]) OR teenagers[MeSH Terms]) OR child abuse, adult survivors[MeSH Terms]) OR adult survivors of child abuse[MeSH Terms]) OR adult survivors, child abuse[MeSH Terms]) OR adolescents, male[MeSH Terms]) OR adolescent, male[MeSH Terms]) AND behavior, coping[MeSH Terms]) OR behaviors, coping[MeSH Terms]) OR coping behavior[MeSH Terms]) OR adaptation, psychological[MeSH Terms]) AND boy Sort by: [pubsolr12] | 6783 | | | | |

| | | | | | | |
|--------------------|---|---------|--|--|--|--|
| 11.2.2019 | Search (((((((male survivors[MeSH Terms]) AND child abuse, sexual[MeSH Terms]) AND behavior, coping[MeSH Terms]) OR behaviors, coping[MeSH Terms]) OR coping behavior[MeSH Terms]) OR coping behaviors[MeSH Terms]) OR teenager[MeSH Terms]) OR teenagers[MeSH Terms] Sort by: [pubsolr12] | 2008947 | | | | |
| 11.2.2019 | Search (((((((male survivors[MeSH Terms]) AND abuse, child sexual[MeSH Terms]) OR adult survivors of child abuse[MeSH Terms]) AND child abuse, sexual[MeSH Terms]) AND adolescent, male[MeSH Terms]) OR adolescents, male[MeSH Terms]) AND behavior, coping[MeSH Terms]) AND behaviors, coping[MeSH Terms]) AND adaptation, psychological Sort by: [pubsolr12] | 22985 | | | | |
| 11.2.2019 | Search (((((((abuse, child sexual[MeSH Terms]) AND child abuse, sexual[MeSH Terms]) OR child molestation, sexual[MeSH Terms]) OR molestation, sexual child[MeSH Terms]) OR molestation, sexual, child[MeSH Terms]) AND sexual child molestation[MeSH Terms]) AND adolescent, male[MeSH Terms]) AND adolescents, male[MeSH Terms] Sort by: [pubsolr12] | 4407 | | | | |
| 11.2.2019 | Search (((((((((((abuse, child sexual[MeSH Terms]) AND child abuse, sexual[MeSH Terms]) OR child molestation, sexual[MeSH Terms]) OR molestation, sexual child[MeSH Terms]) OR molestation, sexual, child[MeSH Terms]) AND sexual child molestation[MeSH Terms]) AND adolescent, male[MeSH Terms]) AND adolescents, male[MeSH Terms])) AND behavior, coping[MeSH Terms]) OR behaviors, coping[MeSH Terms]) OR coping behavior[MeSH Terms]) OR coping behaviors[MeSH Terms]) OR adaptation, psychological[MeSH Terms] Sort by: [pubsolr12] | 119993 | | | | |
| 11.2.2019 | Search (((((((((((abuse, child sexual[MeSH Terms]) AND child abuse, sexual[MeSH Terms]) AND child molestation, sexual[MeSH Terms]) AND molestation, sexual child[MeSH Terms]) AND molestation, sexual, child[MeSH Terms]) AND sexual child molestation[MeSH Terms]) AND adolescent, male[MeSH Terms]) OR adolescents, male[MeSH Terms]) AND child, male[MeSH Terms]) AND behavior, coping[MeSH Terms]) AND behaviors, coping[MeSH Terms]) AND coping behavior[MeSH Terms]) AND coping behaviors[MeSH Terms] Sort by: [pubsolr12] | 7890 | | | | |
| Limitations | Peer reviewed, English | | | | | |

| | Database: SCOPUS | | | | | |
|-------------|---|------------|-------------|----------------|---------------|-----------------|
| Search date | Keywords (MESH in bold) | No of hits | Titles read | Abstracts read | Articles read | Articles chosen |
| 12.2.2019 | Coping AND behaviour AND male OR boys AND childhood AND sexual AND abuse | 11,002 | | | | |
| 12.2.2019 | coping AND behaviour AND "childhood sexual abuse" AND male OR boys AND NOT animals | 3,888 | | | | |
| 12.2.2019 | coping AND behaviour AND "childhood sexual abuse" AND male OR boys AND NOT animals AND NOT drugs | 2,196 | | | | |
| 12.2.2019 | coping AND behaviour AND "childhood sexual abuse" AND male OR boys AND NOT animals AND NOT drugs AND NOT disorders | 327 | | | | |
| 12.2.2019 | coping AND behaviour AND "childhood sexual abuse" AND male OR boys AND NOT animals AND NOT drugs AND NOT disorders AND (EXCLUDE (LANGUAGE , "Spanish") OR EXCLUDE (LANGUAGE , "Chinese") OR EXCLUDE (LANGUAGE , "Czech")) AND (LIMIT-TO (LANGUAGE , "English") OR LIMIT-TO (LANGUAGE , "French")) | 321 | 10 | | | |
| 12.2.2019 | coping AND behaviour AND "childhood sexual abuse" AND male OR boys AND NOT animals AND NOT drugs AND NOT disorders AND NOT cancer AND (LIMIT-TO (LANGUAGE , "English") OR LIMIT-TO (LANGUAGE , "French") OR EXCLUDE (LANGUAGE , "Spanish") OR EXCLUDE (LANGUAGE , "Chinese") OR EXCLUDE (LANGUAGE , "Czech")) | 290 | 2 | | | |
| 12.2.2019 | coping AND behaviour AND "childhood sexual abuse" AND male OR boys AND NOT animals AND NOT drugs AND NOT disorders AND NOT cancer AND NOT "human trafficking" AND (LIMIT-TO (LANGUAGE , "English") OR LIMIT-TO (LANGUAGE , "French") OR EXCLUDE (LANGUAGE , "Spanish") OR EXCLUDE (LANGUAGE , "Chinese") OR EXCLUDE (LANGUAGE , "Czech")) | 287 | 125 | 13 | 5 | 2 |
| 12.2.2019 | coping AND behaviour AND "childhood sexual abuse" AND male OR boys AND | 38 | 38 | 8 | 3 | |

| | | | | | | |
|--------------------|---|-------------------|--------------------|-----------------------|----------------------|------------------------|
| | NOT animals AND NOT drugs AND NOT disorders AND NOT cancer AND NOT "human trafficking" AND NOT girls AND NOT women AND NOT hiv AND (LIMIT-TO (LANGUAGE , "English") OR LIMIT-TO (LANGUAGE , "French") OR EXCLUDE (LANGUAGE , "Spanish") OR EXCLUDE (LANGUAGE , "Chinese") OR EXCLUDE (LANGUAGE , "Czech")) | | | | | |
| | | | | | | |
| Limitations | Peer reviewed, English, French | | | | | |
| | Database: ASSIA | | | | | |
| Search date | Keywords (MESH in bold) | No of hits | Titles read | Abstracts read | Articles read | Articles chosen |
| 13.2.2019 | "Childhood sexual abuse" AND boys OR male OR males OR boy AND "coping style" OR "emotional coping" OR "adult survivors of childhood sexual abuse" NOT girl* NOT female* | 1,047 | 78 | 15 | 9 | 3 |
| 13.2.2019 | "Childhood sexual abuse" OR (child abuse sexual abuse) OR (abuse sexual child) OR (child abuse sexual) OR (childhood abuse sexual) OR (childhood sexual trauma) | 13,727 | | | | |
| 13.2.2019 | (a child) OR child AND boy OR male OR males OR (all boys) OR boys | 171,677 | | | | |
| 13.2.2019 | coping OR (active coping) OR (coping skills) OR (coping skills child) OR (coping skills therapy) OR (emotional coping) OR (emotional coping skills) OR (emotional coping strategies) OR (emotional focused coping) | 33,097 | | | | |
| 13.2.2019 | ((("Childhood sexual abuse" OR (child abuse sexual abuse) OR (abuse sexual child) OR (child abuse sexual) OR (childhood abuse sexual) OR (childhood sexual trauma)) AND PEER(yes)) AND (((a child) OR child AND boy OR male OR males OR (all boys) OR boys) AND PEER(yes)) AND ((coping OR (active coping) OR (coping skills) OR (coping skills child) OR (coping skills therapy) OR (emotional coping) OR (emotional coping skills) OR (emotional coping strategies) OR (emotional focused coping)) AND PEER(yes)) | 2,916 | 61 | 1 | | |
| 13.2.2019 | ((("Childhood sexual abuse" OR (child abuse sexual abuse) OR (abuse sexual child) OR (child abuse sexual) OR (childhood abuse sexual) OR (childhood sexual trauma)) AND PEER(yes)) AND (((a child) OR child AND boy OR male OR males OR (all boys) OR boys) AND PEER(yes)) AND ((coping OR (active coping) OR (coping skills) OR (coping skills child) OR (coping skills therapy) OR (emotional coping) OR (emotional coping skills) OR (emotional coping strategies) OR (emotional focused coping)) AND PEER(yes)) AND ((boys OR (all boys) OR men | 2,555 | | | | |

| | | | | | | |
|-----------|--|-------|----|--|--|--|
| | OR male OR males NOT girl NOT girls NOT women NOT female NOT females) AND PEER(yes)) | | | | | |
| 13.2.2019 | (childhood sexual assault) NOT hiv NOT cancer NOT (cancer cancer) NOT jail NOT gays NOT gay NOT homosexual NOT homosexuals | 1,449 | | | | |
| 13.2.2019 | ((("Childhood sexual abuse" OR (child abuse sexual abuse) OR (abuse sexual child) OR (child abuse sexual) OR (childhood abuse sexual) OR (childhood sexual trauma)) AND PEER(yes)) AND (((a child) OR child AND boy OR male OR males OR (all boys) OR boys) AND PEER(yes)) AND ((coping OR (active coping) OR (coping skills) OR (coping skills child) OR (coping skills therapy) OR (emotional coping) OR (emotional coping skills) OR (emotional coping strategies) OR (emotional focused coping)) AND PEER(yes)) AND ((boys OR (all boys) OR men OR male OR males NOT girl NOT girls NOT women NOT female NOT females) AND PEER(yes)) AND (((("Childhood sexual abuse" OR (child abuse sexual abuse) OR (abuse sexual child) OR (child abuse sexual) OR (childhood abuse sexual) OR (childhood sexual trauma)) AND PEER(yes)) AND (((a child) OR child AND boy OR male OR males OR (all boys) OR boys) AND PEER(yes)) AND ((coping OR (active coping) OR (coping skills) OR (coping skills child) OR (coping skills therapy) OR (emotional coping) OR (emotional coping skills) OR (emotional coping strategies) OR (emotional focused coping)) AND PEER(yes)) AND ((boys OR (all boys) OR men OR male OR males NOT girl NOT girls NOT women NOT female NOT females) AND PEER(yes))) AND (((childhood sexual assault) NOT hiv NOT cancer NOT (cancer cancer) NOT jail NOT gays NOT gay NOT homosexual NOT homosexuals) AND PEER(yes)) | 471 | 20 | | | |
| 13.2.2019 | (childhood sexual assault) NOT hiv NOT cancer NOT (cancer cancer) NOT jail NOT gays NOT gay NOT homosexual NOT maternal NOT mothers | 1,448 | | | | |
| 13.2.2019 | (childhood sexual assault) NOT hiv NOT cancer NOT (cancer cancer) NOT jail NOT gays NOT gay NOT homosexual NOT homosexuals NOT mothers | 1,448 | | | | |
| 13.2.2019 | ((("Childhood sexual abuse" OR (child abuse sexual abuse) OR (abuse sexual child) OR (child abuse sexual) OR (childhood abuse sexual) OR (childhood sexual trauma)) AND PEER(yes)) AND (((a child) OR child AND boy OR male OR males OR (all boys) OR boys) AND PEER(yes)) AND ((coping OR (active coping) OR (coping skills) OR (coping skills child) OR (coping skills therapy) OR (emotional coping) OR (emotional coping skills) OR (emotional coping strategies) OR (emotional focused coping)) AND PEER(yes)) AND ((boys OR (all boys) OR men OR male OR males NOT girl NOT girls NOT women NOT female NOT females) AND PEER(yes)) AND (((("Childhood sexual abuse" OR (child abuse sexual abuse) OR (abuse sexual child) OR (child abuse sexual) OR (childhood abuse sexual) OR (childhood sexual trauma)) AND PEER(yes)) AND (((a child) OR child AND boy OR male OR males OR (all boys) OR boys) AND PEER(yes)) AND ((coping OR | 471 | | | | |

| | | | | | | |
|--|--|--|--|--|--|--|
| | (active coping) OR (coping skills) OR (coping skills child) OR (coping skills therapy) OR (emotional coping) OR (emotional coping skills) OR (emotional coping strategies) OR (emotional focused coping)) AND PEER(yes)) AND ((boys OR (all boys) OR men OR male OR males NOT girl NOT girls NOT women NOT female NOT females) AND PEER(yes))) AND (((childhood sexual assault) NOT hiv NOT cancer NOT (cancer cancer) NOT jail NOT gays NOT gay NOT homosexual NOT homosexuals) AND PEER(yes)) AND (((childhood sexual assault) NOT hiv NOT cancer NOT (cancer cancer) NOT jail NOT gays NOT gay NOT homosexual NOT homosexuals NOT mothers) AND PEER(yes)) AND (((childhood sexual assault) NOT hiv NOT cancer NOT (cancer cancer) NOT jail NOT gays NOT gay NOT homosexual NOT maternal NOT mothers) AND PEER(yes)) | | | | | |
|--|--|--|--|--|--|--|

DATABASE: Proquest social science premium collection

| Search date | SEARCH TERMS | NO. OF HITS | TITLES READ | ABSTRACTS READ | FULL ARTICLES READ | ARTICLES CHOSEN |
|-------------|--|-------------|-------------|----------------|--------------------|-----------------|
| 19.2.2019 | (childhood all) OR (a child) OR (child a) OR child OR (bad childhood) AND (abuse in childhood) OR (abuse childhood) | 395,789 | | | | |
| 19.2.2019 | male OR boy OR boys NOT girl NOT female NOT women NOT woman OR man OR men NOT mother | 281,792 | | | | |
| 19.2.2019 | (childhood abuse sexual) OR (childhood sexual assault) OR (childhood sexual trauma) OR (childhood sexual abuse) OR (abuse of a child) OR (child abuse sexual abuse) OR (abuse sexual children) OR (child abuse and sexual abuse) OR (child abuse sexual) OR (child abuse sexually) | 72,162 | | | | |
| 19.2.2019 | coping OR (active coping) OR (psychological coping | 152,976 | | | | |

| | | | | | | |
|-----------|--|--------|-----|---|--|--|
| | styles) OR adaptation OR adapting OR adaptations NOT HIV NOT AIDS NOT cancer NOT animals | | | | | |
| 19.2.2019 | ((((childhood all) OR (a child) OR (child a) OR child OR (bad childhood) AND (abuse in childhood) OR (abuse childhood)) AND PEER(yes)) AND ((male OR boy OR boys NOT girl NOT female NOT women NOT woman OR man OR men NOT mother) AND PEER(yes)) AND (((childhood abuse sexual) OR (childhood sexual assault) OR (childhood sexual trauma) OR (childhood sexual abuse) OR (abuse of a child) OR (child abuse sexual abuse) OR (abuse sexual children) OR (child abuse and sexual abuse) OR (child abuse sexual) OR (child abuse sexually)) AND PEER(yes)) AND ((coping OR (active coping) OR (psychological coping styles) OR adaptation OR adapting OR adaptations NOT HIV NOT AIDS NOT cancer NOT animals) AND PEER(yes)) | 17,827 | | | | |
| 19.2.2019 | ((((childhood all) OR (a child) OR (child a) OR child OR (bad childhood) AND (abuse in childhood) OR (abuse childhood)) AND PEER(yes)) AND ((male OR boy OR boys NOT girl NOT female NOT women NOT woman OR man OR men NOT mother) AND | 2,817 | 150 | 2 | | |

| | | | | | | |
|-----------|--|----|----|---|---|---|
| | PEER(yes)) AND (((childhood abuse sexual) OR (childhood sexual assault) OR (childhood sexual trauma) OR (childhood sexual abuse) OR (abuse of a child) OR (child abuse sexual abuse) OR (abuse sexual children) OR (child abuse and sexual abuse) OR (child abuse sexual) OR (child abuse sexually)) AND PEER(yes)) AND ((coping OR (active coping) OR (psychological coping styles) OR adaptation OR adapting OR adaptations NOT HIV NOT AIDS NOT cancer NOT animals) AND PEER(yes)) | | | | | |
| 19.2.2019 | (((childhood all) OR (a child) OR (child a) OR child OR (bad childhood) AND (abuse in childhood) OR (abuse childhood)) AND PEER(yes)) AND ((male OR boy OR boys NOT girl NOT female NOT women NOT woman OR man OR men NOT mother) AND PEER(yes)) AND (((childhood abuse sexual) OR (childhood sexual assault) OR (childhood sexual trauma) OR (childhood sexual abuse) OR (abuse of a child) OR (child abuse sexual abuse) OR (abuse sexual children) OR (child abuse and sexual abuse) OR (child abuse sexual) OR (child abuse sexually)) AND PEER(yes)) AND ((coping OR (active | 79 | 79 | 1 | 1 | 1 |

| | | | | | | |
|--------------------|---|--|--|--|--|--|
| | coping) OR (psychological coping styles) OR adaptation OR adapting OR adaptations NOT HIV NOT AIDS NOT cancer NOT animals) AND PEER(yes)) | | | | | |
| | | | | | | |
| LIMITATIONS | Full text, English, peer reviewed | | | | | |

DATABASE: **Web of Science**

| Search date | Search terms | No. of hits | Titles read | Abstracts read | Full articles read | Articles chosen |
|-------------|--|-------------|----------------|-------------------|-----------------------|--------------------|
| 19.2.2019 | (Childhood sexual abuse AND boy OR boys OR male OR men OR man OR males) | 1,949,584 | | | | |
| 19.2.2019 | (sexual abuse on child OR child abuse sexual OR childhood sexual abuse OR sexual abuse child AND boy OR boys OR men OR males OR male OR man) | 1,965,522 | | | | |
| 19.2.2019 | (coping OR coping mechanisms OR psychological adaptation OR adaptation OR adaptations OR coping styles) | 507,982 | | | | |
| 19.2.2019 | #1AND #2 AND #3 | 33,507 | | | | |
| 19.2.2019 | (Coping AND childhood sexual abuse AND boys OR boy OR male OR males Or men Or man) | 1,949,584 | | | | |

DATABASE: PubMed (2nd round)

LIMITATIONS: Peer reviewed, English

| Search date | Search terms (Mesh terms in bold) | No. of hits | Titles read | Abstracts read | Full articles read | Articles chosen | Peer-review 1.3.2019 |
|-------------|---|-----------------------------|-------------|----------------|--------------------|-----------------|----------------------|
| 20.2.2019 | Child abuse, sexual AND boys OR men OR boy OR man AND adaptation, psychological | 6165 (1.3.2019 5,837) | 120 | 15 | 9 | 1 | 5,837 |
| 20.2.2019 | Child abuse, sexual AND boys OR men OR boy OR man AND adaptation, psychological OR coping NOT cancer | 138095 | | | | | |
| 20.02.2019 | Child abuse, sexual AND boys OR men OR boy OR man AND adaptation, psychological NOT cancer NOT hiv NOT women NOT woman | 3026 | 100 | 4 | 1 | | |
| 20.02.2019 | Child abuse, sexual OR adult survivors of child abuse AND boys OR men OR boy OR man AND adaptation, psychological NOT cancer NOT hiv NOT women NOT woman | 3026 | 60 | | | | |
| 20.02.2019 | ((((((((((((((("childhood sexual abuse") AND "childhood sexual abuse csa") AND "childhood sexual abuse related posttraumatic stress disorder") AND "childhood sexual abuse related ptsd") AND "childhood sexual abuse survivors") AND "childhood sexual abuse survivors") AND "childhood sexual abuse victims") AND "childhood sexual abuses") AND adaptation psychological) OR "coping") OR "coping/adaptation") OR "coping/adjustment") OR "coping/behavior") OR "coping/healing") AND "boys") OR male) OR men) OR "boy 11 years") OR "man") NOT "girl") NOT "woman") NOT "women" | 7927725 | | | | | |
| 20.2.2019 | ((((((((((child abuse, sexual) AND adaptation, psychological) OR "coping/adaptation") AND male) OR men) NOT "cancer") NOT "women") NOT "hiv") NOT "heart") NOT "girl" | 352591 (1.3.2019 352591) | 200 | 45 | 20 | 3 | 133,726 |
| 21.2.2019 | ((((((((((child abuse, sexual[MeSH Terms] AND "psychology"[MeSH Subheading] AND "coping") OR "coping/adjustment") OR "coping/adaptation") AND "male") OR "boy") NOT "female") NOT "girls") NOT "cancer") NOT "hiv") NOT "women") NOT "woman" | 46611 | | | | | |
| 21.2.2019 | ((((((((((child abuse, sexual[MeSH Terms] OR sexual child abuse[MeSH Terms]) OR child molestation, sexual[MeSH Terms]) OR sexual child molestation[MeSH Terms]) AND adaptation, psychological[MeSH Terms]) OR behavior, coping[MeSH Terms]) OR behaviors, coping[MeSH Terms]) OR coping behavior[MeSH Terms]) OR coping behaviors[MeSH Terms]) OR coping skill[MeSH Terms]) AND adolescent, | 18339 | | | | | |

| | | | | | | | |
|-----------|---|---------|----|---|--|--|--|
| | male[MeSH Terms] AND male[MeSH Terms] | | | | | | |
| 21.2.2019 | ((((((((((((((child abuse, sexual[MeSH Terms]) OR sexual child abuse[MeSH Terms]) OR child molestation, sexual[MeSH Terms]) OR sexual child molestation[MeSH Terms]) AND adaptation, psychological[MeSH Terms]) OR behavior, coping[MeSH Terms]) OR behaviors, coping[MeSH Terms]) OR coping behavior[MeSH Terms]) OR coping behaviors[MeSH Terms]) OR coping skill[MeSH Terms]) AND adolescent, male[MeSH Terms] AND male[MeSH Terms])) NOT "art") NOT "women") NOT "woman") NOT "girl" | 17258 | | | | | |
| 21.2.2019 | ((((((((((((((child abuse, sexual[MeSH Terms]) OR sexual child abuse[MeSH Terms]) OR child molestation, sexual[MeSH Terms]) OR sexual child molestation[MeSH Terms]) AND adaptation, psychological[MeSH Terms]) OR behavior, coping[MeSH Terms]) OR behaviors, coping[MeSH Terms]) OR coping behavior[MeSH Terms]) OR coping behaviors[MeSH Terms]) OR coping skill[MeSH Terms]) AND adolescent, male[MeSH Terms] AND male[MeSH Terms])) NOT "art") NOT "women") NOT "woman") NOT "girl")) NOT "bullying") NOT "bullying/abuse" | 17127 | | | | | |
| 21.2.2019 | ((((((((((((((("childhood sexual abuse") OR "childhood sexual abuse csa") AND "coping") OR "coping/adjustment") OR "coping/adaptation") AND "boys") OR "boy") OR "male") OR "man") OR "men") OR "adult survivors of childhood sexual abuse") NOT "hiv") NOT "cancer") NOT "heart") NOT "woman") NOT "girl") NOT "bullying") NOT "bullying/abuse" | 1219512 | | | | | |
| 21.2.2019 | ((((((((((((((("childhood sexual abuse") OR "childhood sexual abuse csa") AND "coping") OR "coping/adjustment") OR "coping/adaptation") AND "boys") OR "boy") OR "male") OR "man") OR "men") OR "adult survivors of childhood sexual abuse") NOT "hiv") NOT "cancer") NOT "heart") NOT "woman") NOT "girl") NOT "bullying") NOT "bullying/abuse")) NOT gays | 1216737 | 20 | 1 | | | |
| 21.2.2019 | ((((((((((((((("childhood sexual abuse") OR "childhood sexual abuse csa") AND "coping") OR "coping/adjustment") OR "coping/adaptation") AND "boys") OR "boy") OR "male") OR "man") OR "men") OR "adult survivors of childhood sexual abuse") NOT "hiv") NOT "cancer") NOT "heart") NOT "woman") NOT "girl") NOT "bullying") NOT "bullying/abuse")) NOT literary review | 1216706 | | | | | |
| 21.2.2019 | ((((((((((((((("childhood sexual abuse") OR "childhood sexual abuse csa") AND "coping") OR "coping/adjustment") OR | 1212834 | | | | | |

| | | | | | | | |
|-----------|--|---------|--|--|--|--|--|
| | "coping/adaptation") AND "boys") OR "boy") OR "male") OR "man") OR "men") OR "adult survivors of childhood sexual abuse") NOT "hiv") NOT "cancer") NOT "heart") NOT "woman") NOT "girl") NOT "bullying") NOT "bullying/abuse")) NOT gays)) NOT literary review)) NOT systematic review | | | | | | |
| 21.2.2019 | (((((("childhood sexual abuse") OR "childhood sexual abuse csa") AND "coping") OR "coping/adjustment") OR "coping/adaptation") AND "boys") OR "boy") OR "male") OR "man") OR "men") OR "adult survivors of childhood sexual abuse") NOT "hiv") NOT "cancer") NOT "heart") NOT "woman") NOT "girl") NOT "bullying") NOT "bullying/abuse")) NOT gays)) NOT literary review)) NOT systematic review)) NOT adverse childhood experiences | 1212543 | | | | | |
| 21.2.2019 | (((((("childhood sexual abuse") AND "childhood sexual abuse csa") AND "coping") OR "coping/adjustment") AND "coping/adaptation") AND "boys") OR "boy") OR "male") OR "man") OR "men") OR "adult survivors of childhood sexual abuse") NOT "hiv") NOT "cancer") NOT "heart") NOT "woman") NOT "girl") NOT "bullying") NOT "bullying/abuse")) NOT gays)) NOT literary review)) NOT systematic review)) NOT adverse childhood experiences) | 1212543 | | | | | |
| 21.2.2019 | (((((("childhood sexual abuse") AND "childhood sexual abuse csa") AND "coping") OR "coping/adjustment") AND "coping/adaptation") AND "boys") OR "boy") OR "male") OR "man") OR "men") OR "adult survivors of childhood sexual abuse") NOT "hiv") NOT "cancer") NOT "heart") NOT "woman") NOT "girl") NOT "bullying") NOT "bullying/abuse")) NOT gays)) NOT literary review)) NOT systematic review)) NOT adverse childhood experiences))) NOT "risk factors") NOT "sex offenders" | 1176417 | | | | | |
| 21.2.2019 | (((((("childhood sexual abuse") AND "childhood sexual abuse csa") AND "coping") OR "coping/adjustment") AND "coping/adaptation") AND "boys") OR "boy") OR "male") OR "man") OR "men") OR "adult survivors of childhood sexual abuse") NOT "hiv") NOT "cancer") NOT "heart") NOT "woman") NOT "girl") NOT "bullying") NOT "bullying/abuse")) NOT gays)) NOT literary review)) NOT systematic review)) NOT adverse childhood experiences))) NOT "risk factors") NOT "sex offenders")) NOT "female") NOT "reproduction" | 811284 | | | | | |
| 21.2.2019 | (((((("childhood sexual abuse") AND "childhood sexual abuse csa") AND "coping") OR "coping/adjustment") AND | 811040 | | | | | |

| | | | | | | | |
|-----------|---|--------|----|---|--|--|--|
| | "coping/adaptation") AND "boys") OR "boy") OR "male") OR "man") OR "men") OR "adult survivors of childhood sexual abuse") NOT "hiv") NOT "cancer") NOT "heart") NOT "woman") NOT "girl") NOT "bullying") NOT "bullying/abuse")) NOT gays)) NOT literary review)) NOT systematic review)) NOT adverse childhood experiences))) NOT "risk factors") NOT "sex offenders")) NOT "female") NOT "reproduction")) NOT "quantitative study") NOT "quantitative study design") NOT "quantitative study data" | | | | | | |
| 21.2.2019 | (((((("childhood sexual abuse") AND "childhood sexual abuse csa") AND "coping") OR "coping/adjustment") AND "coping/adaptation") AND "boys") OR "boy") OR "male") OR "man") OR "men") OR "adult survivors of childhood sexual abuse") NOT "hiv") NOT "cancer") NOT "heart") NOT "woman") NOT "girl") NOT "bullying") NOT "bullying/abuse")) NOT gays)) NOT literary review)) NOT systematic review)) NOT adverse childhood experiences))) NOT "risk factors") NOT "sex offenders")) NOT "female") NOT "reproduction")) NOT "quantitative study") NOT "quantitative study design") NOT "quantitative study data")) AND "qualitative study" | 598 | 20 | 1 | | | |
| 21.2.2019 | (((((("childhood sexual abuse") AND "childhood sexual abuse csa") AND "coping") AND "coping/adjustment") AND "coping/adaptation") AND "boys") OR "boy") OR "male") OR "man") OR "men") OR "adult survivors of childhood sexual abuse") NOT "hiv") NOT "cancer") NOT "heart") NOT "woman") NOT "girl") NOT "bullying") NOT "bullying/abuse")) NOT gays)) NOT literary review)) NOT systematic review)) NOT adverse childhood experiences))) NOT "risk factors") NOT "sex offenders")) NOT "female") NOT "reproduction")) NOT "quantitative study") NOT "quantitative study design") NOT "quantitative study data")) NOT "perpetrators") NOT "criminal" | 808481 | | | | | |
| 21.2.2019 | (((((("childhood sexual abuse") AND "childhood sexual abuse csa") AND "coping") AND "coping/adjustment") AND "coping/adaptation") AND "boys") OR "boy") OR "male") OR "man") OR "men") OR "adult survivors of childhood sexual abuse") NOT "hiv") NOT "cancer") NOT "heart") NOT "woman") NOT "girl") NOT "bullying") NOT "bullying/abuse")) NOT gays)) NOT literary review)) NOT systematic review)) NOT adverse childhood experiences))) NOT "risk factors") NOT "sex offenders")) NOT "female") NOT | 808260 | | | | | |

| | | | | | | | |
|-----------|---|-----------------------|-----|----|---|---|-----------|
| | "reproduction")) NOT "quantitative study") NOT "quantitative study design") NOT "quantitative study data")) NOT "perpetrators") NOT "criminal")) NOT "childhood trauma" | | | | | | |
| 21.2.2019 | ((((((((((((((((((((((((((((((((((("childhood sexual abuse") AND "childhood sexual abuse csa") AND "coping") AND "coping/adjustment") AND "coping/adaptation") AND "boys") OR "boy") OR "male") OR "man") OR "men") OR "adult survivors of childhood sexual abuse") NOT "hiv") NOT "cancer") NOT "heart") NOT "woman") NOT "girl") NOT "bullying") NOT "bullying/abuse")) NOT gays)) NOT literary review)) NOT systematic review)) NOT adverse childhood experiences))) NOT "risk factors") NOT "sex offenders")) NOT "female") NOT "reproduction")) NOT "quantitative study") NOT "quantitative study design") NOT "quantitative study data")) NOT "perpetrators") NOT "criminal")) NOT "childhood trauma")) NOT "maternal care" | <u>2367340</u> | | | | | |
| 21.2.2019 | ((((((((((((((((((((((((((((((((((("childhood sexual abuse") AND "childhood sexual abuse csa") AND "coping") AND "coping/adjustment") AND "coping/adaptation") AND "boys") AND "boy") AND "male") OR "man") OR "men") OR "adult survivors of childhood sexual abuse") NOT "hiv") NOT "cancer") NOT "heart") NOT "woman") NOT "girl") NOT "bullying") NOT "bullying/abuse")) NOT gays)) NOT literary review)) NOT systematic review)) NOT adverse childhood experiences))) NOT "risk factors") NOT "sex offenders")) NOT "female") NOT "reproduction")) NOT "quantitative study") NOT "quantitative study design") NOT "quantitative study data")) NOT "perpetrators") NOT "criminal")) NOT "childhood trauma")) AND child abuse, sexual [MeSH Terms] | 222 (1.3.2019 222) | 222 | 44 | 7 | 3 | 90 |
| 21.2.2019 | ((((child abuse, sexual [MeSH Terms]) AND adaptation, psychological [MeSH Terms]) AND men [MeSH Terms]) AND male | 2 | 2 | 1 | 1 | | |
| 21.2.2019 | ((((child abuse, sexual [MeSH Terms]) AND adaptation, psychological [MeSH Terms]) AND men) OR boys | 879547 | | | | | |
| 21.2.2019 | ((((child abuse, sexual [MeSH Terms]) OR sexual child abuse [MeSH Terms]) AND adaptation, psychological [MeSH Terms]) AND male [MeSH Terms] | 307 | 307 | 15 | 3 | | |

DATABASE: Scopus (2nd round)

LIMITATIONS: English

| Search date | Search terms | No. of hits | No. of titles read | No. of abstracts read | No. of full articles read | Articles chosen | Peer review 26.0.2019 |
|-------------|--|-------------|--------------------|-----------------------|---------------------------|-----------------|--------------------------|
| 22.2.2019 | "child* sexual abuse" AND male OR boy AND coping OR adaptation AND NOT girl AND NOT female AND NOT hiv | 928 | 20 | 1 | | | |
| 22.2.2019 | "child* sexual abuse" AND male OR boy AND coping OR adaptation AND NOT girl AND NOT female AND NOT hiv AND NOT women AND NOT "intimate partner violence*" | 340 | | | | | |
| 22.2.2019 | "child* sexual abuse" AND male OR boy AND coping OR adaptation AND NOT girl AND NOT female AND NOT hiv AND NOT women AND NOT "intimate partner violence*" AND NOT offender* | 163 | 163 | 9 | 3 | | |
| 22.2.2019 | "child* sexual abuse" OR "childhood sexual abuse" OR "child abuse sexual" AND male OR boy AND coping OR adaptation AND NOT girl AND NOT female AND NOT hiv AND NOT women AND NOT "intimate partner violence*" AND NOT offender* AND (LIMIT-TO (LANGUAGE , "English")) | 168 | 168 | | | | |
| 22.2.2019 | "child* sexual abuse" OR "childhood sexual abuse" OR "child abuse sexual" AND male OR boy AND coping OR adaptation AND NOT girl AND NOT female AND NOT hiv AND NOT women AND NOT "intimate partner violence*" AND NOT offender* OR "sexual molestation" OR "child molestation" AND (LIMIT-TO (LANGUAGE , "English")) | 168 | 168 | | | | |
| 22.2.2019 | "child* sexual abuse" OR childhood AND sexual AND abuse OR "child abuse sexual" AND male OR boy AND coping OR adaptation AND NOT girl AND NOT female AND NOT hiv AND NOT women AND NOT "intimate partner violence*" AND NOT offender* OR "sexual molestation" OR "child molestation" AND (LIMIT-TO (LANGUAGE , "English")) | 423 | 20 | | | | |
| 22.2.2019 | "child* sexual abuse" OR childhood AND sexual AND abuse OR "child abuse sexual" AND male OR boy AND coping OR adaptation AND NOT girl AND NOT female AND NOT hiv AND NOT women AND NOT "intimate partner | 177 | 177 | 2 | 1 | | |

| | | | | | | | |
|-----------|---|-----|-----|----|---|---|-----|
| | violence*" AND NOT offender* OR "sexual molestation" OR "child molestation" AND NOT parent* AND (LIMIT-TO (LANGUAGE , "English")) | | | | | | |
| 22.2.2019 | "child* sexual abuse" OR childhood AND sexual AND abuse OR child AND abuse AND sexual AND male OR boy AND coping OR adaptation AND NOT girl AND NOT female AND NOT hiv AND NOT women AND NOT "intimate partner violence*" AND NOT offender* OR "sexual molestation" OR "child molestation" AND NOT parent* AND NOT bullying AND (LIMIT-TO (LANGUAGE , "English")) | 162 | 162 | | | | |
| 22.2.2019 | "child* sexual abuse" OR childhood AND sexual AND abuse OR child AND abuse AND sexual AND male OR boy AND coping AND behaviour OR adaptation AND NOT girl AND NOT female AND NOT hiv AND NOT women AND NOT "intimate partner violence*" AND NOT offender* OR "sexual molestation" OR child AND molestation AND NOT parent* AND NOT bullying AND (LIMIT-TO (LANGUAGE , "English")) | 43 | 43 | | | | |
| 22.2.2019 | child AND sexual AND abuse OR childhood AND sexual AND abuse OR child AND molestation AND male OR boy AND coping OR adaptation AND NOT women AND NOT girl AND NOT bullying AND NOT animals AND NOT hiv AND NOT cancer | 46 | 46 | 3 | | | |
| 22.2.2019 | child AND sexual AND abuse OR childhood AND sexual AND abuse OR child AND molestation AND victim OR survivor AND male OR boy AND coping OR adaptation AND NOT women AND NOT girl AND NOT bullying AND NOT animals AND NOT hiv AND NOT cancer | 32 | 32 | 1 | | | |
| 22.2.2019 | child AND "sexual abuse" AND victim OR survivor AND male OR boy AND coping OR adaptation AND NOT woman AND NOT female AND NOT girl AND NOT offender | 144 | 144 | 3 | 1 | | |
| 22.2.2019 | coping AND behaviour AND "childhood sexual abuse" AND male OR boys AND NOT animals AND NOT drugs AND NOT disorders AND NOT cancer AND NOT "human trafficking" AND (LIMIT-TO (LANGUAGE , "English")) OR LIMIT- | 285 | 285 | 28 | 4 | 2 | 285 |

DATABASE: ASSIA (2nd round)

Search limited to:

Source type

Dissertations & Theses, Scholarly Journals

Document type

Case Study, Dissertation/Thesis, Interview

Language

English

| Date: | Key words | No. of hits | No. of titles read | Abstracts read | Articles read | Articles chosen |
|-----------|---|-------------|--------------------|----------------|---------------|-----------------|
| 25.2.2019 | "Childhood sexual abuse" AND boys OR male OR males OR boy AND "coping style" OR "emotional coping" OR "adult survivors of childhood sexual abuse" NOT girl* NOT female* | 869 | 20 | | | |
| 25.2.2019 | "Childhood sexual abuse" AND male AND coping OR adaptation OR adaptations OR (abuse sexual child) | 18 | 18 | 3 | | |
| 25.2.2019 | "Childhood sexual abuse" AND male AND coping OR adaptation OR adaptations OR (abuse sexual child) OR (emotional coping) | 18 | 18 | 1 | | |
| 25.2.2019 | (childhood sexual abuse) AND male AND coping OR adaptation OR adaptations OR (abuse sexual child) OR (emotional coping) | 105 | 105 | 1 | | |
| 25.2.2019 | (childhood sexual abuse) AND male AND coping OR adaptation OR adaptations OR (abuse sexual child) OR (emotional coping) OR (child abuse molestation) | 105 | 105 | | | |

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

DATABASE: Proquest Social Science premium collection. (2nd round)

Limitations: Full text, peer reviewed

Source type

Dissertations & Theses, Government & Official Publications, Reports, Scholarly Journals

Document type

Article, Case Study, Dissertation/Thesis, Evidence Based Healthcare, Government & Official Document, Interview

Language

English

| Date | Key words | Hits | Titles read | Abstracts read | Full articles read | Articles chosen | Peer review 1.3.2019 1,096 |
|-----------|--|------|-------------|----------------|--------------------|-----------------|----------------------------------|
| 25.2.2019 | "childhood sexual abuse" AND coping AND male OR boy OR adaptation OR (child molestation) | 1090 | 320 | 28 | 2 | 3 | |
| 25.2.2019 | "childhood sexual abuse" AND coping AND male OR boy OR adaptation OR (child molestation) NOT mainsubject(women) NOT mainsubject(girl) NOT mainsubject(female) | 1089 | 40 | | | | |
| 25.2.2019 | "childhood sexual abuse" AND coping AND male OR boy OR adaptation OR (child molestation) NOT mainsubject(women) NOT mainsubject(girl) NOT mainsubject(female) NOT mainsubject(woman) | 1089 | | | | | |
| 25.2.2019 | "childhood sexual abuse" AND coping AND mainsubject(male) OR boy OR adaptation OR (child molestation) NOT mainsubject(women) | 817 | 20 | | | | |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | NOT mainsubject(girl) NOT mainsubject(female) NOT mainsubject(woman) | | | | | | |
|--|--|--|--|--|--|--|--|

DATABASE: **Web of science (2nd round)**

LIMITATIONS: **English, Article**

| Date | Keywords | Hits | Titles read | Abstracts read | Full articles read | Articles chosen | Peer review 26.2.2019 |
|-----------|--|-----------|-------------|----------------|--------------------|-----------------|--------------------------|
| 26.2.2019 | (child* sexual abuse OR child molestation OR child abuse sexual) | 20404 | | | | | |
| 26.2.2019 | (male OR boy OR man OR men) | 1,952,086 | | | | | |
| 26.2.2019 | (coping OR adaptation OR (psychological adaptation) OR (coping behaviour)) | 509082 | | | | | |
| 26.2.2019 | #3 AND #2 AND #1 | 195 | 195 | 18 | 3 | 1 | 195 |

LIST OF ARTICLES USED FOR ANALYSIS

1. Crete et al. Resilience strategies of male survivors of childhood sexual abuse and their female partners: A phenomenological inquiry. 2015.
2. Diamanduros et al. MALE AND FEMALE SURVIVORS OF SEXUAL ABUSE Theoretical Perspectives of Male Sexual Abuse: Conceptualization of a Case Study. 2012
3. Draucker et al. Healing of Adult Male Survivors of Childhood Sexual Abuse. 1996.
4. Easton et al. “From that Moment on My Life Changed”: Turning Points in the Healing Process for Men Recovering from Child Sexual Abuse. 2015.
5. Fater et al. THE LIVED EXPERIENCE OF ADULT MALE SURVIVORS WHO ALLEGE CHILDHOOD SEXUAL ABUSE BY CLERGY. 2000.
6. Gill et al. Male Survivors of Childhood Sexual Abuse: A Qualitative Study and Issues for Clinical Consideration. 2008.
7. Grossman et al. A Gale Force Wind: Meaning Making by Male Survivors of Childhood Sexual Abuse 2006.
8. Hunter. Beyond surviving gender differences in response to early sexual experiences with adults. 2009
9. Kia-Keating. Relational Challenges and Recovery Processes in Male Survivors of Childhood Sexual Abuse. 2010.
10. Krug. ADULT MALE REPORT OF CHILDHOOD SEXUAL ABUSE BY MOTHERS: CASE DESCRIPTIONS, MOTIVATIONS AND LONG-TERM CONSEQUENCES. 1989.
11. Lambie et al. “I Couldn’t Do It to a Kid Knowing What It Did to Me”: The Narratives of Male Sexual Abuse Victims’ Resiliency to Sexually Offending. 2016
12. O’Leary et al. Exploring Coping Factors amongst Men Who Were Sexually Abused in Childhood. 2010.
13. Phanichrat et al. Coping Strategies Used by Survivors of Childhood Sexual Abuse on the Journey to Recovery. 2010.
14. Singer. GROUP WORK WITH MEN WHO EXPERIENCED I NCEST IN CHILDHOOD. 1989.
15. Stanley. Silencing Violations in State Care. 2016.

Appendix 3 CASP table

Quality assessment of included articles CASP checklist

| Author (year) | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 | Q10 | Peer review 5.3.2019 |
|-----------------------------|----|----|----|----|----|----|----|----|----|-----|-------------------------|
| Hunter (2009) | Y | Y | Y | Y | Y | ½ | Y | Y | Y | ½ | * |
| Diamanduros et al (2012) | Y | Y | ½ | Y | Y | N | Y | Y | Y | ½ | * |
| Draucker et al (1994) | Y | Y | Y | ½ | Y | N | ½ | Y | Y | Y | * |
| O’Leary et al (2010) | Y | Y | Y | Y | Y | N | ½ | ½ | Y | Y | * |
| Gill et al. (1999) | Y | Y | Y | Y | Y | Y | ½ | Y | Y | Y | * |
| Krug (1989) | Y | ½ | ½ | Y | Y | N | N | Y | Y | ½ | * |
| Singer (1989) | ½ | Y | Y | Y | ½ | N | N | ½ | Y | Y | * |
| Kia-Keating et al (2010) | Y | Y | Y | Y | Y | N | ½ | Y | Y | Y | * |
| Crete et al (2015) | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | * |
| Lambie et al (2015) | Y | Y | Y | Y | Y | N | ½ | Y | Y | Y | * |
| Stanley (2016) | Y | Y | N | Y | Y | N | ½ | Y | Y | Y | * |

| | | | | | | | | | | | |
|----------------------------|---|---|---|---|---|---|---|---|---|---|---|
| Fater et al (2000) | Y | Y | Y | Y | Y | N | ½ | Y | Y | Y | * |
| Easton et al. (2015) | Y | Y | Y | Y | Y | N | ½ | Y | Y | Y | * |
| Phanichrat et al (2010) | Y | Y | Y | ½ | Y | Y | Y | Y | Y | ½ | * |
| Grossman et al. (2006) | Y | Y | Y | Y | Y | N | N | Y | Y | Y | * |

Note:

Q1= Was there a clear statement of the aims of the research?

Q2= Is a qualitative methodology appropriate?

Q3= Was the research design appropriate to address the aims of the research?

Q4= Was the recruitment strategy appropriate to the aims of the research?

Q5= Was the data collected in a way that addressed the research issue?

Q6= Has the relationship between researcher and participants been adequately considered?

Q7= Have ethical issues been taken into consideration?

Q8= Was the data analysis sufficiently rigorous?

Q9= Is there a clear statement of findings?

Q10 = How valuable is the research?

Y= Totally met

½= Partially met

N = Not met

Appendix 4 Coding tree

RQ: “What are the coping strategies used by males affected by childhood sexual abuse?”

| CODES | QUOTES | SUB CATEGORY | CATEGORIES | THEMES |
|--|---|---------------------|-------------------------------------|---|
| Use of several coping strategies | | | | Use of several coping strategies |
| Substance abuse Self-abuse Over working | <i>“In most of the cases drug use served an insulating protective role that allowed them to emotionally escape their past and present situations”</i> | | Self-destructive behaviour | Reactional coping strategies |
| Using a prostitute Affairs Multiple sexual partners Unsafe sex Numerous affairs Separation between emotions and sex | <i>"good enough in bed, then all the other faults I have wouldn't matter."</i> | Sexual risk taking | | |
| Social stigma Lack of Social support Assault of others | <i>“Adam’s need to appear masculine may have been present</i> | | Reactions to the social environment | |

| | | | | |
|--|--|--|------------------------------|-------------------------------------|
| Physical abuse of others Coercion to compromising relationships Fiscal irresponsibility Separation between emotions and sex | <i>in his interacting with younger boys. His tendency to spend more time with younger peers may have helped him feel more superior or masculine.”</i> | | | |
| Seeking help Helping others Campaigning for victims Disclosure to a non-professional Pursuing legal action | <i>“I became a social service provider helping others, which in the long run helped me feel better”</i> | | Pro-active coping strategies | Responsive coping strategies |
| Art Finding refuge Leaving the house Moving to another city | <i>“I’ve learned over the years just to put [anger] aside. . . . I’ve learned to do meditation and yogas and different things like that, and that’s the way I deal with it.”</i> | | Escaping | |
| Not affected | <i>“I got on with my life.</i> | | | |

| | | | | |
|--|---|------------------------------|-----------------|--|
| Positive narratives Shifting Refused to be seen as a victim Spirituality Not my fault Silence | <i>It didn't seem to affect me."</i> | | | |
| Positive social support Safe relationships | <i>"taught me about that it really is possible to be, in another, in a room with a single other living creature and have them do you no harm. In a way I really feel like she taught me to love again."</i> | | Adaptive coping | |
| Understanding | <i>"My mom has a major mental illness and that's why she did those things to me"</i> | Relationship with the abuser | | |
| Suppression Denial Repressed memories Disassociation Silence | <i>"One man reflected on the potential implications of remaining silent and harbouring feelings of</i> | | Avoidance | Internalizing coping strategies |

| | | | | |
|---|--|--|---------------------|--|
| Questioning own narratives Failed attempts to disclose | <i>revenge. He was interviewed in prison, where he was serving a sentence in relation to the murder of his father, who was the perpetrator."</i> | | | |
| Inability to maintain a relationship Impaired ability to relate to a partner Anxiety Depression Guilt Emotional irritability Shame Self-Blame Denial Hope Anger Stigma | <i>"I believed I was bad and that made my Dad do what he did to me"</i> | | Emotional reactions | |
| (Onset of abuse) | | | | |