

Citable Units Assignment

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I have no known conflict of interest to disclose.

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Male sexual abuse survivors are interested in research that is designed to discuss the effects of sexual abuse psychologically, emotionally, and sexually. Several interests have also been noted. They are as follow: possible interventions, an understanding of how racial stereotypes affects sexual abuse disclosure, the effectiveness of peer groups, and information about the prevention of male sexual abuse (Cook et al., 2018).

Traditional masculinity ideologies and norms were upheld by men, who were survivors of rape and sexual abuse. The findings presented issues with police officers not being able to adequately deal with men, who experienced rape or some form of sexual abuse (Widanaralalage et al., 2022).

Negative emotions are greatly affected by compassionate thinking, which proved to be more effective than other strategies. The development of self-compassion can possibly help to alleviate severe negative emotions during a crisis (Arimitsu & Hofmann, 2017).

Sexual abuse and violence are rarely discussed in South Asian communities due to patriarchal ideologies and “honor.” These acts are not reported in a timely fashion and are often not reported, also due to cultural background (Cook et al., 2018).

Compassion-Focused Therapy (CFT) addresses the “threat” system that sexual abuse survivors might experience and encourages the “soothing” system that promotes safe and content feelings

and the “drive” system that promotes feelings of positive productivity (McLean et al., 2018). It is suggested that the balance of these three systems produces healthy and productive mental health.

Self-compassion can be enhanced, and trauma-related shame can be reduced by the use of Compassion-focused Visual Art Therapy (CVAT) in assisting females, who were sexually abused (Joseph & Bance, 2020). This therapy has been proven to be efficient, reliable, and valid.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a treatment that is evidenced-based, which is used to assist children (3-18), who have dealt with trauma, along with their non-abusive parent(s) or caregiver (Cohen et al., 2017).

Most women in this study disclosed that they did not experience Posttraumatic Growth (PTG) until they became adulthood and were able to think on their own and to react to those around them in ways that affected their coping (Hartley et al., 2016). The women also noted that their understanding of what they had experienced was abusive and was not their fault was essential for growth via relationships with others and their ability for self-forgiveness and acceptance (Hartley et al., 2016).

Some childhood sexual abuse survivors felt the need to disclose the abuse to their partner so that their struggle with sexual intimacy could be understood (MacIntosh et al., 2016). The CSA survivor’s healing process can be affected negatively or positively by their partner’s responses. (MacIntosh et al., 2016). Positivity toward the CSA survivor seemed to decrease feelings of shame, and negativity seemed to do the opposite. (MacIntosh et al., 2016).

Active healing resulted in the CSA survivor's ability to accept self, to have a stronger concept of self, and to have a stronger relationship capacity (Arias & Johnson, 2013). In this study, a higher power was viewed as essential in attaining healing in the life of the CSA survivor (Arias & Johnson, 2013). Trustworthy, supportive relationships were viewed as an important element toward the CSA survivor experiencing positive adaptation (Arias & Johnson, 2013). In this study, most of the CSA survivors, who either confronted their abusers imaginably or in life, benefited from this confrontation, in that this experience helped them to recognize their situation, as well as themselves, and to forgive the perpetrator (Arias & Johnson, 2013).

According to this study, adult CSA survivors deal with issues, which result in the decrease of relationship and sexual satisfactions, as well as low levels in communication and trust in intimate relationships (Røjgaard Nielsen et al., 2018). It appears that some evidence suggest that it is more beneficial for healthcare providers to not just focus on the CSA survivor in treatment but to also include the partner as well (Røjgaard Nielsen et al., 2018).

CSA programs need to not only educate children but should also teach the parents and caregivers; something that this study discussed was neglected (Foster & Hagedorn, 2014). The children in this study discussed about having a high resistance toward therapy and low level of trust in counselors and the therapeutic process (Foster & Hagedorn, 2014). Counselors must keep in mind that building that trust is essential to that child's healing (Foster & Hagedorn, 2014).

Sexual survivors' narratives of personal growth and healing were helped by the unique and essential role of activism and antiviolence movements (Strauss Swanson & Szymanski, 2020). It was noted that these movements acted as a catalyst, moving these survivors from feelings of shame and silence to a place where they felt empowered, free, and able to come against all organizations of oppression (Strauss Swanson & Szymanski, 2020). This study suggested that perhaps survivors are experiencing personal healing as a result of activism, as well as becoming agents of change against oppression and sexual assault (Strauss Swanson & Szymanski, 2020).

In this study, it was stated that self-blame, maladaptive coping, and negative social responses experienced after revelation of assault are connected with less posttraumatic growth (Ullman, 2014). However, adaptive individual coping and positive social responses relate to greater posttraumatic growth (Ullman, 2014). The findings suggested that mental health professionals can assist victims in their overall recovery process by helping them to deal with the assault, to work through the experience cognitively, to encourage them to take back their power, to work on coping strategies, and to encourage them to find other individual or group help in their community (Ullman, 2014).

Compassion Focused Therapy aims to develop competencies, as well as brain systems, that have crucial roles in regulating threat and overall well-being, as well as prosocial behavior (Gilbert, 2014). CFT also utilizes many interventions that are evidence-based, including perspective taking and reappraisal and exposure using behavioral interventions (Gilbert, 2014). The focus is not just to directly decrease systems that are negative and cause threat but to also create abilities to encounter and allow collaborative motives and emotions (Gilbert, 2014). This creates

reciprocal feelings that are collaborative to oneself and others, which increases one's ability to function at our optimal self (Gilbert, 2014).

Using compassion as a psychotherapeutic strategy has garnered elevated attention, and in therapeutic settings, the therapist via CFT can teach the client how to cultivate the following: self-compassion, compassion toward other people, and receptiveness to compassion from other people, especially in response to a negative situation (Leaviss & Uttley, 2014). It has been observed that CFT can notably enhance an individual's mental health and has provided some positive outcomes for the participants, especially those with depression; however, these writers do not believe that enough evidence exists that it is more effective than CBT (Leaviss & Uttley, 2014).

In this study, CBT effected a great decrease in shame levels (Hedman et al., 2013). It was stated that TOSCA mostly measures internal shame; the type of shame that deals with self-perception (Hedman et al., 2013). It was suggested that CBT not only cenges maladaptive behaviors and thoughts but also helps to decrease negative thoughts pertaining to self-worth (Hedman et al., 2013).

The findings suggest that clinicians would be more effective in assisting females to approach and work through shame and trauma rather than avoiding them (Brem et al., 2018). It was discussed that some females, who deal with Substance Use Disorder, might engage in maladaptive behavior or compulsive sexual behavior (CSB) in order to avoid dealing with symptoms of shame (Brem et al., 2018).

Implicit shame was noticed in young people's not wanting others to know about childhood sexual abuse due to a negative evaluation of self as well as other's possible negative perception (McElvaney et al., 2022). Psychoeducation and outreach services are needed to help victims of CSA deal, who might struggle or battle with shame.

Higher levels of shame were found to be present with survivors, who were victims of both sexual and physical abuse, than those who were victims of either sexual, physical, or no abuse (McKenzie & Botts, 2018). A significant effect was also present for those who were victims of sexual abuse. The study showed the correlation between the amount of abuse one experiences with the degree of level of shame attached to the abuse (2018).

A person's recovery can be affected positively by psychological strategies, which endorse healthy, emotional stability and a positive view of self (Chouliara et al., 2014). Endorsing disclosure that is safe, as well as appropriate, is essential in the recovery process and should be practiced by professionals in healthcare (2014). Disclosure is seen, via this proposed theoretical framework, as serious marker in the person's recovery process.

The following five variables were attributable to an elevated probability of a suicide attempt: the frequency of the assault, the force used during the assault, elevated conformity to societal masculine norms, depressive symptoms' level, and suicidal thoughts (Easton et al., 2013). Where signs of depression are present, it is important that the male is tested for suicidal ideation, as well

as suicide attempts, quickly and are presented with appropriate intervention to support the level of risk (Easton et al., 2013).

In feminism's attempt to expound on injustice toward women, feminism has uncovered that homogenic masculinity has proven to be an obstacle in men seeking help for being victims of rape due to what is considered socially acceptable for a masculine male (Javaid, 2016). This research has shown that men also are affected by gender roles, as well as sexism.

Sexual assault survivors might personalize victim-blaming messages and indulge in self-blame, which could be lowered by self-compassion (Bhuptani & Messman, 2022). This could result in a lower level of PTSD, as well as depression.

In this study, women, as compared to men, showed elevated levels of behavioral and bodily shame, psychopathological anguish, cognitive reassessment, and malevolence (Velotti et al., 2017). Men, as compared to women, showed elevated levels of emotional repression and physical hostility (Velotti et al., 2017). Where shame feelings are present, self-esteem is lacking, and elevated levels of anger and psychological anguish exist (Velotti et al., 2017).

Shame can be viewed as an element of social pain, which elicits a defense mechanism that ends in anger and/or hostility (Elison et al., 2014). While the hostility might give the victim short-term gratification, the effects of the shame and hostility could jeopardize and impact every area of the victim's life, including relationships (Elison et al., 2014). In order to decrease violence, it is important that health care professionals have effective, intentional, and therapeutic interventions in place to deal with threat-defense mechanisms caused by shame (Elison et al., 2014).

Childhood sexual abuse can bring about emotional anguish (guilt and shame) and stress, which can last a lifetime (Sharma, 2022). Self-actualization can be greatly affected by CSA, which can have major, numerous, and prolonged effects on the male (boys and men) victims (Sharma, 2022). Male survivors' sexual desire and behavior might be affected by the abuse, causing some to take part in risky, sexual acts. Many in this particular study felt that they were complicit in their own experience due to not saying no, fighting the abuser, or just going along with everything (Sharma, 2022).

Many survivors of CSA did not disclose the abuse till they became adults; a delay that this study suggests prolongs the healing process (Jeong & Cha, 2019). This study suggested that survivors looked for meaning about their abuse and used their pain and experience to help someone else, which is indicative of the healing and psychological models that help the abused heal (Jeong & Cha, 2019).

Shame is something that is identified by the individual, and each person experiences shame differently based upon the individual's perception of self. (MacGinley et al., 2019). The study suggested that shame is a result of childhood sexual abuse and impacts other results of CSA, i.e. psychological issues and indicators of trauma (MacGinley et al., 2019).

This study proved that when withdrawal coping is used the individual most likely will not engage in an intimate relationship in order to experience a short-term comfort from feelings of shame (Black et al, 2013). The therapeutic alliance and close relationship functioning are both

greatly affected by shame coping style and state pride, which proved to be more influential than state shame (Black et al, 2013).

Some different insights were discussed concerning the way someone's life can be controlled by sexual abuse and how sexual abuse can make it hard for disclosure to be made (Patterson et al., 2022). Survivors struggled with their self-image due to feelings associated with responsibility and blame, as well as shame (Patterson et al., 2022). Survivors also disclosed having a hard time differentiating between intimacy, sex, and love because the abuse ended up shaping their view of sex (Patterson et al., 2022). Some of the participants expressed the abuse as an absolute cause to not put someone else through this pain, and some expressed worry about the possibility of committing sexual abuse (Patterson et al., 2022).

The male survivors of CSA reported experiencing abuse at a younger age than the female survivors, disclosed experiencing more hands-off manifestations of abuse than females reported, and held themselves and the abuser responsible more than females did (Okur et al., 2020). More of the females than the males in the study reported disclosing their CSA to people in their network, and it was shared that the females disclosed their CSA experience more than 2x than the males (Okur et al., 2020).

Male Rape Myths (MRMs) are affected by homophobia and sexism, which prompts for the need to further investigate how they are contributing factors toward MRMs (DeJong et al., 2020). It

was noted that male rape needs to be addressed in the educational setting, along with other issues dealing with negative gender stereotyping and hypermasculinity (DeJong et al., 2020).

Conflicting, confusing, and contradicting thoughts often exist amongst male sexual abuse survivors. In this study, it was concluded that these male survivors deal with feelings of arousal when discussing their abuse account, deal with the inability to differentiate between love and sex, and deal with feelings of being less than a man (emasculatation) due to not being able to defend themselves from their sexual abusers (Chan, 2014). It has been echoed that social assistance is needed to give aid to male sexual abuse survivors, who appear to be neglected in support.

Male victims/survivors of sexual abuse experience similar and different assistance as compared to female victims/survivors of sexual abuse (Cashmore & Shackel, 2014). Gender identity issues must be considered in how services are rendered between men and women (Cashmore & Shackel, 2014). Overall, gender can influence the type of treatment given, as well as the support and guidance or lack of throughout the healing process.

Childhood sexual abuse (CSA) affects men in different ways. It was discussed that each male views disclosure as a process that can be long, along with different layers, perceptions, and trajectories and with both positive and/or negative effects (Gagnier & Collin-Vézina, 2016). It was reported that most of the men had one disclosure experience that was positive (Gagnier & Collin-Vézina, 2016).

Childhood survivors of abuse discussed experiencing heightened levels of some psychological disorders (Bak-Klimek et al., 2014). This study explored post-abuse psychopathology, which can be attributed to developing, as a result of the family environment, as well as other forms of abuse.

Male childhood Sexual Abuse (MCSA) is complex due to men's struggling with seeing themselves as victims of sexual abuse due to society's misconception that boys/men do not experience sexual abuse (Alaggia & Mishna, 2014). Self-psychology can be used as a complimentary, therapeutic approach or as a long-term intervention to deal with interpersonal relationship issues that survivors of MCSA might face (Alaggia & Mishna, 2014).

An increase in mental health issues have been attributed to the act of force perpetrated upon male victims of childhood sexual abuse (Easton, 2014). In the clinical study, most of the male victims of CSA disclosed experiencing high levels of mental anguish that was recorded to be above the high severity rating, and the mean period until the act was shared was more than twenty years (Easton, 2014).

Young victims of CSA should not have to carry the burden of working through traumatic abuse via societal norms, which make it difficult to expose abuse; however, a safe and transparent atmosphere must be provided to them by the larger community where they can receive the help and support (Collin-Vézina et al, 2015). More research has to be done to explore the positive and negative effects of disclosure and to prevent continued victimization (Collin-Vézina et al, 2015).

In this study, 70.0% of the survivors interviewed shared that, even though they disclosed about the abuse, the abuse continued, and about 53.2% of those, who disclosed to their parents, experienced either indifference or negativity (Swingle et al., 2016). 73.4% of the victims did not tell anyone while the abuse was taking place (Swingle et al., 2016).

Black women, with intrafamilial engagement of childhood sexual abuse, have engaged in more dangerous sexual behaviors than those women with an extrafamilial engagement past (Lestrade, 2013). 73.3% of the women studied disclosed that their first childhood sexual abuse experience was done by a family member, and 81.7% of the women are currently dealing with PTSD (Lestrade, 2013).

Middle-aged adults were affected negatively as a result of being abused emotionally as children, which also affected their familial closeness (Savla et al., 2013). Self-acceptance among middle-aged adults has been proven to be positively related with familial closeness and has diminished the results of CEA and CPA on containing familial closeness (Savla et al., 2013).

The study discussed that when childhood abuse survivors receive some type of parental support it prevents negative effects and nurtures a healthier intrapersonal and interpersonal adaptation (Godbout et al., 2014). This positive attachment figure can create a healing effect when the child has experienced trauma; however, the nonsupport of the non-abusive parent could reinforce the child's feelings of worthlessness and that the parent (attachment figure) is unreliable and cannot be trusted (Godbout et al., 2014).

Adolescents, who have a sexual abuse history, have the chance to have a more drastic, positive outcome when higher levels of parental or caregiver support and education are present (Sanjeevi et al., 2018). Childhood sexual abuse must be addressed by clinicians, who understand the cultural differences in definition, in order to give sound services that are efficient culturally (Sanjeevi et al., 2018).

In the study, 62.5% of the boys, who disclosed CSA, were more inclined to substance use than 42.3% of the girls (Gray & Rarick, 2018). It was also recorded that 66.9% of the girls disclosed depressive symptoms to the boys' 46%, and 48.4% of the girls disclosed suicidal ideation to the boys' 36.5% (Gray & Rarick, 2018). These results are indicative of the fact that gender is a factor concerning how adolescents may deal with sexual abuse, as it relates to suicidal ideation, depressive symptoms, and substance use.

The grooming experience and the CSA experience both dictate the seriousness of trauma issues in CSA survivors (Wolf & Pruitt, 2018). Grooming that is both threatening and/or violent often leads to negative, traumatic issues in survivors of CSA (Wolf & Pruitt, 2018).

Males and females in poverty are at risk for revictimization (Matta-Oshima et al., 2014). Special education became a negative outcome for males due to learning or emotional effects, while the mental health system became a negative outcome for females due to possible prolonged effects of CSA (Matta-Oshima et al., 2014).

Many male survivors of CSA disclosed that the process of soliciting professional help for their mental health concerns was their turning point (Easton et al., 2015). They were changed as a result of powerful connections, insights and new perspectives, and action-oriented conversations via professional and group support (Easton et al., 2015). This study denotes the need of assisting male survivors of CSA comprehend that the CSA is not their fault but belongs to the abuser (Easton et al., 2015).

This study proved that the various forms of child maltreatment are connected to intimate partner violence (IPV) victimization, as well as perpetration (Godbout et al., 2017). This study also suggested the relevance and importance of possibly intervening on child maltreatment in order to stop male aggression against their close partners (Godbout et al., 2017). It stated that IPV that is male-initiated is more prevalent and potentially more threatening (Godbout et al., 2017). The public needs to be educated, informed, and made aware about boys and men being victimized and becoming perpetrators of violence, which would help decrease the stigma concerning masculinity (Godbout et al., 2017).

Black male survivors of childhood sexual abuse experience environmental and cultural factors, including historical/sociocultural legacies of patriarchy, colonization, and/or enslavement, that connect with their CSA (Myrie & Schwab, 2023). Secrecy and the silencing of abuse are encouraged as a result or effect of sociocultural determinants (Myrie & Schwab, 2023). Black men can experience possible double stigma due to perceptions of victimization and/or being in a state of vulnerability along with the thought of receiving assistance for both psychological and emotional distress (Myrie & Schwab, 2023). This study supports that Black male survivors of

CSA are under other collective pressure to exhibit hypermasculine and hypersexual behaviors, as well as congruent actions, in order to cope with their damaged masculinity that is already affected by racism and societal views (Myrie & Schwab, 2023).

This study disclosed that the decision-making method concerning disclosing CSA involved examining the potential risks and benefits associated with sharing their sexual abuse experiences with others (Easton et al., 2014). The men, who had previously disclosed their experience, heavily contemplated disclosing based on their previous disclosure (Easton et al., 2014). The barriers to disclosure could be categorized as sociopolitical, interpersonal, and personal, and most of the men in this study discussed having multiple types of barriers (Easton et al., 2014). It is important to have interventions at each barrier level due to the disclosure process for male survivors of CSA (Easton et al., 2014). Due to elevated levels of fear, as well as distrust, male survivors need to have a safe, therapeutic environment where they can be provided with the support needed for disclosure of their experiences (Easton et al., 2014).

Traumatic writing can be used as a positive therapeutic intervention. A narrative qualitative research methodology was used to show three different stages, where the individual begins to remember, gives the testimony and moves from silence, and moves to a place of self-cohesion (Sagi, 2021).

The results of this study concluded that trauma exposure is associated positively with participating in social behavior (Frazier et al., 2013). It was reported that people, who either

experienced more traumatic events in their life or recently experienced something traumatic, disclosed that they participated in helping people more often than those, who had either not dealt with a recent traumatic event or was not exposed to more traumatic events (Frazier et al., 2013).

The Test of Self-Conscious Affect-Adolescent (TOSCA-A) is a self-report that uses scales to measure guilt proneness, as well as guilt proneness, in adolescents (Watson et al., 2017). In this study, the sample was given to younger adolescents, and the shame and guilt items function pretty much about the same in both genders (Watson et al., 2017).

BDI-II is a brief, self-administered instrument that is great in measuring symptoms of depression in the primary health care field (Faro & Pereira, 2020). It consists of 21 answers and uses a 4-point scale to measure the somatic, affective, and cognitive areas of depressive symptoms in the past two weeks (Faro & Pereira, 2020).

The Kyle Inventory of Sexual Shame (KISS-9) is a measurement, which consists of 9 items that are used to assess shame based upon that individual's sexual encounters, beliefs, and conduct (Floyd et al., 2022). In this particular study, it was noted that sexual shame between the genders was not remarkably different via the use of KISS-9 (Floyd et al, 2022).

The KISS-9 is comprised of thoughts about others (factor 1), as well as thoughts about oneself (factor 2) (Lim, 2019). While this writer endorsed findings supporting the KISS-9's ability to measure sexual shame, this writer also believed that the KISS-9 should be further explored and tested to boost its validity (Lim, 2019). It has been noted that a crucial element in depression is

early shame encounters (Lim, 2019). Regarding shame, as well as sexual shame, culture can play a pivotal and influential role in causing people to struggle due to their fear of being judged (Lim, 2019).

CFT can be beneficial to assisting clients with elevated levels of shame proneness to be able to better deal with and help change shame patterns (Lin et al., 2022). Individuals, who emotionally focus and deal with anger rumination, stay in a state of anger for a more extended time than those, who deal with the anger from an analytical standpoint, and can become triggered and depressed, which could lead or form into feelings of suicidal ideation (Lin et al., 2022).

The Test of Self-Conscious Affect-3 measures the inclination to encounter shame (Ceclan& Nechita, 2021). It consists of different scenarios (16), which assess proneness to shame, pride, guilt, externalization, and detachment and uses a 5-point Likert scale (Ceclan& Nechita).

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