Supporting Fathers with Histories of Child Sexual Abuse: Practitioner Reflections

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Abstract

Background: The impact of child sexual abuse (CSA) across the lifespan, including its effect on subsequent parenting, is increasingly recognised within the evidence base. However, there remains a significant knowledge gap pertaining to male survivors ' experiences of fatherhood. Existing research has demonstrated that a practitioner's self-efficacy, CSA knowledge, and reflexive skill can impact the quality of care male survivors receive. However, no studies to date have explored the insights of practitioners experienced in supporting fathers with CSA histories.

Aims: The present study sought to qualitatively explore the insights and experiences of practitioners from various UK-based support disciplines who support father survivors.

Method: Purposive and convenience strategies were used to recruit practitioners across statutory and non-statutory sectors. Fifteen participants were interviewed virtually following a semi-structured interview guide. Transcriptions were subsequently analysed using reflexive thematic analysis (RTA).

Results: Four overarching themes were derived from analyses. These addressed the nuances of integrating themes of survivorship and fatherhood, including conceptualising the developmental stages of parenthood, masculinity socialisation processes, and prevalent societal myths. Wider interpersonal functioning, particularly tensions with the parental dyad, were also identified as key interventional priorities. Broader systemic challenges, including navigating 'feminized' and disjointed support structures, were also highlighted. Amidst these complexities, practitioners emphasised the importance of reflective practice, including examining implicit bias at both the individual and organisational levels when supporting father survivors.

Conclusions: Results revealed unique considerations for effective support for father-survivors, including opportunities to develop 'male-centric' communication and fostering a balanced approach to growth within fatherhood. Implications for clinical practice, cross-sector training, and policy are discussed. Future larger-scale research alongside designs that centralise the voice of father survivors are required to extend these preliminary findings.

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1 Chapter One: Introduction

1.1 Overview

This chapter provides an overview of the complex intersection of child sexual abuse (CSA) survivorship and parenthood, particularly drawing attention to the under-representation of father survivors within the existing evidence base. Three prominent psychological frameworks frequently applied within the CSA survivorship and parenting literature are presented and critiqued. The social norms of masculinity and enduring stigmas that compound the psychological impact of CSA for male survivors, including barriers to help-seeking, are also discussed in the context of parenthood. The chapter identifies a significant gap in understanding the perspectives of practitioners supporting male survivors of CSA and provides a rationale for the meta-ethnographic synthesis undertaken to address this gap. The empirical study focusing on the insights and experiences of practitioners experienced in supporting fathers with histories of CSA is subsequently introduced.

1.2 Language and Definitions

As noted by Crowe (1998), "the researcher's power lies in their capacity to construct a meaning which evolves from their particular construction of what has been said" (p.342). The researcher, therefore, has a responsibility to reflexively attend to their semantic choices, as language holds the power to shape the narratives and experiences being conveyed.

Historically, research has readily applied medicalised, psychiatric language when reporting on trauma survivors' experiences of distress. Survivors were presented as 'patients' whose navigation of trauma was viewed through a deficit-based, pathologized lens. These discourses are being increasingly challenged within contemporary research, including by the growing international movement of Mad Studies, described as "a meld of activism and intellectual activity" (Beresford, 2020, p. 1337). This radical user-led approach rejects the

bio-medical paradigm, calling for a new framework of 'madness' (LeFrancois et al., 2013) by replacing phrases such as 'mental health' with 'distress, ' movements such as this challenge the over-medicalisation of human experiences. As such, a survivor's experience of trauma-related distress represents an adaptive expression of a continuum of suffering (Beresford, 2021). This thesis is informed by the above philosophical and theoretical standpoint and, where possible, avoids using medicalized terminology. The word choices of the interviewed participants will be preserved irrespective of the research orientation and extracts presented verbatim, as this carries important meaning and insights.

There is a growing movement within the field of trauma and sexual abuse toward co-constructed, and ethically grounded research with the involvement of individuals with lived experiences considered increasingly integral (Taggart et al., 2025). This research was supported by an expert by experience who provided invaluable guidance relating to considerations of language, the content and structure of the semi-structured interview schedule and the wording of the recruitment flyer. Following discussions with this expert by experience, it was decided that this thesis will use the term 'survivor'. Although this consultant recognized 'survivor' as a somewhat impoverished term when attempting to capture a vast spectrum of experiences, the alternative of 'victim' was felt to be overly passive and did not feel reflective of the immense reliance and strength present within this population. The problem of what Sen (2006) refers to as singular affiliation should, however, also be acknowledged. The selection of either term perpetuates the assumption that a person belongs to a single collective only, rather than acknowledging the possibility of aligning with both categories simultaneously, or neither at all.

Existing literature draws on a diverse range of definitions of child sexual abuse (CSA), and therefore, the decisions made within the present thesis are important to highlight. In an attempt to delineate the proliferated terminology, Stoltenborgh et al. (2011) identified

two broad categories of definitions: normative, objective, and legality-based definitions and self-defined, subjective, and perception-based definitions. Research that utilises subjective or self-defining criteria relies on the individuals' perceptions of their experiences and is more in line with the right to self-identification, which is prevalent within survivor-led movements (Bass & Davis, 1990) and therefore will be mirrored within the present thesis. However, capturing the diversity of individual definitions was not possible. Therefore, the definition provided by the Department for Education (2015), employed by the Survivors Trust, was used as it was felt to be sufficiently broad and inclusive:

"A child is defined as any person under the age of 18. Child sexual abuse involves forcing or inciting a child to take part in sexual activity, whether or not the child is aware of what is happening and not necessarily involving a high level of violence. This may involve physical contact including rape or oral sex, or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or exploiting or grooming a child in preparation for abuse (including via the internet) or prostitution. Child sexual abuse can be committed by both men and women, or other children."

Finally, the present study draws on definitions of gender that consider the female or male sex in conjunction with social and cultural expectations and norms (Marecek, 2001). As such, gender identity refers to an individual's self-concept in relation to cultural constructions of what it means to be male and female (Nowatzki & Grant, 2011). The present study, therefore, does not align with binary constructions of gender as linked exclusively to an individual's biological sex assigned at birth. However, traditional, dichotomous presentations of gender and sex remain prevalent within both the CSA literature and the sexual violence

support landscape, which will be evidenced by the research and perspectives included in this thesis.

1.3 Childhood Sexual Abuse

1.3.1 Context and Prevalence

The World Health Organization has classified CSA as a global health crisis (WHO, 2017) with a recent United Nations Children's Fund report (UNICEF) estimating that globally, one in five girls and women and one in seven boys and men alive today have been subjected to sexual violence as children (UNICEF, 2024). These figures are mirrored in UK-based statistics, with the Centre of Expertise on Child Sexual Abuse (Karsna & Kelly, 2021) estimating that at least 1 in 10 are sexually abused before the age of 16 in England and Wales.

The long-term psychological, behavioural, social, and physical consequences of CSA are well documented within the literature (Finkelhor, 1990; Bebbington et al., 2011). Whilst a definitive causal relationship between these difficulties and CSA cannot be established, robust findings from large-scale clinical studies and reviews suggest that CSA is a significant risk factor for a variety of difficulties across the lifespan (Heffernan et al., 2000; Beitchman et al., 1992; Putnam, 2003*).* These include mental health challenges, adult psychopathology, substance misuse, interpersonal difficulties, and suicidality (Liebschutz et al., 2002; Putnam, 2003; Dube et al., 2001). Research has also linked CSA to physiological consequences, including gastrointestinal health, reproductive health, hypertension, and chronic fatigue (Irish et al., 2010). Given the plethora of adverse consequences of CSA, extending the empirical evidence base to enhance early identification and effective psychological intervention and treatment for survivors in both childhood and adulthood remains a significant priority for policymakers, researchers, and clinicians alike (Sousa-Gomes et al., 2024; Maniglio, 2009).

1.3.2 The UK CSA Support Landscape

Support pathways for survivors of CSA in the UK comprise various statutory and non-statutory services funded by a collective of national and local commissioners. Third-sector organisations including Rape Crisis Centres, Women's Centres and counselling services, victim support services and survivor-led organisations account for most of these provisions, followed by statuary services across the NHS, Criminal Justice System, and local authorities with private sector services making up the remainder (Parkinson & Steel, 2024). Whilst CSA has received increased governmental acknowledgment and funding in recent years, the recently completed 'Support Matters' report by the Centre of Expertise on child sexual abuse found only 468 services provided support to survivors and their families across England and Wales (Parkinson & Steele, 2024). Of the 168 provisions interviewed for the report, most could only offer support to a small minority of the referrals they received, and almost half reported supporting 100 survivors or fewer in 2021/22. The report also noted disparities in who these provisions were serving, with more services supporting children (primarily older children) rather than adults, and one in seven focusing on the needs of women. A scarcity of services focusing on boys/men and survivors from ethnic minority groups was a significant finding. Only 67 services across England and Wales were found to offer male-specific support, which, given the estimates that a quarter of CSA victims are male (Karsna & Kelly, 2021), was highlighted as a major gap in support provisions.

A national survey of adult survivors of CSA was completed to translate the lived experiences of survivors into an initial evidence base of the appropriacy of service provision in the UK (Smith et al., 2015). This project found that of the respondents who had accessed both statutory and non-statutory services, a striking 70% were more satisfied with the third-sector services they experienced than the statutory ones (Smith et al., 2015). Survivor narratives touched on shortcomings relating to the level and flexibility of therapeutic and

counselling input, suggesting that poor experiences of statutory services served as a barrier to engaging with support in the future.

It has been suggested that part of the dissatisfaction noted across survivor testimonies may reflect a misalignment of treatment priorities (Smith et al., 2015). Models of CSA treatment typically focus on the management of trauma symptoms such as hypervigilance and emotional dysregulation, with relational issues only targeted in certain settings and once stabilization stages have been completed (Chard, 2005; Ford et al., 2005). However, increasingly survivor-led research is suggesting that this does not reflect the needs and priorities of the individuals accessing these services. In 2023, the James Lind Alliance (JLA) Priority Setting Partnership (Crocker et al., 2024) presented a 3-year study to identify the most pressing research priorities relevant to the needs of adults with lived experiences of sexual violence. The top research priority identified by survivors and professionals related to the conceptualisation of recovery. Accounts highlighted that what was valued as recovery outcomes by survivors did not match current clinical conceptualisations of recovery (e.g., absence of symptoms). Survivors framed personal recovery as a more nuanced and complex phenomenon, encompassing wider holistic areas including interpersonal relationships, self-esteem, and quality of life. These insights highlight the need for research that focuses on broader domains of functioning for adult survivors, including areas such as intimate, family, and peer relationships. Whilst there is a growing body of research focusing on relational experiences of survivors, an area that has remained comparatively under-explored is how adult survivors of CSA experience parenthood (DiLillo & Damashek, 2003; Rumstein-McKean & Hunsley, 2001).

1.4 Adult Survivors of CSA and Parenthood

Whilst extant research has explored the link between childhood abuse and subsequent parenting, studies that focus specifically on CSA and later parenting outcomes are limited and almost exclusively focused on motherhood (Schuetze & Eiden, 2005; Ruscio, 2001; Barrett, 2010). A small collection of studies has examined the differing parenting beliefs and attitudes in women who have survived CSA, suggesting that mother survivors experience lower levels of confidence in their parenting ability and are more likely to report concerns about their emotional interactions with children (Cole & Putnam, 1992). These findings were echoed by Burkett (1991), who found that survivor mothers were more likely than non-survivor mothers to have negative self-narratives relating to parenthood and engage in increased levels of self-monitoring. Similarly, Schuetze and Eiden (2005) found that survivor mothers were prone to higher levels of stress in relation to parenting and were more likely to employ punitive parental strategies with young children as a result. The explanatory model generated by the authors suggested that the role of CSA experience had an indirect, rather than a direct, impact on parenting, moderated by mother survivors' increased risk of experiencing both depression and partner violence in adulthood (Schuetze & Eiden, 2005).

While these findings provide valuable insights into the possible intergenerational impacts of the consequences of CSA, there are several methodological limitations and knowledge gaps that should be acknowledged. Schetze and Eiden (2005) stress that a causation-based lens cannot be applied to their findings, which were obtained from a correlational design. For example, it is unclear whether depressive symptoms experienced by mothers with a history of CSA differ in a meaningful way from those of mothers living with depression who are not survivors, meaning the unique influence of CSA could not be determined. As these findings illustrate, the mechanisms underpinning the impact of CSA on subsequent parenting are complex, shaped by a plethora of co-existing mediating factors including mental health concerns, substance abuse, and domestic violence (Locke &

Newcomb, 2004; Schuetze & Eiden, 2005) alongside protective factors including community and partner support (Jay et al., 2022; Ruscio, 2001).

A further limitation of the evidence base is that the majority of research into survivors' parenting attitudes and practices are quantitative explorations of maternal psychopathology, with the voice of mother survivors themselves somewhat absent (Roller, 2011; Testa et al., 2011; Wright et al., 2012). To address this knowledge gap, Lange et al. (2020) completed a series of linked systematic reviews aimed at synthesising findings from the available qualitative research on this topic. The most common themes presented by Lange et al. (2020) were cited in 70 (68.8%) of the 108 reviewed studies related to mother survivors wanting to protect their child from abuse and actions taken to mitigate perceived risks. Across studies, mothers frequently described concerns relating to the intergenerational transmission of abuse and their desire to break this cycle as motivating their drive to protect their children. Paradoxically, just under 25% of the studies involved mothers who self-reported engaging in abusive behaviour towards their children (including sexual and physical abuse). The majority described significant shame in relation to these incidents, noting they were often preceded by periods of heightened negative emotion, stress, or a loss of control. These findings were discussed by both the mother-participants and authors in the context of the long-term mental health impacts of CSA felt to influence parental emotional availability, attachment, and bonding experiences (Lange et al., 2020). Qualitative reviews such as these provide important, nuanced insights into both the positive and negative experiences of parenting for survivors that can often be omitted in the quantitative literature (Lange et al., 2020; DiLillo & Damashek, 2003).

1.5 Theories of CSA and Parenting

Given the complexities of these interactive areas, multiple theoretical frameworks have been applied within the evidence base in attempts to better understand the relationship between CSA experiences and later parenting. Three prevalent examples will be discussed below.

1.5.1 Intergenerational Trauma Transmission and Attachment Theory

Lange et al.'s (2020) systematic review found that attachment theory was the most cited model within the included research. A core tenet of Bowlby's (1969) attachment theory is the concept of 'internal working models' whereby early attachment experiences inform internal representations of the self, others, and relationships, which in turn guide thoughts, feelings, and behaviours in attachment-related scenarios throughout life. As such, attachment theory posits that the primary caregiver and the quality and consistency of this attachment serve as a 'blueprint' or foundation for future relationships. Experiences of abuse and trauma in childhood are widely considered to disrupt attachment, with CSA frequently linked to an increased likelihood of insecure and/or disorganised attachment styles (Alexander, 1992; Caldwell et al., 2011). Literature exploring the experiences of mothers who are survivors of CSA suggests these attachment styles can be transmitted intergenerationally via the mother's parenting practice, which can, in turn, lead to challenges within the mother-child dyad (Lev-Wiesel, 2006). As such, unlike a direct traumatic event or events, intergenerational trauma is considered both an antecedent and outcome of traumatic attachment (Salberg, 2015).

Attachment models have been endorsed by qualitative insights from mothers who viewed their experiences of CSA as affecting multiple components of their relationship with their children, including bonding and communication (Lange et al., 2020). Research suggests that mother survivors may experience higher levels of perinatal dissociation or emotional detachment than their non-survivor counterparts, which some have argued is an example of a

trauma transmission mechanism across generations (Egeland & Susman-Stillman, 1996; Lev-Wiesel, 2006). Similarly, Douglas (2000) reported that mother survivors experienced increased anxiety and distress relating to intimate acts of parenting (breastfeeding, bathing), which was suggested to increase the likelihood of inconsistent or withdrawing parenting practices that may disrupt the quality of attachment formation in early critical developmental periods. These findings tentatively align with the limited longitudinal research available examining attachment styles in infants with mothers who had experienced childhood abuse. Vaillancourt et al. (2017) completed a small systematic review of 14 longitudinal, observational studies examining mother-infant outcomes in mothers who self-reported experience of childhood abuse and maltreatment. Most studies (71%) reported either direct or indirect associations between mothers' abuse experiences and parenting quality, particularly increased instances of maternal withdrawal. One included study by Driscoll and Easterbrooks (2007) reported that among a sample of over 100 community-based mothers, those with childhood abuse experiences were twice as likely to engage in inconsistent caregiving practices when compared to mothers without such histories. However, as Vaillancourt et al. (2017) acknowledged, these findings should be interpreted with caution as the methodological rigor, observational techniques, and sample characteristics varied significantly across included studies. Importantly, a notable proportion of the studies that reported direct associations between maternal abuse and caregiving utilized ‘high-risk’ samples (e.g., due to high levels of poverty or maternal psychopathology) yet did not test the possibility of these factors as potential mediators. Furthermore, the type of abuse experienced by mothers was not methodologically compared in most of the designs, meaning the specific effects of CSA on parenting outcomes could not be determined.

A prominent critique of traditional intergenerational models of attachment relates to the risk of minimising the influence of mediating factors within mechanisms of transmission

(Shah et al., 2010; Langevin et al., 2021). While a significant body of research suggests that a parent's internal working models of relationships directly influence their ability to sensitively meet the needs of their children (Fonagy et al., 1991; Main, 1995), conflicting findings are also presented within the literature. Fitzgerald et al. (2005), for example, assessed parent-infant interactions and perceived parental efficacy in seventeen mothers with histories of intrafamilial CSA. Despite these mothers' self-reporting lower levels of attachment security to their own primary caregivers as children, this was not found to significantly impact the quality of their later parenting. Indeed, survivor mothers were found to display high levels of support, confidence, and reciprocal affection with their children. While this study is limited by its sample size and 'snapshot' observational design, it exemplifies the inconsistencies within the CSA-focused attachment transmission literature. Furthermore, Charest et al. (2019) found that over half (57%) of preschool-aged children who experienced CSA were securely attached to at least one primary caregiver. This suggests that the association between CSA and attachment style is less clear-cut than in the disorganised, insecure pathways seen with physical abuse and neglect. This is an important finding as attachment security has been suggested to be protective against some of the harmful impacts of sexual trauma on psychological adjustment in adults, which may influence parenting attitudes and practices (Aspelmeier et al., 2007).

1.5.2 Social Learning Theory

A second model frequently referenced within research on CSA survivorship parenthood is social learning theory or SLT (DiLillo & Damashek, 2003). Originally developed by Bandura and Walters (1977), SLT emphasises observational learning and behavioural replication as, according to Bandura, "most responses are learned involuntarily, or on purpose, through example" (p.44). According to SLT, CSA survivors may lack opportunities to observe and construct healthy models of parenting in early childhood,

leading to the replication of distorted patterns within their own parenting practices in later life (Choi et al., 2019). This has been suggested to be particularly salient in instances of intrafamilial CSA where levels of wider dysfunction are often higher (Carson et al., 1991).

SLT is frequently cited in research examining the hypothesis that those who are abused in childhood are more likely to engage in neglectful or abusive parenting practices in adulthood (Milner et al., 2010; Dixon et al., 2005). According to SLT, a child who frequently witnesses a caregiver engaging in abusive behaviours during times of stress or conflict may learn that these behaviours result in the desired effect of compliance (Gershoff, 2002). In the context of CSA, factors such as age of onset, frequency, and duration have been suggested to moderate the likelihood of these early modelling experiences being internalized to a degree that may influence parenting practices (Carson et al.,1991; Harter et al.,1988; Madonna et al., 1991). Generally, social learning theorists do not propose that these behaviours will necessarily be directly replicated; instead, relational dynamics can be symbolically learned via the internalization of certain attitudes or values, which may translate to more punitive or authoritarian parenting practices (Lange et al., 2020; O'Connor et al., 2013).

Key principles of SLT have been endorsed by self-reported data from survivor mothers who noted their lack of exposure to effective caregiving practices as impeding their own perceived abilities to parent successfully (Armsworth & Stronck, 1999). Similarly, mother survivors in Lange et al. (2020) reported that negative aspects of their parenting, particularly relating to discipline, were a result of learned behaviours from their own childhoods. Effective discipline, characterised by age-appropriate, proportional, and consistent consequences (Carroll & Brown, 2020), is one of the most extensively investigated parental practices within the SLT literature (Kim & Hong, 2007; Pears & Capaldi, 2001). Research has consistently illustrated that mothers with histories of child abuse can struggle to implement effective discipline due to either overly permissive parenting styles (Ruscio, 2001)

or excessive punitive practices (Miller et al., 1999). However, disentangling the distinct impact of CSA represents a significant challenge within this literature (Kim et al., 2010; Avery et al., 2002). In fact, Zuravin and Fontanella (1999) found that the observed parenting differences between mothers with and without CSA histories were entirely accounted for by the mothers' other co-occurring childhood experiences, including physical abuse and neglect. Their analysis revealed that the bivariate relationship between CSA and inconsistency or punitive disciplinary behaviours became nonsignificant once these 'growing-up' variables were introduced. This implies CSA may not be the primary influence and that other childhood adversities may play a more significant role in behaviour modelling and subsequent parenting behaviours. Li et al. (2021) added that the ambiguity surrounding critical pathways and mediating variables within SLT family violence literature may lead to misleading results or overly deterministic applications. This is an important consideration in the context of the present research as whilst SLT does accommodate for the role of protective factors or differential reinforcement experiences, which are understood to mitigate the likelihood of negative parenting behaviours being replicated (Wojciechowski, 2024), these have not been empirically validated in the context of CSA (Proctor & Niemeyer, 2020). As a result, the mechanisms that enable many CSA survivors to become effective, safe parents, irrespective of their modelling experiences, remain unclear within SLT frameworks.

1.5.3 Post-Traumatic Growth

The phenomenon of Post-Traumatic Growth (PTG) is increasingly referenced within the CSA literature, particularly in relation to subsequent parenthood (Hartley et al., 2016). PTG is defined as a process of positive psychological change in the aftermath of trauma or highly adverse events, which can result in transformation and healing (Tedeschi & Calhoun, 1995). The authors posit that PGT does not stem from the absence of trauma-related distress but is rooted in the ability to co-exist with these experiences, drawing strength or meaning

from them. Meaningful interpersonal relationships have been identified as both a prerequisite to and product of PTG, and research has suggested that parenthood holds the transformational capacity to restructure cognitive schemas and serve as a pathway to PTG (Easton et al., 2013).

Draucker et al. (2011) synthesized constructs from five frameworks developed as part of a broader sexual violence study that interviewed 121 survivors to develop a four-stage 'CSA healing model.' Informed by the principles of PTG, this model focused significantly on survivors' experiences of parenthood. The first stage, "grappling with the meaning of CSA" (p.448), was characterised by initial attempts to comprehend and integrate experiences of CSA. At this stage, parents described struggling to create safe environments to allow their children to thrive whilst also attempting to break intergenerational patterns of child maltreatment. As survivors passed through stages, a deeper awareness of the impact of CSA developed, which corresponded with an increased drive to protect their children and build an abuse-free life for them (Martsolf & Draucker, 2008). Survivors then transition into "tackling the effects of CSA" (p.453), an action-oriented stage, where parents described the steps taken to mitigate perceived legacies of CSA, motivated by a powerful drive to become a better parent. The final stage, "laying claim to one's life" (p456), was characterised by balancing proactive parental practices with an increased confidence around their identity and capacity as parents.

Growth-based models such as Draucker et al.'s (2011) are broadly endorsed by Lange et al.'s (2020) review, where mothers in 43% of the included studies described parenthood as helping them cope with their CSA experiences. Various expressions of increased coping were presented, with some mothers reporting accessing therapy for the first time following the transition into parenthood, whilst others reported their relationship with their child to be inherently healing, increasing their overall well-being.

Despite the growing research interest surrounding PTG, particularly in the aftermath of the COVID-19 pandemic, the core mechanisms underpinning its activation are debated (Landi et al., 2022). This mirrors a prominent critique of Draucker et al.'s (2011) model as the barriers or facilitators that may help or hinder survivors' journey through the four stages of healing, particularly in the context of parenthood, remain unclear. Hartley (2016) offers a tentative hypothesis that constructing the 'mother' identity may allow female survivors to challenge negative self-concepts through the nurturing they provide to their children. Secure relationships are widely recognised in PTG literature as key growth facilitators (Woodward & Joseph, 2003), but Hartley's (2016) findings add that in the context of parenthood, the reciprocal experience of both providing and receiving care may be particularly relevant. However, the limited sample size of seventeen, alongside the absence of a validated, objective measure of PTG in CSA survivors, means that this remains a preliminary theory.

While the findings from the present study are interpreted in the context of all three of the aforementioned theoretical frameworks, attachment theory was found to be particularly influential. Practitioners' insights highlighted the role of intergenerational transmission of attachment strategies in the context of CSA, suggesting both direct and indirect effects on the parenting practices of male survivors. As such, the findings are considered within attachments models that recognise the potential for reorganisation and adaptability across the lifespan, particularly in the context of parenthood.

1.6 Male Survivors of CSA and Fatherhood

Despite prevalence studies indicating that up to 15% of adult men have experienced CSA prior to the age of 18 (Briere & Elliot, 2003; Dube et al., 2005), research pertaining to the male experience of CSA remains underdeveloped when compared with female-focused research (Wyles et al., 2025). Clinical data have consistently demonstrated that male

survivors of CSA seek support from services less frequently than female survivors, however, the evidence base exploring this gender-related difference remains limited (Davies & Rogers, 2006). Smiler (2004) argues that mainstream psychology remains primitive in its awareness of the nuanced constructions of masculinity, asking scholars and clinicians alike to confront the questions as to how to support men reach optimal healing and growth from therapy.

Lisak's (1995) writing describes the psychological legacy of abuse of men, including emotional dysregulation, vulnerability, and powerlessness, concluding it "violates profoundly the tenets of culturally defined masculinity that the abused male child is in the process of internalizing" (Lisak, 1995, p. 258). The dual burden of processing the psychological injury of CSA alongside the pressures to conform to gender socialisation norms is understood to create powerful internal conflicts for male survivors (Kia-Keating et al., 2005). In 2022, the NHS, in collaboration with the Male Survivor Partnership, published a good practice guide to promote quality care for male survivors of sexual assault accessing sexual assault referral centres (SARCS). This guide addressed the significant barriers to help-seeking that male survivors face, including fears of not being believed or judged, fears of being labelled as a perpetrator, masculinity-based shame, confusion around sexuality, confusion about the criminal status of the incident, previous experiences of racist and prejudiced institutional responses, a belief that SARCS are 'women only' spaces, and the prediction that their needs would not be understood (NHS England, 2022).

Research has highlighted that CSA experiences can partner distinct, long-term consequences for male survivors across the lifespan including an increased risk of substance misuse, externalising behaviours and offending behaviours (Hornor, 2010, Soylu et al., 2016). Wider mental health research suggests that substance misuse as a means of psychology coping mechanism following experiences of trauma is common in men (Alaggia &

Millington, 2008). Indeed, Easton et al. (2015) qualitative analysis of male-survivors of CSA found that alcohol and substance misuse was frequently reported within their sample.

Gendered patterns in trauma responses have also been noted, with research suggesting that female survivors more often engaging in internalising behaviours (e.g., depression, disordered eating), while male survivors are more likely to present with externalising behaviours such as aggression and substance misuse (Hornor, 2010). Holmes et al. (1997) suggest that such behavioural patterns may increase the likelihood of male survivors being identified within criminal justice systems rather than within mental health services.

Historically, research has linked parents' maltreatment of their children to their own childhood experiences of abuse, setting the stage for what Curtis (1963) referred to as a "violence breeds violence" (p.386) societal narrative around child maltreatment and abuse. Whilst contemporary research offers empirical evidence that refutes this discourse, its legacy has been noted to be particularly harmful for male survivors of CSA (Easton et al., 2013; Etherington, 2000). Literature focused on intergenerational legacies of violence is mixed in relation to CSA (Wilcox et al., 2004). Whilst there is evidence that a higher proportion of sexual offenders were themselves victims of abuse, implying causality is contested, given the abundance of co-existing psychological, biological, and cultural factors at play (Widom & Massey, 2015). Indeed, Cappell and Heiner (1990) found that when drawing from a general population sample rather than offending one, CSA survivors were less likely to sexually offend than others. Despite these findings, qualitative studies have noted the burden male survivors carry in relation to perceived social and media narratives relating to the victim-to-perpetrator cycle of abuse and what this would mean about them as men and fathers (Lisak, 1995). It was found that some men chose not to have children for this reason.

A significant gap in the literature concerns the experiences of parenthood among male survivors of CSA, with the vast majority of research angled towards motherhood (Etherington, 1995; Wark & Vis, 2018). How male survivors navigate the transition into parenthood remains comparatively under-researched, and as such, the majority of support models for survivor parents remain rooted in mother-centric data (MacIntosh et al., 2021; Weetman et al., 2022). To address the dearth of research relating to the experience of male CSA survivors of parenthood, Wark and Vis (2018) completed a literature review of the available research. Shared experiences related to negative self-perception as parents, inter-generational legacies, and fears of becoming an abuser. Sigurdardottir et al. (2012) noted that male survivors reported struggling to emotionally and physically connect with their child, describing a sense of disconnection that the authors paralleled to postpartum depression. Importantly, protective and healing experiences relating to becoming a father were also noted across studies. Easton et al. (2013) explored the role of notable turning points within interpersonal relationships and found that many male survivors described their relationships with their children as transformative, uplifting, and healing. Wark and Vis (2018) concluded that male survivors of CSA who are fathers may benefit from non-pathologizing treatments capable of re-storying victim-to-offender discourses, fostering growth by increasing agency and encompassing the whole family system. Whilst this review provided valuable insights, none of the seven included qualitative studies focused primarily on fatherhood. These studies instead addressed broader areas relating to male identity or CSA alongside wider childhood maltreatment. Fatherhood experiences were, therefore, secondary findings and not the primary focus of the included research.

Only one study, completed by O'Brien et al. (2019), was located that explicitly examined the experience of fatherhood in male survivors of CSA. This qualitative investigation of eleven men in Northern Ireland found that CSA experiences served as a

"lens" (O'Brien, 2019, p.4) through which these men experienced fatherhood and their fathering identities. Prominent challenges described by participants included hypervigilance of their children's safety, strains within their wider relationships, and concerns around their parenting efficacy. However, similarly to Wark and Vis (2018), the experience of striving to form a safe, secure parent-child dyad was also described as restorative and healing. Significant limitations relating to the transferability of these findings should be acknowledged, given the small size of eleven, all of whom were White Irish. Nevertheless, it highlights that the "unique psycho-social sequelae" (O'Brien, 2019, p.8) of male survivors of CSA who go on to become fathers remains an area that warrants further empirical exploration.

1.6.1 The experience of practitioners working with male survivorship and fatherhood

To date, there have been limited investigations into the experiences of practitioners who support male survivors of CSA (Sivagurunathan et al., 2019; Teram et al., 2006), and none have covered the topic of fatherhood.

Day et al. (2003) completed a qualitative survey involving 52 mental health professionals, describing their perspectives and experiences working with CSA survivors. A striking 81% of respondents reported they had not received sufficient training on how to work with survivors of CSA, which meant many felt ill-equipped to meet the needs of these clients effectively. Although this study did not differentiate between male and female CSA survivors, trends evidenced elsewhere in the literature suggest that low professional confidence and competency may be even more pronounced in the context of male survivorship. For instance, Lab et al. (2000) found in a UK-based study that two-thirds of interviewed clinicians reported receiving no training in the assessment and treatment of male survivors of sexual abuse. Respondents described feeling fearful of offending or re-traumatising male clients, which

often led to an avoidance of explicitly asking about abuse histories. This, in turn, risked replicating the phenomena of silencing that many male survivors have described elsewhere in the literature (O'Leary & Barber, 2008). Importantly, Richey-Suttles and Remere (1997) found that experience and competency can mediate some of these barriers. Practitioners with significant experience, knowledge, and training were more readily able to recognise and address male abuse myths in clinical vignettes and demonstrated increased curiosity about the internalisation of male role norms.

The impact of practitioner knowledge, comfort, and attitude on male survivors accessing intervention is well documented within the survivor-focused literature (Viliardos et al., 2023; Rapsey et al., 2020). However, the investigations focused on illuminating the practitioners' perspective of this dyad, recognised as holding invaluable practice and policy-based insights, are surprisingly limited. This is frequently cited within the field as an area that would benefit from further empirical attention (Teram et al., 2006).

1.7 Reflexivity Statement

My professional interest in survivorship and CSA stems back to 2019, when I joined a London-based charity for families and young people impacted by violence and exploitation. I began this journey as a support worker for girls and young women impacted by child sexual exploitation (CSE) and CSA. However, over the years, I supported a variety of difficulties impacting young Londoners across multiple teams. Whilst the focus of these teams varied, a repeated reflection shared with me by families and young people was the perceived lack of support available for boys and men. This became particularly apparent during my work in the County Lines service, where the tendency for statutory agencies to view vulnerable and often marginalised boys through a criminal justice lens rather than a therapeutic one was evident.

Understanding the support needs of young men became a significant interest of mine, and I was offered the opportunity to develop and lead a new Harmful Sexual Behaviour service for boys. Over the initial months of this role, I immersed myself in the evidence base, meeting with multiple innovative services across the UK who were working to bring therapeutically rooted, strengths-based programs into schools and communities. A vivid memory for me was pitching the service I'd developed alongside a university partner to a selection of local authority stakeholders in the hopes of finding a host site where I would embed to roll this service out. I remember feeling so encouraged by the recognition in the room around the current provision gap for boys and young men, and the importance of applying proactive rather than reactive approaches. The pitch was a success, resulting in multiple local authorities registering their interest in hosting the service.

However, as the presentation came to a close, I was approached by an attendee who asked, "Don't you think it would be better if this was delivered by a man?" I don't recall how I responded to this question at the time, however, the sentiment stayed with me long after. I felt passionate about the model and providing a holistic intervention for a clearly underserved group of young people. However, as a pre-qualified, young female practitioner, I had also asked myself the same question. I felt acutely aware of my outsider status and worried about my ability to deeply engage and connect with the experiences that these young men were navigating. I questioned whether it was arrogant to think I was able to deliver the intervention this group deserved. Having worked in an all-female CSA service, 'gender matching' within the third sector was familiar to me and is a concept I remain conflicted about to this day. Increasingly, I found myself seeking out supervisory, training, or peer support groups that would allow me to unpick and explore some of these ideas further, and I was struck by how absent these spaces seemed to be.

My interest in the male survivorship experience continued to grow during my Clinical Psychology Doctorate Training as we explored notions of power, diversity, and marginalisation within the NHS and other social structures. I began to recognise that my experience of navigating school with an undiagnosed learning difficulty had influenced my tendency to gravitate towards working with people who may not feel represented or visible within our current support structures.

1.8 Systematic Review and Meta-Ethnographic Synthesis

1.8.1 Rationale

There is an acknowledged lack of systemic inquiries exploring practitioner experiences of working with male survivors of CSA (Sivagurunathan et al., 2019). Holmes et al. (1997) completed a review of available literature in 1997, exploring their hypotheses that both clinicians and male survivors are influenced by Westernised gender constructions that obscure the recognition of male survivors of sexual abuse, both societally and within support services. Results suggested that various factors shaped professionals' interaction with this group of survivors, including the false belief that CSA has less severe psychological impacts on men. Additionally, the behavioural consequences experienced by male survivors were often perceived as aligning more closely with services outside of the mental health sphere, such as the criminal justice system. At the time, there was a significant paucity of services available to male survivors of CSA, and the authors highlighted that specialist sexual abuse services, including Rape Crisis, either did not provide support for men or were widely perceived not to do so. Holmes et al. (1997) found that these influences skewed clinicians' perceptions of male survivorship, resulting in a reluctance to explore sexual abuse histories in men, which in turn exacerbated barriers to disclosure.

In 2023, three organisations specialising in supporting male survivors of sexual violence, Male Survivors Partnership, ManKind UK, and Breaking the Silence, conducted a review of existing support services. Their findings highlighted increased commissioning drives over the last three decades to promote equity of services, both locally and nationally available to both male and female survivors of sexual violence (Bonner-Thompson et al., 2023). As a result, the number of services supporting male survivors in the UK has increased significantly in recent years. Therefore, whilst Holmes et al.'s (1997) review provided valuable insights into an area of research in its infancy, the academic and clinical field of male survivorship has advanced significantly over the last 20 years. As such, an updated synthesis of the available literature is warranted.

The aim of the present review is to synthesize the existing qualitative research. It will be led by the following question: What are the experiences and reflections of practitioners in supporting male survivors of CSA?

1.8.2 Method

1.8.2.1 Design

Approaches to qualitative meta-synthesis have expanded in recent years, and Rousseau et al. (2008) suggest selection should be informed by their underlying orientation. Aggregative approaches are considered well-suited to questions aimed at hypothesis-testing (e.g., meta-analysis), whereas questions aimed at exploring lived experiences align with configurative or interpretive synthesis, such as content analysis or meta-ethnography (Thomas et al., 2012). The focus of the present review falls into the latter category, and various interpretive approaches were considered (see Appendix A for an overview of the decision process), with meta-ethnography identified as the most appropriate option.

Meta-ethnographic synthesis is an inductive, interpretive approach originally developed by Noblit and Hare (1988) to combine findings from educational research that has since become the most widely utilised synthesis approach in healthcare research (Hannes & Macaitis, 2012). Meta-ethnography offers an alternative to aggregative approaches by encouraging reviewers to transcend the individual studies, developing higher-order themes to create a new 'line of argument' or overarching model (Noblit & Hare, 1988). Whilst elements of meta-ethnography synthesis overlap with thematic and narrative approaches, Noblit and Hare's (1998) process of translating studies into one another permits an increased level of analytical depth by creating an output greater than the sum of its parts (France et al., 2014). This makes meta-ethnography well-suited to reviews focused on emergent areas and aimed at drawing together perceptions, experiences, and behaviours. Meta-ethnography requires considerable data immersion, and Noblit and Hare (1988) originally suggested between 2 and 6 studies, however, contemporary reviews have used up to 40 (Campbell et al., 2011). Given the acknowledged lack of existing research in this area, an approach that permitted analytical depth and innovation was a priority.

These features led to the selection of meta-ethnography and the seven stages developed by Noblit and Hare (1988) were followed; getting started, deciding what is relevant to the initial interest, reading the studies, determining how the studies are related, translating the studies into one another, synthesising translations, and expressing the synthesis. As advised by Page et al. (2021), this synthesis was guided by the PRISMA checklist.

1.8.2.2 Phase 1: Getting Started

Atkins et al. (2008) define the beginning stage of a meta-ethnographic synthesis as primarily concerned with the development of the research question through an immersion in

the existing literature and establishing areas where a novel synthesis may be warranted. To date, there has only been one literature synthesis exploring practitioner experiences of supporting male survivors of sexual abuse, which was completed over 20 years ago (Homles et al., 1997). Despite the growing body of research on male survivors of CSA, there is a notable lack of exploration into the barriers and opportunities involved in engaging this group within support services, particularly from the practitioner's perspective. Therefore, an updated review of the experiences and reflections of practitioners versed in supporting this group of survivors is warranted, and the insights from which may translate into meaningful clinical implications.

1.8.2.3 Phase 2: Deciding what is relevant

Phase two involved defining the parameters of the synthesis, locating relevant studies, making decisions on inclusion, and quality assessment (Atkins et al., 2008). Although Noblet and Hare (1988) do not specify a set approach to this stage, their general guidance reminds reviewers that qualitative synthesis typically prioritises variation in concepts over an exhaustive sample (Glenton et al., 2020) and purposeful, iterative searches are typically employed in meta-ethnography (Doyle, 2003). As such, the search strategy for the present synthesis avoided applying overly narrow criteria to increase the breadth of the search. This included all peer-reviewed, qualitative research exploring practitioner experiences of supporting male survivors of CSA. Primary qualitative designs were defined as interviews, focus groups, or qualitative questionnaires (Moser & Korstjens, 2017).

1.8.2.4 Search Strategy

A search of five databases (APA PsycInfo, APA PsycArticles, APA PsycTests, CINAHL Ultimate, MEDLINE Ultimate) was completed on 01.10.2024. The following terms were used to search all relevant qualitative research capturing practitioner experiences of

working with male survivors of CSA. The search term ‘qualitative’ was included as an additional sensitively-enhancing term in order to capture relevant studies that may not explicitly name their methodology or data type or data in the tile, abstract or key words.

1. Experience*or attitude* or perception* or view or reflection* or learning* or interview* or qualitative or belief* or perception*

2. child sex abuse* or child sexual exploitation or child rape or childhood sexual abuse or CSA or CSE

3. Therapist* or counse* or psychotherapist* or psychologist* or clinician* or practitioner* or mental health work* or staff or police* or worker or professional* or healthcare

4. Male survivor* or male victim*

5. (S1 AND S2 AND S3 AND S4)

The studies returned from this search were then subjected to a primitive screening process via the SPIDER framework, Table 1 (Cooke et al., 2012).

Table 1.

SPIDER criteria for study eligibility and inclusion (Cooke et al., 2012).

Criteria	Definition
Sample	Practitioners who work with male survivors of child sexual abuse
Phenomena of Interest	Experiences, reflection, and insights around working with male survivors of child sexual abuse
Design	Interviews, focus groups, and qualitative questionnaires
Evaluation	Views, experiences
Research	Qualitative

This initial search returned a small number of studies (>150), many of which were excluded at the initial screening stage due to lack of relevance. The decision was therefore

made to expand that search to include practitioners' experience of supporting male survivors of sexual abuse/ violence in adulthood as well as CSA. The final search terms were:

1. Experience*or attitude* or perception* or view or reflection* or learning* or interview* or qualitative or belief* or perception*

2. child sex abuse* or child sexual exploitation or child rape or childhood sexual abuse or CSA or CSE or rape or sexual abuse or sexual assault or sexual violence

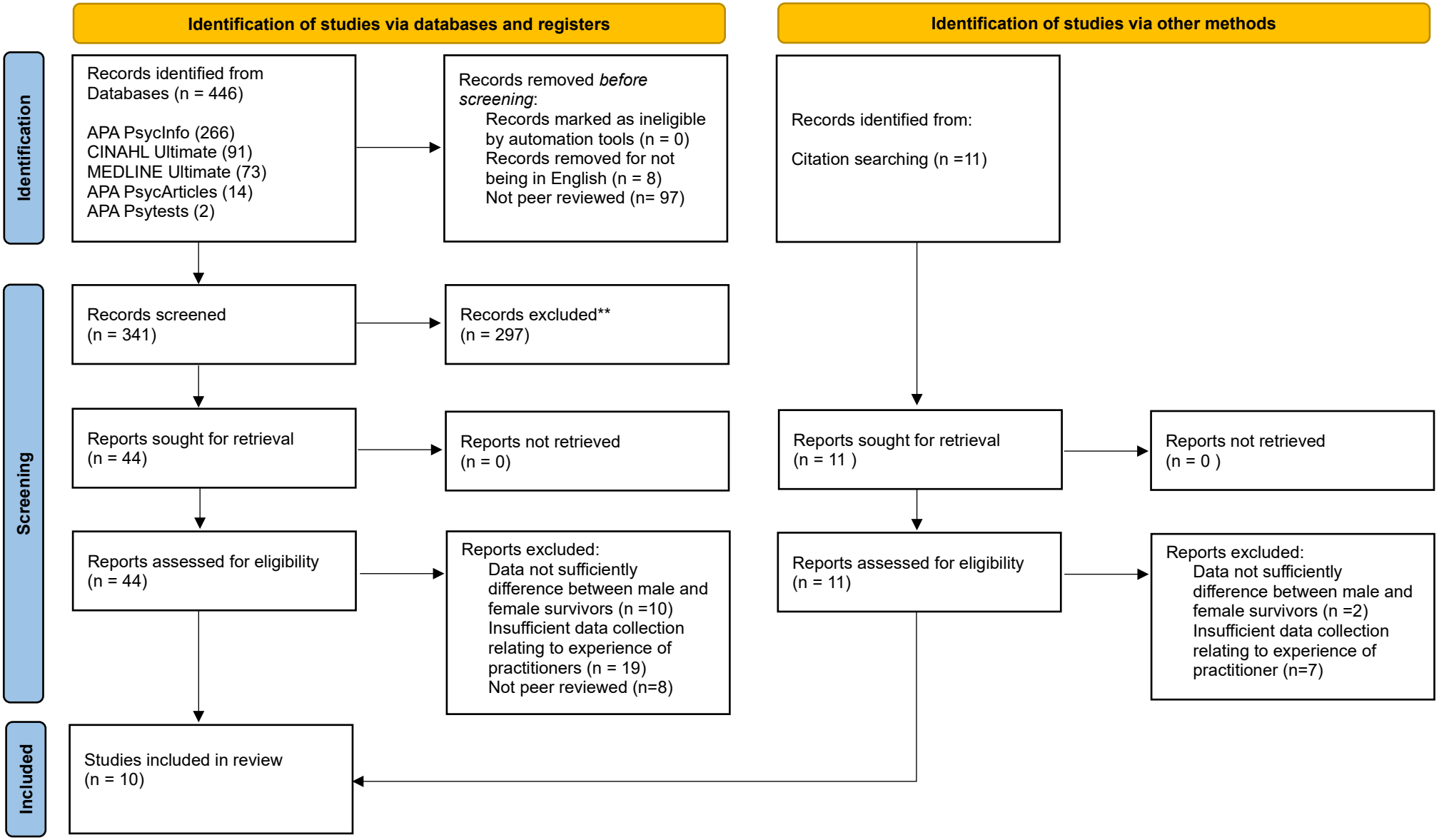
3. Therapist* or counse* or psychotherapist* or psychologist* or clinician* or practitioner* or mental health work* or staff or police* or worker or professional* or healthcare

4. Male survivor* or male victim*

5. (S1 AND S2 AND S3 AND S4)

The Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) checklist was used (Page et al., 2021) (Figure 1). The initial search found a total of 446 studies and screening of titles and abstracts identified 44 as eligible. Citation searches identified a further 11 eligible studies.

Figure 1.
Prisma Diagram



1.8.2.5 Inclusion and Exclusion Criteria

Inclusion and exclusion criteria were then applied. As noted by Shaw et al. (2004), the indexing of qualitative research is poor, therefore, the inclusion criteria were kept broad to ensure potentially eligible studies were not prematurely screened out.

Studies needed to relate to survivors of child sexual abuse, defined as the forcing or enticing of a child under the age of 18 to take part in sexual activities or sexual abuse/ violence in adulthood, defined as sexual contact or behaviours that occur in the absence of explicit consent. Studies were excluded if they did not differentiate sexual abuse from wider forms of abuse or maltreatment.

Practitioners were defined as professionals who provide support to male survivors, which included but was not limited to psychologists, counsellors, psychiatrists, third-sector workers, health care professionals, and police officers.

Studies where practitioners reflected on supporting both male and female survivors were included if the results pertaining to male survivors could be separated.

The use of unpublished or 'grey literature' in systematic reviews is contentious, with some arguing that it can reduce publication bias and provide valuable diversity (Benzies et al., 2006). However, as noted by Conn et al. (2003), including unverified research in reviews of emergent areas can dilute the credibility of findings. To enhance the consistency and reliability of the results, it was therefore decided to only include studies that had undergone peer review. Table 2 provides an overview of the included studies.

Table 2.

Characteristics of synthesised studies.

Author(s), date	Country	Sample Size	Type of service and sexual abuse supported	Sample Characteristics	Method of data collection	Analysis
Hill & Diaz (2021).	England	N= 8	Youth Offending Service, CSE	YOS practitioners 6 females, 2 males	Semi-structured interviews	Thematic analysis
Jarvid (2019).	England	N=17	Voluntary sector organisations supporting male rape Type of sexual abuse not specified	7 counsellors 3 therapists 6 caseworkers. 8 females, 9 males.	Semi-structured interviews and qualitative questionnaires	Thematic analysis
Jarvid (2017).	England	N=70	Police forces, voluntary agencies Type of sexual abuse not specified	17 voluntary agency workers, including counsellors, case workers and therapists 53 police officers 35 females, 33 males	Semi-structured interviews and qualitative questionnaires	Thematic analysis
Gruenfeld et al., 2017	USA	N=9	Private therapy CSA	All were specialist therapists, authors, board members of survivor organizations 9 males	Semi-structured interviews	Content analysis
Yarrow & Churchill (2009).	UK	N=32	NHS Trust department provides counselling, psychology and psychotherapy to GP surgeries and outpatient clinics Type of sexual abuse not specified	15 counsellors 15 therapist 2 did not specify 22 females,7 males 3 unknown	Qualitative questionnaire	Interpretive phenomenological analysis
Lab et al., 2000	England	N=111	NHS Teaching Hospital Type of sexual abuse not specified	45 nurses 25 psychiatrists 41 psychologists Gender not specified	Mixed qualitative and quantitative questionnaire	Analysis of qualitative data is not specified
Sivagurunathan et al., 2019	USA	N=11	Private serviced and support agencies CSA	Trauma Coaches, Psychotherapists, counsellors, social workers 7 female, 4 male	Semi-structured interviews	Thematic analysis

Table 2 (continued)

Author(s), date	Country	Sample Size	Type of service and sexual abuse supported	Sample Characteristics	Method of data collection	Analysis
Donnelly & Kenyon (1996).	USA	N= 30	Law enforcement agencies, hospital facilities, mental health agencies, community crisis/ rape crisis services Type of sexual abuse not specified	4 law enforcement workers 10 hospital-based workers 8 mental health workers 8 crisis workers Gender not specified	Semi-structured interviews	Analysis not specified
Hohendorf et al, 2017	Brazil	N= 8, (4 survivors and 4 practitioners)	Specialized Reference Centre for Social Work and Specialized Health Centre for Children and Adolescents CSA	4 psychologists 3 female, 1 male	Semi-structured interviews	Thematic content analysis
Widanaralalage et al,	UK	N= 12	Specialized Third Sector Services	Therapists, counsellors, and Independent Sexual Violence Advisors 6 females, 6 males	Semi-structured interviews	Interpretive phenomenological analysis

1.8.3 Results

1.8.3.1 Quality Assessment

Including quality appraisals within qualitative synthesis also remains a topic of debate (Carroll & Booth, 2015). The present synthesis aligned with Atkins et al. (2008) and an a priori decision was made not to exclude studies that were assessed to be of lower quality. This was to avoid applying overly conservative criteria to an already limited field of research. Quality assessments were, however, felt to be useful context for the reader when interpreting the results of the review (Mays & Pope, 2000). As suggested by Carroll and Booth (2015), a two-stage quality appraisal process was employed, examining both methodological rigour and conceptual trustworthiness.

Stage one focused on methodological strengths and weaknesses and was assessed via the Critical Appraisal Skills Program (CASP, 2024), a widely recommended tool for qualitative synthesis (Carroll & Booth, 2015). The CASP checklist provided detailed instructions to assess each study's rigor, credibility, and relevance. This was supplemented by stage two, which involved weighting each study against Toye et al's. (2013) account of conceptual clarity (articulation and theoretical framing) alongside interpretive rigor (clarity of interpretation-data link).

Insights from stages 1 and 2 were then combined to provide an overall assessment of each study. As noted, due to the limitations of the research area, all studies were included regardless of quality. A tabulated overview of study qualities is provided in Tables 3 and 4. A critical summary is provided below.

Table 3.

Quality Appraisal of Studies (CASP, 2024)

	Hill & Diaz, 2021	Jarvid, 2019	Jarvid, 2017	Gruenfeld et al., 2017	Yarrow & Churchill, 2009	Lab et al., 2000	Sivagurunathan et al., 2019	Donnelly & Kenyon, 1996	Hohendorf et al, 2017	Winanaralalage et al, 2023
1. Was there a clear statement of the aims of the research?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
2. Is a qualitative methodology appropriate?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
3. Was the research design appropriate to address the aims of the research?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
4. Was the recruitment strategy appropriate to the aims of the research?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
5. Was the data collected in a way that addressed the research issue?	Y	Y	Y	Y	U	Y	Y	Y	Y	Y
6. Has the relationship between researcher and participants been adequately considered?	U	U	U	U	U	U	U	U	U	U
7. Have ethical issues been taken into consideration?	Y	Y	Y	Y	Y	Y	Y	U	Y	Y
8. Was the data analysis sufficiently rigorous?	U	Y	U	Y	Y	Y	Y	U	Y	Y
9. Is there a clear statement of findings?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
10. How valuable is the research?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Note. Y = Yes, N = No, U = Unclear

Table 4.

Conceptual clarity and interpretive rigor analysis, Toye et al. (2013).

	Hill & Diaz, 2021	Jarvid, 2019	Jarvid, 2017	Gruenfeld et al., 2017	Yarrow & Churchill, 2009	Lab et al., 2000	Sivagurunathan et al., 2019	Donnelly & Kenyon, 1996	Hohendorf et al, 2017	Winanaralalage et al, 2023
1. Conceptual clarity (how clearly has the author articulated a concept that facilitates theoretical insight)	U	Y	Y	Y	Y	U	Y	U	Y	Y
2. Interpretive rigour (what is the context of interpretation; how inductive are the findings; has the interpretation been challenged?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

All studies included a clear overview of research aims, and the qualitative designs employed were appropriate to meet these aims. Seven studies used semi-structured interviews (Hill & Diaz, 2021; Javaid, 2019; Gruenfeld et al., 2017; Sivagurunathan et al., 2011; Donnelly & Kenyon, 1996; Hohendorff et al., 2017; Winanaralalage et al., 2023)**.** Jarvid (2017) used a combination of interview and qualitative questionnaires, and two studies, Yarrow & Churchill (2007) and Lab et al. (2000), used qualitative questionnaires. It has been argued that the self-report nature of questionnaire designs challenges the ontological commitments of qualitative research by reducing the depth of analysis (LaDonna et al., 2018). However, authors sufficiently acknowledged these limitations and provided a clear rationale for their decision, including barriers to access (Yarrow & Churchill**,** 2007) and the benefits of an anonymised format when gathering insights around professional attitudes (Lab et al., 2000)

Multiple studies did not provide an in-depth description of the steps involved in their data analysis or a critical appraisal of this process. Donnelly and Kenyon (1996) did not specify any form of data analysis. Only three studies (Gruenfeld et al., 2017; Yarrow & Churchill, 2007; Widanaralalage et al., 2023) made reference to researcher reflexivity; however, they did not describe the relationship between the researchers and participants or critically appraise how the researchers may have influenced the process.

All ten studies had good conceptual clarity, namely, the authors clearly articulated the concepts that facilitated theoretical insights. However, interpretive rigor, which refers to the clarity of processes underpinning the author's interactions with the data, was mixed. Most studies referenced some measure of trustworthiness to increase the validity and credibility of their research. However, the level of detail provided around this varied. For example, Sivagurunathan et al. (2011) applied Lincoln and Guba’s (1985) four constructions of

trustworthiness and discussed how credibility, transferability, dependability, and confirmability were met. Others, including (Javaid, 2019; Yarrow & Churchill, 2007; Winanaralalage et al., 2023), described their use of a research team or member checking to increase validity. Hill and Diaz (2021), Lab et al. (2000), and Donnelly and Kenyon (1996) did not comment on whether trustworthiness and validity were taken into consideration.

1.8.3.2 Phase 3: Reading the studies

All ten studies were printed and placed in chronological order of publication, starting with the oldest, and an initial reading of each was completed (Campbell et al., 2003). Following this, the results and discussions were read several more times, and handwritten notes were made relating to any immediately notable themes, conclusions, or concepts presented by the original authors. Focus was directed toward psychological theories, frameworks, or any novel insights relevant to the research aims of the present synthesis. This process also allowed for an initial noting of concepts that appeared to be recurrent across studies.

1.8.3.3 Phase 4: Determining how the studies are related

As Atkins et al. (2008) suggested, this stage began with further analysis of each paper and extracting key details relating to methodology, which were then tabulated for ease of comparison. Carefully re-reading each study's results and discussion allowed further identification of common key themes and concepts presented across studies. During this process of continued comparison, concepts were juxtaposed against each other and were refined or excluded accordingly. Ten key concepts were identified by the end of this refinement process and added to the table.

1.8.3.4 Phase 5: Translating the studies

The results and discussion sections of each study were then re-read with these 10 key concepts in mind, and data extracts relating to each concept were added to the table. In line with Britten et al.'s (2002) suggestion, the language used by the participants was preserved as much as possible to ensure conceptual insights remained faithful to the original studies. This allowed the reviewer to ensure that the original concepts developed by the study's authors were appropriately captured within the newly developed concepts. The final row of the table consists of second-order interpretations, which are summaries of the author's key explanations or theories. As in Britten et al.'s (2002) approach, quotation marks have been used to indicate the use of the author's own words. Table 5 is an example of a completed table presenting study details, key concepts identified, and second-order interpretations. This process allowed for a cross-comparison of how each of the concepts were distributed across the ten studies. A tabulated representation is presented in Table 6.

Table 5.

Example of tabulated study details, key concepts, and second-order interpretations

Methods and Concepts	**Gruenfeld et al. (2017)**
Key Study Details	
Sample	N=9, Specialist Mental Health Therapists
Setting	USA
Purpose	Exploring therapists specialised in male survivors of CSA perceptions of barriers to disclosure
Date Collection	Semi-structured Interviews
Data Analysis Method	Grounded Theory
Key Concepts	
Socialization of masculinity	Dissonance in masculine identity following CSA stemming from socially constructed notions of normative masculinity
Negative social judgment	Fear of social loss or judgment as an inhibitor of disclosure, "I'll lose my job as a teacher, or my family."
Myths of male sexual abuse	Bite of the vampire' boys who are abused grow up to abuse, being viewed as gay, men and boys always want sex.
Deeply Buried Material	Lack of language, dismissal, or inability to acknowledge links, denial

Table 5 (continued)

Methods and Concepts	**Gruenfeld et al. (2017)**
Hierarchy of victimhood	-
Visibility of male survivorship	Lack of space 'literally and symbolically' for male survivors
Practitioner gender	Overwhelming to build another relationship with a man, particularly one in authority
Unconscious Bias	Less experienced therapists are more 'susceptible to gender norm-derived beliefs that males are perpetrators and females are victims.'
Lack of training	Insufficient training is a barrier to disclosure, and practitioners are not exploring abuse histories in men. Lack of specialised knowledge, as reducing the quality of intervention, may dissuade male survivors from seeking further support.
Second Order Interpretations	Barriers for male survivors of CSA as a complex "interplay between relational challenges and structural barriers, and an interweaving of intrapersonal and social dynamics"

Table 6.

Cross-comparison of studies by concept.

Concepts	Hill & Diaz. (2021)	Javaid (2019)	Jarvid (2017)	Gruenfeld et al. (2017)	Yarrow & Churchill. (2007)	Lab et al. (2000)	Sivaguruna than et al. (2011)	Donnelly & Kenyon (1996)	Hohendorff et al. (2017)	Widanaralalage et al. (2023)
Gendered Constructions	*	*	*	*	*	*	*	*	*	*
Negative Social Judgment		*	*	*	*		*	*	*	*
Myths of male sexual abuse	*		*	*	*	*	*	*	*	*
Deeply buried material	*	*		*	*		*		*	*
Hierarchy of victimhood	*		*	*			*	*	*	*
Visibility of male survivorship		*	*	*	*	*	*	*		*
Practitioner gender		*		*	*		*		*	
Unconscious bias	*	*	*	*		*	*	*	*	*
Lack of training	*	*	*	*	*	*	*	*	*	

1.8.3.5 Phase 6: Synthesising the translations

Britten et al. (2002) noted that synthesising is a complex process that cannot be distilled down to a set of discrete tasks. Dixon-Woods et al. (2006) advise reviewers to remain anchored, as far as possible, to the evidence presented in the original studies whilst also remaining reflexively cognisant of how their decision-making is shaping the process. The present synthesis followed Atkins's (2008) approach of ordering the printed studies chronologically before systemically comparing the key concepts and second-order interpretations across each of the ten studies. It became apparent during this process that the concepts interwoven across studies were sufficiently similar for a reciprocal relationship to be identified. This reciprocal relationship was then used to generate higher-order interpretations, and the ten key concepts were further synthesised into five broad categories as illustrated in Table 7.

Table 7.

Synthesised categories and key concepts.

Final Synthesised Categories	**Key Concepts**
Socialization of Masculinity	Gendered Constructions Negative Social Judgement
Survivors' Intrapsychic Experience	Myths of male sexual abuse Deeply Buried Material
Systemic Barriers	Hierarchy of victimhood Visibility of male survivorship
Can I help, should I help?	Practitioner gender Unconscious Bias Lack of training

This subsequently allowed a transcendence of the insights provided within the original studies via a new overarching model referred to by Noblit and Hare as 'a line or argument.'

1.8.3.6 Phase 7: Expression of the synthesis

According to Noblit and Hare (1988), the presentation of a meta-ethnographic synthesis should be guided by the target audience and by maximizing impact. It was decided that the reader would be introduced to each of the four broad categories via an in-depth description of the contributing key concepts. These categories and concepts were then linked to the line of argument synthesis.

Socialization of masculinity

Gendered Constructions

The relevance of gender socialisation and the culturally constructed norms of masculinity when working with male survivors was referenced in all ten studies. Traits highlighted as holding cultural value in men included assertiveness, dominance, and physical strength, whilst celebrated male roles related to being a protector and provider. To varying levels of depth, studies reflected on how these Western constructions of 'maleness' can "*work against"* male survivors of sexual abuse within the context of help-seeking (Sivagurunathan et al., 2011). Javid (2019) emphasised how the narrow societal expectations placed on male behavioural and emotional expression (referred to as hegemonic masculinity) can serve as a significant barrier for men disclosing sexual abuse experiences.

The driving forces suggested to underpin these socialisation processes, however, varied between studies. "Practitioners in Gruenfeld et al. (2017) focused on the explicit messages their clients received from family and friends in childhood. This was understood to contribute to an internalised understanding that weakness, vulnerability, and victimhood are incongruous with masculinity, which Gruenfeld et al. (2017) suggested served to "*fuel"* disclosure barriers. Whereas practitioners in Widanaralalage et al. (2023) focused on more

indirect, macro-level social narratives, highlighting the impact of implicit cultural norms and how these can contribute to the silencing of male survivors.

Across studies, practitioners discussed how the sense of powerlessness understood to underpin experiences of sexual abuse can leave survivors feeling stripped of key tenets of their masculine identity. Insights from the therapists in Gruenfeld et al. (2017) suggested that for some men, experiences of sexual abuse may sit in direct conflict with the gender norms and ideals they were socialised to as children. Studies that focused on CSA referenced the injury to these gender ideals in childhood could be considered the "*genesis' of shame*" (Gruenfeld et al., 2017), the legacy of which would frequently follow survivors well into adulthood. Narratives across studies indicated that unpacking how a male survivor's experience of help-seeking may have interacted with these gender constructions was considered a fundamental component of supporting this client group by practitioners. . As a psychologist Hohendorff et al. (2017) stressed, the experiences of asking for help could simulate the powerlessness male survivors may have endured during the abuse. This was echoed by Gruenfeld et al. (2017) who captured how profoundly destabilising the process of disclosure can be for some men likening it to a form of "*psychological death*" of aspects of the masculine identity.

Negative social judgment

Multiple studies referenced the consequences of either imagined or actual negative social judgments on male survivors. Gruenfeld et al. (2017) reflected that even an isolated negative social response to disclosure had the power to dissuade male survivors from further attempts, in some cases permanently. Indeed, insights from practitioners across studies suggested that survivors' fears of social rejection often held some level of congruence with messages received during childhood. . Multiple studies indicated that the legacies of these

messages were particularly powerful for survivors who were sexually abused in childhood who had disclosed to a parent or family member but were met with inaction or blame. Insights from Sivagurunathan et al. (2011) suggested that families can impede self-disclosures by either actively silencing a child or by indirectly dismissing their experiences or voice. Evident across reviewed studies was the belief that early experiences of social blaming appeared to be more frequently experienced by male survivors than female survivors. Hohendorff et al. (2017) reflected on the gendered differentials within Brazilian culture around how sexual abuse is conceptualised within family systems. Practitioners accounts revealed a perception that culturally, girls would be more likely to be considered victims, whilst boys may be punished for *"letting"* the abuse happen.

The explicit or implicit messages received in childhood were understood by practitioners to shape the social 'cost' male survivors envisioned incurring if they revealed their abuse histories in adulthood. Examples of feared social consequences embedded across studies included survivors losing their jobs, being left by partners, or being excluded from valued groups. One practitioner in Sivagurunathan et al. (2011) noticed their clients struggled to sustain friendships with other men or partake in activities such as watching sports or bonding over shared interests for fear they may be revealed as different. Interestingly, the collective experience of practitioners suggested that these fears of ostracization were rarely actualized, however, their powerful influence remained a significant source of distress for these clients.

Amidst the backdrop of these real or imagined negative social responses, practitioners recognised the relational risk male survivors take when bringing their histories of sexual abuse into a support space. Ensuring that their responses did not further embed a narrative of shame was a significant consideration voiced by practitioners across studies. Yarrow and Churchill (2007) added that for therapy to be "*healing and not harming"* abuse disclosures

must be skilfully and empathically managed by the practitioner. Unhelpful practitioner responses were noted across studies as perpetuating the phenomenon of silencing that many male survivors endure.

Survivors' Intrapsychic Experience

Myths of male sexual abuse

A prominent theme embedded across all ten studies was the impact of internalised myths on male survivors. These were broadly depicted in three key categories: internalised homophobia, the 'vampire bite' myth, and men as hyper-sexualised.

Over half of the studies referenced the confusion male survivors may experience in relation to their sexual identity in the aftermath of sexual abuse. Authors, including Lab et al. (2000), linked this back to the "feminization" of sexual violence and the consequences these can have for male survivors in relation to sexual development and identity. Practitioners across studies discussed male survivors fears of being perceived homosexual as a barrier to disclosure, with Gruenfeld et al. (2017) suggesting that left unchallenged, these myths and misinformation can '*fuel*' internalised homophobia. Similarly, Sivagurunathan et al. (2011) discussed that heterosexual survivors who were abused by male perpetrators may question if they unconsciously invited the abuse by giving off signals that the perpetrator(s) may have picked up on. Practitioners in Widanaralalage et al. (2023) added that for survivors who experienced an erection during the abuse, conceptualising this as a purely physiological reactions rather than a psychological one could represent a significant challenge. This process of disentangling involuntary bodily responses from notions of consent was identified as further complicating questions of sexuality for some male survivors. The 'vampire bite' myth refers to the notion that men who are sexually abused in childhood will grow up to become perpetrators of sexual abuse themselves, and was referenced by seven studies. Practitioners

described a prevailing fear in male survivors that they may be judged as potential threats or predators if their abuse histories were to be discovered. . As captured by practitioners Sivagurunathan et al. (2011) it was not uncommon for male survivors to enter interventions grappling internalised fears that they might be paedophiles, the unpicking of which often became a central focus of the work. Whilst practitioners firmly debunked this myth, its legacy remained a prominent topic within the support provided by practitioners across a variety of contexts. As Gruenfeld et al. (2017) emphasised that, regardless of the factual inaccuracies of these victim-to-perpetrator narratives, the transmission of these culturally driven stereotypes can often become internalised by male survivors, acting as a powerful barrier to disclosure. Unpicking the stereotype of men as being hyper-sexualised and that boys and men are *"always interested in sex*" (Gruenfeld et al., 2017) was a further interventional focus described in multiple studies. Hohendorff et al. (2017) suggested this gendered bias can be so strongly instilled that some male clients may never conceptualised their experiences as sexually abusive. A particularly problematic trope referenced across studies was that of the "*older woman introducing a younger boy to the world of sex"* (Sivagurunathan et al., 2011) in a way that does not involve mutual consent. Lab et al. (2000) argued that if these gender roles were switched, it would be readily cast as rape, whereas society continues to present this as a fantasy for boys.

Regardless of which of these myths were centralised by authors, practitioners' insights highlighted the importance of creating a safe, empathic environment where survivors felt able to bring these internalised stories and their associated fears to light. This was consistently identified as a collective professional priority.

Deeply Buried Material

The title of this concept is a quote from a therapist in Gruenfeld et al. (2017) and captures the challenge multiple practitioners described around working with *"material"* that male survivors may not be readily in touch with. Themes of denial, detachment, and repression were intertwined across studies, with multiple practitioners noting the struggles both survivors and practitioners face around accessing the language to articulate sexual abuse experiences.

The techniques practitioners drew on to manage these barriers varied across studies. Third-sector practitioners in Javid (2019) explained that within their organisation, female and male support groups were structured differently. Female support groups were described as informal and social spaces whereas the male-focused spaces were described as structured and goal-orientated. Whereas a therapist in Gruenfeld et al. (2017) turned to standardised outcomes measures (e.g abuse checklists) with male clients to reduce the pressure of formulating verbal accounts of abuse experiences.

Working with denial as a psychological defence was a further prominent reflection point within studies. A therapist in Sivagurunathan et al. (2011) acknowledged the neuro-biological functions of trauma suppression suggesting that some male survivors can live for decades in this state of *"psychological protection."* Gruenfeld et al. (2017) extended this insight by suggesting that this separation or detachment may also mean that male survivors struggle to "*connect the dots"* between their abuse experiences and wider difficulties in their lives such as relationship issues or substance misuse

In their theme titled *"repression"* Hohendorff et al. (2017) discussed how the "*veiling*" of abuse experiences can also represent an important coping strategy against the social discreditation and shaming many male survivors experience. However, as highlighted by a practitioner in Winanaralalage et al. (2023), there was a collective awareness across

studies that this psychological defences including separation, denial or minimising were rarely long-term, sustainable coping strategies for male-survivors.

Systemic Barriers

Hierarchy of victimhood

A dominant narrative noted across reviewed studies was the belief that male survivors are not afforded the same recognition, response, or support opportunities as female survivors. Javid (2019) offered a Foucauldian-informed perspective on how the historical and contemporary configuration of UK society influences and shapes dominant discourses, which in turn informs the "*hierarchy of victimhood.*" Some studies recognised this hierarchy as primarily playing out within organisational priorities and responses to suspected child sexual abuse cases. A practitioner in Hill and Diaz (2020), for example, described an "*all guns blazing"* approach to a suspected child sexual exploitation (CSE) in girls, whereas the response to boys was felt to be slower and less proactive. Practitioners also highlighted that boys typically received less multi-disciplinary resources, despite this being the national guidance, which was recognised as reducing the likelihood of them receiving appropriate, timely support.

Some studies discussed the legal parameters of sexual abuse within the UK and how these are felt to impede societal awareness and engagement with male survivorship. A voluntary worker in Jarvid (2020), for example, explained that working within her current organisation opened her eyes to the realities of female-to-male sexual abuse. Reflecting on their journey of awareness, this practitioner argued that the current legal definitions dismissed this form of sexual abuse, noting that whilst their organisation recognised these acts as rape, current legislation did not. Javid (2020) discusses the relative, contextual constraints of "*truth*", noting that until this practitioner had direct experiences that countered their assumed reality of victimhood, this issue was "*untrue*" to them. Multiple studies echoed this

sentiment, arguing that current legislation fails to acknowledge the full spectrum of male sexual abuse experiences, further marginalising their lived experiences and sustaining gendered hierarchies of victimhood within support services.

Visibility of male survivorship

A further barrier identified across studies, informed by the hierarchy of victimhood, was the perceived lack of visibility of male survivorship within the public consciousness and strategic health directives. Therapists in Gruenfeld et al. (2017) described a lack of both literal and symbolic space allocated to male survivorship, raising the question of why systems would be compelled to create solutions for a "*non-existent problem".* Studies including Sivagurunathan et al. (2011), discussed the lack of education surrounding male survivorship and how this can impede its presence within wider public discourses. A practitioner in Sivagurunathan et al. (2011) for example described the resistance they received when their service attempted to discuss CSA in schools noting that even broader discussions of topics such as safety or boundaries were deemed taboo

The rhetoric of male survivorship as a non-existent issue was also perpetuated by some participants within the reviewed studies, particularly those working in services that did not specialise in male survivorship. For example, a police officer in Donnelly and Kenyon (1996) expressed that belief that the low rates of male rape disclosures indicated it was not a significant concern. It could be argued that awareness of male sexual abuse has increased since the publication of this article in 1996. However, a voluntary worker in Javid's 2017 study questioned whether male-rape should be defined as a "*problem*" due to men not being the dominant victims of sexual crimes, suggesting that awareness of male survivorship within some contemporary organisations remains low.

While participants in Sivagurunathan et al. (2011) focused on the sense of isolation, lack of visibility can perpetuate for male survivors, noting their clients often report feeling as if they were "*the only one",* other studies focused on the consequences in terms of funding. Multiple practitioners across studies discussed financial limitations and unstable funding sources as barriers to proactively supporting male survivors. Therefore, as captured by Javid (2017), whilst service providers may often attempt to "*do good*", the constraints of austerity and unequal resource allocation often limit the quality of care third-sector organisations are able to provide to male survivors.

Can I help, should I help?

Practitioner gender

Half of the included studies discussed practitioner gender as a relevant consideration when working with male survivors of sexual abuse. A recurrent reflection across studies related to a perceived lack of male practitioners within the sexual abuse field, however, opinions on how this might impact male survivors accessing support varied. Hohendorff et al. (2017) suggested that increased availability of male health workers would provide "*non-aggressive male role models*" that may facilitate engagement in survivors who may feel uncomfortable addressing sensitive topics with female practitioners. This was echoed by Yarrow and Churchill. (2007) who suggested that support from a male therapist may feel more familiar and could model appropriate *"non-abusive male caring."*

However, participants in Gruenfeld et al. (2017), who were all male therapists specialising in male survivorship, offered a contradictory view. When reflecting on exchanges of power and vulnerability, they discussed how the therapeutic relationship itself may further challenge the client's masculine identity and fear of being dominated. When discussing parameters of trust, therapists in Gruenfeld et al. (2017) acknowledged how overwhelming

forming a safe dynamic with a man in position of authority can be for some male survivors. One participant also sensed that some of their male clients feared that the therapeutic relationship may become sexualised which could sometimes lead to early termination of therapy. The complex nuances of how a practitioner's gender may influence therapeutic alliance led some practitioners to question whether they were best placed to engage these clients. Qualitative reflections from Yarrow and Churchill (2007) revealed practitioners often questioned "*can I help, should I help?*" and "*am I the right person to help him*?". Across the reviewed studies, practitioners were in agreement that providing male survivors with a choice of who they work with was a meaningful step toward restoring a sense of power and agency.

Unconscious Bias

Interwoven across reviewed studies was an awareness that stereotypical beliefs and unconscious bias exist within services, which likely influence the response male survivors receive. Whilst practitioners in Hohendorff et al. (2017) focused on the impact of bias at the broader, system level, others recognised that individual practitioners are not immune to internalised bias. A repeated example that was captured by Javid (2020) related to the stereotype that men may exhibit increased aggression in relation to trauma when accessing support. The author drew on Russell's (2007) writing on how these essentialist and deterministic approaches to gender undermine the uniqueness and individuality of survivors. Crucially, in Lab et al.'s (2000) study exploring why practitioners from a variety of disciplines stated that they would be unlikely to ask male patients about sexual abuse histories, a prominent answer was "*the patient could become angry or violent"*. These findings suggest that these gendered beliefs are dissuading practitioners from exploring the possibility of sexual abuse in male clients, which in turn limits the interventions received.

The variety of ways in which practitioners may unconsciously circulate myths within their professional interactions with male survivors was detailed in multiple studies. A notable example was highlighted by Jarvid (2019) in an interview with a male rape counsellor who suggested that male rape is broadly a prison based phenomena and was not common within the community. The author comments that this conceptualisation of male rape as an "*institutional problem"* perpetuates the problematic narrative that male sexual abuse stems from the "*unavailability"* of women. This indexical classification of male sexual abuse as a *"prison problem"* was suggested to reflect how this issue was originally introduced into Western society.

Whilst studies broadly acknowledged such biases exist within the mental health community, practitioners did not often apply these insights to their own practice This was evidenced in Hill and Diaz's (2020) finding that six out of eight practitioners explicitly stated in their interviews that they personally do not hold these beliefs. Findings such as these could indicate that the practitioners interviewed in these studies are indeed exempt from these biases, or, as Javid (2019) alluded to, they may reflect the difficulty of recognising or admitting the consequences such beliefs may have on the practitioner's own professional practice.

Lack of training

All ten studies referenced the lack of training available that focuses on the male survivorship experience as impacting both the level of access these clients had to support spaces and the quality of care they may subsequently receive. Javid's (2020) exploration of attitudes within third sector organisations revealed that over a third of participants had not received any training on male sexual abuse. Practitioners repeatedly described feeling ill-equipped with the specialist knowledge required to provide high-quality care to these men.

Within this context, some participants felt it was better to acknowledge their knowledge gaps and signpost male survivors to other services. However, the impact of this displacement was suggested by Javid (2020) as further pathologizing male survivors, particularly when this resulted in inappropriate re-referrals including to substance misuse interventions.

Studies indicated that this lack of training was not exclusive to the third sector. In Lab et al.'s (2020) study of multiple-disciplinary professionals, including nurses, psychologists, and psychiatrists, only 30% of respondents felt they had received sufficient training in how to recognise, respond to, and support male survivors of sexual abuse. The lack of specialist knowledge also appeared to impact practitioners' awareness of the prevalence of male sexual abuse and its correlations with mental health difficulties. This was echoed by therapists in Gruenfeld et al.'s (2017) study, who discussed the failure to recognise the symptoms of sexual abuse histories in men within medical settings. Practitioners described male survivors as presenting with symptoms of mental health conditions such as depression and only receiving pharmacological responses, with the possibility of underlying trauma experiences remaining unexplored. This reduced curiosity around the aetiology of mental health difficulties in men was felt by practitioners to be directly linked to the lack of available training, which contributed to service responses that remain misaligned with the established evidence base connecting CSA to adverse mental health outcomes. The practitioners' own level of professional confidence and self-efficacy with the topic of sexual abuse was described in multiple studies as shaping the experience of male survivors. .Yarrow and Churchill (2009) reflected on how a perceived lack of competency can lead to avoidance, with their respondents answering that their own professional vulnerability would likely make them more apprehensive to explore sensitive topic areas. Gruenfeld et al. (2017) added that this, in turn, may undermine survivors' trust that the therapist can tolerate the full reality of their lived experience.

1.8.4 Line of argument synthesis

A line of argument is conceptualised by Noblit and Hare (1988) as a bringing together of key concepts and translations to create a novel overarching model. This line of argument depicts a complex, interactive system of influence surrounding male survivors of sexual abuse as understood and experienced by the practitioners supporting them (Figure 2).

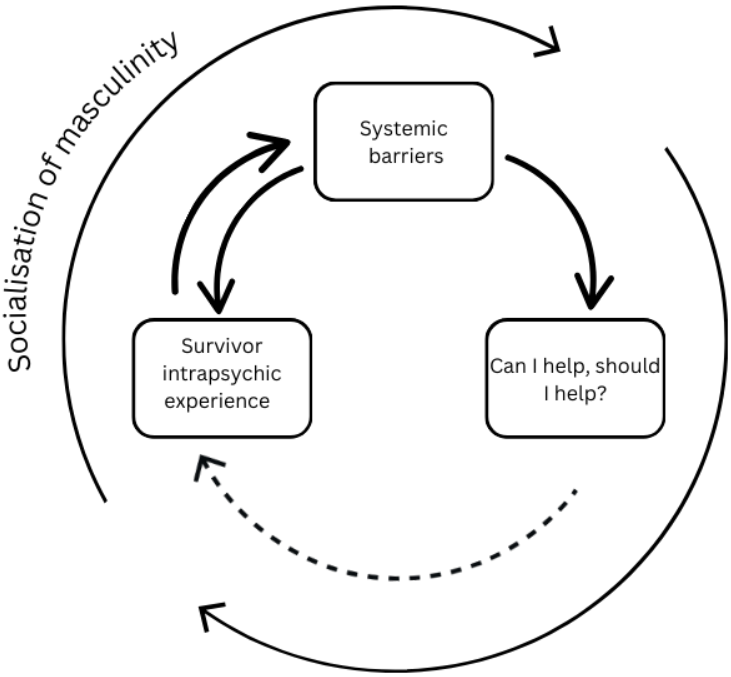


Figure 2.

Practitioners' representations of the psychological processes of male survivors of sexual abuse accessing support.

The synthesis suggested that practitioners understood this process to be shaped by the socio-political and cultural parameters of normative masculinity, referred to here as the socialisation of masculinity. Reminiscent of Bronfenbrenner's nested system model (1979), this represented an overarching, macro-systemic influence that was found to inform how survivors, practitioners, and society interact with male survivorship.

Practitioners suggested that within this sphere of influence, an initial task for male survivors involved negotiating the internal conflict and shame that these external messages often accompanied. Survivors' navigation of this stage was understood to be informed by their unique experiences of these socialisation processes.

The next stage related to systemic barriers, which were also understood to be shaped by dominant social discourses around the 'hierarchy of victimhood' and the lack of visibility of male survivorship. A notable feedback loop identified from practitioner accounts was that for men who had deeply internalised their abuse experiences as a psychological defence, the step towards seeking support could be experienced as an immensely vulnerable act. Encountering systemic barriers at this stage could therefore result in a retreat further back into the intrapsychic experience stage for a significant period of time, if not permanently.

The final stage, 'Can I help, should I help?', is related to the role and impact of the individual practitioner. Evident across accounts was that practitioners felt their opportunity to provide high-quality, compassionate care to male survivors was constrained by systemic barriers, including insufficient training. Underpinning this stage was a collective awareness that unconscious bias and internalised myths relating to masculinity and victimhood persist within support organisations. However, a notable finding was that practitioners rarely applied these considerations introspectively to their own practice. This line of argument suggests a degree of dissonance between practitioners' awareness of systemic issues and their ability or willingness to reflexively attend to their own socialisation experiences and how these may influence their work with male survivors of sexual abuse - a tension depicted within this model by a dotted line.

1.8.5 Discussion

This meta-ethnographic synthesis of ten qualitative studies examining practitioners' experiences of working with male survivors of sexual abuse produced a line of argument comprised of a cyclical, four-stage process. Whilst each survivor's transition through these stages was found to be unique, the processes underpinning these experiences, including socio-cultural constructions of masculinity, the internalised reality of survivorship, the impact of systemic and structural barriers, and the role of individual practitioners, revealed shared commonalities. This model provides a novel overview of how practitioners understand the male survivorship experience within the context of accessing interventions and illustrates the complex psychological processes male survivors navigate.

1.8.5.1 Strengths and limitations

A strength of the present synthesis is its focus on the insights of practitioners experienced in supporting male survivors of sexual abuse, which are underrepresented within the empirical evidence base (Teram et al., 2006; Yarrow & Churchill, 2009). Exploring the complex psychological journey of survivors through support structures from this vantage point, including the challenges and barriers the practitioners face, allows for meaningful clinical and practice-based implications to emerge. Additionally, the breadth of professional backgrounds represented in the reviewed studies permitted insights into diverse structures and systemic contexts and how these interact with the topic of male survivorship. However, it should be noted that most of the studies consisted of British and American samples, with only Hohendorff et al. (2017) providing insights into non-Western constructions and experiences. Further research would benefit from exploring cross-cultural contexts and how these inform practitioners' engagement with male survivorship.

An additional limitation relates to the paucity of available research relating to the insights of practitioners working with male survivors of sexual abuse. As a result, two of the

ten studies were authored by the same researcher. As with any qualitative research, the author's views, attitudes, and beliefs inevitably shape what is presented within the findings. It is therefore likely that this researcher's views were more firmly embedded within the findings for this synthesis than others. Additionally, multiple studies did not specify the gender of practitioners or if they worked primarily with males who were sexually abused as adults or children. This meant that components of the line of argument could not be developed fully, including the impact of practitioners' identity and how the developmental stage at which the abuse occurred may interact with the socialisation processes.

Due to time constraints, only five databases were searched. As such, it's possible that relevant empirical studies may have been omitted. Additionally, while efforts were made to enhance trustworthiness by conferring with supervisors during the development of the line of argument, the majority of the review was completed by a single researcher, which may have limited reliability.

1.8.5.2 Conclusions and Implications

The present review illustrates the complex processes that survivors and practitioners navigate when engaging with the topic of male sexual abuse. While the impacts of social discourses and masculine norms are acknowledged elsewhere in the literature, a notable finding was the dissonance practitioners appeared to experience in these socialization processes and how these may play out in their work with survivors.

Given the scarcity of studies identified and the methodological limitations discussed, further research that utilizes the clinical knowledge of practitioners experienced in supporting male survivors is warranted. Survivor-led research highlights the importance of conceptualising 'recovery' as more than the absence of clinical symptoms; however, these reflections were limited in the present review (Crocker et al., 2024). As such, research

focused on the broader parameters of 'healing' for male survivors, including in areas such as interpersonal functioning, would be beneficial.

1.8.6 Research Question and Aim

Findings from the meta-ethnographic synthesis illustrated the critical role practitioners' attitudes, knowledge, and professional self-efficacy play in the quality-of-care male survivors receive. However, it also revealed areas that require further empirical exploration. Notably, half of the included studies did not specify if the practitioners provided support to men who had been sexually abused as adults or as children, which would hold significant relevance in terms of intervention. Additionally, despite increased empirical recognition of the complexity of parenthood for survivors of CSA (Schuetze & Eiden, 2004; Ruscio, 2001) and repeated acknowledgment of the impact of the 'victim to perpetrator' myths on male survivors, none of the included studies discussed the topic of fatherhood.

As such, the present empirical study is the first to date to examine the experiences of practitioners supporting male survivors of CSA who are fathers. A qualitative design will be used to interview practitioners from various disciplinary backgrounds with experience supporting this distinct group of survivors.

It is hoped that the insights captured in this study will promote a fuller understanding of male CSA survivorship experiences, including parenthood, enhance clinical knowledge, and ultimately increase the quality of care available.

2 Chapter Two: Methods

2.1 Overview

This chapter will detail decisions relating to the philosophical framework of the study, including a rationale for the adoption of a critical realist ontology with an interpretivist

epistemological framing. The methodological selection was informed by the guiding research aim, which was to explore the reflections and insights of practitioners experienced in supporting male survivors of CSA and fatherhood. Several analytical approaches were considered, and a justification is presented for the selection of Reflexive Thematic Analysis (RTA) as the most appropriate method for this inquiry. The steps involved in the research design, including ethical considerations, participant recruitment, and the stages of data analysis, are outlined. A declaration of the researcher's positionality is also provided via a reflexive statement to contextualise pertinent influences, beliefs, and experiences.

2.2 Philosophical Frame

The present study aligns with Frost et al.'s (2014) view that the undertaking of qualitative research requires the researcher to foreground components of their worldview by declaring their ontological and epistemological stance. These philosophical anchors are understood to influence a variety of decisions that the researcher will make and, therefore, should be made transparent (Silverman, 2000).

2.2.1 Ontology

Ontology has been defined as the "nature of reality and the nature of human beings in the world" (Denzin & Lincoln, 2005, p. 183). Two prominent ontological positions within the social sciences are realism and relativism, often conceptualised as being in direct contrast to one another (Poucher, 2020). Realism depicts a singular, 'true' reality, while relativism asserts multiple, coexisting realities are constructed through individual or cultural perspectives. Researchers subscribing to a realist ontology, therefore, consider data as a reflection of an objective 'true' reality, aiming to investigate the phenomena of interest via objective, value-free approaches (Hartwig, 2007).

Conversely, relativist ontology posits that reality is a subjective experience (Denzin & Lincoln, 2005) of which there is no unified 'truth.' Relativist researchers maintain that perceptions of reality cannot be disentangled from the individual's experience, informed by conditions such as social context, culture, perspective, and so on.

Critical realism has been described as a contemporary uptake of realist ontology that allows a resolution of relativist themes (Hartwig, 2007). According to Letourneau and Allen (2006), critical realists posit that there is a reality that exists independently of human participation; however, not all aspects of this can be accessed. Therefore, 'truth' or 'reality' is born not from pure observation but from the reasoning of outputs or actions. From a critical realist perspective, reality is variable, shaped by invisible social contexts and structures in which an individual operates (Bukowska, 2021).

2.2.2 Epistemology

Whilst ontology relates to the nature of reality, epistemology considers ways in which research can know about the world (Blaikie, 2007). Two prominent epistemological positions are interpretivism and positivism. Positivists generally seek to generate explanatory, causal relationships by applying epistemological tenets relating to the objective 'truth' of knowledge, which aligns well with quantitative paradigms (McGrath & Johnson, 2003). Consequently, positivist researchers typically strive to separate or bracket their own values and influences from the research process. In contrast, interpretivism asserts that humans generate knowledge through interactions and interpretations of experience (Creswell, 2013), thus rejecting the notion of knowledge as an objective 'truth'(Creswell, 2013). Knowledge is instead suggested to be grounded in individual, subjective constructions and experiences, shaped by temporal and social contexts (Schwandt, 2003).

2.3 Reflexivity Statement

Braun and Clarke (2024) highlight that the rebranding of their model to Reflexive Thematic Analysis in 2019 was intended to position researcher reflexivity as an essential component of TA. As described by Campbell et al. (2021), reflexivity is a process of self-examination that involves "revealing ourselves as individuals and researchers while understanding how our personal biases may influence the research process" (p.2021). I approached this as an ongoing activity that allowed me to situate myself within social locations and positionalities through continued reflexive journaling. A summarising statement is provided below.

As I honed my reflexive skills throughout my Clinical Psychology Doctoral training, I began to uncover a range of personal beliefs and experiences that I understand to have meaningfully shaped the methodological decisions underpinning this research. In particular, I developed a deeper awareness of my social positioning, including the privileges I hold as a white, able-bodied, cis-gendered female, and how these aspects of my identity inform both my clinical and research practices. These reflections were central to how I approached the current study, particularly in relation to my interactions with participants and the interpretive process. During training, I discovered Catherine Riessman's (1993) writing on co-construction in research, which has remained a prominent personal influence and is reflected in the ontological and epistemological anchoring of the present study. Holding these ideas in mind, I acknowledge that parts of my presentation, experiences, and bias will shape the narratives and accounts I receive from participants, the elements I attend to, and the interpretations I choose to present. As such, I understand the findings presented to be a result of a collaborative, dialogic process influenced by a meaning-making exchange between myself, the participants, and the stories they share.

2.4 Methodology

The present research is informed by a critical realist ontological position with an interpretivist epistemological lens. The aim of this study is to explore the intricacies of practitioners' experiences of supporting themes relating to male survivorship and fatherhood. This pursuit is not guided by positivistic attempts to uncover an objective 'truth', nor is the researcher tasked with separating values and influences through processes of dualism and objectivity (Hansen, 2004). Rather, the study aligns with interpretivist qualitative research paradigms that suggest knowledge is grounded in individual, subjective constructions and experiences (Schwandt, 2003; Burr, 1995)

In his book 'Critical Realism for Psychologists', Pilgrim (2019) argues that critical realism provides a valuable middle ground for researchers, capable of accommodating the scientist-practitioner model that underpins the discipline of clinical psychology. In line with these notions, the present research acknowledges a 'real' world that exists independently of human perception, while the incorporation of an interpretivist epistemological stance also suggests that the 'observable' world is created by human constructions and subjective interpretations (Constantino, 2008).

Therefore, this study is approached as a collaborative meaning-making exercise between researcher and participant, shaped by the temporal and spatial structures at play alongside the shared constructions of language and meaning (Bhaskar, 2011). The findings are therefore suggested to illustrate something of 'reality' but do not propose to directly mirror it.

2.5 Study Design

2.5.1 Participants and Procedures

2.5.1.1 Recruitment

Purposive sampling was used as this allows the selection of participants who meet pre-defined criteria or have existing knowledge or experiences of the phenomena of interest (Creswell & Piano Clark, 2018). Potential participants were initially approached by myself or supervisors either via email (with the PIS form and consent form attached) or in person during team meetings. This wave of recruitment primarily drew on existing professional contacts I had developed within third sector organisations, as well as those connected to NHS trauma services known to my supervisors. Convenience sampling strategies were also employed, and relevant organisations were connected by email and asked to circulate the PIS and research flyer to their staff. These services largely comprised specialist third sector organisations supporting individuals with trauma histories. Additionally, professional directories such as the British Association for Counselling and Psychotherapy (BACP) register were used to identify private practitioners whose published profiles suggested alignment with the inclusion criteria. Once data collection had commenced, snowballing recruitment strategies were applied by encouraging participants to share the research flyer with any colleagues whom they felt might be eligible and interested in partaking.

2.5.1.2 Inclusion and Exclusion Criteria

All participants needed to be over 18 years of age to be eligible for inclusion in the present research. A variety of professional backgrounds and disciplines were welcomed to partake, with examples including clinical and counselling psychologists, counsellors, psychotherapists, mental health practitioners, voluntary sector practitioners, support workers, a general practice nurse, and a psychiatrist. All levels of experience, including qualified and pre-qualified practitioners, were eligible for inclusion. Participants needed to have experience in supporting male survivors of CSA, where at least some of their work had focused on the topic of fatherhood.

It was decided that professionals with the Police would not be included in the present research. It was felt that the remit and orientation of Police services reduced the likelihood of significant focus being directed to the topic of CSA survivorship and fatherhood and, therefore, did not align with the primary aims of the present research.

2.5.1.3 Sample

The present study involved a sample of 15 practitioners. Namey et al. (2016) note that between 8 and 16 interviews can adequately answer a thematic analysis research question, whilst Terry et al. (2017) suggest 6-15 participants for doctoral-level research. The sample size of 15 was therefore deemed appropriate for the present research. Prior to interviews, the following demographic information was collected: age, gender, ethnicity, professional title, type of service, and years of experience. See Appendix E for the Participant Demographic Questionnaire. Table 8 summarises participant characteristics.

Table 8.

Sample Characteristics.

Participant Pseudonym	Age	Ethnicity	Gender Identification	Job Title	Service	Years of Experience
Alice	70	White British	Female	Psychotherapist	Private practice and Third Sector	10+
Jenny	31	White British	Female	Senior CBT Therapist .	NHS	7-10
Heather	58	White British	Female	Social Worker	Local Authority/ Children's Family and Social Care	10+
Alma	42	White European	Female	Psychologist/ Counsellor	Private Practice and Third Sector	1-3
Nick	41	White British	Male	Counsellor/ Author/ Trainer	Private practice, Third Sector, and Training provisions	10+
Ruth	41	British Indian	Female	Counselling Psychologist	Private practice, Third Sector, and NHS	10+
Clara	50	White British	Female	Counselling Psychologist	NHS	10+
Aubry	68	White British	Female	General Practice Nurse/ Counsellor	NHS and Third Sector	10+
Lily	61	White British	Female	Counselling Psychologist	Private practice	10+
Pauline	61	Irish	Female	Psychologist	Third Sector	10+
Rachel	48	White British	Female	Clinical Psychologist	NHS	10+
Mark	65	White British	Male	Psychotherapist/ Counsellor	Private Practice and Third Sector	4-6

Table 8 (continued)

Participant Pseudonym	Age	Ethnicity	Gender Identification	Job Title	Service	Years of Experience
Faith	38	White British	Female	Psychiatrist	NHS	10+
Patrick	58	Welsh	Male	Counsellor	Third Sector	7-10
Gemma	51	White Irish	Female	Clinical Psychologist	NHS and Third Sector	10+

2.5.1.4 Data collection

All consenting participants were invited to a semi-structured qualitative interview with the lead researcher. Interviews were completed between July and September 2024 via video conferencing platforms (either Microsoft Teams or Zoom), and the inbuilt recording and transcription function was utilised.

2.5.1.5 Semi-structured interviews

A topic guide was developed to ensure the interviews were sufficiently guided by the research questions. The interview schedule was informed by consultations with the expert by experience involved in the research, who provided reflections on language use and content. The final topics guide consisted of three broad domains: (1) Overview of practitioner background, work/ service context, and how they came to support male survivors of CSA and fatherhood, (2) Reflections on barriers, myths, and socio-political narratives, (3) Personal reflections and recommendations. The ordering of these topics was carefully considered to move from the general to the personal to allow for increased comfort and rapport to develop. Sensitive questions relating to how participants' own identity may interact with this topic, the impacts of engaging with trauma histories, and the challenges of supporting this client group came toward the end of the interview. Each interview closed with participants being asked if they would like to add any final reflections or if any topics that felt important had not been sufficiently covered. Interviews lasted between 45 and 80 minutes, the interview topic guide can be found in Appendix F.

2.5.2 Ethical Considerations

Ethical approval was obtained from the University of Essex ethics committee on June 10th 2024 (ETH2324-1727) (Appendix B). This research did not include healthcare

participants data and therefore NHS ethics approval was not requested. Ethical approval was received prior to participant recruitment or data collection, and the research was carried out in accordance with The British Psychological Society's Code of Human Research Ethics (2021).

2.5.2.1 Informed consent

All interested individuals were contacted directly by the lead researcher. The nature and aims of the study were explained and detailed in a Participant Information Sheet (PIS) (Appendix C) and a consent form (Appendix D) that was sent via email. Potential participants were asked to read through these forms thoroughly and were invited to discuss any questions or concerns with the lead researchers either via email or by telephone. Once each potential participant was satisfied with this information, they were asked to complete the consent form and arrange the interview.

At the beginning of the interview, before the recording commenced, the lead researcher recapped the aims of the research, addressed any outstanding questions, and provided an overview of the structure of the interview. Participants were informed that the interview schedule had been designed to feel informal and conversational and that they were not obligated to answer any questions if they did not wish to do so. All consent was obtained in written form.

2.5.2.2 Maintaining confidentiality and anonymity

Anonymity and confidentiality were maintained at every stage of the research process in accordance with the University of Essex policy and the Data Protection Act (2018). Participants were informed that interviews would be fully anonymised from the point of transcription and that the audio recording and transcription function used during the interview would be used by the lead researcher only to facilitate transcription. All original audio recordings were stored on a password-protected computer and deleted following

transcription. To ensure anonymity, all personal and identifiable information was omitted at the transcription stage of data processing, and participants were allocated a pseudonym for the final report. Participant transcripts and demographic data were stored electronically on a password-protected computer. The exceptions to maintaining anonymity were clearly communicated via the PIS form, including if information was shared that indicated that the participant or another person was at risk of harm or of engaging in serious criminal activity, confidentiality could be breached. Consistent with the University of Essex safeguarding policy, any concerns would be discussed with supervisors who are both highly skilled and experienced in managing risk both within research and clinical settings.

2.5.2.3 Protection from harm and risk management

This study involved interviewing practitioners about their experiences of supporting male survivors of CSA with a focus on fatherhood. It was acknowledged that these topics may elicit emotional responses and the possibility of personal disclosures was also considered. In order to minimise any potential risk or harm to either participant or researcher. Draucker et al.'s (2009) protocol for qualitative interviews of sensitive topic areas was used as a guiding framework. This involves a 'pause and review' following an indication of distress, where both participant and researcher pause the interview and discuss if the participant is feeling safe and comfortable to continue or if the interview will be terminated. Stage two was moderated for virtual interviewing and involved terminating the remote call or video. This protocol was pre-planned as part of the risk management plan for the present research however did not need to be followed at any point during data collection. It was also acknowledged that given the sample consisted of practitioners the likelihood of them having existing support structures in place including supervisory input was increased which was also considered a mitigating factor.

Given the highly emotional and sensitive topic of the present research, I also took measures as the primary researcher to protect my own welfare and mitigate psychological distress. Throughout the research process I received regular supervision from both my primary and secondary supervisors; both of whom are highly experienced within the CSA field and are aware of the challenges researchers can face when engaging with stories relating to trauma and abuse. I also accessed a peer support group for individuals working in and researching CSA for additional support and guidance. Given my pervious experiences of work in the CSA field I was confident in how to manage the emotional impacts and when reaching out for additional help maybe required. I also ensure I utilities pre-existing coping strategies which include personal therapy and my personal support system.

2.5.2.4 Consideration of power and transparency

The inherent power imbalance within a research context was acknowledged. This felt particularly relevant in the present study, given that interviews focused on themes of child sexual abuse, where the exploitation of power positions is often a core component. According to Råheim et al. (2016), the power imbalance within the researcher-researched dynamic cannot be fully dissolved, however, effective reflective practice, supervisory support, and ensuring a sustained commitment to ethical research practices can support the mitigation of these dynamics. The lead researcher also drew on skills as a trainee clinical psychologist to engage in sensitive interviewing techniques that included empathy, validation, and changes to pacing where necessary.

2.6 Analytical Approach

There is a range of approaches available to analyse qualitative data, and three prominent examples were considered for the present research. The utility and limitations of

each will be presented below, along with a justification as to why Reflexive Thematic Analysis (RTA) was ultimately selected**.**

2.6.1 Interpretive Phenomenological Analysis

Interpretive Phenomenological Analysis (IPA) aims to capture lived experiences through detailed and nuanced analysis, focused on both the commonalities and divergences of experience of a small number of participants. IPA is informed by hermeneutic phenomenology and directs significant attention to narrative constructions and linguistic structures (Smith, 1996). Whilst the concept of double-hermeneutic practices in research (namely the interlinking of both researcher and participant interpretations) aligns with the ontological and epistemological commitments of the present research, several other core tenets of IPA do not. As noted by Pringle et al. (2011), "IPA accounts privilege the individual" (p.21), which can make it less useful for research examining emergent areas that hope to substantiate theory. Given that the present study is focused on male survivorship and fatherhood, a widely acknowledged knowledge gap within the literature, the research aims are rooted less in participant idiosyncrasies. A prominent critique of IPA is the assumption that participants and researchers have the prerequisite communication skills to convey the nuances of experiences (Tuffour, 2017). Tuffour (2017) cautions that this can be particularly problematic for research focused on sensitive issues such as mental health or trauma. As such, IPA was not felt to be an appropriate match for the present research.

2.6.2 Grounded theory

Grounded theory, originally developed by Glaser and Strauss (1965), adopts an inductive approach in order to create new theoretical models that are grounded in the data. Whilst classical grounded theory is underpinned by objectivism, there are various contemporary strands, including constructionist, critical, and situational analysis, that can

accommodate a variety of ontological commitments (Charmaz, 2014; Lee, 2016). As a bottom-up approach, grounded theory is often applied to research in developing fields and could have supported the generation of a theoretical model pertaining to practitioner engagement with father survivors. However, the core aim of the present research is to develop a foundational understanding of the phenomena of interest, which may or may not lead to the development of a framework or theory. Equally, it has been argued that remaining exclusively grounded in the data can decontextualise findings and distance them from the "real world" (Coffey & Atkinson, 1996, p.84). The wider societal and political narratives surrounding male survivors are considered important contextual influences within the present research that may not be sufficiently captured with a grounded theory approach.

2.6.3 Reflexive Thematic Analysis

Developed by Braun and Clarke (2006), Thematic analysis (TA) is a cluster of flexible, interpretative approaches that involve exploring patterns of meaning through the development of themes across a dataset. Reflexive thematic analysis (RTA), a form of TA, focuses less on accuracy and reliability by inviting the researcher to remain cognisant of their own assumptions and choices within the interpretive process (Finlay & Gough, 2003). RTA posits that themes do not passively emerge from analyses, instead, the researcher is understood as an active agent in creating these interpretive outputs through systematic engagement with the data (Braun & Clarke, 2019). In their recent publication, Braun and Clarke (2021) clarify that RTA avoids positivistic notions of data analysis, which aligns with the ontological underpinnings of the present research. A further feature of RTA that befitted the aims of this research is its compatibility with heterogeneous samples and capacity to capture diverse perspectives across participant accounts whilst also permitting commonalities to be acknowledged (Braun & Clarke, 2021).

The present study adopted a broadly inductive orientation however, it is acknowledged that RTA does not exist in a "theoretical vacuum" (Braun & Clarke, 2023, p.4) and therefore themes may develop in the context of wider explanatory frameworks. It was felt that attending to both the meaning constructed and presented by the participants and the researcher's own interpretations of meaning would support the overarching aims of the analysis. As such, a combined coding approach was used, noting participants' surface-level linguistic constructs (semantic codes) alongside the deeper, implicit meaning as interpreted by the researcher (latent codes).

2.6.4 Quality Assurance

The assessment of quality in qualitative research is contentious, with some researchers, including Braun and Clarke (2024), arguing that traditional assessment tools are often rooted in positivist logic, guided by scientific constructs such as accuracy and reliability. These pursuits are incongruent with approaches such as RTA that embrace subjectivity and reflexivity as a quality marker. In 2024, Braun and Clarke published Reflexive Thematic Analysis Reporting Guidelines (RTARG) to support best practice in RTA. The authors position these guidelines as tips rather than as a rigid checklist, and it was used as such in the present research. The RTARG focuses on methodological congruence and open reflexivity, whilst a full account of how the present study met these suggestions is too lengthy for inclusion, an extract is presented in Table 9.

Table 9.

Extract of quality assurance table informed by Reflexive Thematic Analysis Reporting Guidelines (RTARG) (Braun & Clarke, 2024) and practices used to meet suggestions.

Advice for aspects of the research report/approach to reporting	Guiding notes and further explanation	Practices to meet suggestions
Include information on guiding theoretical assumptions and other (e.g., explanatory) and other theory informing the use of TA	Guiding (e.g., paradigmatic, ontological and epistemological, and other theory should be coherent with RTA	Account provided for post-positivist ontology and epistemology along with a justification for the critical realism approach that was adopted.
Report in a way that is consistent with stated theoretical assumptions throughout.	Theoretical coherence is evidenced through the use of language and concepts (e.g., around theme development, research subjectivity, data interpretation), the treatment of data, and use of quality practices consistent with RTA	Maintaining transparency around the subjectivity of data analysis and interpretations throughout.
Show evidence of reflexive practice.	Can discuss researcher professional or personal positioning and experience in relation to the topic, and/or participant group, and/or their role in shaping the research; use of reflexive journaling.	Researcher reflexivity statement, journaling, and supervisory input.
Write in a methodologically coherent style.	A first-person writing style suits RTA	Using the first person and a reflexive writing style
Describe a specific orientation to RTA.	Locate RTA on the dimensions of inductive<>deductive and semantic<>latent.	Justification for a broadly inductive approach and combined semantic and latent coding.

Whilst the above table highlights the procedural steps taken to uphold the principles of RTA, I believe that the rich reflexivity interwoven throughout this thesis represents the most influential quality marker of the present research. RTA invites researchers to be transparent with readers not only about their experiences of the research process but also about how their identity, belief systems, and lived experiences may shape the subsequent

findings. Whilst this felt confronting at times, I believe my commitment to reflexively attending to these areas significantly deepened my connection to the research topic. In turn, this contributed to the depth and integrity of the insights presented.

2.6.5 Phases of analysis

The six analytic steps outlined by Braun and Clarke (2022) were followed. The initial stages involved a deep immersion in the data, which was supported by the transcription process. I watched each video recording of the interview in its entirety before manually reviewing the transcriptions. At this initial stage, I also recorded any notable verbal inflections, breaks, tones, etc. Data cleaning is not compulsory in RTA; however, I found that in the context of my dyslexia, this was required in order for me to read transcriptions fluently without limiting overall comprehension. Drawing on guidance from Gauthier and Wallace (2022), I removed repeated utterances such as ‘um’ or ‘hm’ and used wider contextual information to enhance readability (e.g., removing misspoken words). See Appendix G for an example transcript. Completed transcriptions were then read and re-read to begin identifying both unique and overarching narratives. Reflexive journaling of this process was also used (Appendix H).

The following stage involved generating initial codes within each transcript, which was completed manually in Microsoft Excel (Appendix I). As per Braun and Clarke (2022), codes were conceptualised as the ‘building blocks’ of the analysis, represented by succinct labels or descriptors of units of data that felt relevant to the research question. Employing a coding framework is incongruous with RTA (Braun & Clarke, 2023); therefore, this process was fluid and organic. Terry et al. (2020) suggest that the iterative coding process should be guided by continually referring back to the research question(s) relevant to each potential

code. This was, however, challenging in the context of my dyslexia, and a mind-map was employed instead to develop a visual overview of salient data features.

The focus then shifted to sorting the established codes into initial themes. As advised by Braun and Clarke (2024), themes were approached as "interpretative stories about data, stemming from the researcher's subjectivity" (p. 8), rooted in the key messages underpinning the data. Initial themes and subthemes were repeatedly refined during this process, often through consultation with supervisors and through visual colour coding with post-it notes. As advised by Finlay (2021), I prioritised subjective, productive language and creativity during this process.

Finally, each theme was defined and named. Braun and Clarke (2024) recommend 'catchy', thoughtful theme names that capture the essence of analysis. Some theme names were derived from direct participant quotes that I felt illustrated key meanings within the data. A final table incorporating these themes and their relationships to each other was then created to capture the intricate parameters of meaning and experiences. These insights were then used to draw together a "concise and interesting account of the story told by the data" (Campbell et al., 2021, p.2020) in the form of the present report.

3 Chapter Three: Results

3.1 Sample Demographics

Fifteen participants from a range of disciplinary backgrounds were interviewed. Around half (n=7, 46.7%) worked in NHS services with the remainder (n=7, 46.7%) working across the voluntary and/or private sectors. One (6.7%) was from a local authority background. Participants' professional roles comprised mostly counsellors and therapists (n=7, 46.6%), with the remainder being made up of psychiatry, nursing, and social work disciplines. The

majority of practitioners were White British (n=11, 73.3%). In terms of gender, most practitioners were female (n=12, 80%), with a smaller percentage of males (n=3, 20%). Most practitioners had 10 or more years of experience (n=11, 73.3%). Table 10 describes participant demographic and professional information.

Table 10.

Participants' demographic and professional details.

Variable	N (%) or M(SD)
Total Staff N= 15	
Age (Range 31-70)	48 (11.9)
Professional Role	
Counsellor/ Therapist	7(46.7)
Clinical Psychologist	2 (13.3)
Counselling Psychologist	3 (20.0)
General Practice Nurse/ Counsellor	1 (6.7)
Psychiatrist	1 (6.7)
Social Worker	1 (6.7)
Ethnicity	
White British	11 (73.3)
White Irish	2 (13.3)
British Indian	1 (6.7)
White European	1 (6.7)
Gender	
Female	12 (80.0)
Male	3 (20.0)
Years of Experience	
1-3 years	1 (6.7)
4-6 years	1 (6.7)
7-10 years	2 (13.3)
10+ years	11 (73.3)

Note: Descriptive demographic and professional details for practitioner participant group (n=15). All variables are described as frequencies and percentages, except age, which is presented as mean (standard deviation).

3.2 Overview of Results

Four superordinate themes were identified: “Feels like make or break:” Understanding the nuances for fatherhood and survivorship; “Ripples in the pond”: Recognising interpersonal influences and impacts; “The beast feeding the beast”: Navigating the System; “A relational microcosm”: Bringing the self to the work. These four overarching themes each consisted of between two and four themes. Table 11 provides an overview of the constructed superordinate themes, subthemes, and illustrative participant quotes.

Table 11.

Superordinate themes, subthemes, and illustrative quotes.

Superordinate Theme	Subtheme	Illustrative Quote
1. " Feels like make or break": Understanding the nuances of fatherhood and survivorship	"Should I even have a family?": Conceptualising fears of fatherhood	"It's the fear of the abuser role 'I tell them off, Oh my god, I'm the bad person!' […] ''I'm just like my dad. ' So we'll talk about what their dad was like and draw comparisons, they'll look for slight similarities, but I help them see the differences." (Nick)
	"When did the safety become dangerous?": Navigating the developmental stages of fatherhood	"If you're bringing up a kid, you're changing them, you're bathing them, you're putting them to bed, and that can reflect exactly to where you were at that time. You're stepping right back." (Mark)
	"I wouldn't even know they had children": The absence of fatherhood.	"I was thinking about patients, survivors who I've encountered who are fathers […] they tend also to be quite absent fathers. I wouldn't even know they had children because they're not involved in their lives […]maybe it's also that they found it too hard to be a father" (Faith)
	"Fatherhood unlocked something for him": Witnessing fatherhood as healing.	"He had a lot of shame about the abuse that he experienced, and actually it was a really good counterpoint to the shame that he could feel pride about bringing his children up." (Alice)
2. "Ripples in the pond": Recognising wider interpersonal influences	"Labelled as lazy": Managing interpersonal tensions and the parental dyad	"He'd just point blank, refused to help with bath times […]but it couldn't tell his wife why he wouldn't, so she had labelled him as sort of lazy and a cop out'' (Lily)
	"Masculinity in itself is a culture": Developing a fuller picture of masculinity	**"**''I think for me is that it's not demonizing masculinity, not demonizing fatherhood […]Avoiding terms like toxic

Table 11 (continued)

Superordinate Theme	Subtheme	Illustrative Quote
		masculinity and male privilege, and all of and that valuing fatherhood valuing masculinity." (Nick)
3. "The beast feeding the beast": Navigating the System	"It makes you less afraid to ask': The impact of insufficient training.	''It's very complicated to get right therapeutically, which is why I think if people don't feel well trained and versed in those differences, […] which then might mean that the decision is to pass on a client or to signpost.'' (Beth)
	"We divert away from male suffering": The feminisation of victimhood and support spaces.	**'**But as soon as you start talking about it, you're shot down in flames [...] We divert away from male suffering onto women have got it worse. Or we divert away from men having problems to men are the problem' (Nick)
	'Who can actually take a forerunner position?": Managing disjointed systems	**'T**here's been some improvement over the years, but there is an idea in the NGO world sometimes that statutory services do not understand the complexity (…) I think there's a tension because NGOs have to protect their reason for existing' (Gemma)
4. "A relational microcosm": Bringing the self into the work	"There's judgments from both sides": Working with sameness and difference	'Sometimes, being a woman, you think that men might sort of hold back on talking about details of traumas involving sexual assault. So I would often model what kind of information is standard' (Gemma)
	"It's not that easy to actually admit:" Reflexive practice and acknowledging bias.	''I hope it hasn't been, but could it be a case of it's just easier to ask women? I don't think so? But there might well be that it somehow doesn't get asked about as' readily as it does for women. Maybe unconsciously […] I think fatherhood is probably something I need to think more about with clients.' (Clara)

3.3 Theme 1 "Make or Break:" Understanding the nuances of fatherhood and survivorship

The first superordinate theme describes practitioners' perspectives on the complexities and challenges faced by male survivors of CSA as they navigate fatherhood. Throughout interviews, practitioners acknowledged how trauma histories intertwine with the experience of fatherhood, with patterns of fear, anxieties, and triggers presented in the first two subthemes. As evidenced in the third subtheme, practitioners also described times when fatherhood narratives felt absent within their work, with various perspectives on detachment and separation from this role presented. In the fourth subtheme, practitioners offered insights into the reparative, healing potential of fatherhood, framed by some through a lens of 'post-traumatic growth'. Others, however, highlighted the re-traumatisation that can occur when a desire to live a 'corrective script' of parenthood does not reflect their lived experiences.

3.3.1 "Should I even have a family?" Conceptualizing the fears of fatherhood

Fatherhood was conceptualised by many practitioners as a complex, oftentimes destabilizing stage of life for male survivors of CSA. A prominent influence repeatedly highlighted by practitioners was the dominant social narratives and myths surrounding male survivorship in Western society. The most prevalent of these being the 'the vampire bite myth', namely that men who were abused as children go on to abuse others. Multiple practitioners cited this as one of the most distressing and deeply entrenched narratives that they encountered when supporting this group. As noted by Alice, for some male survivors, this fear was so acute that they questioned if their "*quest towards parenthood"* was ethical:

"Fathers I've worked with can carry a lot of anxiety around the hypothetical question of 'am I ever going to be tempted to do something similar?' You know, that does occasionally come up and that is extremely distressing. Terrifying, I would say actually. That's come up within

generalised anxiety about having a child at all, the tension of 'should I even have a family?" (Alice)

The impact of this myth appeared to be two-fold as practitioners described how father survivors grappled with perceived social judgments surrounding their ability to parent safely, whilst simultaneously managing the internalised 'terror' of whether there could be any truth underpinning these narratives:

"For a number of people that would have been quite a big topic in our treatment. So grappling with that question of 'how come as a victim of a crime, I suddenly end up being associated with perpetrators of that crime?' […] Even though they know themselves and they often don't have any intention to abuse anyone but being troubled by the idea that others might think that or that having a slight question about 'oh is that is that actually a possibility' (Gemma)

As a result, multiple practitioners witnessed resistance in father survivors around engaging in parental practices that could be experienced as a step toward the abuser role, particularly relating to discipline. Practitioners described various techniques they found helpful in untangling these ideas, including supporting father survivors to acknowledge points of difference between their caregiving practices and what they received as children:

"It's the fear of the abuser role. 'I tell them off, oh my god, I'm the bad person!' (…) "I'm just like my dad'. So we'll talk about what their dad was like and draw comparisons, they'll look for slight similarities, but I help them see the differences." (Nick)

Practitioners also recognised the difficulties some survivors faced when reconciling the traditional protector role of fatherhood with their aversion to authority or dominance. When thinking about the challenges of striking a safe balance, multiple practitioners suggested that father survivors can lean towards overprotective parenting practices, pursuing

a level of surveillance or control over their children that may be unsustainable long-term. One participant, Patrick, recalled a discussion with a teenage survivor who was contemplating fatherhood:

"He had a slightly unrealistic view in terms of what he will be able to do and what he won't be able to do as a father. Because it now seems very simple to him, I was abused by a family member and my parents let me down as a consequence." (Patrick)

Amidst these anxieties, practitioners recognised that the transition to fatherhood could also represent a barrier for male survivors around help-seeking. The gravity of the perceived consequences of disclosing, namely judgements relating to their capacity to parent safely, was recognised across interviews as perpetuating this phenomenon of silencing:

'I think there's a fear that because they're a dad, whether they would think by talking about the abuse, people would doubt their own ability to parent […], if I show my emotions, people will think I'm overwhelmed and I can't cope, so it can be silencing" (Jenny)

Practitioners' disciplinary background appeared to shape how attuned they were to this barrier. Heather, for example, described her career as a social worker as a series of judgements of "*good enough parenting".* Her reflections highlighted that fathers can often be subjected to increased professional scrutiny when encountering Social Care, and as a result, disclosures from fathers were rare:

"In my experience, men were much less likely to tell us because their concern would be that we would think that they might, you know, they'd abuse their own child, or they might be more risky. It was like they wouldn't want to kind of give us something else to be concerned about." (Heather)

3.3.2 "When did the safety become dangerous?": Navigating the developmental stages of fatherhood

Across interviews, practitioners discussed the lifespan of parenthood and the developmental stages where they had encountered father survivors. These ranged from the newborn transition stages, where themes of adjustment and identity shifts were prominent, right up to older adulthood, where priorities may shift towards managing relationships with adult children and grandchildren. Interwoven across interviews was an awareness that each of these stages accompanied distinct tasks, transitions, and triggers for father survivors that practitioners recognised as warranting exploration.

The most consistently referenced trigger within interviews was the child reaching the age at which the father survivors themselves were abused. Practitioners understood this to be a disturbing stage of fatherhood for survivors, often characterised by an involuntary resurfacing of components of their own abuse experience. Many practitioners noticed that father survivors' confidence in their parenting ability could waver when their child reached this age:

"One trigger is the identification with the age at which the abuse started for them, so when their children hit that age, I think something shifts […] they don't know how it should be. So they become avoidant. They can be frightened." (Lily)

Others focused primarily on acts of caring for younger children, such as bathing, toileting, and contact play. Unpacking the often subtle shifts from safe to unsafe care within their clients' own abuse experiences was highlighted by multiple practitioners as crucial when meeting father survivors at this stage and supporting them feel equipped to create safe routines:

"That experience of the bath and the bubbles and it being a little bit dark (..) It could be things like reading a bedtime story because I've learned in childhood that sexual abuse is

often tied into times when the child is being made to feel safe […], and so if you've got to that work as an adult of unpicking 'when did the safety become dangerous?" (Heather)

Practitioners appreciated that as a child matures, fathers may also be required to navigate activities where they feel vulnerable to social judgments. Nick's account touches on how internalised fears around the 'vampire bite myth' described in the previous sub-theme can be particularly triggering for some father survivors in spaces such as public swimming pools:

"I've spoken to dads where they've taken their son or daughter to the swimming baths and people have looked at them with suspicion, because they're a man on their own, with children. Do people's reactions mean I am like the headmaster of my house who did those awful things to me? Because if that's how people see me, then what message am I giving off?" (Nick)

A further example is when the child reaches a developmental stage where their contact with institutions begins to increase. Practitioners noted that these spaces were often tied into the survivor's own abuse experiences, making relinquishing control and trusting others a particularly daunting stage of parenthood:

"There's that risk and reward isn't there? That actually by being that type of parent who basically blocks out any form of institutionalised contact because they're thinking about the church, scouts, boarding school, all of these spaces where there is a power dynamic. But you can't always get around them and then you've got to immerse yourself in the safeguarding options they've got available" (Patrick)

Some practitioners wondered about how the child might experience some of these triggers and the messages of safety underpinning them. Lily's account for example, captures the paradox of a father survivor attempting to shield their child from what they understood to

be a dangerous world, whilst inadvertently limiting their opportunities to "*safely find their way"*:

"It leaves a child believing that there is bad around every corner. Nobody's to be trusted. So you kind of pass on your wound inadvertently instead of empowering the child […] my sense is that as a therapist, that's one of the first things to shift, helping people kind of see how they are in their protective place." (Lily)

This was echoed by Gemma, who observed that father survivors can struggle to "*tolerate the ordinary risk"* that accompanies watching a child go out into the world each day:

"*This sense of the world being a dangerous place where you cannot trust people sort of extending itself into all areas of life, including he's going to be more likely to die on the roads on his bike than another person would be." (Gemma)*

A final stage where practitioners encountered father survivors was once their children had reached adulthood. Reflections across interviews suggested practitioners understood this to be a pensive, reflective stage of fatherhood where survivors may be tasked with confronting lingering feelings of guilt around how they parented their young children or concerns around the quality of their bond as adults. Clara's insight highlighted that against the backdrop of their own significant child traumas, some father survivors reported struggling to empathically connect with their adult children, using therapy as a space to unpick these uncomfortable feelings of resentment:

"Others I think have actually been quite angry towards their adult children and can find it sometimes hard to be compassionate of their adult child's own struggles because they themselves have had such an awful time growing up (…). But where there is disrupted

relations, there's often a lot of distress around that and it's often identified as a goal of the therapy." (Clara)

Similarly, Gemma recognised that once a child reaches adulthood, parents may have the space and distance to reflect on the parallels between their own experiences of being parented and their identity as a parent:

"I think it could be a stage of life thing as well about coming for treatment when your kids are adults too, that you have more time to think and you're sort of reflecting back on your life compared to theirs" (Gemma)

3.3.3 "I wouldn't even know they had children": The absence of fatherhood

When reflecting on the demands of fatherhood for survivors, the tendency for parental absence or detachment that many practitioners observed with this client group was felt to be understandable. Faith's reflections exemplify a separation from the role of fatherhood that was repeatedly referenced across interviews:

"I was thinking about patients, survivors who I've encountered who are fathers […] they tend also be quite absent fathers. I wouldn't even know they had children because they're not involved in their lives […] maybe it's also that they found it to too hard to be a father' (Faith)

When speculating as to why narratives of fatherhood felt less prevalent with some survivors, practitioners highlighted that it was not uncommon for the primary interventional goal to be more strongly rooted in managing partner relationships or wider interpersonal dynamics. For these practitioners, whilst the father-child relationships were contextually relevant, it may only represent one component of the complex dynamics surrounding their clients. Indeed, some practitioners suggested that amidst the demands of other relationships, fatherhood was a somewhat absent presence within their support space:

"With the survivors who are fathers, they typically talk more about their relationships actually […]. So often it's been the relationships that have come up, so either regrets about what were healthy relationships ending because they felt unable to sustain them […] Sometimes children that I don't even know about, they just kind of get mentioned […] So we'll sometimes reflect on that." (Rachel)

Practitioners also drew on tenets of trauma theory when making sense of this separation, highlighting the protective function that detachment can serve in the context of relational trauma, as noted by Alice, "*distance can be a means to manage anxiety"*. There was a collective awareness across interviews that difficulties bonding with a child can be an immensely painful experience for any parent. However, as Beth's poignant descriptions of her work with a survivor preparing to become a single father illustrate, the challenge of disconnection between father and child can be especially complex in the context of survivorship:

"On some level, he had recognised this was impacting his ability to connect with his children, how he shuts down and how his children notice it even at a really young age. They were saying things like 'you don't love me, you're taking away your love' And they could literally feel his disconnect […] He recognised that they were wise, and in that way they were giving him clues about what he needs to look at." (Beth)

Importantly, Beth's account also highlights that the desire to be a present, nurturing parent can be a powerful opportunity for growth within therapy, as she recalled his "*real readiness to look at things he hadn't before*", in order to connect more deeply with his daughters.

Other practitioners offered the perspective that a separation from fatherhood in the support space did not necessarily equate to a detachment from this role in the survivor's

broader life. Indeed, Aubry suspected that for some survivors, fatherhood was a '*sacred job'* which may mean they choose to compartmentalise from the distressing material relating to parts of their own trauma being processed:

"Did he reflect on his children or his role as the dad at all in work?"(Interviewer)

"Not really, he didn't. You see? That's the interesting thing. He didn't really, it was more remembering himself as a child and his brother drowning, various other things. It was one of these situations where there was so much loss, crime, abuse." (Aubry)

"It's interesting that fatherhood, his role as a dad, feels quite absent in some of these stories, I guess. I wonder why that is." (Interviewer)

"He did say that he was proud of them. Very proud of them all as far as I can remember, that was his real priority in his life, his family." (Aubry)

3.3.4 "Fatherhood unlocked something for him": Witnessing fatherhood as healing

Multiple practitioners reflected on the reparative and healing potential of fatherhood for survivors. Depictions of parenthood as an opportunity to *"rewrite the narrative and not letting it dominate your story" (Jenny*) were frequently presented in interviews. This transition into fatherhood was understood by many practitioners as a pivotal milestone in survivors' lives that could often stimulate help-seeking:

"I think fatherhood is probably the single biggest leverage for recovery, more than marriage with men." (Lily)

Some practitioners suggested that the pursuit of a healthy, secure parent-child dyad could hold intrinsic healing potential in and of itself. Alma, for example, viewed parenthood as a chance for a clean slate, providing father survivors with an opportunity to experience unconditional love whilst also re-storying parts of their own childhood:

"I think they are living their life again through kids, they're parenting themselves as well, maybe. You know your child doesn't know anything about you, and you know the parent figure is kind of like almost holy. So it's kind of that chance for male survivors to gain that, have a relationship where there will be no judgment." (Alma)

Interviews also depicted scenarios where survivors had been able to translate their negative experiences into a guiding framework of the type of parent they did not want to be. Clara noted how taking these steps to actively break intergenerational cycles of abuse can contrast the powerlessness survivors often experienced in childhood; *"the growth is actually around being able to do something different"*. This was echoed by Aubry, who described her clients' drive to deviate from the parental modelling they grew up with as allowing them to become warm and present fathers:

"I would say that they were both very kind of loving fathers, because they are driven by a really strong desire to be the antithesis to what they had." (*Aubry)*

The arrival of a child was understood by many practitioners to represent a catalyst for growth that could be meaningfully harnessed therapeutically. A repeated observation was that male survivors can be ambivalent about accessing support when they consider it to be *"selfish or indulgent*" (Nick). As such, the transition into parenthood was understood to give some male survivors permission to ask for help:

"*[fatherhood] is a motivating factor. So you say 'Ok you want to be a good Dad. Well, actually, if you look after yourself, that's not being selfish or indulgent or whatever, it's what you need to do to look after your children effectively […] It's almost like using the idea of fatherhood, because people come to therapy with 'oh, I'm a dad, and it's a problem I'm not going to be a good dad' and we're using that as actually a tool rather than a problem." (Nick)*

"Now they got this new life to protect. So again the discussion of that is a turning point […] I think sometimes for adults, part of being the protector involves getting help." (Faith)

Similarly, Rachel noted that the relational achievements that can accompany fatherhood sometimes serve as a helpful contrast to the legacy of shame understood to underpin experiences of CSA:

"He had a lot of shame about the abuse that he experienced, and actually it was a really good counterpoint to the shame, that he could feel pride about bringing his children up." (Rachel)

Not all practitioners aligned with this presentation of fatherhood as a healing experience for male survivors. Gemma discussed that ideas relating to post-traumatic growth can risk a reductive, overly linear account of the turbulent experiences of parenthood:

"Certainly, none of them have described it as an opportunity for potential healing really. They've more described it as something that for them was kind of positive in many ways, but kind of quite frightening too." (Gemma)

In fact, some suggested that these constructions can inadvertently re-traumatise father survivors. Lily's testimony highlights how painful it can be when the healing expectations of fatherhood and the "*desire to live a corrective experience"* do not reflect the realities of their parenting experiences:

"*I think the most re-traumatising experience is the hope that [fatherhood] will be healing and then it isn't. I have never met a survivor who hasn't made a promise to themselves, I'll never be that person [...] I think what is very retraumatizing is that if they haven't done their recovery work before they become a parent, they often end up becoming not the very thing they most feared, but maybe a different version of it [...] by being angry, by being controlling, by withdrawing." (Lily)*

3.4 Theme 2 “Ripples in the pond”: Recognising wider interpersonal influences

The second superordinate theme focused on the broader influences practitioners understood to impact father survivors at the individual, relational and societal level. In subtheme one practitioners focused on proximal interpersonal functioning, specifically the challenges of co-parenting and managing wider family narratives. In subtheme two, practitioners applied a wider lens reflecting on broader socio-cultural landscapes with a focus on the intersect between masculinity, survivorship and parenthood. Practitioners presented varying opinions on the benefits of both deconstructing and reconstructing masculine identity within support.

3.4.1 “Labelled as lazy”: Managing interpersonal tensions and the parental dyad

Practitioners were broadly in agreement that addressing wider interpersonal dynamics, particularly partner and family relationships, was a key component of supporting father survivors. Multiple participants described working with fathers who had never shared their abuse experience with anyone outside of the support space, including their partners:

“Often they cannot talk to either their family or their partners, especially the partners. So this might be the only gateway to this, really. They’re looking for a safe space.” (*Alma)*

However, practitioners repeatedly highlighted that the arrival of a child could cause father survivors to question the long-term viability of keeping their CSA histories hidden from their partner. As previously noted, practitioners frequently encountered father survivors who would withdraw from certain parental duties, however when their partners were unaware of the reasons behind these difficulties, it could foster significant tension and resentment within the relationship:

"He'd just point blank, refused to help with bath times […], but he couldn't tell his wife why he wouldn't, so she had labelled him as sort of lazy and a cop-out. But he was absolutely terrified of anything that involved any physical touch" (Lily)

This was echoed by Pauline, who described working with a father survivor who had suffered intra-familial CSA and, despite trusting his partner, had not shared these experiences with her. Pauline described him as developing a "*rigid parenting framework"* that included feeling unable to leave his child in the care of any other adults. The extract below highlights how profound the impact of these "*safety factors"* were becoming for the couple:

"*He was having to navigate and negotiate these rules, particularly with his partner, who was not a trauma survivor and had led to quite a bit of tension […] And it had got to the point where he'd given up work so that she could rest because he didn't want to leave his child with anybody. You know, it was just getting really difficult for them." (Pauline)*

Amidst these relational strains, practitioners often described meeting father survivors at the contemplation stage of disclosure. Practitioners spoke of the internal conflict they had witnessed as clients speculated what it might mean for their position within the family if their abuse histories were to become known. Accounts suggested that one of the most feared outcomes related to obstructions being placed between the survivor and their child(ren). This did not always necessarily relate to physical barriers and could instead centre around distortions within a family's narrative, whereby father survivors may be portrayed as damaged or unwell:

"Another vulnerability is how people distort things […] there's a fear that she will pull back the child […] or the female parent may try and protect the children from the father. So she'll say, 'he's not available, he's got mental health problems'. So that in itself takes on a different

connotation for the male ability to build up any type of relationship with his own children." (Pauline)

Interviews revealed that practitioners held conflicting views on the risks and gains of disclosure for this group of survivors. Mark, for instance, emphasised the burden of secrecy and isolation his clients had described when attempting to parent whilst feeling unable to share their full experiences with their partner. His account below demonstrates the profound sense of release and freedom that can follow a disclosure:

" It puts so much stress on them because the partner doesn't understand, and so will be like […] 'Why are you not fully involved in this process of bringing up the kid? Why are we always arguing about this?' And if you can't say, 'because this has happened to me […] I'm carrying this around every day and I'm not able to tell you about it'. They can feel really isolated [...] When a client can open up to their partners and family and friends. It's freeing [...] the partner often can go 'well that explains things' and their response becomes different. So whilst the fear is obviously real, it may not be justified."(Mark)

Others took a more cautionary stance, noting the consequences of a response that may be experienced as unhelpful or hurtful. Gemma described working with a father survivor who had decided to disclose his experience of CSA to his partner and wider family in the hopes of helping them contextualise his struggles with anxiety. Whilst their response was not described as overly negative, Gemma understood that their navigation of his mental health difficulties was experienced by him as ridiculing and embarrassing. Importantly, her example highlights how the response from a family system can influence a survivor's confidence in certain facets of parenting:

"Injuring' is too strong a word, but teasing about mental health issues, so there'd be jokes in the wider family about how my client was a bit of a 'Maddie' or a bit mad [...] that also have

affected their relationship with their son because they probably felt that some of the responsibilities and the authority that goes with being a parent, they could never quite hold because they were the one with the mental health problem" (Gemma)

3.4.2 "Masculinity in itself is a culture": Working with a fuller picture of masculinity

Practitioners frequently referenced the complex intersection between CSA, masculinity, and fatherhood as relevant within their work with father survivors. Constructions of masculinity were presented across a broad continuum, suggested to be shaped at environmental, cultural, and societal levels. Whilst the relevance of these male-specific socialisation processes was undisputed, opinions on how they may be internalised by father survivors varied.

Multiple practitioners reflected on the perceived constraints of masculine-based norms and stereotypes as inherently incongruous with survivorship. The far-reaching consequences of these narratives were suggested by some as immensely challenging for father survivors to overcome:

"*Those societal messages that men should be strong, and I guess some still say you 'let' something like happen to you, that kind of violates those traditional stereotypes which is hard for some men. So they stay silent." (Heather)*

A concept frequently described as exacerbating these barriers related to what Pauline refers to as "*toxic masculinity".* This was presented in multiple interviews as a restrictive, rigid notion of appropriate male emotional expression, the violation of which was suggested to cause significant shame and distress:

"I think masculinity in itself is a culture and you have extreme ends of everything, don't you? So you have toxic masculinity, I see it as a toxic view of what a man should be. So you're talking about misogynistic perspectives here and say he's raped at 30 years old, for example,

and he's grown up in that background. It will destroy him because of what he's moulded his self-identity around." (Pauline)

Whilst a societal shift towards *"a more gentle position within which to be a man" (Pauline)* was alluded to by some practitioners, most described this as a slow process that was limited to certain pockets of society. As such, some cited the reconciliation of these seemingly conflicting notions of strength, dominance, and vulnerability as a central component of their work:

"*We do a lot of thinking about and understanding of the messages that they were given and how they've had to protect themselves over the years (..) sometimes they still want to hold themselves in the protector role so it's really hard for them" (Rachel)*

Others, however, observed a tendency to 'demonise' masculinity within support spaces in a way that may not always be helpful for this group of survivors:

"I think for me is that it's not demonizing masculinity, not demonizing fatherhood […] Avoiding terms like toxic masculinity and male privilege, and all of and that valuing fatherhood valuing masculinity. And if somebody's come into therapy […] saying that fatherhood matters to me and my masculinity matters, exploring that and using it.' (Nick)

Nick's insights suggest that restoring masculine identity rather than further deconstructing it can be an important goal for father survivors that may not always be recognised by practitioners. Patrick echoes that fatherhood may be conceptualised as an opportunity to publicly reaffirm parts of a survivor's masculine identity that may have been injured by the abuse. His example below highlights how the heteronormative assumptions surrounding parenthood may symbolically challenge the myth about male CSA, sexuality and masculinity:

"I do wonder, with one of my clients, if one of the reasons for pursuing fatherhood is that it's actually an easy way to demonstrate your sexuality and your masculinity. Does it serve as a way to rebalance some of those parts of masculine identity?"(Patrick)

Negotiating the connotations underpinning the 'provider-protector' role of fatherhood was also a prominent topic across interviews. Whilst some positioned this as an empowering relational opportunity, others reflected on when survivors *"fail to meet their imagined selves"* (Clara) as a father:

"*I think being a provider, that can be where men feel like a failure […] either by not being able to sustain work or being alcohol or drug dependent, like that somehow means they're not able to fulfil that role as a Dad. Yeah, people talk more about that as a dad than as say a husband or a partner.' (Clara)*

When discussing the broader influence shaping these stories of masculinity and survivorship, practitioners repeatedly referenced a perceived increase in media visibility as helpful. Storylines in television shows, celebrity advocates and sports-related movements, particularly in football, were all presented as important steps towards destigmatisation*:*

"*Where people have been brilliant is in the media, you have the football scandal, and you have people who speak out about their own experiences. I think it gives courage to men to be able to share." (Lily)*

Patrick reflected on his involvement with the Football Association and footballer and survivor Paul Stewart, who publicly acknowledged the burden of his abuse experiences, even amidst career-defining moments:

"*Post FA Cup, he's running he's got the thing on his head and yet there is that sadness he's carrying. You know, even the weight of the FA Cup wasn't strong enough to take that away." (Patrick)*

Accounts such as these suggest that advocacy from influential figures in traditionally masculine fields was understood by practitioners as supporting the normalisation of both the prevalence and consequences of CSA, which may in turn give other survivors permission to share their stories.

3.5 Theme 3: "The beast feeding the beast": Navigating the System

The third superordinate theme focuses on the systemic complexities and challenges practitioners described as relevant when providing support to father survivors. All fifteen practitioners noted a lack of specialist training relating to father survivors, which was discussed as impeding confidence, reducing the consistency of care, and contributing to the risk of father survivors being 'passed along.' Subtheme two focuses on practitioners' perception of the feminization of victimhood within support models and the tension of supporting men within these structures. Finally, subtheme three relates to practitioners' experiences of navigating the statutory, third sector (referred to as NGOs or non-government organisations by some participants), and private sectors that make up the sexual violence field in the UK. Challenges relating to the perceived tensions between these services, including unclear remits and a lack of coordinated partnership working, were discussed.

3.5.1 "It makes you less afraid to ask": The impact of insufficient training

All fifteen practitioners were in agreement that there was insufficient training available for professionals focusing on the lived experiences or support needs of father survivors. Of the practitioners who had accessed training on working with adult survivors of CSA, few described a significant focus on men, and none mentioned the needs of father survivors. Concerningly, multiple of the practitioners who had accessed CSA-specific training added that this was driven primarily by personal interest, often at a personal cost:

"I saw some CPDs on it because of my own interest in it and that's how I know there isn't much at all.. I think I only found one CPD on it and that was it." (Alma)

"There are some organisations that offer free trainings but a lot of stuff we end up like paying for ourselves. I know that I've ended up paying for training. (..) We don't get very specific survivor-specific training, we get more training in particular modalities of working." (Rachel)

The nuances of supporting fathers with sexual abuse histories were understood by most practitioners as a specialist area requiring significant therapeutic skill and sensitivity to navigate safely. With the onus understood to fall heavily on the individual practitioner to access and fund training, a clear concern arose across interviews around how this might shape the consistency and quality of the care available:

"*It's very complicated to get right therapeutically, which is why I think if people don't feel well trained and versed in those differences, […] which then might mean that the decision is to pass on a client or to signpost. Which I think is frequent for male survivors. There's an argument that that is an ethical decision […] but that kind of perpetuates a silencing, actually, because clients do get passed along." (Beth)*

Access to training was presented by practitioners as not only a key foundation of high-quality, evidence-informed care but also as essential to professional confidence and self-efficacy. Practitioner discourses linked feeling under-skilled or ill-equipped with the increased likelihood of father survivors being denied support or "*passed along"* (Beth). Some felt that training provides a valuable foundation for practitioners to draw on when navigating sensitive material with clients, as such, its absence may contribute to professional avoidance of topics including sexual abuse:

"I think training makes you less afraid to ask the questions or phrase these things, it's just giving people a framework for how to think about it." (Faith)

3.5.2 "We divert away from male suffering": The feminization of victimhood and support spaces

The so-called 'feminization' of the sexual violence field was a prominent reflection point across interviews. Multiple practitioners voiced their frustration around a perceived lack of progress in developing a fuller, more inclusive presentation of survivorship:

"We're in a bloody awful place! Ten years after the government guidance of CSE, anything to do with boys or men is hardly ever touching on them as victims. […] We continue to shine a victim spotlight on girls and women, and the only spotlight we shine on boys and men is as perpetrators, and then we wonder why they're not talking to us." (Nick)

As such, some practitioners described a sense that their personal and professional awareness of men and fathers as credible survivors of sexual violence sat in tension with the priorities of the organisations in which they were embedded. Nick for example, highlights that attempts to champion the inclusion of male survivorship can be perceived as distracting from or undermining progress around women's rights:

"But as soon as you start talking about it, you're shot down in flames [...] We divert away from male suffering onto women have got it worse. Or we divert away from men having problems to men are the problem." (Nick)

The result of this was understood to perpetuate the alignment of men with the perpetrator role, whilst the narrative of men as survivors remained underdeveloped:

"I think men as perpetrators of women is a much, much more evolved story in our in our framework than the understanding of male victimhood." (Lily)

Numerous practitioners provided examples of the systemic resistance they had encountered around incorporating fathers into support spaces traditionally associated with women and children. Faith for example, referenced the drive within perinatal services to increase the support offered to fathers, an interventional shift she noticed some colleagues found confronting:

" I do think some of the staff have found that change quite threatening because I suppose a lot of the women who are coming to perinatal services have been abused by their partners. And then it's about balancing those dynamics and giving enough space to each person." (Faith).

Heather highlighted similar tensions within social care, recognising that these services were inherently designed to support the needs of mothers and children, a priority she suspected was shared by many who had chosen to work in these settings:

"It doesn't feel like a male environment. A lot of our interventions were about domestic violence, which was often perpetrated by men, so a lot of the posters on the walls related to women having been abused by men, so looking back on it now, I can see that it probably didn't feel like a very male or father-friendly environment." (Heather)

This phenomenon was not limited to clinical settings, with some practitioners noticing a comparable reluctance to incorporate the needs of men and fathers within teaching and training settings. Patrick described the challenges he experiences when completing a rape and sexual abuse course:

"I blagged my way on to the Level X rape and sexual abuse course […] they've never allowed a male on the course before and it was obvious that it was really driven from a feminist perspective [...] I found it quite difficult to step into that perspective because I felt really what you're doing is you're pigeonholing men as the perpetrator, and that there were

times when they would say things like 'XXXX I'm sorry to have to say this, but, you know, men do commit abuse', and I would say 'you don't need to apologise to me because I know that but what you do need to do is to open up your mind to the fact that actually men are also victims and survivors." (Patrick)

At its core, the idea that male and female survivors of CSA may have different support needs proved to be a contentious topic. Some practitioners were keen to dispel notions of bias, maintaining they wouldn't engage any differently with a father survivor than they would a mother survivor. Others, notably the male practitioners, rejected this gender-blind approach, refuting the notion that what has historically been effective for women can be assumed to also meet the needs of men:

"One size does not fit all, and the problem with the world of counselling and psychotherapy is that it is often geared towards girls and women […] I'm a little bit embarrassed to say, I was very much of the opinion that 'oh these men just aren't ready for counselling'. They were. I just wasn't ready to change my approach […] it's not about abandoning the emotionally focused approach it's like, don't just solely rely on that. A lot of men and Dads will want actions, solutions, problem solving, fixing […] Why do you feel the need to pathologize their need to fix things?" (Nick)

3.5.3 "Who can actually take a forerunner position?": Managing disjointed systems

Practitioners frequently referenced the landscape of sexual violence support services as presenting a challenge within their work with male survivors. Themes around ineffective referral pathways, limited funding, excessive wait times, and overwhelmed specialist services were interwoven across interviews. A notable concern voiced by practitioners was that in the absence of clear policies promoting integrated care for male survivors, the question of 'who does what?' remained unanswered.

Many practitioners suggested that statutory services, namely the NHS and local authority services, do not have the specialism or capacity to meaningfully support the needs of male survivors, let alone fathers. Pauline, for example, who had worked in both NHS and third sector settings, argued that the NHS is designed to meet the needs of the masses rather than providing specilsied care for a minority:

" The NHS is a political animal, and it's structured in such a way where they have specific models of care [...] it's almost like the beast is feeling the beast […] they're not built up to be able to respond quickly or sensitively to what is a very small number of clients within our society […] you're never going to get them to be able to have the flexibility for these types of survivors" (Pauline)

Even Rachel, who worked in a specialist service within the NHS, echoed this sentiment with a particular focus on the constraints of treatment length:

"*One of the things that we really struggle with our Survivor group is there's just so much that we could work on and even though we can see survivors for up to XX sessions, which is a long time for the NHS, it's just no way near as long as they need." (Rachel)*

As a result, some practitioners located in statutory services felt that the onward referrals of father survivors to third or private-sector colleagues were inevitable. These practitioners described the ethical dilemma they faced when contemplating whether they should commence work with father survivors at all. Both Faith and Jenny used the metaphor of "*opening a can of worms"* to illustrate this predicament:

"*I'm not really going to be a consistent person in their treatment or therapeutic pathway. And so it's like 'Do you ask those questions? Do you open that can of worms? Now I think more about the longevity of relationships, because sometimes it can be more damaging for them to disclose and then you have to tell them 'by the way, there's a two-year waiting list" (Faith)*

Others, however, raised concerns about the capacity of the third sector to comprehensively meet the support needs of father survivors living with more acute mental health needs. Gemma's account highlights the importance of differentiating between survivors who may benefit from stabilisation or skills-focused support and those who require more intensive clinical interventions targeting symptom reduction. Her reflections suggest that mismatches between these approaches may delay survivor accessing support that can meet their needs effectively:

"[Third sector services] often might not be very informed about, say, evidence-based treatment for PTSD. I see lots of people who've been through other types of support, which they have generally experienced as having had good intent, but ultimately has not changed their symptoms. And I think that's a huge problem."(Gemma)

Regardless of practitioners' individual views around which services were best placed to meet the needs of father survivors, they were united in their calls for increased multi-disciplinary collaboration. Examples were repeatedly shared, highlighting the perceived tension between statutory services and NGOs (or the third sector) that many, including Gemma, felt impeded effective partnership working.

"*I've tried to make contact a few times with XXXX, which is a 10-minute walk from our clinic and there's been some improvement over the years, but there is an idea in the NGO world sometimes that statutory services do not understand the complexity (…) I think there's a tension because NGOs have to protect their reason for existing." (Gemma)*

3.6 Theme 4: "A relational microcosm": Bringing the self into the work

In the final superordinate theme, practitioners offered rich, candid accounts of how aspects of their own personal and professional identity may interact with topics including parenthood, gender, and survivorship. Interwoven across subtheme one are practitioners'

metacognitive reflections on the barriers and opportunities of working with sameness and difference. Prominent points of reflection related to the perceived impact of gender and culture alongside critical consideration of the 'message not the messenger' perspective. Subtheme two focuses on practitioners' reflections on recognising and responding to bias, presented by many as an essential component of supporting marginalised groups, including father survivors. Practitioners discussed how internalised bias at both the individual and institutional levels might shape the experience of father survivors engaging in support.

3.6.1 "There's judgments from both sides": Working with sameness and difference

Given that the majority of the interviewed practitioners were female, it's perhaps unsurprising that working with difference was repeatedly referenced across interviews. Multiple female practitioners spoke of their concerns around being able to meaningfully connect with fathers, leading some to question their ability to provide the attuned care required:

"Initially, I felt as a female therapist it was harder to connect with those experiences. For me, it took time to really empathise, I suppose, with how it might be a male in that position." (Alice)

Others suspected their gender could impact the type of details father survivors may feel willing to share within their support space. A variety of techniques were discussed as helpful in mitigating these potential barriers including modelling a pragmatic, direct approach:

"Sometimes being a woman, you think that men might sort of hold back on talking about details of traumas involving sexual assault. So I would often model what kind of information is standard to have in an appointment like this, by asking very direct questions, specific things about OK, what type of rape." (Gemma)

Interestingly, despite these differences, the significant majority of female practitioners believed that male survivors were more likely to request female practitioners over a male. Pauline estimated supporting over 200 male survivors in her career, with only one confirming they would be open to being supported by a male practitioner. Unpicking this striking figure, she discussed ideas around male socialisation, power dynamics, and how the male-to-male therapeutic dyad may be experienced in terms of transference and countertransference:

"I think it's how you view counselling or therapy, how you view male interactions and culture. Because I can kind of see it, but I'm not a male, so I can't quite see it. But you have two male cultures going on in that relationship, don't you? Two different male experiences (...) What's going on with that dynamic? And like I said some of the survivors I've worked with are female-on-child survivors and even they will say I'll have a female." *(Pauline)*

The male practitioners provided an alternative perspective, with all three describing times when their maleness had felt helpful when building rapport with father survivors. This was suggested to reflect an implicit understanding of the parts of the other's lived experiences felt to be helpful in reducing the shame or embarrassment that can often accompany discussions of CSA:

"*He'd had a female counsellor, and she was talking about the male experience of things like control, power, sexuality and he said it was embarrassing talking to a woman about that (..). That's part of the shame so it's about recognising that part of the relationship" (Patrick).*

There was, however, also an awareness of the impact of overidentification or assumed experiential parallels that could lead to parts of a father survivor's unique experiences being underexplored. These complexities are captured by Nick, who described challenging the idea that perceived commonality inherently equates to a deeper understanding with his clients

whilst simultaneously questioning how authentic reflections on the male experience would feel coming from a female practitioner:

"Guys I've worked with, they say that they want to a see a man cause they just understand them and I always say you know, 'well, I might, but just because I'm a man doesn't mean I will' [...] There's quite a few women out there now that are doing this like valuing masculinity. But you ask an interesting question about how would a male client perceive that, coming from a woman?"

Whilst most practitioners focused primarily on the impact of gender, other characteristics were also proposed as relevant when working with father survivors. For some, culturally rooted facets of identity felt particularly relevant for men processing experiences of sexual abuse and parenthood. Beth, for example, described working with a father survivor where their shared understanding of Indian culture and the widespread dismissal of sexual violence felt like an important relational facilitator:

"So he was Bangladeshi and he said it was helpful to have someone who's aware of the culture (...) There was just a level of understanding that if there's abuse happening in Bangladesh or India, it just gets swept under the carpet. Nothing's done about it because of that kind of shame, it's a taboo." (Beth)

Despite the variety of opinions captured in this subtheme, the majority of practitioners ascribed to the belief voiced by Nick *"I think that it's the message that comes from the therapist, not necessarily who's delivering it."* Repeated narratives across interviews suggested that an authentic willingness and capacity to engage in the topic of sexual abuse was felt by most practitioners to surpass other components of their identity or presentation. As Lily succinctly concluded, "*they can't share it, if I can't bear it.*" As such, many

practitioners positioned their openness to sitting with the painful realities of CSA as the most influential factor underpinning their alliance with father survivors:

"I do hold a question mark as to why I've managed to work with more male clients who've been very open in disclosing and wanting to share and I think really it's my openness actually, and my readiness to really be with the topic." (Beth)

3.6.2 "It's not easy to actually admit": Reflexive practice and acknowledging bias.

Across interviews, practitioners provided considered and frank accounts of how their personal belief systems, experiences, and values may interact with topics including CSA, masculinity, and parenthood. Underpinning this was a broad consensus that whilst acknowledging bias and privilege can be confronting, it represented an essential component of ethical professional practice, particularly when supporting father survivors.

To varying degrees, practitioners discussed the uncomfortable realisation that their own socialisation experiences had likely shaped their professional engagement with father survivors. Clara for example, noticed her reluctance to address sexual identity and pleasure with men, despite this being a prominent focus of the support she provided to women:

"Whereas actually with the women I work with, I do quite a lot of explicit clinical work around reclaiming their sexual identity, their sexual pleasure, they're more likely to explicitly acknowledge that those things have been interrupted or massively affected by sexual abuse. I can't think of an example where I've done that with men." (Clara)

Many practitioners presented their navigation of implicit bias as an ongoing journey, beginning with honing awareness of their own blind spots, followed by the implementation of steps to mitigate these. For some, this was only achieved through increased experience in the sexual violence field. Patrick, for example, recalled "*sitting back in my chair"* the first time a

female client brought up menstruation in a session, only to find himself engaging in frank conversations around the details of sexual abuse a few months later*:*

"Within six months I was talking about were you abused annually or vaginally. And you have to be able get through your own blind spots, and it's not easy to actually admit and then address." (Patrick)

Others positioned supervision and peer support networks as essential within their reflective practice when supporting this client group. Narrative patterns suggested this was particularly important for female practitioners, some of whom had chosen to independently source male supervisors:

"I'd be like, 'But why? What is it about that that's so hard?' And then I'd take it to supervision and he'd say 'well, actually, if you're a male and this has happened at some point in your environment..' And then it feels like 'oh, of course.' But I have to always appreciate that I'm not a male, and so I need that perspective, that insight to do that." (Pauline)

Interwoven across interviews was an acknowledgment that whilst motherhood was frequently explored in practitioners' support spaces, experiences of fatherhood and masculinity felt comparatively absent. As such, multiple practitioners described the experience of being interviewed for the present research as an opportunity for professional development in and of itself, bringing to the fore parameters of the father survivorship experience they may have previously glossed over:

"*I hope it hasn't been, but could it be a case of, it's just easier to ask women? I don't think so? But there might well be that it somehow doesn't get asked about as readily as it does for women. Maybe unconsciously […] I think fatherhood is probably something I need to think more about with clients. So yeah, thank you for putting it up there and back into my mind." (Clara)*

"You know, it's not really something that's actually occurred to me until now that I don't really speak in that kind of language of masculinity or non masculinity. Which is maybe why I haven't generated those kinds of responses from people, not because they're not there, you know." (Gemma)

Practitioners' conceptualization of bias was not limited to their own professional practice, with many highlighting expressions at organizational or institutional levels. In particular, the phenomenon of 'gender-matching' practitioner-to-client within the CSA field was frequently discussed by both male and female practitioners alike. Faith and Patrick argued that organisational tendencies to pair practitioners to clients based on stereotypical assumptions of 'sameness' were an expression of organisational bias. Faith suggested these practices can oversimplify the nuances of therapeutic rapport and risk overshadowing the individual preferences and needs of the client:

"*A few of the groups that I've worked with have explicitly said to me, 'I do not want someone from my community'. Nine times out of ten, the white gaze will be like, 'wouldn't it be great if we got someone from that community to also deliver the therapy?' But for them that might be even worse […] So I think that we can make assumptions." (Faith)*

Others offered reflections on the core needs that are understood to be violated by CSA, notably loss of agency, autonomy, and power. For Patrick and multiple others, the restoration of these constructs was repeatedly described as a guiding goal within their work with father survivors. As such, some viewed the implementation of blanket 'matching' as a replication of disempowerment by removing choice from the survivor:

"I don't think it's healthy when we're sort of almost determining because of our own perspective of someone else's lived experience […] I don't think it's fair that every man should have to only work with male clients." (Patrick)

4 Chapter Four: Discussion

4.1 Overview

Findings from the present study contribute to the growing evidence base surrounding the holistic needs of adult male survivors of CSA seeking interventions, including their navigation of fatherhood (Glasser et al., 2001; Wilcox et al., 2004). Results broadly align with intergenerational trauma transmission and attachment-based models that have been outlined elsewhere in the literature and in Chapter one. However, as other researchers have stressed (Chouliara et al., 2014; Wilcox et al., 2004), practitioners were cautious to differentiate intergenerational attachment transmission from 'cycle of family violence' models (Cappell & Heiner, 1990) the connotations of which were understood to be particularly harmful for male -survivors who are parents. Applications of other theoretical frameworks, including PTG, yielded mixed perspectives, which add to the ongoing debate within the empirical research field (Boals, 2023). As detailed in the systematic literature review, there have been no studies to date focusing on the experiences and insights of practitioners in supporting male survivors of CSA who are fathers. As such, the present study offers a novel contribution by bringing together insights from various disciplines and sectors, exploring the barriers and opportunities to tailor interventions for this unique client group. Practitioners identified multiple challenges, ranging from managing personal bias to broader systemic constraints. Some of these extended existing literature on the position of male survivorship within the UK sexual violence support landscape (Hughes, 2024), whilst others related to navigating distinct developmental stages of fatherhood that are less well documented. Below is a discussion of key findings from the present study and their connection with pertinent empirical and theoretical literature.

4.2 Synthesis of Key Findings

4.2.1 Supporting the nuances of survivorship and fatherhood

4.2.1.1 An attachment lens: Unpicking transmission and trauma

As detailed in Chapter one, systematic reviews have identified that attachment theory is the most frequently applied framework in research examining the experience of CSA and later parenting (Lange et al., 2020). Whilst much of this literature is focused on attachment between mother and child, findings from the present study suggested these principles may also be useful when formulating the experiences of fathers. Practitioners provided thoughtful accounts of fatherhood as both reinforcing and deconstructing attachment strategies formed in the context of childhood abuse.

In line with the tenets of Bowlby's (1969) original model, early attachment literature assumed that attachment styles were generally stable across the lifespan, transmitted directly between parent and child. Namely, an insecure attachment profile would remain broadly consistent from childhood to adulthood and then be transmitted via parental practices to the next generation (Van IJzendoorn & Bakermans-Kranenburg, 1997). Contemporary research, however, offers a more nuanced account of cross-generational attachment strategies that are more in line with findings from the present study (Lange et al., 2020).

A finding that demonstrates the complexity of intergenerational attachment transmission was the number of practitioners who, based on insights gleaned over interventions, understood many father survivors' clients to be safe, nurturing parents despite their significant abuse histories. While these insights must be interpreted cautiously due to the lack of objective attachment data, they add credence to models that emphasize attachment adaptability. A compelling framework frequently referenced within CSA literature is the Dynamic-Maturation Model of attachment or DMM (Crittenden, 1992). Like Bowlbyan attachment models (Bowlby, 1969), the DMM also acknowledges the critical role of early

attachment experiences but deviates by offering the concept of 'attachment reorganisation', defined as a process of adaptation shaped by events across the lifespan. Within the DMM, attachment patterns primarily develop through adaptation to danger (including relational danger) and therefore function as survival strategies. These patterns are viewed dimensionally rather than categorially, meaning that reorganisation to a more balanced strategy can be achieved through relational experiences that promote accurate integration of both cognitive and affective information (Crittenden, 2002). Crucially, in the context of the current findings, parenthood is frequently noted within DMM literature as stimulating strategy reorganisation (Bruno et al., 2020; Crittenden, 2017). Iyengar et al. (2019) found that mothers with unresolved trauma who engaged in 'reorganization' towards security were more likely to have infants who were classified as 'secure' or Type B in DMM terminology. Therefore, from a DMM perspective, fatherhood may involve attachment 'reorganisation' profound enough to allow room for secure attachment behaviours to develop if adequately supported and nurtured.

There was evidence that early attachment experiences may inform parental practices of father survivors indirectly. Crittenden (2008) hypothesized that whilst parenting practices experienced in childhood can be unconsciously replicated in adulthood, some survivors may also consciously attempt to reverse these dynamics. According to Crittenden (2008) this may mean that survivors inadvertently "overshoot the goal, creating the opposite error" (p, 8). This hypothesis may explain findings from the present study, whereby practitioners described some father survivors as actively attempting to be the antithesis of their own parents. Whilst practitioners generally framed this positively, others acknowledged the scope for unhelpful overcorrections. This was evident in descriptions of fathers who experienced neglect as children becoming over-protective or controlling of their own children. This aligns with emergent research examining cross-generational parental adversity, which indicates that

childhood experiences of abuse, particularly emotional neglect, are associated with later parenting styles characterised by hostility or control (Truhan et al., 2025).

A further indirect expression of attachment identified in the findings was the difficulties some father survivors were understood to face in establishing appropriate boundaries, particularly in relation to discipline. Establishing hierarchical boundaries within the parent-child dynamic is an area of difficulty for parents with CSA histories that is well established within the literature, however, primarily rooted within the mothering experiences (Alexander et al., 2000). Within these studies, permissive parental practices are frequently discussed, including the prevalence of "role reversal" (p.330) , also referred to as parentification or boundary disillusionment, whereby the mother becomes overly reliant on the child to meet their emotional needs (DiLillo & Damashek, 2003). Conversely, overly protective, restrictive, and authoritarian practices are also detailed elsewhere within the mother-survivor literature (Ruscio, 2001). Both ends of this continuum were evidenced in the present study, suggesting that establishing balanced boundaries may also be difficult for some father survivors. Thematic patterns across interviews suggested that the fear of 'stepping into the abuser role' was understood by practitioners to be a significant contributor underpinning father survivors' tendency towards permissive parenting, more so than typically observed within the mother-focused literature. This may relate to fears relating to the 'vampire bite myth' detailed in Chapter one which research suggests is more readily applied to father survivors than mother-survivors (Wark & Vis, 2018; Price-Robertson, 2012).

A further finding, with roots in both attachment and social learning theories, related to the 'absent father' theme, where practitioners discussed parental absence, detachment, and bonding difficulties. Attachment literature stipulates that in the absence of a secure emotional base, children may struggle to both recognise and regulate the full spectrum of their emotions, which can lead to a tendency to deny or avoid overwhelming emotions in

adulthood (Holmes, 2001). Further examination of adult attachment styles suggests that those with more avoidant attachment styles, thought to be common in CSA survivors (Shapiro & Levendosky, 1999), can find certain components of intimacy confronting, particularly interdependency (Feeney & Noller, 1991). Given the arguably unparalleled level of dependency an infant demands of a parent, attachment-based principles may account for the repeated narratives of father survivors shutting down from their children and their concerns about meeting their emotional needs.

Social learning principles may offer an alternative explanation. Father survivors with early experiences that, according to Baumrind's (1989) seminal parent styles typologies, would fall in the neglectful category (low warmth, low control, and high disengagement) were frequently described in interviews. This echoes the existing literature that suggests neglectful parenting practices are common in cases of CSA (Pereda et al., 2009; Fergusson et al., 2008). Social learning theorists may therefore argue that the emotional detachment or absence discussed by practitioners could be reflective of learned parental practices and reinforced behaviours from the survivors' own childhood. Principles of SLT and symbolic learning are endorsed within the adjacent mother-focused literature, with mother survivors frequently attributing their perceived lower parenting competency to an absence of healthy parental modelling in childhood (Lange et al., 2020). Although less developed in relation to fatherhood, the association between low parental efficacy beliefs and neglectful parental practices is also well documented within the wider parenting literature (Bentley et al., 2022).

Insights from the present study tentatively support that early modelling experiences may impact father survivors' parental efficacy beliefs, which research suggests may contribute to parental detachment or withdrawal in both mothers and fathers (Murdock et al., 2013). However, due to the lack of direct access to father survivors' experiences of being parented, this should be regarded as a preliminary hypothesis. Further understanding the

mechanism linking CSA experiences, early parental modelling and later fatherhood competency beliefs is essential given the plethora of studies that have highlighted the modifiable nature of parental self-efficacy and its influence on parental practices (Michl et al., 2015; Gross et al., 1995).

4.2.1.2 Challenging intergenerational legacies

Whilst findings from the present study provided partial support for intergenerational attachment model, similarly to the findings from the systemic syntheses in Chapter one, practitioners broadly refuted intergenerational theories of violence and abuse. Unfortunately, regardless of the accuracy of these narratives, the impact of this taboo on father survivors was a significant finding of the present study. The burden of these myths on male survivors is well documented within the literature (Kia-Keating et al., 2005; Teram et al., 2006); however, few studies have examined their impact in the context of fatherhood. Findings from O'Brien et al.'s (2019) qualitative exploration of the lived experiences of father survivors offered preliminary insights by highlighting how acutely aware these fathers were of victim-to-preparator discourses and the accompanying confusion and unease they faced when attempting to establish the parameters of normative paternal behaviours. Practitioners in the present study endorsed these findings by repeatedly describing the 'terror' they witnessed in male clients attempting to parent amidst this oppressive cycle of violence narratives. This was suggested to be relevant across various developmental stages of fatherhood; however, it appeared to be particularly powerful at the pre-contemplation and early childhood stages. Practitioners understood this to relate to prominent triggers, including the age at which the father survivors themselves were abused and intimate tasks, including bathing and toileting, which align with existing research (Wark & Vis, 2018; Sigurdardottir et al., 2012). Managing these triggers was also acknowledged by practitioners in the present study as causing some fathers to 'waver' in their confidence to parent safely, despite practitioners understanding

them to be capable, caring fathers. This dissonance aligns with a small body of observational studies examining mother-survivors' interactions with their children, including Fitzgerald et al. (2005), who found that despite reporting lower levels of perceived self-efficacy, mothers with a history of CSA demonstrated similar levels of actual support and ability when compared to the non-survivor controls. These findings highlight the importance of supporting father survivors to differentiate between their perceived parental ability and actual parental behaviours, especially as lower parental confidence has been linked to in higher levels of frustration, stress, and lowered parental satisfaction, all of which been found to have actual negative impact on the parent-child relationship (Cole et al., 1992; Douglas, 2000)

Whilst practitioners challenged the myth that father survivors were more likely to repeat patterns of CSA, there were examples shared by practitioners that suggested an awareness that some father survivors could engage in harmful parenting behaviours. When making sense of these patterns, many practitioners draw on the principles of trauma-informed practice (Harris & Fallot, 2001). From a trauma theory perspective, parenthood represents a salient trigger for survivors of CSA, which may result in an exacerbation of pre-existing coping mechanisms, including externalising behaviours and emotional avoidance (van der Kolk, 2005). Practitioners also drew on tenets of social learning theory (Bandura, 1977), acknowledging their client's lack of modelling opportunities of what safe, effective parenting involves. Taken together, these varied conceptualisations support integrative models such as Gold's (2000) contextual model of CSA. The Contextual Trauma Model (Gold, 2000) suggests that the context beyond abuse plays a significant role in how an individual experiences and adjusts to CSA. Gold (2008) argues that understanding a survivor's unique "constellation" (Gold, 2008, p. 272) of influences at the family of origin, individual, and societal levels is essential when formulating experiences of CSA. Similarly to practitioners' narratives, social learning principles are acknowledged within this model as a lack of

opportunity for the transmission of capacities that promote effective functioning. However, survivors' unique psychological sequelae of trauma both in childhood and subsequent "reverberations" (Gold, 2008, p. 60) in adulthood are also pillars of the model. In terms of intervention, contextual therapy is similar to phase-oriented approaches to trauma (Herman, 1992) but invites a distinct focus on "collaborative relating" (Gold, 2008, p.61) via modelling experiences with the practitioner alongside 'here and now' based skills acquisition. In the context of the present study, this may involve an interventional focus on resolving the disruptive impacts of trauma whilst also collaboratively identifying functional parenting skills that fathers may wish to extend.

4.2.1.3 Wider interpersonal functioning and the parental dyad

Findings suggested that managing interpersonal dynamics, particularly with the mother of the child(ren), represented a significant component of the support practitioners provided to father survivors. Many described supporting fathers who had not disclosed their CSA histories to their co-parent, which practitioners recognised as fostering considerable relational tension and conflict. Whilst some barriers to disclosure discussed in interviews, including the fear of being judged or rejected by a partner, are well documented within the broader male survivorship literature (Alaggia & Millington, 2008; Crete & Singh, 2015), others were more specific to the experience of fatherhood. Notably, practitioners reflected on fathers whose trauma responses involved a withdrawal from certain acts of parenting and who were frequently labelled by partners as 'lazy' or a 'cop-out'. These experiences were understood by some practitioners as strengthening existing shame-based self-narratives and reducing the likelihood of future disclosure. These insights support Babcock-Fenerci and DePrince's (2018) findings that higher levels of shame and alienation- defined by the authors as a profound disconnection from the self and others- among mothers with histories of childhood abuse are associated with increased trauma-related distress and diminished self-

reported parenting ability. Practitioners in the present study noted the immense sense of isolation they understood some clients to experience when attempting to parent safely whilst simultaneously managing their own trauma responses, suggesting interpersonal alienation, as outlined by Babcock-Fenerci and DePrince (2018), may also extend to the experience of father survivors.

When reflecting on father survivors who had disclosed to their partners or families, practitioners provided varied observations. Some focused on the profound sense of release, freedom, and emotional intimacy, some father survivors reported following a disclosure that was met with compassion and validation. This extends the findings from a recent qualitative systematic review examining partner relations for male survivors of CSA (Weetman et al., 2022). Findings suggested that a secure adult relationship could activate PTG in male survivors, a phenomenon previously only empirically linked to female survivors (Dagan & Yager, 2019). From an attachment perspective, positive disclosure experiences can be understood as corrective attachment experiences, whereby the emotional validation received challenges relational schemas, thus healing components of relational trauma (Alaggia & Mishna, 2014). On the other hand, practitioner narratives also illustrated the damaging impacts a hurtful or blaming response can have on father survivors. Crucially, some practitioners suspected this had directly impacted his confidence around certain parameters of parenting, particularly relating to discipline.

Taken together, these findings contribute to a small body of research that has attempted to unravel the complex interplay between couple and parenting relational attachment and child emotional regulation. Ferreira et al. (2024) conducted the first longitudinal dyadic study in this area. The authors applied Cox and Paley's (1997) notion that families are made up of multiple co-existing subsystems, with the quality of one inevitably spilling over and shaping the other. Using established measures of attachment and dynamic

feedback loop observations between parents and children over several years, Ferreira et al. (2024) found evidence of reciprocal links between the attachment quality of the parental subsystem and the parent-child relationships. Although Ferreira et al. (2024) did not examine the impact of abuse histories within the parental subsystem, their findings, taken in conjunction with those from the present study, allow for tentative associations to be drawn. These include the impact of father survivors' attachment security with their co-parent, which our findings suggest may, in part, be influenced by disclosure experiences. Due to the lack of direct access to father survivor's perspectives on their attachment experiences with both partners and children, this hypothesis could not be fully developed in the context of the present study. However, given that numerous studies have evidenced the critical role the father-child dyads play in a child's socioemotional development (Lau & Power, 2020; Peltz et al., 2018), this presents a valuable avenue for future research.

4.2.1.4 Pursuing a balanced relationship to healing and growth

The construction of fatherhood as an opportunity for healing and growth for male CSA survivors had mixed support in the present study. In line with the PTG and trauma literature, multiple practitioners discussed fatherhood as an opportunity for meaning-making, re-storing self-narratives, and a powerful source of motivation (O'Brien et al., 2019; Price-Robertson, 2012; Martsolf & Draucker, 2008). Indeed, although the mechanisms underpinning PTG remain unclear, researchers are increasingly focusing on relational parameters, including the impact of parenthood (Woodward & Joseph, 2003). Hartley et al.'s (2016) qualitative exploration of growth in adult survivors of CSA, for example, found that mothers frequently attributed healing to their relationship with their children (Hartley et al., 2016). The empirical evidence base examining gender differences in PTG activation is limited. However, there have been some suggestions that 'turning points' may be a key component for men. Easton et al. (2015) analysed 250 qualitative survey responses from male

survivors of CSA, which were synthesised into seven categories of ‘turning points’ with examples including significant relationships and new meaning. The authors hypothesised that turning points for male survivors can be indicative of a renewed commitment to healing and an increased willingness to actively process trauma experiences. These ideas were endorsed by practitioners in the present study who felt fatherhood gave some male survivors permission to access help, reframing the journey of recovery from ‘selfish’ or ‘indulgent’ to an essential component of protecting a new life.

However, PTG models remain contentious within the survivorship field (Joseph & Linley, 2006; Boals, 2023), a divide that was mirrored in the findings of the present study. In their discussion of the “idioms of overcoming distress”, Meili and Maercker (2019, p. 1057) emphasized that what is considered a psychologically adaptive response to extreme adversity is inherently shaped by culture. Numerous authors have observed an increase in the Western preoccupation with healing, growth, and wellness across the empirical knowledge base and lay public alike (Merino et al., 2024; Boals, 2023). A repercussion of these cultural constructions frequently cited within the research is illusionary PTG. Illusionary PTG refers to a state of self-deception informed by both external pressures and an internal desire to conform to growth-based trajectories of recovery (Jayawickreme et al., 2022). Various consequences have been linked to illusionary PTG, including an unhelpful pathologization and avoidance of distress, which longitudinal studies suggest can have a deleterious effect on long-term adjustment (Weiss, 2005). A recent theory proposed by Boerner et al. (2020) integrates Rogerian notions of maladaptive defences with illusionary PTG principles. Put simply, Boerner et al. (2020) posit that when negative emotions (loss, stress, conflict) are denied due to pressure to turn “sadness into gain” (p. 386), full integration of trauma is obscured and ‘real’ PTG cannot be achieved. From this perspective, the pain practitioners witnessed in survivors who believed fatherhood would contribute to their healing journeys,

only to be confronted by a reality that did not match these expectations, may represent a shattering of illusionary PTG. Whilst Boerner et al. (2020) would argue this represents a lowering of unhelpful defences essential for true PTG, insights from some practitioners in the current study caution that the associated distress and destabilisation, particularly in the context of parenthood, should not be underestimated.

An alternative model that may accommodate the mixed views presented by practitioners is the "Janus-face theory" of growth (Maercker & Zoellner, 2004). This model acknowledges the co-existing "two faces" (p. 49) of growth, namely the functional, constructive side depicted in Tedeschi and Calhoun's (1996) original model and the illusionary side where positive distortions (or defences) may develop to mitigate distress (Taylor et al., 2000). The Janus-face theory would encourage practitioners to actively explore male survivors' growth-based expectations in relation to parenthood to promote an openness to both positive and negative experiences that may support sustainable, long-term growth.

4.2.1.5 Masculinity: To de-construct or re-construct?

It was evident from interviews that experiences of masculinity and male socialisation were viewed by practitioners as a key component of supporting father survivors. Brittan (1989) defined masculinism as an archetypal construct of concepts, principles, and ideologies, suggesting masculinity to be a predominantly societally and symbolically constructed concept (Chesebro & Fuse, 2001). Practitioners broadly aligned with this definition, recognising their clients as operating within unique social and cultural contexts. Discourses across interviews also echoed Connell and Messerschmidt's (2005) conceptualisation of hegemonic masculinity defined as "a pattern of practice that embodies the currently most honoured way of being a man" (p. 832). Hegemonic masculinity therefore encompasses normative characteristics (e.g., ways of dressing) and social performances and

expressions. Extensive empirical research has noted the dissonance between the experience of victimhood and traditional Western masculine ideologies as relevant within the barriers male survivors face in relation to help-seeking (Teram et al., 2006). As Lisak (1995) observed, “the path to recovery winds straight through masculinity’s forbidden territory” (p.262), capturing the tension between culturally sanctioned expectations of masculinity and the vulnerability of healing from sexual abuse.

Findings from the present study highlighted the diverse perspectives held by practitioners regarding how these processes may be experienced by father survivors and how they should be addressed within interventions. Some practitioners suspected that for some survivors, fatherhood may represent an opportunity to publicly reaffirm parts of their masculine identity, for instance, appeasing some of the internalised homophobia male survivors of CSA are frequently noted to experience (O’Neil, 1990; Kia-Keating et al., 2005). Research examining potential links between masculine identity and fatherhood is limited. However, Floyd and Morman (2002) suggested that when some men are confronted with situations where their masculine performance is threatened, they can revert to past performances or behaviours that have been socially reinforced throughout their lifetimes. These ideas are interesting to consider in the context of the present study as they suggest that the male survivors who experience the arrival of a child as destabilising or threatening (O’Brien et al., 2019) may return to behaviours that have reinforced their masculine ego previously. Multiple practitioners in the present study recognised that the destabilisation of fatherhood can increase some survivors' drive towards traditional masculinity-based constructs of dominance and authority, which could manifest in punitive parenting or ‘bullying’ tendencies. Identifying a father survivor’s unique ‘fall back’ masculinity performance (Floyd & Morman, 2002) could represent a valuable component of intervention.

Whilst these performances can include negative behaviours, research also suggests these can be adjusted and replaced with positive alternatives (Golden, 2007).

4.2.2 Negotiating the system

4.2.2.1 The impact of insufficient training

One of the most unanimous reflections from practitioners was that the training available, encompassing the needs of fathers with histories of CSA, was insufficient. This speaks to a broader, well-documented issue within the field of sexual violence: the lack of targeted training addressing male survivorship (Easton et al., 2015; Viliardos et al., 2023; Widanaralalage et al.,2024). Multiple practitioners in the present study reported self-funding training, none of which had encompassed the experience of fatherhood. This is a concerning finding as research has consistently illustrated the consequences that insufficient training has on quality-of-care male survivors receive (Elkins et al., 2017). Indeed, a systematic review published this year by Pilkington et al. (2025) found that a lack of specialist training actively contributes to the structural barriers, uninviting environments, and professional bias that male survivors face when accessing support.

Richey-Suttles and Remer (1997) found that psychologists' levels of both direct clinical experience and targeted training informed their interpretation of male sexual abuse. Notably, those with higher levels of experience and specialist knowledge demonstrated more nuanced, empathic responses, including the psychological complexity of sexual abuse experiences for men. Although these findings are somewhat dated, they did appear to overlap with findings from the present study, as practitioners consistently positioned training as a vital tool that enabled them to confidently address sensitive topics, including CSA. The consequences of inadequate training are further endorsed by Lab et al. (2000), who found that psychologists rarely enquired about CSA histories in male clients. The authors hypothesised

this was likely related to only 25.6% of respondents reporting they had accessed training that they felt had sufficiently equipped them to explore these themes with men. Practitioners in the present study repeatedly expressed concerns in a similar vein, with Beth suggesting that under-training perpetuated silencing by increasing the likelihood of these clients being 'passed along' due to practitioners' feeling ill-equipped to meet their needs.

Interestingly, contrary to results cited elsewhere in the literature (Day et al, 2003; Lab et al, 2000), practitioners in the present study did not express concerns around their own capacity to work effectively with survivors of CSA. This may be reflective of the trauma-focused nature of the services in which many were embedded. However, concerns did arise when the topic of fatherhood was introduced, with multiple practitioners reporting feeling unsure as to how effectively they addressed these co-existing areas. It was evident from testimonies that supporting father survivors was considered a complex, specialist area of practice. However, learning spaces dedicated to working effectively with these themes were found to be starkly absent. Given that the research indicates practitioners are more likely to avoid topics for which they have not received formalised training (Day et al., 2003; Young et al., 2001), these findings revealed a significant practice-based knowledge gap. Key areas identified by analysis as requiring targeted training included managing identity transitions, parental triggers, masculine socialisation experiences, strains within the parental dyad, and strengthening protective factors.

Further, multiple female practitioners reported taking additional steps to increase their confidence when working with father survivors, such as engaging a male supervisor or relying more heavily on peer support networks. While this shows an encouraging commitment to reflective practice, it also demonstrates the need for standardised training around what Crable et al. (2013) referred to as "gender-responsive care". Gender-responsive care is described as an overarching framework that combines trauma-informed practice with

explicit recognition of gender-specific barriers and has been described as “imperative” (Crable et al., 2013, p.30) in creating a safe, supportive environment for male survivors.

4.2.2.2 Supporting men from within ‘feminized’ systems:

A further notable finding, which extends previous reflections on working with masculinity, was practitioners’ conceptualisation of the ‘feminization’ of therapy and support spaces. Interestingly, some practitioners maintained that the gender of the survivor would not significantly alter how they engaged with them. This is perhaps unsurprising given that it is only relatively recently that the research has acknowledged that men’s psychological response to sexual abuse may meaningfully differ from women’s (Lowe & Roger, 2017; Pearson & Barker, 2018). Most practitioners, however, actively rejected what has been coined elsewhere as gender-blindness (Seager et al., 2016; Teram et al., 2006), challenging the notion that what has been found to be effective for female survivors can be assumed to be equally effective for male survivors. However, when considering the practical adjustments to clinical practice in order to better meet the needs of male survivors and fathers, varying opinions were presented.

Multiple practitioners described a perceived lack of clear directives on how to deliver interventions tailored to meet the therapeutic needs of men. In fact, in 2018, the American Psychological Association (APA, 2018) published long-awaited guidance on working with boys and men. This received a mixed reception, with critiques emerging from both the academic and clinical communities (Whitley, 2019). While the details of these critiques are above the scope of this thesis, concerns broadly related to the application of a deficit-based lens of masculinity, with traditional traits presented as harmful and linked to an increased risk of psychopathology (see Ferguson 2023 for a full review). The male practitioners in the present study were found to align particularly strongly with the arguments underpinning these

critiques, with discussions of the feminization of the sexual violence field as risking a 'demonisation' of masculinity. Nick, for example, described his decision to adjust the wording on his website to be more direct and solution-focused as partnering a notable increase in the number of referrals he received from male survivors. These insights align with a body of research focused on what activist and survivor Guy L'Heureux calls 'male-centric communication' (Teram et al., 2006). Male-centric communication involves tailoring language and interventional style to affirm aspects of masculine identity, including the promotion of action-oriented treatment goals (Teram et al., 2006; Seidler et al., 2018). In a scoping review examining the engagement of men in psychological treatment, Seidler et al. (2018) discussed the therapeutic 'micro-skills' required to promote male attuned care, including normalization, language adaptation, and the ability to foster collaborative, action-focused environments. Findings from the present study suggested that these 'micro-skills' may be particularly essential in the context of male-survivorship. Qualitative insights from male survivors have affirmed these ideas, with participants in Kia-Keating et al.'s (2005) study explaining that the process of reaffirming their masculine identity within the intervention represented a distinct and valued expression of healing and resilience.

A model that delves into the nuances of addressing themes of masculinity within interventions is the functional contextual framework (Hoffman & Addis, 2024). Notably, Hoffman and Addis (2024) argue that deconstruction and reconstruction of masculinity represent two inherently different therapeutic goals; reconstruction is defined as attempts to modify the *form* of masculinity an individual subscribes to, whilst deconstruction instead aims to reduce the *functional significance* of masculinity more generally. Interestingly, while some examples of deconstruction-based approaches were present in the interviews, practitioners generally described reconstruction-based strategies as more helpful in their work with father survivors. This was evidenced by a variety of examples, including Clara's

reflections on her clients' experiences of failing to "meet their imagined selves" as fathers and the need to reconstruct unhelpfully narrow perceptions of what it means to be a provider. These findings further support the effectiveness of reconstruction-based approaches in the context of fatherhood. This aligns with Kiselica et al.'s (2016) finding that transforming what it means to be a good father is more effective than attempts to dismantle its relative level of importance.

4.2.2.3 Operating within disjointed networks

Practitioners' narratives highlighted that managing complex, disjointed systems represented a significant barrier within their work with father survivors. These challenges are not limited to the UK sexual violence support landscape, with international research identifying service gaps for male survivors driven by factors including unclear referral pathways, inconsistent funding, lack of evidence-informed specialist services, and long wait times (Allnock et al., 2015; Hohendorff et al., 2017). Results from the present study indicated that some practitioners viewed the NHS as inherently designed to meet the needs of the masses and, therefore, queried its capacity to provide interventions tailored to meet the needs of specialist client groups. This aligns with Newbigging et al. (2020), who found that NHS mental health services often lack the resources to holistically meet the needs of adult survivors of CSA. As such, many practitioners' views aligned with evidence that suggests that the third and private sectors may be better placed to meet the needs of these clients (Damery et al., 2024). However, the analysis also highlighted some reservations about the appropriateness of third-sector services supporting father survivors with more complex mental health needs, such as Post Traumatic Stress Disorder (PTSD). These concerns mirror recent findings from a national cross-sectional survey of specialist third-sector services and commissioners (Damery et al., 2024). These respondents described pressures to accept

increasingly complex referrals, including survivors managing complex trauma symptoms, despite reservations about the third-sector's capacity to effectively meet these needs.

Amidst these complexities, a common reflection shared by practitioners was the importance of improving cross-sector collaboration to ensure safe care for father survivors. Research has consistently noted that poor inter-agency working has a direct impact on service users (Bach et al., 2022; Robinson et al., 2008) with ambiguous service remits and thresholds leading to what Newbiggin (2020) terms “responsibility tennis” (p. 85) which increases the risk of survivors being bounced between services. Practitioners in the present study provided numerous examples of how the perceived tensions between sectors had impeded their work with this client group. These findings align with concerns raised in the CSA Support Matters Report (Parkinson & Steele, 2024), which found that effective communication between statutory bodies and third-sector services, along with unclear referral pathways, significantly delayed survivors’ access to interventions. This appeared to be particularly relevant in the context of fatherhood, with most practitioners reporting a lack of awareness of any specialist services supporting the needs of fathers with histories of CSA. This ties into a broader discussion within the empirical evidence base on the unmet health needs of fathers. Lee et al. (2018) completed a systematic review of father-focused interventions during the perinatal period, identifying no services that address fathers’ trauma experiences. Similarly, Wynter et al.’s (2024) review of the international evidence base found that fathers experience multiple barriers in accessing healthcare support across key parenting years. Whilst the authors concluded that many of these barriers were modifiable, addressing them requires what Resnicow et al. (1999) described as deep systemic change.

4.2.3 Folding the self into the work: Reflective practice

4.2.3.1 Working with sameness and difference

Despite various dimensions of practitioners' identities being presented as relevant to consider when supporting father survivors, the impact of gender dominated these discussions. This emphasis reflects findings by Yarrow and Churchill (2009), where approximately 90% of the mental health practitioner respondents answered that practitioner gender was an important consideration when supporting male survivors of CSA. The empirical evidence base focused on male survivors' preferences in relation to practitioner characteristics has produced mixed findings (Rapsey et al., 2020; Crowder & Hawkings, 1995). In an effort to clarify these inconsistencies, Gamache et al. (2025) completed a scoping review examining the treatment priorities of men who have experienced sexual abuse. However, despite practitioner gender being the most frequently documented preference across included studies, no consensus could be drawn towards a specific gender.

Most of the practitioners in the present study aligned with findings that suggest male survivors accessing support are more likely to request a female practitioner than a male practitioner (Teram et al., 2006). When contextualising these observations, female practitioners often drew on gender socialization models that posit gendered stereotypes and normative roles within society lead to the assumption that female therapists are naturally more compassionate, nurturing, and warm compared to their male counterparts (Gehart & Lyle, 2001). Despite this, female practitioners also frequently described feeling uncertain about their ability to establish effective rapport with father survivors. Examples of perceived barriers included an inability to fully comprehend the masculine field of reference and concerns around the level of comfort a father survivor may have in disclosing details of sexual abuse to a female. These reflections extend findings across both the male survivorship and parenting fields alike (Simpson & Fothergill, 2004; Tully et al., 2017). Simpson and Fothergill (2004) similarly reported that some female practitioners believed that male survivors would feel more comfortable discussing details of their sexual abuse experiences

with a male. Additionally, Tully et al. (2017) surveyed practitioners' perspectives on the barriers to engaging fathers in interventions and found that around one-third of their predominantly female sample reported low levels of confidence in working with fathers. Crucially, in the context of the present study, Tully et al.'s (2017) data also found that as the perceived level of client complexity increased (such as fathers with a history of substance misuse), practitioners' competency-based confidence decreased. Given that practitioners repeatedly described working with fathers with CSA histories as a specialist area, this may also contribute to the lower levels of self-efficacy described by female practitioners.

From a psychoanalytic perspective, experiences of countertransference may also be helpful to consider in the context of these findings. Writing of her own experiences working with male survivors of CSA, Etherington (2000) unpicks some of the gendered parameters of countertransference, recognising her client's unresolved childhood needs for dependency that at times she experienced as overwhelming and deskilling, as if she were a "bad mother" (Etherington, 2000, p134). Countertransference experiences of helplessness or low self-efficacy are well documented within CSA literature, and findings from the present study suggest these may be particularly salient for female practitioners supporting fathers with CSA histories (Chouliara et al., 2009; Etherington, 2009).

Observations from male practitioners suggested that the implicit relatability of their shared 'maleness' was generally perceived as helpful, particularly when building initial trust with father survivors. These findings align with social constructivist literature, which proposes that shared gendered socialisation processes influence how male practitioners experience transference and counter-transference with male survivors, often in ways that fundamentally differ from their female counterparts (Sidanius & Pratto, 2003). These gender-specific dynamics have been suggested to be therapeutically beneficial for some survivors within interventions (Kierski & Blazina, 2009; Hayes et al., 2018). Despite these benefits,

male and female practitioners alike were broadly united in their opposition to gender-matching practices within the CSA field. Gender-matching practitioner to client remains contentious, with some researchers arguing that matched dyads are essential to achieve optimal alliance (Blow et al., 2007). Others, however, maintain that the empirical evidence base supporting the impact of gender-matching on treatment outcomes is limited by small effect sizes (Schmalbach et al., 2022). Further, Simpson and Fothergill (2004) argued that clinical decisions based on stereotypical or biased assumptions of similarity risk superseding the preferences of the client whilst also reducing the opportunities for corrective gender experiences. Practitioners in the present study also added an important dimension to this debate by highlighting that for father survivors, these practices may be reminiscent of the relational disempowerment that underpinned their experiences of CSA. As such, findings from the present study support research that highlights decisions relating to gender-matching are complex and not amenable to blanket recommendations or policy (Fowler & Wagner, 1993; Simpson & Fothergill, 2004).

4.2.3.2 Acknowledging professional bias

Research suggests that failing to address implicit bias can have long-lasting, harmful impacts on survivors accessing support. Singh et al. (2023) discussed that avoidance of sexual abuse by a therapist can "perpetuate a climate of shame" (p.11) that is often pertinent for male survivors. From an attachment lens, this avoidance may reinforce beliefs about the dangers of vulnerability and intimacy (Allen, 2001). Resolving gender-based assumptions in relation to parenthood was a prominent theme within the present study. Practitioners frequently acknowledged that they would be more likely to explore the experience of parenting with mother survivors than fathers. This may be reflective of female survivors feeling more able to bring themes of parenting into support spaces. Alternatively, as alluded to by Clara, it may also be shaped by what areas of exploration the practitioner actively

pursues. This observation aligns with Tully et al.'s (2017) suggestion that mothers continue to be the primary initial point of contact for perinatal support programs, with exceptionally low referral rates observed for fathers. This also suggests that fathers are not often active help seekers for parent-based support. As such, it may be particularly important for practitioners working with father survivors to take a proactive, curious stance to exploring parenthood and associated identity constructs.

4.2.3.3 The message not the messenger

Most practitioners in the present study agreed that the quality of the therapeutic alliance was the key ingredient underpinning effective interventions for father-survivors. Whilst no empirical data relating to the perspective of father-survivors could be located, broader qualitative findings from the male survivorship field endorse this conclusion. Turchik et al. (2013), for example, found that many male survivors in their study did not have a gender preference for their providers but did specify that they needed to be trauma-informed and comfortable with discussions of abuse. Recent research by Alyce et al. (2023) discussed the notion of "hermeneutic justice" (p.2), characterised by an accurate understanding and interpretation of testimonies for CSA survivors both in research and interventions. The authors discuss that listener traits, including an informed awareness of the often-fragmented nature of trauma memories and the lack of culturally sanctioned ways to discuss CSA, can facilitate credibility and trustworthiness. These echo examples of attributes that practitioners in the present study presented as vital in supporting father survivors, including knowledge of the pertinent barriers surrounding CSA, an authentic willingness to engage in narratives of abuse, and advanced reflective skills. From an attachment perspective, these relational experiences are all key mechanisms of change, as similarly to a primary caregiver, the therapist offers the relational containment, consistency, and trustworthiness required to become a 'secure base' (Ackerman & Hilsenroth, 2003).

4.3 Strengths and Limitations

To the author's knowledge, this is the first study to date exploring practitioners' Fexperiences of supporting fathers with CSA histories. As such, the present study offers novel insights into an area of research that remains significantly underexplored. A notable strength of this study was the diversity of professional disciplines represented within the sample, which reflected the core statutory and non-statutory sectors that make up the UK support landscape. The qualitative design permitted an in-depth and nuanced exploration of these diverse perspectives, which allowed for both idiosyncratic reflections of working with father survivors and patterns of commonality to be thematically developed. Although Braun and Clarke's (2024) most recent guidance encourages a less prescriptive approach to sampling sizes in RTA, the sample size of 15 is widely considered appropriate for Doctoral research (Terry et al., 2017).

Alongside these strengths, several limitations are important to consider when interpreting the findings from this thesis. Examining the experiences of father survivors of CSA within support from the vantage point of the practitioner inevitably limited what thematic insights could be developed to those that were felt to be pertinent to the individual practitioner. Perhaps the most notable limitation was the absence of the father survivor voice, and it is essential that the insights presented are not considered to be representative of these survivors' perspectives or lived experiences. Therefore, it is crucial that these results are interpreted in conjunction with future research that centralises the voice of father survivors and their experiences of receiving interventions.

The sample was predominantly white British females and this cultural and ethnic homogeneity may have privileged Western/European constructions of psychological concepts and interpretations. Similarly, research has highlighted that male survivors from racialised

and minoritised backgrounds experience compounded barriers to disclosure and subsequently within interventions (Widanaralalage et al., 2024). The lack of diversity within the sample may have impeded a comprehensive examination of how sameness and difference may play out within the client-practitioner dyad with father survivors. Additionally, the majority of included practitioners were from third-sector or private practice backgrounds. Whilst this is representative of the current UK support landscape (Parkinson & Steele, 2024), future research would benefit from a purposive sample of practitioners within statutory services, particularly those from local authority services, which were poorly represented in the present study.

A further limitation related to the considerable variation in how prominent the topic of fatherhood was in practitioners' work with male survivors. The inclusion criteria relating to the centrality of fatherhood within interventions were deliberately kept broad to enhance recruitment. However, it became evident during interviews that whilst fatherhood was a focal topic for some practitioners supporting this group of survivors, it wasn't for others. The recruitment strategy relied heavily on professional networks that were known to the research team and therefore did not actively recruit from family settings where experiences of working with parenthood may have been more consistent. In retrospect, applying a narrower inclusion criterion and targeting practitioners specialised in working in both trauma and parenting spaces may have enhanced the depth of findings.

4.4 Implications and recommendations

4.4.1 Organisational and Policy Implications

4.4.1.1 Training and Continued Professional Development (CPD)

The present study supports calls for the development of competency-based frameworks for practitioners delivering interventions to male survivors of CSA detailed

elsewhere (Viliardos et al., 2023). However, extends these arguments by evidencing the need for brief, cross-sector trainings that also integrate father-focused approaches.

Evidence from existing perinatal parenting interventions alongside findings from the present study support the integration of attachment and social learning-based approaches and positive parenting skills acquisitions (O'Connor et al., 2012). Practitioners also expressed a need for 'myth-busting' training spaces to raise awareness of the oppressive societal stories surrounding fathers with CSA histories, particularly the 'vampire bite myth'. Increasing awareness of the developmental stages of fatherhood and the distinct tasks and triggers across the life course of fatherhood may also be beneficial. Findings highlighted that increasing practitioner confidence around 'male-centric communication' alongside increasing awareness of the distinct interventional goals underpinning deconstruction and reconstruction-based approaches to masculinity should be further aims of specialist training. This aligns with a growing body of research calling for increased standardisation of 'gender-responsive care' (Fallot & Bebout, 2012).

The ability to effectively incorporate strength-based principles into interventions with father survivors to facilitate growth, resilience, and compassion-focused self-narratives was viewed as essential by many practitioners. However, despite the growing evidence base highlighting the benefits of PTG-informed interventions for survivors (Weetman et al., 2022), practitioners also alluded to illusionary PTG and how painful this can be for survivors whose experiences of parenthood do not align with growth-based trajectories. This highlights a need for training and CPD spaces that encourage clinical judgment in relation to applying principles of PTG in the context of male survivorship and parenthood.

4.4.1.2 Promoting interdisciplinary collaboration and joined-up care

Increasing cross-sector collaboration was identified as a significant priority of the present study. Despite the integration of provisions cited as a key ambition in the Strategic Direction for Sexual Assault and Abuse Services (NHS England, 2018), practitioners' reflections suggest this had not meaningfully transformed the experience of practitioners' client-facing care. A notable area practitioner described as requiring reform was communication between statutory services (NHS and local authority) and third-sector services. As echoed in existing research, practitioners suggested that demystifying referral criteria and pathways alongside coordinating service remit may strengthen communication pathways (Javaid, 2019).

Additionally, most practitioners struggled to name services at either a local or national level, specialising in meeting the needs of fathers with CSA histories. This speaks to a broader challenge noted in the final IICSA report (Jay et al., 2022) relating to a lack of awareness and coordination of support options tailored to survivors with specific needs. Therefore, the present study highlights a need for cross-sector mapping research aimed at developed an overview of both generalist and specialist services currently offering parenting intervention for CSA survivors, particularly those specialising in supporting fathers. Inclusive mapping projects have demonstrable use in identifying areas where integration is lacking. This can then be strengthened via coordinated responses at both service development and commissioning levels (Lowe, 2018). In line with broader debates within the sexual violence field (Damery et al., 2024), a number of practitioners shared reservations about the capacity of NHS services to efficiently meet the needs of father survivors due to treatment length constraints. These insights add to concerns cited in the CSA Support Matter’s report (Parkinson & Steele, 2024) that the majority of support provisions for adult survivors of CSA are concentrated in the third sector, which is characterised by insecure funding streams and extremely high demand. The present study therefore highlights the importance the careful

care co-ordination and parallel planning for father survivors, particularly those transitioning between primary health care services and third sector provision in order to avoid lapses in support. Given that research suggests GP services are often the first point of contact for both adult survivors of CSA (Jay et al., 2022) and parents seeking support (Ford et al., 2017), this may be a useful space for training staff in the cross-sector services available for father survivors.

4.4.1.3 Increasing public and stakeholder engagement

Practitioners across sectors recognised the tangible impact public awareness campaigns and celebrity advocacy had on the male survivors they encountered. Those working in the private and third sector described spikes in their referrals from male survivors following public disclosure from celebrities, particularly in traditionally masculine fields such as football. This is corroborated by qualitative insights, including Viliardos et al. (2023), whose narrative examination of male survivors of CSA experiences of accessing interventions found that most of their participants noted increased media attention as a significant factor underpinning their decision to disclose.

Whilst practitioners identified various examples of awareness campaigns pertaining to male survivorship, none could identify a comparable initiative relating to fatherhood. Research suggests that media coverage and public awareness drives can have a greater influence on the general public than empirical evidence (Mejia et al., 2012). Reviews of CSA-based campaigns spanning back to the 1990s suggest that those aimed at prevention at an individual level (e.g., increasing parental safeguarding behaviours) typically have less impact than campaigns focused on ecological levels that aim to raise awareness, dispel myths, and destigmatise. Similarly to findings from the present study, evidence suggests that when raising awareness of a marginalised group, campaigns should incorporate outreach via

champions, namely respected leaders who can share a desirable message. The present study illustrates a need for a targeted campaign that raises awareness of fathers who have sexual abuse histories and the support available to them. Awareness-based drives, including celebrity advocacy and social media campaigns, often partner with what's referred to as normalisation action, which involves the reduction of invisible barriers (Finkelhor, 2007). These initiatives may, therefore, increase father survivors' uptake of support services. However, it is acknowledged that translating public awareness into action is notoriously challenging in the context of CSA and would also require significant resources and funding commitments at the governmental level.

4.4.2 Clinical Implications

4.4.2.1 Effectively meeting the needs of father survivors

Although practitioners did not champion a particular therapeutic modality for supporting father survivors, their insights broadly aligned with the current empirical evidence for complex trauma and PTSD, which endorses trauma processing interventions such as Eye Movement Desensitization and Reprocessing (EMDR) and Trauma-Focused Cognitive Behavioural therapy (TF-CBT) (NICE, 2018). There were also several recurrent themes focused on reframing the 'storied-self' within intervention, whilst simultaneously acknowledging societal and cultural narratives. Narrative therapy has been suggested as a valuable tool for male survivors due to its ability to examine the male socialisation and critically challenge lingering narratives relating to abuse cycles (Wark & Vis, 2018; Johnson et al., 20019). Insights from the present study suggest that narrative approaches may be beneficial when unpicking the harmful myths that can be triggered for male survivors navigating parenthood.

Alternatively, from a psychoanalytic Jungian perspective, interventions focused on promoting individuation (positioned as a prominent task of parenthood) may be beneficial (Jung, 1969). Individuation is understood as the process of psychologically becoming a "a separate indivisible unity or whole" (Schlamm, 2014, p.866). Parenthood is viewed as a catalyst for individuation that involves a confrontation of 'shadow' (p.20) or unconscious aspects of the self, including unresolved childhood trauma (Stein, 1998). In the present study, this was exemplified by practitioners' accounts of the involuntary resurfacing of trauma memories their clients described when transitioning to fatherhood. Individuation-informed interventions may therefore support father survivors to move towards integration, self-realisation, and psychological transformation. This process is suggested to facilitate an environment where children are also safe to pursue their own individuation paths (Fordham, 1958).

Above the guiding modality, the present study adds to the literature that positions a non-pathologizing, safe relational environment alongside practitioners' awareness of the compounded barriers father survivors face as the most crucial component of intervention (Joseph & Linley, 2006; Wark & Vis, 2018). Findings support postmodern therapeutic approaches that recognise the nuances of language (particularly in relation to male-centric communication) that actively avoid unnecessary labelling of survivors. The present study aligns with Wark and Vis's (2018) argument that traditional recovery-based models may not be sufficient for father survivors. Whilst practitioners acknowledged the benefits of trauma symptom reduction, a collective sense was observed that fathers were generally seeking a more holistic construction of recovery, including a restoration of personal agency and reconstruction of masculine identity (Draucker et al., 2011). Although the present study elicited mixed results in relation to PTG, there was recognition that approaching fatherhood

as a meaningful turning point and an agentic opportunity to actively break intergenerational cycles could be helpful in some circumstances (Easton et al., 2015)

Group-based formats were also discussed as beneficial, with some practitioners speculating that extending the concept of 'Men's Sheds' to father survivors could increase male socialisation whilst also normalising a range of lived experiences (Kelly et al., 2021). Additionally, data from parenting groups for mothers with histories of CSA suggested these spaces are experienced as helpful across a variety of outcomes by attendees (Cross, 2001; Barlow et al., 2006). Developing comparable interventions for father survivor focused on both honing generalised parenting skills and developing a safe forum for men to give and receive support.

Finally, findings extended support for systemic modalities and couples therapy, both of which have increasingly robust empirical support within the CSA field (Gewirtz-Meydan & Godbout, 2023; Nasim & Nadan, 2013). Johnson et al. (2019) advocate for narrative couples therapy for adult survivors of CSA, suggesting it supports survivors externalise shame-based stories, while also promoting the experience of being witnessed by one's partner (White, 2007). This fosters what Johnson et al. (2019) refer to as "collective healing" (p. 226) wherein both members of the dyad engage in shared recovery processes characterised by overcoming adversity together. Similarly, systemic interventions including trauma-focused multi-family therapy, rooted in mentalization-based principles (Fonagy, 2008), have been evidenced to reduce the consequences of parental trauma by strengthening family resilience and enhancing the quality of both partner and partner-child interactions (Mooren et al., 2023). Practitioners in the present study consistently emphasised that father-child dyads do not exist in isolation. As such, further research examining the efficacy of systemic interventions for father survivors and the interpersonal systems within which they are embedded could hold significant clinical value.

4.4.2.2 The developmental stages of fatherhood

Analysis revealed novel insights into the developmental stages of fatherhood and how these corresponded to the points at which practitioners reported encountering father survivors within interventions. Most practitioners recognised that the early transition stage of fatherhood is destabilizing for survivors, which aligns with the available research in this area (Wark & Vis, 2018; O'Brien et al., 2019). Challenges practitioners encountered at this stage primarily centred around difficulties bonding with the child and managing trauma responses. Findings extend evidence that parenting-focused support at the early transition stage should be strength-focused, aimed at reducing stress and psycho education aimed at normalising attachment-based challenges (Walter et al., 2024). Addressing conflicts or tension within the broader family system and the partner dyad was also prioritised during this stage. This adds to existing evidence that supporting the co-parenting relationship is particularly essential during the perinatal period (Leahy-Warren et al., 2023).

Findings also illustrated the importance of interventions equipped to support relational challenges between father survivors and their adult children. Practitioners discussed the guilt some fathers carry around how their trauma histories may have impacted how they parented their young children and the evolving bond they share with them as adults. Systemic scholars may conceptualise these observations through family life cycles theory, which describes the distinct tasks family systems face when negotiating developmental transitions across the life span (Duvall, 1952). Despite critiques that life cycle models can be overly deterministic and informed by traditional, nuclear structures that are decreasingly representative of contemporary families (Moghaddam, 2014), the destabilization that can accompany transition through developmental stages is helpful to consider in the context of these findings. Of notable relevance to these findings, the later stages of parenting are characterised by developmental tasks including adjusting to the aging process, refocusing on oneself/ partner

relationship, and accepting the child's independence. These ideas support practitioners' depictions of this as a contemplative stage for father survivors, where unresolved feelings of guilt can resurface. Systemic and life course theorists alike draw on the notion 'linked lives' when conceptualising the bi-directional influence individuals in key relationships have on one anther across the life span (Gilligan et al., 2018). From this perspective, the individual functioning of father survivors will be influenced by the quality of their intimate relationships, including those with adult children. Inventions that integrate these systemic theories within a compassion-focused framework, such as narrative-based psychotherapy, may be beneficial for father survivors accessing support at a more advanced stage (Hawke et al., 2023; Madigan, 2019).

4.4.2.3 Enhancing Reflexive Practice

While reflexive practice is a guiding principle across an array of mental health disciplines, the present study indicated that practitioners supporting father survivors place a particularly strong emphasis on this part of their practice. In line with existing research, practitioners recognised both male survivors and fathers as groups at risk of prejudice and marginalisation within support services. Findings revealed a willingness across practitioners to examine how components of their identity, socialization experiences, and implicit biases may impact their work, including how actively they enquire about parenting experiences with men. However, a concerning finding was that many practitioners reported personally sourcing additional measures to enhance their reflexive practice when supporting this client group, suggesting that this may represent an unmet need across a variety of services. A supervision model with growing support within the field of clinical psychology is the Integrated Supervision Framework or ISF (Peters et al., 2022). Drawing together multicultural, social justice, and ecological approaches, ISF is one example of a cross-theoretical framework that explicitly focuses on supporting practitioners to reflect on themes of power, privilege, and

societal oppression. Research has suggested these models are particularly beneficial for practitioners supporting client groups with established histories of service inequity (Wright et al., 2025). Notably, in the context of the present research, the incorporation of Bronfenbrenner's ecological theory (1979) may support practitioners to examine their own gender socialisation experiences and how these may interact with those of the father survivors they encountered. A less developed but important insight from the present study related to intersectionality and supporting fathers who belong to multiple marginalised communities, including LGBTQ+ individuals and those belonging to racially and ethnically minoritised groups. Supervision models informed by critical-consciousness theory have been evidenced to increase practitioners' confidence in broaching experiences of intersectionality and marginalisation within support structures with clients, which may be essential in building attuned relations and alliance with father survivors from all walks of life (Soheilian, 2014; Lee, 2022).

Finally, findings stress that providing effective, attuned clinical supervision to practitioners working with father survivors is a specialist area that demands significant expertise. Practitioners frequently detailed scenarios where they had felt uncertain or deskilled when attempting to integrate complex, interconnected themes of survivorship and parenthood. These findings build on Etherington's (2009) argument that clinical supervisors in the CSA field must be versed in unpacking the bi-directional exchange of shame that can occur for practitioners and clients alike within interventions. Additionally, the present study also demonstrates the significant supervisory skill required to differentiate between the fears tied to the 'vampire bite' myth surrounding father survivors and the possible risk of actual harm. This extends calls from Walker (2004) that supervisors in this field must have sufficient training in risk markers of CSA to recognise when concerns brought by a supervisee may be grounded in reality, rather than driven by fear or fantasy.

4.4.3 Research Implications

The experiences of practitioners supporting male survivors remain a significantly underdeveloped area of research in the UK. As the first known study to date examining experiences of practitioners supporting male survivors who are also fathers, the presented findings must be considered preliminary. Further, larger-scale investigations are essential to expand the observation and themes presented. These investigations would benefit from larger samples, representative of the broad variety of services that constitute the UK sexual violence support landscape.

Working with sameness and differences, particularly in relation to gender, was a significant finding from the present study. Despite mixed findings within the wider research relating to the relevance of practitioner gender on the effectiveness of intervention for male survivors (Owen et al., 2009), the finding that practitioners often *perceived* their gender as relevant when supporting father survivors warrants further investigation. Further qualitative investigations are required in order to unpick how these perceptions may influence how practitioners engage with father survivors. An adjacent finding highlighted as important to understand further is how (if at all) practitioners address masculinity-based identities, experiences, and goals within interventions. The present study tentatively supports research that suggests reconstruction-based approaches to masculinity may be more beneficial for this client group than deconstruction (Hoffman & Addis, 2024). However, this hypothesis was not fully developed in the present study. Mixed methods methodological designs that incorporate outcomes data and qualitative reflections from father survivors could provide a valuable contribution to the growing evidence base relating to male-centric communication and gender competent practice (De Visser & Smith et al., 2009).

Understanding the interpersonal dynamics surrounding father survivors, including the parental dyad, was a further finding that required further empirical investigation. To the author's knowledge, there have been no studies to date focused on the interplay between attachment experiences of fathers with CSA history, their attachment security with the co-parent, and the quality of the parent-child relationship. As evidenced by Ferreira et al. (2024), examining these interconnected domains demands complex methodologies, and in this context would require longitudinal examination of attachment styles, direct parent-infant observation, and in-depth qualitative insights from both parents. This would allow invaluable insights into currently unexplored dimensions of intergenerational attachment transmission between father and child, whilst allowing for the mediating role of co-parent dynamics on adult attachment (Fonseca et al., 2018; Jones et al., 2015). These insights could support the development of evidence-informed interventions available to father survivors and their families.

Findings also indicated that the developmental stages of fatherhood for male survivors and how these may tie into help-seeking patterns are also areas in need of further empirical investigation. Metzger and Gracia (2023) recently completed one of the first UK-based longitudinal studies examining gender differences in mental health following the transitions into parenthood. Their results provided valuable preliminary insights, including that feelings of calmness and happiness take longer to stabilize post-birth for fathers, reaching their peak at a later developmental stage than mothers. However, data did not account for the mediating role of trauma or abuse experiences, which previous research has shown to significantly impact mental health and parenting experiences (Targum & Nemeroff, 2019; Ehrensaft et al., 2015). Additionally, the majority of existing investigations are limited to the early transitional perinatal stage of parenthood (Baldwin et al., 2019; Watkins et al., 2024). A notable knowledge gap highlighted by the present study was the support needs of father survivors

managing relationships with adult children. As such, further examination of the life course of parenthood for male survivors would be a valuable area for future research.

4.5 Reflexivity statement

Reflecting on the process of completing this research, I realise that I was not prepared for how difficult the recruitment process would be both practically and emotionally. I originally envisioned capturing the voices of father survivors alongside practitioners' experiences in supporting them. However, despite a rigorous recruitment drive, I really struggled to connect with survivors directly. This was in part due to barriers within the numerous third sector specialist services I contacted. Many provided encouraging responses acknowledging the value of the research angle; however, they had implemented blanket rules around circulating research flyers to service users due to the volume of requests. Others appeared dubious about the ethics of connecting their service users with researchers more generally, or simply did not reply at all. When approaching 'grass roots' spaces, including online communities, I experienced similarly mixed responses. While the research was welcomed by some, I also received suspicious, negative responses, which I felt immensely uncomfortable navigating. I again wrestled with the question of whether it was appropriate for me, as a pre-qualified female, to tackle this topic at all. With support from my supervisors, I reflected on my parts of my identity and how these might be experienced by a group of survivors who have historically been stigmatized and marginalised by institutions, like the one I represented. Alongside this, however, now ran a new ethical dilemma, namely that privileging certain voices would inevitably lead to the silencing of others. Following further discussions with my supervisor around both the ethical and practical parameters of the study, we agreed that focusing on the perspective of practitioners would be the best route forward. Inevitably, this was partnered with some disappointment as centralising survivor-voice has always been a guiding principle underpinning my practice and research. However, over time,

I began to reframe this as an opportunity to further examine the significant barriers involved in providing high-quality mental health support to boys and men, many of which I had navigated personally across various points of my career.

In order to meet the epistemological and ontological commitments of the study, I was required to critically attend to my dual identity as both a researcher and a trainee clinical psychologist at each stage of the research process. In line with Braun and Clarke's (2024) recent guidelines on RTA, I drew on a variety of reflective tools, including discussions with my supervisors, journaling, and visual mapping. Through this process, I came to understand my role as sitting between an insider and an outsider researcher. Dwyer and Buckle (2009) argue that this position can encourage the researcher to move away from dichotomous views of their positionality, which can ultimately enhance reflexivity. I, however, found striking a nuanced balance between these complexities. There were times, for example, when my clinical background in CSA services felt helpful, particularly when building initial alliance and rapport in interviews. I also recognised a need for cautious examination of this familiarity to avoid overidentification or inadvertently blurring my own professional experiences with practitioners (Chavez, 2008). As a final-year trainee, it also became apparent that interviewing professionals who inhabited a world to which I was hoping to gain access posed an uncomfortable component of this process. . There were times particularly during initial interviews where engaging in discussions of such a complex topic area with practitioners, the vast majority of whom had significantly more professional experience than me, felt intimidating and overwhelming. This was also relevant during the write up stage of the project as I felt pressure not only to do practitioners' insights and stories justice but also for my interpretations not to come across as critical or disparaging, particularly in the context of my trainee status. Exploring these feelings through reflective journalling became an

invaluable tool, partially in detecting any temptations that arose to sterilise any of the more contentious beliefs expressed by practitioners.

The process of completing this thesis required a critical examination of multiple co-existing parts of my identity, my socialisation experiences, implicit biases, and ever-evolving worldview. While this process was confronting at times, I finished this study with a deeper awareness and alignment to my personal and professional values that I will carry with me into my clinical practice.

4.6 Concluding Comments

This thesis is the first in-depth examination of the experiences and insights of practitioners experienced in supporting fathers with histories of CSA. Reflective thematic analysis was used to analyse 15 semi-structured practitioner interviews, which illustrated a variety of barriers and opportunities relating to providing effective support for this group of survivors within the UK context. Providing an attuned, trauma-informed environment was a collective priority across practitioners, felt to mitigate some of the entrenched societal narratives and myths surrounding male survivorship. A number of these were highlighted as particularly harmful in the context of fatherhood, including the 'victim-to-perpetrator' discourse. As such, practitioners also acknowledged the importance of exploring father survivors' experiences of masculinity both in the context of historic CSA and their evolving identities as fathers.

Practitioner narratives also focused on the broader systemic barriers practitioners believed to impede meaningful engagement with father survivors including lack of coherent practice directives and top-down engagement, the 'feminization' of the UK sexual violence support landscape and the lack of training and learning spaces dedicated to the holistic needs of male survivors including in relation to parenthood.

The decision of whether to disclose abuse experiences to interpersonal subsystems, particularly to the mother or co-parent, was emphasized as a complex, overwhelming decision for father survivors, requiring sensitive exploration within interventions. Finally, practitioners' insights illustrated that unpicking both personal and professional implicit bias, critically examining themes of sameness and differences, and continued engagement in reflexive practice all represented essential components of supporting this group.

As the first study to date examines the experience of practitioners across a range of sectors with experience supporting fathers with histories of CSA, the present study provides valuable contributions to an acknowledged gap within the empirical evidence base. This study illustrates the developmental stages of fatherhood and the challenges and opportunities for growth that can accompany this journey for male survivors of CSA, providing important implications for practitioners, policy makers, and researchers alike.

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Appendix A

Selection of a qualitative synthesis approach

The focus of the present synthesis aligns with configurative or interpretive approaches, and three prominent examples were considered.

Thematic Synthesis

Thematic Synthesis is a popular, interpretive approach to synthesizing qualitative research developed by Thomas and Harden (2008) that allows reviewers to establish novel insights that move beyond those provided within the original primary data analysis from each study. Thematic synthesis uses systematic, line-by-line coding, capable of utilizing both 'thick' and 'thin' data to generate analytic themes (Thomas & Harden, 2008). However, a noted limitation is that whilst its methodical stages appeal to novice researchers, this also risks analysis becoming a descriptive overview of theme frequency, lacking in higher-level interpretations (Heyvaert et al., 2017). Given that a guiding aim of the present synthesis was to move beyond an aggregated overview of findings to generate new insights, this approach was not deemed a suitable match.

Textual Narrative Synthesis

Textual Narrative Synthesis was also considered due to its capacity to create a 'story-like' overview of ligature literature that can be useful in developing or advancing policy and theory (Greenhalgh et al., 2018). However, as noted by Barnett-Page and Thomas (2009), textual narrative syntheses often draw on a wide array of research types (e.g., qualitative and quantitative) to explore the similarities and differences across the field. Lucas et al. (2007) suggest that this focus on heterogeneity can make narrative approaches to syntheses less

suited to exploring commonalities across studies, which may be an important component of the present review.

Meta-ethnographic Synthesis

Meta-ethnographic Synthesis is an inductive, interpretive approach originally developed by Noblit and Hare (1988) to combine findings from educational ethnographic research that has since become the most widely utilised synthesis approach in healthcare research (Hannes & Macaitis, 2012). Meta-ethnography offers an alternative to aggregative approaches by encouraging reviewers to transcend the individual studies and develop higher-order themes to create a new 'line of argument' or overarching model. Whilst elements of meta-ethnography synthesis overlap with thematic and narrative approaches, Noblit and Hare's unique process of translating studies into one another permits an increased level of analytical depth and conceptual innovation (France et al., 2014). As a result, Campbell et al.'s (2003) feasibility study found meta-ethnographic synthesis to be the most well-established and developed method for synthesising qualitative research that is particularly well suited to exploring lived experience, meaning, and process. These features meant that meta-ethnographic synthesis was felt to be the most appropriate approach for the aims of the present review.

Appendix B

University Ethical Approval Letter

University of Essex ERAMS

10/07/2024

Miss Katherine Gallon

Health and Social Care

University of Essex

Dear Katherine,

Ethics Committee Decision

Application: ETH2324-1727

I am pleased to inform you that the research proposal entitled " Male Survivors of Childhood Sexual Abuse and Fatherhood: Reflections from Survivors and Practitioners " has been reviewed on behalf of the Ethics Sub Committee 1, and, based on the information provided, it has been awarded a favourable opinion.

The application was awarded a favourable opinion subject to the following **conditions**:

Extensions and Amendments:

If you propose to introduce an amendment to the research after approval or extend the duration of the study, an amendment should be submitted in ERAMS for further approval in advance of the expiry date listed in the ethics application form. Please note that it is not possible to make any amendments, including extending the duration of the study, once the expiry date has passed.

Covid-19:

Please note that the current Government guidelines in relation to Covid-19 must be adhered to and are subject to change and it is your responsibility to keep yourself informed and bear in mind the possibility of change when planning your research. You will be kept informed if there are any changes in the University guidelines.

Yours sincerely,

REO Research Governance team

Ethics ETH2324-1727: Miss Katherine Gallon

Appendix C

Participant Information Sheet

Participant Information Sheet

Male Survivors of Childhood Sexual Abuse and Fatherhood: Reflections from Practitioners

My name is Katie Gallon, and I am post-graduate student at the University of Essex. I would like to invite you to take part in a research study. Before you decide whether or not to take part, it is important you understand why the research is being done and what it will involve. Please read the following information carefully and feel to ask me any about any further information you need or questions you have. Thank you for taking the time to read this.

1. **What is the purpose of the study?**

I am carrying out this study as part of my doctoral training in Clinical Psychology at the University of Essex. I am interested in learning about how fatherhood is experienced by male survivors of childhood sexual abuse. One of the aims of this study is to capture the experiences, reflections and recommendations of practitioners who have experience in supporting male survivors of child sexual abuse who are also fathers. This research seeks to contribute to the growing evidence base relating the complexity of male survivorship including the experience of parenthood. It is hoped that findings may enhance our understand of this under researched group of survivors and how practitioners and services can best meet their needs.

2. **Why have I been chosen to take part?**

I would like to speak to between 12-15 practitioners who have experience in supporting male survivors of child sexual abuse at least some of whom are also fathers. I am interested in capturing a range of practitioner experiences including from third sectors organisations, mental health organisations and psychological or counselling services.

3. **Do I have to take part?**

Taking part in the study is **entirely voluntary** and you are under no pressure to participate if it doesn't feel right for you.

4. **What will happen if I decide to take part?**

If you are interested in taking part you will be sent some information relating to the study and a consent from. I will also offer you an initial call to talk through any further questions you may have. If you are happy to continue, we will arrange a date and time for the interview, these will be done online. It will be one interview that will last between 45-60 minutes and I will try my best to fit this around you schedule and preferences. The interviews will be recorded using the recording feature of

the on the online meeting platform. The interview is designed to feel like a conversation where you will be invited to share your experiences of working with male survivors.

5. How will my data be stored?

The University of Essex processes personal data as part of research under the legal basis of informed consent. This will be a statement signed by all participants. Under the UK's General Data Protection Regulation (UK GDPR) and the UK Data Protection Act 2018 (DPA) the University acts as the 'data controller' in relations to any personal data gathered as part of University research. Any questions relating to the handling and storage of your data can be sent to the University Information Assurance Manager via dpo@essex.ac.uk. Further information about how your data will be used can be found below:

How will my data be collected?	The recording function of the online meeting software will be used.
How will my data be stored?	All data will be stored securely on 'Box', a secure server used by the University of Essex. All files will be password protected and held in accordance with UK GDPR requirement.
What measures will be put in place to keep my data secure and confidential?	At transcription stage all identifiable information will be anonymised (e.g names, locations). Recordings of interviews will be password protected and will be permanently deleted once the data has been moved to the secure University system.
Will my data be anonymised?	Yes, your data will be anonymised. This means that your real name and any identifiable information will not be included. You will be invited to pick a pseudonym of your choosing for the final report.
How will my data be used?	Your data will be used for the purpose of this study only.
Who will have access to my data?	Only the research team will have access to the data. This includes Katie Gallon (student researcher) and Dr. Danny Taggart (research supervisor), Dr. Emma Facer-Irwin (research supervisor)
Will my data be archived for use in future research projects?	No.
How will my data be destroyed?	Data will be securely held by the University for 10 years and then will be permanently deleted.

6. Exceptions to anonymity

The only exceptions to maintaining your anonymity would be if you disclose information to suggest that yourself or another person were at risk of serious harm or engaging in serious criminal activity. If this situation were to arise I may be legally required to share your confidential information with the relevant authorities. This is **highly unlikely,** however please feel free to contract me for any further information relating to exceptions of anonymity.

7. Expenses

The interview will take place virtually and I do not envision you incurring any costs.

8. Are there any risks in taking part?

It is possible that thinking and talking about your experiences may bring up some strong emotions and memories. It is hoped that receiving a copy of the questions will help you feel informed and comfortable about the content of the interview. You do not have to answer any questions that you don't want to. Together we will agree on steps we can take if you feel distressed at any point. This may involve pausing, discussing what may help you feel more comfortable and then deciding if you would like to continue or end the interview. We can also discuss services or resources that may be helpful to you.

9. Are there any benefits to taking part?

The interview provides a space for you to share and reflect experiences as a practitioner and as an individual. This experience may feel helpful to you, however everyone processes life events differently and so it is not possible to predict if you will find participating personally beneficial or not. It is hoped that the experiences shared in interviews will help move towards a better understanding of the stories and needs of Dads who are childhood sexual abuse survivors.

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

An overview of the results will be sent to everyone who participates. The results may also be published in an academic journal(s). It would not be possible to identify you in the result of either of these as you information will be anonymised.

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

You can withdraw from the research at any point before or during the interview without providing a reason got your decision. You can withdraw your data up to **two weeks** following the interview by contacting myself and asking to withdraw. After this point, your data will be anonymised and combined with a larger set of results so it will not be possible to withdraw it.

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

If you have any concerns about any aspect of the study or you have a complaint, in the first instance please contact myself, or the research supervisor, Dr. Danny Taggart, using the contact details below and we will try to help. If you are still concerned, you think your complaint has not been addressed to your satisfaction or you feel that you cannot approach us, then please contact the University's Research Governance and Planning Manager, Sarah Manning-Press (e-mail sarahm@essex.ac.uk). Please include the ERAMS reference which can be found at the foot of this page.

The University of Essex strives to maintain the highest rigour when processing your personal data, however it is important that you are aware of your right to submit a complaint to the University Data Protection Officer via email at dataprotectionofficer@essex.ac.uk or by telephone on 01206 872285.

Student Researcher: **Katie Gallon**  Email: Kg22582@essex.ac.uk	**Research Supervisor:** **Dr. Danny Taggart** Academic Director on the Doctorate in Clinical Psychology program HCPC registered Clinical Psychologist Email: dtaggart@essex.ac.uk Telephone: 01206 874 100 **Research Supervisor:** **Dr. Emma Facer-Irwin** Lecturer at Kings Collage London Department of Forensic and Neurodevelopmental Science HCPC registered Clinical Psychologist Email: emma.facer-irwin@kcl.ac.uk

Appendix D

Consent Form for Participants

University of Essex

Consent Form for Participants

Title of the Project: **Male Survivors of Childhood Sexual Abuse and Fatherhood: Reflections from Practitioners**

Research Team: **Lead Student Researcher**:

Katie Gallon. Email: kg22582@essex.ac.uk

Lead Research Supervisor

Dr. Danny Taggart. Email: dtaggart@essex.ac.uk

Please initial box

1. **I confirm that I** have read and understand the Information Sheet dated **26.04.2024** for the above study. I have had an opportunity to consider the information, ask questions and have had these questions answered satisfactorily. ☐
2. I understand that my participation is voluntary and that I am free to withdraw from the project at any time without giving any reason and without penalty. I understand that I can withdraw my data up to **two weeks** following the interview by contacting the student researcher (Katie Gallon) and asking to withdraw. After this point, my data will be anonymised and combined with a larger set of results and cannot be withdrawn because it cannot be identified. ☐
3. I understand that, due to the nature of the research, I may be asked questions relating to my experiences of working with male survivors of child sexual abuse, particularly fathers. I understand that I may stop the interview at any point without explanation and withdraw consent from the study. ☐

4. I understand that the identifiable data provided will be securely stored and accessible only to the members of the research team directly involved in the project, and that confidentiality will be maintained. ☐

5. I understand that my fully anonymised data will be used for the doctoral thesis for Clinical Psychology at the University of Essex, titled '**Male Survivors of Childhood Sexual Abuse and Fatherhood: Reflections from Practitioners'**. I also understand there is a possibility that this thesis may be published in relevant academic journals or presented at academic conferences. ☐

6. I understand that my data will be stored for up to 10 years and that the researcher may seek publication of the research project within a range of academic journals. I understand that my data will remain entirely anonymised in the case of publication. ☐

7. I agree to take part in the above study. ☐

Participant Name	Date	Participant Signature
_____	_____	_____

Researcher Name	Date	Researcher Signature
_____	_____	_____

Appendix E

Participant Demographic Form

Participant Identification Number:

ERAMS Reference: ETH2324-1240

Practitioner Demographic Questionnaire

Title of Research: **Male Survivors of Child Sexual Abuse and Fatherhood: Reflections from Practitioners**

Researcher:

Age (years):

Gender:

Ethnicity:

Professional Role or Title:

Type of service:

Years of experience:

1) 1-3

2) 4-6

3) 7-10

4) 10+

Appendix F

Interview Topic Guide

Overview background:

- Can you tell me a bit about how you came to work with male survivors of CSA? (general context/ type or service/ length of experience)
- What has been your experience of working with male survivors who are also fathers?
- How have the male survivors you have supported described their journey into fatherhood? (Worries/ hopes, identity shifts, healing, triggering?)

Barriers, myths, socio-political narratives:

- What wider societal narratives do you think there are about male survivors of sexual abuse today?
- Do you feel male survivors of CSA who are fathers face any barriers around accessing support? What might these include?
- Do you think stigmas around male survivors of CSA impact survivors' self-perceptions around fatherhood? Does this come up within your support space?
- How does the concept of masculinity come up within your work?

Personal Reflections & Recommendations:

- What have been some challenges you have encountered supporting this group of survivors?
- Have you noticed any changes in your work with male survivors of CSA and fathers since you initially started?
- What have been some meaningful moments or successes you have experienced supporting this group of survivors?
- How do you think elements of who you are and how you present influence your work with this group of survivors? (e.g gender)
- What do you think helps male survivors who are fathers feel respected and understood within support?
- What do you think would improve service supporting male survivors who are fathers?

Any further reflections?

Appendix G

Example interview transcript

Interviewer started transcription

P15 0:04
Yes.

Interviewer 0:05
OK, fabulous. So just to get us started, it would be really helpful to hear a little bit about your career thus far your journey, the type of service you work in?

P15 0:22
Yeah. So I qualified as a clinical psychologist in 2004. So 20 years ago now and since then I had one year off and I had a six months maternity leave, so I've kind of worked for about 18 1/2 years. Most of it has been in the NHS and it's all been in services that are either PTSD services or wider trauma services. All of my NHS work has been in secondary care for the most part offering sort of evidence based treatment for PTSD. I also spent one year working at a women's refuge, which also involved some PTSD treatment. I've worked for a couple of years for the XXXX full time and worked part time there for the last five years and that is a charity for people who are kind of forced migrants or who have experienced sort of human rights abuses of different types, which can include different kinds of abuse or it could have been state sanctioned abuse or exploitation so a range of different types of traumas. My main NHS job is leading a service for XXX people who are veterans, or who otherwise worked with the XXXX, it's kind of a short-term project. All of the clients are XXX men, as it happens, and then I'm still working one day a week for the XXX and I do private work, but it's not therapy. It's all medical legal work for different kinds of legal contacts, most common is sort of immigration, unsuitable housing and where there's a mental health related issue. And then sometimes it's things like unlawful detention or other areas. It's inclined to generally be people who are in the immigration system, they can be people who are from the UK or from other countries.

Interviewer 3:13
OK. That's so interesting, I'm hearing there's a really specialist area of interest in your work.

P15 3:21
Yeah, a bit too niche sometimes I think, but yeah.

Interviewer 3:23

I've not really heard of those sort of services within the NHS frame so that's really interesting to hear about. So it sounds like, which is going to be interesting in this context, that some of your work anyway is gendered or gender specific, so male only. So as you know, the topic of this research is around male survivorship and honing in on sexual abuse and childhood. So thinking about that, I'd be really interested to hear in what spaces that has come up for you?

P15 4:24

So my main NHS job, although, as I said I'm in this temporary position at the moment with the XXXX clients, has been working with people, both men and women, who have experienced chronic trauma and have PTSD from multiple events, so quite a large number of the men that I've seen have experienced childhood sexual abuse as part of a broader set of traumas. So some of them are sort of people from the UK where there's not necessarily a migration element to the sort of difficult experiences, but where they have experienced sexual abuse, either mostly within the family, sometimes outside of the family, and then others it's sexual abuse as a minor, maybe in the context of other traumas. So a smaller number really of the men I've seen have been sort of sexually exploited as children and trafficked as children internationally.

Interviewer 5:46

Yeah, sure. Wow. Yeah, I'm just thinking of what a massive piece of work that is to unpick with someone. I don't think I've had anyone thus far who's sort of had the exploitation and the trafficking component so much. So we'll probably circle back to it, but I'm really interested to hear about how that work unfolds and how it's approached. So it sounds like actually, the CSA component is fairly prominent in that particular context. So the other part of the research is thinking about dads who are survivors of CSA. And that also encompasses, perhaps men who are contemplating parenthood as well, so who aren't currently fathers but may be thinking about their sort of family progression. I'm wondering if that's come up for you in your space?

P15 6:55

Yeah, I've certainly seen some men who are fathers. I've had a number of people who have reflected on being a dad and then thinking back on their own childhood and the abuse. One thing that has come up a few times is being kind of fearful around some of the myths about being a survivor of sexual abuse and that that would mean that you might be more likely to abuse your own children, for a number of people that would have been quite a big topic in our treatment, where there's sort of grappling with almost being put into the perpetrator box by certain lay people. So grappling with that question of 'how come as a victim of a crime, I suddenly end up being associated with perpetrators of that crime?' and finding that very difficult to talk about and maybe never having in their adult life an appropriate context in which to kind of work through that, or to talk about it. So feeling quite troubled by that idea, even though they know themselves and they often don't have any intention to abuse anyone but being troubled by the idea that others might think that or that having a slight question

about ‘oh is that is that actually a possibility?’ Is that really something that I might do?’ A kind of a worry that that could somehow happen, even though it might not have happened and their kids might be adults now.

Interviewer 9:23
OK. Yeah, that's interesting that even with adult children that still feels sort of prominent. Yeah, I'm hearing there's kind of two components. There's the societal judgement component ‘If people know this about me, are they going to think XY and Z?’ and then also like an actual kind of internalisation question of ‘is that a possibility?’

P15 9:27
Yes, yes..

Interviewer 9:49
Yeah. And it's interesting to think about the longevity of those worries. How long they stay with some men, perhaps.

P15 10:05
Most they only really come for treatment when their kids are adults. Now, again I’m speaking very generally but a lot of people are fearful of coming for treatment while their kids are still minors, in case that leads to some social services attention drawn to them because of being a victim of abuse that they'd be regarded as a risky person to have as a parent. And I think it could be it could be stage of life thing as well about coming for treatment when your kids are adults too that you have more time to think and you're sort of reflecting back on your life compared to theirs at that point in time, you know.

Interviewer 10:48
Yeah, it's so interesting, isn't it? This myth is so powerful that that male survivors who are dads, often don't feel able to access support even if that's the time where they kind of really need it. Because this fear of ‘if people and if professionals know this of me, I might lose them or I might be considered a risky parent.’ And so then you have this quite substantial period of time, so maybe when their children are older, they finally feel safe enough in that regard to bring it somewhere. So when that does happen from your experience and obviously yeah, I understand this is completely just from your kind of professional experience, do you (…) think about that with the client, about how it's been holding all of those fears as a parent, or in this case, as a father, for so long? Do they sort of look back and think about when their child was growing up? What was coming up for them in relation to their own abuse histories at all?

P1512:06
Yes, I'm thinking of a few specific clients. One of my clients talked about having confided in their partner. I think what happened was they had children that were toddlers and they're supposed to give

them a bath. And he was really stressing out about giving them a bath, and then his wife I think was maybe feeling like he wasn't pulling his weight in terms of the household duties, including looking after the kids. And then he disclosed to her that he'd been sexually abused as a child and instead of reacting in the way that we might wish she would react, she also believed that myth that he might be a potential abuser, even though there was nothing in their own. experiences that would have suggested that. He didn't get the support from his wife and the marriage didn't last for the duration of the children's childhoods. And you know, that really stopped him from then seeking help from others. I think that was terribly sad because actually, if maybe there had been some sort of professional advice or support at that time, there could have been an opportunity to help them through that. Because he wouldn't describe her as a bad person, just an ill-informed person and not particularly well educated around these things, and neither was he. So there was a real sadness there, that she was able to accept that that was probably true and that there might be an increased risk. Now, he said when he looks back on that he felt that association had almost tainted him a bit. It never stopped her handing over all the child care to him, so clearly she didn't really have that belief, and he felt in a way that when they had disagreements or arguments, it was something to throw at him. So that was an example, I suppose, of a disclosure that could have actually been a really positive thing for him if the person had responded in the way he needed, but ended up being very negative.

Interviewer 14:40

Yeah. I see.

P15 14:43

With another client, his sexual abuse was combined with other types of abuse, particularly neglect, and also some physical abuse. The sexual abuse ended up being in a corner of the abuse room, if you like. For him, it wasn't the worst thing that happened. It was neglect by his mother. The sexual abuse was by extended family members in this case and neither parent actually abused the children, but they didn't protect them from the extended family members who did. It was quite far into therapy before the sexually abuse was talked about and was in relation to being a father. He has an adult son and when he looks back on that, he feels he was not as involved with the parenting as he could have been, or should have been, and the relationship didn't last either. He is extremely involved now. In fact, both of these men I'm thinking of in this moment are very actively involved in their adult children's lives now. Possibly more so than they were when they were kids. Now some of that might be to do with other factors, such as them getting more to retirement age and society changing in the meantime too.

I think another thing that has changed which maybe comes back to the earlier point about when people seek help the Jimmy Savile inquiry had a huge impact on our on our clinic and the amount of men in particular who actually came forward for the first time and that has been kind of continued in football and sport. So there's been a few really key moments, I think in male survivors speaking up about some of their experiences because people have directly referenced it when they've come for treatment so. It could be that those key points in what's happened in say England in recent years have had more of an impact in people starting to talk and then people sort of saying ‘ I don't think that

victims are more likely to be perpetrators' or nobody's talking about them as being a suspected perpetrator, it loosening things up a bit, including in relation to, say parental relationships.

I'm just trying to think of other people. I mean, if I was to think about
other clients who experienced abuse in slightly different context, more refugee clients in the context of being persecuted in other ways. So it wouldn't have been by family members or extended family, but would have been maybe by people in a position of authority. And I would say for those people and I am speaking very generally again, sexual abuse experiences did not have the same impact on their concept of being able to be a good father, being a safe father, being actively involved in parenting. It was like because it was from this group or because it was political in this way. They're often clear 'this is why I was targeted.'

I think also with these cases the abuse probably happened when they were older, when they were adolescents. I've seen a lot of young men who were sexually abused, for example, in the context of being on their way to the UK in in Libya, where there'll be sort of extortion rackets, and it would be part of a type of harm done to them as a way of trying to get money from their families. But it didn't feel personal I think in the same way for some of these people, unless they had earlier traumas at the same time. Most of them don't really even reference it as something that they need to think about in terms of being a father, so it doesn't seem to have the same impact on their sense of themselves, as the kind of closer to home sexual abuse, at a younger age, maybe with more grooming involved, yeah.

Interviewer 20:12
Mmm, sounds like a slightly different processing journey, I suppose? Because there's an explanation in that sense of 'this happened because of XYZ' whereas as you say when it's someone's family or even not family, but sort of relationally proximal, there's no sort of answer to 'why did this happen?'

P15 20:18

Yeah. Yeah. And I think the type of kind of psychological abuse that goes along with, say, ongoing child sexual abuse, I think has a different impact. I'm thinking about one gentleman who remembers saying to one of the perpetrators 'I'm going to tell the police about you', when he was trying to kind of stop it from happening.
And the perpetrator responded by saying 'YOU will tell the police, it's me who needs to go to the police about you'. Sort of turning it around because that's what an adult can do to a child, can't they? Turning it around to make it seem as if it's something that the perpetrator would tell the police about and they would listen to the perpetrator and they would regard them as the victim, not the child.

That type of manipulation. I remember talking about that particular manipulation with that particular gentleman and he was saying I was only 7 or 8. I think it was kind of confronting those kind of interactions and going 'Oh my God.' Like he hadn't been able to think about them so long. And now as an adult in middle age kind of realising the level of calculation of that abuser, but that up until the

point of talking about those instances in therapy it was just something that happened, it doesn't fall into place, really. But actually, it was then ‘Sure I was seven or eight, he was an adult. There's no way the police would have kind of thought that he was the victim.’ We couldn't have been guaranteed that the police would have responded in the way that he would have needed, but often you know when people first start disclosing abuse, they're inclined to sort of name abuse related incidents like direct assaults, but if you're doing some trauma focused work, you might be focusing on them and some of the psychological components of how they were manipulated, I think that can sometimes come later, they're not necessarily the front of the person's mind, that this was also part of the abuse. But those types of ideas and the sort of this, the sort of shifts in one's kind of beliefs about oneself in relation to that psychological abuse, I think, is often far more significant in a way than the impact of. Actual trauma incidents themselves, if that makes sense, you know.

Interviewer 23:24
Yeah. It does make sense and it makes me think a bit about, yeah, how that would play out in someone's idea of how to be a parent, or how to trust themselves as a parent. Because it sounds like this person is kind of almost processing ‘live’ with you, like ‘actually, hold on, that doesn't make sense.. I was a child’ but that manipulation is so powerful, isn't it?

P15 23:35
Yes. Yeah, yeah.

Interviewer 23:53
And then to move into a role where you're sort of responsible for someone else, a caring, nurturing role. I can imagine that when they've had those experience of being so unsure of their relationships and manipulated that maybe transitioning into this guardian type role of a new child could be quite scary.

P15 24:18
Yeah, I think another thing that happened is those parental fears for the child.
And again, I'm thinking about one specific person here, who would find it very hard to tolerate the ordinary risk that we all have to tolerate with our loved ones going out into the world each day regardless of whether they're a minor now or whether they're an adult. I remember one of my clients, his son had taken up a job as a delivery driver on a scooter or an electric bike type thing. And he said ‘I wasn't happy when he didn't have a job, but now I'm even less happy’ so it wasn't a risk that he'd be harmed in the way that the client was harmed, but just this sense of the world being a dangerous place where you cannot trust people. Sort of extending itself into all areas of life, including he's going to be more likely to die on the roads on his bike than another person would be, you know.

Interviewer 25:23
OK. I'm with you, so it's kind of expanding out of that initial risk arena into other spaces?

P15 25:28
Yeah, yeah, that the world is not safe. Other people aren't safe and other people won't take care of him. That sort of idea that a lot of us might luckily have is not there, there's not this sort of safe group of people out there who will take care of the road, who will try to dodge the bike so they don't hit it, you know. And I remember with another client I'm thinking of, he'd be extremely vigilant of other men and what other men's intentions were particularly, and this was relevant to his own history, men who volunteer to run hobby and sports based groups. He'd be highly suspicious of men who run, you know, whether it's scouts, football, swimming, any of those things. That they they're just looking out for an opportunity to abuse. And that was sort of affect his willingness to have kids involved in these things. But also kind of really scrutinising and then sometimes saying, 'oh, I think that man is' I can't remember, a slang name for a paedophile, I just can't think of it right now.
and having this kind of vigilance, but actually I think it was some man was being very helpful about something or other. And his daughter had said no, and when the mother closely questioned the daughter, actually the guy *had* been trying to initiate something. So your man was right, and but this is almost worse because he's sort of felt then, like 'I've got a radar for this and I can spot it' but it meant that he was sort of on duty all the time trying to almost spot that in the community, which is not a great place to be.

Interviewer 27:52
Yeah. Such an impossible role, and it's making me think that you've had two examples where in a way, the worst case scenario, so things that we might say to clients are quite unlikely to be the case, have actually been the reality. I'm thinking about the person you touched on where they told their partner and actually his kind of worse fears were slightly realised and she did worry about him perpetuating. You know we often might help people think that that is a frightening thought but it's probably unlikely to be the reality. But that case and with this parent whose instincts and suspicions of adult figures actually *were* validated and correct.

P15 29:00
Yeah. But there's no guarantee that people's loved ones will have a sort of a compassionate or a trauma informed approach. You know, most people are somewhere in the middle. I think, probably with this man's former partner, I think in the end she might have regretted having initially had that response. I mean, I think when they had this conversation where he disclosed it, they were both about 19 or 20 years old. You know, like, you're not even fully an adult, really, you know?
And as she went through life, perhaps regretted having expressed ideas in that way at that time. I mean, I think with another person they did also disclose and in their case, I mean it was also a situation where the relationship didn't last but that was to do with that person's lack of confidence, so much that they never really sustained like they were never able to keep a job, for example. But their partner didn't in anyway,

attribute anything negatively towards them because of the abuse. But they were somebody who was a little bit, 'injuring' is too strong a word, but teasing about mental health issues, so there'd be jokes in the wider family about how my client was a bit of a 'Maddie' or a bit mad. And that reflected how this person's level of anxiety had ended up affecting the whole extended family. So there's a bit of teasing about it. If I was a fly on the wall there, I might not necessarily think of that as being anything that was sort of beyond them trying to let off steam a bit, but the person's perception of that was extremely negative they felt kind of ridiculed.

And that also have affected their relationship with their son because they probably felt that some of the responsibilities and the authority that goes with being a parent, they could never quite hold because they were the one with the mental health problem, which was directly connected to this abuse. Even as an adult, there might be things that he'd be really hoping his son would get a job. And I'd say 'have you talked to him about it?' And he's like 'oh, I suppose I could' but he wouldn't even think of doing things where you sort of you use your influence. Do you know what I mean? So there's a real lack of confidence in some of the wider parental skills.

And I think with these cases that I have in my mind, I think perhaps having not maybe been fully present in the way that they kind of would have wished to when the children were minors, I think has impacted how involved they are with them as adults. I don't know whether that's because abuse can be talked about more and there has been a sort of a generic destigmatising impact that's happened in our society. I'm not sure that's the sort of one idea..

Interviewer 33:03
No, I mean, I think that probably is a compelling argument because, those cases that you've touched on, it's all about increasing the visibility, isn't it? So I think that is really relevant. But it also it makes me think a little bit about father survivors struggling with discipline and authority. Because I guess there's the fear of moving into an abuser role, that actually even any discipline feels like I'm stepping into that, which I think is probably quite apparent when the children are young. And I'm wondering if, a part of feeling more able to be present when they're adults, is maybe about that power hierarchy..?

P15 34:00
Yeah, yeah. I mean, it's interesting that you say that because I hadn't thought of that, but I would certainly say that. These men would often talk about how could never bring themselves to consider any form of physical punishment, even though that wouldn't have been outside of the norm in the community at the time.

And you know, one of these men was abused within the home and the other man wasn't actually, he'd had a very loving home. It was a sort of a youth leader in the community and there was a whole paedophile ring in that community.
But it was very for a large number of years, so it had a bigger impact than often abuse outside the home might have, you know. But both of them, there would have been a real aversion to raising one's voice to anything, or slapping, even though, as I said, slapping wouldn't have been outside of the

norm of what people would have regarded as acceptable. And we had a lot of conversations about how, and actually both of these clients had female partners, were not necessarily happy with what they saw as a lax approach to discipline. They sort of felt that they were very soft and didn't take the reins, you know, didn't take control, which they flet was part of being a Dad.

Interviewer 35:36
Yeah. That's interesting, isn't it? Because one of my questions I have is about the construct and concept of masculinity. With these clients that you're holding in your mind in particular and that sort of appraisal from the partner of sort of being 'soft' or deficient in some way around discipline, was that something that was sort of brought up in your space in the context of masculinity, or not so much?

P15 36:28
I wouldn't say either of these people would have really talked about being masculine or being a man. Both of them were abused by men rather than by women. One of them was also abused by a woman, but most of the abuse was by men.
And, they didn't usually talk about that. You know, I almost feel like for them, and it maybe was because I was seeing them in a PTSD setting, when people have severe PTSD, those sort of slightly more macro reflections on what happened, I feel come after the PTSD treatment rather than before. And I would say their reflections were more in inclined to be directly in response to things that were connected to the traumatic events themselves, so 'I'm scared of this.' So it didn't certainly come up spontaneously.

Interviewer 37:47
OK. Yeah. I think that makes sense, something about the ordering of the processing I guess. It makes sense to me that someone would be rooted initially in the in the events, and then as you say maybe further along the line and that healing, casting the net out wider…

P15 38:05
Yeah, because it's very hard to reflect on things if it's going to trigger flashbacks. So if you've processed enough events and you're working more with, normal memories, if you like, then there's an opportunity to make links between things that you might otherwise kind of not do because you're trying to keep the trauma memories at bay, you know?

Interviewer 38:22
Mm hmm. No, that makes sense. I'm interested (…) I'm mindful of the time I've got to speed up, but I was just really interested in you were saying. The other thing I'm interested in, and I'm wondering whether it's ever sort of felt familiar to the idea that parenthood can present a sort of an unavoidable trigger. So it's a return to childhood, even if they're not really ready to do that and then it almost forces a reflection back to that stage of life. But others have reflected that alongside that some seem to conceptualised it as a real healing moment. So a turning point, or something that's actually pushed

them towards accessing support. This kind of 'I've got to really fix up here in terms of my mental health.' And this idea of a chance to do things differently, the breaking of intergenerational cycles of abuse things like that, does that come up for you as well?

P15 39:35
Yeah. I would say more broadly, that type of thing comes up not so much with these people that I'm thinking of are with other most of the men I have seen have been older so they've not had young children. I think in terms of becoming a parent, I think for some, it's actually often they've managed to sort of avoid a lot of thoughts about their own childhood until they see their own child in the same age. Certainly none of them have described it as an opportunity for potential healing really. They've more described it as something that for them was kind of positive in many ways, but kind of quite frightening too in terms of feeling that they're up to the task of being a parent.

Interviewer 41:19
Yeah I see. The last section I suppose is thinking a little bit about your personal experiences with this group and a little bit here, I guess about what you find helpful in how you work with male survivors and dads. So perhaps stylistically or things that you think, it's really helpful to make sure that I do XY and Z. And then also a little bit about how you found elements of yourself and your self-presentation. So maybe presenting as a female practitioner. So just sort of any more personal reflections I guess.

P15 41:56
I mean, I suppose it's very hard to know whether topics related, say, to masculinity or that are more or less likely to come up when you know, with me being female.
And maybe me not necessarily bringing up that topic you know. I think I'm not very gendered in how I think so I don't often talk to people about being a woman this or being a man. I don't talk about that type of thing. I usually would talk about it in terms of Bob and how Bob sees himself as Bob rather than as a man or as a man from ex background or whatever.

You know, it's not really something that's actually occurred to me until now that I don't really speak in that kind of language of masculinity or non masculinity. Which is maybe why I haven't generated those kinds of responses from people, not because they're not there, you know.
I think in terms of ways of working, I mean not just for men, but I certainly would be quite forthcoming about being quite actively human rights focused, for want of a better expression. So when people are disclosing to be being straight up with 'that shouldn't have happened that person was an adult' rather than sort of taking a more passive and active listener approach. I always do that. If there's a high level of shame that I'll be very kind of firm around that.

Yeah, I suppose the other thing maybe with men is that sometimes being a woman, you think that men might sort of hold back on talking about details of traumas involving sexual assault. So I would often model what kind of information is standard to have in an appointment like this, by asking very direct questions, specific things about OK, what type of rape, if they're talking in vague terms, I would try to make it very concrete and just be very matter of fact about it. And sometimes people say, 'oh, this is really embarrassing to tell you this', I'll say 'well, it is my job to work with this and if I don't know

the worst parts of it, then it might be that the way we talk about it, it doesn't end up being that useful for you'. So I kind of take quite a pragmatic sort of approach.

Interviewer 45:20
Yeah. Yeah.

P15 45:48
I think what often happens too, probably happens a little bit more with men.
Is you sort of feel the things that haven't been said that a person's holding back from saying but maybe wants to say/ And I often will say 'I get the feeling that there's probably things that you haven't told me yet that maybe you don't feel ready to talk about and that's fine. Anytime that you want to share anything new that you haven't disclosed, that's the right time to do it.' So you kind of name that quest, you know, but you don't push for it. It's often been the case that quite late on in treatment, things that have a very high level of shame come out in a way that. I don't think that's specific to men but I think that women are a bit quicker to tell you the details of rape than women than men are.

interviewer 46:47
I think that's a very cohesive reflection I'm getting and I think it touches on something that feels really important with any survivor, but I think particularly with men to show that you're not shockable in that moment and kind of give permission to say. So letting them know 'I can hold this, it's OK for you to use the words and use the body or whatever it is.' And that makes me think a little bit about the last two questions which are really about how we could improve services. So I think, you know we've touched on a little bit the barriers around survivorship generally. And I think also with men, as you say, you know this the lack of visibility which is shifting slowly. But I guess thinking about any barriers that are still there, what services could do better? And it's interesting because you'll have dual perspective on that from an NHS side and a third-sector side.

P15 47:55
Yeah. I suppose one of the most obvious things is that there is there's a lot of NGOs and advocacy groups that work with the survivor community but often they might not be very informed about, say, evidence based treatment for PTSD and that type of thing. I think that's a real problem. I see lots of people who've been through other types of support, which they have generally experienced as having had good intent, but ultimately has not changed their symptoms. And I think that's a huge problem, particularly with shame based traumas. I feel like statutory services should be making far more active links with some of the groups and it's just sort of get giving a message that you can have an evidence based treatment for example for PTSD.
That's not four sessions of CBT, because there's an awful lot of myths about PTSD treatment being very brutal and that it can make people worse, that it's very reductionist and it's very sort of pathologizing in focusing on a psychiatric disorder rather than an understandable response to the type of experiences. So I still think there's kind of room for that to improve like.
I know, like even just as an example, I've tried to make contact a few times with the XXXX, which is 10 minutes walk from our clinic and there's been some improvement over the years, but there is an

idea in the NGO world sometimes that statutory services do not understand the complexity and they cannot deal with the complexity.
I think there's a tension because NGOs have to protect their reason for existing.
Actually, with the survivors who are tapping into things like community centres, survivors groups, I think still quite a long way to go with that.
I can't remember the other thing I was going to say. What was the other question you asked me? I'm just trying to remember.

Interviewer 50:47
It was just about recommendations, I guess around barriers for survivors who are Dads and I think that's actually a really good one.

P15 50:51
Yeah, yeah, yeah. I think having better link, better links with other services and advice groups. I mean, I think as I said that has improved.

I'm just trying to think as well what else I might say. I mean, you know that the treatment needs to be of a fairly decent duration and there's still a bit of an allergy to that because of the way things are funded and waiting times are huge.

Interviewer 51:31
And how long is your typical or the range of wait times?

P15 51:35
So I mean, in XXXX it's about 9 or 10 months, which is not too bad. Like relatively speaking the NHS service, the XXXXX clinic, the waiting time is usually about two years. Sometimes it's a bit less, sometimes it's a bit more and that's
not that unusual. And the XXXX service, we don't really have much of a wait time, but actually we don't have many people or survivors of sexual abuse actually as it happens.

Interviewer 52:05
Mm hmm. OK.

P15 52:10
No, I'm sure they're out there. But only one or two of them have come to our service. Yeah.

Interviewer 52:30
OK, I have one more question, if you have a few minutes, I'll do it really quickly. The very final question I have really is about training?

P15 52:30
Yeah, of course. Yeah. Yeah.

Interviewer 52:41

So training seems to be something that people have quite mixed experiences of. I guess I'm thinking about training almost on sort of three tiers I suppose. So training about CSA generally, then training that sort of has a specific focus on the male experience and then also training around CSA and parenthood. So I'd be interested to hear about training that perhaps you've personally had, but also your awareness of sort of the availability of some of these things?

P15 53:05
Yeah. So as in being the recipient of training?

Interviewer 53:15

Yeah. So if you've had any specific training around CSA and those topics, so thinkings about CSA and parenthood. If you've ever had them yourself and then also if you feel that that's around if you if you wanted to access it? Do you think from your experience and your knowledge in these fields?

P15 53:25
Yeah. So the honest answer is I might have had training on this. I don't know. I've had training on so many different things over the years that. I've had training on say, you know, PTSD treatment for PTSD to CSA, which would have included issues such like a

person's beliefs about other parts of their life, I'm not sure I've had one that has honed in, especially on parenting. I think it would be great to have kind of very accessible myth busting resources in terms of a survivor becoming a parent, because I think that affects women too but in terms of men, I don't really see that much written about. That it's not true that a victim will have a higher chance of becoming a perpetrator, for example. If I wanted to access those trainings, I think what my concern would be is accessing training where you genuinely learn something, really evidence informed. Now it depends what stage you are in your career, but some trainings that are on topics like this are inclined to go down the experiential kind of route, which is fine if you if you need that but I think it's really nice if there's as much kind of theory practise links in those trainings. Maybe your study could be the basis of a training when it's done.

Interviewer 55:17
Yeah, that would be really cool! But I hear what you're saying, specifically in the male survivorship arena, the baseline would be to get a more of an accurate and advanced picture of the data.

P15 55:39
And also whether maleness is even relevant, you know or not?

You know it is that important to the people who are coming for help? Yeah.

Interviewer 56:09
Yeah, is it relevant therapeutically or relevant in different spaces.

P15 56:13
Yeah. So, yeah, I think more information is probably the first step. I guess what we do want is for all clinicians to really think about these things, think about how they might ask questions about somebody's confidence or difficulties with parenting, and and how you bear in mind that a person's history might make them be scared to share about that. It's useful to raise awareness of what people who don't work in this area very often, might not necessarily reflect on it, you know.

Interviewer 56:54
Yeah, I think there's something about directly asking the questions because I think one thing that is coming out of research is that men aren't asked very frequently in different spaces, especially around parenting.

P15 56:55
Yeah, they're the babysitter, not the parent. Yeah, yeah.

Interviewer 57:16
Yeah, exactly. And, survivors often say you know, 'I would have said if I was asked, I'm ready to tell but you have to ask.'

OK, I'm mindful of the time I've kept you over a tiny bit, but that was so interesting. But before I stop before I stop the recording, I just want to give you a chance to add any final reflections, or perhaps anything I didn't ask that you think perhaps I should have? Any sort final thoughts before we finish up?

P15 57:30
No, I mean, I think it's an interesting point, isn't it that that often when we see men in a professional context, the various sort of gender stereotypes that we have, we don't ask about parenting as one of the initial questions the way we might do for women.
I mean you do end up, when you're seeing somebody for treatment, talking about all aspects of their lives, which is why it's quite easy for me to generate these conversation I've had with people. But I guess what you're missing if you're seeing people on a one off basis are you know? Or for sort of

shorter interventions, if it's not something that is volunteered, you're missing maybe struggles or anxieties about parenting that maybe could really warrant some help. I had a female client once and she disclosed her trauma, which was sexual abuse, within 3 minutes of sitting down in the first appointment and then she said, 'you must think I'm disgusting, that I might abuse my child.'

I guess that her idea of herself is it kind of sums up what a lot of people feel but she just sort of said it straight out. She then directly linked it to her parenting immediately, whereas if people aren't necessarily socially viewed as the primary caregiver. Also with this older man, where the children are adults, it might be less likely to come up on the radar and even then there's no opportunity for you to say as a professional, 'well, there's no evidence that people who are abused go on to become abusers more than anyone else in the population' which when I said that to this lady because she wanted to train to be a teacher. And she says 'obviously I can't work with children because I wouldn't be safe' I'm really glad that that was said to me in the 1st 10 minutes the first session because I was like 'what do you mean you wouldn't be safe' and like even by the end of that first session, having that reflected back made a huge difference. Yeah. The person is a teacher now, by the way. So that worked out very well. But yeah, that was their dream. But they felt that they wouldn't get through some safeguarding.

Interviewer 1:00:21
Ah wow. Yeah, it just shows how powerful those internal stories can be. And I do think, you know, I think you're right, there is a question of what is the difference and sort of the gendered experience. But I think it is probably more strongly applied to men because men are generally cast more readily in perpetrator roles, societally anyway, and I think what we're not doing is giving men that experience of saying, oh, actually 'we can debunk this together' and that might actually free up, and then you can pursue your career or your parenting and your family or whatever it is. So I think it's about perhaps those opportunities being slightly unequal, but also it's actually probably more needed in a way.

OK, cool. All right. Well, let me just this should let me know if it should stop. You should get a thing saying that I've stopped the recording one second.

Interviewer stopped transcription

Appendix H

Extract from Reflexive Log

As I progress through interviews, I'm feeling much more confident deviating from the topic guiding and allow the practitioners to guide us a bit more, which felt particularly important in this interview. Going into this one, I was a bit worried about how her experience, which felt slightly different from other partitioners', may not quite map onto the type of information I was looking for. Particularly in relation to fatherhood.

We spent quite a while contextualising her professional journey and tying together threads of experiences relating to the development sexual violence services in the UK alongside parts of her own life story. Although I found myself wondering at points about how this 'jumpy' overview would fit in with other interviews in terms of analysis, as the interview progressed, I began to appreciate how useful these stories were. I realised that together we were creating an overview of her perspective on the subjection of male sexuality in the UK and her personal experience of the evolution of social narratives around this. It seemed important to her that some of the more historical contexts were captured in our interview which actually opened up some really interesting conversational avenues that hadn't rally been come hup before.

I picked up quite early on that she seemed comfortable to take the lead conversationally, and so I adopted a more of a listener role in this interview. I didn't want this to across to her as unsettling though, or as if I wasn't engaged in what she was sharing. So I tried to use my body language and verbal reassurances more than I had in previous interviews. It felt a bit awkward at times and in retrospect I wonder if interjecting more frequently with reflective summaries or recaps may have actually felt more containing?

As we moved on to think about her direct client work, she shared a piece of work she had completed with a survivor. I got the impression that this was a piece of work she found quite challenging emotionally but was also something she was professionally quite proud of. Although she didn't explicitly name it, I definitely picked up on a sense of frustration around how unsupported she'd felt during her work with survivors. Afterwards, I thought about how to capture the 'unsaid' components of these interview. A lot a qualitative researchers would refute incorporating 'felt' observations into findings. I'm sure yet how I'll intertwine these types in observation into the final write, but I think given my epistemological lens, it's something I'll be able to justify.

Appendix I

Example of manual coding