

**Emotion-focused and Client-centered Therapies to Support Males with Childhood Sexual  
Abuse Disclosures**

By  
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Paper submitted in partial fulfillment of the requirements for the degree of  
Master of Counselling  
in the  
Division of Arts and Sciences

City University  
of Seattle  
2023

This paper is accepted as conforming to the required standard.

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December 13, 2023

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### **Abstract**

This capstone examines peer-reviewed research exploring how emotion-focused therapy and client-centered therapy together can support males with childhood sexual abuse disclosures. Several barriers interfere with male experiences of disclosure. Findings suggest male survivors of childhood sexual abuse have unique experiences due to their gender, culture, and environment. Unique barriers to males disclosing childhood sexual abuse are identified and analyzed and ethical considerations and implications for the counselling field are explored. This paper finds that therapists can take an active role when creating supportive environments for males disclosing childhood sexual abuse.

*Keywords: Childhood sexual abuse, male disclosures, childhood sexual abuse disclosures, barriers to disclosures, emotion-focused therapy, client-centered therapy, collectivist society, individualist society, men of colour*

## Acknowledgements

First and foremost, this milestone could not have been completed without the blessings poured onto me by my God, family, and supports. Many times, I was ready to give up due to many life challenges. Through grief and loss, these three important pieces came together to hold me up, push me toward the finish line and remind me of how far I have come and how much further I have yet to go.

Mi familia (family), this one is for each of you. For those that are here and those that no longer are. It is important I name each of you: Coralia Hurtado, Carlos Marroquin, Susana Roqara, Anare Roqara, Moises Hurtado, Nicole Hurtado, Celia Hatton, Chris Hatton, Carlos-Francisco Marroquin, and baby Grace Hurtado. Each of you has guided this outcome and held me through some very difficult moments. Being the first Latina in our lineage to uphold a master's is something I do for us all. We are here and we have made it through many of life's challenges - reminding one another, what we do is not for ourselves but for the betterment of our familia, community, and those we meet.

My deepest gratitude to Dr. Sheri Mayhew. Without her I would not have been able to see the light at the end of the tunnel. Her commitment to work and support me through this process is one I will hold dearly. Thank you for reigniting my love for learning and for teaching me the importance of patience and self-compassion!

To all the men who have suffered in silence, your pain and courage do not go unnoticed. This one is for all of you to know that someone does care. This is written for you all.

Last, to my deceased Mamá Chanita (abuela), thank you for always praying over me and reminding me of the following, "instead of stressing, pray and study". I didn't understand it then, but I do now. Until we meet again.

**Dedications**

In loving memory of Susana Fernandez De La O and Carlos Alfredo Varquero Marroquin. Until we meet again

## Table of Contents

Abstract .....	2
Acknowledgments .....	3
Dedications .....	4
Table of Contents .....	5
Introduction .....	7
Research Problem .....	9
Justification .....	10
Theoretical Framework .....	11
Positionality .....	13
Methodology .....	17
Inclusion & Exclusion Criteria .....	18
Significant Limitations on Methodology .....	19
Review of the Literature .....	20
Trauma .....	21
Childhood Sexual Abuse .....	23
Prevalence of CSA & Male CSA in North America .....	25
Cultural Influences in Defining & Understanding CSA .....	25
Effects of CSA on Adult Males .....	28
Gender Norms & Masculinity Influences on CSA .....	29
Posttraumatic Stress Disorder .....	30
Males coping with CSA .....	31
Emotion-Focused Therapy .....	32
Client-Centered Therapy .....	36

Stereotypes Associated with CSA .....	39
Community First & Family Honor .....	44
Strong & Dominant .....	49
Homophobic attitudes .....	54
Identifying Experiences as Abuse .....	57
Identification of Gaps .....	61
Application to Clinical Practice .....	64
Ethical Considerations in Emotion-focused and Client-centered Therapies .....	64
Consent .....	66
Confidentiality .....	66
Risk Assessment .....	67
Professional Development.....	68
<i>Assessment of CSA</i> .....	68
<i>Challenging Stereotypes</i> .....	69
<i>Challenging Gender Norms</i> .....	70
<i>Cultural Competency</i> .....	71
<i>Meaning Making</i> .....	71
Summary .....	72
Conclusion and Recommendations .....	73
Recommendation for Future Research .....	74
Self-Reflection .....	76
References .....	78
Appendix .....	86

## **Emotion-focused and Client-centered Therapies to Support Males with Childhood Sexual Abuse Disclosures**

Childhood sexual abuse (CSA) is a type of trauma affecting many individuals throughout the world, including males (Sanjeevi et al., 2018). Despite the prevalence of this trauma, research pertaining to male experiences of childhood sexual abuse and disclosures is limited (Alaggia et al., 2019). There is thus minimal information for therapists to access when supporting males with CSA disclosures in therapeutic settings. The lack of research surrounding males and CSA is often attributed to challenges males face related to cultural influences and gender norms informing ideas about masculinity (Fontes et al., 2001; Petersson & Plantin, 2019). To better understand a male's experience of CSA and disclosure, the modalities of emotion-focused therapy (EFT) and client-centered therapy (CCT) were selected. Emotion-focused therapy views emotions as the guiding meaning makers of individual experiences, creating either adaptive or maladaptive functioning in a person (Greenberg & Pos, 2007). Client-centered therapy is a non-directive therapeutic theory where clients are provided with a supportive relationship, unconditional positive regard, and are viewed by therapists as more than capable of reaching self-actualization (Rogers, 1949). Both modalities can be used to create supportive therapeutic environments for CSA disclosure. This capstone critically analyzes academic literature and provides counsellors with evidence-based recommendations for supportive practice.

In the literature review that follows, ten studies are analyzed with a combination of males from individualist societies or collectivist communities in Canada, United States, United Kingdom, New Zealand, India, and Jamaica (Camacho et al., 2022; Easton & Parchment, 2020; Gagnier & Collin-Vézina, 2016; Gill & Begum, 2023; Guyon et al., 2021; Harris & Dunn, 2019; Myrie & Schwab, 2022; Rapsey et al., 2020; Sharma, 2022; Widanaralalage et al., 2022). These ten studies explore the experiences of CSA and disclosure for males. This body of research raises

five themes that highlight barriers to disclosures. Barriers refer to non-physical obstacles that impede a male's ability to disclose their history of sexual abuse. The themes identified include: stereotypes associated with CSA (Easton & Parchment, 2021; Gagnier & Collin-Vézina, 2016; Widanaralalage et al., 2022); community first and family honor (Gill & Begum, 2023; Myrie & Schwab, 2023; Sharma, 2022); views of men as strong and dominant (Guyon et al., 2021; Myrie & Schwab, 2022; Widanaralalage et al., 2022); homophobic attitudes (Harris & Dunn, 2019); and identifying experience as abuse (Camacho et al., 2022; Rapsey et al., 2020). By using EFT and CCT, these barriers can be reduced to better support males with disclosures of CSA.

Following analysis of the research, gaps in the literature are identified. Gaps include: the lack of a universal definition of childhood sexual abuse (Mathews & Collin-Vézina, 2019); the limited inclusion of diverse perpetrators in research; limited research about female offenders (Camacho et al., 2022; Easton & Parchment, 2021; Gagnier & Collin Vézina, 2016; Myrie & Schwab, 2022; Rapsey et al., 2020; Sharma, 2022; Harris & Dunn. 2019); limits to language in which research is conducted (Camacho et al., 2022); lack of cultural awareness with concepts of gender norms and masculinity (Sharma, 2022); and limited research regarding male needs in therapy (Easton & Parchment, 2021).

In the counselling field counsellors are expected to adhere to the *Canadian code of ethics for psychologists* (CPA, 2017), the *Canadian counselling and psychotherapy association: Standards of practice* (CCPA, 2021), and the *Tri-Council policy statement: Ethical conduct for research involving humans* (CIHR et al., 2022). With the guidance of these standards, therapists ethically conduct their practice in terms of consent, confidentiality, and risk assessment. Furthermore, care is taken to properly assess for CSA, to challenge stereotypes and gender



norms, to demonstrate cultural competency, and to make meaning from CSA experiences. Ethical standards of practice support therapists to respond in these areas of their practice.

### **Research Problem**

The phenomenon of male survivors of childhood sexual abuse is understudied in the research literature (Easton, 2013; Romano et al., 2019). Males of colour are underrepresented in research on this topic, and this leads to limited understandings regarding the experiences of these men and disclosures of childhood sexual abuse in therapeutic contexts (Alaggia et al., 2019; Easton, 2013; Grossman et al., 2006; Sorsoli et al., 2008). This capstone contributes to understandings of male survivors of childhood sexual abuse and their disclosures by answering the following research question: how can emotion-focused therapy and client-centered therapy best support Latino males with childhood sexual abuse disclosures? The research analyzed comes from Canada, the United States, the United Kingdom, New Zealand, and Jamaica (collectivist and individualist societies), and explores experiences of disclosure of childhood sexual abuse for both men of colour and Caucasian males. This discussion focuses on barriers diverse males face in disclosing their experiences of childhood sexual abuse and outlines what counsellors can do to create environments that facilitate disclosures. Because males engage less in childhood sexual abuse disclosures, this capstone contributes to the literature on this topic and contributes important understandings to the counselling field by exploring how counsellors can provide responsible care for males making disclosures (Alaggia et al., 2019). Because reactions can be critical to the well-being of clients in the context of supportive counselling conversations findings outlined in this capstone project support Canadian counsellors to learn about the unique support needs of male survivors of childhood sexual abuse (Easton, 2013; Romano et al., 2019). Canadian counsellors can provide safe spaces for male disclosures.

## **Justification**

One in ten Canadians experience some form of sexual abuse before the age of 15 and 3.7% of these individuals are males (Heidinger, 2022). Currently, Canada's population is approximately 40 million, which means approximately 1,480,000 of Canadian males have histories of childhood sexual abuse (Statistics Canada, 2023). Though there is an increase in research regarding males and childhood sexual abuse in Canada, research gaps still exist in terms of analysis of gendered disclosures (Alaggia et al., 2019). Canadian counsellors lack information on how to support males with histories of childhood sexual abuse. One factor that can support a survivor's mental health is disclosure of childhood sexual abuse (Easton, 2013). Early disclosure is a protective factor against mental distress and may decrease the symptoms that victims experience (Easton, 2019; Sivagurunathan et al., 2019). Unfortunately, little is known about the disclosure patterns of males and this limits the knowledge Canadian counsellors have about the unique needs of their male clients who are survivors (Easton, 2013). Many studies regarding survivors of childhood sexual abuse include small sample sizes and include mostly female participants (Easton, 2013). Research shows that there are unique gender differences between female and male survivors of childhood sexual abuse and males are less likely to disclose experiences of sexual abuse in childhood (Cashmore & Shackel, 2018). Many males wait an average of two decades to disclose their history (Easton, 2013). Furthermore, males who do disclose wait (on average) nearly three decades to engage in discussions about their experiences (Easton, 2013).

Mental health supports play an important role in the disclosure process, and professionals working with men influence their likelihood of disclosure (Sivagurunathan et al., 2018). Sadly, some male survivors are discouraged from disclosing due to initial responses that are unhelpful

(Easton et al., 2014). This capstone research project supports counsellors to recognize the importance of remaining up to date on appropriate disclosure responses and to understand the unique barriers that can interfere with such information from being shared. This topic is urgent in view of the fact that many males wait years to disclose, and because they receive unhelpful responses to disclosures from counsellors. Counsellors can reduce barriers to disclosure in counselling contexts and ensure timely access to CSA mental health services so that male survivors develop strategies to cope with their CSA trauma (Sivagurunathan et al., 2019). Canadian counsellors have an ethical obligation to provide responsible care to their clients (Canadian Psychological Association [CPA], 2017). It is the responsibility of therapists to educate themselves on how to respond therapeutically to a male client's disclosure (Alaggia & Millington, 2008). Although some counsellors choose not to specialize in the field of sexual trauma, it is important for all counsellors to know how to create therapeutic spaces that support disclosures (Alaggia & Millington, 2008). It is a therapist's responsibility to receive training on how to support male survivors of childhood sexual abuse and to take an active role in the provision of mental health support (Alaggia & Millington, 2008). This paper investigates male needs in counselling and support counsellors to create therapeutic spaces that are supportive for these individuals.

### **Theoretical Framework**

Many male survivors of childhood sexual abuse take years to disclose their experiences even when accessing mental health supports for other reasons (Cashmore & Shackel, 2018; Easton, 2013; Easton & Kong, 2016). Survivors require considerable time to form trust in counselling contexts, and this trust is needed for disclosures or conversations regarding CSA to occur. As a result, initial assessments can lead to treatment of client symptoms without an

understanding of their history of CSA (Easton & Kong, 2016). Some survivors seek support specific to depression, physical problems, behavioural challenges, or interpersonal issues including aggression (Easton & Kong, 2016). These symptoms are common challenges experienced by individuals with histories of childhood sexual abuse (Easton & Kong, 2016). The interpersonal nature of sexual violence can result in symptoms of Post Traumatic Stress Disorder (PTSD) (American Psychiatric Association, 2022). Not all survivors of childhood abuse display PTSD symptoms, and unrecognized trauma can lead to misdiagnoses (Murphy et al., 2018). Counsellors need to consider childhood sexual abuse as a potential underlying experience for individuals who present with these issues in therapy (Alaggia & Millington, 2008; Easton & Kong, 2016).

The theoretical framework selected for this capstone focuses on client-centered needs. As a result, emotion-focused therapy (EFT) and client-centered therapy (CCT) are the therapeutic modalities explored to support males with disclosures of CSA. Practice-based research identifies that counsellors trained in client-centered and experiential therapies often work with traumatized clients (Murphy et al., 2018). These approaches focus on relationship building and are exploratory, focusing on the underlying challenges associated with symptoms rather than the symptoms alone (Murphy et al., 2018). Emotion-focused therapy is a structured and experiential therapy in which clients and therapists work together (Greenberg, 2006). Emotion-focused therapy posits that traumatic feelings and memories must be accessed to allow new information to emerge that can modify an individual's adaptive action (Paivio et al., 2001). Emotion-focused therapy asserts that accessing adaptive emotions modifies maladaptive meanings a person may have given their experiences (Paivio et al., 2001). In emotion-focused therapy, counsellors

provide space for clients to explore underlying challenges rather than solely supporting them with their symptoms (Murphy et al., 2018).

In the research literature males identify specific factors as crucial for therapy to be successful. Males need counsellors to listen to them, believe them, understand them, and treated them with empathy (Rapsey et al., 2020). Some males require more time to form trust within therapy, and this trust is instrumental for disclosures to occur and for clients to begin to discuss childhood sexual abuse (Easton & Kong, 2016). In client-centered therapy, great emphasis is placed on the process being client-led, non-directive and paced to meet the needs of clients (Rogers, 1949). Client-centered therapy is focused on therapists creating safe psychological spaces safe relationships (Rogers, 1946). It is for these reasons that client-centered therapy is one of the therapeutic lenses examined in this capstone. Emotion-focused therapy is exploratory in nature and structured and client-centered therapy is non-directive and focuses on rapport building; it is for these reasons that these two modalities form the guiding lenes for this capstone.

### **Positionality**

As a Latina female living and working in North America, I commonly experience a lack of mental health resources that take into account important parts of collectivism. I have experienced difficulty finding supports that honor my beliefs and values regarding collectivism, including the importance of placing family or community needs before my own. As an individual living in an individualist society, it is sometimes challenging for me as a member of a collectivist group. This difficulty has not been fully understood when I have accessed mental health services in Canada because many mental health supports are grounded in literature and ways of practice that highlight Western values and experiences. I have encountered mental health professionals that over-emphasize individual needs (or the “I”) before the needs of others. This orientation

comes from a place of care but does not always align with my values and collectivist beliefs and has created barriers for me within counselling contexts. I acknowledge that this is my bias and my personal predisposition. Although Western practices may helpful some, they are not always the best practices for all individuals, especially those who identify with collectivist values or beliefs. As a result of my personal experiences it is important for me to learn about the unique needs of males in both individualist and collectivist groups so that I can better understand and practice different ways of healing and provide responsible care.

As a person of colour I have experienced the harm that comes from clumping all ethnicities under one racial umbrella or term. In Canadian society I have felt unseen and unacknowledged as a member of Latino culture. As a result, although I use the term Latino within this capstone, I do so understanding that each country, family, and individual identifies differently within the broader Latino culture. I know what it feels like to have my identity assumed for me and I understand the importance of being aware of my own biases when supporting diverse clients in the counselling field. I understand that my own experiences may lead to biases influencing my understanding of the research. As a Latina female, I also acknowledge that my personal experiences are different from those of males who identify as belonging to Latino groups. As a counsellor I work to better understanding the males I support and their contexts, rather than basing my practices on my own biases.

As an employee working in the field of trauma for over 10 years, I have met males with histories of childhood sexual abuse. Most males I have met are adults who disclose their experiences for the first time after decades of holding this painful history to themselves. I have observed male clients discomfort when disclosing childhood sexual abuse, leaving me to wonder about the circumstances of their lives, their experiences, and their ability to access services for

their sexual trauma. These curiosities are the driving force behind my capstone. In collectivist communities, great importance is placed on the well-being of all. When individuals experience sexual abuse, hurt can ripple down from male survivors and influence other family members and relationships. I seek knowledge and am passionate to educate myself and others on different ways to support the Latino community and its male members. It is important to me professionally and personally to support males who may not always have a safe space to disclose their experiences of abuse.

Not all counsellors are comfortable or trained in supporting trauma and choose to specialize in areas that do not include trauma. As a counsellor in the field of sexual trauma, I have met clients accessing sexual trauma services after other professionals have outlined trauma as an area they cannot support due to a lack of qualifications or comfort. Although it is important for counsellors to understand their strengths and areas of expertise, all counsellors should, as a minimum, be qualified and comfortable receiving disclosures of childhood sexual abuse. When counsellors respond positively to disclosures they mitigate the silent suffering of male childhood sexual abuse survivors. My experiences with male clients who have been denied services for their trauma or who have remained silent guided me to this capstone topic. It is my goal to better understand and support male survivors of childhood sexual abuse.

Rather than selecting grounding theories specific to trauma treatment, I selected grounding theories that emphasize safe therapeutic spaces. Emotion-focused therapy and client-centered therapy provide limited judgment and unconditional acceptance, view the client as capable, and emphasize the importance of rapport building. Emotion-focused therapy provides space to further explore presenting symptoms and emotions. Counsellors who create safe therapeutic spaces allow clients to access their primary emotions, increasing the likelihood of

disclosure of experiences (including those of childhood sexual abuse). Client-centered therapy is an approach that I utilize in my practice. The approach views the client as the expert in their life and supports counsellors to manage their assumptions and refrain from recommending what they believe is best for client. The client is the expert of their life in client-centered therapy and is not forced to engage in work they are not ready for. Instead, clients can take the lead and engage in work they know to be important. I purposely chose to explore therapeutic approaches that emphasize safety and client needs. It is imperative that counsellors are qualified to properly support male disclosures of childhood sexual abuse. Although emotion-focused therapy and client-centered therapy are the guiding modalities and approaches analyzed, I remain critical of both as they have not been specifically explored in supporting disclosures of childhood sexual abuse. These therapeutic approaches have not been researched to determine their effectiveness with males and with men of colour. There may be other ways to effectively create safe environments for clients, and these may be just two of many.

This qualitative research paper highlights the voices of male survivors of childhood sexual abuse. When reading research specific to males I critically analyzed each study's research methodology. I also selected studies that include adult participants, males, and men from either collectivist or individualist societies. In addition, I selected studies that highlight the needs of Caucasian men and men of colour from different cultural groups to reduce my own biases. I intentionally worked to access information that differs from my own experiences, and at times these findings challenged what I believe to be true for Latinos. I did my best to fully engage with the material I encountered, and to question my own thoughts. I highlight the themes that present themselves in the literature rather than looking for themes led by my biases. There was constant checking in with myself as the researcher to identify gaps.



## Methodology

This project involved critical analysis of existing research literature. The focus of the literature review was adult male-born individuals with histories of childhood sexual abuse, many with gender-specific barriers impeding disclosure. I reviewed ten studies that focus on male-born individuals with histories of childhood sexual abuse that face(d) barriers to disclosure. Gaps in the literature were identified. The ten studies selected for this capstone were selected from searches conducted on the following databases: ProQuest, Taylor & Francis Online, Google Scholar, Sage Publication, and Springer. I initially sought research conducted in North America on barriers to childhood sexual abuse disclosures. Research from Canada and the United States was selected to ensure relevance to the counselling field in Canada. The search included peer-reviewed work, journal articles, and quantitative and qualitative studies.

As the literature search progressed, it became apparent that there was a lack of existing research into counselling practices or theoretical models specific to adult male survivors of CSA in North America. Most studies on childhood sexual abuse disclosures and treatment included female participants or minors; there were few studies involving male participants. In view of this discovery, my literature search shifted to include qualitative studies on heterosexual adult males with childhood sexual abuse or disclosure experiences. My intent was to understand the unique gendered needs of heterosexual adult males in the field of counselling. For ethical reasons, adult male studies were selected over studies including young males or boys. Finally, the research process shifted to include all adult male-born individuals in and out of North America due to limited studies involving heterosexual males in North America alone.

Originally the idea was to separate research on this topic from collectivist and individualist cultures. Due to the complexity of dividing one group from another, studies were

separated according to where the research was conducted. A clear separation between collectivist and individualist societies was difficult to attain. Despite this difficulty, it was purposeful to include research from collectivist and individualist cultures to allow for more studies to be included for critical analysis. Studies included were conducted by research groups in Canada, the United States, the United Kingdom, New Zealand, India and Jamaica. These studies included males from diverse groups who identify as Caucasian, European, African American, Native American, Latino, South Asian, and Jamaican. Due to limited recent qualitative research on males, I expanded my search to include articles published between 2016-2023. Search terms used were: childhood sexual abuse in males, disclosure of childhood sexual abuse, male survivors of childhood sexual abuse, disclosure of male survivors of sexual abuse, male childhood sexual abuse AND therapeutic needs, male sexual assault, male sexual abuse, and male childhood sexual abuse.

### **Inclusion and Exclusion Criteria**

The guiding principles in the Canadian Code of Ethics for Psychologists (2017) informed the inclusion and exclusion criteria used when conducting this literature review. The four guiding principles considered include: 1. Respect for the dignity of persons and peoples; 2. Responsible caring; 3. Integrity in relationships; and 4. Responsibility to society (Canadian Psychological Association [CPA], 2017). When conducting research, principle one and principle two are important to highlight as they speak to the importance of informed consent and of doing no harm (CPA, 2017). The studies included demonstrated evidence of upholding respect for the dignity of persons and peoples and responsible caring. Only qualitative studies were included to allow for a deeper understanding of a phenomenon impacting the experiences of people within a particular context (Nelson & Evans, 2014). These studies include only adult male-born participants with

histories of childhood sexual abuse, including some that identify as sexual minorities. The male participants sampled represented diversity in terms of educational backgrounds, socioeconomic levels, and cultures. The selected studies discuss the mental health effects of childhood sexual abuse on adult males, emphasizing the effects of disclosure on mental health in adulthood. These studies were selected in part because they emphasize helpful or unhelpful responses to male disclosures.

When selecting studies I took into account guidelines for purposeful sampling and thus excluded some studies on survivors of childhood sexual abuse (Creswell & Poth, 2018). Studies that did not include male-born individuals were not included, and studies with only female samples were also not included. Studies analyzing only experiences of assault in adult life were excluded, and studies that included males under the age of 18 were also not selected. Lastly, studies on adult males with a history of childhood sexual abuse and a history of offending on children were not included. Due to the limited research surrounding adult males and childhood sexual abuse, studies outside of Canada were included to further knowledge of existing research gaps.

### **Significant Limitations on Methodology**

It is important to outline some significant limitations to the methodologies employed in the ten studies analyzed below. Each study was conducted with the use of open-ended questions and semi-structured interviews which allowed for interpretation. Not all studies identified or shared the open-ended questions used and this omission impeded a full understanding of how information was gathered. Some studies provided different time frames for participants to complete their interviews with researchers. The sample size in the ten studies ranged from five to 339 participants (Camacho et al., 2022; Easton & Parchment, 2020; Gagnier & Collin-Vézina, 2016; Gill & Begum, 2023; Guyon et al., 2021; Harris & Dunn, 2019; Myrie & Schwab, 2022; Rapsey et al., 2020; Sharma, 2022;

Widanaralalage et al., 2022). These numbers are appropriate for qualitative samples but lower sample sizes make it difficult to generalize outcomes to larger populations. Some samples included males who identify within a sexual minority group and some samples included males from diverse groups. Within these samples, a majority included males who had done or who were presently accessing mental health support when the studies were conducted. This sample group may have distinct experiences compared to males who have not accessed mental health supports before, and thus findings may not represent all male experiences.

### **Review of the Literature**

This literature review begins by defining and explains trauma and goes on to present research on childhood sexual abuse (CSA). There are challenges defining this phenomenon, its prevalence within male populations, and the influences of culture in understanding CSA. CSA can have significant effects, including posttraumatic stress disorder (PTSD). Male survivors with experience of CSA cope in specific ways, and the influence of gender norms on male survivors is explored. This literature review analyzes the effectiveness of preferred modalities of treatment including emotion-focused therapy (EFT) and client-centered therapy (CCT). The intersectionality of these theories is explored to support males with disclosures of CSA. Barriers to male disclosures of CSA are also provided with a view to the experiences of males from both individualist societies and collectivist communities. Stereotypes associated with CSA in individualist societies impact the willingness of male victims in these contexts to disclose, whilst community and family honour impact male victims in collectivist communities. Gender norms of strength and dominance impact all victims of CSA, along with homophobic attitudes, and the challenges some males have with identifying their experiences as abuse. This topic is an important one for counsellors and the counselling field as counsellors work to create safe therapeutic spaces for disclosure by male clients with histories of childhood sexual abuse.

## Trauma

Trauma refers to an experience that creates disruptive and intense feelings such as helplessness and significant fear; these experiences can result in long-term effects on an individual's overall functioning (American Psychological Association, 2023). The *Diagnostic and statistical manual of mental disorders* (American Psychiatric Association, 2022) defines trauma as exposure to a traumatic or stressful experience leading to psychological symptoms. In the DSM-5TR, there is a reference to trauma including experiences of child sexual assault (American Psychiatric Association, 2022). It is important for counsellors to be aware that trauma can include experiences of sexual abuse because this knowledge could prevent oversight of experiences of CSA in male clients who have yet to disclose. It is important for counsellors to familiarize themselves with the diagnostic criteria of trauma, the effects of CSA, and how these effects present themselves in the everyday lives of males (Alaggia & Millington, 2008). This knowledge may help counsellors to create environments needed for male clients to disclose, and enable counsellors to offer appropriate supports once male clients do disclose.

Alaggia and Millington (2008) study the effects of CSA and the disclosure process for both adult males and females in Canada. They recruited participants through social services organizations; 40 male and female participants were from a clinical population. Findings from studies involving clinical populations may provide information specific to the counselling field. A total of 14 participants in this study were adult males, six identified as men of colour and the remaining eight identified as Caucasian or European (Alaggia & Millington, 2008). In this study each participant took part in an in-depth interview, and reliability was met through processes that supported the research's credibility, dependability, and transferability (Alaggia & Millington,

2008). The study included ongoing observation of participants through extensive contact and reflexivity through peer debriefing (Alaggia & Millington, 2008).

Alaggia & Millington (2008) show gender differences for males in the areas of coping, making sense of the abuse, and long-term effects. Males disclose utilization of substances to cope, perceive complicity in the abuse, view early sexual knowledge as something special in younger years, and share challenges with intimate relationships in adulthood (Alaggia & Millington, 2008). Alaggia and Millington (2008) identify the unique awareness and practices therapists need to incorporate when supporting disclosure for male survivors of CSA. Alaggia and Millington (2008) emphasize the need for therapists to understand the existing threat of feminizing experiences of CSA for males and suggest a need to limit the feminizing of CSA within therapeutic settings. Therapeutic practices should include a willingness to discuss CSA with acceptance and limited judgment (Alaggia & Millington, 2008). Lastly, this study stresses that safety is needed in therapy for males to explore their personal experiences (Alaggia & Millington, 2008). A strength of this study is prolonged engagement due to Alaggia's 15 years in the sexual abuse field gaining insight into the topic of CSA (Alaggia & Millington, 2008). The study is Canadian, utilizes the Canadian definition of CSA, and thus its findings are relative to the unique needs of Canadians. This study explores gender differences in disclosures for male and female CSA survivors and provides data to better understand the unique experiences of male survivors (Alaggia & Millington, 2008). Lastly, this study draws upon information from a clinical population, allowing for specificity surrounding the needs of males in therapy, an area that requires further research (Alaggia & Millington, 2008).

Although there are many strengths to Alaggia and Millington's (2008) study, there are challenges with it as well. The prolonged engagement of one author (15 years) in the sexual

abuse field can be viewed as a liability, as this experience may influence study biases (Alaggia & Millington, 2008). The retrospective design of this study also offer a constraint as participants are susceptible to memories being forgotten, repressed, or delayed (Alaggia & Millington, 2008). The sample size is also very small, predominantly a clinical sample, and Caucasian. Therefore, findings may not be generalizable and representative of all male experiences, including the experiences of men of colour. Moreover, the study is over a decade old; newer studies are needed. Caution is recommended when analyzing the findings to avoid generalizing them as a representation of all male needs.

Alaggia & Millington (2008) highlight the needs of male survivors of CSA in therapy. They identify important practices and the role of a therapist in creating a supportive environment for disclosures. This study emphasizes the therapist's responsibility in assessing for CSA with male clients, even when CSA is not the presenting problem in therapy. It is the therapist's responsibility to educate themselves on proper and supportive ways to respond to male disclosures (Alaggia & Millington, 2008). Alaggia & Millington (2008), state that the therapist should not only understand and familiarize themselves with the effects of trauma but also familiarize themselves with how such effects may present for males in their everyday lives. Alaggia and Millington (2008) find that informed and sensitive therapists are crucial to the proper support of CSA victims in therapy.

### **Childhood Sexual Abuse**

Childhood sexual abuse (CSA) is a form of trauma that is experienced in all parts of the world (Sanjeevi et al. 2018). Despite its existence within different countries, societies, and cultures, there is no shared definition or worldwide understanding of what child sexual abuse entails (Mathews & Collin-Vézina, 2019). In fact, childhood sexual abuse and child sexual

victimization are terms that are used interchangeably, and unclear definitions cause confusion (Mathews & Collin-Vézina, 2019). The Appendix includes definitions of terms used throughout this research project. For the purpose of this literature review, childhood sexual abuse is defined as when an adult, teenager or older child touches a child (person under the age of 18) sexually or uses a child in a sexual way (Heidinger, 2022). Child sexual abuse includes someone touching a child's private parts, forcing a child to touch or look at another person's private parts, and taking or trying to take pictures or videos of a child engaging in these behaviours (Heidinger, 2022). Childhood sexual abuse can include the following four behaviours: "non-contact, genital touching, attempted vaginal and anal penetrative acts, and vaginal and anal penetrative acts" (Martin & Silverstone, 2013, p. 1). According to the Center for Disease Control and Prevention ([CDC]2022), a person under the age of 18 does "not fully comprehend, does not consent, or is unable to provide informed consent, or is not developmentally prepared and cannot provide consent to sexual activity" (para. 2). The definition of CSA in this research paper utilizes criteria used in Canadian and American research because a universal definition for CSA does not currently exist (Mathews & Collin-Vézina, 2019).

It is important to define CSA more universally because the absence of such understandings means that counsellors have diverse understanding of what constitutes CSA. Sanjeevi et al., (2018) stress that therapists need to address CSA while considering a variety of definitions, but this can be a barrier to disclosure for males who already struggle to identify their experiences as abuse (Camacho et al., 2022; Gagnier & Collin-Vézina, 2016; Sharma, 2022). When counsellors have a clear understanding of what constitutes CSA, they may be better equipped to employ appropriate therapeutic responses (Mathews & Collin-Vézina, 2019).



### **Prevalence of CSA and Male CSA in North America**

Due to unclear definitions of CSA it is challenging to clearly identify incidence rates in North American populations (Martin & Silverstone, 2013). Canadian statistics suggest that one in ten Canadians experienced some form of sexual abuse before the age of 15, and 3.7% of these victims are males (Statistics Canada, 2022). Statistics from the United States indicate that about one in 13 males experience child sexual abuse (CDC, 2022). These rates must be considered with caution as it is difficult to ensure their accuracy. Despite the uncertainty of prevalence rates, males in North America do experience CSA. Childhood sexual abuse affects both males and females worldwide (Sanjeevi et al., 2018). Some consider CSA a gender issue, defining it as a female concern due to higher female prevalence rates (UNICEF, 2020). Some male survivors manage their experiences in isolation as they do not fit the societal perception of CSA victims (Easton & Parchment, 2021). It is crucial to understand the high probability that about 95% of CSA experiences are not reported to authorities, meaning only about 3-5% of cases are known in North America (Martin & Silverstone, 2013). Due to the likelihood of underreported CSA, prevalence rates need to be interpreted with caution (Sanjeevi et al., 2018). Because a high percentage of males do not disclose their experiences of CSA it is important that counsellors working with males consider the potential for their male clients to withhold this information (Easton & Parchment, 2021).

### **Cultural Influences in Defining & Understanding CSA**

Childhood sexual abuse is a worldwide public health issue, yet many CSA victims never disclose, including millions of boys (UNICEF, 2020). Because disclosure rates are low, it is difficult to attain the prevalence rates of CSA in Latino communities (Fontes et al., 2001). Fontes et al. (2001) highlight the importance of going beyond seeking prevalence rates of CSA to

unpacking how a group understands and views CSA according to gendered cultural influences. The cultural community of an individual is important when understanding and discussing CSA as culture may influence disclosures (Fontes et al., 2001). Fontes et al. (2001) suggest that experiences of CSA are influenced by an individual's cultural values, gender, and culturally specific views of childhood sexual abuse (Fontes et al., 2001). This qualitative study includes ethnic groups of adult Latinos and African American males and females in the United States comprised of 34 men and 24 women between the ages of 20 to 60 years old. Most participants had minimal levels of education, were working class, or were considered poor. The study was conducted in focus groups separated by gender, ethnicity, and preferred language to allow for discussion of cultural norms. Groups were conducted in either English or Spanish, and encouraged different generations of participants, not only acculturated individuals. The study outlined the processes followed to support validity and reliability in detail. In the study the participants resided in Philadelphia and the researchers did not differentiate between different cultural groups of Latinos and African Americans. The study's sample was not random, and a variety of socioeconomic levels were not present (Fontes et al., 2001). Moreover, this study is over two decades old which brings into question the reliability and validity of the results today.

In contrast to Fontes et al. (2001), a study by Lowe et al. (2007) shows little to no differences in understanding and defining of CSA between Latino, African American, and White ethnic groups within the United States. In this quantitative study participants were recruited through a university in Indiana through a psychology and sociology class. Six hundred surveys were distributed with a completion rate of 29%. Participation included 129 females and 50 males. A majority (63%) identified as White; 17% identified as African American; and 19% identified as Latino. Ages of participants ranged from 18 to 51 years of age. Most participants

classified themselves as upper-middle, middle, or lower-middle class. Researchers used a demographic questionnaire which allowed for data about ethnicity, education, employment, education, and income levels to be collected (Lowe et al., 2007). The second instrument was the Child Sexual Abuse Evaluation Questionnaire, including questions generated by three legal descriptions of CSA (Lowe et al., 2007). Data was then analyzed using chi-square and multivariate analysis procedures. Outcomes revealed only two scenarios where a possible significant difference between ethnic groups was present, specifically when evaluating less severe cases of CSA (Lowe et al., 2007).

A challenge with the study conducted by Lowe et al. (2007) is a lack of fair representation within the participant sample. The methodology only allowed for English-speaking and acculturated individuals to participate (Lowe et al., 2007). Participants were also recruited through a university, excluding a diverse group of people who do not access post-secondary (Lowe et al., 2007). Moreover, the study is over a decade old and explores a topic that had limited research. Lowe et al. (2007) suggest clinicians do not need to worry if there are significant differences between the definitions and responses of CSA between ethnic groups. Despite identifying no significant differences between cultural group definitions, the study mentions that if ethnicity seems to have a significant role in the understanding of CSA, a clinician should inquire about the level of acculturation that is or is not present with their client (Lowe et al., 2007). Lowe et al. (2007) and Fontes et al. (2001) suggest that counsellors may need to avoid assuming a universal understanding of what CSA includes. Instead, they should provide space for appropriate exploration to assess if a male client does or does not have a history of CSA. Furthermore, these studies both suggest that counsellors need to make efforts to

build on their understanding of CSA and how it presents in different groups of people (Fontes et al., 2001).

### **Effects of CSA on Adult Males**

CSA trauma has long-term effects on an individual's overall functioning (American Psychological Association, n.d.). Males are no exception and can experience unique effects due to their own gender and the gender of their abusers (O'Leary et al., 2017). O'Leary et al. (2017) find gender-specific effects include intense anger, self-harm, suicidality, and behavioural avoidance. O'Leary et al. (2017), also find effects on a male's gender, masculinity, sexuality, and psychological and emotional well-being. The study is qualitative and was conducted in Australia; participants were all adult males between the ages of 19 to 46 years old. All 20 participants were recruited through a counselling service indicating selective recruitment. Each male had a history of CSA and had taken part in counselling supports specific to CSA. Although O'Leary et al. (2017) provide an abundance of information about the male-specific effects of CSA, there are challenges with the study that need to be considered when interpreting their findings. These challenges include the geographical location of the study, the ethnicity of males who participated (a majority of whom identified as white Australians), and the clinical population of the sample. Findings cannot be overgeneralized due to these limitations. Despite these challenges, this study provides useful information that adds to the limited research surrounding the unique gender needs of males. O'Leary et al. (2017) show that the effects of CSA may present in a variety of ways, and thus counsellors may benefit from understanding the unique effects of CSA on male survivors. With greater understanding, counsellors are better equipped to offer therapeutic spaces for males.

## **Gender Norms and Masculinity Influences on CSA**

Males experience unique effects of CSA due to their gender (O’Leary et al., 2017). Gender norms and masculinity scripts in society mean males may experience added challenges. Petersson and Plantin (2019) describe views of men as dominant, sexually assertive, heterosexual, and stoic. Masculinity and gender norms that view males as sexual beings may cause confusion for some males, influencing them to define their experiences of CSA as sexual experiences, especially when their abuser is female (Petersson & Plantin, 2019). Males who experience sexual abuse by another male may experience shame, confusion, internalized homophobia, and fears of being viewed as less of a man due to prevailing gender norms (Petersson & Plantin, 2016). Petersson and Plantin (2016) highlight the importance of understanding the context in which the harm occurred as context may cause difficulties for males to conceptualize.

Petersson and Plantin (2016) conducted a qualitative study in Sweden on males with experiences of CSA and sexual assault. Recruitment was carried out through a Swedish newspaper. The study included a total of ten adult males; a majority identified as middle class and had post-secondary education and most identified as heterosexual. The study involved participants with experiences of CSA or adulthood sexual assault perpetrated by males, females or both. All participants in this study disclosed their experiences of assault, but deeper conversations about their experiences had been avoided or not experienced. Because this study was conducted in Sweden, findings may not be generalized to include the experiences of males in Canada. Six out of ten males in this study were middle-aged, and thus findings highlight the experiences of this age group. The study also includes experiences of sexual assault in adulthood, and thus findings are not specific to CSA. Petersson and Plantin (2016) increase understandings

of male-specific challenges with CSA. Their findings suggest that counsellors need to acknowledge and explore male experiences with gender norms and masculinity to better conceptualize their experiences (Petersson & Plantin, 2016).

### **Posttraumatic Stress Disorder**

Sexual trauma is one of the experiences that may lead to posttraumatic stress disorder (PTSD) (American Psychiatric Association, 2022). Posttraumatic stress disorder is a diagnosis applied to children over the age of 6, adolescents, and adults (American Psychiatric Association, 2022). Posttraumatic stress disorder can be caused by lived experiences or by the witnessing of threats to one's overall safety causing fear and a sense of helplessness (APA Dictionary of Psychology, n.d.). Some symptoms of PTSD include the re-experiencing of trauma, avoidance of places and activities associated with the trauma, emotional numbing, loss of interest in past hobbies, isolation, ongoing physiological arousal, and survivor guilt (APA Dictionary of Psychology, n.d.). Although there is an understanding surrounding symptoms of PTSD, presentation can vary in individuals (American Psychiatric Association, 2022). Some individuals may present more emotional or behavioural symptoms, others more mood and cognitive symptoms, others more physiological or dissociative symptoms, and others may exhibit a combination of symptoms (American Psychiatric Association, 2022). Due to the interpersonal nature of sexual violence, PTSD may be severe and longer-lasting in survivors (American Psychiatric Association, 2022). Counsellors need to be aware that symptoms can be influenced by cultural norms and cultural understandings (American Psychiatric Association, 2022). It is for these reasons that care needs to be taken when counsellors define and diagnose PTSD, and attentiveness is also needed when clients explain their symptoms and experiences.

## **Males Coping with Childhood Sexual Abuse**

Some males cope in ways that are influenced by gender norms and masculinity roles (Rice et al., 2021). Masking of CSA does not allow for proper supports to be offered because therapy is focused on externalized behaviours (Rice et al., 2021). Rice et al. (2021) find males with exposure to CSA present with what they define as male-type symptoms of risk-taking, anger, or aggression. Also, their study highlights that exposure to CSA heightens the risk of hazardous alcohol use and depression symptoms in males (Rice et al., 2021). Rice et al. (2021) examine depressive symptoms in young males while exploring the effects of CSA and alcohol use. The study was conducted in Australia, and participants were recruited through an online platform offering support to males with depression. A total of 13 participants consented to the research, a small research sample. Participants resided in countries such as Canada, the United States, the United Kingdom, Australia, and others. All participants were over the age of 18 and between the ages of 18 to 30. Most males identified as Caucasian, followed by Asian, and other ethnicities.

Rice et al. (2021) assessed the impact of exposure to CSA through a demographic form which was then coded to either a “yes” or “no” response. Alcohol use was assessed using the Alcohol Use Disorders Identification Test (AUDIT) (Saunders et al., 1993), major depressive disorder was assessed utilizing the Patient Health Questionnaire (PHQ-9) (Kroenke et al., 1999), and depressive symptoms associated with males were assessed using the Male Depression Risk Scale (MDRS-22) (Rice et al., 2013). The three measures used in the study are recognized as valid and reliable. A challenge in the study was the use of cross-sectional, self-reported data. In addition, data was gathered from a non-representative convenience sample; because the males recruited were seeking out supports, findings from this study may not represent males who are

yet to seek out supports. The sample size in this study was small, and CSA exposure was assessed using a single item in the study. It is thus necessary to interpret the data with caution.

Despite the research limitations outlined above, Rice et al. (2021) provide some important information regarding males with a history of CSA and how they cope. Rice et al. (2021) posit that male coping strategies may be an attempt to manage CSA symptoms of distress in ways that may be defined as masculine or that follow male gender norms. For counsellors working with males, it may be helpful for them to acknowledge masculine coping strategies as a potential indicator of a history of CSA. It is important for counsellors to remember the importance of providing an environment that supports disclosures of CSA when working with male clients in therapy.

### **Emotion-focused Therapy**

Leslie Greenberg's emotion-focused therapy (EFT) was created through the integration of client-centered principles and Gestalt methods (Greenberg, 2006). Emotion-focused therapy is an empirical and humanistic approach that considers emotion to be the guiding meaning maker behind individual experiences of the self, both for adaptive and maladaptive functioning (Pos & Greenberg, 2007). Pos and Greenberg (2007), describe emotion as an innate and adaptive system that evolved to support individuals in accessing their essential needs. Emotion-focused therapy is considered a bottom-up process (Greenberg, 2004). This means clients build awareness around their sensorimotor processes and slowly move their senses into the forming of words, which leads to labelled emotions (Greenberg, 2004). Emotion-focused therapy views emotions as the foundation to the formation of the self and as an important factor in the self-organization of an individual (Greenberg, 2004; Greenberg, 2006).



The delivery of EFT by a counsellor occurs in stages. The first stage of EFT focuses on emotion assessment, in which a client and therapist collaboratively work together to distinguish between primary and secondary emotions and adaptive and maladaptive experiences (Greenberg, 2006). In EFT, the purpose of the therapist is to support a client to better understand and connect to their primary adaptive emotions, which is an emotional response to a situation that leads towards action (Pos & Greenberg, 2007). Primary emotions are said to be the initial reactions to a situation a person experiences (Greenberg, 2004). An example of a primary adaptive emotion is anger; anger supports asserting the need for a boundary in hopes of preventing future violations (Pos & Greenberg, 2007). In the instance of CSA, a male's primary emotion could be anger towards the violated boundary. When an individual can connect with primary emotions, EFT suggests an individual is better able to respond to their needs and values (Pos & Greenberg, 2007). For some, a primary emotion may be a challenging emotion to bring into awareness; therefore, primary maladaptive emotions are experienced (Pos & Greenberg, 2007). During past maladaptive situations, a person creates primary maladaptive emotions to cope (Pos & Greenberg, 2007). Such responses then continue to be utilized after the maladaptive situation has stopped interfering with present adaptive coping (Pos & Greenberg, 2007).

Others may experience secondary emotional responses, understood to be emotional reactions to primary adaptive emotions (Pos & Greenberg, 2007). Secondary emotional responses interfere with an individual's adaptive response during an experience by shifting the focus from an adaptive primary emotion to a secondary emotion (Pos & Greenberg, 2007). An example of secondary emotions can be the experience of initial fear (primary emotion) in a dangerous situation which turns into shame (secondary emotion) towards the self for the initially experienced emotion of fear (Pos & Greenberg, 2007). Instrumental emotion responses are

emotional responses existing for the use of influencing or controlling others (Pos & Greenberg, 2007). These responses may exist without the conscious or intentional knowledge of the individual utilizing them (Pos & Greenberg, 2007). An example of instrumental emotion can be the use of anger to intimidate or the use of sadness to access help (Pos & Greenberg, 2007). In the case of CSA, an example of instrumental emotion could be anger used to elicit fear in others, to keep others away, and to protect oneself. Maladaptive emotions keep an individual stuck because using maladaptive responses in present experiences is problematic. It is the therapist's role to provide a space for generating new emotional responses to past experiences (Pos & Greenberg 2007). To best support clients, EFT therapists continuously provide and build an empathically attuned relationship and therapeutic environment grounded in interpersonal safety (Pos & Greenberg, 2007). This empathetic, therapeutic, and safe space may help to support the disclosure of primary, secondary, instrumental, and maladaptive emotions associated with CSA.

Through the structured therapy of EFT, the client and therapist work together toward accessing vulnerability and understanding emotions (Greenberg, 2006). While doing so, the therapist understands the need to create and provide safety, empathy, and validation and to offer acceptance of the client (Greenberg, 2006). An integral component of EFT is the safe relational environment created between the therapist and client (Greenberg, 2004). Safety is understood to exist within relationships that promote interpersonal validation, acceptance of emotional experiences, empathy, and support (Greenberg, 2004). Relational safety is important as it not only provides an environment for a client to explore vulnerable parts of self, it also provides a client with new interpersonal experiences of emotional soothing and support (Greenberg, 2004). To increase interpersonal safety, a therapist is constantly empathetically attuned to their client and more specifically to the client's affect and meaning (Pos & Greenberg, 2007). Through this

deep level of attunement therapists actively communicate companionship, safe human contact, and safety; these principles are needed to offer and create safe relational environments (Pos & Greenberg, 2007). Empathetic relational environments are key to creating safety for clients in therapy as they reduce feelings of anxiousness towards the interpersonal relationship with the therapist and instead allow for the client to focus on their needs in therapy (Greenberg, 2004). Experiences of safety can support a client to better understanding their own feelings and experiences in a therapeutic relationship. Building safety is important when working with clients with experiences of CSA.

EFT can support male clients with the disclosure of CSA, though the research pertaining to EFT and male CSA is limited. Paivio and Nieuwenhuis (2001) provide insights on important foundations of EFT which are required when supporting CSA. Paivio and Nieuwenhuis (2001) identify the need for safety and collaborative therapeutic relationship built through empathetic responding, a foundation needed when supporting trauma including a history of CSA. Paivio and Nieuwenhuis posit that once safety is established an exploration of emotions and root causes can then follow. Their research also emphasizes that symptomology stemming from childhood experiences could range beyond PTSD and include challenges with affect regulation, self-esteem, and interpersonal difficulties. These symptoms may not always be seen as outcomes of childhood experiences of CSA (Paivio & Nieuwenhuis, 2001). Male symptoms of CSA may not always be viewed as CSA symptoms, causing therapists to focus on externalized behaviours during treatment (Rice et al., 2021) rather than root causes (including possible CSA). Through EFT, counsellors can maintain an open mind engaged in ongoing assessment of a male client's observable behaviour and challenges. This approach allows for the space needed to delve into root causes rather than focus on symptoms alone.

A challenge of EFT is its foundation on the exploration of emotions and feelings towards healing through meaning-making. As previously stated, some males follow gender norms and masculinity roles, one of which includes being stoic (Petersson & Plantin, 2019). It is difficult to know if EFT would be a proper modality to use with males who identify strongly with gender norms. Emotion-focused therapy also does not refer to culture, making it difficult to know if this approach would be of use to individuals who identify with a non-dominant cultural group or collectivist culture in Canada. Some of the strengths of EFT include its emphasis on the exploration of root causes, which may support individuals who have yet to disclose rather than focusing only on observable behaviours. EFT provides support to individuals who require more structure in their therapy work.

### **Client-centered Therapy**

Client-centered therapy (CCT) is grounded in the work of Carl Rogers (1946). The foundation of client-centered therapy is the understanding that individuals can deal constructively with all aspects of their lives (Rogers, 1946). Client-centered therapy is a non-directive approach where clients are provided with a supportive relationship, given unconditional positive regard, and are viewed as more than capable of reaching self-actualization (Rogers, 1949). Client-centered therapy prioritizes therapeutic relationships, unconditional positive regard, and self-actualization (Rogers, 1946; Rogers, 1957). CCT has also been explored through the context of culture (Swan & Ceballos, 2020).

An important principle in client-centered therapy is the idea that personality change can only occur within relationships (Rogers, 1957). The type of relational support provided and the safe environment created affects the level of vulnerability and openness of a client. If a therapist continuously creates a warm and safe environment, a client will find themselves lowering their

natural defences (Rogers, 1946). Such environments not only reduce defences but also provide a safe space for the client to engage in deeper exploration and communication (Rogers, 1946). When deeper exploration is shared by the client the therapist ensures that continued empathetic understanding is present for the client (Rogers, 1946).

A second important principle in CCT is unconditional positive regard. Unconditional positive regard is a high level of acceptance toward a client's experience (Rogers, 1957). More importantly, there are no conditions for the acceptance of a client, and continued acceptance exists even when the expression of negative feelings occurs (Rogers, 1957). During unconditional positive regard the therapist sees a client as a separate being with the right to their own feelings and experiences (Rogers, 1957). Rogers (1957) highlights that regardless of negative or positive emotions, abnormal expressions of feelings, or inconsistency presented by the client there remains a consistent caring for the client in client-centered therapy. There are no conditions a client needs to meet for them to receive acceptance (Rogers, 1957).

The third principle is self-actualization, defined by Carl Rogers as an internal driving force that can be influenced by the environment one is in (Rogers, 1957). Rogers (1957) identifies this force as the potential sole motivation within therapy. This driving force is behind the individual's need to explore their attitudes and relationships towards their reality in an effective manner (Rogers, 1957). Client-centered therapy posits that clients can explore through unguided measures at a pace that responds to their needs, working towards maturity and more comfort within their reality (Rogers, 1957).

More recently CCT has been structured to include aspects of culture. Swan and Ceballos (2020) highlight the importance of understanding the client's cultural background as this understanding provides space for what the client understands and considers important in their

experiences. Swan and Ceballos (2020) discuss how individuals from collectivist cultures define their self-actualization through collectivist terms rather than individualistic terms. They go on to share the difference in how self-actualization will present itself in concepts such as independence versus interdependence, guiding the individual toward the achievement of well-being (Swan & Ceballos, 2020). The therapist not only provides empathy and a safe environment for unique clients to explore their experiences, but does so while recognizing external constraints interfering with the client's self-actualization (Swan & Ceballos, 2020). Moreover, Swan and Ceballos (2020) share how a supportive environment can only truly exist when a therapist "consciously understands the cultural values interacting within the client-therapist relationship" (p. 159). For a therapeutic environment to support self-actualization a therapist must also be aware of the unique culture, environment, and relational conditions of their clients and the influence they have on them (Swan & Ceballos, 2020).

In summary, counsellors and counsellors who value CCT can lack opportunities for guided practice; a lack of practice may leave some counsellors unsure about how to engage in client-centered therapy. Moreover, when discussing an individual's frame of reference there are limited suggestions regarding how a counsellor can ensure they respond from a client's frame of reference and not their own. Rogers (1949) identifies challenges with the ability of counsellors to fully understand their clients' unique needs. Although a therapist can do their best to remain within a client's frame of reference, a therapist also holds their own frame of reference which can interfere with fully understanding a client's unique needs (Rogers, 1949). It may be a challenge for some counsellors to comprehend whether their frame of reference is individualist or collectivist. Additionally, Carl Rogers does not offer specific skills or strategies to target cultural awareness through specific skills or strategies in the context of client centered work (Swan &

Ceballos, 2020). When selecting CCT, it is important to identify the challenges associated with this modality, and to acknowledge that this modality also has its weaknesses.

Together EFT and CCT offer a balanced approach. Emotion-focused therapy offers structure, whereas CCT offers client-directed work. EFT offers space for further exploration seeking the root cause of challenges while CCT leans on client-directed work. Emotion-focused therapy has more literature about trauma including CSA and its effectiveness in therapy, whereas client-centered therapy has more focus on culture and how to include it within the theory. Therapeutic settings must include safety, unconditional positive regard, and supportive therapeutic relationships. Both EFT and CCT have their weaknesses and strengths, yet together these approaches may provide the foundation needed to support males with disclosures of CSA.

### **Stereotypes Associated With CSA**

Many stereotypes are associated with CSA, and these stereotypes are barriers to disclosures in individualist societies. Stereotypes associated with CSA are outlined by Easton and Parchment (2021), Gagnier and Collin-Vézina (2016), and Widanaralalage et al. (2022). CSA is often viewed as a gender issue (UNICEF, 2020). Easton and Parchment (2021) conducted a study in the United States that included a separate qualitative study. They included 339 participants who self-identified as males and who were over the age of 18. Research participants were found to have an onset of sexual abuse before the age of 18. Easton and Parchment (2021) recruited participants through specific CSA survivor support networks and they included background information on the participants in their study. Most participants identified as white, as having a college education, and as being in relationships. This study's inclusion criteria included female offenders, male offenders, familial abusers, and others. This study also includes techniques to promote the trustworthiness and dependability of data, including researcher

immersion in data, reviewing interview responses multiple times, and coding information manually, to name a few.

The second study by Gagnier and Collin-Vézina (2016) is a qualitative phenomenological study conducted in Canada. This study expands on existing literature by focusing on men. Taking a phenomenological approach, the article seeks to describe what all participants have in common as they experience the phenomenon of being together (Creswell & Poth, 2018). Males were recruited from mental health and community organizations throughout four large Canadian cities, and a total of 17 male participants were included. This study highlights the importance of purposeful sampling, and its findings are not a representation of the general population. This study included only participants over the age of 19, self-reported victims of CSA and those who had or were receiving support for recruitment organizations. This study's criteria for offender type is vast and includes male offenders, female offenders, and siblings, to name a few. Interviews were conducted in English or French, and participant backgrounds included a variety of education and socio-economic levels. This study confirmed findings by strategies including the transcribing of interviews verbatim and separate readings of transcripts by authors.

Widanaralalage et al. (2022) utilized a qualitative interpretative phenomenological analysis (IPA) process and conducted their research in the United Kingdom. Interpretive phenomenological analysis is idiographic because the analysis focuses on the unique details of a single experience and then constructs trends over a sample (Smith et al., 2011). Widanaralalage et al. (2022) expand on existing literature about male CSA and rape. The study does not share a clear definition of CSA nor a clear age criterion for participant inclusion. All 10 males were over the age of 23 years old, a majority identified as white and had experiences of CSA or rape after the age of 13. The study does not include a vast criterion for offender type and only focuses on



males with experiences of abuse by male offenders. Furthermore, it also includes experiences of rape which extend past the age of 18; therefore, data does not specifically pertain to CSA experiences. The study is valid due to the processes followed. All interviews were transcribed verbatim, all members of the research were involved in key phases, and all authors were involved in critically assessing the validity of the themes extracted.

Easton & Parchment (2021), Gagnier & Collin-Vézina (2016) and Widanaralalage et al. (2022) discuss the theme of stereotypes associated with CSA as a barrier to male disclosure. Easton and Parchment (2021) find male survivors of CSA manage their experience in isolation as most research information focuses on victims that are girls or women. Prevalence rates often identify CSA as a womens' issue. Easton and Parchment (2021) state that such emphasis on females has allowed for the creation of CSA stereotypes, including the idea that CSA is a woman-only issue. This stereotype has led male survivors to believe that CSA does not occur to boys or men, and to view themselves as an odd exception (Easton & Parchment, 2021). Widanaralalage et al. (2022) share that male assaults have little to no recognition in society, leading males to feel that their support needs will not be met due to a lack of information surrounding male experiences and a lack of information regarding male supports. This stereotype causes some males to withhold disclosure (Widanaralalage et al., 2022). Widanaralalage et al. (2022) go on to share how an emphasis on female-only experiences has created unintentional negative consequences for males and their disclosure experiences. Gagnier and Collin-Vézina (2016) highlight how males are more compelled to disclose after learning of someone else's experience. Eight of the 17 males in their research study identified being positively influenced to disclose when they learned of another male's experience of sexual abuse (Gagnier & Collin-Vézina, 2016). For some males, learning about other male survivors challenges stereotypes

associated with CSA (Widanaralalage et al., 2022). In many cases, male experiences are misunderstood and ignored (Widanaralalage et al., 2022). Males identify that knowing of male CSA reduces feelings of isolation and encourages disclosures for some (Gagnier & Collin-Vézina, 2016). In summary, stereotypes affect the disclosure of CSA, and this leads some men to remain in isolation (Easton & Parchment, 2021).

Easton & Parchment (2021), Gagnier & Collin-Vézina (2016) and Widanaralalage et al. (2022) focus on CSA and only incorporate the experiences of adult-males over the age of 19. The studies by Gagnier & Collin-Vézina (2016) and Widanaralalage et al. (2022) present qualitative studies identifying as either phenomenological or interpretative phenomenological analysis (IPA). Due to the qualitative nature of each study, validity was met through the research design and methodological approaches these researchers used, emphasizing the purpose of each study as exploring male experiences of CSA. All information from interviews was transcribed verbatim and methods to reduce biases were present in each study. Despite, these strengths there were some weaknesses within the studies.

First of all, a universal definition of CSA does not exist and thus research literature utilizes very distinct definitions (Mathews & Collin-Vézina, 2019). In each study included for the purposes of this project, a broad definition of CSA was provided (such as sexual activity or sexual abuse) (Gagnier & Collin-Vézina, 2016; Widanaralalage et al., 2022). Easton and Parchment (2021) expand on these definitions to include concepts such as grooming, force, and threats, yet do not include a clear definition of CSA. When definitions of CSA are unclear, studies may not include findings relevant to all male experiences, especially the experiences of those who may not fully understand what constitutes CSA. Furthermore, Easton & Parchment (2021) and Gagnier & Collin-Vézina (2016) utilize a definition of CSA before the age of 18; in

contrast, Widanaralalage et al. (2022) include onset after the age of 13. Additionally, there are frequently different inclusion criteria in terms of the gender of perpetrator(s) and type of CSA. For example, Widanaralalage et al. (2022) includes only research participants who have experienced male-on-male abuse. As a result of the limited inclusion criteria in the study by Widanaralalage et al. (2022), their findings may not be appropriate to generalize as relevant to males with abuse experiences perpetrated by another gender.

Additionally, Easton & Parchment (2021), Gagnier & Collin-Vézina (2016) and Widanaralalage et al. (2022) accessed their study participants through organizations supporting males with CSA experiences. This means their findings may be limited in terms of relevance only for males who have accessed formal support. Because these studies include a large portion of males who have already received some form of support with their disclosure, this excludes those who have yet to disclose. All three studies were conducted in three different individualist societies which include Canada (Gagnier & Collin-Vézina, 2016), the United States (Easton & Parchment, 2021), and the United Kingdom (Widanaralalage et al., 2022). Due to studies being conducted in different countries and cities, their findings differ. It is for these reasons that stereotypes associated with CSA require more research to better understand the influence of stereotypes in specific countries.

In summary, Easton et al. (2021), Gagnier and Collin-Vézina (2016), and Widanaralalage et al. (2022) all stress the importance of understanding the experience of CSA through a male lens which may be influenced by stereotypes created within distinct societies. Through EFT and CCT counsellors may be able to create supportive environments for disclosures by considering the lived experiences of male clients through an exploration of root experiences and an emphasis on safety in relationships (Murphy et al., 2019). Counsellors can utilize findings on the topic of

stereotypes in treatment planning with male clients from individualist societies. For Canadian counsellors, this could mean actively providing space for stereotypes to be explored without judgment to identify any that may be impeding a male's ability to disclose their history of CSA. During this process, counsellors could also provide information and factual findings surrounding the harm of stereotypes based on incorrect assumptions. Also, counsellors can actively acknowledge their own stereotypes and limit the intrusion of their own beliefs into therapeutic spaces with male clients. By actively reducing these identified barriers, counsellors are actively creating spaces that support the disclosure of all males (including Latinos) in therapy.

### **Community First & Family Honor**

Whilst the influence of stereotypes is noteworthy in individualist societies, other influences are impactful in collectivist communities. The theme of community first and family honour is a barrier to disclosures in collectivist communities. Community and family honour is a theme in qualitative studies by Gill and Begum (2023), Myrie and Schwab (2023), and Sharma (2022). In collectivist societies, experiences of CSA are influenced by cultural values, gender, and cultural views of childhood sexual abuse (Fontes et al., 2001).

Gill and Begum (2023) conducted a qualitative IPA study in the United Kingdom with participants from within the South Asian community. Gill and Begum (2023) included a definition of CSA similar to the Canadian definition, including the four different types of CSA previously mentioned. The study included a total of eight male-identified participants, all over the age of 18. This qualitative study uses interpretative phenomenological analysis (IPA) to support better understand of the complexities of the disclosure process and the significance of culture and community on CSA disclosures for South Asian men. This study explores the meaning people give their experiences (Gill & Begum, 2023). Furthermore, this study's

methodology includes the use of purposeful sampling, small sample size, and the use of semi-structured interviews. Recruitment of participants was accessed through counselling services and advertisement on a trusted survivor's website. All interviews were conducted in a counselling setting. Each participant was receiving or had received counselling support before taking part in the study.

Myrie and Schwab (2023) conducted a qualitative IPA study in the United States and included participants living in Canada, the United States and the United Kingdom. This study included Black male participants who identified as Afro-Caribbean, Black Caribbean, Black Jamaican, or South African. All participants (8 in number) were adults over the age of 18. Recruitment took place through community agencies, support groups, counselling centers, and social media. The study includes data gathered from participants from a variety of educational backgrounds from skilled trades to bachelor's degrees, master's degrees, and doctoral degrees. This study includes a clear definition of CSA by the World Health Organization and clearly explains CSA. This study includes findings relevant to a variety of offender types, including male, female, familial, and adult, to name a few (Myrie & Schwab, 2023). The onset of CSA includes any experiences at or before the age of 17. Different steps were outlined to support the study's validity including but not limited to in-depth semi-structured interviews which were transcribed verbatim. Field notes were included to provide the situational context of interviews, and reflective journaling was utilized to highlight potential biases (Myrie & Schwab, 2023).

Sharma (2022) conducted an IPA qualitative study in India with ethics standards and research permission from the United States. Sharma's study seeks to better understand male experiences of CSA, including contexts of family life, social environment, and personal attitudes and beliefs regarding gender and disclosure. Furthermore, this study includes a clear definition of

CSA focused on behaviors and characteristics rather than general language. The criteria for CSA in this study involved a variety of offenders including experiences of abuse by males; females; and individuals in positions of trust such as teachers, family members, and neighbors, to name a few (Sharma, 2022). A total of 11 males, all from six large cities across India participated. Anyone with experience of CSA and between the ages of 18 to 60 was able to participate; a median age of 39 was recorded. A variety of identified sexual orientations were recorded. Recruitment was achieved through organizations, activists, and therapists specifically working in areas of child abuse, gender and sexuality rights, and services for survivors of violence in India. A detailed outline of the IPA process followed is included to support the validity of the study. Steps such as reading and re-reading interviews to develop familiarity with the data, meticulous coding of transcripts, and mapping of themes were used. Furthermore, four qualitative principles were included to solidify the quality of the research. The four qualitative principles were: context sensitivity, commitment and rigour, transparency and understanding, and impact and importance (Sharma, 2022). This researcher valued the information shared by participants and includes a detailed process of how the research was conducted.

All three studies identify the theme of community first and family honour over the need to disclose. Gill and Begum (2023) find that consideration of family members' feelings is at the forefront of a male's need to disclose as prioritizing individual needs is considered selfish. Gill & Begum (2023) and Sharma (2022) identify the need for male victims to protect the family from emotional impacts disclosure may evoke such as stress or hurt. Other males believe that family issues should not be discussed outside the family setting, especially if they have the potential to cause ridicule or outside challenges for their family or community (Myrie & Schwab, 2022). Males in these studies reveal the need to please both family and community first by fulfilling

roles and standards over their need to disclose CSA (Gill & Begum, 2023; Myrie & Schwab, 2022). Male disclosure of CSA could be seen as a disappointment to the male's family and community (Gill & Begum, 2023). Furthermore, in collectivist societies immense consideration is given to family honour and reputation, where family honour is identified as a family's good image (Gill & Begum, 2023; Myrie & Sharma, 2022). Preservation of family honour can be a cultural expectation in which a male is expected to protect and avoid bringing shame to their family (Gill & Begum, 2023). Unfortunately for some males, a disclosure of CSA could lead to a family facing scrutiny which compromises the family's honour; such an outcome is considered more important to avoid than fulfilling the need of an individual to disclose (Gill & Begum, 2023; Myrie & Schwab, 2022; Sharma, 2022).

The strength in the research by Gill & Begum (2023), Myrie & Schwab (2022) and Sharma (2022) is their purposeful aim to better understand male experiences of CSA. All three studies include adults over the age of 18. All three studies include a detailed outline of each researcher's process in collecting and interpreting themes and include specific steps taken to support the validity of the studies. When defining CSA, all three studies provide a clear definition that encompasses different experiences rather than utilizing general language. CSA in all three studies includes any experiences before the legal age of 18. A weakness in this research body is that each study was conducted in a different country and community, including a South Asian community in the United Kingdom (Gill & Begum, 2023), a diverse group of Black men from Canada, the United States and the United Kingdom (Myrie & Schwab, 2022), and participants from diverse cities in India (Sharma, 2022). Each study highlights the experiences of different cultural groups that are unique and distinct from the Latino culture. Although the participants in these studies identify as belonging to collectivist communities, Latino collectivist

values are distinct. As a result of these limitations, findings may not directly reflect the needs of Latino males in Canada. Furthermore, due to the variety of geographical locations included there is a limit to understanding who this research addresses. Moreover, there is no clear explanation of the language interviews were conducted in, leaving the reader to assume they were carried out in English. Including only English-speaking participants limits who can participate in the study which may limit findings. Only one study by Myrie & Schwab (2022), identified participants coming from a variety of educational backgrounds and socio-economic levels. Gill & Begum (2023) and Sharma (2022) do not provide any information regarding the educational or socioeconomic levels of participants. There are limits understanding which populations of males these findings are relevant to.

Cultural values, social environments, and family are significant issues that come up when researching groups of males from diverse cultural groups. Males of colour are underrepresented in research, limiting knowledge to better understanding their barriers to CSA disclosure (Alaggia et al., 2019; Easton, 2013; Grossman et al., 2006; Sorsoli et al., 2008). These three studies may only support Canadian counsellors to begin to understand different types of barriers to disclosures of CSA for males of colour. Furthermore, these studies highlight the importance of including a client-directed environment through CCT in order to actively work towards understanding the culture, values, and lived experiences of individuals (Rogers, 1949; Swan & Ceballos, 2020). Alongside EFT, a counsellor can promote the exploration of a client's unique experiences and emotions (Greenberg, 2006). Counsellors can use this information and remember to actively assess the important roles of culture, family, and social environments on male clients throughout treatment. Counsellors can also make the effort to purposefully explore culture and family to identify barriers that exist. In doing so, Canadian counsellors may be better



equipped to provide an environment for Latino males to disclose their history of CSA while holding space that does not undermine the importance of community first and family honour.

### **Strong & Dominant**

Another theme found in both individualist societies and collectivist communities is the idea of males as strong and dominant. This theme emerged in seven of the ten reviewed articles. Studies by Guyon et al. (2021), Myrie and Schwab (2022), and Widanaralalage et al. (2022). are included as they provide information that directly benefits understanding of barriers to disclosures. These three studies also provide findings to better inform counsellors on practices to use in counselling to best support male survivors.

Guyon et al. (2021) present a qualitative study conducted in Canada. They include both males and females over the age of 18. The study documents the experiences of male CSA survivors, including their experiences of disclosure. This study also identifies the purpose of identifying gender differences with experiences of CSA between males and females. Recruitment was conducted through community organizations and organizations offering support to CSA survivors in the greater Montreal area in Canada. A total of 51 participants attended, 26 of them males. This study includes a clear definition of CSA by the Criminal Code of Canada, and thus includes experiences of sexual abuse before the age of 18. The CSA definition also identifies examples of clear behaviours associated with CSA. Prior disclosure of CSA was not a criterion for this research, therefore, four participants without prior disclosure participated in the study. Guyon et al. (2021) included demographic questions on age, gender, ethnicity, and occupation, to name a few. Most participants identify as Canadian, and a great portion report they are employed, heterosexual and cisgender. In this qualitative study semi-structured interviews and open-ended questions were utilized. Moreover, interviews were conducted in French. In support

of the study's validity information gathered was broken down verbatim into meaning, and a coding grid was developed which remained flexible. To ensure consistency a team coding approach was created and periodic meetings were conducted.

Myrie and Schwab (2023) included Black males from three different countries: Canada, the United States, and the United Kingdom. Study participants were men of colour with histories of CSA over the age of 18 who identified as Afro-Caribbean, Black Caribbean, Black Jamaican, or South African. The CSA definition in this study is a clear explanation from the World Health Organization. The study included participants from a variety of educational backgrounds and a variety of socioeconomic backgrounds, and also included a variety of offenders including males, females, family members, and adults.

Widanaralalage et al. (2022) conducted their qualitative IPA study in the United Kingdom. This study expands the literature on male CSA and rape. A total of 10 males over the age of 23 participated. Due to the inclusion of experiences of CSA after the age of 13, males that participated were able to recall CSA or rape experiences relating to disclosure (Widanaralalage et al., 2022). Some challenges with this study include that it only contains experiences of abuse by male offenders, limiting the possibility of generalizing these findings to those with other experiences. Because this study included experiences of rape, findings are not solely related to CSA experiences. Lastly, this study includes a detailed description of the process followed to support the validity of the findings.

Hegemonic masculinity norms in Western and individualistic societies support the belief that males should be able to defend themselves and avoid being placed in the position of the victim (Guyon et al., 2021). For males from collectivist societies, masculinity is embedded in cultural gender norms which include the gender norm of strength (Myrie & Schwab, 2022).

Cultural expectations include views of males as strong with no signs of weakness, and the idea that males will avoid any experiences where pain or weakness can be shown, including disclosing CSA (Myrie & Schwab, 2022). Unhealthy social expectations position males as dominant and powerful, affecting their ability to disclose any history of CSA (Guyon et al., 2021). Unfortunately, some males have experienced criticism due to their inability to prevent or stop the abuse (Guyon et al., 2021; Sharma, 2022). Beliefs regarding males as tough and aggressive affect how males make sense of their experiences of victimization, and some are left to identify as weak (Widanaralalage et al., 2022). Gender norms support an idea that males are the strongest sex and therefore should not experience sexual abuse (Widanaralalage et al., 2022). Viewing oneself and being viewed by others as weak makes males reluctant to disclose (Widanaralalage et al., 2022). Counsellors can utilize this information when working with males and take an active role in exploring masculinity and gender norms. In doing so, a counsellor may be informed about the influence gender norms regarding masculinity have on their male clients. A counsellor can take on the role of providing more helpful views of gender norms and masculinity. Additionally, counsellors should also analyze their own beliefs surrounding male gender norms and how their beliefs present themselves in a therapeutic setting. By doing these things, counsellors can actively work on limiting gender biases that may interfere with a male client's ability to disclose experiences of CSA.

Each study provided space for males to share gendered perspectives regarding their experiences of CSA. Using qualitative methodologies all three studies gathered themes associated with a males' experiences of CSA and disclosure. Guyon et al. (2021), Myrie & Schwab (2022) and Widanaralalage et al. (2022) included participants over the age of 18, aligned with the legal age in Canada needed for ethical standards to be present. A clear definition of CSA

is included by both Guyon et al. (2021) and Myrie and Schwab (2022). Guyon et al. (2021) include a Canadian definition and Myrie and Schwab (2022) utilizes the World Health Organization's definition. As a result, the CSA explored included similar experiences across the two studies. Guyon et al.'s (2021) study includes both females and males and identifies gender differences with experiences of CSA and disclosure. The theme of strength and dominance is a key finding. Lastly, Guyon et al.'s (2021) study extensively outlines the process used to gather and analyze information.

Guyon et al. (2021), Myrie & Schwab (2022) and Widanaralalage et al. (2022) highlight unique gendered experiences for males. Through these findings, counsellors are made aware of the unique role that masculinity and gender have on the disclosure process for males. This body of research emphasizes influences on male clients and explores how they may engage in counselling. These studies also acknowledge how biases may influence counsellors and the therapeutic environments they create. Counsellors can intentionally create safe spaces for males by limiting their own negative or biased gender norms in counselling and empathetically exploring the ones their male clients identify with. In doing so barriers to disclosures are reduced and intentional safe spaces for disclosures are created.

A weaknesses found in all three studies is the use of only English or French, limiting those who were able to participate in the studies. All three studies took place in different places: Canada (Guyon et al., 2021); the United States (Myrie & Schwab, 2022); and the United Kingdom (Widanaralalage et al., 2022). When discussing themes it is important to consider the specific cultures and social environments of participants, and to realize that generalization may not be of help to all males. Guyon et al. (2021) stress the importance of considering social context and gender norms. Furthermore, Widanaralalage et al. (2022) include only CSA

experiences over the age of 13 which influences the ability generalize findings to survivors of CSA over the age of 13. Males with experiences of male-on-male rape occurring after the age of 18 were included by Guyon et al. (2021). For this reason, themes identified include the experiences of rape survivors and not solely the survivors of CSA. Widanaralalage et al. (2022) also identify an underrepresentation of ethnic minorities and an underrepresentation of heterosexual males. It is important to consider underrepresentation as gender norms across social and cultural environments may not translate to all males (Widanaralalage et al., 2022).

In summary, Guyon et al. (2021), Myrie and Schwab (2022), and Widanaralalage et al. (2022) highlight the importance of understanding the gender norm of males being strong and dominant as this belief may be a barrier to disclosure of CSA. For Canadian counsellors, being aware of how strength and dominance may show up in counselling may support them to provide the space needed to further explore the root causes of their presentation in therapy. Counsellors can create supportive environments for disclosure by considering the lived experiences of male clients, exploring root experiences, and emphasizing safety in therapeutic relationships (Murphy et al., 2019). The gender norm of strength and dominance creates a barrier for males to disclose (Guyon et al., 2021; Myrie & Schwab, 2022; and Widanaralalage et al., 2022). Understanding this barrier may allow counsellors to recognize the need for further exploration, empathy, and limited judgment when strength and dominance are present in counselling spaces. It is important that counsellors remain within a client's frame of reference when exploring strength and dominance (Rogers, 1949). For Canadian counsellors, EFT and CCT strategies can be employed with an understanding of masculinity and gender norms to intentionally create safe spaces for males. By limiting gendered biases and providing opportunities for empathetic and safe

exploration of male clients' own gender norms counsellors can create supportive spaces that reduce barriers to CSA disclosures for Latino males.

### **Homophobic Attitudes**

Another theme identified as a barrier to CSA disclosures in both collectivist and individualist communities is homophobic attitudes. Homophobic attitudes are defined as negative and sometimes intolerant attitudes towards the topic of same-sex contact (Harris & Dunn, 2019) It is not uncommon for males to experience harmful narratives that create false claims regarding CSA. This theme was present in eight of the ten reviewed articles, but two allow for a deeper evaluation. Harris and Dunn (2019) and Widanaralalage et al. (2022) find that counsellors can create supportive environments for CSA disclosures in spite of homophobic attitudes. .

Harris and Dunn (2019) conducted a qualitative study in Jamaica with oversight approval from the United States. This study aims to understand the experiences of young Jamaican men who have sex with men (JMSM) and their experiences of CSA and sexual assault within their culture and society. Criteria for participation included being between the ages of 18 and 30 years, biologically male at birth, and being a male having had recent sexual intercourse with another male within the previous three months. Recruitment of participants was accessed through purposeful sampling across parishes, social events, community organizations, and peer referrals. Most participants came from the larger metropolitan area of Kingston. A total of 30 participants took part in the study, and 10 had experienced CSA. Forty percent of participants reported some high school or a high school diploma, and about half of the sample reported no source of income. All participants took part in semi-structured interviews that were audio-recorded and transcribed. Analysis of the data followed a process including code development, extraction, tagging and

coding (Harris & Dunn, 2019). Coding continued until saturation was achieved. This study includes a detailed outline of steps followed for the validity and reliability of the study. Finally, the analysis process included consultation with people who were familiar with Jamaican culture (Harris & Dunn, 2019).

Widanaralalage et al. (2022) conducted a qualitative interpretive phenomenological analysis in the United Kingdom. Widanaralalage et al. (2022) expand on the literature on CSA and rape. All 10 male participants were over the age of 23 years old, a majority identified as white, and participants had experienced CSA or rape after the age of 13. Because participants experienced CSA after 13, they were able to recall their experiences with disclosure. This study focuses on males with experiences of abuse by male offenders, and provides detailed findings about male experiences with homophobic attitudes. One of the narratives founded on homophobic attitudes is the myth that males who experience sexual abuse by a male perpetrator are considered or assumed to be homosexual (Widanaralalage et al., 2022). Widanaralalage et al. (2022) identify that these myths cause ignorance surrounding the circumstances of CSA and the sexual orientation of male survivors. Such myths are experienced in settings including media where victimized males are depicted as feminine and no questions are asked about the sexual orientation of perpetrators or victims (Widanaralalage et al., 2022).

Harris and Dunn (2019) find that within Jamaican society similar standards exist between those being harmed and offenders. Harris and Dunn (2019) identify narratives where male victims are forced to engage in sexual acts and are viewed as less favourable than the offenders of said sexual acts. The sexuality of offenders is not questioned, but the victim is seen as less favourable due to strict traditional gender norms favouring heterosexuality and masculinity (Harris & Dunn, 2019). Males identifying with this harmful narrative experience a barrier to

disclosure (Widanaralalage et al., 2022). Harris and Dunn (2019) show that homophobic societal and cultural attitudes towards males and CSA or sexual assault perpetuate suffering in silence, a consequence of this barrier to the disclosure of CSA or assault.

Purposeful sampling of male-born individuals with experiences that included CSA is strength of these studies. Furthermore, the qualitative nature of each study allows for a deep exploration of the meaning given to experiences of CSA for male survivors. Harris and Dunn (2019) allow for more understanding of cultural influences and barriers that some males may experience within their communities and cultural groups. Widanaralalage et al. (2022) allow for more understanding of the societal factors creating barriers for some males within individualist cultures. Both studies highlight the barrier created by homophobic attitudes and explain the direct effects of these beliefs on males and their disclosure of sexual abuse. Although strengths are seen in each study, there are challenges important to note. Harris and Dunn (2019) include experiences of both CSA and sexual assault, and most participants in their study identified experiences of sexual assault. Widanaralalage et al. (2022) also include both experiences of CSA and sexual assault, and only CSA after the age of 13. Because these studies do not solely focus on the experiences of CSA survivors, they may not be a strong representation of experiences for males with a history of CSA. Moreover, Harris and Dunn (2019) study only Jamaican-born males whose experiences may be different from males from other cultural groups. These challenges are important to consider when generalizing information applicable to other collectivist groups.

Harris and Dunn (2019) and Widanaralalage et al. (2022) discuss the importance of understanding the environments and communities in which males live and the influences they have on disclosure of CSA. Gender norms and masculinity are two factors Canadian counsellors



need to consider and better understand when working with males. These two studies highlight how social and cultural norms can create barriers due to homophobic attitudes. With the use of EFT and CCT in therapy, counsellors explore beyond what is observable and actively work to view experiences from the frame of reference of the client. EFT and CCT support the creation of supportive environments for disclosure by emphasizing an empathetic, non-judgmental, and unconditional approach to explore the context in which each male lives. Counsellors can create environments that limit the perpetration of homophobic attitudes in their therapeutic settings. Counsellors also need to actively identify biases within themselves that may perpetuate these attitudes and limit their presentation in counselling settings. Additionally, a counsellor can actively engage male clients in exploring their attitudes and offer helpful ways to conceptualize beliefs surrounding male sexuality. In reducing this barrier of homophobic attitudes, counsellors actively create supportive spaces for male disclosures of CSA.

### **Identifying Experience as Abuse**

The final theme found in both collectivist communities and individualist societies is the challenge of identifying CSA experience as abuse. Of the ten studies selected for this capstone, six contained findings associated with this theme. Camacho et al. (2022) and Rapsey et al. (2020) explore this theme in depth. Camacho et al. (2022) present a qualitative study conducted in the United States. The study develops an understanding of the life experiences of Latino gay men between the ages of 60 to 78 years. Recruitment of five participants was supported by an organization providing services to the LGBT community in New York. All males recruited were immigrants who had been living in the United States for 28 years or more. Most had less than a high school diploma, and most were reported as low-income. All interviews were conducted in Spanish and included open-ended questions that were video and audio-recorded. The study

includes a comprehensive outline of the process followed to ensure reliability. All participants disclosed experiencing sexual activity before the age of 15.

Rapsey et al. (2020) presents an IPA qualitative study conducted in New Zealand. The study's purpose was to understand the factors that help or act as barriers to healing of CSA in therapy. Recruitment was accessed through a support group for male survivors of CSA. This study had no exclusion criteria and a total of nine males between the ages of 42 to 67 years participated. Seven men identified as New Zealanders of European descent, and two others as coming from Europe. The onset of CSA for participants was between the ages of five to 15. Perpetrators included males, females, family members, peer groups, and persons in authority. All nine participants had prior experiences with therapy, and were in therapy specifically focused on CSA. A detailed outline of the process is provided in the study including recording interviews and transcribing them verbatim. Analysis of the data was ongoing throughout the analysis and write-up stages. To ensure the quality of the themes there were regular meetings to discuss themes, gaps, coherence, credibility, and significance of the content (Rapsey et al., 2020).

Camacho et al. (2022) identify that all participants experienced sexual experiences before the age of 15, yet not all the participants defined it as sexual abuse. Instead of identifying experiences as CSA, some males placed responsibility on themselves due to their development or hormones. One male identifies that due to his early physical development (at the age of 10) he was able to engage in sexual experiences. Another shares that due to his adolescent hormones, he engaged in sexual encounters with older individuals (Camacho et al., 2022). Interestingly, Camacho et al. (2022) found encounters between older women and underage children were labelled as seduction rather than CSA.

Both Camacho et al. (2022) and Rapsey et al. (2020) share that many male survivors did not view their experiences with older individuals as abuse. In Rapsey et al.'s (2020) study, most participants identify themselves as responsible for their abuse; it wasn't until they understood that someone had harmed them that they could view their experience as CSA. One male identifies that the more he was able to discuss his experience the more he was able to identify the parts that were incorrect and begin to view his experience as what it was, CSA (Rapsey et al., 2020). Camacho et al. (2022) describe a male participant who identified his experience with an older man as CSA. Prior to the interview he had identified his experience as a mutual relationship between a teenager and a middle-aged man. Another participant describes the research interview as the first time he had shared the experience and thought of it as an assault (Camacho et al., 2022). Both studies identify the challenges some males face with classifying their experiences as CSA. These findings highlight how important it is that counsellors not assume all males define CSA the same way. Counsellors need to clearly define the term CSA during assessment and throughout their work with males. When they do this, counsellors reduce barriers in therapeutic settings and provide more informed and supportive environments for males to engage in CSA disclosures.

Through their qualitative studies Camacho et al. (2022) and Rapsey et al. (2020) reveal deeper information about how males view their experiences of CSA within individualist and collectivist communities. Camacho et al. (2022) included Spanish-speaking participants, who provide insight into a group of males that may be less acculturated. Because one author shared similarities (male, gay, Spanish speaking) with the participants, this may have allowed for the opportunity to access information that otherwise may not have been shared. Rapsey et al. (2020) share the perspectives of males with previous experiences in therapy who identify barriers with

ease. There are some noteworthy challenges with both studies. Both studies include older-aged men, and thus findings may not be applicable to younger males with CSA experiences. Although Camacho et al. (2022), included immigrant males in their study, these males had lived in the United States for over 28 years so it is difficult to know if these participants share experiences from collectivist or individualist perspectives. Rapsey et al. (2020) also includes males who had undergone counselling; their findings may not be the same for males who have not undergone therapy.

Counsellors need to avoid assumptions about how CSA is defined by male adults. In the absence of a universal CSA definition (Mathews & Collin-Vézina, 2019) and as a result of cultural influences on experiences of CSA (Fontes et al., 2001), males may have a different understanding of what constitutes CSA. Through EFT, counsellors are better able to create an environment that allows for the exploration of a clients' experiences and the meanings they attach to their experiences. In addition, CCT provides a frame needed to value cultural differences and supportively explore these differences with male clients. Together, EFT, CCT, and the findings from the research literature can support counsellors to create environments that supports males to disclose their history of CSA. By reducing barriers within sessions, counsellors equip male clients with the necessary information and conditions to potentially identify their experiences as CSA. Counsellors need to take on an active role by clearly defining CSA and exploring the experiences of male clients in supportive ways. By reducing barriers in counselling, counsellors increase the potential of creating a supportive environment for male disclosures of CSA.

## Identification of Gaps

There are gaps in the research literature on CSA focused on both individualist societies and collectivist communities. The first gap is the lack of a universal CSA definition (Mathews & Collin-Vézina, 2019). Therefore, even though studies explore CSA, studies do so utilizing different definitions. When CSA is inconsistently defined, this causes challenges and limitations in terms of interpreting the relevance of findings and identifying themes. Another gap identified is the limited inclusion of diverse perpetrators in studies focused on CSA. Although Camacho et al. (2022), Easton & Parchment (2021), Gagnier & Collin Vézina (2016), Harris & Dunn (2019), Myrie & Schwab (2022), Rapsey et al. (2020) and Sharma (2022) include cases of perpetration by both female and males, most offenders in the research literature are males. Camacho et al. (2022) include only one female offender out of a total of five cases. Easton and Parchment (2021) include 95% male offenders. Gagnier and Collin-Vézina (2016) include a total of 17 participants, 13 who experienced sexual abuse by a male and four that experienced abuse by a female. Harris and Dunn (2019) include ten participants in their study and only one female offender is identified. Myrie and Schwab (2022) include a total of six participants, four of whom identify a male perpetrator and two who identify a female perpetrator. Rapsey et al. (2020) include nine participants, some of whom experienced CSA by multiple offenders. In their study, nine male offenders and five female offenders are included. Sharma (2022) includes 11 participants and some are males who have experienced multiple CSA experiences. In this study, there are 19 male offenders and three female offenders identified. Although female offenders are included in these six studies, more offenders are male. The lower number of female offenders impedes a full understanding of male experiences when their offenders are female. This is a gap

that requires further attention to better understand the unique challenges of disclosure for males with experiences specific to female perpetrators.

A third identified gap in the literature is that there is limited research on male survivors who label their experiences with female perpetrators as CSA. Camacho et al. (2022), Easton & Parchment (2021), Gagnier & Collin Vézina (2016), Harris & Dunn (2019), Myrie & Schwab, (2022), Rapsey et al. (2020), Sharma (2022) include male participants with female perpetrators in their studies, and find that these survivors have difficulty labelling their experiences as CSA. This challenge also exists for men of colour as a result of how female perpetration is perceived and how these survivor label their experiences.

A fourth gap in the literature is that there are few studies that included diverse cultural or racial groups. Only one study by Camacho et al. (2022) included the option for interviews to be conducted in a language other than English, which limited participation to only males who speak English. There is a gap in the research literature examining the experiences of males who have experienced CSA and identify with a culture or race that may not be fluent in English. Easton and Parchment (2021) discuss the limited body of research specific to the experiences of men from diverse cultures and races who have survived CSA. This is an area where future research could extend understandings of the unique barriers that may exist for minority cultural groups, racial groups, or members of other minority populations (Guyon et al., 2021).

Research on men of colour and their experiences of gender norms and masculinity through a cultural lens is limited. Sharma (2022) stresses the importance of better understanding barriers to disclosure with the cultural contexts of male survivors of CSA in mind.

There is insufficient literature on males and their therapy needs more broadly, including effective therapy for male survivors of CSA (Easton & Parchment, 2021). This is an area where research needs to expand understanding in the future.

There are a variety of factors that impede the ability of male survivors of CSA to disclose. Gaps in the research literature on this topic are also evident. A primary reason for research gaps is the lack of a universal CSA definition (Mathews & Collin-Vézina, 2019). There is also limited research on male disclosures of CSA when their perpetrators are female. More research is required to fully understand such experiences. Although the literature review sought to identify ways to best support Latino males in therapy, limited research involving men of colour and their experiences of CSA continues to bind understanding of this population's unique needs. There are only limited studies pertaining to effective therapeutic modalities for male survivors of CSA and their disclosures, creating further challenges in identifying practices that counsellors can employ to create supportive spaces for male disclosures.

As a result of research gaps and the need for future research, there is insufficient evidence to determine exactly what is required to best support Latino males with CSA disclosures. Emotion-focused therapy and client-centered therapy are exploratory and client-centered approaches which promote the ongoing exploration for male clients and employ culturally sensitive practices (Greenberg, 2006 & Swan & Ceballos, 2020). By using EFT and CCT principles to conceptualize counselling work done with Latino males, counsellors can work collaboratively with male clients to identify their needs in therapy that are not yet generalizable in the research literature. With supportive and informed counsellors, clients are more than capable of identifying and working through their needs after disclosure of CSA. There are many

ethical considerations for Canadian counsellors who work with male survivors of CSA. These ethical considerations will be further explored in the upcoming section.

### **Application to Clinical Practice**

It is important to emphasize the ethical considerations that counsellors are required to adhere to in alignment with the *Canadian code of ethics for psychologists* (CPA, 2017), the *Canadian counselling and psychotherapy association: Standards of practice* (CCPA, 2021), and the *Tri-council policy statement: Ethical conduct for research involving humans* (CIHR et al., 2022). For Canadian therapists in clinical practice, professional development is also required to better understand the application of EFT and CCT to support Latino males with childhood sexual abuse disclosures.

### **Ethical Considerations in Emotion-focused and Client-centered Therapies**

The *Canadian code of ethics for psychologists* has four principles that need to be adhered to when providing therapeutic support to clients. These are: principle 1, respect for the dignity of persons and peoples; principle 2, responsible caring; principle 3, integrity of the relationship; and Principle 4, responsibility to society (CPA, 2017). The *Canadian counselling and psychotherapy association: Standards of practice* has 13 standards; three are critical to consider in the context of this topic: professional responsibility; consultation services; and counsellor/therapist education and training (CCPA, 2021). The *tri-council policy statement: ethical conduct for research involving humans* has three principles: respect for persons; concerns for the welfare of persons; and justice (CIHR et al., 2022). This section further reviews how ethical considerations are applied to both EFT and CCT, including reviewing consent, confidentiality, limits to confidentiality, and suicide risk assessment in counselling.



Respect for the dignity of persons and peoples stresses the need for respect and knowledge surrounding the culture and values of others (CPA, 2017). Principle 1 also acknowledges the counsellor's responsibility to view each person as worthy and treat them with non-discrimination (CPA, 2017). Emotion-focused therapy strongly emphasizes the continuous acceptance of a client throughout therapy (Greenberg, 2006), yet does not specifically highlight the inclusion of culture. Client-centered therapy aims to understand a client's unique world including their culture, authentic beliefs, and unique valuing system (Swan & Ceballos, 2020). When supporting males with disclosure, it is important to identify cultural barriers to understanding the disclosure process and obstacles that may exist (Alaggia et al., 2019). EFT and CCT together align with Principle 1 as EFT emphasizes client acceptance and CCT highlights the importance of cultural inclusion to fully understand the unique worlds of clients (Greenberg, 2006; Swan & Ceballos, 2020).

Responsible caring requires therapists to evaluate aspects of their practice that may influence interactions and perceptions when working with others. Responsible caring includes a strong focus on benefiting clients and doing no harm to them (CPA, 2017). Emotion-focused therapy establishes and actively works to create an environment that provides safety, empathy, and validation while continuously offering acceptance of the client (Greenberg, 2006). In client-centered therapy, therapists do not force movement or change, but instead to follow the clients' lead at a rate the client directs (Rogers, 1946). Responsible caring emphasizes doing no harm (CPA, 2017). Through both EFT and CCT, counsellors actively create safe environments and support the client's pace in session. EFT and CCT alone do not meet Canadian ethical standards; they work together to meet these standards.

## **Consent**

Before starting any form of counselling, male clients need to understand the type of support the counsellor can offer including their areas of expertise, modalities they use and what they entail, the pros and cons of counselling, the client's rights and responsibilities, and the counsellor's designation (CCPA, 2021; CPA, 2017). Consent to services includes providing all the needed information for a client to fully understand what they will be participating in, with whom, what it will entail, how often, and where (CPA, 2017). In accordance with CPA (2017), counsellors are required to obtain consent from all parties including those who may be responsible for adult-aged individuals (legal guardians).

## **Confidentiality**

Within counselling it is crucial to fully explain confidentiality and what it entails in a counselling space. It is also important to discuss who is privy to what information, when, and why (CPA, 2017). Furthermore, it is important to highlight when confidentiality has limitations and to ensure clients are fully informed of the limitations that exist for them in counselling and why (CCPA, 2021). In the case of adult clients with a history of CSA, this information is held under confidentiality as long as the adult client is legally able to make their own decisions. The counsellor does have the responsibility to inform the client of confidentiality limitations, which include the legal requirement to breach confidentiality if any vulnerable person is actively being harmed or is in need of protection (CPA, 2017). It is crucial that counsellors discuss the limits to confidentiality in therapy so clients can make decisions about what they share from an informed place. CSA is an illegal act, and thus it is important for counsellors to know the legal and ethical obligations relevant to their discipline and area of work (CPA, 2017). Although CSA is illegal it is in the adult's right to choose to report their history of CSA or not, not the role of the

counsellor. It is the counsellor's responsibility to inform themselves of limits to confidentiality and to share these limitations with their clients (CPA, 2017).

### **Risk Assessment**

It is the greatest responsibility of counsellors to ensure those in the most vulnerable positions are provided with responsible care (CPA, 2017). Males with a history of CSA can be considered a vulnerable population because of the effects caused by their experiences of trauma. When working with a vulnerable population care must be taken when discussing past traumas and counsellors must continually assess for risk of harm to clients themselves or to others (CCPA, 2022; CPA, 2017). When assessing risk Canadian counsellors use some common tools with adults that are counsellor-administered scales. The Beck Scale for Suicide Ideation (BSS), measures both suicide desire and intent (Beck et al., 1979). The Ask Suicide-Screening Questions (ASQ), assesses for suicidal desire and intent (Horowitz et al., 2012). One scale that can also be used and does not require the counsellor to administer it is the Suicidal Behaviours Questionnaire-Revised (SBQ-R); this tool assesses for suicidal desire, intent, and capability for follow through (Osman et al., 2001).

When working with survivors of CSA it is important to reduce discomfort surrounding discussion of suicide. Discomfort can be reduced by being open to discussing this topic in conversations without judgment and hesitation. It is important for counsellors to assess for risk when first meeting a client and throughout counselling as rapport is built. Being transparent with clients about ongoing assessment for risk supports clients to understand the purpose of such assessments and why they are necessary. When counsellors are transparent in this way, the dignity of their clients is protected (CPA, 2017).

## **Professional Development**

Male survivors do not always access services specific to CSA experiences due to challenges they may encounter with disclosing their history of CSA (Cashmore & Shackel, 2018; Easton & Kong, 2016). Furthermore, lack of counsellor education surrounding male CSA often leads to misdiagnosing clients or inappropriate therapeutic interventions (Sivagurunathan et al., 2019). This capstone highlights some of the known challenges male survivors face so that counsellors are better able to identify changes that could take place in their clinical practices. Professional development in the following areas may support counsellors to create more supportive therapeutic environments.

### ***Assessment of CSA***

The findings from this capstone highlight the importance of considering the potential for CSA experiences in male clients. Males may access therapeutic supports for challenges that are behavioural and may seem unrelated to CSA (Easton & Kong, 2016). These same clients may in fact be coping in ways that align with strict gender norms making it difficult to identify a history of CSA (Guyon et al., 2021; Myrie & Schwab, 2022; Widanaralalage et al., 2022). Canadian counsellors need to understand that a potential exists for a male client to have a history of CSA and to understand how CSA can present in males (O'Leary, 2017). Rapsey et al. (2020) show that therapists who avoid assessment or show discomfort towards CSA may cause further harm to their male clients. Such avoidance reinforces secrecy or perpetuates shame for male clients (Rapsey et al., 2020). Through the exploratory nature of EFT (Greenberg, 2006) and the unconditional and empathetic principles of CCT (Rogers, 1946) counsellors can take on an active role by directly and clearly assessing for history of CSA when working with males (Easton, 2013). Additionally, therapists can adopt an ongoing approach to the assessment of childhood

sexual abuse (Easton, 2013). Professional learning focused on active and ongoing approaches to assessing for CSA may promote safer spaces for male disclosures of CSA.

### ***Challenging Stereotypes***

Gagnier and Collin-Vézina, (2016) suggest that practitioners need to recognize that male victims of CSA are common. This capstone highlights the effects childhood sexual abuse stereotypes have on male survivors (Easton & Parchment, 2021; Gagnier & Collin-Vézina, 2016; Widanaralalage et al., 2022). For Canadian counsellors, action is called for to challenge stereotypes at different levels. At a societal level, counsellors can challenge notions that perpetuate harmful stereotypes and correct such narratives. Easton and Parchment (2021) discuss the importance of counsellors recognizing and conveying an awareness of the prevalence of male CSA. At a personal level, counsellors need to assess their own beliefs and to be sufficiently sensitive to how stereotypes associated with childhood sexual abuse and how male survivors present themselves (CPA, 2017). It is important for counsellors to be aware that any gender can have experiences with CSA. Within sessions, counsellors must attend to childhood sexual abuse stereotypes that are harmful to male clients. Stereotypes can cause barriers to males with histories of CSA and further promote the silencing of male experiences (Easton & Parchment, 2021; Gagnier & Collin-Vézina, 2016; Widanaralalage et al., 2022). It is important for therapists to collaboratively explore stereotypes in sessions and to include such collaboration as part of their treatment plan. Through this collaboration, therapists can learn of the unique influence stereotypes have on a male client. Through empathy and limited judgment a male may be able to explore these influences in detail with their therapist. Therapists need to continue to engage in professional learning to understand stereotypes that impact disclosure of CSA in males and to

learn how to provide supportive environments that limit the impact of these harmful stereotypes, increasing the potential for disclosures to take place.

### ***Challenging Gender Norms***

Males often are influenced by harmful narratives dictating what it means to be a man both on a societal level and personal level (Guyon et al., 2021; Myrie & Schwab, 2022; Widanaralalage et al., 2022). Sharma (2022) states that it is imperative for counsellors to challenge harmful heteronormative values and practices that silence male survivors of CSA at a societal level. On a personal level, it is imperative that counsellors engage in professional learning to build awareness of their own biases, prejudices, and stereotypical beliefs when working with men, especially men of colour (Myrie & Schwab, 2022). As outlined in Principle 2 of the *Canadian code of ethics for psychologists*, counsellors are advised to evaluate their own beliefs and attitudes and seek supervision or support when they are unable to offer responsible caring (CPA, 2017). Myrie and Schwab (2022) discuss the need for therapists to access education and training around sociocultural influences and the impacts of these influences on male CSA and its disclosure. By doing so, therapists become more aware of their stigmas and actively reduce the impact of their biases in therapy. Therapists can promote supportive environments for male disclosure by utilizing a collaborative stance. Through the use of EFT's explorative principles (Greenberg, 2006) and CCT's client-centered approach (Rogers, 1946) therapists and male clients can collaborate to explore and understand masculinity and gender norms and how they influence male individuals (Sharma, 2022). Treatment planning that includes exploration of gender norms supports males in counselling and promotes their engagement.

### ***Cultural Competency***

There is an underrepresentation of ethnic minorities within the sexual abuse literature (Guyon et al., 2021; Rapsey et al., 2020; Widanaralalage et al., 2022). This capstone highlights the limited research on culture and male disclosures of CSA. Despite limited research, the research that does exist highlights the importance of cultural competence (Camacho et al., 2022; Gill & Begum, 2023; Myrie & Schwab, 2022; Widanaralalage et al., 2022). Male survivors of childhood sexual abuse who identify with a unique cultural group or collectivist society may experience distinct environmental and cultural factors that interface with their experiences of CSA (Gill & Begum, 2023; Myrie & Schwab, 2022; Sharma, 2022). Although there is limited research about this population, therapists can access information directly through their collaborative work with male clients. By employing CCT's client-centered and culturally aware principles a therapist can guide their work towards disclosure for male clients who have experienced CSA (CCPA, 2021; Rogers, 1946; Swan & Ceballos, 2020). Through the guiding principles of EFT, therapists can explore and consider the unique cultural needs of males. Throughout therapeutic work, therapists can make an intentional effort to continuously learn more about their client's cultural values by providing space for their male clients to share cultural factors that are important to them.

### ***Meaning Making***

Many males experience challenges identifying their experiences of abuse as childhood sexual abuse (Camacho et al., 2022; Rapsey et al., 2020). It is important to understand the subjective perception or meaning-making that males assign to their experiences of CSA (Petersson & Plantin, 2019). It is important for counsellors not to assume that all male clients conceptualize CSA the same way as their therapists. Sharma (2022) indicates that some males

experience limited discussion of sex and sexuality; this interferes with their understanding of sex and CSA and creates barriers to its disclosure. This is important to acknowledge when creating supportive spaces for disclosures. Therapists may be required to provide a clear definition of childhood sexual abuse during assessments. Through the intentional act of providing a clear definition, a therapist may aid in providing an informative environment supportive of CSA disclosures.

### **Summary**

Therapists may need further educational training to understand how emotion-focused therapy and client-centered therapy can support Latino males with childhood sexual abuse disclosures. A Canadian counsellor's ethical obligation is to provide responsible care and to create an environment that promotes respect for the dignity of persons and people (CPA, 2017). Therapists can begin to provide responsible care, respect and dignity for clients, and a supportive space for disclosures by building on their knowledge and understanding of male disclosures. Counsellors need to understand their competence and limits (CCPA, 2021; CPA, 2017) and to provide a safe environment for disclosures (Alaggia & Millington, 2008). Therapists can take on an active role in educating themselves on the unique disclosure patterns of males (Easton, 2013). It is the responsibility of therapists to educate themselves on how to respond therapeutically when supporting males with disclosures (Alaggia & Millington, 2008). This can be done by taking on a collaborative approach with males in therapy and gaining their perspective on what they need. Finally, therapists can engage in continuing education to build their understanding of the populations they work with and their competency to support males with CSA disclosures in therapy (CPA, 2017).



## Conclusion & Recommendations

This capstone critically analyzes the research literature to explore how emotion-focused therapy and client-centered therapy can best support Latino males with childhood sexual abuse disclosures. A number of concepts needed to be explored to better understand this topic. The modalities of EFT and CCT can play a role in creating supportive environments for the disclosure of CSA in view of a number of identified barriers to disclosure for male survivors. EFT is founded on structured and exploratory principles that emphasize safety, empathy, and validation (Greenberg, 2006). CCT is useful due to its non-directive approach and foundational principles of unconditional positive regard and the importance it places on the therapeutic relationship and cultural awareness ((Rogers, 1949; Swan & Ceballos, 2020). EFT and CCT have not been researched in depth in terms of their efficacy dealing with childhood sexual abuse in males and disclosures of these survivors. Together they offered the balance needed to create supportive environments for the disclosure of CSA. Males in the existing research literature identify the need to be believed, listened to, understood, and treated with empathy in therapy (Rapsey et al., 2020), and these characteristics are priorities in both EFT and CCT.

A total of five themes were identified in the research literature on the experiences of CSA in males. The first theme, found in individualist societies, focuses on the stereotypes associated with childhood sexual abuse (Easton & Parchment, 2021; Gagnier & Collin-Vézina, 2016; Widanaralalage et al., 2022). The second theme, identified in collectivist communities, is the concept of community first and family honour (Gill & Begum, 2023; Myrie & Schwab, 2023; Sharma, 2022). The last three themes, identified in both individualist societies and collectivist communities, are gender norms that position men as strong and dominant (Guyon et al., 2021; Myrie & Schwab, 2022; Widanaralalage et al., 2022), homophobic attitudes (Harris & Dunn,

2019; Widanaralalage et al., 2022), and the challenges some men experience identifying their experiences as abuse (Camacho et al., 2022; Rapsey et al., 2020). Each of the five themes shed light on barriers to male disclosures of CSA. EFT and CCT are modalities well suited to breaking down these barriers to enable male survivors of CSA to access support in therapy.

This capstone project also identifies five areas where therapists can benefit from professional development to support disclosures through the use of both EFT and CCT in counselling. Counselling therapists are found to benefit from professional learning focused on assessment of CSA, challenging stereotypes, challenging our gender norms, cultural competency, and meaning-making. Both EFT and CCT promote the use of collaborative work and treatment planning with male clients in therapy. Due to the limited research on males and CSA, working collaboratively with a male clients offers a supportive therapeutic environment for disclosures. Therapists are encouraged to engage in ongoing learning to better inform themselves of the unique needs of male survivors of CSA in therapy.

### **Recommendations for Future Research**

Future research into male disclosures of CSA needs to focus on the development of a more universal definition of CSA, more studies need to be conducted in Canada, and research could explore other therapeutic modalities and their effectiveness with male survivors. These future recommendations are further explored in the following subsections. Due to the lack of a universal definition of CSA some challenges presented themselves throughout the completion of this capstone. Canadian researchers need to create a universal definition of CSA to be applied in therapeutic contexts in Canada. This will allow consistency in the research literature in terms of common understandings of the age of consent, legal age of CSA victims, and types of CSA experiences. A collaborative approach should be taken that includes institutions actively working

on research focused on trauma and CSA. A collaborative approach takes advantage of existing expertise to work together to create greater understandings and consistencies in Canada. An institution that could be included in this work is the Centre for Research on Children and Families. This institution has already published research about a conceptual model and advocates for a consistent definition of CSA. In addition, the Child Trauma Research Centre could be included as this centre has already participated in research about childhood traumas, including CSA. Finally, the George Hull Centre could be included. This centre has engaged in research specific to childhood traumas and CSA. All three of these institutions are research centres that have done and continue to actively work towards creating change in policies, training, and enhancing counselling practices in Canada.

Due to limited research about survivors of CSA who are men of colour, this capstone analyzed studies from different parts of the world. Studies that have been conducted in Canada to date involve few men of colour. Future research in Canada needs to include more participants who identify as men of colour. Furthermore, Canadian research moving forward can incorporate Latino males and males from other diverse groups who have experiences with CSA. To generalize findings it is crucial to include diverse participants from a variety of socioeconomic backgrounds, educational backgrounds, employment backgrounds, and ages in research. There is limited existing research on the use of emotion-focused therapy and client-centered therapy as modalities to support males who are survivors of CSA (and their disclosures) in counselling contexts. It would be beneficial for future research to be conducted on male disclosure of CSA, with an analysis of the effectiveness of EFT and CCT with males in therapy.

## **Self-Reflection**

Throughout this capstone I learned of numerous personal and social barriers that influence males and their disclosure of CSA. Not only do males often manage the effects of CSA alone, they also face the societal and sometimes cultural pressures of what it means to be a man. Through the completion of this capstone I have built a stronger understanding of the complexities involved in male disclosures of CSA. My findings highlight the important role that therapists hold when working with males, and I am honored to be entering this field. This research project has helped me to realize the need for continued learning and growth within my own competency when working with males (including Latino males) with histories of childhood sexual abuse. I have also developed empathy and understanding of the males I have and will encounter in my line of work. As a female therapist, I am now able to better empathize with and begin to understand the challenges males face when accessing CSA supports.

Due to the limited research on males and CSA disclosures, I now have a deeper appreciation for modalities that promote collaborative work. Despite the limited research on the experiences of male survivors of CSA, EFT and CCT both prioritize collaborative work with clients who are viewed as the experts in their lives. Although these therapeutic modalities provide very helpful information on ways to support individuals, the therapeutic frameworks they offer can never exceed the value of direct information provided by clients themselves. Collaboration between counsellors and clients is crucial to understanding what individual clients identify as most helpful. CCT views people as capable beings with a driving force toward change when in supportive environments (Rogers, 1957). Although these are beliefs I already hold this capstone reminds me of the value of this approach within the EFT and CCT modalities.

As I move on to practice as a counsellor in Canada, the information I learned during this capstone research project is information I will share with others in my work and personal lives. It is clear that specific communities and society more broadly can impact the experiences and repercussions of CSA for males. By sharing this information with others I begin to engage in a narrative that aims to challenge or correct harmful beliefs regarding males and childhood sexual abuse. I am motivated to do my part to shift limiting narratives that exist in all communities, including the communities I am a part of as a counselling therapist.

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## Appendix

Below is a list of definitions used throughout this capstone to address the research question: How can emotion-focused therapy and client-centered therapy best support Latino males with childhood sexual abuse disclosures?

**Barriers:** refers to non-physical obstacles that impede a male's ability to disclose their history of sexual abuse.

**Childhood sexual abuse:** an event that occurs when an adult, teenager or older child touches a child (person under the age of 18) sexually or uses a child in a sexual way. Child sexual abuse includes someone touching a child's private parts, forcing a child to touch, or look at another person's private parts, and taking or trying to take pictures or videos of a child engaging in these behaviours (Heidinger, 2022). CSA can include the following four types of behaviours: "non-contact, genital touching, attempted vaginal and anal penetrative acts, and vaginal and anal penetrative acts" (Martin & Silverstone, 2013, p. 1). Furthermore, the person under the age of 18 does "not fully comprehend, does not consent, or is unable to provide informed consent, or is not developmentally prepared and cannot provide consent to sexual activity" (Centers for Disease Control and Prevention [CDC], 2022, p. 75).

**Client-centered therapy (CCT):** a non-directive therapeutic theory where clients are provided with a supportive relationship, unconditional positive regard, and are viewed as more than capable of reaching self-actualization (Rogers, 1949).

**Collectivist:** "a social or cultural tradition, ideology, or personal outlook that emphasizes the unity of the group or community rather than each person's individuality" (American Psychological Association, 2023).

**Culture:** “the distinctive customs, values, beliefs, knowledge, art, and language of a society or community” (American Psychological Association, 2023).

**Disclosure:** the Canadian definition is understood as an ongoing process between an initial disclosure and all subsequent disclosures thereafter (Alaggia, 2019; Gagnier & Collin- Vézina, 2016). Disclosure is also understood to be the purposeful action of informing someone (Public Safety Canada, 1997).

**Emotion-focused therapy (EFT):** a therapeutic theory, created through the integration of client-centered principles and Gestalt methods (Greenberg, 2006). Emotion-focused therapy views emotions as the guiding meaning makers of individual experiences which create either adaptive or maladaptive functioning in a person (Pos & Greenberg, 2007).

**Individualist:** “a social or cultural tradition, ideology, or personal outlook that emphasizes the individual and his or her rights, independence, and relationships with other individuals” (American Psychological Association, 2023).

**Latino:** a male person whose origins are from within Latin America, a geographical location with land boundaries extending from Mexico to Central America, and South America. It also includes males from the Caribbean.

**Male:** refers to a person’s sex at birth.

**Posttraumatic stress disorder (PTSD):** a diagnosis whereby specific symptoms are experienced by an individual after one or more traumatic events (American Psychiatric Association, 2022).

**Trauma** exposure to a traumatic or stressful experience resulting in a combination of one of the following characteristics: anxiety, fear, loss of feelings of pleasure, dysphoric symptoms, externalizing behaviours, or dissociative symptoms (American Psychiatric Association, 2022).