



# Overcoming Challenges of Intimacy: Male Child Sexual Abuse Survivors' Experiences of Achieving Healthy Romantic Relationships in Sweden

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## Abstract

**Purpose** Studies on sexual health following male child sexual abuse (CSA) have identified the negative effects of such experiences on body functioning, but little is known about male CSA survivors' ability to create emotional and physical closeness in romantic relationships. The purpose of this article is to explore how male CSA survivors perceive, experience and develop intimacy in romantic relationships, including both the challenges they face and the positive changes that enable them to grow and achieve healthy relationships.

**Method** The study has employed a qualitative research approach and is based on in-depth interviews conducted among adult male CSA survivors residing in Sweden. Participants were recruited through civil society organizations and an ad in a daily newspaper. Using reflexive thematic analysis, the results are presented in relation to two themes: (a) challenges of intimacy; and (b) building trust and close relationships.

**Results** The results show that participants desired couple relationships that included both sexual and emotional intimacy. The challenges of intimacy were related to compromised sexual identity, sexual dysfunctions and compulsions, emotional dysregulation, and body shame. Efforts to achieve intimacy were facilitated by disclosing abuse experiences, developing emotional bonds or awareness, embracing sensitivity, and having an empathetic and supportive partner.

**Conclusions** Reconstructions of abuse histories were both challenged and facilitated by the accessibility of various and shifting ideas about masculinities that co-exist in Sweden, which were important sources for meaning making and assisted the men in developing positive valuations of themselves as men.

**Keywords** Child sexual abuse · Intimacy · Masculinity · Sexual health · Romantic relationships

## Introduction

Research on CSA has expanded significantly over recent decades. CSA is now recognized as a trauma that affects both female and male survivors to a major extent. On a global scale, researchers estimate female CSA exposure to range between 15.0 and 19.7% while male CSA exposure ranges from 7.6 to 8.0% (Sanjeevi et al., 2018). Male survivors of CSA have been found to be significantly less likely than females to disclose or report exposure to sexual abuse

or to seek professional help and health services (Alaggia et al., 2019; O'Leary & Barber, 2008). This makes it difficult to estimate male CSA rates across different countries with any certainty. Discrepancies in prevalence studies can also be linked to variations in definitions of sexual abuse and in sample characteristics (clinical or community). In Sweden, 4% of adult men report having experienced severe forms of CSA, including abuse by penetration (NCK, 2014). When other forms of sexual contacts were included, such as sexual touching and fondling, a total of 11% of the men report such incidents having occurred in their childhood.

Researchers have investigated the adverse long-term impacts of CSA on mental and sexual health. While CSA is clearly associated with a risk for sexual health difficulties among adult women, less research has examined the impact of CSA on adult men's sexual health (Gewirtz-Meydan &

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Opuda, 2022). Studies show that male CSA increases the risk of developing sexual anxiety and dysfunctions in adulthood, such as sexual avoidance or fear of sexual contact, ejaculatory or erectile problems, difficulties experiencing sexual desire and arousal, problems with being touched sexually and dissatisfaction with one's sex life (Easton et al., 2011; Gewirtz-Meydan & Opuda, 2022; O'Leary et al., 2017). Male CSA survivors also describe difficulties with compulsive or hypersexual behavior (Meyer et al., 2017). Other studies associate male CSA with sexual risk behaviors, which may lead to sexually transmitted infections and HIV (Markowitz et al., 2011; Mattera et al., 2018). Furthermore, male survivors of CSA frequently suffer from psychological distress, which may be related to and is likely to have an impact on sexual health, including difficulties such as post-traumatic stress disorder, depression, suicidality, isolation, anger and hostility, alcohol and substance abuse, and feelings of shame and self-blame (Alaggia & Millington, 2008; Easton et al., 2013, 2019; Lyons & Romano, 2019).

The bulk of research on sexual health following male CSA has successfully explored the relationship between the phenomenon and the pathological conditions experienced by the survivor. The body is here perceived as a biological entity reacting to the trauma of sexual abuse. Thus, research on the long-term consequences of male CSA has typically focused on the negative effects on body functioning. However, sexual health involves more than illnesses related to sexual behavior and functioning. The World Health Organization (WHO) encourages the application of a more holistic view of sexual health, which encompasses the physical, emotional, mental and social wellbeing of the individual and the possibility of having pleasurable and safe sexual relationships and experiences (WHO, 2006). Intimacy is associated with human attachment and refers to the quality and depth of emotional or physical closeness in personal or romantic relationships. The attachment process between the infant and its caregivers in the early childhood years shapes the way humans bond with one another in adulthood (Bowlby, 1969/1982). As a result of inconsistent caregiving or maltreatment, the infant may have difficulties trusting the caregiver and may therefore avoid closeness. Child maltreatment, including emotional and sexual abuse, is significantly associated with the development of insecure attachment patterns, poor emotion regulation strategies, multiple risk behaviors (Oshri et al., 2015) and compulsive sexual behavior (Meyer et al., 2017). Studies show that memories of CSA may manifest themselves in the survivor's body, resulting in body shame, disrupted body boundaries and discomfort when physically close to others (Talmon & Ginzburg, 2018). CSA significantly increases the risk for interpersonal relationship issues, including relationship breakdowns, divorce and family problems (Dube et al., 2005; Whisman,

2006). Highlighting various risk factors following CSA is important in order to develop interventions that may be helpful for those who are experiencing distress and difficulties in romantic relationships, but little is known about survivors' experiences of sex and intimacy in everyday life or how they achieve healthy romantic relationships. In fact, little research has focused exclusively on adult men's lived and gender-specific experiences of romantic relationships following CSA (Weetman et al., 2022). In accordance with the WHO (2006) definition of sexual health, which places emphasis on positive sexual experiences, research of this kind involves an approach that situates an individual biopsychosocial perspective in social and cultural contexts.

### **Masculinity, Intimacy and Processing Sexual Trauma**

While researchers who study romantic relationships agree that intimacy is important to relationship satisfaction, stability and well-being, studies have shown that perceptions, experiences and expressions of intimacy are culturally diverse and dependent on social constructions of gender (Jankowiak, 2008; Jansz, 2000). Characteristics of intimacy, such as high levels of communication, affection and closeness, are more often reported by women than by men. Traditional discourses suggest that men privilege sex over love and affection in intimate relationships (Jansz, 2000). This may be associated with hegemonic notions of masculinity, including male attributes such as sexual assertiveness, virility, heterosexuality and emotional restrictiveness (Connell, 1995). Other studies have shown that men may combine such conventional codes of masculinity with cultural influences that place emphasis on emotional expressiveness (Allen, 2007; Patrick & Beckenbach, 2009). Young heterosexual Swedish men describe intimacy differently depending on the sexual situation (Elmerstig et al., 2014). In romantic relationships, these men described intimacy as involving mutual honesty, openness and closeness in cases where they felt allied or equal with their partner. The men placed a high value on this type of intimacy and regarded it as necessary in order to reach both emotional and physical pleasure. In situations involving one-night stands, the men instead adopted traditional and stereotypical forms of masculinity. It has been argued that Swedish men have access to strong discursive support for the adoption of a more caring and affectionate masculinity as a result of the country's unique and well-implemented gender equality policies, which are aimed at producing equal conditions for men and women both in work and family life (Bergman & Hobson, 2002; Plantin, 2015).

Considering that the lasting effects of male CSA may inhibit both sexual functioning and the ability to establish secure attachment bonds in romantic relationships, one relevant question is that of how survivors experience and navigate contemporary expectations of sex and intimacy in romantic relationships. Male CSA survivors often describe conflicting thoughts about their sexual identity and orientation, questioning whether their experience of sexual abuse means that they are gay or might lead others to perceive them as gay (Garnier & Collin-Vézina, 2016; O’Leary & Barber 2008). This confusion or ambivalence has been shown to inhibit their ability to achieve close connections and to have pleasurable intimate relationships (Alaggia & Millington, 2008; Easton et al., 2019). Other male CSA survivors report avoiding or fearing sexual intimacy and romantic relationships (Alaggia & Millington, 2008; Easton et al., 2019; Kia-Keating et al., 2005). Men who say no to having sex challenge normative hegemonic descriptions of how men should be (Lew, 2004). It may be easier for men to disclose compulsive sexual behavior because of the alignment between such behavior and conventional male sexuality, whereas sexual dysfunctions reinforce the narrative of victimhood (Gewirtz-Meydan & Opuda, 2022). Compulsive sexual behavior following CSA has been reported as a means for survivors to avoid emotional intimacy (Gill & Tutty, 1999) and to prove their manliness (Sivagurunathan et al., 2019). Others have argued that compulsive sexual behavior, which is associated with attachment deficits, is used by survivors as a coping strategy to regulate underlying feelings of worthlessness, and to normalize sex and create closeness and affection (Meyer et al., 2017). The victimization of male CSA survivors may be stigmatizing and places the men in a position as weak, vulnerable, powerless and passive, which results in strong feelings of inferiority, shame, self-blame and low self-esteem (Easton et al., 2014, 2019). Rather than finding solutions to the dilemmas they face regarding what constitutes manhood, some male survivors of CSA overemphasize traditional masculine attributes by adopting a hypersexual, overcontrolling and aggressive behavior (Lisak, 1994).

Research on traumatic life experiences demonstrates that the process of overcoming such memories can result in positive transformative experiences for the individual, a phenomenon known as posttraumatic growth (Tedeschi & Calhoun, 2004). Accounts from male survivors of CSA reveal that they can move away from a negative self-understanding formed by the abuse experience and develop more positive ways of valuing themselves (Andersen, 2008). Posttraumatic growth may also result in relationship improvements. Individuals report positive changes in the direction of increased empathy or compassion, greater connection with others, and closer, warmer and more intimate

and meaningful relationships (Tedeschi & Calhoun, 2004). Having long-term, committed and secure relationships may facilitate growth and well-being. However, posttraumatic growth has mainly been described in research focused on female CSA survivors (Weetman et al., 2022). In fact, conventional masculine norms may have adverse effects on men’s possibilities for posttraumatic growth, since the adoption of attributes such as emotional restrictiveness may inhibit men’s ability to reflect on, communicate and understand their history of abuse (Easton et al., 2013). Only a limited number of studies have focused on how male CSA survivors develop long-term connections and emotional openness (Kia-Keating et al., 2005, 2010). Crete and Singh (2015) have described how male CSA survivors develop resilience in intimate relationships with their female partners. The men’s relational challenges were identified as self-hatred, insecurity, restricted emotionality, masculine identity crisis and negative coping strategies. In the process of recovery, the men renegotiated their masculine identity and developed empathy, trust and closeness with their partners.

To summarize, this review of the existing literature shows that male CSA research has focused on how sexual trauma impacts on individual body functioning rather than on the survivors’ lived experience of romantic relationships. To address this gap, the purpose of the current article is to capture the way male CSA survivors in Sweden perceive, experience and develop intimacy in romantic relationships, and includes a focus on both the challenges they face and the positive changes that enable them to improve the quality of their relationships.

## Method

### Recruitment and Participants

In 2017, we started a research project in Sweden that explored how adult men understand and respond to their experiences of sexual victimization, including men with experiences of sexual violence in childhood or/and adulthood (Pettersson & Plantin, 2019). In 2022, we decided to continue working exclusively with the data that focused on men with experiences of CSA. Since these data related only to seven participants, we extended our data collection and included more.

A purposive sampling approach was employed in both 2017 and 2022, which was strategically directed at finding participants who were able to answer our research questions rather than representing the general population (Hays & Singh, 2012). To participate in the study, individuals had to identify themselves as male, be over the age of 18, and

have experience of sexual abuse in childhood (<18 years). In 2017, the participants were recruited by means of an ad in a Swedish newspaper. In 2022, we contacted two national survivor organizations in Sweden, which posted information about the study online to inform their members. As a result, three additional study participants were recruited. Altogether, the sample of this study consisted of ten cisgender male adults recruited from the community. All participants had experienced CSA, involving abuse by penetration (anal, vaginal) or direct physical contact (fondling, masturbation, oral sex). Most of these violations had been perpetrated by men, but three of the participants had been abused by females. The perpetrators were family members, relatives or someone familiar to the survivor. Four of the men had been abused by different perpetrators on separate occasions. At the time of the study, all participants were residing in Sweden. Nine men defined their ethnic origin as Swedish, one had been born and raised in another Western European country. Most of the men had a middle-class lifestyle. Eight of them had a college or university education. At the time of the interview, eight men were in stable couple relationships, while two were single. Several of the men had gone through multiple divorces and relationship breakdowns over the life course. For more information about the participants, see Table 1.

## Ethics

Research on the experience of sexual abuse has given rise to ethical discussions regarding whether such research may reopen old wounds or re-traumatize the participants (Nielsen et al., 2016). To minimize harm, the study participants were informed about both the aim of the study and the type of questions that would be covered during the interviews so

that they had time to consider their participation thoroughly in advance. Individuals with serious ongoing mental health issues, such as suicidal thoughts, depressions or psychosis, were excluded from participation. A period of at least 18 months had to have passed between the occurrence of the sexual abuse and participation in the study in order to ensure that participants would be emotionally ready to reflect on their experiences. Participants were provided with information about health units that could be contacted in the case of emotional distress following the interviews. Ethical approval was granted by the Regional Ethical Review Board in Lund in 2017 and was extended by the Swedish Ethical Review Authority in 2022. Participants have been fully anonymized in the article.

## Procedures and Data Analysis

To ensure that the men were eligible for the study, phone or email conversations were held with them prior to conducting our in-depth interviews. The interviews took place in the fall of 2017 and 2022. Each participant was interviewed on two separate occasions in order to clarify their answers and to discuss certain topics in depth. Most interviews were conducted in the form of face-to-face encounters. One interview was conducted via zoom due to long geographic distances. Participants provided written consent before the interviews took place. Each interview lasted 60–90 min. The interview guide that was used in both 2017 and 2022 included questions such as how the participants experienced intimacy, how CSA impacted their sexual and intimate lives, how they coped with their sexual and relational difficulties and how they tried to improve the quality of their intimate relationships.

All interviews were conducted, audio-recorded and transcribed verbatim by the first author. The analysis started as soon as the first interviews had been conducted in order to become familiar with the data and develop additional questions that could be included in the subsequent interviews. The analysis of the entire data set, which includes the interviews conducted in both 2017 and 2022, was guided by reflexive and inductive thematic analysis, as described by Braun and Clarke (2006). This flexible analytical method was chosen because it facilitates the development of rich and complex themes that capture the diversity of understandings and analytical insights into how men make sense of their experiences of CSA and create meaning in their everyday sexual and intimate lives. Thematic analysis involves the search for repeated patterns of meaning across the data, identifying characteristics from the quotes, and creating codes on the basis of these patterns. The data were manually coded and sorted into possible themes and sub-themes so that similar properties were located together. Relevant

**Table 1** Background information on participants

Alias	Age	Relationship status	Sexual identity	Perpetrator(s)
Samuel	60s	Divorced, single	Straight	Mother, male relative
Nick	50s	Divorced, in relationship	Gay	Male friend of the family
Eric	50s	Remarried	Straight	Male headmaster
David	60s	Divorced, in relationship	Straight	Male headmaster, clergy
Tim	40s	Divorced, in relationship	Straight	Older brother
Martin	70s	Remarried	Straight	Female caretaker
Jim	50s	Married	Straight	Male acquaintance, male teacher
Oliver	50s	Divorced, single	Straight	Mother, the father of a friend
Tomas	30s	In relationship	Gay	Stepfather
Max	30s	In relationship	Straight	Male teacher

text passages were highlighted and compared with similar ideas expressed by other participants. Themes and sub-themes were constantly reviewed and reworked throughout the process of analysis as the data were discussed with the co-author. Possible gender biases have been reduced by the involvement of both a male and a female researcher in the process of analyzing, interpreting and discussing the data.

Methodological thoroughness and verification, which refers to the strategies used to ensure reliability and validity (Morse et al., 2002), were established by moving back and forth between design and implementation. In this way, we worked to achieve congruence between research and interview questions, literature, data collection strategies and analysis. The transcripts were compared with the audio-recorded interviews to ensure accuracy. All interviews were verified by asking the participants to read and correct their transcriptions.

## Results

Two overarching themes, which included sub-themes, were developed from the participants' narratives, namely (a) challenges of intimacy, and (b) building trust and close relationships. In the first theme, the participants initially describe the kind of intimacy that they desired and strived for. This is followed by how the experience of CSA manifests itself in the participants' sexual and intimate lives and how they perceived and experienced their ability to be intimate. The second theme describes how the participants had found new ways to develop intimacy in romantic relationships. Thus, the first theme focuses on the individual while the second concerns interpersonal relationships and the social and cultural context.

### Challenges of Intimacy

#### Ideal Romantic Relationships

All participants expressed couple relationships to be the most suitable and desirable social arrangement for them. In their descriptions of what constitutes a good romantic relationship, the men made a distinction between sexual and emotional intimacy, but achieving both was regarded as desirable. Two men explained: "For me, an ideal relationship is where two people enjoy each other's company, both physically and emotionally" (Tim). "Sex and physical attraction are important, but friendship and affection are key for a successful relationship" (Tomas). According to Martin, "Sex is better in committed relationships where you also have mutual affection, trust and a special, deep emotional connection with you partner. Casual sex does not

include love in that sense." Thus, the men in the study perceived sexual and emotional intimacy as closely interwoven in romantic relationships. Eric, who shared similar ideas, explained this further:

To be that kind of man who only thinks about sex all the time and who engages in casual sexual activities at any time is not acceptable in our society anymore, at least not at my age. At a personal level, it is not desirable either. Life seems pointless if you are not able to establish deep connections with a partner. (Eric)

Eric alluded to the shifts and tensions around male sexuality in the wider societal context when he explained the difference between casual sex and romantic relationships. Casual sex was referred to as an engagement without deep emotional connections while emotional intimacy was described as necessary for the creation of meaningful relationships. When asked questions about what makes good romantic relationships function well, two men said:

Relationships should be based on total equality and trust, where you and your partner feel equal, or on the same level, where you are able to talk about everything, and be yourself, no matter your deficiencies. Where you can reveal past experiences and mistakes without being ridiculed, questioned or disbelieved. (Samuel)

You need to show love and affection, share the same basic values, be equal, present, and acknowledge your partner. Both need to be mutually empathetic, responsive and understanding. You have to respect one another equally. (Tim)

The quotations reveal that study participants were longing for monogamous, stable, intimate and committed relationships in which they can feel safe. Equality, trust and reciprocity were mentioned to be key for a successful romantic relationship.

### Sexual Identity and Orientation

Some participants explained how their abuse experience had resulted in an ambivalent sexual identity and orientation. Nick gave the following account:

The thought that I like men just because I was sexually abused by a man during childhood has been difficult for me. I was attracted to men in my late teens, but I said to myself, 'you are sick and disgusting – you cannot possibly want to have sex with men'... I closed down that side of me completely and I got married to

a woman. I spent 8 years with her, not easy years. I was gay, trying my best to deny it... Our relationship was based on friendship, we were not like lovers in that sense. (Nick)

Compromised sexual identity impacted on Nick's ability to form and sustain intimate relationships. In a similar way, Tim also interpreted his experience of sexual abuse perpetrated by his older brother as having made him gay, but he broke with the heterosexual norm in the process of trying to understand why the abuse had happened, saying:

I have really been striving to be gay, inside of me, because it would have explained everything easily, the abuse I mean. I have never had a problem with homosexuality. I have woken up so many times in my life being sure that 'now I am gay' but all the gay relationships I initiated never worked out. It is not who I am. (Tim)

While Nick denied his homosexual identity as a result of stigma and shame, Tim coped with his experience of CSA by embracing and embodying pro-gay attitudes. Both were struggling with internal conflicts regarding their sexual identity, which made them dissatisfied and uncomfortable in their romantic relationships. Tomas, who shared similar experiences, explained this further:

It is so sad to see how lost I was when I was young, how many relationships with men or women that I initiated and ended, and all the shame and self-hate I felt. Even if close and committed relationships are what you really need, it is not possible when you do not know who you really are. (Tomas)

Conflicting thoughts about sexual identity and orientation inhibit or delay intimacy and affect relationship formation, satisfaction and stability. Tomas's compromised sexual identity went beyond the question of sexual preferences to involve an extra layer of troubling thoughts concerning his ability to achieve intimacy and long-term, stable romantic relationships.

### Male Sexuality

Study participants tended to depict male sexuality in negative and conventional terms, which may be related to the fact that the majority had experienced CSA perpetrated by men. Jim talked about men as sexual predators while referring to the sexual assault allegations made against film producer Harvey Weinstein. Jim conveyed feeling disgusted by men who brag about their sexual advances and who do not

take no for an answer, as they make sexual contact in abusive ways. He associated this abusive and excessive male sexuality with the men who had sexually abused him during childhood. This sensitivity was also described by other participants as a state of being highly alert to potential dangers. Samuel explained this by concluding: "If you are a survivor of CSA, you will scan your surroundings for potential pedophiles, rapists and perverts for the rest of your life." While none of the participants were worried about being or becoming an offender, a few still described that their history of CSA made them anxious about their own sexual behavior and sexual performance. Troubled thoughts mainly focused on compulsive sexual activity with multiple partners and compulsive masturbation and pornography use. Tim shared the following:

When I was a teenager, I became obsessed with masturbation. I could not resist, it was like a way out. I have had an enormous need to masturbate, I mean it is sick, and it has always haunted me, all my life, especially as a married man. (Tim)

Tim's concern about his sexual compulsion escalated as he became involved in a romantic relationship. Even if he managed to hide most of his obsessive activities, he still struggled with the behaviors that he felt to be inappropriate or inconsistent with married life. Like Tim, Nick also positioned himself as being sexually "different" in relation to others. Nick explained:

Of course, children masturbate, but I did it a lot. I could not fall asleep without masturbating. Situations of wrestling with friends tended to become something more, like sexual. The obsessions continued as a teenager, and I viewed myself as being sexually different in a shameful way... After the divorce I forced myself to have sex a lot, particularly with women. When I came out as gay, I became addicted to sex instead, and I had an obvious high-risk sexual behavior. When it was really bad, I could leave work to have casual sex during the lunch break, every day. I thought that having sex could ease anxiety, but I only turned the hate and abhorrence [following CSA] against myself. During this period of my life, it was impossible to have committed relationships. (Nick)

According to both Nick and Tim, sexual compulsion became a way of acting out the history of CSA and of trying to decrease the distress resulting from those experiences. They used sex in order to feel better temporarily, but their excessive sexual activities increased their feelings of shame and self-hate and resulted in ideas of being sexually deviant.

Sexual compulsions clashed with their ideas of how long-term, close and romantic relationships should be and function. Eric explained his formerly promiscuous way of life in the following way:

In those days, being a male singer in a band, you were expected to live according to the expression ‘sex, drugs and rock and roll,’ which I certainly did. In this way, I hid my abuse experiences behind an accentuated male sexuality. (Eric).

By hiding behind traditional discourses on male sexuality, Eric could avoid dealing with sexual compulsions. Other participants described how their abuse history resulted in a disinterest in or avoidance of sexual contact. Oliver, who had repressed his memories of CSA, shared the following account about what had happened in his marriage as he started to remember:

At an initial stage of our relationship everything was good, then, suddenly when we had sex, I had flashes from the incident where my friend’s dad raped me... After that incident, our relationship went downhill... I explained to her that I needed to take it easy, just talking and being close, but for her, sex was like a confirmation, so she was very upset if I didn’t want to have sex. As a man, I’m expected to want sex all the time. (Oliver)

When Oliver communicated sexual boundaries and said no to having sex when he did not want to do so, he was violating and challenging hegemonic descriptions of how men should be. Oliver recounted that he had, in a recent relationship, received comments about being gay because of his low sexual interest in women. Thus, both sexual compulsions and a lack of sexual interest resulted in troubled thoughts about how to achieve intimacy in romantic relationships.

### Body Perception and Sexual Attractiveness

Several participants expressed body dissatisfaction. According to Samuel: “My naked body has been a constant reminder of what happened [CSA], and it disgusts me.” A negative body image affected the men’s ability to be close to an intimate partner, both physically and emotionally. Two participants recounted:

Intimacy is difficult for me as I do not like to be naked and to be touched. I am very careful about being naked, I mean, not even in my own home. I never sleep without clothes, and I rarely take off all my clothes in intimate situations. (Tomas)

I have felt so ashamed of myself and my body [following CSA]. I have a distorted body image; I think I am very small. The kind of intimacy the perpetrator gave me was so shameful, which means that I perceive intimacy as ugly. I find affection difficult. I always sleep in my t-shirt, I find it difficult to be naked and to be touched, and sex becomes ... [deep sigh] well, ejaculating has always worked, but I have had to learn that first comes intimacy and affection. I find it easier to just have sex. To be emotionally close to someone is still a real challenge. (Nick)

Both Tomas and Nick tried to distance themselves from their bodies by covering them with clothes in intimate situations. In this way they protected themselves from the trauma they had experienced, including the sensations and functions of the body in current situations and relationships. As Nick indicated, body shame impacted on his overall perceptions of worth and self-confidence and on his ability to achieve emotional intimacy. Samuel elaborated on this further, saying: “When women have shown an interest in me, I have just wondered how it is possible. It actually turns me off and makes me feel nervous and confused.” Compliments about being attractive may bring back memories of CSA, and Samuel responded by feeling repelled and insecure. Since CSA violates both physical and emotional intimacy boundaries, the participants continued to re-experience their bodies as exposed, invaded, vulnerable and wrong. Nick expressed experiencing mixed feelings in relation to sexual attractiveness. He explained:

The abuse was often initiated or followed by compliments, gifts and other kinds of affirmations, which meant that the world became a confusing, unsafe and unpredictable place... I can still feel this ambivalence in intimate situations or when someone shows an interest. (Nick)

Nick’s abuse experience included conflicted feelings about being both *special* in a positive way and exposed to danger and violence. These conflicted feelings remain present in his life via his body memory and have strongly shaped and influenced his bodily and sexual engagements over time.

### Emotions and Vulnerability

During interviews, the study participants spoke at length about their difficulties in connecting with, understanding and communicating their emotions. Two participants shared the following:

What I learned as a child was to put everyone else's feelings before my own. When I get in touch with my own happiness and my feelings it has mostly given me anxiety, just to feel good and relaxed. It has been really tough in relationships. There have been destructive relationships. I have acted correctly based on how I know you should act, I have read a lot of self-help books and searched for myself and all that, but emotionally my wings are clipped. (Oliver)

When I'm with a woman, it's like I'm in a wheelchair. It feels like I have a lot of technical devices to help me out in a relationship, but physically and emotionally I'm still disabled when it comes to those real encounters of love. I do not feel anything. Therefore, I do not get involved in intimate relationships anymore. (Samuel)

Oliver and Samuel explained having a lower awareness of or ability to describe and connect with their emotions. David revealed that he often felt too much and easily became angry or overwhelmed. He said, "My biggest problem is that I am so angry, and it affects my relationships. I tend to end up in massive conflicts." Difficulties in regulating emotions reinforced the men's self-perceptions as emotionally damaged and inherently different. This was described as having a profound impact on their ability to connect emotionally with an intimate partner. Several participants expressed a need for a certain kind of partner who was able to understand their history of CSA and why they act the way they do. Tomas recounted:

Emotionally, I have a hard time, to show my partner, to put the feelings into words, to show my vulnerability. It often becomes a conflict instead. I diminish myself and my needs. To be honest, I think that I need to live in a more loving relationship than the one I have. I think it takes a certain partner to live with a person like me. (Tomas)

Tomas continued to explain the above quote by saying, "To meet my unspoken emotional needs, I constantly seek compliments and confirmation from my partner, which can be very demanding, confusing and draining for him." Oliver also addressed a need for a certain kind of partner. He recounted:

Women nowadays say: 'I want a man who is close to his feelings.' But when it comes down to it, they don't stand up for this. If I am emotional and vulnerable as a man, that means that I am not always strong. This requires more of my partner. Then my partner has to step in and be the strong person in the relationship. It

is scary as hell to be the strong one. It takes something extra from such a partner, that they may not be prepared for. (Oliver)

Oliver thus drew attention to a dilemma regarding how to navigate between co-existing and conflicting masculine expectations of either being emotionally expressive, vulnerable and sensitive or being strong, independent and emotionally in control.

## Building Trust and Close Relationships

### Disclosure

All participants had disclosed their experiences of CSA to their intimate partners, but trusting them with detailed accounts of their abuse history was difficult for most participants. A few mentioned that disclosure had been facilitated by therapeutic counselling. Samuel recounted:

It was first in relation to therapy that I could put words to my experiences and feelings. I started to talk about what had happened to me with my wife. My therapist was fantastic. She made me feel comfortable enough to reveal family secrets that had been kept for so many years. (Samuel)

The therapeutic relationship helped Samuel to exist in a trusting relationship with someone. He felt safe enough to reveal his story for his therapist, which in turn made it easier to also trust his intimate partner with this information. Martin never attended therapy, but in his second interview he reflected on how his participation in this research project had affected his relationship with his wife:

I have told my wife about the abuse in my childhood, but not in detail. By participating in this research project, I could retell her what we have talked about. It made me gain confidence and it was much easier for me to organize my story. I could easily provide her with new information. (Martin)

Participation not only gave Martin an opportunity to once again open up and talk about his childhood with his wife but also to trust her with more details. This resulted in an increased mutual understanding of his past. Eric recounted how his partner had first become involved in his childhood experiences when he unexpectedly received letters from his perpetrator.

I was about to get married and there was an article about it in the local newspaper. A few days after that



I received the first letter from him [the perpetrator] where he congratulated me. I broke down completely and chaos followed ... The good thing about it was that my wife became deeply involved in my past, and we became much closer. With all the cards on the table, and with her support, I could start fighting back. It felt fantastic. (Eric)

Like Eric, other participants described how they, as a result of exploring, processing and disclosing their traumatic pasts, felt less vulnerable, less angry, ended up in fewer conflicts and were able to make deeper intimate attachments. Once the perpetrator had been properly exposed, several of the participants stated that they were in better position to fight back openly. Tim described that he had stopped believing that he could solve the problems in his relationships independently, saying:

My current relationship is fantastic. Instead of dealing with *my* issues in *my* way, which used to be pretty destructive, I have for the first time let all my guards down and found an ally in the relationship. My girlfriend and I talk about *everything*. (Tim)

Tim had started to work together with his new partner to build trust, which allowed his partner to become an active participant in the relationship rather than an outside observer.

### Sensitivity, Empathy and Emotionality

The men in the study talked about having become highly sensitive as a result of their experience of CSA, which was described as a state of being alert to potential dangers. Being highly sensitive was also described by some men as a positive outcome, as having the ability to notice and feel more than others and to be responsive and empathetic. The men described how they had learned to use this sensitivity in intimate relationships. Tim said, "Being very sensitive means that I understand, feel and respond to my partner's wants and needs quickly, which has been very good for our relationship." Thus, sensitivity made the men develop empathy, which made it easier for the couple relationship to flourish. Martin revealed that he sometimes felt grateful for what had happened to him during childhood because his sensitivity made him different from other men in a positive way. He explained:

My experience of CSA, my authoritarian father and the conservative context in which I grew up made me very conscious and responsive. I swore that I would never be like my father. It has been a long road but now I am known for being calm, empathetic and

diplomatic. I listen to what others have to say, I take it in, and I have therefore managed and resolved many conflicts and disputes, both at work and in family life. (Martin)

Like Martin, other participants expressed feeling proud over being sensitive and, as a result, being able to put an end to intergenerational cycles of abuse and violence. Jim also revealed a transformative aspect of living with such experiences. Instead of being a male chauvinist, the experience of CSA made him work on becoming more emotional, loving, caring and responsive in relation to his wife. In order to get in touch with their emotions and gain self-awareness, participants relied on various artistic self-help strategies, such as writing books, poetry, letters or diaries and composing music or playing instruments (Petersson & Plantin, 2019). By reflecting on their traumatic experiences instead of denying them, they could get in touch with or express their emotions. Eric shared the following transformative experience:

In retrospect, I can see how afraid I used to be to tell my story, afraid of my emotions and of cracking in front of someone important, of becoming tearful and of losing control emotionally. Ridiculous, really, I mean the whole thing about not showing emotions as a man. Now I know that being open and expressing emotions only strengthens the bonds between partners. (Eric)

According to Eric, overcoming conventional masculine socialization and daring to show emotions and vulnerability in intimate relationships were important aspects of the process of establishing deep connections with a partner.

### Partners and Context

To overcome the challenges of intimacy, participants mentioned that receiving positive responses from an empathetic partner helped them to gain confidence, reconstruct their self-identity and overcome distrust. Without a supportive and understanding partner, recovery and developing close connections would not be possible. Max explained that his girlfriend made sure that she did not consider his vulnerability to be a weakness but rather a strength, which made him feel that he could be himself. He said, "She always lets me know that she accepts me and loves me the way I am with all my imperfections. That has helped me a lot on this journey." Tomas recounted that his partner "is good in the sense that he understands that it is not personal." Samuel said that his ex-wife was extremely patient with him during his most chaotic years. He recounted, "She did not withdraw when I put my guard up, she was always present but gave me the

personal space I needed at the time.” One man, who came to Sweden in his early twenties, argued that the overall societal context in Sweden had a significant impact on his possibilities for change and healing. He explained:

I believe that I was saved by Sweden - it was so much freer, more open and more equal here on so many levels. When I first came to Sweden, I had never seen a naked woman. I remember when a woman suddenly opened her blouse in public and started nursing her baby in front of me. I was horrified! Gradually I learned that, in Sweden, nudity was nothing to be ashamed of. Here, relations of power and control were not reproduced in intimate relationships, and I was given the best circumstances to start healing. I became a whole new person; I mean reasonably put together, and I married a Swedish woman. (David)

David described how his past abuse experience had been re-experienced and re-interpreted in a new context, which had made healing and growth possible.

## Discussion

The aim of this study has been to investigate how male CSA survivors perceive, experience and develop intimacy in romantic relationships. The narratives offer insights into not only how lived experiences of CSA are played out in men’s intimate lives but also how these men make sense of and are challenged by intimacy, how they navigate and cope with social, sexual and intimate expectations, and how they work on achieving intimacy in their romantic relationships. In line with previous research on the health implications of CSA (Easton et al., 2011; Gewirtz-Meydan & Opuda, 2022; O’Leary et al., 2017; Mattera et al., 2018; Meyer et al., 2017), our study population faced specific sexual and intimate challenges and changes over time. The men’s sexual and intimate lives and relationships were negatively affected or jeopardized by difficulties such as a compromised sexual identity, sexual compulsions and aversion to sexual contact. A negative and confusing understanding of themselves and their bodies affected the way they constructed their identity and romantic relationships.

At a discursive level, the participants desired couple relationships that mirror contemporary Swedish society in general, and that include both sexual and emotional intimacy. The survivors’ emphasized that affection, trust, equality and reciprocity were key aspects of intimacy that made romantic relationships function particularly well. This specific emphasis may be colored by the men’s abuse experience. Male CSA survivors frequently report difficulties with

feelings of inferiority and distrust in interpersonal relationships (Easton et al., 2019; Kia-Keating et al., 2005; Petersson & Plantin, 2019), which could make trust, closeness and equality important aspects of ideal romantic relationships. However, this emphasis may also reflect contemporary notions of masculinity in Swedish society, where men relate to masculinities that embrace a more caring, responsive and reciprocal ideal (Bergman & Hobson, 2002; Plantin, 2015). Furthermore, compared with other samples of male CSA survivors (Crete & Singh, 2015; Easton et al., 2013; Kia-Keating et al., 2005), the men in this study seemed more diverse with regard to existing discourses on alternative or inclusive masculinities (Anderson, 2009), and they related to various forms of masculinities, which not only included the more conventional forms of masculinity but also other forms that place an emphasis on openness to sexual minorities.

The findings show that the male CSA survivors struggled with many aspects that are central to healthy romantic relationships. In fact, the narratives demonstrate how the participants faced several challenges that affected their ability to achieve the kind of intimacy that they desired. Having a compromised sexual identity inhibited or delayed intimacy and affected relationship stability and satisfaction, which has also been demonstrated in other studies on male CSA (Alaggia & Millington, 2008; Easton et al., 2019; Kia-Keating et al., 2005). An increased sensitivity and self-reflexivity made the men highly alert to their own sexual functioning and behaviors, which they understood and interpreted in relation to wider and shifting societal norms and expectations of male sexuality. Study participants described sexual intimacy, including compulsive sexual behavior, as lacking emotional intimacy. In contrast to other studies (Gill & Tutty, 1999; Lisak, 1994; Sivagurunathan et al., 2019), the participants did not view sexual compulsions as a strategy for avoiding emotional intimacy or proving their manliness. Study participants explained their compulsive sexual behavior as a strategy to reduce distress, such as anxiety. Sexual desire, which was described in terms of being either too strong (compulsions) or too weak (aversion), reinforced their self-perceptions of being different. Sex without emotional intimacy conflicted with the men’s ideas about what constitutes a good romantic relationship, and about how men should be and behave in such relationships. While emotional intimacy was considered a highly important aspect of romantic relationships, emotions were also described as being difficult to reach and regulate. The men’s narratives about their emotionality demonstrated that they experienced feeling either too little (numb) or too much (strong emotional reactions). These difficulties in regulating emotions further reinforced their self-perceptions of being inherently different. Other maladaptive emotion-regulation

strategies that were mentioned by the men related to having difficulties in allowing themselves to feel good. One participant explained that when he experienced positive emotions in intimate relationships, these emotions were overtaken or deflected by negative emotions (e.g., anxiety) related to the abuse experience. These results confirm that male CSA survivors' capacity to regulate or control emotions affects their ability to develop closeness (Meyer et al., 2017).

The way the men in the study perceived their own selves as deficient and damaged manifested in particular in their body perceptions. Very few studies have examined male survivors' body satisfaction following CSA. In a study in which CSA was associated to body shame, disrupted body boundaries and distress in situations of physical closeness, both male and female survivors reported high levels of these difficulties (Talmon & Ginzburg, 2018). In the current study, the men provided rich accounts of how they experienced their bodies as a living reminder of the abusive acts that had taken place in childhood. Thus, emotional and sexual intimacy, including body sensations and functioning (e.g., sexual arousal, attractiveness), posed a threat to these men. In line with previous findings (Talmon & Ginzburg, 2018), the men in our study reported experiencing disrupted body boundaries and alienation towards their bodies. Our findings show that the participants perceived their bodies as needing constant protection from both physical and emotional closeness, harm and attention. Body shame impacted on the survivors' overall perceptions of worth and self-confidence and on their ability to achieve both emotional and sexual intimacy.

At the time of our data collection, a few of the men were coping by not engaging in any sexual or intimate relationships. However, the majority were actively working to improve their intimacy and sexual wellbeing. The men who were able to negotiate the perceived threats associated with being physically and emotionally close to someone were able to move away from a negative self-understanding as being deviant, permanently damaged and unable to love or be loved. As has been demonstrated elsewhere (Crete & Singh, 2015), the men in our study had experienced posttraumatic growth (Tedeschi & Calhoun, 2004), or resilience, as they adapted, thrived, or grew while processing their abuse experiences together with their partners. In accordance with the men's perceptions about what constitutes good and healthy romantic relationships, the men gradually developed trust and closeness by disclosing their traumatic experiences, by finding ways to reach and communicate their emotions and by embracing vulnerability and sensitivity. Despite their traumatic experiences, some of the men had been able to re-frame their CSA as a meaningful experience that had made them a better person. Key to relational development and sexual wellbeing were disclosure and the ability to talk

freely about experiences and emotions with a supportive partner who made the men feel safe. Disclosure and trusting a partner with one's story of CSA had been facilitated by professional counselling, relationship characteristics, such as equality and responsiveness, and the openness to shifting masculinities found in the overall societal context.

The findings of this study offer further insights into the positive transformative process that male CSA survivors may go through, which has previously been described by Easton et al. (2013), Kia-Keating et al. (2005), Crete and Singh (2015), and others. The context in which our research has been conducted is different in the sense that our sample cannot be described as having shared and lived in compliance with the same masculine hierarchies or norms. In our study, the process of rebuilding one's life and improving one's wellbeing cannot be described as a process in which conventional ideals of masculinity have been renegotiated to include new cultural influences that, for example, place an emphasis on emotional expressiveness (Allen, 2007; Patrick & Beckenbach, 2009). Instead, our narratives reveal a more fluid and flexible process and describe how the men have rebuilt their lives over time by moving in and out, back and forth, through and between various masculinities discourses. When struggling with sexual compulsions or sexual risk behavior, some of the men had found it convenient to align with masculine norms that promote stoicism and sexual assertiveness. On the other hand, when trying to form and maintain long-term intimate relationships, the men had embraced discourses that promote more caring and affectionate masculine ideals. The discourses they made use of at various times depended on the situation and their individual circumstances, including their motivation to make changes to improve their sexual health and wellbeing. While other studies have shown that conventional masculine norms and socialization, with an emphasis on attributes such as emotional restrictiveness, may inhibit men's capacity for post-traumatic growth (Easton et al., 2013), our findings show that reconstructions of abuse histories were both challenged and facilitated by the accessibility of the various and shifting ideas about masculinities that co-exist in Sweden. These ideas, which opened up the possibilities for change, became an important source for meaning making and assisted the men in developing positive valuations of themselves as men. Irrespective of the participants' ages or sexual preferences, the men's narratives were deeply informed by masculinities that emphasize a caring, loving and affectionate ideal in connection with the promotion of healthy and more intimate romantic relationships.

This study has limitations that should be considered when interpreting the findings. Since the research is based on qualitative methods, the sample is not representative for all male CSA survivors in Sweden. The voices heard in

this study are fairly homogenous in terms of class, religion and ethnicity. Future research on this topic needs a larger sample, and one that includes participants with culturally diverse backgrounds in order to explore the impact of culture on sexually abused men's experiences of sex and intimacy. Despite these limitations, our findings are of significance for the ways in which clinicians and social work professionals can meet the unique needs of male CSA survivors at the individual level. The findings suggest that developing a therapeutic relationship based on trust is particularly important with clients who have a history of CSA. Building trust in the therapeutic relationship fosters the client's ability to trust an intimate partner. The findings of our research also show that the link between male CSA and masculinities is complex and characterized by substantial variation. In the therapeutic encounter, therapists need to avoid a simplistic and stereotypical image of men as relating to only one form of masculinity, and need rather to view them as a heterogeneous group who align themselves with a range of co-existing, changing and sometimes contradictory masculine ideals. Furthermore, therapists should acknowledge that the experience of male CSA is not only shaped and influenced by masculinities but also intersects with aspects such as class, age, ethnicity, sexual preferences and the overall societal context. Such a multidimensional perspective is needed to understand how men may create meaningful and healthy romantic relationships. Narrative therapy (White & Epston, 1990), which critically examines wider social discourses on gender, culture, ethnicity, class and sexuality, including how such discourses affect people's self-constructions, may help clients to reach new understandings of themselves and of their place in different social contexts and in intimate relationships. By encouraging posttraumatic growth, reauthoring life stories and increasing agency, the narrative approach may support those men who wish to overcome feelings such as shame, self-hate, anger and guilt, and also feelings of being a "victim", and to transcend their experience of sexual abuse (Pettersson, 2020).

There are many possible directions for future research related to men's lived experiences of CSA and their post-traumatic growth or resilience. More research is needed on the links between male CSA and body image disturbances, body shame and discomfort in close relationships. This research has focused on how survivors are challenged by and negotiate the demands of intimacy in romantic relationships. The challenges that the men face in romantic relationships may also appear in other intimate relationships, such as fatherhood (Wark & Vis, 2018). Fatherhood places high demands on emotional and physical closeness, which makes it an important field to investigate further.

## Conclusion

The narratives shared by the men in this study confirm previous research on the challenges and growth experienced by male CSA survivors in intimate relationships, but they also extend our understanding of how male survivors navigate and cope with contemporary expectations regarding sexual and emotional intimacy. The study shows that sexual trauma remains present in the survivors' intimate lives through body memories, while notions of masculinity shape and influence the way the survivors perceive, understand, negotiate and engage in intimate relationships. Therapists and social workers should be aware of the co-existing and conflicting discourses on masculinities that may shape male CSA survivors' self-constructions and healing processes, and should choose gender-appropriate approaches to treatment.

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## Declarations

**Competing interests** The authors have no competing interests to declare that are relevant to the content of this article.

**Ethical approval** All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards. The study was approved by the Regional Ethical Review Board in Lund (March 2017/No. 2017/188) and extended by the Swedish Ethical Review Authority (February 2022/No. 2022-00522-02).

**Consent to participate** Informed consent was obtained from all individual participants included in the study.

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