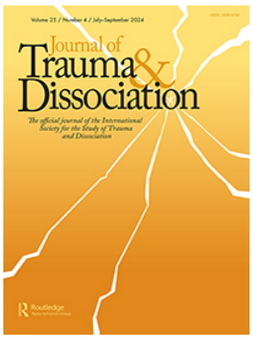

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Journal of Trauma & Dissociation

ISSN: (Print) (Online) Journal homepage: www.tandfonline.com/journals/wjtd20

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To cite this article: Élise Villeneuve, Alison Paradis, Audrey Brassard, Marie-Pier Vaillancourt-Morel, Mylène Fernet, Ateret Gewirtz-Meydan & Natacha Godbout (2024) Dissociation and Sexual Concerns in Male Survivors of Childhood Sexual Abuse: The Role of Identity Cohesion, Journal of Trauma & Dissociation, 25:4, 500-515, DOI: 10.1080/15299732.2024.2356597

To link to this article: https://doi.org/10.1080/15299732.2024.2356597

JOURNAL OF TRAUMA & DISSOCIATION
2024, VOL. 25, NO. 4, 500–515
https://doi.org/10.1080/15299732.2024.2356597

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Dissociation and Sexual Concerns in Male Survivors of Childhood Sexual Abuse: The Role of Identity Cohesion

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ABSTRACT

Research on male survivors of childhood sexual abuse is notably deficient when it comes to addressing their sexual concerns, such as experiences of sexual distress, negative thoughts, and feelings related to their sexuality. Dissociation, a known consequence of childhood sexual abuse, could be associated with higher sexual concerns through identity cohesion. Precisely, dissociation can potentially be related to lower identity cohesion (e.g., not knowing what you want or need). In return, lower identity cohesion may be related to higher sexual concerns by impeding the capacity to know and accept oneself, which tends to promote a positive and healthy sexuality. This study aimed to examine the role of identity cohesion in the link between dissociation and sexual concerns in 105 men consulting for their history of childhood sexual abuse. Men completed questionnaires assessing dissociation, sexual concerns, and identity cohesion at admission in a community setting. Results of a path analysis revealed an indirect association between dissociation and higher sexual concerns through lower identity cohesion. The model explained 27.6% of the variance in sexual concerns. This study highlights the relevance of interventions targeting dissociative symptoms to improve identity cohesion and sexual health in male survivors of childhood sexual abuse.

ARTICLE HISTORY
Received 12 October 2023
Accepted 9 April 2024

KEYWORDS
Dissociation; sexual concerns; male survivors; childhood sexual abuse; identity difficulties

Childhood sexual abuse (CSA) is a global public health and social issue. According to the Canadian Criminal Code (1985), CSA is defined as unwanted sexual acts, with or without contact, before the age of 18 or sexual acts with an adult of at least 5 years older or in a position of authority before the age of 16. Three meta-analyses report a significant prevalence of male CSA survivors in the general population that varies between 7.6% (Stoltenborgh et al., 2011) and 8% (Barth et al., 2013; Stoltenborgh et al., 2015).

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Studies have demonstrated the negative impact of CSA on adult sexuality (e.g., Bigras et al., 2021; Gewirtz-Meydan & Opuda, 2022; Wang et al., 2022). This impact can range from hypersexuality, characterized by heightened preoccupation with sexual matters and engagement in risky sexual behaviors (Noll et al., 2003), to hyposexuality, characterized by a diminished interest or engagement in sexual activities, which manifests in various sexual dysfunction (Gewirtz-Meydan & Opuda, 2022; Pulverman et al., 2018). Moreover, the aftermath of CSA is related to various sexual concerns such as sexual anxiety, sexual dissatisfaction, fear of sex, feelings of guilt during sexual activities, and problems with touch and arousal (Bigras et al., 2015; Easton et al., 2011). Although both female and male CSA survivors can exhibit long-term impact on their sexuality (Easton et al., 2011; Gewirtz-Meydan & Opuda, 2022; Laumann et al., 1999; Pulverman et al., 2018), most studies on the association between CSA and sexual concerns focused on women (Brotto et al., 2012; Leonard & Follette, 2002; Noll et al., 2003; Pulverman & Meston, 2020; Pulverman et al., 2018).

Additionally, CSA survivors' sexual health may not be prioritized during therapy because of the assumption that other psychopathologies related to the abuse (e.g., depression and post-traumatic stress disorder) must be resolved prior to the treatment of sexual concerns (Gewirtz-Meydan, 2022). Given the demonstrated evidence that male survivors tend to experience more enduring sexual difficulties than female survivors (O'Brien et al., 2008), it becomes imperative to focus on CSA male survivors' sexual health within the therapeutic context. Moreover, studies on male CSA survivors mostly focused on their risky sexual behaviors and sexual aggressiveness (Parkhill & Pickett, 2016; Peterson et al., 2018; Schraufnagel et al., 2010) to the detriment of factors that interfere with their sexual pleasure. Researchers suggested that studies failed to examine other sexual concerns (e.g., erectile dysfunction) and sexual feelings (e.g., sexual anxiety and sexual shame) in male survivors because these types of sexual concerns do not correspond to traditional norms of masculinity (e.g., sexual promiscuity) (Aaron, 2012; Gewirtz-Meydan, 2022). This underscores the significance of investigating sexual concerns, which refer to various negative experiences in relation to sex, such as sexual dissatisfaction, negative thoughts and feelings during sexual activities, sexual problems in relationships, unwanted sexual preoccupations, and shame related to sexual activities and responses (Briere, 2011), specifically in male CSA survivors. While addressing sexual concerns in male CSA survivors is important, understanding the mechanism explaining these concerns holds no less significance (Gewirtz-Meydan, 2022). Dissociation and identity cohesion are proposed as important mechanisms in this study.

Dissociation and sexual concerns in CSA survivors

Dissociation refers to defensive alterations in conscious awareness that can be experienced as cognitive disengagement, depersonalization, derealization, out-

of-body experiences, and emotional numbing (Briere, 2011). According to the trauma model of dissociation, dissociation is an important aspect of the psychobiological response to threat and danger that allows for automatization of behavior, analgesia, depersonalization, and isolation of horrible experiences to enhance survival during and in the aftermath of the abuse (Dalenberg et al., 2012). Dissociation is prevalent among adult CSA survivors (Bird et al., 2014, Gewirtz-Meydan & Lahav, 2021; Kong et al., 2018; Vonderlin et al., 2018). High levels of dissociation may predict why certain male CSA survivors experience elevated levels of sexual concerns. Paying attention to sexual stimuli promotes sexual well-being (Bird et al., 2014), and it is conceivable that dissociation could impair this capacity and divert attention from the present moment and sexual stimuli, leading to higher sexual preoccupation for CSA survivors. Studies have empirically shown that dissociation is related to lower sexual functioning in CSA survivors (Bird et al., 2014; Hansen et al., 2012), and that CSA survivors with sexual concerns report more dissociation compared to those without (Carvalheira et al., 2017).

However, studies examining the link between dissociation and sexual concerns in CSA survivors were mostly conducted among women survivors (e.g., Bird et al., 2014, 2017; Kelley & Gidycz, 2017; Pulverman & Meston, 2020). Three studies were conducted with gender-mixed samples but showed mixed results (Carvalheira et al., 2017; Chen et al., 2024; Hansen et al., 2012). Findings of Carvalheira et al. (2017) who conducted a study among a community sample showed that bodily dissociation was related to sexual concerns and sexual trauma among women but not among men. However, this result could be explained by the higher number of women with sexual trauma history compared to men in this study (Carvalheira et al., 2017). Hansen et al. (2012) found that CSA was related to higher dissociation during sexual activities similarly for men and women, but their study included only 31 male CSA survivors. Finally, a recent study conducted among a sample of college students found that feeling separated from the body during sexual activity was related to difficulty relaxing and enjoying sex among individuals with sexual trauma histories but not in those without (Chen et al., 2024). Therefore, more studies are needed to clarify the link between dissociation and sexual concerns among larger samples of male CSA survivors and to identify potential treatment targets. Furthermore, studies on mechanisms explaining the link between dissociation and sexual concerns are lacking. Because identity cohesion has been linked to sexual concerns (Bigras et al., 2020) and might be impaired by dissociation (Zurbriggen & Freyd, 2004), it might act as a key mechanism in this relationship.

The role of identity cohesion

Identity cohesion is defined as the capacity to maintain a coherent sense of self and identity awareness across contexts (Briere & Runtz, 2002).

According to Briere's self-trauma model (Briere, 2002), identity is one of the self-capacities that develop during parent–child interactions and can be impaired by childhood trauma and sexual abuse. Furthermore, Finkelhor and Browne (1985) noted that CSA can lead to stigmatization, involving perceptions of guilt, shame and badness, which can distort survivors' sense of self. Studies indicated that CSA is related to decreased self-awareness and self-monitoring (Bigras et al., 2015; Zurbriggen & Freyd, 2004).

Dissociation might potentially explain the lower identity cohesion in CSA survivors, which in turn could lead to more sexual concerns. Indeed, dissociative experiences can be described as temporarily losing track of one's identity, location or place in time and are marked by a lack of integration of consciousness, attention, and memory (Zurbriggen & Freyd, 2004). Therefore, it is likely that the phenomenon of dissociation might alter identity cohesion, especially in CSA survivors who may have more intense dissociative experiences due to the trauma (Zurbriggen & Freyd, 2004).

A lower identity cohesion may be related to higher sexual concerns. Because of CSA-related stigmatization and powerlessness, CSA survivors may view themselves as unworthy and have a low self-esteem (Finkelhor & Browne, 1985; Gewirtz-Meydan, 2020), which may potentially explain why they have difficulty in developing a solid and coherent sense of self. Therefore, a lack of identity cohesion is likely to impede one's capacity of knowing and accepting oneself, which is essential for a positive and healthy sexuality (Bigras et al., 2020). Impairments in self-knowledge may also interfere with the adoption of sexual attitudes and behaviors that would fulfill the individual's needs and desires (Bigras et al., 2020; Vaillancourt-Morel et al., 2019).

Additionally, those difficulties may impede the recognition of attitudes and behaviors that would generate sexual concerns. Indeed, lower identity cohesion has been found to be correlated with higher sexual anxiety, sexual satisfaction, and sexual preoccupations (Bigras et al., 2015, 2020; Briere & Runtz, 2002). However, those studies were conducted with community samples who were mainly composed of women, and students, which highlights the need to conduct more research with male survivors. While research on the association between identity cohesion and sexual concerns is limited, Chen et al. (2024) found a stronger relationship between sex-related shame and the inability to relax and enjoy sex in men compared to women in the group of individuals with sexual trauma histories. Authors suggested that gender stress role that may be related to prior sexual trauma may increase the risk for men to feel shame, particularly in the sexual realm (Chen et al., 2024). This highlights the potential relations between identity and sexual concerns in CSA male survivors although more empirical studies are needed.

The present study

Research has highlighted the lasting impact of CSA on adult sexuality in women, but less is known about the impact on male survivors (Brotto et al., 2012, Gewirtz-Meydan & Lahav, 2021; Leonard & Follette, 2002; Noll et al., 2003; Pulverman et al., 2018; Pulverman & Meston, 2020; Gewirtz-Meydan & Opuda, 2022). This study aims to address these gaps by investigating the link between dissociation and sexual concerns among male CSA survivors in a clinical context, while also examining the role of identity cohesion in this association. Based on existing literature and theoretical underpinnings, the following hypotheses are proposed: (1) Dissociation will be positively associated with sexual concerns among male CSA survivors. (2) Dissociation will be related to higher sexual concerns through lower identity cohesion.

Method

Participants and procedure

This study was conducted as part of a larger ongoing partnership research program on the health outcomes of male survivors of interpersonal violence, conducted in community settings that support men who have experienced CSA. As part of the standardized assessment protocol of each organization, men answered online questionnaires on the Qualtrics platform at admission. Questionnaires were then analyzed by the research team, and a summary of the results was transmitted to the therapist to help identify treatment needs. The questionnaires were mandatory, but men were free to participate in the study or not without affecting received services. All participants had given their informed consent. The inclusion criteria were to identify as a man, be aged 18 years old or older and be fluent in written and spoken French or English. This study was approved by the research ethics committee of University of Quebec at Montreal.

The sample consisted of 105 men who were seeking treatment for a history of childhood sexual abuse, in a community setting. Participants were aged between 22 and 71 years old ($M = 46.84$, $SD = 13.68$). Most men identified with their sex assigned at birth (96%). For additional sociodemographic information, see Table 1.

Measures

Sexual concerns were measured using the five-items scale from the Trauma Symptom Inventory (TSI-2; Briere, 2011). This inventory is commonly used to assess a range of trauma-related symptoms. Each item is based on a 4-point Likert scale ranging from 0 “Never” to 3 “Often.” Participants were asked how often, in their life in general, they had experienced the items (e.g., “Feeling

Table 1. Sociodemographic characteristics of the participants.

Characteristics	% of participants (n = 105)
Sexual orientation	
Heterosexual	67.3
Homosexual	18.7
Bisexual	8.4
Uncertain	2.8
Other	2.8
Birthplace	
Canada	90.7
Other	9.3
Primary language	
French	88.8
English	3.7
Spanish	3.7
Other	3.7
Main occupation	
Student	5.6
Employee	46.7
Employment insurance recipient/job seeker	3.7
Retired	18.7
Social assistance beneficiary	13.1
Other	12.1
Level of education	
Primary school	0.9
Uncompleted secondary school	15
Secondary school completed	20.6
Professional	19.6
Cegep (junior college)	14.9
University not completed	9.3
Undergraduate	12.1
Graduate	7.5
Gross annual income	
CAD$0 - CAD$19,999	33.3
CAD$20,000 - CAD$39,999	27.6
CAD$40,000 - CAD$59,999	26.7
CAD$60,000 - CAD$79,999	7.6
CAD$80,000 - CAD$99,999	2.9
CAD$100,000 or more	1.9

ashamed about your sexual feelings and behaviors," "Bad thoughts and feelings during sex."). Scores were computed using a sum (ranging between 0 and 15), with a higher score indicating more sexual concerns. Clinical scores were computed using T-scores according to the TSI-2 manual. A T-score between 60 and 64.9 indicates a problematic score whereas a score of 65 and above is considered clinically elevated. This instrument demonstrated good psychometric qualities with satisfying internal consistency in previous studies (e.g., Briere, 2011; Godbout et al., 2016), as well as the current study ($\alpha = .75$).

Dissociation was measured using the 10-items scale from the TSI-2 (Briere, 2011). Each item is based on a 4-point Likert scale ranging from 0 "Never" to 3 "Often." Participants were asked how often they had experienced the items (e.g., "Feeling like you were outside of your body") in the last 6 months. Scores were computed using a sum (ranging from 0 to 30), with a higher score indicating experiencing more dissociation. Based on the TSI-2 manual, clinical scores were computed using T-scores where a score between 60 and 64.9 indicates

a problematic score and a score of 65 and above indicates clinically elevated symptoms. This instrument has showed good psychometric qualities (Godbout et al., 2016). In our sample, the internal consistency was satisfying (α = .84).

Identity cohesion was assessed using the Inventory of Altered Self-Capacities (IASC; Bigras & Godbout, 2020; Briere & Runtz, 2002). Overall, this instrument measures seven types of self-capacities thought to be related to optimal functioning in relation to self and others. In the present study, only the identity impairment scale was used. This scale includes nine items based on a 5-point Likert scale ranging from 1 "Never" to 5 "Very often." Participants were asked how often they had experienced the items (e.g., Wishing you understood yourself better) in the last 6 months. Scores were computed using a sum (ranging from 9 to 45), with higher scores indicating lower identity cohesion. Based on the IASC manual, clinical scores were computed using T-scores where a score between 65 and 69.9 is considered problematic, whereas a score of 70 and above is considered clinically elevated. This instrument has shown good psychometric qualities (Bigras & Godbout, 2020). In the present study, the internal consistency was excellent (α = .91).

Statistical analyses

Descriptive and correlational analyses were conducted using SPSS, version 27. To test the research hypotheses, path analysis was then conducted using the software Mplus (version 7.4, Muthén & Muthén, 2015), with dissociation as the predictor, sexual concerns as the outcome and identity cohesion as the intermediary variable. All paths were estimated using a maximum likelihood approach with standard errors that is robust to non-normality (MLR). The bootstrap method was used to simulate 5000 resamples to calculate the indirect effects with a 95% confidence interval (Caron, 2018). The indirect effects were considered significant if the bootstrap confidence interval did not contain zero. Because participants' age and their sexual orientation (i.e., whether they were heterosexual or were part of the sexual diversity) were previously linked to more sexual concerns (Björkenstam et al., 2020; Rosen et al., 2016), they were added to the model as covariates. To assess the overall model fit, several adjustment indices were used. A non-significant chi-square value, a CFI value greater than or equal to .95, and an RMSEA value less than .06 indicate a good fit (Caron, 2018; Kline, 2015).

Results

Descriptive analyses

Based on the clinical cutoff score for dissociation (Briere, 2011), 50% of our sample showed clinically elevated symptoms of dissociation while 19% had problematic scores. As for sexual concerns, according to Briere (2011) clinical

Table 2. Means, standard deviations and correlations ($n = 105$).

	M	*SD*	1	2	3
(1) Dissociation	12.82	6.67	-	-	-
(2) Sexual concerns	8.47	3.69	.425***	-	-
(3) Identity cohesion	27.42	9.00	.709***	.487***	-

cutoff, 65% of our sample showed clinically elevated sexual concerns and 12% had problematic scores. Finally, based on the clinical cutoff score (Briere & Runtz, 2002), 79% of our sample had clinically low identity cohesion while 8% had problematic scores. Table 2 shows means and standard deviations as well as correlations between study variables.

Path analysis

First, a path analysis was used to test the direct link between dissociation and sexual concerns and revealed a significant positive association ($\beta = .425$, $p < .001$). This model explained 18% of the variance in sexual concerns. Next, a second path analysis was used to examine the indirect association between dissociation and sexual concerns through identity cohesion. After adding identity cohesion to the model, the direct link between dissociation and sexual concerns was no longer significant. Dissociation was associated with lower identity cohesion ($\beta = .706$, $p < .001$) which, in turn, was linked to more sexual concerns ($\beta = .363$, $p = .022$). The bootstrap procedure showed that the path from dissociation to sexual concerns through identity cohesion was significant ($\beta = .256$, 95% CI [.034, .489]), supporting the role of identity cohesion in the positive association between dissociation and sexual concerns. Neither participants' age nor their sexual orientation were significantly associated with sexual concerns. The fit indices revealed an excellent adjustment between the data and the final model: χ^2 (2) = 2.309, $p = .3152$; CFI = .997; RMSEA = .038 90%, CI [.000, .202]. The final model explained 27.6% of the variance in sexual concerns and is shown in Figure 1.

Discussion

The current study aimed to examine the relationship between dissociation and sexual concerns through identity cohesion in a sample of male CSA survivors. In line with previous studies in women, a positive relationship was found between dissociation and sexual concerns (Bird et al., 2014; Carvalheira et al., 2017; Hansen et al., 2012). It is possible that some CSA survivors who experience intrusive symptoms might find sexual contact to be triggering (O'Driscoll & Flanagan, 2016), and intrusive, and go into a dissociative state (Bird et al., 2014; Hansen et al., 2012). Results of the present study support the postulate that dissociation is likely to contribute to a fear of sex and a lack of

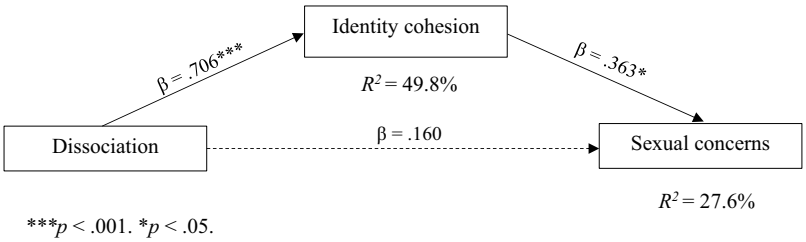

Figure 1. Final model of the role of identity cohesion in the link between dissociation and sexual concerns.

desire and arousal (O'Driscoll & Flanagan, 2016), and therefore can be related to higher sexual concerns. Male survivors might find it difficult to perceive sexual activities as pleasurable because of intrusive symptoms that may trigger a dissociative state, while being expected to enjoy sexual activities because of social norms (Godbout et al., 2019), which might exacerbate their sexual distress.

When identity cohesion was added to the model, the direct link between dissociation and sexual concerns was no longer significant. In concordance with our hypothesis, the results support the idea that identity cohesion may act as a key mechanism in the relationship between dissociation and sexual concerns. CSA survivors may experience high levels of dissociation (Zurbriggen & Freyd, 2004) to protect themselves from reexperiencing the trauma, and to enhance survival (Dalenberg et al., 2012). In order to develop their identity, an individual must be able to pay attention to their internal experiences, which cannot happen in the context of danger or when the individual dissociates (Briere, 2002). This lack of contact with internal experiences may result in a lack of self-knowledge and a diminished access to a sense of self (Briere, 2002).

In turn, our results indicated that male CSA survivors with lower identity cohesion experienced higher sexual concerns, in line with previous studies (Bigras et al., 2015, 2020; Briere & Runtz, 2002). According to Finkelhor and Browne (1985) dynamics of stigmatization and powerlessness, CSA may contribute to the perception of being unimportant and worthless, particularly in male survivors, as CSA is still marked by many taboos (Godbout et al., 2019). A lack of self-awareness could lead survivors to poor abilities to know what they like and want, and how to act in ways that makes sense for them – abilities which are essential in the sexual realm, to communicate one's sexual needs and desires. A lack of identity cohesion may be particularly pronounced among men survivors as CSA conflicts with norms of traditional masculinity (Godbout et al., 2019). Indeed, the vulnerability associated with CSA opposes the image of the strong and aggressive man that no one can hurt (Godbout et al., 2019). Male CSA survivors reported to struggle with self-blame, anger,

shame, and fear of losing their masculine identity (Easton et al., 2013; Godbout et al., 2019). Furthermore, traditional masculinity norms proclaim that the man must play an active role and be open to engage in sexual activities (Godbout et al., 2019). Given that sexual contact may be triggering for CSA survivors (O'Driscoll & Flanagan, 2016), men may have difficulties enjoying sex and enter into a dissociative state, which could challenge their masculine identity and exacerbate their sexual concerns. This may be further explained by rape myths, such as the belief that "real men" cannot be raped due to societal expectations of men being tough, strong, and willing to engage in sexual activities (Turchik & Edwards, 2012). Male CSA survivors might also experience confusion about their masculinity and sexuality, including concerns about their sexual orientation, as their body may have sexually responded during the abuse (Turchik & Edwards, 2012).

Limitations and future research

The results of the current study must be interpreted within its limitations. First, the cross-sectional design of this study precludes the inference of causal relationships between dissociation, identity cohesion, and sexual concerns. The directionality of these relationships is based on theoretical assumptions and results should be interpreted with caution. Further studies with longitudinal designs are needed to confirm the directionality of the relationships between these variables. The use of self-report questionnaires may also be subject to social desirability bias due to the stigma of being a male CSA survivor or being in a resource to get help. Additionally, because the male survivors in our sample were seeking services in a community setting, it would be interesting to examine whether those associations attenuate after treatment and to do a follow-up assessment. Our results may also not be generalizable to all male survivors, as men who do not seek help may have features that men who do seek help do not. Furthermore, future research should integrate measures of masculinity as well as measures of dissociation during sex (e.g., Gewirtz-Meydan & Lassri, 2023) rather than a measure of dissociation in everyday life to obtain a more nuanced picture. Future studies should also examine sexual and gender diversity considering that most of our participants were cisgender, heterosexual men and that other mechanisms could be implicated for men from gender and sexual diversity.

Clinical implications

This study highlights the relevance of targeting dissociative symptoms and identity cohesion to help prevent sexual concerns in male CSA survivors. As reported by Gewirtz-Meydan (2022), there are currently no therapeutic approaches that offer guidelines to treat sexual concerns among male CSA

survivors. Indeed, treatments for sexual concerns were solely examined among women CSA survivors (Gewirtz-Meydan, 2022). The current study highlights the need to develop evidence-based interventions to treat the sexual concerns of male CSA survivors. To this end, the literature on sex-related intervention for CSA survivors highlighted that mindfulness-based therapy could be an avenue to treat sexual concerns (Gewirtz-Meydan, 2022). Mindfulness-based therapy has been empirically tested in a sample of women with sexual difficulties and a history of CSA where participants practiced being mindful in sexual and nonsexual situations (Brotto et al., 2012). While proven effective in this context, its applicability to male CSA survivors still requires testing. Furthermore, mindfulness-based therapy might be effective among CSA survivors because it addresses sexual schemas by allowing them to be present in the sexual activity and legitimize their sexual desires and needs (Brotto et al., 2012). It also may reduce dissociation or distracting thoughts during sex (Brotto et al., 2012; Zerubavel & Messman-Moore, 2015). This is in line with the results of the present study that indicate the relevance of targeting dissociation to reduce sexual concerns. Another interesting therapeutic avenue could be mentalization-based treatments (Berry & Berry, 2014; Bigras et al., 2020). Fostering the capacity to mentalize (i.e., to understand feelings, thoughts and behaviors of oneself and others; Berry & Berry, 2014) and to stabilize the sense of self could promote a more healthy and satisfying sexuality (Berry & Berry, 2014; Bigras et al., 2020). Stabilizing the sense of self could also help individuals to more easily acknowledge their sexual preferences and boundaries, and to better be able to communicate their needs and desires (Bigras et al., 2020), which could potentially diminish sexual concerns. Finally, given the relationship between traditional masculine norms and men's identity (Easton et al., 2013; Godbout et al., 2019), therapists should address the clash between CSA experiences and traditional masculinity norms, fostering an environment where clients can explore questions surrounding their identity as men. By engaging in discussions around masculinity, therapists may enable survivors to reconcile their experiences with societal expectations. To further enhance these efforts, it could be beneficial to provide psychological education on gender norms, to deconstruct the stereotype of the invulnerable man. In therapy, this could be achieved by exploring how societal expectations of gender norms may be related to men's thoughts and emotions concerning sexuality, and by replacing rigid beliefs about masculinity by more flexible and adaptive beliefs. This could potentially be a way of helping male survivors to feel less pressure to adhere to the traditional norms of masculinity and to improve their low identity cohesion that contributes to their sexual concerns.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

Élise Villeneuve has been awarded master fellowships from Social Sciences and Humanities Research Council - Besc M (SSHRC) and from the Fonds de Recherche du Québec (#324760). This work was also supported by a Social Sciences and Humanities Research Council (SSHRC) Insight grant to N. Godbout [# 890-2020-0055], and by a Research Scholar Grant to N. Godbout from the Fonds de recherche du Québec – Santé [# 251615].

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Informed consent

All participants included in this study had given their informed consent.

Research involving human participants and/or animals

All procedures and analyses performed in this study, which involved human participants, were approved by the institutional review board of research involving human subjects of the Université du Québec à Montréal (UQAM).

Data availability statement

The data that supports the findings of this study are available on request from the corresponding author [NG], upon reasonable request.

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