

Pepperdine University
Graduate School of Education and Psychology

PROVIDING TREATMENT TO AFRICAN AMERICAN AND LATINO MEN WITH
HISTORIES OF SEXUAL TRAUMA: AN INTEGRATIVE SYSTEMATIC REVIEW

A clinical dissertation proposal submitted in partial satisfaction
of the requirements for the degree of
Doctor of Psychology

by

Jaz Robbins

December, 2021

Miguel E. Gallardo, Psy.D – Dissertation Chairperson

This clinical dissertation, written by

Jaz Robbins

under the guidance of a Faculty Committee and approved by its members, has been submitted to and accepted by the Graduate Faculty in partial fulfillment of the requirements for the degree of

DOCTOR OF PSYCHOLOGY

Doctoral Committee:

Miguel E. Gallardo, Psy.D., Dissertation Chairperson

Thema Bryant-Davis, Ph.D.

© Copyright by Jaz Robbins (2021)

All Rights Reserved

TABLE OF CONTENTS

	PAGE
LIST OF TABLES	vii
ACKNOWLEDGMENTS	viii
VITA.....	ix
ABSTRACT	xix
Chapter I: Background & Rationale	1
Statement of the Problem	1
Current Research	3
Types of Sexual Trauma.....	3
Culture and Sexual Trauma	5
Gender and Sexual Trauma	7
African American Male Survivors of Sexual Trauma.....	9
Latino Male Survivors of Sexual Trauma	10
Rationale.....	11
About the Author	12
Chapter II: Methods.....	13
Systematic Review Approach.....	13
Eligibility Criteria.....	14
Inclusion Criteria	14
Study Eligibility Criteria	15
Exclusion Criteria	16
Search, Screening, and Selection Process	16
Information Sources	16
Search Terms	16
Selection of Studies	18
Data Collection and Extraction	19
Development of the Data Extraction Form	19
Data Collection and Coding	20
Study Documentation and Identification.....	20
General Information	21
Methodological Information.....	21
Setting Information.....	22
Participant Information.....	22
Characteristics of Sexual Trauma.....	22
Symptoms and Problems Reported	23
Assessment of Research Variables	23
Intervention Information	24
Analysis and Statistical Information	24

Results and Outcomes	24
Conclusions and Follow-up	25
Data Extraction	26
Quality Appraisal.....	26
Data Management, Synthesis and Analysis Plan	27
Database Development	27
Data Analysis and Synthesis	28
Chapter III: Results.....	30
Study Selection.....	30
Results Overview.....	30
Evidence Table 1	30
Key Findings	38
Research Question: Types of Trauma	38
Research Question: Symptom Presentations	48
Research Question: Life Challenges	55
Research Question: Treatments.....	64
Between Group Differences	70
Incarceration	77
Chapter IV: Discussion.....	78
Purpose and Scope of This Review	78
Quality Appraisal.....	78
Research Questions	80
Types of Trauma.....	80
Symptoms	80
Life Challenges.....	81
Treatments	82
Critical Evaluation.....	83
African American and Latino Male Survivors	84
Lived Experience.....	85
Implications and Contributions	86
Assessment	86
Access.....	87
Treatment.....	88
Policy	89
Limitations.....	90
Future Research	90
Conclusions	92
Resilience is Protective.....	92
REFERENCES	94
APPENDIX A: Information Sources and Database Search Codes	113
APPENDIX B: Search Terms	115

APPENDIX C: Comprehensive Search Plan	117
APPENDIX D: Search Documentation Record	125
APPENDIX E: Screening and Selection Record.....	162
APPENDIX F: Study Selection Flow Diagram.....	164
APPENDIX G: Data Collection and Extraction Form	166
APPENDIX H: Evidence Table 7. Resilience.....	173
APPENDIX I: Quality Assessment Form	175
APPENDIX J: IRB Documentation	179

LIST OF TABLES

	PAGE
Table 1: Evidence Table 1. Table of Included Studies & Results Overview	32
Table 2: Evidence Table 2. Nature of Trauma	40
Table 3: Evidence Table 3. Symptoms.....	50
Table 4: Evidence Table 4. Life Challenges.....	57
Table 5: Evidence Table 5. Treatments	69
Table 6: Evidence Table 6. Between-Group Differences.....	74

ACKNOWLEDGMENTS

I would like to offer a sincere thank you to my research assistants, Natalie Espinoza-Koenig, Mariah Gonzalez, and Christopher Medina. Your help was more than valuable, and your time continues to be greatly appreciated. I thank each of you for taking interest in this project and for remaining inquisitive throughout the process.

Thank you to Justin Key and Jenny Obuchi. Justin, you have been with me since the moment that I decided to apply to the program and your continued support and encouragement has gotten me through the most challenging of times. Jenny, you joined me on this journey soon after, and I do not have adequate words to describe the gratitude that I have for you. Thank you for always listening, cheering, and coaching. There are a number of hurdles that I crossed because you were nudging me forward. Thank you both for being in my corner.

Thank you, Dr. Thema for seeing me. Thank you for hearing the things that I was unable to put into words and thank you for being an incredible example. Thank you for carving out a path that I, and others, excitedly follow. You are a gift, and I thank Pepperdine for allowing our paths to cross.

Thank you, Dr. Gallardo for being a calming presence throughout this process. Thank you for helping me create a rich project that I can be proud of. Thank you believing in my abilities when I doubted them and thank you for giving me room to grow.

VITA

Jaz Robbins, M.A.

EDUCATION

Doctor of Psychology	Pepperdine University: Graduate School of Education and Psychology Doctor of Psychology in Clinical Psychology Clinical Competence Examination: <i>Passed with Distinction</i> Dissertation: Providing Treatment to African American and Latino Males With Histories of Sexual Trauma: An Integrative Systematic Review - Preliminary Oral Examination: <i>Passed with Distinction</i> - Final Oral Defense: <i>Passed</i> - Dissertation Committee: Miguel Gallardo, Psy.D. & Thema Bryant-Davis, Ph.D.	June 2022
Certification	Bauman College Holistic Nutrition	
Master of Arts	Pepperdine University: Graduate School of Education and Psychology Master of Arts in Clinical Psychology with an Emphasis in Marriage & Family Therapy	
Bachelor of Science	North Carolina State University: College of Agriculture and Life Sciences Bachelor of Science in Food Science & Nutrition	

GRANTS, HONORS, & SCHOLARSHIPS

Distinguished Service to LACPA by a Graduate Student	2021
LACPA Foundation Scholarship	2020
Conrad N. Hilton Foundation Fellowship	2018
Glen & Gloria Holden Scholarship	2018
Graduate School of Education & Psychology Diversity Scholarship: 50% Tuition	2018
Urban Fellows Grant Scholarship	2017
Harry & Izelle Schafer Scholarship	2017
Colleagues Grant in Clinical Psychology	2016, 2017

CLINICAL EXPERIENCE

California State University Long Beach: Counseling and Psychological Services (CAPS) Doctoral Intern Supervisors: Abby Bradeich, Psy.D., Shelly-Ann Collins, Ph.D., Christine Ricohermoso-Shiaw, Psy.D., M.P.H.	Aug. 2021 – Present Long Beach, CA
<ul style="list-style-type: none">• Provide counseling and short-term psychotherapy to emerging adults within a university setting.• Serve as an on-call crisis therapist on a weekly basis, providing assistance to students with acute, emergent needs; linking them to appropriate resources and services based on the nature of their crisis.• Conduct comprehensive, structured intake interviews and construct accompanying intake reports.• Liaise with university case managers in order to connect students with on-campus and off-campus resources appropriate to their presenting concerns.• Co-facilitate weekly process group, "Understanding Self & Others," focused on enhancing interpersonal development and personal growth.• Execute a variety of outreach opportunities in collaboration with various campus departments in order to engage and educate students and other university stakeholders.• Attend weekly training seminars focused on diversity, group therapy, psychotropic medications, and professional development.	

West Los Angeles Veterans Affairs Medical Center: Long-term Care & Rehabilitation Jan. 2021 – June 2021
Doctoral Extern Los Angeles, CA

Supervisors: Paul Cernin, Ph.D. & Kevin Booker, Ph.D.

- Conducted cognitive and psychodiagnostics assessments for geriatric male Veterans residing in a skilled nursing facility.
- Provided ongoing psychotherapy and assessment services to geriatric male Veterans in a variety of telehealth modalities.
- Interpreted assessments, drafted accompanying reports, and communicated findings to the interdisciplinary treatment team.
- Provided palliative care to male Veterans with terminal illnesses.
- Cofacilitated weekly Caregiver Support Group for those providing both distance and at-home care to loved ones.
- Cofacilitated weekly LGBT Discussion Group for Veterans who identify as such.
- Administered individual intake interviews for Veterans with interest in LGBT Discussion Group to determine fit.
- Provided consultation to nursing staff regarding psychoeducation and patient care recommendations.

West Los Angeles Veterans Affairs Medical Center: Outpatient Mental Health Aug. 2020 – Jan. 2021
Doctoral Extern Los Angeles, CA

Supervisor: Sara Jarvis, Ph.D.

- Conducted psychiatric interviews and provided brief individual psychotherapy to Veterans in the Outpatient Mental Health Clinic using CBT and CPT to address a variety of mental health and neurocognitive disorders.
- Cofacilitated weekly Interpersonal Relations Group and Supportive Therapy Group for Veteran clients.
- Cofacilitated weekly Depression Group incorporating CBT principles as well as nutrition and wellness concepts (supervised by Carol Willner, Ph.D.).
- Administered and interpreted brief cognitive and mood measures to support Veterans' longitudinal care.
- Productively functioned as a member of a multidisciplinary team; successfully consulting with other departments to provide effective and efficient care to Veteran clients.

CBT California Aug. 2019 – Aug. 2020
Doctoral Extern Los Angeles, CA

Supervisors: Lynn McFarr, Ph.D., Rachel Fried, Psy.D.

- Delivered treatment grounded in evidence-based practices to adults in a private practice setting utilizing Cognitive Behavior Therapy (CBT), Dialectical Behavior Therapy (DBT), Acceptance and Commitment Therapy (ACT), and Cognitive Behavioral Analysis System of Psychotherapy (CBASP).
- Provided individual psychotherapy to clients challenged with a variety of mental health issues including borderline personality disorder, anxiety disorders, and increased levels of suicidality and self-harm behaviors.
- Cofacilitated weekly DBT skills groups, engaged in weekly telephone skills coaching calls with clients in DBT, and participated in weekly DBT team consultation meetings.
- Administered, scored, and documented ongoing outcome measures in order to track and monitor symptom reduction and treatment progress.

Pepperdine University West Los Angeles Community Counseling Center July 2019 – July 2020
Doctoral Extern Los Angeles, CA

Supervisors: Edward Shafranske, Ph.D., ABPP & Thema Bryant-Davis, Ph.D.

- Provided multimodal treatment to adult clients using evidence-based Cognitive-Behavioral Therapy, Mindfulness-Based Therapy, Humanistic Therapy, and Psychodynamic Therapy.

- Conducted psychological intake interviews and documented the findings in comprehensive intake reports.
- Administered, scored, and documented outcome measures in order to track and monitor symptom reduction and overall progress in therapy.

Rich & Associates: Intensive Outpatient Social Skills Summer Program

July 2019

Doctoral Extern

Los Angeles, CA

Supervisors: Erika Rich, Ph.D., Seth Shaffer, Psy.D. & Shannon McHugh, Psy.D.

- Cofacilitated intensive outpatient social skills summer program for children and adolescents with social skills deficits and a range of diagnoses, including autism spectrum, intellectual disabilities, ADHD, and ODD.
- Utilized behavioral strategies, psychoeducation, group process discussions, and mindfulness practices to support child and adolescent clients with social skills and behavior management.
- Tracked multiple behavioral social skills goals for youth clients and provided feedback and recommendations regarding their progress to clients, their parents, and their individual therapists.
- Assisted with intervention planning and preparation; adapting interventions to fit client needs.

Union Rescue Mission Pepperdine University Counseling Center

Sep. 2018 – July 2019

Doctoral Extern

Los Angeles, CA

Supervisor: Thema Bryant-Davis, Ph.D.

- Provided individual short- and long-term therapy to culturally diverse homeless individuals with co-occurring disorders and chronic mental illness, including substance abuse, behavioral addictions, psychotic disorders, mood disorders, trauma, intellectual disabilities, and personality disorders, to facilitate their recoveries and enhance their qualities of life.
- Cofacilitated twice weekly behavioral health groups with approximately 40 members.
- Collaborated on multidisciplinary teams to promote client wellness through medication adherence, case management, and integrated spiritual care.
- Maintained progress notes and completed comprehensive intake evaluations to ensure proper documentation of session content, diagnosis, and interventions.

BAART Programs

July 2017 – Apr. 2020

Marriage and Family Therapy Trainee & BBS Registered Associate, AMFT 109232

Los Angeles, CA

Supervisor: Israel Amrani, LMFT

- Provided individual therapy to a diverse adult clientele diagnosed with opioid substance use often co-occurring with mood disorders, anxiety disorders, and homelessness.
- Utilized an integration of person-centered approaches, motivational interviewing, and art therapy techniques to assist clients in reaching their treatment goals.
- Obtained urine samples from clients for monthly drug screenings.
- Completed a series of reports and administrative documents in accordance with federal regulations that coincided with each client's individual treatment plan.

Loved Ones Victims Services (LOVS)

July 2017 – Jan. 2018

Marriage and Family Therapist Trainee

Culver City, CA

Supervisor: Raymond Mars, Ph.D.

- Conducted psychological intake interviews and documented the findings in comprehensive intake reports.
- Using Person Centered techniques, provided individual and group therapy to adult clients affected by homicide and other traumatic events.
- Treated clients that presented with symptoms of post-traumatic stress disorder, depression, anxiety, and other symptoms of trauma.

- Administered and interpreted routine baseline and ongoing assessments to track client progress.
- Completed billing paperwork for all clients.
- Provided extended support to clients by attending court dates related to the homicide of their loved one.

RESEARCH EXPERIENCE

PEaCE Research Center for the Promotion of Wellness and Community June 2018 – June 2020
Research Coordinator Los Angeles, CA

Supervisor: Shelly Harrell, Ph.D. | Pepperdine University

- Co-authored and co-presented regional and international conference presentations and poster sessions.
- Engaged as a participant-researcher, aiding in the development of a resilience-oriented stress management group for multicultural populations by reviewing the literature, identifying and adapting intervention strategies, piloting group sessions, and debriefing experiences.
- Conducted reviews of clinical and positive psychology literature and treatment manuals to help develop psychoeducational resources for group facilitators and participants related to group's weekly resilience themes.
- Co-managed the drafting of a comprehensive IRB application including the development of appendices.
- Facilitated the training of new lab members to appropriately orient them to the work of the lab including specific training on a project focused on the use of cultural quotes in mental health interventions.
- Synthesized literature to be included in posters, presentations, journal articles, and other published works.
- Managed, maintained, and updated the lab's website with relevant news, updates, and professional opportunities for lab members.
- Managed administrative tasks of the lab and assisted in the maintenance of internal drives and databases.

Fatherlessness: Uncovering the Short-Term & Long-Term Effects Sep. 2017 – Aug. 2018
Research Assistant Los Angeles, CA

Supervisor: Carlos Vasquez, Ed.D. | Pepperdine University

- Conducted comprehensive reviews of clinical, forensic, and social science literature to identify themes and research-supported outcomes of fatherlessness.
- Co-authored book chapter on the long-term effects of absent fathers in ethnic minority communities.

Emotional Emancipation of African Americans Dec. 2016 – Aug. 2018
Research Assistant Los Angeles, CA

Supervisor: Daryl Rowe, Ph.D. | Pepperdine University

- Assisted in the development of an Emotional Emancipation Circle (EEC) protocol for adolescent African American males.
- Attended training sessions for EEC facilitators and collected relevant qualitative data.
- Documented and coded international qualitative data collected from EEC facilitator interviews.

Various Pharmaceutical Trials June 2004 – Mar. 2005
Project Assistant Research Triangle Park, NC

Employer: GlaxoSmithKline

- Collaborated on interdisciplinary teams focused on the execution of various US-based pharmaceutical randomized clinical trials.
- Worked closely with Project Managers to ensure the timely submission of documents, accurate tracking of data, and appropriate organization of electronic databases used across various studies.
- Responsible for various aspects of data management, vendor relations, and patient recruitment efforts.

Various Pharmaceutical Trials

Mar. 2001 – June 2004
Research Triangle Park, NC

Lead Project Assistant, Project Assistant, Data Management Assistant

Employer: Constella Group

- Cofacilitated the management and documentation of weekly project meetings with study management personnel from client pharmaceutical companies.
- Managed the organization and mailings of study documents, binders, and packets sent to principal investigators.
- Liaised with vendors to ensure the timely submission of documents necessary for patient recruitment, tracking, and communication.
- Conducted pre-study site visits to potential investigators interested in participating in the study.
- Managed a team of five Project Assistants and coordinated communication with other team leaders.
- Assisted in the development of project manuals and the training of Project Assistants.
- Participated in the management of trials for medications that treat menopause, migraine headaches, and various cancers.

UNIVERSITY TEACHING & LECTURING EXPERIENCE

Adjunct Professor: Pepperdine University Graduate School of Education & Psychology Apr. 2020-Present

Courses: Ethics & Law for Mental Health Professionals
Diagnosis and Treatment of Mental Disorders
Behavioral Principles & Theories of Learning

Guest Lecturer: “Substance Abuse & Homeless Populations: Cultural Considerations in Treatment” July 2019

Host Professor: Carlos Vasquez, Ed.D. | Pepperdine University

Guest Lecturer: “Substance Abuse in Adulthood: Working with Clients” June 2019

Host Professor: Thema Bryant-Davis, Ph.D. | Pepperdine University

Guest Lecturer: “Understanding the Myers-Briggs Type Theory” May 2018

Host Professor: Liz Mohler, M.S. | Pepperdine University

Guest Lecturer: “Writing, Publishing, and Delivering Your Message” July 2017

Host Professor: Pernilla Nathan, Psy.D. | Pepperdine University

CONFERENCE PRESENTATIONS & POSTERS

Conner, A., **Robbins, J.**, Polack, A., Rush, Z., Montgomery, R., Rozmid, E., Thomas, M., Mcarr, L. (2020, April). *An investigation of the relationship between parental stress, psychological flexibility, and mindfulness for caregivers in a dialectical behavior therapy (DBT) parent skills program*. Presented poster at Harbor—UCLA Medical Center Department of Psychiatry Scientific Sessions: Torrance, CA.

Harrell, S. P., **Robbins, J.**, Williams, A., & Son, E. (2020, January). *What’s under the hood? A triadic change model for effective and culturally-inclusive positive psychology interventions*. Presentation conducted at conference of Western Positive Psychology Association: Claremont, CA.

Harrell, S. P. and **Robbins, J.** (2019, July). *African-centered “meditation for liberation”: Freedom from soul bondage*. Presentation conducted at conference of Association of Black Psychologists: Orlando, FL.

Harrell, S. P., **Robbins, J.**, & Son, E. (2019, June). *Optimizing diversity in three contexts: Applying the 12 “D”s for transformative change*. Presented poster at conference of Society for Community Research and Action: Chicago, IL.

Rowland, L., **Robbins, J.**, Moore, B., Son, E., & Harrell, S. P. (2019, January). *Utilizing collective wisdom quotes in positive psychology interventions: research and practice*. Presentation conducted at conference of Western Positive Psychology Association: Claremont, CA

PUBLICATIONS

Robbins, J. (2021) Ethical considerations for utilizing expressive arts interventions in telehealth. *The Los Angeles Psychologist*, 15.

Harrell, S. P., Hatton, M., Son, E., & **Robbins, J.** (2020). Culture, internalized oppression, and mindfulness-based interventions: Implications for cultural adaptation. *The California Psychologist*.

Robbins, J. (2016). *The golden penny*. North Charleston, South Carolina: CreateSpace.

Robbins, J. (2013). *Still standing*. Cumberland, North Carolina. Tasty Chuckle Publications.

LEADERSHIP EXPERIENCE

Board of Directors: California Psychological Association of Graduate Students (CPAGS) July 2020 - Present

- Serve as Membership Director of the graduate student arm of CPA (CPAGS).
- Responsible for initiating and monitoring recruitment and retention of current and new members.
- Liaise and collaborate with board members to ensure maximum offerings and follow-through of benefits to student members.
- Manage CPA Campus Representatives across the state, ensuring they fulfill the duties of their position.

Board of Directors: Los Angeles County Psychological Association (LACPA) Jan. 2020 - Present

- Member of the following committees: Student Leadership; Ethics; and Arts, Creativity & Culture.
- Cofacilitate student support groups aimed at providing graduate students resources and assistance for navigating challenges related to COVID-19.
- Co-produce arts events that highlight the artistic works of therapist artists.

Teaching Assistant to Pamela Harmell, Ph.D. Sep. 2018 - Apr. 2020

- Course: Law & Ethics for Mental Health Professionals.
- Researched and synthesized the findings of new literature related to important legal and ethical topics.
- Provided one-on-one support to students who requested additional assistance comprehending course material.
- Proctored exams and completed administrative tasks such as photocopying, scanning, and procuring electronic copies of original source materials.

Campus Representative: California Psychological Association (CPA) Aug. 2018 - Jun. 2020

- Responsible for hosting campus events that promoted student engagement and highlighted the benefits of CPA.
- Worked closely with CPAGS Membership Director to ensure student concerns were being recognized at the state level.
- Managed campus-wide CPA recruitment efforts.

Campus Representative: Los Angeles County Psychological Association (LACPA) Aug. 2018 - Dec. 2019

- Responsible for hosting campus events that promoted student engagement and highlighted the benefits of LACPA.

- Worked closely with the LACPA Student Leadership Committee to ensure that student voices and concerns were being recognized.
- Served as a continuing education session monitor at local training events as well as the annual convention.
- Managed campus-wide LACPA recruitment efforts.

University Writing Center Tutor

Aug. 2018 - May 2019

- Provided one-on-one tutoring to masters and doctoral students attending the Graduate School of Education and Psychology across four campuses.
- Educated students on APA style guidelines, writing concise papers, and the rules of grammar.
- Worked closely with students for whom English was not their first language.

Teaching Assistant to Pernilla Nathan, Psy.D.

Aug. 2017 - May 2018

- Course: Community/Clinical Research and Service
- Graded papers and research assignments; and provided one-on-one support to students who requested additional assistance comprehending course material.

SPEAKING & OUTREACH EXPERIENCE

BLKBX Project: A Therapist Speaks	Los Angeles, CA	May 2021
Breaking Modern Loneliness: Conversations on Mental Health	Los Angeles, CA	May 2021
Physical Health & Mental Health in the Entertainment Industry	Los Angeles, CA	October 2019
Positive Education: Creating Healing & Inspiring Learning Environments	Los Angeles, CA	August 2019
Play Therapy in the Classroom	Los Angeles, CA	August 2018
Change Your Thoughts; Change Your Life	Los Angeles, CA	January 2016
The Artistic Way	New York, NY	March 2015
Loving Ourselves and Ending the Cycle	Brooklyn, NY	October 2014
Be Bold. Be Courageous.	Venice, Italy	August 2014
Harnessing Your Inner Strength	Milan, Italy	August 2014
Healing, Forgiving, and Moving Forward	New York, NY	March 2014
The Artistic Way	New York, NY	February 2014
Recognizing the Long-Term Effects of Abuse	New York, NY	February 2013
Become the Person You Want to Be	Beverly Hills, CA	November 2012
A Celebration of Strong Women	Los Angeles, CA	May 2012
Healing the Scars of Abuse	Los Angeles, CA	April 2012
Use Your Mind to Create Your Future	Los Angeles, CA	August 2011
Release the Past; Dive Into Your Future	Los Angeles, CA	October 2010

K-12 TEACHING EXPERIENCE

Magnolia Public Schools	Los Angeles, CA	2016
The Equity Project Charter School	New York, NY	2015
Community Roots Charter School	Brooklyn, NY	2015
NYC Charter High School for Architecture, Engineering and Construction Industries	The Bronx, NY	2014
Bronx Lighthouse Charter School	The Bronx, NY	2013

VOLUNTEER EXPERIENCE

Healing, Hope & Love (Founder)

Los Angeles, CA

- Deliver meals and resources to Skid Row and other food-deprived communities.
- Provide resources and care packages to youth of deceased military parents.

Unlocking Futures

New York, NY

- Provided mentorship to female teens at risk for dropping out of school.

Our Commitment, Inc.

Los Angeles, CA

- As Resident Artist, provided theatrical entertainment to underserved communities.
- Delivered pets to terminally ill youth patients.

The Dream Catcher Foundation

Los Angeles, CA

- Facilitated group workshops for female teens residing in a group home.

PROFESSIONAL AFFILIATIONS

National Association of Nutrition Professionals	2021-Present
International Society for Nutritional Psychiatry Research	2021-Present
Society for Community Research and Action	2019-Present
Association of Black Psychologists	2019-Present
California Psychological Association	2018-Present
Los Angeles County Psychological Association	2018-Present
American Psychological Association	2017-Present
California Association of Marriage and Family Therapists	2017-Present
Psi Chi Honor Society	2017-Present

ASSESSMENT TRAINING

Tests of Intellectual and Executive Functioning	Tests of Psychological Functioning
<ul style="list-style-type: none"> • Beery VMI-6 • Bender Visual-Motor Gestalt • COWAT FAS • Mini Mental Status Exam • Montreal Cognitive Assessment (MoCA) • Rey Auditory Verbal Learning Test • Trails A & B • WAIS-IV • WISC-V • WRAT-4 	<ul style="list-style-type: none"> • Acceptance and Action Questionnaire-2 • Activities of Daily Living Scale • AUDIT • BAI • BDI-II • Brief Reasons for Living Inventory • Brief COPE • BSL-23 • BSL-Supplement • Columbia Suicide Severity Rating Scale • DAST • DERS • Dysfunctional Attitude Scale • Five Facet Mindfulness Questionnaire (FFMQ-SF) • GAD-7 • Geriatric Depression Scale • Linehan Risk Assessment and Management Protocol • Mental Health Continuum-Short Form (MHC-SF) • PHQ-9 • PCL-5 • Ultra-Short Suicidal Ideation Scale • Work and Social Adjustment Scale
Tests of Effort and Malingering <ul style="list-style-type: none"> • Rey 15-Item Test • Rey Word Recognition Test 	
Personality Assessments <ul style="list-style-type: none"> • Millon Adolescent Clinical Inventory • Millon Clinical Multiaxial Inventory-III • MMPI-2 • NEO-PI-R • Roberts Apperception Test for Children • Rorschach Inkblot Test • Rotter Incomplete Sentence Blank • Thematic Apperception Test (TAT) 	

RELEVANT CLINICAL TRAININGS & WORKSHOPS

“This Is Your Brain on Food” Uma Naidoo, M.D. UCLA Semel Institute	Sep. 2021
“Addressing Sexuality Concerns of College-Age Men” Daniel J. Alonzo, Psy.D., LMFT Los Angeles County Psychological Association	Oct. 2020

<p>“Erotic Countertransference: The Radical Search for Truth” Alexandra Katehakis, Ph.D., LMFT Los Angeles County Psychological Association</p>	<p>Oct. 2020</p>
<p>“Individual Cognitive Behavioral Therapy” Leslie Sokol, Ph.D. County of Los Angeles Department of Mental Health</p>	<p>June 2020</p>
<p>“Narcissism: The Psychoanalytic Perspectives of Freud, Kohut, & Kernberg” Peter Wolson, Ph.D. Los Angeles County Psychological Association</p>	<p>Mar. 2020</p>
<p>“Refining Case Conceptualization Strategies in Dialectical Behavior Therapy” Emily Cooney, Ph.D. County of Los Angeles Department of Mental Health at Harbor UCLA Medical Center</p>	<p>Feb. 2020</p>
<p>“Food and Mood: Improving Mental Health Through Diet and Nutrition” Felice Jacka, Ph.D. & Tetyana Rocks, Ph.D. Deakin University</p>	<p>Nov. 2019</p>
<p>“Dialectical Behavior Therapy and Suicide” Leslie Karwoski Anderson, Ph.D. Los Angeles County Psychological Association</p>	<p>Nov. 2019</p>
<p>“Achieving Clinical Excellence” Scott D. Miller, Ph.D. Los Angeles County Psychological Association</p>	<p>Oct. 2019</p>
<p>“The Mood-Food Connection in Mental Health” Andra Brosh, Ph.D., BCHN Los Angeles County Psychological Association</p>	<p>Oct. 2019</p>
<p>“Preventing Suicide in the LGBTQ+ Community Using Affirmative Therapy” Rick Grant-Coons, Psy.D. Los Angeles County Psychological Association</p>	<p>Oct. 2019</p>
<p>“Cognitive Behavioral Analysis System of Psychotherapy (CBASP) Training” Lynn McFarr, Ph.D. & Eric Levander, M.D., M.P.H. County of Los Angeles Department of Mental Health at Harbor UCLA Medical Center</p>	<p>Sep. 2019</p>
<p>“Acceptance & Commitment Therapy (ACT) Training” Jessica L. Schneider, Psy.D. & Lynn McFarr, Ph.D. County of Los Angeles Department of Mental Health at Harbor UCLA Medical Center</p>	<p>Sep. 2019</p>
<p>“Dialectical Behavior Therapy (DBT) Nuts & Bolts Advanced Training” Lynn McFarr, Ph.D., Janice Jones, Ph.D., Hollie Granato, Ph.D., & Tahleen Varian, LCSW County of Los Angeles Department of Mental Health at Harbor UCLA Medical Center</p>	<p>Sep. 2019</p>
<p>“Dialectical Behavior Therapy (DBT) Two-Day Training” Lynn McFarr, Ph.D., Lisa Bolden, Psy.D., Janice Jones, Ph.D., Hollie Granato, Ph.D., Dorit Saberi, Ph.D., Julie Orris, Psy.D., & Hugh Leonard, Ph.D. County of Los Angeles Department of Mental Health at Harbor UCLA Medical Center</p>	<p>Sep. 2019</p>
<p>“Cognitive Processing Therapy Online Training Course” Connie L. Best, Ph.D. Medical University of South Carolina</p>	<p>Sept. 2019</p>

<p>“Psychodynamic Emotional Regulation: A Day with ISTDP for Clinicians” Thomas Brod, M.D. New Center for Psychoanalysis</p>	May 2019
<p>“The Art Behind the Science of Treating OCD: Overcoming Obstacles” Jonathan Grayson, Ph.D. Los Angeles County Psychological Association</p>	May 2019
<p>“Good Enough Fathering and the Paternal Function” Michael Diamond, Ph.D. Los Angeles County Psychological Association</p>	Feb. 2019
<p>“Bisexual Affirmative Counseling and Mental Health” Mimi Hoang, Ph.D. Los Angeles County Psychological Association</p>	Oct. 2018
<p>“Infomania and Social Media: Impulsivity vs. Compulsivity” Eda Gorbis, Ph.D., LMFT Los Angeles County Psychological Association</p>	Oct. 2018
<p>“Advanced Motivational Interviewing Academy, Parts I & II” Grant Hovik, M.A. UCLA Integrated Substance Abuse Programs</p>	Mar. 2018

ABSTRACT

Having a history of sexual trauma has been connected with a number of long-term challenges related to mental health, physical health, and quality of life. For many years most of the research on this topic has been focused on female-identified individuals, which neglects the experiences of men. This integrative systematic review of the literature was conducted in order to identify and highlight the experiences of African American and Latino males with histories of sexual trauma. This review posed the following questions: (a) What types of sexual traumas are experienced by these communities? (b) What symptom presentations are most commonly connected with their sexual trauma? (c) What life challenges or long-term negative effects are predominant for these men? (d) What treatments are being used to address difficulties related to sexual trauma and which are the most effective? A systematic review of the current literature revealed that these communities most often experience childhood sexual abuse (CSA), although other types were also reported. African American and Latino males most frequently reported symptoms related to depression, anxiety, and posttraumatic stress disorder (PTSD) and tended to have difficulties with substance use and engagement in risky sexual behavior later in life. Though only two treatment studies were documented in the literature, the data suggests that these men may benefit from culturally congruent group therapy interventions.

Chapter I: Background and Rationale

Statement of the Problem

Sexual assault is a pervasive issue that affects individuals from all walks of life, socioeconomic statuses, and cultural backgrounds (Munro-Kramer et al., 2017). It has been reported that an average of 321,500 individuals age 12 and older were sexually assaulted each year between 2010-2014 (Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 2018). This includes over 18,000 individuals in the United States military who were sexually victimized in 2014 (Department of Defense, 2015); 60,000 children who sustained sexual trauma in 2012 (United States Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2013); and over 80,000 United States inmates who were victims of sexual assault between 2011-2012 (Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 2013). Though reported numbers may never truly reflect actual occurrences due to under-reporting and other challenges related to collecting this sensitive data (Russell & Davis, 2007; Rennison, 2002), it is evident that the prevalence of sexual trauma in the United States is widespread.

Much of the research on sexual assault has focused on women and increased attention is needed on men (Davies, 2002; Fisher & Pina, 2013; Mulkey, 2004; Peterson, Voller et al., 2011; Romaniuk & Loue, 2017; Willis, 2009). The literature on women is rich; however, the literature on people of color, and men of color in particular, is quite disparate and vague. In their 2010 Summary Report, the Centers for Disease Control and Prevention (CDC) reported that one in 71 males had been raped during the course of his life, and 52.4% of male survivors reported knowing their perpetrators (Black et al., 2011). The National Institute of Justice reports that 15% of college males experience a forced sexual encounter during their time in school (Cullen et al.,

2000), and the Department of Defense (2013) reported that 14,000 of the 26,000 soldiers who were sexually assaulted between September and November of 2012 were men. Research also suggests that male minors are at particular risk of child sexual abuse (CSA) as they are less likely than their female counterparts to report the abuse (Boudreau et al., 2018; Donne et al., 2018; Easton et al., 2014; Foster, 2017; Gagnier & Collin-Vézina, 2016). While there continues to be new literature available on male survivors of sexual assault, it is still slim in comparison to the plethora of research available on female survivors. Even more scarce is research that specifically addresses male survivors of color. One possible reason for this lack of attention on men is that the societal stigma of male survivors of sexual abuse is so insidious that communities are neither equipped nor adequately prepared to effectively help them as the problem erodes current constructs of masculinity (Onyango & Hampanda, 2011). The aim of this paper is to gain a comprehensive understanding of the existing literature as it relates to male survivors of color and examine its implications for practice. Given that, as of 2017, Black persons of African descent represent the largest racial minority group in the United States, and Latinx Americans represent the largest ethnic minority group, this paper will focus on African American and Latino male survivors of sexual assault (United States Census Bureau, 2017). It is important that clinicians understand the needs of these populations, are aware of the barriers to treatment, and have sound knowledge regarding best practices and treatment recommendations.

The field of psychology recognizes that culture plays significant roles in mental health with regard to symptom presentation, assessment, diagnosis, and treatment (Comas-Díaz, 2012). As such, it is important to recognize that African American and Latino male survivors of sexual trauma present with their own sets of issues (Clark et al., 2012; Light & Monk-Turner, 2009; Moisan et al., 1997). The field of psychology must make better efforts to understand the unique

needs of these men so that appropriate treatments and programs can be established to aid in their healing.

There is an abundance of literature dedicated to female survivors; however, the literature on people of color, and men of color in particular, is discordant and ambiguous. In order for the mental health industry to effectively treat African American and Latino male survivors of sexual assault, their symptom presentations must be clearly identified, as well as their unique treatment needs. As more men are getting the courage to disclose and discuss their histories of sexual abuse, the field of mental health must do everything that it can to make certain that clinicians are adequately prepared and equipped to provide effective, culturally syntonic treatments to these communities who continue to be underrepresented in the literature. What types of sexual trauma are most commonly experienced by African American and Latino male survivors? What are the symptom presentations that accompany their trauma? What challenges typically bring these men into treatment? What treatments are being used, and which appear to be the most effective? This systematic review of the current available literature aims to address these questions.

Current Research

Types of Sexual Trauma

This review will use the terms sexual abuse, sexual assault, sexual trauma, sexual victimization, and sexual violence interchangeably as they are all represented in the literature and have been used to describe unwanted sexual advances and behaviors. Sexual trauma is often separated into two main categories: (a) events that occur prior to a survivor's eighteenth birthday (CSA) and (b) events that occur after a survivor's eighteenth birthday (adult sexual abuse [ASA]). CSA has been described as sexual contact with a minor that occurs in one of three instances: when there is a large difference in age and/or maturity between the perpetrator and

victim; when the perpetrator is the minor's caregiver or he/she is in a position of authority over the minor; and when the abuse is executed using violence or trickery (Finkelhor, 1997; Lange et al., 2019; Narang et al., 2019; Stoltenborgh et al., 2011; World Health Organization, 1999). Though there is no standard, agreed-upon definition of ASA, it has been referred to as any undesired sexual activity or advances made by a perpetrator without the express consent of another (Kazdin, 2000; Peterson et al., 2018; Regehr et al., 2013). In most cases of ASA, perpetrators use manipulation that may involve threats and/or force to take advantage of others.

The Rape, Abuse & Incest National Network (RAINN) is one of the nation's largest organizations focused on doing work to combat sexual violence. Their website provides information, definitions, and statistics on the following types of sexual violence: sexual assault, child sexual abuse, sexual assault of men and boys, intimate partner sexual violence, incest, and drug-facilitated sexual assault ("Sexual Assault", n.d.). They define sexual assault as any sexual contact made from one person to another, or sexual behavior that has occurred without the express consent of another. On their website, the National Center for Victims of Crime (n.d.) defines sexual assault as one person forcing another to engage in sexual activity. Legal descriptions of rape and sexual violence can be very intricate and differ from state to state, further complicating attempts to standardize definitions (FindLaw, n.d.; RAINN, n.d.).

Whether the victim is a minor or an adult, the sexual trauma itself can take many forms with respect to the perpetrator. Though not an exhaustive list, RAINN and other sources indicate that sexual assaults are inflicted by a range of perpetrators including a sibling, parent, another family member, a spouse/partner, a friend/associate, a coach (Bjørnseth & Szabo, 2018), an instructor/professor, a member of the clergy (Bera, 1995; Fogler et al., 2008; Isely, 1996;

McGraw et al., 2019; Plante, 2019), military personnel (Bell et al., 2018; O'Brien et al., 2015; Romaniuk & Loue, 2017), a date, a stranger, or be internet-initiated (Canders et al., 2013).

Culture and Sexual Trauma

As with any other mental health condition, clinicians should be mindful of culture when working with survivors of sexual trauma and avoid adopting a one-size-fits-all approach to treatment (Sawrikar & Katz, 2017). In 2019, the American Psychological Association's (APA) APA Task Force on Race and Ethnicity Guidelines in Psychology noted the importance of psychologists developing a racial and ethnocultural awareness and responsiveness in their treatment guidelines on Race and Ethnicity in Psychology given the diverse ethno-racial makeup of America. The guidelines call for psychologists to acknowledge the impact of race and ethnicity and incorporate that understanding into all aspects of the treatment process. In their Multicultural Guidelines, the APA presents a layered ecological model that suggests a bidirectional interaction between client and clinician that is further impacted by contexts such as community, school, family, and institutions (APA, 2017). The guidelines urge psychologists to be mindful and attentive to the unique experiences of all clients, particularly as those experiences relate to the client's identity, life transitions, and any cultural labels that one might accept or reject over time (Clauss-Ehlers et al., 2019).

Cultural considerations become of particular importance when working with individuals with histories of trauma as symptom presentations and adaptive coping strategies differ across communities (Bryant-Davis, 2005; Bryant-Davis & Wong, 2013; Harris & Fallot, 2001). The term *trauma-informed practice* is often used to describe organizations and/or treatment environments where care providers acknowledge the far-reaching effects of trauma and develop treatment approaches with intention on addressing those effects (Harris & Fallot, 2001).

However, Goodman (2014) provides reasons why that may not be enough given the limiting definitions of trauma put forth by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (American Psychiatric Association, 2013). Bryant-Davis (2019) further posits that the current APA treatment guidelines for posttraumatic stress disorder (PTSD), though comprehensive, are derived from research that provided treatment to individuals from a culture-blind perspective. This is of particular importance for this review, given the prominent presence of PTSD and PTSD-like symptoms experienced by survivors of sexual violence (McTavish et al., 2019; O’Driscoll & Flanagan, 2016).

There are several researchers that have made important contributions in research where culture intersects with trauma; however, there is still much work to be done. Serrata et al. (2019) offer insight relevant to working with Latina survivors of sexual abuse noting the positive impacts of pairing trauma-informed care with culturally syntonc interventions. Misurell and Springer (2013) developed a game-based group intervention designed for African American and Latinx families. In their work they also highlight the importance of demonstrating cultural humility by incorporating feedback from the communities they serve to further tailor the intervention. Another study addresses issues observed in same-sex African American female couples that have a history of CSA (Parks et al., 2001). The authors posit that even clinicians working with these women from a multicultural feminist orientation are often ill-equipped to appropriately address the nuanced cultural challenges of this community as a result of their unique intersectionality. The differences in barriers to disclosure and treatment outcomes reported among African American and White female survivors have also been highlighted (Hakimi et al., 2018). The authors observed higher rates of problem-drinking among their African American participants over their White counterparts, and explained the need for

community-based interventions designed specifically for African American female survivors as they are less likely to seek professional treatment. Sawrikar and Katz (2017) call for the use of a multicultural framework when treating ethnic minority survivors of CSA. Their systematic review of the literature asserts that cultural competency, allowing survivors to request an ethnically-matched clinician, having access to appropriately trained language interpreters, and hiring staff from the same or similar ethnic backgrounds as those being served are all critical to providing the best care to these survivors.

Gender and Sexual Trauma

When the CDC published their National Intimate Partner and Sexual Violence Survey 2015 Summary Report stating that 24.8% of men in the United States reported having experienced some form of sexual assault in his lifetime, that statistic represented approximately 27.6 million male survivors (Smith et al., 2018). That figure included approximately 2.8 million men who had experienced rape, completed or attempted, and 10.6 million who experienced sexual coercion. This same report stated that approximately 19.9 million men had experienced unwanted sexual contact, such as groping, at some point. This CDC report presents estimates obtained from 10,081 interviews conducted between April and September 2015 in all 50 US states and the District of Columbia.

Current and past research on male youth and adult survivors of sexual assault provides information about the various symptom presentations that have been most commonly observed. Boys who have experienced sexual victimization often present with a number of adverse behavioral symptoms such as aggression, delinquency, and refusal to obey rules (Hohendorff et al., 2012). Young boys who are anally penetrated during their assaults are frequently left with physical symptoms of the abuse that may have long-term damaging effects including

constipation and encopresis (Hohendorff et al., 2012). Others report that some male survivors develop suicidal ideations and engage in self-harming or other destructive behaviors (Sumner et al., 2016). Males also tend to suffer from a host of emotional challenges such as guilt, decreased self-esteem, disorganized self-concept, shame, and challenges relating intimately to all genders (Chaplo et al., 2017; Courtois, 2010; Gauthier-Duchesne et al., 2017; Ressel et al., 2018; Said & Costa, 2019). Researchers have also seen male survivors of clergy-perpetrated sexual abuse present with symptoms often associated with PTSD (Fogler et al., 2008; McGraw et al., 2019; Plante, 2019). In some of the more extreme clinical cases examined, researchers saw that some male victims of incest went on to become perpetrators of sexual violence (Courtois, 2010). More generally, the widely supported victim-to-perpetrator belief has yet to receive empirical support. Salter (2018) reported that male victims often claim past abuse when facing litigation and/or during court proceedings in effort to gain sympathy. She found, however, that less than 10% of perpetrators were survivors of past sexual abuse.

In cases of male rape survivors, research has shown presentations of a variety of negative long-term effects that can be broken down into four symptom domains: (a) psychological difficulties that include anger, anxious symptoms, depression, and embarrassment, (b) behavioral symptoms that include employment challenges, self-harming, and substance abuse; (c) interpersonal obstacles that include challenges with attachment, emotional engagement, increased promiscuity, intimacy, sexual dysfunction, and trust; and (d) self-image difficulties that may include questioning one's gender and sexual identities in addition to low self-esteem (Peterson et al., 2011; Vearnals & Campbell, 2001; Walker et al., 2005a).

Psychological researchers have responded positively to the increasing numbers of male clients with histories of sexual trauma as there is a growing body of literature devoted to

addressing the needs of male survivors (Abbas & Macfie, 2013; Allen et al., 2015; Brennenstuhl & Fuller-Thomson, 2015; Chan, 2014; Turchik et al., 2016). Unfortunately, the literature is lacking in robust data where the experiences and treatment of African American and Latino males is concerned. Because the ethnic landscape of the United States is ever-evolving and continues to become more diverse, it is especially important that those working in mental health and helping service industries (eg. physical healthcare, social work) are well-versed in the needs of African American and Latino male survivors as they make up the largest population of American ethnic minorities (United States Census Bureau, 2017). This systematic review aims to provide valuable information to those working in mental health and therapeutic settings about the needs of African American and Latino men with histories of sexual trauma. The review seeks to provide a greater understanding of the types of sexual traumas that these men have been exposed to, the short- and long-term effects of their traumas, and effective treatments for these populations.

African American Male Survivors of Sexual Trauma

In a study looking at the different characteristics and presentations represented in abused and non-abused populations, Clark et al. (2012) identified marked differences in African American males who had been sexually abused versus their non-abused counterparts. African American males who had a history of sexual trauma presented with suicidal ideation or a past suicidal attempt at five times the rate than did the non-abused African American men. The African American males who had experienced sexual abuse were medicated for mental health problems and had histories of trading sex for drugs at significantly higher rates than the men who had never been sexually assaulted. The sexually abused men also presented with higher rates of alcohol and cocaine dependence. In another study involving African American male college

students with histories of sexual assault, Amos et al. (2008) found that the sexually abused men were more likely to have used tobacco, alcohol, marijuana, and cocaine as compared to the non-abused males.

Unfortunately, African American male youth engaging in sexual acts with older females has often been considered a praise-worthy rite-of-passage (Curry & Utley, 2018). Curry and Utley (2018) posit that African American male victims of sexual violence are rarely studied because society more frequently views them as individuals who perpetrate crimes. As a result, seeing them as victims, or even believing that it is possible for them to be assaulted is rarely considered. Foston (2003) further argues that society has placed African American males at an unfortunate cultural disadvantage. By being so pervasively othered, demonized, and criminalized, being viewed as social pariahs places African American males, particularly youth, at risk for sexual coercion.

Latino Male Survivors of Sexual Trauma

Fontes (2007) offers valuable information regarding the layered shame often experienced by Latino boys who have been victims of sexual violence. The shame is complicated and frequently influenced and impacted by the kinds of behaviors the child was forced to participate in during the abuse in addition to the tacit cultural expectation that Latino males are always sexually interested in females (Muñoz-Laboy et al., 2018; Vasquez et al., 2017). Loredó (1999) suggests that boys who were forced or coerced by adult perpetrators, to view homosexual, male-on-male pornography or footage of other sexual acts considered deviant or taboo by the culture may carry more shame than those who were made to view heterosexual pornography. However, the details of such forced viewings was not offered, making it difficult to contextualize and fully interpret this data point. Fontes (2007) also articulated that Latino boys who had been sexually

violated by a female did not typically identify the incident as abuse. The study reported that Latino boys who had been sexually abused by a female perpetrator often assumed that they were supposed to enjoy the violation. Fontes noted that in some cases, it was even difficult for the child's family members to name the act as abuse.

Other research highlights the impacts of sexual trauma on adult survivors. In a study that included adult Latino men who have sex with men, Levine et al. (2018) found that those with histories of sexual trauma were 3.5 times more likely to experience clinical depression and 2.8 times as likely to engage in excessive alcohol consumption. Another study examining impacts on long-term health, found that behaviorally bisexual Latino survivors of sexual violence engaged in more frequent sexually risky behaviors and reported higher rates of stress in adulthood than non-survivors (Mattera et al., 2017).

Rationale

Including societal and cultural stigmas, there are many barriers that hinder male survivors from seeking the help that they need (Easton et al., 2014; Gruenfeld et al., 2017; Holland et al., 2016). When male survivors do seek therapeutic services, it is rarely for direct assistance processing their sexual trauma, but rather for help dealing with challenges they are facing as a result of the abuse that they sustained (Holmes, 1997). It is important that clinicians be equipped with an appropriate level of knowledge and competence with regard to treating male sexual assault survivors, understanding their symptom presentations, and being familiar with the various long-term effects (Bullock & Beckson, 2011; Coxell & King, 2010; Walker et al., 2005b).

This systematic review will be a comprehensive summary and synthesis of existing literature regarding the experiences of African American and Latino men who have histories of sexual assault, and how those experiences present in therapy. This review aims to answer four

primary questions with regard to African American and Latino male survivors: (a) What types of sexual assault are most commonly experienced by African American¹ and Latino males? (b) What are the varieties of physical and/or psychological symptoms generally experienced by these men? (c) What are the long-term life challenges experienced by African American and Latino men with histories of sexual trauma? (d) What treatment approaches have been utilized across the range of treatment settings, such as community clinics, forensic institutions, and Veterans Affairs, when working with African American and Latino men with histories of sexual trauma? The author hopes that this review will provide valuable information and resources for psychotherapists and researchers and ultimately impact the treatments that are delivered to these populations in addition to encouraging and inspiring future areas of research.

About the Author

This author identifies as a cisgender African American female who is the older sister of an African American male. She has seen the African American men in her family—brother, cousins, and uncles—tolerate extreme levels of emotional pain with no clear path to healing. In most cases, they did their bests to uphold tough exteriors because that was all they knew to do. Their pain was always difficult to witness and even difficult to understand, at times.

Working as a new therapist in 2017, a White male client came to session in tears and uttered the phrase, “I was raped again.” It was the *again* that was most heartbreaking. Listening to his account was challenging; however, the most troublesome aspect was realizing the lack of training, exposure, and discussion about male sexual trauma. It was this experience coupled with a dedication to creating healing spaces for men who resembled those in her family that fueled the author’s interest in this research.

¹ The identifiers, *African American* and *Black* will be used interchangeably throughout this document.

Chapter II: Methods

Systematic Review Approach

This systematic review was conducted utilizing an integrative methodological approach as described and outlined by Whitemore and Knafl (2005). They posit that integrative reviews “present the state of the science, contribute to theory development, and have direct applicability to practice and policy” (Whitemore & Knafl, 2005, p. 546). The current review thus aimed to: (a) illustrate the field’s current understanding of sexual trauma as experienced by African American and Latino males, (b) present data that scholars may utilize to refine theoretical frameworks and research questions, and (c) inform the mental health treatment for these two populations.

With or without intention some research methodologies place greater importance on data collected from experimental studies which perpetuates the message that data collected via non-experimental means is less valid (Whitemore & Knafl, 2005). However, non-experimental studies can offer rich, layered data about participants’ experiences related to their symptomatology, clinical history, and treatment delivery. Implementing an integrative review can be particularly helpful when researching complex situations that are not easily explained and understood by experimental studies, alone (Whitemore & Knafl, 2005), as is the case for this review. This integrative approach allowed the author to review both quantitative and qualitative data to appropriately address the research questions that have been set forth. Qualitative studies will be used to determine the types of sexual traumas, symptom presentations, long-term effects of the trauma, and reasons for seeking treatment most commonly observed in African American and Latino males. Quantitative studies will be used to summarize identified correlates of sexual trauma, within- and between- group differences, and treatment effectiveness.

Eligibility Criteria

Inclusion Criteria

Only original studies were considered for inclusion in this review. Studies found in US-based and international academic, peer-reviewed journals were considered. This includes studies that were accepted for publication but had not yet been released. Reports and white papers commissioned by private organizations, dissertations, books, and book chapters were also eligible for inclusion.

The target populations examined by this review, African American and Latino males with histories of sexual trauma, are underrepresented in the literature and are rarely the focus of mental health research. In an effort to uncover any therapeutic techniques, interventions, and strategies that are utilized in their countries of origin, where immigrant populations are concerned, the author included studies from international journals in this review. Such culturally relevant approaches may offer insight to US-based clinicians who are working with one or both of these populations. Additionally, when original sources can be obtained from their authors, unpublished studies that have been accepted by an academic journal or scholarly book were also eligible for inclusion.

Only sources published after 1985 were eligible for inclusion in this review. The Society for the Psychological Study of Ethnic Minority Issues, division 45 of the APA, was founded in 1986. The creation of this division signified the field's increased understanding of the importance of placing an emphasis on the unique mental health needs and concerns of ethnic minorities. Though few, there are documented cases of male survivors of sexual assault appearing in the literature prior to 1986. However, the field's understanding and treatment of

these men shifted greatly over time. It was this author's intent to collect data from the most relevant studies available to answer the research questions that have been put forth.

Study Eligibility Criteria

There were four primary targeted variables that every study must include in order to be included in this review. Each study needed to include participants who identify as male, identify as either African American or Latino, were 18 years or older at the time of the study, and disclosed experiencing at least one incident of sexual assault, whether occurring in childhood or adulthood. There were no research settings excluded from this review. Since these populations are so rarely studied, all data collection settings were eligible for inclusion including college/university campuses, forensic settings, military/veteran settings, hospitals, and community-based locations. Both US-based and international settings were eligible for inclusion.

Additionally, all designs and approaches, quantitative, qualitative, and mixed methods, were included in the studies reviewed. This included quantitative designs such as descriptive, correlational, case-control, quasi-experimental, and experimental. All types of qualitative designs were considered for review including phenomenology, ethnography, grounded theory, participatory action research, and case study. Within these methodologies, community-based research was specifically targeted, as the target populations are more likely to interact with and seek treatment from community mental health centers. Additionally, literature reviews, meta-analyses, and systematic reviews were also eligible for inclusion in this integrated review as it aims to fully represent the nuanced experiences of the communities being studied, and reported findings will not be limited to statistical analyses.

Exclusion Criteria

The following types of sources were excluded from this review: conference presentations, non-English publications and sources, magazine articles, newspaper articles, blog posts, and videos. To limit bias and maintain quality, the author did not consider data from these sources. Though dissertation literature was eligible for inclusion, dissertations that were not methodologically sound, as determined by the author and chairperson, were not included.

Search, Screening, and Selection Processes

Information Sources

Electronic databases served as the search repositories for this review. Using the specified search terms, the following databases were systematically searched via the EBSCOhost platform: Academic Search Complete, Alt HealthWatch, Atla Religion Database with AtlaSerials, Communication & Mass Media Complete, eBook Collection, Education Full Text, ERIC, Health Source—Consumer Edition, Health Source—Nursing/Academic Edition, Military & Government Collection, OpenDissertations, PsychARTICLES, PsychINFO, and SPORTDiscuss with Full Text. Using the search terms as specified, these electronic databases were searched in pairs beginning with Academic Search Complete and Alt HealthWatch, ending with PsychINFO and SPORTDiscuss. JSTOR, PubMed, Science Direct, and Scopus were searched individually. Information sources for this review have been further outlined in Appendix A.

Search Terms

A comprehensive list of search terms was generated for use in identifying appropriate studies to be included in this review. Suitable synonyms for most terms were named and were used to bolster the searching capacity of each database. The identified terms and synonyms were: male or boy or boys or man or men; African American or Afro American or Afro-Latino or

Black American or Black; Latino or Latinx or Hispanic or Chicano or Mexican American or Mexican or Puerto Rican or Cuban or Spanish-speaking; non-White; victim or survivor; sexual abuse or sexual trauma or sexual assault or sexual violence or sexual exploitation or sex trafficking; symptoms or signs or characteristics or presentation or symptomatology; PTSD or posttraumatic stress disorder or posttraumatic stress disorder or post-traumatic stress disorder or traumatization or sexual trauma; treatment or psychotherapy or psychoeducation or intervention or prevention or psychosocial or public health or education; outcomes or effectiveness or efficacy; case study; adult sexual abuse or adult sexual assault; childhood sexual abuse or CSA; military sexual abuse or military or veteran; college or university; prison or jail or incarceration or imprisonment or correction facilities; clergy or church or minister or priest or reverend; teacher or educator or school; coach or athlete or mentor or sports; youth organization or club or youth group; culture or cultural or race or ethnicity; and community-based or community mental health centers or community mental health services.

Once the list of search terms and synonyms was identified, the terms were grouped by similarity and assigned a numbered code (see Appendix B). According to the search groupings named in the tables of Appendix A, each database was searched using predetermined combinations of the key search terms and every search was documented (see Appendix C). The primary (excluding synonyms) search terms used to identify the target populations were *male*, *African American*, *Latino*, *non-White*, and *culture*. The primary search terms used to identify sexual victimization were *victim*, *sexual abuse*, *adult sexual abuse*, *childhood sexual abuse*, and *military sexual abuse*. The primary search terms used to identify the participants' symptomatology were *symptoms* and *PTSD*. *Treatment* was the primary search term used to identify the types of treatments used with these populations and *outcomes* was the primary search

term used to identify the results of the treatments and their levels of effectiveness. The primary search terms used to identify disparate settings where victimization has taken place were *college*, *prison*, *clergy*, *teacher*, *coach*, and *youth organization*. *Community-based* was searched with intention to capture any data collected from community-based healthcare centers that may be working with these populations. *Case studies* was searched with intention to gather qualitative data regarding the experiences of these male survivors in relation to their sexual trauma, the symptoms they experienced (physical, emotional, and psychological), seeking treatment or barriers they faced, and treatment effectiveness.

Selection of Studies

Using the database searching strategy outlined in Appendix C and the search terms identified in Appendix B, the author began by conducting broad searches such as: male + African American + sexual abuse. Multiple search terms were then be used to narrow results to identify specific information related to the research questions. When seeking to identify symptoms experienced by African American males, for example, the author used the following primary search terms simultaneously: African American + male + sexual abuse + symptoms. When seeking to identify treatments used for Latino males, for example, the author used the following primary search terms: Latino + male + sexual abuse + treatment.

Search results were screened for inclusion in the study using article titles, abstracts, key words, and full text when necessary. This selection process was documented in the Screening and Selection Record (see Appendix D). Appendix D was constructed to catalog the selection process utilizing the inclusion and exclusion previously outlined. For each article identified by a single search, article titles and abstracts were first reviewed utilizing the inclusion and exclusion criteria. The author documented whether the article was included based on its title or information

presented in its abstract. In instances when the selection of an article could not be confirmed by reviewing the abstract, the author conducted a review of the full article to determine its appropriateness for this review. Based on either the abstract review or the full article review, the primary author indicated a recommendation for the inclusion or exclusion of each study. The Chair was responsible for reviewing the Screening and Selection Record and reviewed a random set of studies to confirm correct application of the inclusion and exclusion criteria while offering suggestions for revision as necessary. Included duplicates were removed only after all searches were complete. Documentation records were maintained for each of these steps, including reasons why unselected studies were not included, and a PRISMA-based flow chart (see Appendix E) was used to summarize each step in the study selection process. The flow chart documents the number of duplicate records removed from the database, the total number of records screened, the total number excluded based on the screening criteria, the number of full-text documents reviewed for eligibility, and the number of excluded documents. The flow chart differentiates the total number of records included using qualitative methods, the total number using quantitative methods, and the grand total included in this integrative review. Electronic copies of all selected studies/documents was maintained in three places: (a) the hard drive of the primary author's computer, (b) the primary author's Mendeley account, and (c) a Google drive folder managed by the primary author.

Data Collection and Extraction

Development of the Data Extraction Form

This integrative systematic review was designed to synthesize the existing body of relevant literature in order to identify the types of sexual traumas that are experienced by African American and Latino males, their associated symptom presentations, the long-term challenges

experienced as a result of their sexual traumas, the treatments that have been used for these men, and the effectiveness of those treatments. To facilitate the clear identification of this information, without bias, the author developed a Data Extraction Form (see Appendix F) based on a modification of the data collection document (by the doctoral program dissertation coordinator) presented by the Cochrane model for systematic reviews (Higgins & Green, 2011). The extraction form was tailored to represent the key data points collected by this review, and a series of variables were identified for coding, based on findings represented in preliminary literature searches and the research questions that have been posed. These variables were then broken down into the following categories: (a) study/document identification, (b) general information, (c) methodological information, (d) setting information, (e) participant information, (f) characteristics of sexual trauma, (g) symptoms and problems reported, (h) assessment of research variables, (i) intervention information, (j) analysis and statistical information, (k) results and outcomes, and (l) conclusions and follow-up. The author selected these broad categories and the specific variables within each domain to allow the ease of data capture for both qualitative and quantitative studies, understanding that not every category or variable will apply to every included source document.

Data Collection and Coding

Study Documentation and Identification. In the first section of the Data Extraction Form, *Study/Document Identification*, the author included the following variables: (a) document name, (b) document ID, and (c) full document title. Each source document was given a document name using the last name of the document's first author and the publication date. Each source document was assigned a four-digit number as its *document ID*. This four-digit numbering system began with the number 5,000 and ended with 5,027, continuing consecutively until each

source document received a four-digit code. In the field designated, *full document title*, the complete title of each document was recorded as it shown on the original source materials.

General Information. In the second section, *General Information*, the author included the following variables: (a) date form completed, (b) source/publication type, (c) source name, (d) publication status, and (e) document language. The first variable in this section was used to document the date that the Document Extraction Form was completed. The second variable was used to record the nature/type of publication of the source document, which was followed by a documentation that noted whether or not the source document was published or unpublished at the time of the review. The final variable coded in this section was the language of the source document.

Methodological Information. In the third section, *Methodological Information*, the author included the following variables: (a) aim of study, (b) methods: general design, (c) methods: specific design/approach, (d) study start date, (e) study end date, (f), duration of participation, and (g) ethical approval needed/obtained for study. Documenting all variables as they were described in the source document, the author recorded the general aim of each study material by describing its purpose. The next variable in this section was used to document the general methodological design for those source documents that are research studies, while the following variable documented the specific methodological approach that each study used. The two variables that follow documented each study's beginning and ending date, and *duration of participation* allowed the author to document the amount of time that study participants were involved in each study. The final variable in this section was used to document approval received from an Institutional Review Board when such approval was necessary.

Setting Information. In the next section of the Data Extraction Form, *Setting Information*, the author included the following variables: (a) study location and (b) data collection setting. The first variable was used to document the geographical location of each study, allowing the author to document any regional trends in research, treatment, and/or symptom presentation. The second variable was used to capture the types of settings where data was collected. As with geographical information, having each setting well-documented will allow the author to observe trends and cite possible gaps with regard to the types of settings actively engaged in working with the named populations.

Participant Information. The author aims to achieve a rich understanding of African American and Latino male survivors of sexual trauma, and this section was designed with careful attention paid to the uniqueness and individuality that each male survivor carries with him. The following variables have been included in this section: (a) population description, (b) inclusion criteria, (c) exclusion criteria, (d) recruitment methods, (e) sample size, (f) participant gender, (g) participant age, (h) participant race/ethnicity, (i) participant marital status, (j) participant highest level of education, (k) participant religious/spiritual beliefs, (l) participant sexual orientation, (m) participant HIV status, (n) participant socioeconomic status, (o) participant employment status, (p) participant incarceration history, (q) family type, (r) primary diagnosis, and (s) comorbidities. In addition to gaining an understanding of the population that each study aimed to serve, the author documented the inclusion and exclusion criteria used to identify them, the recruitment methods that were used to invite them to the study, and the ultimate size of the sample that was served.

Characteristics of Sexual Trauma. The author used this section to gain a deeper understanding of the participants' trauma experience(s). The section included the following

variables: (a) nature of sexual trauma, (b) context/setting of abuse, (c) duration of sexual abuse, (d) number of sexual abuse incidents, (e) age at first sexual violation, (f) perpetrator gender, (g) perpetrator age, (h) survivor's relationship to perpetrator, and (i) age first sought treatment. The variables defined here allowed the author to highlight nuanced differences across survivors based on the nature and characteristics of their trauma experiences.

Symptoms and Problems Reported. In addition to thoroughly documenting the characteristics of participants' trauma, this section of the form allowed the author to cite the specific symptoms and/or challenges they experience. The following variables were captured here: (a) PTSD/trauma, (b) depression, (c) anxiety, (d) substance use/abuse, (e) risky sexual behavior, (f) suicidal ideation/self-harm, (g) interpersonal challenges, and (h) other symptoms/problems. These challenges and symptom presentations were featured as a result of their prominence in the literature; however, the author intends to document all symptom presentations named in each included document. Additional *Other* fields may be added if necessary.

Assessment of Research Variables. This section of the Data Extraction Form captured the research variables of each study as well as the assessments used to document/track those variables. Since specific research variables were likely to vary from one source document to the next, the author left space on the form to type them in individually. All research variables for each study maintained the generic name present on the form along with the specific name gathered from the source document. The reliability, consistency of each measure/approach; validity, accuracy of each measure/approach; and utility, practicality of each measure/approach; was recorded in this section when it was available. For studies using non-standardized methods

to collect data, such as patient report, the specific methods were named and described in the *Assessment Method(s)* section while leaving the Reliability/Validity/Utility section blank.

Intervention Information. The author used the next section of the Data Extraction form, *Intervention Information*, to record descriptions of each intervention utilized in each study. The first variable in this section, *type of intervention*, cited a general description of the kind of intervention being used, while *name of intervention* documented its specific name as it is referred to in the source material. The subsequent variable specified the length of each intervention followed by its short description. The remaining four variables allowed space to document information about experimental groups and control groups for those studies that utilized such a methodology. The author also allowed space to document all of these variables for multiple interventions in studies where more than one was used.

Analysis and Statistical Information. In the eighth section of the Data Extraction Form, *Analysis and Statistical Information*, the author included the following variables: (a) descriptive statistics used, (b) inferential statistics used, (c) qualitative analysis conducted, and (d) other. The first variable documented the use of data to provide descriptions of the study populations, and the second variable recorded the use of inferences or predictions that were made about samples in a study. The third variable was used to describe any classifications or categorical patterns used to arrange/organize samples. The final variable, *other*, was used to capture analyses that did not fit precisely into any of the other domains.

Results and Outcomes. This section of the extraction form was used to document and describe all of the key results named in each study. The form has space for up to ten items, and the author added additional rows when they were required for any studies. As with the generic and specific naming system that was utilized in section six of the extraction form, *Assessment of*

Research Variables, the author used the same format to apply a specific, descriptive name to each key result discussed.

Conclusions and Follow-up. The final section of the extraction form, *Conclusions and Follow-up*, documented the following variables: (a) key conclusions of study authors, (b) study author's recommendations for future research, (c), does this study directly address a research question, (d) take-aways: general, (e) take-aways: implications for practice, (f) salient study limitations, (g) references to other relevant studies, (h) further study information needed, and (i) correspondence received. The first variable in this section described the main conclusions reached by the authors of each source document, followed by a variable that named any recommendations for future research made by the source's author(s). This variable is particularly important as it allowed the author of this review to observe and identify suggestions made across studies, geographical locations, and research settings. It was important for this author to note which research question had been answered by each source document or why a study failed to do so, and that was documented by the subsequent variable.

The next two variables in the section recorded the general and specific take-aways of each study. Specific take-aways related to implications for practice were noteworthy as the author of this review aims to not only add value to the literature, but to also provide clinicians with practical suggestions for the effective assessment and treatment of the two populations being studied. The variable named *salient study limitations* is where this author cited the limitations of each source document included in the review, which was followed by the documentation of any relevant studies that were named/referenced in each source material. If any necessary or important information was not been included in the source document, it was noted by the following variable, and any correspondence received was subsequently recorded.

Data Extraction

To begin the data extraction process, the author accessed an electronic copy of the study/source document and an electronic copy of the Data Extraction Form. The author reviewed each source document completely by reading the full text, and electronically entered all relevant data points outlined in the Data Extraction Form for each source document. When key variables named in the extraction form were not presented in the source document, the author contacted the author(s) of the source document to retrieve that information, and all correspondence was documented in the extraction form accordingly. To ensure the unbiased, accurate capture of information, a random sample of source documents paired with their extraction forms was independently reviewed by the Chair. Any extraction discrepancies/inaccuracies were discussed with the author so that the appropriate corrections were be made. All completed Data Extraction Forms were stored and maintained electronically in the three ways previously named for storing the original source documents.

Quality Appraisal

Once all relevant data was extracted from a source document, the quality of the source was then assessed using a Quality Assessment Form (see Appendix G). The attached form uses the rating system put forth by Hong et al. (2018) in conjunction with a nine-question series that uses a Likert scale to rate each item. The use of both systems allowed the author to conduct a comprehensive and thorough analysis of each source document.

The first part of the appraisal tool was designed by Hong et al. (2018), and it was used to assess the quality of five types of empirical studies: (a) qualitative studies, (b) randomized controlled quantitative studies, (c) non-randomized quantitative studies, (d) descriptive quantitative studies, and (e) mixed methods studies. In this section of the form, the author

answered the first two screening questions for every included source document before answering the five methodological-specific questions congruent with each study's design. The author consulted with the Chair on all items that received an *uncertain* rating in this section.

The second part of the appraisal tool consisted of nine questions relating to the quality of the following domains: (a) strength of literature and rationale for the study, (b) clarity of research objective, (c) study design, (d) research sample, (e) measures and data tools, (f) data collection procedure, (g) analysis of data, (h) discussion of study limitations, and (i) consideration of culture and diversity. This section of the appraisal tool allowed the author to evaluate more than each study's methodological design as it incorporated domains that captured the full breadth of each source document while providing a more thorough methodological assessment. Each of the nine questions received a rating of strong/3, adequate/2, weak/1, missing/0, or not applicable. Following the nine questions, space was provided for the author to record a tally of each rating as well as a grand total, or the sum of all nine ratings received. Finally, each source document was given an overall rating, based on the sum of the ratings of the nine questions in the series. Strong documents received overall scores ranging from 22-27. Documents coded as adequate received an overall rating that ranged between 13-21. Source documents that received overall ratings between 0-12 were deemed weak.

Data Management, Synthesis and Analysis Plan

Database Development

A central database was created to gather and store the data collected from all included studies into a single document. This database was an Excel spreadsheet using the variables from the Data Extraction and Quality Assessment Forms to allow the author to easily view all data

points across all studies. This database is an extensive and comprehensive spreadsheet that holds all of the extracted data and appraisal information from all of the studies.

Data Analysis and Synthesis

The author considered the wealth of information to be collected by this systematic review and was mindful of the data analysis process from this project's inception. This process was informed by the research questions put forth by this review: (a) to identify the kinds of sexual traumas most commonly experienced by African American and Latino males, (b) to identify the symptom presentations experienced by African American and Latino males with histories of sexual trauma, (c) to discover the long-term challenges these men experience as a result of their past sexual abuse, and (d) to identify the current and most effective treatments being used with these two populations.

Once all of the included studies were reviewed, all data was extracted, and all coded variables had been entered into the database, the author then created additional specialized databases so that studies addressing the same research question were grouped together. Working with these sections independently, reviewing the data for each research question distinctively, the author examined each individual variable to construct descriptive overviews and identify key findings related to that research question. Next, the author clustered the results in order to make relevant comparisons, such as by participant age, geographic location of the study, or sample size. These clusters allowed for the more accurate observation of patterns and abnormalities that were present within studies addressing the same research question.

A total of five Evidence Tables were created: a primary table illustrating a broad overview of each included study, as well as four unique tables dedicated to addressing each research question. Once the data for each question was thoroughly analyzed, those data

summaries were used to populate the Evidence Table(s) congruent with the research question(s) being addressed.

Chapter III: Results

Study Selection

As noted in the Study Selection Flow Diagram (see Appendix F), there were a total of 78 database searches conducted in order to identify sources eligible to answer the research questions put forth. These electronic searches yielded a total of 1,810 articles, of which 132 were identified as duplicates and were removed. The majority of the titles, 1,369 sources, were not relevant to psychology or mental health and were removed as a result. Of the remaining 309 sources, 243 were excluded as their research was focused on youth participants. A full-text screen was conducted on the remaining 66 articles in order to determine their eligibility for inclusion into this integrative review. During this screening process, 38 sources were excluded as they were studies that contained multiple genders or participant samples of multiple races/ethnicities and data for African American males and/or Latino males was not reported separately. Ultimately, 28 sources were included in this integrative literature synthesis. Twenty-four sources provided data on the nature of sexual traumas experienced by African American and Latino males. Twenty-one sources described the kinds of symptoms experienced by these two communities as a result of their trauma histories. Twenty-one sources named specific life challenges and two sources examined potential treatment options.

Results Overview

Evidence Table 1

Each evidence table identifies the studies using the first author's last name and the publication year. For studies with three or fewer authors, the last names of each author have been provided. Table 1 offers the list of all included studies in addition to salient details that highlight the main findings of each source document. The second column of this table is "Sample Design,"

which describes how each study sample was identified. The column titled “BM & LM Participants” identifies the numbers of Black male and Latino male participants in each study. In some cases, there has been an asterisk placed next to the first item listed in this field. This asterisk is used to identify studies that enrolled participants beyond those mentioned in this column. Some studies had female participants while others had male participants of different races/ethnicities. Since this review is specifically focused on African American and Latino males, data and study findings on other participants has been excluded from the evidence tables. This author extracted data relevant to the two communities being explored by this integrative review to illustrate in these tables.

The next column offers the mean age or the age range of the African American and Latino male participants in the studies. The column titled, “Sexuality,” provides the language used to describe their sexual orientation. The column titled, “HIV Status,” offers the status of the African American and Latino male participants. The type of sexual trauma experienced by these men was documented in the column titled “Nature of Sexual Trauma.” “Reported Difficulties/Strengths” was used to capture symptoms, life challenges, and strengths that were documented by each source. “Key Findings” provides the main, overall finding from each study. When any data points had not been clearly identified within a source document, “not reported” was recorded in the evidence table. The final column, “QA,” lists the quality appraisal score of each source document (S = strong, A = adequate, W = weak).

Table 1*Evidence Table 1. Table of Included Studies & Results Overview*

Study	Sample Design	BM & LM Participants	Mean Age or Range	Sexuality	HIV Status	Nature of Sexual Trauma	Reported Difficulties/ Strengths	Key Finding(s)	QA
Allen et al., 2014	Secondary research community sample	117 BM	45.77	MSMW	HIV+	CSA Adult Abuse	Chronic stress, depression, HIV, racial discrimination, social support	Experiences of CSA coupled with other childhood adversities increased the likelihood of experiencing significant challenges and depression in adulthood.	S
Amos et al., 2008	Cross-sectional university sample	181 BM	19.71	Not reported	Not reported	Abused on/around college campus	Substance use	Experiences of sexual violation on/around campus significantly increased the likelihood of students abusing substances.	A
Arreola et al., 2009	Cross-sectional community sample	912 LM	31.2	54% Gay 30% Homosexual 15% Bisexual 1% Other	21.8% HIV+ 67.3% HIV- 10.9% DNK	CSA	Anxiety, depression, suicidality	Experiences of CSA coupled with social discrimination resulted in psychological distress that was related to one's engagement in risky sexual behavior.	A
Baker et al., 2009	Cross-sectional community sample	778 LM*	33.9	Not reported	Not reported	CSA ASA	Depression, physical health, PTSD	Experiences of CSA were significantly related to the presence of depression in adulthood.	S

Study	Sample Design	BM & LM Participants	Mean Age or Range	Sexuality	HIV Status	Nature of Sexual Trauma	Reported Difficulties/ Strengths	Key Finding(s)	QA
Clark et al., 2012	Secondary research correctional sample	9,512 BM*	Non-abused: 30.19 Abused: 33.56	Not reported	Not reported	Not reported	Meds for MH, RSBx, substance use, suicidality, violent offender	Experiences of sexual violation increased the likelihood of attempting suicide, abusing substances, mental health challenges, and financial instability.	S
Cordero, 2020	Secondary research university sample	95 LM	22.98	Not reported	Not reported	CSA ASA	Body image, depression, emotional eating	For those with histories of sexual violation, depression was found to be linked to engagement in emotional eating behaviors.	A
Crisp et al., 2006	Secondary research community sample	137 BM	39.8	Heterosexual & Bisexual	Not reported	Not reported	Anxiety, depression, psychosis, suicidality	Experiences of sexual violation were common among those struggling with substance addiction.	A
Dolezal & Carballo-Diéguez, 2002	Cross-sectional community sample	100 LM	31	MSM	Not reported	CSA	Alcohol use, RSBx, self-esteem, sexual functioning, substance use,	More traumatic experiences of CSA were associated with an increased severity in life challenges in adulthood.	A
Doll et al., 1992	Cross-sectional community sample	188 BM* 117 LM	18-73	Not clearly stated for BM & LM	Not reported	CSA	Negative affect	A lack of peer support, familial support, and/or being viewed as vulnerable may have been connected with occurrences of sexual victimization.	W

Study	Sample Design	BM & LM Participants	Mean Age or Range	Sexuality	HIV Status	Nature of Sexual Trauma	Reported Difficulties/Strengths	Key Finding(s)	QA
Downing et al., 2020	Cross-sectional community sample	36 BM* 25 LM	BM: 36.5 LM: 37.0	MSM	BM 55.6% HIV+ 44.4% HIV-LM 44% HIV+ 48% HIV-	CSA	Anxiety, depression, PTSD, resilience, substance use	Evidence suggested that men were more forthcoming about details regarding childhood sexual experiences when practitioners used open-ended questions that did not contain the “CSA” label.	A
Fields et al., 2008	Cross-sectional community sample	87 BM	29.7	MSM	13% HIV+	CSA	HIV, sexuality, social connection	Experiences of CSA were often ongoing and perpetrated by an older male relative, and many believed their current sexual identity was connect to their past CSA.	A
Golding, 1999	Cross-sectional community sample	655 LM*	18-96	Not reported	Not reported	Not reported	Headache	The presence of headaches was more common among those with histories of sexual victimization than those without.	W
Jenkins et al., 1989	Cross-sectional community sample	26 BM*	35	Not reported	Not reported	CSA ASA	Not reported	Half of the men reporting adult sexual abuse had experienced rape, of which 17% required medical attention.	W
Levine et al., 2017	Cross-sectional community sample	176 LM	33.37	MSM	Not reported	CSA	Depression, RSBx, substance use	Men with histories of CSA were 3.5 times as likely as to experience clinical depression, and 2.8 times as likely to engage in heavy drinking.	A

Study	Sample Design	BM & LM Participants	Mean Age or Range	Sexuality	HIV Status	Nature of Sexual Trauma	Reported Difficulties/ Strengths	Key Finding(s)	QA
Loeb et al., 2014	Cross-sectional community sample	50 BM* 50 LM	BM: 39.20 LM: 30.10	Not reported	HIV+ 43.48% Black 13.64% Latino	CSA	Chronic stress, IPV, PTSD	Eighty percent of CSA reported CSA experiences involved penetration.	A
Mattera et al., 2017	Cross-sectional community sample	148 LM	18-60	MSM	HIV-	CSA	Chronic stress, depression, RSBx, substance use	Experiences of CSA appeared to be related to increased engagement in risky sexual behaviors in adulthood.	S
Myers et al., 2015	Cross-sectional community sample	167 BM* 50 LM	BM: 45.30 LM: 31.07	Not reported	Not reported	CSA	Anxiety, depression, IPV, PTSD, racial discrimination, resilience	Experiencing multiple adversities and traumas throughout life was associated with increased mental health challenges in adulthood.	A
Payne et al., 2014	Cross-sectional community sample	50 BM* 50 LM	Affected by CSA: 34.9 Unaffected by CSA: 37.5	Not reported	Not reported	CSA	Anger, anxiety, flashbacks, guilt, communication issues, substance use, sexID confusion, hyper-sexuality	Survivors reported difficulties related to sadness, relationships, and masculinity. Latino males were most disclosing of their emotional challenges, while Black males were the least.	A
Pérez-Pedrogo et al., 2018	Cross-sectional corrections sample	LM*, total number not clearly stated	18 and older	Not reported	Not reported	Rape Other	Anxiety, depression, PTSD, substance use	Histories of rape, sexual abuse, and military combat were most common among those experiencing increased symptoms of PTSD.	A

Study	Sample Design	BM & LM Participants	Mean Age or Range	Sexuality	HIV Status	Nature of Sexual Trauma	Reported Difficulties/Strengths	Key Finding(s)	QA
Phillips et al., 2014	Cross-sectional community sample	151 BM*	18 and older	Not reported	Not reported	CSA	HIV, incarceration, IPV, RSBx, substance use	Histories of CSA were associated with HIV+ status in adulthood.	S
Priest, 1992	Cross-sectional university sample	356 BM*	18-56	Not reported	Not reported	CSA	Not reported	Twelve percent of Black males reported histories of CSA, none of whom had sought mental health treatment.	W
Roxburgh & MacArthur, 2014	Secondary research corrections sample	5,561 BM* 2,207 LM	18-84	Not reported	Not reported	CSA	ACEs, depression, incarceration, resilience	Black and Latino men appeared to exhibit more resilience than their White counterparts as evidenced by significantly less depression in both populations.	S
Sauceda et al., 2014	Cross-sectional community sample	149 LM	42.2	MSM	HIV+	CSA	Depression, HIV, medication compliance, resilience	Experiences of CSA was associated with increased depressive symptoms and decreased medication compliance.	A
Welles et al., 2009	Cross-sectional community sample	262 BM* 132 LM	18 and older	MSM	HIV+	CSA	Depression, RSBx, sexuality, substance use	Experiences of CSA were significantly higher among both Black and Latino men than their White counterparts.	A
Williams et al., 2013	Randomized clinical trial	88 BM	46.6	Behaviorally bisexual	HIV+	CSA	Depression, PTSD, RSBx	Use of culturally congruent interventions for trauma survivors may be effective in decreasing mental distress and decreasing engagement in risky sexual behaviors.	A

Study	Sample Design	BM & LM Participants	Mean Age or Range	Sexuality	HIV Status	Nature of Sexual Trauma	Reported Difficulties/Strengths	Key Finding(s)	QA
Williams et al., 2004	Cross-sectional community sample	12 BM 11 LM	Gay BM: 35 Non-gay BM: 32 Gay LM: 34 Non-gay LM: 35	Gay & Non-gay	HIV+	Not reported	HIV, RSBx, sexuality, spirituality	Consistent themes across focus groups indicated that the males' behaviors, attitudes, and practices were influenced by the social and cultural lens acquired from their communities.	A
Williams et al., 2008	Randomized clinical trial	89 BM 48 LM	43.5	58% Gay 29% Bisexual 9% Heterosexual 4% Undecided	HIV+	CSA	Depression, RSBx	Marked improvements in depression and risky sexual behavior were recorded for both the experimental and the control groups. This suggests that the support experienced by men in both interventions was the most beneficial element.	A
Wu, 2018	Cross-sectional community sample	1,002 BM	35.8	MSM	59.4% HIV+ 36.5% HIV 4.1% DNK	CSA	HIV, IPV, RSBx, substance use	CSA was a documented antecedent to risky sexual behavior, HIV, IPV, and substance use.	A

*Total research sample contained participants of other ethnicities and/or genders.

Note: *BM* = Black males; *LM* = Latino males; *MSM* = men who have sex with men; *MSMW* = men who have sex with men and women; *DNK* = do not know; *CSA* = child sexual abuse; *ASA* = adult sexual abuse; *RSBx* = risky sexual behavior; *SexID* = sexual identity

Key Findings

Several studies concluded that having a history of CSA added significant long-term complications to the lives of African American and Latino men. A presence of CSA was linked to increased rates of depression in adulthood (Allen et al., 2014; Baker et al., 2009; Levine et al., 2017; Payne et al., 2014; Saucedo et al., 2014). Other studies found a correlation between histories of sexual trauma and increased suicidality (Clark et al., 2012), increased substance abuse (Amos et al., 2008; Clark et al., 2012; Levine et al., 2017; Wu, 2018), increased engagement in risky sexual behavior (Mattera et al., 2017; Wu, 2018), and increased presence of PTSD symptoms (Pérez-Pedrogo et al., 2018). One study found that when the sexual violation was perpetrated with physical force or extreme threats, there was an increase in the abundance of later life challenges (Dolezal & Carballo-Diéguez, 2002). Doll et al. (1992) suggested that a lack of peer support, familial support, and/or being viewed as vulnerable may have been connected with occurrences of sexual victimization. Downing et al. (2020) highlighted the importance of using open-ended questions during the assessment process when working with Black and Latino males. For the African American men participating in research conducted by Fields et al. (2008), experiences of CSA were often ongoing and perpetrated by an older male relative.

Research Question: Types of Trauma

Well my actual first time, I was molested, so it was with a guy [his biological father] . . . I was maybe five or six. I was coming out of kindergarten and going into the first grade and part of my second grade year. It stopped like [during] my third grade year totally . . . We actually got into a fight It got to . . . most of it was oral, but when it came to penetration, I tried to fight him off and my uncle actually stopped it and he overheard it

and he walked in and was like, “What are you doing to your son?” (25, African American; Fields et al., 2008, p. 387)

Evidence Table 2 (see Table 2) highlights data from the 24 sources that provide insight on the types of sexual traumas experienced by African American and Latino males. Collectively, these studies name CSA, ASA, sexual abuse perpetrated on a college campus, and rape as the types of sexual traumas experienced by the communities in question. CSA was the most studied type of trauma, with data being provided by 22 sources (Allen et al., 2014; Arreola et al., 2009; Baker et al., 2009; Cordero, 2020; Dolezal & Carballo-Diéguez, 2002; Doll et al., 1992; Downing et al., 2020; Fields et al., 2008; Jenkins et al., 1989; Levine et al., 2017; Loeb et al., 2014; Mattera et al., 2017; Myers et al., 2015; Payne et al., 2014; Phillips et al., 2014; Priest, 1992; Roxburgh & MacArthur, 2014; Saucedo et al., 2014; Welles et al., 2009; Williams et al., 2013; Williams et al., 2008; Wu, 2018). Four sources provided data on experiences of ASA (Allen et al., 2014; Baker et al., 2009; Cordero, 2020; Jenkins et al., 1989). One source offered data on sexual abuse perpetrated in university settings (Amos et al., 2008), and one study explicitly researched rape (Pérez-Pedrogo et al., 2018). The prevalence of sexual abuse varied widely among the studies ranging from 3% of the study sample (Roxburgh & MacArthur, 2014) to 50% (Doll et al., 1992). However, a 30% average prevalence rate seemed to be most common (Allen et al., 2014; Cordero, 2020; Dolezal & Carballo-Diéguez, 2002; Fields et al., 2008; Jenkins et al., 1989; Welles et al., 2009; Wu, 2018). Several studies reported higher rates of symptom presentations when participants had histories of sexual trauma (Arreola et al., 2009; Clark et al., 2012; Crisp et al., 2006; Levine et al., 2017; Mattera et al., 2017; Saucedo et al., 2014).

Table 2*Evidence Table 2. Nature of Trauma*

Study	BM & LM Participants	Nature of Sexual Trauma	Assessment Technique(s)	Key Finding(s)
Allen et al., 2014	117 BM	CSA ASA	Measurement tool: computer questionnaire CSA: "Participants were asked whether or not someone had ever forced, or tried to force, them to perform sexual acts ranging from fondling to anal sex as either the receptive or insertive partner." p.130 ASA: "Sexual abuse in adulthood was assessed by asking respondents whether or not someone had ever forced, or tried to force, them to perform sexual acts against their will since the age of 18." p. 130	40.2% experienced CSA without penetration (anal/oral, receptive/insertive) 29.1% experienced ASA
Amos et al., 2008	181 BM	Abused on/around college campus	Measurement tool: questionnaire "Indicate whether any of the following have happened to you within the last year while you were on and around campus: (1) forced sexual touching or fondling? (2) unwanted sexual intercourse?" p. 163	9% experienced sex abuse in/around campus within the past 12 months
Arreola et al., 2009	912 LM	CSA	Measurement tool: face-to-face survey "Participants were asked if they had had a sexual experience before age 16 years with someone 5 or more years older." p. S433	15.8% experienced CSA
Baker et al., 2009	778 LM*	CSA ASA	Measurement tool: Composite International Diagnostic Interview (CIDI) "Traumatic events in the CIDI included physical assault, threatened with a weapon, sexual assault, sexual molestation, traumatic bereavement, injury or property loss in a disaster, injury or property loss in a fire, life threatening accident, and witnessing someone killed or injured." p. 258	5.1% experienced CSA 4.9% experienced ASA
Cordero, 2020	95 LM	CSA ASA	Measurement tool: Traumatic Life Events Questionnaire (TLEQ) "The TLEQ presents five sexual assault traumas: uninvited/unwanted sexual attention, adolescent unwanted sexual contact, childhood unwanted sexual contact with someone less than 5 years older, childhood unwanted sexual contact with someone more than 5 years older, and adult unwanted sexual contact." p. 328	29.5% experienced uninvited/unwanted sexual attention 15.8% experienced CSA 13.7% experienced ASA

Study	BM & LM Participants	Nature of Sexual Trauma	Assessment Technique(s)	Key Finding(s)
Dolezal & Carballo-Diéguez, 2002	100 LM	CSA	Measurement tool: interview + self-administered questionnaire “Our criteria for CSEOP specified that the participant had to have had (a) sexual contact, defined as an occasion in which the respondent’s mouth, anus, or genitals were in contact with those of another person (kissing on the lips not included); (b) contact prior to age 13; and (c) contact with a partner at least 4 years older than the participant.” p. 167	33.3% experienced CSA 90% of those reported the use of physical force
Doll et al., 1992	188 BM* 117 LM	CSA	Measurement tool: interview “To assess potentially abusive sexual contact, interviewers asked participants whether they were encouraged or forced to have sexual contact before the age of 19 with a person whom they perceived as older or more powerful than themselves. Participants were asked to self-define sexual contact for this question.” p. 857	52% BM experienced CSA 50% LM experienced CSA
Downing et al., 2020	36 BM* 25 LM	CSA	Measurement tool: computer-based questionnaire “For our indirect approach to detecting potential CSA, participants were asked to report their age the first time they had a sexual experience with a female using a dropdown list: younger than 10 years, 10–21 years (each year included on the list), older than 21 years, I have not had a sexual experience with a female, and prefer not to answer. Anyone who endorsed a first sexual experience with a female received a follow-up item to assess the female partner’s age: younger than 10 years, 10–21 years (each year included on the list), older than 21 years, and I don’t know. Next, the survey included similar questions to assess first sexual experiences with another male. Questions pertaining to first sexual experiences were introduced with the following text: “Now we are going to ask you about your earliest sexual experiences. By sexual experience, we mean intentional exposing of genitals (yours or someone else’s), fondling (groping, caressing, feeling up), touching or masturbating of genitals, or any oral, vaginal, or anal sex. Sexual experiences also include watching pornography with another person.”” p. 46	[only those who experienced CSA were eligible to participate] 78.7% were violated by an older male perpetrator 27.1% of these were 10 years or younger at the time of violation 24.6% were violated by an older female perpetrator 26.7% of these were 10 years or younger at the time of violation
Fields et al., 2008	87 BM	CSA	Measurement tool: one-on-one interview “CSA was defined to include passages of text that described childhood incidents of unsolicited or nonconsensual sexual touching, oral sex, or penetrative sex by an adult older than themselves.” p. 386	32% experienced CSA

Study	BM & LM Participants	Nature of Sexual Trauma	Assessment Technique(s)	Key Finding(s)
Jenkins et al., 1989	26 BM*	CSA ASA	Measurement tool: structured interview “Four types of assault were assessed: physical assault as a child (PAC), experiences prior to age 16; physical assault as an adult (PAA); sexual assault as a child (SAC); and sexual assault as an adult (SAA). The 12 acts of sexual assault ranged from unwanted kissing and hugging to attempted and successful anal and vaginal intercourse. In addition, patients were asked if they had ever been asked to engage in any sexual acts before they were 16 years of age.” p. 247	31% experienced CSA 23% experienced ASA
Levine et al., 2017	176 LM	CSA	Measurement tool: questionnaires administered in person or via phone “Participants were asked whether they had experienced any sexual activity before the age of 17. Those who answered “yes” were then asked whether any such activity was “forced” or “coerced.” All participants who answered “yes” to this follow-up question were classified as having experienced CSA.” p. 5	22% experienced CSA

Study	BM & LM Participants	Nature of Sexual Trauma	Assessment Technique(s)	Key Finding(s)
Loeb et al., 2014	50 BM* 50 LM	CSA	<p>Measurement tool: phone interview (eligibility pre-screen) “They were asked a set of questions describing various sexual acts to determine if they met the criteria for inclusion into this study. Potential participants were told not to answer any specific question until all of them had been read. After all of the questions were read, they were asked to indicate whether they would answer yes to any one of the questions. When each sexual situation was described, participants were asked whether the person that they were describing was either 5 years older at the time that the event occurred or whether the situation involved any verbal or physical threats, physical force, or violence.” p. 454</p> <p>Measurement tool: selected questions from Wyatt Sex History Questionnaire (WSHQ) “To measure CSA, six behaviorally oriented questions from the Wyatt Sex History Questionnaire...were used including having experienced fondling, frottage, digital or object penetration, oral copulation, attempted vaginal or anal intercourse, and completed vaginal or anal intercourse. For each question, the participant was asked to indicate if this had ever happened to him when he was younger than the age of 18 years. He was then asked to describe in detail up to two of these episodes. Questions were then asked to cover various aspects of the reported incident, including a description of what occurred, whether or not force was involved, the gender of the perpetrator, the participant’s relationship to that person, the alleged victim’s age at the time of the incident, and whether the incident involved one or more perpetrators.” p. 456</p>	<p>[only those who experienced CSA were eligible to participate]</p> <p>CSA severity was measured on a scale 1-15 BM: mean severity of 11.95 LM: mean severity of 11.94</p>
Mattera et al., 2017	148 LM	CSA	<p>Measurement tool: not clearly stated “Participants were asked to report the age of their first sexual experience (whether manual, oral, genital or anal). Those who reported a history of sexual contact prior to the age of 13 were subsequently asked if the other person was four or more years older at the time of contact; those who answered ‘yes’ were defined as having experienced childhood sexual abuse.” p. 6</p>	22% experienced CSA

Study	BM & LM Participants	Nature of Sexual Trauma	Assessment Technique(s)	Key Finding(s)
Myers et al., 2015	167 BM* 50 LM	CSA	Measurement tool: Wyatt Sexual History Questionnaire-Revised (WSHQ-R) “CSA was assessed with nine screening items from the Wyatt Sexual History Questionnaire–Revised...Participants were classified as experiencing CSA if they responded “yes” to any questions related to sexual experiences with an adult or with someone 5 years older before the age of 18 years, or if they were coerced in a sexual encounter by a perpetrator who was less than 5 years older than the victim...” p. 245	[only those who experienced CSA were eligible to participate] Mean CSA severity was reported BM: mean severity of 13.3 LM: mean severity of 13.48
Payne et al., 2014	50 BM* 50 LM	CSA	Measurement tool: phone interview (eligibility pre-screen) “They were determined to have CSA if they experienced any unwanted or forced sexual contact (ranging from touching and fondling to intercourse) and/or having sexual experiences with someone at least 5 years older when under the age of 18.” p. 233 Measurement tool: in-person interview “A semi-structured open-ended interview was conducted asking the participant to describe in detail his first (earliest) CSA incident. If multiple incidents had occurred, the participant described (1) his first incident and then (2) the worst incident he could recall after that first incident (two incidents maximum were discussed per participant).” p. 234	[only those who experienced CSA were eligible to participate] 62% BM presently affected by CSA 82% LM presently affected by CSA
Pérez-Pedrogo et al., 2018	LM*, total number not clearly stated	Rape Other	Measurement tool: computer-based questionnaire “Participants responded with Yes or NO when asked about personal or vicarious experiences with 15 traumatic event types that included rape or sexual assault, assaultive violence (e.g., shot, stabbed), witnessing trauma to others, and non-violent trauma (e.g., serious accident, sudden death of a loved one). They selected the most distressing event to evaluate for probable PTSD.” p. 210	58 experienced sexual abuse 24 experienced rape

Study	BM & LM Participants	Nature of Sexual Trauma	Assessment Technique(s)	Key Finding(s)
Phillips et al., 2014	151 BM*	CSA	Measurement tool: in-person survey “The question, “Did you ever experience sexual abuse during childhood?” was used to assess history of CSA. Six more questions to determine details of the participants’ CSA experience were adapted from those used by Paul et al. (2001) in the Urban Men’s Health Study: (1) “How old were you the first time sexual abuse occurred?,” (2) “Was the perpetrator(s) a family or non-family member?,” (3) “Was the perpetrator(s) male, female, both?,” (4) “Did the abuse involve physical force?,” (5) “Did the abuse involve penetration?,” and (6) “Was the penetration oral, anal, or oral and anal?”” p. 774	23.8% experienced CSA
Priest, 1992	356 BM*	CSA	Measurement tool: self-report questionnaire “The questionnaire was a modified version of Finkelhor’s (1979) research instrument, which attempted to measure the prevalence of child sexual victimization.” p. 475	12% experienced CSA
Roxburgh & MacArthur, 2014	5,561 BM* 2,207 LM	CSA	Measurement tool: face-to-face interview “We measure four types of childhood adversity: parental or caretaker substance abuse, childhood physical assault, having spent part of childhood in foster care and sexual assault prior to age eighteen. (4) Did you [experience] sexual contact against your will or rape before age 18?” p. 1412	3% BM experienced CSA 3.3% LM experienced CSA
Sauceda et al., 2014	149 LM	CSA	Measurement tool: face-to-face interview and paper-and-pencil survey “Based on sexual experiences prior to the age of 16 years, participants reported a history of (1) no sex, (2) consensual sex, or (3) forced sex.” p. 4	22.8% experienced CSA
Welles et al., 2009	262 BM* 132 LM	CSA	Measurement tool: paper questionnaire “First, childhood sexual abuse was dichotomized by answers to a question that asked whether “as a child or adolescent” participants were “ever forced to have unwanted sexual activity with older males or females.”” p. 1080	46.6% BM experienced CSA 28% LM experienced CSA

Study	BM & LM Participants	Nature of Sexual Trauma	Assessment Technique(s)	Key Finding(s)
Williams et al., 2013	88 BM	CSA	<p>Measurement tool: computer-based questionnaire “Individuals who had experienced any unwanted or forced sexual contact (ranging from touching and fondling to intercourse) or had had sexual experiences with someone at least 5 years older when they were less than 18 years of age were defined as having a CSA history.” p. 1477</p> <p>Measurement tool: Wyatt Sex History Questionnaire-Revised (WSHQ-R) (via computer) “CSA was measured with 9 questions from the Revised Wyatt Sex History Questionnaire (WSHQ-R),57 which assesses incidents of fondling, frottage, and attempted or completed intercourse prior to the age of 18 years...The age at which the experience occurred, the gender of the perpetrator, the relationship of the perpetrator to the victim, the overall number of incidents, and the use or threat of force were also assessed.” p. 1479</p>	<p>[only those who experienced CSA were eligible to participate]</p> <p>47% were to perform oral sex 52% were forced to receive oral sex 48% reported attempted receptive anal penetration 46.6% reported attempts at being forced to engage in anal sex (as inserter) 48% experienced rape 42.5% were forced to engage in anal sex as the inserter</p>
Williams et al., 2008	89 BM 48 LM	CSA	<p>Measurement tool: screened by interviewer, unclear if via phone or in-person (eligibility pre-screen) “Prospective participants were screened with seven items asking if they were...(7) prior to age 18, had an experience of unwanted or coerced sexual body contact with an adult or someone at least 5 years older.” p. 765</p> <p>Measurement tool: structured face-to-face interview “History of childhood sexual abuse was measured with a series of nine questions that assessed incidents of fondling, frottage, attempted or completed intercourse, oral sex, and type of penetration prior to the age of 18.” p. 767</p>	<p>[only those who experienced CSA were eligible to participate]</p> <p>87.6% were force to perform and/or receive oral or anal sex, digital penetration or penetration with objects 53% experienced anal penetration 37% were force to perform or receive oral sex against their will 10% experienced both: anal penetration & performing or receiving oral sex again their will</p>

Study	BM & LM Participants	Nature of Sexual Trauma	Assessment Technique(s)	Key Finding(s)
Wu, 2018	1,002 BM	CSA	Measurement tool: self-report questionnaire “CSA was assessed by asking whether the respondent had sex or sexual contact before the age of 17. If the respondent indicated yes, then the respondent was coded as reporting CSA if he indicated yes to any of the following questions: (1) Did the sexual contact involve force or coercion? (2) Was the other person 4 or more years older than the respondent? (3) Was the respondent less than 11 years old at the time.” p. 4	28.1% experienced CSA

Note: CSEOP = childhood sexual experiences with an older partner

Research Question: Symptom Presentations

He would start off asking me to scratch his back and massage him. Then he would ask me to fondle him. Then he would have me do oral sex. In describing the present impact of CSA on his life Antonio reported: Anger. I became a pretty angry teenager. I have temper problems now, stemming from this in the past. I don't have any methods to deal with the anger . . . I don't have much fear. No control or limits. I'll flip people off. I'm reckless. I let deadlines go past. I self-sabotage. (Payne et al., 2014, p. 236)

Evidence Table 3 (see Table 3) highlights data from the 21 sources that provide insight on the types of symptoms experienced by African American and Latino males with histories of sexual trauma. Collectively, these studies name anger, anxiety, chronic stress, depression, emotional eating, flashbacks, guilt, headache, low self-esteem, negative affect, psychosis, PTSD, and suicidality as the symptoms experienced by the communities in question. Depression was the most studied symptom with data being provided by 15 sources (Allen et al., 2014; Arreola et al., 2009; Baker et al., 2009; Cordero, 2020; Crisp et al., 2006; Downing et al., 2020; Levine et al., 2017; Mattera et al., 2017; Myers et al., 2015; Pérez-Pedrogo et al., 2018; Roxburgh & MacArthur, 2014; Saucedo et al., 2014; Welles et al., 2009; Williams et al., 2013; Williams et al., 2008). Six sources provided data on anxiety (Arreola et al., 2009; Crisp et al., 2006; Downing et al., 2020; Myers et al., 2015; Payne et al., 2014; Pérez-Pedrogo et al., 2018). PTSD was equally researched and highlighted in six studies as well (Baker et al., 2009; Downing et al., 2020; Loeb et al., 2014; Myers et al., 2015; Pérez-Pedrogo et al., 2018; Williams et al., 2013). Suicidality was named in three studies (Arreola et al., 2009; Clark et al., 2012; Crisp et al., 2006), and chronic stress was named in two (Loeb et al., 2014; Mattera et al., 2017). All other

symptoms were highlighted by a single source. As previously mentioned, most studies reported that symptom severity was greater in men with histories of sexual trauma.

Table 3*Evidence Table 3. Symptoms*

Study	BM & LM Participants	Symptom(s)	Assessment Technique(s)	Key Finding(s)
Allen et al., 2014	117 BM	Depression	Measurement tool: Beck Depression Inventory-II (BDI-II)	82% ranked in the non-depressed range “We found that the relationship between CSA severity, childhood adversities, and depression was mediated by discrimination, such that men with histories of early adversities were more likely to experience discrimination as adults, putting them at greater risk for developing depressive symptoms.” p. 132
Arreola et al., 2009	912 LM	Anxiety Depression Suicidality	Measurement tool: face-to-face survey “Scale items measured symptoms of anxiety, depression, and suicidality during the previous 6 months (e.g., “In the last 6 months, how often have you thought of taking your own life?”), with higher scores indicating more psychological distress.” p. S433	65% reporting anxiety had experienced CSA 94% reporting sadness had experienced CSA 72% reporting sleep disturbance had experienced CSA 28% reporting suicidality had experienced CSA
Baker et al., 2009	778 LM*	Depression PTSD	Measurement tool: Composite International Diagnostic Interview (CIDI) (Model K of Version 2.1, translated into Spanish)	“Only sexual violence in childhood and witnessing someone injured or killed in childhood were significantly related to depression.” p. 260 40.7% experienced trauma in childhood 70.3% experienced trauma in adulthood

Study	BM & LM Participants	Symptom(s)	Assessment Technique(s)	Key Finding(s)
Clark et al., 2012	9,512 BM*	Suicidality	Measurement tool: semi-structured interview “The clinical history items include suicide status (no attempts or ideation, ideation only, or attempts), prescribed medication for a mental problem, history of sex for drugs, history of a violent offense, alcohol dependence, cannabis dependence, cocaine dependence, and opiate dependence.” p. 1848	16.5% with a history of SA experienced SI 3.0% with no history of SA experienced SI 27.2% with a history of SA had attempted suicide 2.6% with no history of SA had attempted suicide
Cordero, 2020	95 LM	Depression Emotional Eating	Measurement tools: (1) Depression subscale from the Depression Anxiety Stress Scales-21 (2) Emotional Eating subscale of the Weight-Related Eating Questionnaire	“Depression accounted for the link between sexual assault and emotional eating.” p. 330
Crisp et al., 2006	137 BM	Anxiety Depression Psychosis Suicidality	Measurement tool: Texas Christian University (TCU) Short Assessment Form	64.4% with a history of SA experienced anxiety 54.3% with no history of SA experienced anxiety 68.9% with a history of SA experienced depression 59.8% with no history of SA experienced depression 31.1% with a history of SA experienced hallucinations 17.4% with no history of SA experienced hallucinations 35.6% with a history of SA experienced SI 30.4% with no history of SA experienced SI 26.7% with a history of SA had attempted suicide 16.3% with no history of SA had attempted suicide

Study	BM & LM Participants	Symptom(s)	Assessment Technique(s)	Key Finding(s)
Dolezal & Carballo-Diéguez, 2002	100 LM	Self-esteem	Measurement tool: Rosenberg Self-Esteem Scale (self-administered questionnaire)	Insignificant differences in self-esteem between those who had a history of SA and those who did not (means: 2.10 and 2.23, respectively)
Doll et al., 1992	188 BM* 117 LM	Negative Affect	Measurement tool: interview “Using criteria similar to those of Finkelhor (1981), participants were also asked to select their most salient affective response at the time of contact from the following adjectives: fear, shock, surprise, interest, pleasure, guilt/shame, or anger. They were also asked to rate their current assessment of the encounter using a 5-point Likert scale with endpoints of positive and negative and a midpoint of neutral.” p. 857	Note: Affective responses were not reported by race/ethnicity.
Downing et al., 2020	36 BM* 25 LM	Anxiety Depression PTSD	Measurement tool: computer-based questionnaire “Participants completed the 18-item Mental Health Inventory (MHI) to assess symptoms of psychological distress and wellbeing during the past four weeks. Participants completed the 6-item PTSD Checklist-Civilian version (PCL-C) to assess symptoms of PTSD during the past month. We included a single item to assess if participants had ever seriously considered or attempted suicide” P. 46	Depression mean was higher in BM than LM (70.6 vs. 66.0). Anxiety mean was higher in BM than LM (69.0 vs. 58.9). PTSD severity was higher in LM than BM (15.3 vs. 11.7).
Golding, 1999	655 LM*	Headache	Measurement tool: face-to-face survey “In LA-ECA and NC-ECA, respondents were asked, "Have you ever had a lot of trouble with headaches?"” p. 4/10	Results showed a higher prevalence of headaches among those with histories of SA than among those without.
Levine et al., 2017	176 LM	Depression	Measurement tool: questionnaires administered in-person and via phone “We assessed depressive symptoms via the 10-item Center for Epidemiological Studies Depression scale (CES-D 10; Chronbach’s $\alpha = 0.86$ in our sample of Latino MSM).” p. 5	Clinical depression was more prevalent among those with CSA than those without (85% vs. 65%).
Loeb et al., 2014	50 BM* 50 LM	Chronic Stress PTSD	Measurement tool: computer-based questionnaire <i>Chronic Stress</i> : Chronic Burden Scale (CBS) <i>PTSD</i> : Posttraumatic Diagnostic Scale (PDS)	Increased presence of chronic stress among LM than BM (11.3% vs. 8.3%). Increased presence of PTSD symptoms among LM than BM (10.2% vs. 7.9%).

Study	BM & LM Participants	Symptom(s)	Assessment Technique(s)	Key Finding(s)
Mattera et al., 2017	148 LM	Chronic Stress Depression	Measurement tool: self-administered questionnaire “Mental health outcomes were measured using the 53-item Brief Symptom Inventory.” p. 7	42% with history of CSA reported significant depressive Sx. 20.8% with no CSA reported significant depressive Sx.
Myers et al., 2015	167 BM* 50 LM	Anxiety Depression PTSD	Measurement tool: computer-based assessment <i>Anxiety</i> : 13-item Patient Health Questionnaire (PHQ-13) <i>Depression</i> : 20-item Center for Epidemiological Studies–Depression Scale (CES–D) <i>PTSD</i> : 17-item Posttraumatic Diagnostic Scale (PDS)	Anxiety mean higher among LM than BM (5.97 vs. 4.69). Depression mean higher among LM than BM (18.76 vs. 15.72). PTSD severity higher among LM than BM (13.31 vs. 9.90).
Payne et al., 2014	50 BM* 50 LM	Anger Anxiety Flashbacks Guilt	Measurement tool: semi-structured, open-ended interview “The participant’s emotional reaction to the incident at the time of the event was also discussed. This paper focuses on the portion of the interview where the participant was asked ‘How does what you went through [the CSA incident they just described immediately prior to the question] affect you today?’” p. 234	52% of comments about anger/rage were made by LM. 24% of comments about anger/rage were made by BM. 46% of comments about anxiety were made by LM. 15% of comments about anxiety were made by BM. 60% of comments about flashbacks/hypervigilance were made by LM. 7% of comments about flashbacks/hypervigilance were made by BM. 44% of comments about guilt/shame were made by LM. 32% comments about guilt/shame were made by BM.
Pérez-Pedrogo et al., 2018	LM*, total number not clearly stated	Anxiety Depression PTSD	Measurement tool: computer-based questionnaire <i>Anxiety</i> : Generalized Anxiety Disorder modules of the UM CIDI <i>Depression</i> : Major Depression Disorder module of the UM CIDI & Center for Epidemiological Studies Depression Scale (CES-D) <i>PTSD</i> : Center for Epidemiological Studies Depression Scale (CES-D)	Note: Mental health variables were not separately reported by gender.

Study	BM & LM Participants	Symptom(s)	Assessment Technique(s)	Key Finding(s)
Roxburgh & MacArthur, 2014	5,561 BM* 2,207 LM	Depression	Measurement tool: face-to-face interview “The measure of depression contains items similar to those used in the K6 and in the CES-D, two widely used, reliable and well-validated measures of depression (Kessler et al., 2002; Radloff, 1977).” p. 1413	2% BM endorsed depressive Sx. 2% LM endorsed depressive Sx.
Sauceda et al., 2014	149 LM	Depression	Measurement tool: Patient Health Questionnaire-9 (PHQ-9)	Average depression scores were higher for those with histories of SA vs. those without (moderate range vs. mild range).
Welles et al., 2009	262 BM* 132 LM	Depression	Measurement tool: paper questionnaire “We used 13 items drawn from the depression and anxiety subscales of the Brief Symptom Inventory.” p. 6	Prevalence of depressive Sx was not reported by race/ethnicity.
Williams et al., 2013	88 BM	Depression PTSD	Measurement tool: computer-based questionnaire Depression: Beck Depression Inventory-II (BDI-II) PTSD: 17-item Posttraumatic Diagnostic Scale (PDS)	No significant differences in Sx of depression or PTSD were noted between the treatment and control groups.
Williams et al., 2008	89 BM 48 LM	Depression	Measurement tool: 20-item Center for Epidemiological Studies-Depression Scale (CES-D)	Both the treatment and control groups saw decreases in depressive Sx from baseline to 6-month follow-up, though there were no notable changes from baseline to post-test.

Note: SA = sex abuse; SI = suicidal ideation

Research Question: Life Challenges

A third Black man (Quinton, late-30s) said that the ‘rape [at age 11] made me drink more, do drugs, act out.’ A Latino man (Rollo, late-20s) molested at age six by his male cousin stated, ‘I have nightmares all the time, trouble sleeping, trust issues, control issues. I’m a recovering alcoholic. (Payne et al., 2014, p. 239)

Evidence Table 4 (see Table 4) highlights data from the 21 sources that provide insight on the types of adult life challenges experienced by African American and Latino males with histories of sexual trauma. Collectively, these studies name communication issues, hypersexuality, incarceration, lack of social support, physical health challenges, poor body image, racial discrimination, risky sexual behavior, sexual functioning issues, sexuality issues, spirituality concerns, substance use, taking medications for a mental health issue, and being a victim of intimate partner violence (IPV), as the life challenges experienced by the communities in question. Some studies highlighted life challenges associated with being HIV-positive including medication compliance, financial strain, disability/unemployment, disease stigma, and disclosing to others (Phillips et al., 2014; Saucedo et al., 2014; Williams et al., 2004). Substance use was the most studied life challenge, with data being provided by 10 sources (Amos et al., 2008; Clark et al., 2012; Dolezal & Carballo-Diéguez, 2002; Downing et al., 2020; Levine et al., 2017; Mattera et al., 2017; Payne et al., 2014; Pérez-Pedrogo et al., 2018; Phillips et al., 2014; Wu, 2018). Though a criterion for several DMS-5 diagnoses, this author has categorized substance use as a *life challenge* because the literature often described it as having a later onset. Most times, challenges with drugs and alcohol began years after survivors had been sexually violated. Whereas symptoms related to anxiety, depression, PTSD, and suicidality often began in closer proximity to the sexual assaults.

Engagement in risky sexual behavior was also explored in 10 studies (Arreola et al., 2009; Clark et al., 2012; Dolezal & Carballo-Diéguez, 2002; Levine et al., 2017; Mattera et al., 2017; Phillips et al., 2014; Williams et al., 2013; Williams et al., 2004; Williams et al., 2008; Wu, 2018). Four sources provided data on HIV and HIV-related concerns (Allen et al., 2014; Phillips et al., 2014; Saucedo et al., 2014; Williams et al., 2004). IPV victimization was also examined in four studies (Loeb et al., 2014; Myers et al., 2015; Phillips et al., 2014; Wu, 2018). Racial discrimination (Allen et al., 2014; Myers et al., 2015), incarceration (Phillips et al., 2014; Roxburgh & MacArthur, 2014), and sexuality issues (Payne et al., 2014; Williams et al., 2004) were each focal points in two studies. All other life challenges were described and discussed by a single source. Much like symptom severity, most studies reported that life challenges were more prevalent and/or more intense when participants had histories of sexual trauma.

Table 4*Evidence Table 4. Life Challenges*

Study	BM & LM Participants	Life Challenges	Assessment Technique(s)	Key Finding(s)
Allen et al., 2014	117 BM	HIV Stigma Racial Discrimination Social Support	Measurement tool: computer-based questionnaire <i>HIV Stigma</i> : 12 items from the HIV Stigma <i>Racial Discrimination</i> : Brief Perceived Ethnic Discrimination Scale-Community Version <i>Social Support</i> : 10 items from the Multidimensional Scale of Perceived Social Support	Relatively low levels of experienced HIV stigma and internalized HIV stigma were reported. Participants reported moderate levels of perceived racial discrimination. Participants reported high levels of perceived social support.
Amos et al., 2008	181 BM	Substance Use	Measurement tool: questionnaire “To determine drug use, students were asked if they had ever used marijuana, cocaine, amphetamines, sedatives, hallucinogens, opiates, and designer drugs.” p. 162	88% of those with SA history had used substances in the past 30 days. 56% of those with no history of SA had used substances in the past 30 days.
Arreola et al., 2009	912 LM	RSBx	Measurement tool: face-to-face survey “Risky sexual behavior was a categorical variable defined as those who reported having engaged in 1 or more acts of unprotected insertive or receptive anal intercourse with more than 1 male partner in the last year (1=engaged in 1 or more acts; 0=did not engage in any such acts).” p. S433	66% reporting partner refuses to wear a condom experienced CSA 57% who have sex while drunk experienced CSA
Baker et al., 2009	778 LM*	Physical Health	Measurement tool: interview “The scale of physical health symptoms was adapted and translated from the physical symptoms checklist...” p. 258	History of CSA was related to muscular-skeletal, cardiopulmonary, nose-throat, and gastrointestinal health challenges.

Study	BM & LM Participants	Life Challenges	Assessment Technique(s)	Key Finding(s)
Clark et al., 2012	9,512 BM*	Meds for MH RSBx Substance Use Violent Offender	Measurement tool: semi-structured interview “The clinical history items include suicide status (no attempts or ideation, ideation only, or attempts), prescribed medication for a mental problem, history of sex for drugs, history of a violent offense, alcohol dependence, cannabis dependence, cocaine dependence, and opiate dependence.” p. 1848	Alcohol dependence endorsed by 31.1% with histories of SA vs. 16.9% without histories of SA. Cannabis dependence endorsed by 41.7% with histories of SA vs. 47.9% without histories of SA. Cocaine dependence endorsed by 47.6% with histories of SA vs. 27.3% without histories of SA. Opiate dependence endorsed by 6.8% with histories of SA vs. 5.1% without histories of SA. Trading sex for dugs endorsed by 16.5% with histories of SA vs. 2.8% without histories of SA. 21.4% with histories of SA have taken meds for a MH problem vs. 4.3% without histories of SA have taken MH meds. 32% with histories of SA were violent offenders vs. 29.6% without histories of SA were classified as violent offenders.
Cordero, 2020	95 LM	Acculturation Body Image	Measurement tool: survey <i>Acculturation</i> : Acculturation Rating Scale for Mexican Americans–Second Edition. <i>Body Image</i> : Appearance Evaluation subscale of the Multidimensional Body-Self Relations Questionnaire–Appearance Scales	All life challenges were present in greater severity for those with histories of SA.

Study	BM & LM Participants	Life Challenges	Assessment Technique(s)	Key Finding(s)
Dolezal & Carballo-Diéguez, 2002	100 LM	RSBx Sexual Functioning Substance Use	Measurement tool: interview + self-administered questionnaire <i>RSBx</i> : Sexual Practices Assessment Schedule <i>Sexual Functioning</i> : “The sexual functioning score is the mean of 3 questions regarding sexual drive, frequency of erotic thoughts, and satisfaction with sex life on 7-point scales.” p. 167 <i>Substance Use</i> : “Alcohol and drug use was assessed for the past 12 months via an interviewer-administered set of questions about 15 substance-use categories...” p. 167	Mean alcohol use was higher for those with histories of CSA (2.46) vs. those with no sexual contact before age 13 (1.97). There were no significant differences in mean score for drug use among those with histories of CSA (0.26) vs. those with no sexual contact before age 13 (0.21). Higher prevalence of unprotected anal sex present among those with histories of CSA (3.4) vs. those with no sexual contact before age 13 (21.8). Those with histories of CSA reported better sexual functioning (4.06) than those with no sexual contact before age 13 (3.97).
Downing et al., 2020	36 BM* 25 LM	Substance Use	Measurement tool: computer-based questionnaire <i>Alcohol</i> : 10-item Alcohol Use Disorders Identification Test (AUDIT) <i>Drugs</i> : 11-item Drug Use Disorders Identification Test (DUDIT)	BM mean AUDIT score: 1.5. LM mean AUDIT score: 4.0. BM mean DUDIT score: 5.5. LM mean DUDIT score: 2.0.
Levine et al., 2017	176 LM	RSBx Substance Use	Measurement tool: questionnaires administered in-person and via phone <i>RSBx</i> : “We asked participants to report the number of male sexual partners they had had in the past three months. Those who reported at least one partner were then asked a series of follow-up questions prompting them to indicate the number of anal intercourse episodes in the past three months as well as the number of times that condoms were used from start to finish. We calculated the number of incidents of condomless anal intercourse (CAI) by subtracting the reported incidents with condom use from the total number of anal sex acts.” p. 6 <i>Substance Use</i> : “Participants were asked whether they had ever consumed 5 or more alcoholic beverages on a single occasion. Those who answered “yes” were then asked how many times they had done so in the previous 30 days.” p. 6	41% with histories of CSA engage in RSBx. 25% without histories of CSA engage in RSBx. 41% with histories of CSA engage in heavy drinking. 23% without histories of CSA engage in heavy drinking. 18% with histories of CSA engage in binge drinking. 21% without histories of CSA engage in binge drinking.

Study	BM & LM Participants	Life Challenges	Assessment Technique(s)	Key Finding(s)
Loeb et al., 2014	50 BM* 50 LM	IPV	Measurement tool: Abuse Assessment Screen “IPV severity was obtained using items from the four-question Abuse Assessment Screen...” p. 455	1.74% of BM were victims of IPV. 1.47% of LM were victims of IPV.
Mattera et al., 2017	148 LM	RSBx Substance Use	Measurement tool: self-administered questionnaire <i>RSBx</i> : “Sexual risk behaviours were measured by the frequency of condomless penetrative sex acts with both men and women. Participants were asked to report the frequency of receptive condomless anal intercourse with men, insertive condomless anal intercourse with men and condomless vaginal intercourse with women within the preceding two months...” p. 6 <i>Substance Use</i> : “We operationalised polydrug use as the recreational use of three or more of the following substances... within the preceding four months: marijuana; pain killers such as Vicodin or Codeine; prescription sedatives such as Valium or Xanax; prescription stimulants such as Ritalin or Adderall; prescription erection pills such as Viagra or Cialis; ecstasy; ketamine; powdered cocaine; GHB; methamphetamine; LSD; PCP; mushrooms; crack-cocaine; heroin; and steroids. For medications, we asked specifically about use without prescriptions.” p. 6	58% with histories of CSA engage in CAI with male partners. 32% without histories of CSA engage in CAI with male partners. 58% with histories of CSA engage in CVI with female partners. 45% without histories of CSA engage in CVI with female partners. 33% with histories of CSA engage in polydrug use. 29% without histories of CSA engage in polydrug use.
Myers et al., 2015	167 BM* 50 LM	IPV Racial Discrimination	Measurement tool: computer-based assessment <i>IPV</i> : Abuse Assessment Screen <i>Racial Discrimination</i> : Brief Perceived Ethnic Discrimination Questionnaire–Community Version	Perceived discrimination mean slightly higher for BM than LM (36.11 vs. 34.52). Mean experiences of IPV slightly higher for LM than BM (1.52 vs. 1.30).

Study	BM & LM Participants	Life Challenges	Assessment Technique(s)	Key Finding(s)
Payne et al., 2014	50 BM* 50 LM	Communication Issues Hyper-sexuality SexID Confusion Substance Use	Measurement tool: semi-structured, open-ended interview “The semi-structured instrument was a pre-existing women’s measure that was adapted for men... Prompts were used to probe for additional information as needed.” p. 234	100% of comments about communication issues were made by LM. 45% of comments about substance use were made by BM. 32% of comments about substance use were made by LM. 39% of comments about sexID confusion were made by BM. 42% of comments about sexID confusion were made by LM. 52% of comments about hyper-sexuality were made by BM. 24% of comments about hyper-sexuality were made by LM.
Pérez-Pedrogo et al., 2018	LM*, total number not clearly stated	Substance Use	Measurement tool: computer-based questionnaire Alcohol and Other Drug Dependence (Spanish)	Note: Substance use not separately reported by gender.
Phillips et al., 2014	151 BM*	HIV Incarceration IPV RSBx Substance Use	Measurement tool: interviewer-administered questionnaire <i>HIV Status</i> : anonymous oral rapid HIV screening test <i>Incarceration</i> : method not clearly identified <i>IPV</i> : “Recent violence was assessed by the question “Within the last year, have you been hit, slapped, kicked or otherwise physically hurt by someone important to you?”” p. 774 <i>RSBx</i> : “Participants were asked about their sexual behaviors during the prior 12 months and at the last sexual encounter.” p. 774 <i>Substance Use</i> : “Past year non-injection drug use was assessed using the question “In the past 12 months, have you used any non-injection drugs, other than those prescribed for you?” A history of injection drug use was assessed by the question “Have you ever in your life shot up or injected any drugs other than those prescribed for you? By shooting up, I mean anytime you might have used drugs with a needle, either by mainlining, skin popping, or muscling.” In order to determine binge drinking in the prior year, participants were asked “In the past 12 months, how often did you have 5 or more alcoholic drinks in one sitting?”” p. 774	Note: Life challenges were not reported by race/ethnicity.

Study	BM & LM Participants	Life Challenges	Assessment Technique(s)	Key Finding(s)
Roxburgh & MacArthur, 2014	5,561 BM* 2,207 LM	Incarceration	Measurement tool: face-to-face interview Incarceration: The term “life sentence” was used to describe inmates serving a life sentence or a sentence of 50+ years.	Note: Incarceration not reported by race/ethnicity.
Sauceda et al., 2014	149 LM	HIV Medication Compliance	Measurement tool: interview <i>HIV Status</i> : Method not clearly stated. <i>Medication Compliance</i> : Visual Analog Scale (VAS)	Participants has been living with HIV for an average of 9.5 years. “Those on ART (n = 140) self-reported taking 91.6 percent of all HIV medications in the past month.” p. 5
Williams et al., 2013	88 BM	RSBx	Measurement tool: computer-based questionnaire	Condomless anal and vaginal sex decreased significantly for the treatment and control groups from baseline to 6-month assessment. However, there was a slight increase in condomless receptive anal sex from 3-month to 6-month follow-up for both the treatment and control group.
Williams et al., 2004	12 BM 11 LM	HIV RSBx Sexuality Spirituality	Measurement tool: focus groups	All participants identified living with HIV as a life stressor. All participants endorsed engagement in sex/partying with drugs/alcohol. All participants endorsed the belief that men of color are not gay. Gay-identifying and non-gay identifying men had varying beliefs regarding the role of church/religion in their lives.
Williams et al., 2008	89 BM 48 LM	RSBx	Measurement tool: Revised Wyatt Sex History Questionnaire	Both experiment and control groups saw marked decrease in RSBx from baseline to 6-month assessment.

Study	BM & LM Participants	Life Challenges	Assessment Technique(s)	Key Finding(s)
Wu, 2018	1,002 BM	IPV RSBx Substance Use	Measurement tool: self-report questionnaire <i>IPV</i> : Revised Conflict Tactics Scale <i>RSBx</i> : “HIV risk indicators included self-reported HIV status (positive, negative, unknown), number of male sexual partners in the past 90 days, and number of acts of condomless anal intercourse (CAI) in the past 90 days.” p. 4/11 <i>Substance Use</i> : “Substance misuse was assessed using an abbreviated version of the drug use portion of the National Institute on Drug Abuse Risk Behavior Assessment.” p. 4/11	59.4% participants HIV-positive. 75.3% used party drugs in the past 90 days. 64.8% used marijuana in the past 90 days. 40% engaged in binge drinking in the past 90 days. 32.8% used cocaine in the past 90 days.

Note: *CAI* = condomless anal intercourse; *CVI* = condomless vaginal intercourse; *SexID* = sexual identity

Research Question: Treatments

Evidence Table 5 (see Table 5) highlights data from the two sources that provide insight on interventions that have been used to treat African American and Latino males with histories of sexual trauma. Both studies (Williams et al., 2013; Williams et al., 2008) utilized group therapy protocols matched with controls presented in randomized clinical trial settings. Using similar methodologies, the treatment arms of both studies were designed to decrease participants' engagement in risky sexual behaviors that might lead to a greater likelihood of contracting HIV.

Williams et al. (2008) enrolled African American and Latino participants who were HIV-positive, identified as gay or non-gay, were behaviorally bisexual, and had histories of CSA. The study compared the effectiveness of a treatment group intervention called Sexual Health Intervention for Men (S-HIM) against a control group intervention called Standard Health Promotion (SHP). With goals of decreasing participants' engagement in risky sexual behaviors and increasing psychological health, the S-HIM arm consisted of six weekly two-hour group sessions. The groups were ethnically/racially homogeneous, led by an ethnically matched facilitator, and contained between five and seven African American or Latino males. Data for a total of 75 participants was collected and analyzed for the treatment arm. The SHP control group was designed to address concerns of general health including medication compliance, proper rest, diet, and exercise. This arm also consisted of six weekly two-hour group sessions. The groups were ethnically/racially homogeneous, led by an ethnically matched facilitator, and contained between five and seven African American or Latino males. Data for a total of 62 participants was collected and analyzed for the control arm.

Both groups were primarily psychoeducational in nature, yet both allowed for open and honest discourse among members. The S-HIM treatment focused on teaching sexual ownership

as well as HIV-prevention strategies. The intervention was grounded in cultural congruence and highlighted cultural contexts such as personal values, familial values, and community values. Doing so allowed participants the opportunity to acknowledge any religious and/or cultural messages that countered HIV prevention teachings. Consequences of sexual behavior was discussed in the context of HIV-positive men of color. Such discussions touched on issues surrounding the intersection of gender and ethnicity, the intersection of gender, culture, and sexuality, the stigma of HIV in the African American and Latino communities, and self-acceptance.

The SHP control group focused on providing psychoeducation on health issues that are common within the African American and Latino communities. Discussions addressed diabetes, hypertension, heart disease, and specific cancers. The group did not focus on areas relating to sexual behavior. Instead, it focused on disease prevention by informing members about proper diet, exercise, rest, and regular doctor visits as preventive measures. As an additional method of health maintenance, the group also focused on HIV medication compliance.

Participants receiving the S-HIM and SHP interventions began the study engaging in similar levels of risky sexual behavior and presented with similar levels of depressive symptoms. At baseline, males in the treatment arm had slightly more sexual partners on average than those in the control group. At the end-of-study post-test the S-HIM treatment appeared to be more effective at reducing risky sexual behavior. However, both the treatment and control groups had achieved similar results at the six-month follow-up.

Regarding depressive symptoms, the data indicate that members receiving the S-HIM treatment reported a slight average increase in symptoms at post-test, whereas those in the control group reported a slight decrease. At the six-month follow-up, however, both the

treatment and control groups achieved an average decrease in depressive symptoms, with the S-HIM showing a slightly greater decrease. Regarding the number of sexual partners, participants in the S-HIM treatment reported an average decrease of more than three at the end-of-study post-test. Those participating in the SHP control reported an average decrease of two for the same measure. Those in the treatment arm continued to see greater gains as the six-month follow-up reported an average total decrease of five versus an average total decrease of 3.78 for those who participated in the control intervention.

Williams et al. (2013) enrolled African American participants who were HIV-positive, did not identify as gay, were behaviorally bisexual, and had histories of CSA. The study compared the effectiveness of a treatment group intervention called Enhanced Sexual Health Intervention for Men (ES-HIM) against a control group intervention called Health Promotion (HP). With goals of decreasing participants' engagement in risky sexual behaviors and increasing psychological health, the ES-HIM arm consisted of six two-hour group sessions. The sessions were delivered over a total of three weeks, and they were facilitated by African American men. Data for a total of 44 participants was collected and analyzed for the treatment arm. The HP control group was designed to address concerns of general health including substance use, proper rest, diet, and exercise. This arm also consisted of six two-hour group sessions that were delivered over three weeks and led by African American facilitators. Data for a total of 44 participants was collected and analyzed for the control arm.

Patterned off of the 2008 trial (Williams et al., 2008), both the ES-HIM and HP groups were primarily psychoeducational in nature, while still fostering an engaging space of open and honest dialogue among the men. Developed from a culturally humble stance, the ES-HIM treatment grounded all conversations in the awareness of the members' intersectionality: African

American men who were HIV-positive and members of a sexual minority group. The intervention offered psychoeducation on reducing engagement in behaviors that might increase the spread of HIV, managing isolation, and coping with the stigma of HIV. Other topics of discussion included caring for the self, sexual partners, and community. Group facilitators also allowed members to identify and highlight any cultural and/or religious messaging that contradicts HIV prevention strategies. Understanding the lasting impact that CSA can have on one's mental wellbeing, the treatment also intentionally addressed negative thoughts and emotions that members held about themselves.

Following the methodology of the previous study (Williams et al., 2008), this HP control group also focused on providing members with pertinent information regarding preventive health techniques. The group addressed health issues that are common within the African American community such as diabetes, hypertension, heart disease, and certain cancers. The group did not focus on areas relating to sexual behavior. Instead, it provided information on the positive effects of a healthy diet, being physically active, and eliminating use of cigarettes and substance abuse. The control group also emphasized the importance of regular doctor visits and medication compliance. For the treatment and control, participants provided urine samples at baseline, three-month follow up, and six-month follow up in order to track stress levels indicated by the presence of certain hormones.

Participants receiving the ES-HIM intervention were engaging in slightly more unprotected insertive anal sex at baseline than participants in the HP control (1.79 versus 1.02, respectively). Though participants in both groups decreased their engagement in this behavior, those in the ES-HIM treatment experienced an overall higher decrease on average as measured at the six-month follow up. Similarly, participants in the ES-HIM groups were engaging in slightly

more unprotective receptive anal sex at baseline than men in the HP groups (1.62 versus 1.30, respectively). Both the treatment and the control were effective in decreasing participants' engagement in this behavior; however, those in the ES-HIM treatment experienced a greater overall decline in behavior on average as recorded at six-month follow up. At baseline, participants receiving the HP control intervention were engaging in more unprotected vaginal sex than those in the ES-HIM treatment (2.84 versus 1.70, respectively). Though the HP intervention reported a higher overall decrease on average at six-month follow up, both groups were successful in nearly eliminating this behavior. Additionally, based off of data collected at the six-month follow up, both interventions were successful in helping participants decrease their overall number of sexual partners. However, those participating in the HP control achieved greater reductions on average.

Participants in both groups entered the study experiencing similar levels of PTSD symptoms as measured at baseline. Both the ES-HIM and HP achieved positive outcomes regarding symptom reduction; however, participants in the control group reported a greater overall reduction on average. Alternatively, there was a notable difference in the severity of depressive symptoms endorsed by the participants. Those in the treatment arm reported more symptoms at baseline (8.18) than did those in the control group (4.98). As measured at six-month follow up, participants receiving the ES-HIM intervention reported a greater overall decrease in depressive symptoms, though both arms reported significant decreases.

Table 5*Evidence Table 5. Treatments*

Study	BM & LM Participants	Intervention Type	Intervention Description	Key Finding(s)
Williams et al., 2013	88 BM	Group Therapy	<p><u>Treatment: Enhanced Sexual Health Intervention for Men (ES-HIM)</u> Six 2-hour group sessions administered over the course of 3 weeks. ES-HIM treatment aim was to reduce HIV risk and stress. Group was framed with the understanding that participants were triple minorities: ethnic minority, sexual minority, and HIV-positive. Analyzed data included information for 44 participants.</p> <p><u>Control: Health Promotion Intervention (HP)</u> Six 2-hour group sessions administered over the course of 3 weeks. HP aim was to control for the Hawthorne effect and address general health issues that are common within the African American community such as diabetes, hypertension, and heart disease. The control group did no focus on sexual behaviors. Analyzed data included information for 44 participants.</p>	<p>“Both ES-HIM and HP participants exhibited reductions in unprotected anal receptive and vaginal sex and in numbers of male and female sexual partners; in addition, they showed decreased PTSD symptoms and sustained these reductions at the 6-month follow-up.” p. 8</p> <p>ES-HIM participants showed a greater reduction in unprotective anal insertive sex than did the control group. HP participants showed a greater reduction in PTSD symptoms at 6-month follow-up than those participating in the treatment group.</p>
Williams et al., 2008	89 BM 48 LM	Group Therapy	<p><u>Treatment: Sexual Health Intervention for Men (S-HIM)</u> S-HIM treatment aim was to decrease participants’ engagement in risky sexual behaviors. Six weekly 2-hour group sessions comprised of 5-7 BM or 5-7 LM. Groups were led by an ethically matched male facilitator. Analyzed data included information for 75 participants.</p> <p><u>Control: Standard Health Promotion (SHP)</u> SHP aim was to control for the Hawthorne effect and address standard health concerns such as diet, exercise, rest, and medication compliance. Six weekly 2-hour group sessions comprised of 5-7 BM or 5-7 LM. Groups were led by an ethically matched male facilitator. Analyzed data included information for 62 participants.</p>	<p>Both the experimental and the control groups saw marked improvements in risky sexual behavior, number of sexual partners, and depressive symptoms. These results suggest that the supportive nature of the group may have been more beneficial than the specific interventions delivered.</p>

Between-Group Differences

Of the 28 studies included in this review, nine of them contained samples that included both African American and Latino male participants (Doll, 1992; Downing, 2020; Lowe, 2014; Myers, 2015; Payne, 2014; Roxburgh & MacArthur, 2014; Welles et al., 2009; Williams et al., 2004; Williams et al., 2008), allowing the researcher to highlight salient differences noted between the groups (see Table 6). Doll et al. (1992) reported that Latino men were slightly younger than African American men at first age of sexual abuse. The study reported median ages of first contact as 8 and 10 for Latino and African American males, respectively. The study also noted the age differences between CSA survivors and their perpetrators. Their findings reported 91% of Latino participants were victimized by someone five or more years older than them. Contrastingly, 80% of African American participants reported the same.

Downing et al. (2020) reported that Latino males scored higher on the PTSD Checklist-Civilian than did their African American counterparts. The measure has a diagnostic cut-off score of 14, and the average score for Latino men was 15.3, while African American men scored an average of 11.7 on the measure. Though not statistically significant, this study also reported that African American men scored slightly higher on the Mental Health Inventory (MHI), a measure of psychological wellbeing, than Latino participants. Mean scores were 69.8 and 64.1 for African American and Latino men, respectively. This study found no differences in suicidality or perceived resilience between the men.

The research of Loeb et al. (2014) examined the association between IPV victimization and PTSD in men with histories of CSA. Researchers found that a greater percentage of Latino participants (10.2%) met criteria for PTSD than African American participants (7.9%). Chronic stress was measured by the Chronic Burden Scale and an increased presence was noted among

Latino participants (mean: 36.10) over African American participants (mean: 32.5). Measured by the Wyatt Sex History Questionnaire, no differences were found in the level of severity of CSA reported by the two groups. However, both groups reported extreme experiences. The measure reports severity on a scale of 1-15 (less severe-most severe), and African American men scored an average of 11.95, while Latino men scored an average of 11.94. Few men from either community reported IPV victimization (Latino: 1.47%; African American 1.74%).

The research of Myers et al. (2015) investigated the impact of lifetime adversities and trauma on mental health. Latino participants (mean: 38.59) reported greater chronic stress than African American participants (33.04). Latino men (mean: 18.76) scored higher on a scale measuring depressive symptoms than did African American men (15.72). The Posttraumatic Diagnostic Scale was used to measure severity of PTSD symptoms and Latino participants (mean: 13.31) scored higher than their African American (mean: 9.9) counterparts. Anxiety and somatic symptoms were measured by the Patient Health Questionnaire-13, and Latino participants (5.97) had a higher mean score than did African American men (4.49). African American males (mean: 36.11) reported greater perceived discrimination than Latino males (34.52). Similar to the findings of Loeb et al. (2014), no between-group differences were noted in the severity of CSA experienced by African American (mean: 13.3) and Latino (13.48) men.

The research of Payne et al. (2014) examined the impact of CSA on the emotions and behaviors of adult men. Using qualitative discussions as their primary means of data collection, the study reported that a greater percentage of Latino men (52%) experienced anger/rage than did African American men (24%). Latino participants also reported anxiety/fear (46% versus 24%), flashbacks/hypervigilance (60% versus 7%), guilt/regret/shame (44% versus 32%), low self-

esteem/self-hatred (31% versus 13%), and communication difficulties (100% versus 0%) at higher rates than African American male participants. The African American men more often reported substance abuse (45% versus 32%) and hypersexuality (52% versus 24%). There was little difference in the reporting of sexual identity confusion between the groups (Latino men: 42%; African American men 39%).

The study conducted by Roxburgh and MacArthur (2014) examined the relationship between childhood adversity and depression among incarcerated individuals. Using a measure that recorded depression on a scale of 0-8, little difference was reported between groups (African American men: 1.87; Latino men: 1.68). No significant differences were found in the presence of parental substance abuse during childhood (African American men: 28%; Latino men: 27%). No statistically significant difference was found in the presence of childhood physical abuse between the groups (African American men: 11.6%; Latino men: 13%). Both groups of men reported similar rates of having been in the foster care system (African American men: 9.9%; Latino men: 9.6%). Both groups also reported past histories of CSA at similar rates (African American men: 3%; Latino men: 3.3%).

In a sample of HIV-positive men who have sex with men (MSM), Welles et al. (2009) investigated the impact of CSA on life challenges in adulthood. Among the research variables were sexual comfort level, substance abuse, and risky sexual behavior. The authors reported that 46.6% of the African American participants and 28% of the Latino participants experienced CSA. No other research variables were reported by race/ethnicity. Instead, all other variables drew comparisons between the MSM with histories of CSA versus those without.

In a small sample of HIV-positive men, Williams et al. (2004) conducted a qualitative study to explore the sexual practices, attitudes, and behaviors of gay and non-gay identifying

participants. Researchers coded the participant responses in one of three ways: *general* (an outcome that applied to all men within said racial/ethnic group), *typical* (an outcome that applied to half or more of the men within said racial/ethnic group), or *variant* (an outcome that applied to less than half of the men within said racial/ethnic group). All African American and Latino participants reported past sexual violation by another male. All non-gay identifying African American and Latino men reported no experiences of social stigma associated with their engagement in same-sex intercourse. Less than half of all African American and Latino men who identified as gay reported experiencing this social stigma. All non-gay identifying African American and Latino males reported experiencing isolation/loneliness associated with engagement in same-sex intercourse. Less than half of all African American and Latino men who identified as gay reported experiencing this same isolation/loneliness. All study participants reported the presence of a cultural expectation for them to have a family and children of their own. All non-gay identifying African American and Latino males believed that having a family and children of their own would provide them with emotional security. Less than half of all African American and Latino men who identified as gay believed the same. All African American and Latino participants reported using their consumption of alcohol and drugs as a means of explaining their engagement in same-sex intercourse. Additionally, all African American and Latino males reported consuming alcohol and drugs because they were easily accessible.

Williams et al. (2008) conducted a small randomized clinical trial to determine the effectiveness of a culturally congruent group intervention. Given that the researchers were comparing an experimental treatment group intervention against a control intervention, their results were reported by intervention. No research variables were reported by race/ethnicity.

Table 6*Evidence Table 6. Between-Group Differences*

Study	BM & LM Participants	Findings: Black Males (BM)	Findings: Latino Males (LM)
Doll et al., 1992	188 BM* 117 LM	Age at First Abuse: 10 yrs Reported CSA Perpetrator Was 5+ Years Older: 80%	Age at First Abuse: 8 yrs Reported CSA Perpetrator Was 5+ Years Older: 91%
Downing et al., 2020	36 BM* 25 LM	Mean - PTSD Checklist-Civilian: 11.7 Mean - Mental Health Inventory: 69.8 Number Who Considered or Attempted Suicide: 5 Mean - Connor-Davidson Resilience Scale: 7	Mean - PTSD Checklist-Civilian: 15.3 Mean - Mental Health Inventory: 64.1 Number Who Considered or Attempted Suicide: 6 Mean on Connor-Davidson Resilience Scale: 7
Loeb et al., 2014	50 BM* 50 LM	Percentage Meeting Criteria for PTSD: 7.9% Mean - Chronic Burden Scale: 32.50 Mean - Wyatt Sex History Questionnaire: 11.95 Percentage Reporting IPV Victimization: 1.74%	Percentage Meeting Criteria for PTSD: 10.2% Mean - Chronic Burden Scale: 36.10 Mean - Wyatt Sex History Questionnaire: 11.94 Percentage Reporting IPV Victimization: 1.47%
Myers et al., 2015	167 BM* 50 LM	Mean - Wyatt Sexual History Questionnaire-Revised: 13.3 Mean - Chronic Burden Scale: 33.04 Mean - Brief Perceived Ethic Discrimination Questionnaire-Community Version: 36.11 Mean - Center for Epidemiological Studies-Depression Scale: 15.72 Mean - Posttraumatic Diagnostic Scale: 9.90 Mean - Patient Health Questionnaire-13: 4.49	Mean - Wyatt Sexual History Questionnaire-Revised: 13.48 Mean - Chronic Burden Scale: 38.59 Mean - Brief Perceived Ethic Discrimination Questionnaire-Community Version: 34.52 Mean - Center for Epidemiological Studies-Depression Scale: 18.76 Mean - Posttraumatic Diagnostic Scale: 13.31 Mean - Patient Health Questionnaire-13: 5.97
Payne et al., 2014	50 BM* 50 LM	Percentage Reporting Anger/Rage: 24% Percentage Reporting Anxiety/Fear: 15% Percentage Reporting Flashbacks/Hypervigilance: 7% Percentage Reporting Guilt, Regret, Shame: 32% Percentage Reporting Low Self-esteem/Self-hatred: 13% Percentage Reporting Communication Difficulties: 0% Percentage Reporting Substance Abuse: 45%	Percentage Reporting Anger/Rage: 52% Percentage Reporting Anxiety/Fear: 46% Percentage Reporting Flashbacks/Hypervigilance: 60% Percentage Reporting Guilt, Regret, Shame: 44% Percentage Reporting Low Self-esteem/Self-hatred: 31% Percentage Reporting Communication Difficulties: 100%

Study	BM & LM Participants	Findings: Black Males (BM)	Findings: Latino Males (LM)
		Percentage Reporting Sexual Identity Confusion: 39% Percentage Reporting Hypersexuality: 52%	Percentage Reporting Substance Abuse: 32% Percentage Reporting Sexual Identity Confusion: 42% Percentage Reporting Hypersexuality: 24%
Roxburgh & MacArthur, 2014	5,561 BM* 2,207 LM	Mean - Depression: 1.87 Percentage Reporting Parental Substance Abuse: 28% Percentage Reporting Childhood Physical Abuse: 11.6% Percentage Reported Being in Foster Care: 9.9% Percentage Reported Experiencing CSA: 3%	Mean - Depression: 1.68 Percentage Reporting Parental Substance Abuse: 27% Percentage Reporting Childhood Physical Abuse: 13% Percentage Reported Being in Foster Care: 9.6% Percentage Reported Experiencing CSA: 3.3%
Welles et al., 2009	262 BM* 132 LM	Percentage MSM Reporting Abuse: 46.6%	Percentage MSM Reporting Abuse: 28.0%
Williams et al., 2004	12 BM 11 LM	<p style="text-align: center;"><u>Gay Identifying</u></p> <p>History of Sexual Abuse and Exploitation by Men: General Experience Social Stigma Related to MSM Behavior: Variant Experienced Loneliness and Isolation Related to MSM Behavior: Variant Cultural Expectations to Have a Family and Children: General Believe That Having a Family and Children Provide Emotional Security: Variant Use Consumption of Drugs and Alcohol as Explanation for MSM Behavior: General Consume Alcohol and Substances Because They Are Easily Accessible: General</p> <p style="text-align: center;"><u>Non-Gay Identifying</u></p> <p>History of Sexual Abuse and Exploitation by Men: General Experience Social Stigma Related to MSM Behavior: General</p>	<p style="text-align: center;"><u>Gay Identifying</u></p> <p>History of Sexual Abuse and Exploitation by Men: General Experience Social Stigma Related to MSM Behavior: Variant Experienced Loneliness and Isolation Related to MSM Behavior: Variant Cultural Expectations to Have a Family and Children: General Believe That Having a Family and Children Provide Emotional Security: Variant Use Consumption of Drugs and Alcohol as Explanation for MSM Behavior: General Consume Alcohol and Substances Because They Are Easily Accessible: General</p> <p style="text-align: center;"><u>Non-Gay Identifying</u></p> <p>History of Sexual Abuse and Exploitation by Men: General Experience Social Stigma Related to MSM Behavior: General</p>

Study	BM & LM Participants	Findings: Black Males (BM)	Findings: Latino Males (LM)
		Experienced Loneliness and Isolation Related to MSM Behavior: General Cultural Expectations to Have a Family and Children: General Believe That Having a Family and Children Provide Emotional Security: General Use Consumption of Drugs and Alcohol as Explanation for MSM Behavior: General Consume Alcohol and Substances Because They Are Easily Accessible: General	Experienced Loneliness and Isolation Related to MSM Behavior: General Cultural Expectations to Have a Family and Children: General Believe That Having a Family and Children Provide Emotional Security: General Use Consumption of Drugs and Alcohol as Explanation for MSM Behavior: General Consume Alcohol and Substances Because They Are Easily Accessible: General
Williams et al., 2008	89 BM 48 LM	No variables reported by race/ethnicity	No variables reported by race/ethnicity

Incarceration

Regarding incarceration, Clark et al. (2012) aimed to identify a potential link between being a violent offender and having a history of sexual abuse. Though some participants were incarcerated for committing violent crimes, there was no statistically significant difference between those who were sexual trauma survivors and those who were not. In their study containing 9,512 African American males, 32% of participants with histories of sexual assault were violent offenders, and 29.6% without histories of sexual assault were classified as violent offenders.

Chapter IV: Discussion

Purpose and Scope of This Review

In conducting an integrative systematic review of the literature, the primary author set out to examine and present the current state of science regarding the research questions that were set forth. After completing a thorough review, the author aimed to report these findings in a concise, digestible manner in order to offer researchers, clinicians, and lawmakers tangible take-aways. As the research process unfolded, the author began to not only notice trends in the data, but trends in the ways in which the research is being conducted were also detected. For instance, several of the included studies enrolled male participants who identified as White, Asian, Native American, and other races/ethnicities other than African American or Latino. However, in most cases, data was not presented by race/ethnicity. This might suggest that even researchers have difficulty recognizing that men of different races/ethnicities have varying trauma responses and coping mechanisms. This discussion section includes other such critiques in an effort to not only present the current state of science, but to also expand the discipline's understanding of how the science is being produced.

Quality Appraisal

Using the Quality Assessment Form presented in Appendix I, the majority (18 sources) of the studies included in this review received an *adequate* appraisal rating. Some (6 sources) received a *strong* appraisal rating, and some (4 sources) received a rating of *weak*. All of the studies with weak ratings were published prior to year 2000 (Doll, 1992; Golding, 1999; Jenkins, 1989; Priest, 1992). This correlation highlights the evolution of research, the progression in methodological sophistication, and the increased rigor sought by academic journals over time.

Though these studies may lack the kind of refinement present in other sources, each of them offers data that add to the breadth of information presented in this review.

Research conducted by Doll et al. (1992) suggests that sustained support from family and peers might serve as a protective factor against sexual abuse. This suggestion coincides with qualitative data collected by other included sources (Fields et al., 2008; Williams et al., 2004). The qualitative sources documented survivors' experiences in firsthand verbatim statements. Several men commented that sex was not discussed in their homes. They explained that the lack of conversation led to a lack of understanding around appropriate behavior, and that lack of understanding left them vulnerable when approached by perpetrators. One Latino male stated, "We don't talk about it. We just learn by watching and never discuss it" (Williams et al., 2004, p. 275). Other survivors shared that a lack of peer support became a barrier to disclosure. In the qualitative studies men explained that they did not disclose abuse to their friends because they were expected to always want and enjoy sex and/or because they were being teased about their perceived sexuality (Fields et al., 2008; Williams et al., 2004).

Research conducted by Golding (1999) highlighted a connection between persistent headaches and experiences of prior sexual victimization. Though somatic experiences were not explicitly targeted in other included sources, some survivors mentioned feeling a sense of increased bodily temperature associated with adulthood anger resulting from prior CSA (Payne, 2014). Jenkins et al. (1989) reported that the perpetrators of sexual abuse was known to the survivors in 55% of their cases. This information is similar to testimonials recorded by Fields et al. (2008) where several participants shared that their abusers were male relatives and/or mentors. It is also similar to data reported by Phillips et al. (2014) where 51.3% of survivors were abused by a family member. Research conducted by Priest (1992) reported that the male

survivors in their study had never sought mental health services to process and/or address the impact of their abuse. This data point was not consistently documented and reported throughout the included sources. However, Loeb et al. (2014) highlighted that of the 86 men who felt they needed mental health services in the past six months, 43 had sought said treatment. Similarly, Payne et al. (2014) shared a testimonial of a survivor who disclosed that he was currently being treatment for anxiety and depression.

Research Questions

Types of Trauma

This integrative literature synthesis illustrates that the kinds of sexual trauma experienced by African American and Latino males is not limited to a single type. They experience a range of assaults that includes unwanted touching, being forced to view the genitals of an adult, and rape. Much of the research included in this review was focused on CSA; however, a number of studies documented ASA as well. Though most of the included studies did not document and record the nature of the survivor-perpetrator relationship, it was often disclosed by men participating in qualitative research. In most cases, the perpetrator was someone known to the survivor, and in most cases the assailants were men. It is possible, however, that victimization by females continues to be underreported as men may not experience the same threat that is often connected with male-to-male violation.

Symptoms

Each study included in this review focused on adult participants. Though some studies collected retrospective data regarding participants' initial reactions to their sexual assault, all studies inquired about their current level of functioning. In all cases, study participants experienced lasting adverse reactions regardless of whether the sexual violation occurred in

childhood or adulthood. Depression, anxiety, and PTSD presentations were the most common symptoms to be reported. Symptom severity varied across studies; however, a number of sources drew a correlation between the use of physical force during victimization and increased symptom presentation (Dolezal & Carballo-Diéguez, 2002; Doll et al., 1992, Jenkins, 1989; Wu, 2018). Symptom severity may also be impacted by perpetrator gender. Some participants provided testimonials discussing their differing perceptions of female-perpetrated versus male-perpetrated abuse (Fields et al., 2008; Payne et al., 2014; Williams et al., 2004). In a few cases, survivors had been abused by both genders and reported greater stress and depressive symptoms related to the male-perpetrated abuse (Fields et al., 2008; Williams et al., 2004).

Life Challenges

There was also a wide range of life challenges reported by African American and Latino male survivors. Risky sexual behavior, managing one's HIV-positive status, incarceration, and discrimination were among the most documented. There was no consistent definition used for risky sexual behavior across the studies. It was defined as trading sex for drugs (Clark et al., 2012), condomless intercourse (Levine et al., 2017; Mattera et al., 2017; Welles et al., 2009; Wu, 2018), and having multiple sexual partners within a short period of time (Williams et al., 2008; Wu, 2018). In these studies that assessed for risky sexual behavior, engagement in such behavior was always more significant when participants had been previously sexually violated. These studies merely reported this correlation; however, their studies were not focused on determining the underlying reason, making it difficult to draw conclusions.

When African American and Latino male survivors were also living with HIV, they reported higher rates of chronic stress (Allen et al., 2014; Fields et al., 2008; Phillips et al., 2014; Saucedo et al., 2014; Williams et al., 2004; Wu, 2018). At times the stress was due to feeling it

necessary to hide their diagnosis from others. At other times the stress was the result of financial strain brought on by medical bills. In some instances, continual medical problems made it difficult for survivors to maintain gainful employment, creating greater financial hardship that led to increased overall stress.

Four sources highlighted incarceration as a life challenge. One source asked survivors about past incidents of incarceration (Phillips et al., 2014), while others included incarcerated samples (Clark et al., 2012; Pérez-Pedrogo et al., 2018; Roxburgh & MacArthur, 2014). When collecting data from an incarcerated sample, Clark et al. (2012) documented a significantly higher prevalence of suicidal ideation and attempted suicides in African American males with histories of sexual assault versus those who had never been victimized. Unfortunately, there was no similarity in the kind and ways in which research variables were reported in the other studies, making it difficult to identify potential trends in the experiences of incarcerated survivors.

Two sources named discrimination as a life challenge for these communities of survivors (Allen et al., 2014; Myers et al., 2015). Discrimination was not reported as a consequence of sexual abuse, but rather as an added life challenge for African American bisexual men (Allen et al., 2014) and for both African American and Latino CSA survivors (Myers et al., 2015). In both studies, the discrimination that participants experienced added to their overall stress and often exacerbated negative mental health symptoms related to anxiety and depression.

Treatments

Of the 28 studies included in this review, only two were focused on identifying effective treatments for the two communities in question. With so few targeted treatments present in the literature, this author cannot reach conclusions regarding effectiveness. However, given the similarities between the two studies, it is possible to highlight trends. Both studies aimed to

determine the effectiveness of group therapy interventions when compared to a control group. Both the treatment arms and the control groups for both studies contained fewer than 10 participants, and the groups were facilitated by an ethnically matched male. As such, groups (treatment and control) were comprised of either African American men or Latino men. Open discourse was encouraged among those receiving treatment and placebo. Given that, in both studies, the control groups saw benefits and improvements comparable to those achieved by the treatment, one might conclude that these two communities greatly benefited from the culturally congruent nature of the study designs. These two studies could serve as a blueprint for clinicians who are interested in serving these communities. Unfortunately, since both treatments were administered by male group leaders, it is uncertain what the outcomes would be if the groups were facilitated by females. Perhaps this is an area for future research as it would be beneficial to know if there is a correlation between the gender of the group leader and treatment gains for survivors. At the very minimum, the literature supports the need for culturally appropriate interventions for African American and Latino male survivors especially when they are members of multiple minority groups (Levine et al., 2017; Pérez-Pedrogo et al., 2018).

Critical Evaluation. It must be noted that though these studies aimed to treat African American and/or Latino male survivors of sexual trauma, trauma was neither a primary research variable nor a main focus of either intervention. Rather both treatments were behaviorally focused on participants' engagement in sexual activities that might increase the transmission of HIV. To their credit, the interventions were delivered from a cultural lens, acknowledging the intersecting identities of the male survivors; however, it appears that it was done so at the expense of overlooking their complicated trauma histories. This continues to be a hurdle when there is a need for culturally syntonc trauma treatments: trauma interventions often ignore

culture and culturally congruent interventions often ignore trauma (Chan, 2014; Easton, 2013; Easton & Parchment, 2021; Hawkins et al., 2019; Mulkey, 2004; Rapsey et al., 2020). Moving forward, it will be important that researchers and practitioners approach their work from positions that simultaneously honor both culture and trauma when serving these communities.

African American and Latino Male Survivors

Although rates of disclosure differed greatly among studies, histories of sexual assault were often common among African American and Latino males. The variance in disclosure could be attributed to a number of dynamics, one of which is assessment method. When participants were questioned about specific acts of sexual violation that were identified by name (such as unwanted touching, fondling, or forced to receive oral sex) disclosure rates were higher (Allen et al., 2014; Cordero, 2020; Dolezal & Carballo-Diéguez, 2002; Fields et al., 2008; Jenkins et al., 1989) than when they were asked if they had ever experienced sexual assault (Arreola et al., 2009; Baker et al., 2009; Phillips et al., 2014; Roxburgh & MacArthur, 2014; Saucedo et al., 2014). Studies also saw higher rates of disclosure when participants were allowed to self-define and describe potential sexual abuse on their own (Doll et al., 1992). It is possible that lack of familial discussion about sex has had a lasting impact on these men, making it difficult for them to differentiate between normative sexual experiences and sexual assault (Williams et al., 2008). It appears that this may be further complicated for men who are sexual minorities as defining normative sexual behavior may be complex (Allen et al., 2014; Arreola et al., 2009; Crisp et al., 2006; Dolezal & Carballo-Diéguez, 2002; Downing et al., 2020; Mattera et al., 2017; Saucedo et al., 2014; Welles et al., 2009). Use of open-ended questions also garnered higher rates of disclosure (Downing et al., 2020; Payne et al., 2014). Face-to-face interviews were most effective when paired with descriptive definitions of unwanted sexual behavior and/or

open-ended questions (Arreola et al., 2009; Roxburgh & MacArthur, 2014; Saucedo et al., 2014; Williams et al., 2008). Disclosure rates may have also been impacted by the data collection setting, incarcerated African American males participating in research conducted by Clark et al. (2012) were more open and willing to share than African American and Latino survivors participating in research conducted by Roxburgh and MacArthur (2014). The data presented by Roxburgh and MacArthur (2014) was not categorized by race/ethnicity, inhibiting this author from being able to identify similarities and differences between the participants and their experiences.

Lived Experience

Even though most of the studies included in this review were quantitative in nature (25 sources), when the findings of all studies are combined, they do an excellent job of describing the lived experience of African American and Latino males who have histories of sexual trauma. The two qualitative studies (Fields et al., 2008; Williams et al., 2004) offer rich, firsthand accounts from participants sharing details of sexual assaults and the emotional scars that the violations left behind. When the men spoke freely, they named the disappointment they felt when they were assaulted by someone they trusted. They articulated the sadness experienced when abuse was perpetrated by members of the clergy. They communicated their fears around being in the presence of older males. They expressed sexual confusion, and they shared their frustrations with societal gender roles.

Other studies punctuate the complexities of the lives that these communities lead. For many participants the long-term effects of their sexual traumas were further complicated by racial discrimination (Allen et al., 2014; Myers et al., 2015), being HIV-positive (Allen et al., 2014; Arreola et al., 2009; Downing et al., 2020; Fields et al., 2008; Loeb et al., 2014; Saucedo et

al., 2014; Welles et al., 2009; Williams et al., 2013; Williams et al., 2004; Williams et al., 2008; Wu, 2018), and/or being a sexual minority (Allen et al., 2014; Arreola et al., 2009; Crisp et al., 2006; Dolezal & Carballo-Diéguez, 2002; Downing et al., 2020; Fields et al., 2008; Levine et al., 2017; Mattera et al., 2017; Saucedo et al., 2014; Welles et al., 2009; Williams et al., 2013; Williams et al., 2004; Williams et al., 2008; Wu, 2018). Depression, anxiety, engagement in risky sexual behavior, and substance use were the themes most common across studies.

Implications and Contributions

Assessment

In order for the field of mental health to begin providing African American and Latino male survivors of sexual assault with the tools, resources, and treatment that they need, clinicians must first learn best practices for accurately identifying their sexual trauma histories. The best assessment methods will utilize open-ended questions that allow the men to describe potential instances of sexual abuse. It will also be important for clinicians to achieve a level of comfort with naming specific sexual acts and describing abusive situations to adult men. It is possible that thorough assessments are less common because of clinician discomfort and/or the clinician's own ideas about masculinity and perceptions of what men should know (e.g., definitions of sexual abuse). Clinicians should be patient during this assessment process as multiple questions may elicit more data than a single question such as, "Where you sexually abused as a child?". These suggestions mirror those made by trauma researchers (Easton & Parchment, 2021; Nagar et al., 2020; Rivera et al., 2021). Additionally, a literature review conducted by Tillman et al. (2010) highlights a number of barriers to disclosing sexual abuse that exist within communities of color. These disclosure barriers include unsupportive responses, stigmatization related to

sexuality, and intrapsychic factors. With such hurdles blocking one's motivation to disclose, culturally congruent assessment methods are essential.

Access

The majority of the included sources in this review collected data from small samples of men residing in low-income communities. Often times recruitment efforts were facilitated at community centers that offered services or programming for HIV-positive men, substance abuse and/or LGBT-identifying individuals. It is not possible to further the conversation around offering adequate treatment for these men without also addressing current treatment barriers. Participants reported cultural stigma, conflicting religious traditions, transportation challenges, and lack of access as reasons for not seeking mental health treatment for their past abuse (Fields et al., 2008; Levine et al., 2017; Payne et al., 2014; Williams et al., 2004). Latino men also named documentation status as an additional barrier (Arreola et al., 2009; Dolezal & Carballo-Diéguez, 2002; Levine et al., 2017). It is not possible to treat those who are not seeking the services of mental health professionals. For these low-income communities in particular, community-level programming may be a viable way of connecting with survivors who need care. The successful recruitment efforts of these studies show that African American and Latino men readily access community-based centers that offer desired services and programming. Incorporating mental health programs into the scope of services at such institutions would go a long way toward reaching those who face multiple treatment barriers. It would also be helpful for current service providers such as primary care physicians, those providing HIV treatment, and those facilitating substance recovery programs to assess for past sexual abuse when working with these men. Incorporating these screenings into their standard assessment protocols will aid in

identifying those who may benefit from more targeted mental health interventions (Levine et al., 2017; Loeb et al., 2014; Welles et al., 2009).

In addition to offering community-based programming for adult survivors, similar supports and interventions should also be developed and made available to youth survivors. Early intervention for minors could thwart or minimize the long-term, damaging effects caused by sexual abuse. Educational programs and resources should also be developed as preventive measures. For the African American and Latino families that do not discuss sex in the home, it is possible that they find it difficult to discuss the delicate topic with minors. It is also possible that religious beliefs and/or cultural traditions hinder the facilitation of such dialogue. Educational programming that involves the entire family may be helpful. Targeted youth-specific programming, perhaps delivered in academic settings, is also necessary to educate minors on inappropriate sexual behavior. Such programming should also focus on how and to whom one should disclose sexual victimization.

Treatment

With only two included sources focusing on treatment, it is not possible for this author to effectively reach conclusions or highlight trends in the treatment of African American and Latino male survivors. This is a current gap in the research, and it is an area that needs further exploration before one can discern what is most effective. There is, however, literature that highlights the treatment of male sexual assault survivors without cultural context. The current research names the following components as key to effective treatment: validation, peer support, empathic service providers, and methods that allow for an engaging exploration of intense emotions (Ellis et al., 2020; Mulkey, 2004; Rapsey et al., 2020). One way in which the two treatment studies in this review provided validation and empathy was by the intentional matched

ethnicity of group facilitators. Engaging exploration was provided by the allowance of open discourse among the participants, and peer support was embedded in the group delivery. Group treatments might be a helpful way of providing men the opportunity to gain support from others with similar experiences. Such a space may be fertile ground for open and honest dialogue and disclosure that may not occur in a one-on-one treatment setting. When these men have intersecting identities that include a sexual minority and/or positive HIV status, social and community support may be lacking. Intimate therapy groups may offer togetherness and a sense of belonging that is absent in their lives.

Policy

To identify male survivors who may not traditionally disclose, or may not seek mental health services, all states should require pediatricians and other medical service providers to intentionally assess for sexual abuse, regardless of client presentation. Instituting proper training at the regional level will ensure providers are using culturally congruent assessment methods. Additionally, incorporating federally funded educational programs into K-12 academic settings will provide youth with an understanding of sexual abuse, coercion, and other relevant topics that may not get discussed within their homes. Similar parental and familial educational programs offered by institutions providing other types of government assistance will help provide parents and families with tools for navigating these difficult conversations. Though sex trafficking literature was not a primary focus of this review, as most studies contained youth participants, existing research highlights the increased risk posed for boys of color (Greeson et al., 2019; Roe-Sepowitz, 2019). This further deepens the need for federally funded educational programs for these communities.

Limitations

As with any research project, this review also has its limitations. The large majority of the included studies were reviewed by one researcher, the primary author, making the data vulnerable to unintentional bias by that individual. Most of the included studies had small sample sizes, decreasing the likelihood that key findings can be generalized to all African American and Latino male survivors. Several studies were made up of samples that contained more than African American and/or Latino males. Some studies also enrolled female participants, as well as participants of other races/ethnicities. In such cases, this author made every attempt to isolate data pertinent to African American and Latino males; however, it is possible that inaccurate conclusions may have been drawn at times. Although the majority of the included studies utilized a quantitative descriptive analysis design, assessment measures varied across studies, as well as interviewing techniques. Such variance complicated the data synthesis process, given that data collection processes were so varied.

Future Research

There is such little research focused on these vulnerable populations. At times, even though the larger study sample contained either African American or Latino males, data was not presented by racial/ethnic identity, suggesting a lack of focus on the needs of these communities. It also suggests an assumption that these men do not have experiences unique to them nor do they have specific needs worth investigating. A necessary and important step within the discipline of mental health requires that all researchers and service providers first acknowledge that men do, in fact, experience trauma and stress, and both can result in physical and/or mental challenges.

In order to be culturally responsive, future studies should make the effort to report data in a way that clearly identifies the experiences of each community represented in the study sample. In order to begin to generalize research findings, future studies should work to increase their sample sizes while also targeting a variety of regional settings. Most of the sources presented in this review represented studies that took place in major metropolitan areas. Such small, localized, urban samples exclude men who may live in more rural communities. In order to gain a more comprehensive understanding of these men's experiences, efforts must be made to document all experiences, as opposed to focusing on those that may be the easiest to capture.

The qualitative sources had small sample sizes, yet they provided rich testimonial data. Participants often commented on themes of masculinity as they shared their stories. As more research is conducted to better understand the experiences of African American and Latino male survivors, it would be helpful to investigate the impact that perpetrator gender has on mental health. The accounts documented by Fields et al. (2008), Payne et al. (2014), and Williams et al. (2004) suggest that perpetrator gender may have a significant impact on the immediate and long-term effects of survivor mental health. This is primarily because same-sex male sexual activity continues to be stigmatized and abuse perpetrated by another male often leaves survivors questioning their sexuality (Roxburgh & MacArthur, 2014).

As society becomes more accepting and inclusive of LGBTQIA-identified persons, researchers will be tasked with keeping the same pace. One included study (Levine et al., 2017) advertised the enrollment of Latino MSM. When they received interest from a Latina trans woman, they allowed her to participate in the study, documenting that she identified as a member of the community in question. As researchers continue to seek to understand the lived experiences of these survivors, it will be important to find ways to highlight as many experiences

as possible. Only then will it be possible to design prevention and treatment interventions that speak to the full breadth of the unique needs of African American and Latino survivors of sexual abuse.

Conclusions

In spite of its limitations, this integrative systematic review is a much-needed contribution to the literature. African American and Latino males are two communities who continue to be underrepresented in the sexual trauma literature, and the findings of this review are a timely, and significant addition to existing research. Understanding that there is so little research available on the two male populations in question, the author has been intentional in including source documents that utilize both qualitative and quantitative methodological approaches. The intentional inclusion of source documents that have been published since 1986 has further allowed this review to document the evolution of research while making some pertinent suggestions about the path for future studies.

Resilience is Protective

Per the accounts represented in this review (see Appendix H), when African American and Latino males disclosed sexual abuse, their experiences tended to be extreme. These survivors commonly spoke of being assaulted by relatives and often reported ongoing occurrences perpetrated by a single assailant. However, when simultaneously given a standardized assessment measuring trauma and one measuring resilience, a trend emerged. Though they experienced intense trauma, researchers were surprised that participants' trauma measures were not more severe. Downing et al. (2020) reported that African American and Latino males received the same mean score (7 out of 8) on a resilience scale. There was also a significant negative correlation between the severity of PTSD symptoms and perceived resilience.

Myers et al. (2015) enrolled participants with complicated trauma histories. As a result, researchers anticipated the men having poor psychological health; however, participants' wellbeing was much better than hypothesized. This suggested that the men were highly resilient. Similarly, Roxburgh and MacArthur (2014) reported that African American and Latino inmates presented with fewer depressive symptoms than their White counterparts despite having comparable histories of physical abuse, parental substance use, and foster care. All of this data suggests that African American and Latino males are extraordinarily resilient. This should offer hope and evidence to clinicians and researchers. It is important for both to consider resilience in the design of their work when aiming to adequately serve these communities. These men possess rich internal resources that should not be overlooked when approaching their care.

REFERENCES

- Abbas, A., & Macfie, J. (2013). Supportive and insight-oriented psychodynamic psychotherapy for posttraumatic stress disorder in an adult male survivor of sexual assault. *Clinical Case Studies, 12*(2), 145-156. <https://doi.org/10.1177/1534650112471154>
- Allen, C. T., Ridgeway, R., & Swan, S. C. (2015). College students' beliefs regarding help seeking for male and female sexual assault survivors: Even less support for male survivors. *Journal of Aggression, Maltreatment & Trauma, 24*(1), 102-115. <https://doi.org/10.1080/10926771.2015.982237>
- Allen, V. C. Jr., Myers, H. F., & Williams, J. K. (2014). Depression among Black bisexual men with early and later life adversities. *Cultural Diversity and Ethnic Minority Psychology, 20*(1), 128.
- American Psychological Association. (2017). *Multicultural guidelines: An ecological approach to context, identity, and intersectionality*. <http://www.apa.org/about/policy/multicultural-guidelines.pdf>.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.).
- American Psychological Association, APA Task Force on Race and Ethnicity Guidelines in Psychology. (2019). *Race and ethnicity guidelines in psychology: Promoting responsiveness and equity*. <http://www.apa.org/about/policy/race-and-ethnicity-in-psychology.pdf>.
- Amos, C., Peters, R. J., Jr., Williams, L., Johnson, R. J., Martin, Q., & Yacoubian, G. S., Jr. (2008). The link between recent sexual abuse and drug use among African American

- male college students: It's not just a female problem in and around campus. *Journal of Psychoactive Drugs*, 40(2), 161–166. <https://doi.org/10.1080/02791072.2008.10400626>
- Arreola, S. G., Neilands, T. B., & Diaz, R. (2009). Childhood sexual abuse and the sociocultural context of sexual risk among adult Latino gay and bisexual men. *American Journal of Public Health*, 99(S2), S432-S438.
- Baker, C. K., Norris, F. H., Jones, E. C., & Murphy, A. D. (2009). Childhood trauma and adulthood physical health in Mexico. *Journal of Behavioral Medicine*, 32(3), 255.
- Bell, M. E., Dardis, C. M., Vento, S. A., & Street, A. E. (2018). Victims of sexual harassment and sexual assault in the military: Understanding risks and promoting recovery. *Military Psychology*, 30(3), 219–228. <https://doi.org/10.1037/mil0000144>
- Bera, W. H. (1995). *Clergy sexual abuse and male survivors: A study of stress and coping among 25 men abused by the same minister during their adolescence* [Unpublished doctoral dissertation]. University of Minnesota.
- Bjørnseth, I., & Szabo, A. (2018). Sexual violence against children in sports and exercise: A systematic literature review. *Journal of Child Sexual Abuse*, 27(4), 365-385. <https://doi.org/10.1080/10538712.2018.1477222>
- Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, M. L., Merrick, M. T., & Stevens, M. R. (2011). *The national intimate partner and sexual violence survey (NISVS): 2010 summary report*. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. http://www.cdc.gov/ViolencePrevention/pdf/NISVS_Report2010-a.pdf.

- Boudreau, C. L., Kress, H., Rochat, R. W., & Yount, K. M. (2018). Correlates of disclosure of sexual violence among Kenyan youth. *Child Abuse & Neglect, 79*, 164–172.
<https://doi.org/10.1016/j.chiabu.2018.01.025>
- Brennenstuhl, S., & Fuller-Thomson, E. (2015). The painful legacy of childhood violence: Migraine headaches among adult survivors of adverse childhood experiences. *Headache: The Journal of Head and Face Pain, 55*(7), 973-983. <https://doi.org/10.1111/head.12614>
- Bryant-Davis, T. (2005). *Thriving in the wake of trauma: A multicultural guide*. Praeger/Greenwood Publishing Group.
- Bryant-Davis, T. (2019). The cultural context of trauma recovery: Considering the posttraumatic stress disorder practice guideline and intersectionality. *Psychotherapy, 56*(3), 400–408. <https://doi.org/10.1037/pst0000241>
- Bryant-Davis, T., & Wong, E. C. (2013). Faith to move mountains: Religious coping, spirituality, and interpersonal trauma recovery. *American Psychologist, 68*, 675–684.
<https://doi.org/10.1037/a0034380>
- Bullock, C. M., & Beckson, M. (2011). Male victims of sexual assault: Phenomenology psychology, physiology. *Journal of the American Academy of Psychiatry & the Law, 39*(2), 197-205.
- Canders, C. P., Merchant, R. C., Pleet, K., & Fuerch, J. H. (2013). Internet-initiated sexual assault among US adolescents reported in newspapers, 1996–2007. *Journal of Child Sexual Abuse: Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders, 22*(8), 987–999. <https://doi.org/10.1080/10538712.2013.839593>

- Chan, S. T. (2014). The lens of masculinity: Trauma in men and the landscapes of sexual abuse survivors. *Journal of Ethnic and Cultural Diversity in Social Work, 23*(3-4), 239-255.
<https://doi.org/10.1080/15313204.2014.932733>
- Chaplo, S. D., Kerig, P. K., Modrowski, C. A., & Bennett, D. C. (2017). Gender differences in the associations among sexual abuse, posttraumatic stress symptoms, and delinquent behaviors in a sample of detained adolescents. *Journal of Child & Adolescent Trauma, 10*(1), 29-39. <https://doi.org/10.1007/s40653-016-0122-z>
- Clark, C. B., Perkins, A., McCullumsmith, C. B., Islam, M. A., Hanover, E. E., & Cropsey, K. L. (2012). Characteristics of victims of sexual abuse by gender and race in a community corrections population. *Journal of Interpersonal Violence, 27*(9), 1844-1861.
<https://doi.org/10.1177/0886260511430390>
- Clauss-Ehlers, C. S., Chiriboga, D. A., Hunter, S. J., Roysircar, G., & Tummala-Narra, P. (2019). APA multicultural guidelines executive summary: Ecological approach to context, identity, and intersectionality. *American Psychologist, 74*(2), 232.
<https://doi.org/10.1037/amp0000382>
- Comas-Díaz, L. (2012). *Multicultural care: A clinician's guide to cultural competence*. American Psychological Association.
- Cordero, E. D. (2020). Sexual assault and emotional eating among Latino college students. *Psychology of Men & Masculinities, 21*(2), 327.
- Courtois, C. A. (2010). *Healing the incest wound: Adult survivors in therapy, 2nd ed.* W W Norton & Co.
- Coxell, A. W., & King, M. B. (2010). Male victims of rape and sexual abuse. *Sexual & Relationship Therapy, 25*(4), 380-391. <https://doi.org/10.1080/14681991003747430>

- Crisp, B. R., Williams, M., Ross, M. W., & Timpson, S. (2006). Correlates of sexual assault in a sample of male African American crack cocaine users. *Health Sociology Review, 15*(3), 258-268.
- Cullen, F., Fisher, B., & Turner, M. (2000). *The sexual victimization of college women (NCJ 182369)*. U.S. Department of Justice, Office of Justice Programs, National Institute of Justice. <https://www.ncjrs.gov/pdffiles1/nij/182369.pdf>
- Curry, T. J., & Utley, E. A. (2018). She touched me: Five snapshots of adult sexual violations of Black boys. *Kennedy Institute of Ethics Journal, 28*(2), 205-241.
<https://doi.org/10.1353/ken.2018.0014>
- Davies, M. (2002). Male sexual assault victims: A selective review of the literature and implications for support services. *Aggression and Violent Behavior, 7*(3), 203–214. [https://doi.org/10.1016/s1359-1789\(00\)00043-4](https://doi.org/10.1016/s1359-1789(00)00043-4)
- Department of Defense. (2013). *2012 workplace and gender relations survey of active duty members*.
www.sapr.mil/public/docs/research/2012_Workplace_and_Gender_Relations_Survey_of_Active_Duty_Members-Survey_Note_and_Briefing.pdf.
- Department of Defense. (2015). *Fiscal Year 2014 Annual Report on Sexual Assault in the Military*.
https://sapr.mil/public/docs/reports/FY14_Annual/FY14_DoD_SAPRO_Annual_Report_on_Sexual_Assault.pdf
- Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. (2018). *National crime victimization survey, 2013-2017*. <https://bjs.ojp.gov/data-collection/ncvs>

- Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. (2013). *Sexual victimization in prisons and jails reported by inmates, 2011-2012*.
<https://bjs.ojp.gov/library/publications/sexual-victimization-prisons-and-jails-reported-inmates-2011-12-update>
- Dolezal, C., & Carballo-Diéguez, A. (2002). Childhood sexual experiences and the perception of abuse among Latino men who have sex with men. *Journal of Sex Research, 39*(3), 165-173.
- Doll, L. S., Joy, D., Bartholow, B. N., Harrison, J. S., Bolan, G., Douglas, J. M., Saltzman, L.E., Moss, P.M., & Delgado, W. (1992). Self-reported childhood and adolescent sexual abuse among adult homosexual and bisexual men. *Child Abuse & Neglect, 16*(6), 855-864.
- Donne, M. D., DeLuca, J., Pleskach, P., Bromson, C., Mosley, M. P., Perez, E. T., Matthews, S. G., Stephenson, R., & Frye, V. (2018). Barriers to and facilitators of help-seeking behavior among men who experience sexual violence. *American Journal of Men's Health, 12*(2), 189–201. <https://doi.org/10.1177/1557988317740665>
- Downing, M. J., Benoit, E., Brown, D., Coe, L., Hirshfield, S., Pansulla, L., & Carballo-Diéguez, A. (2020). Early sexual experiences, mental health, and risk behavior among Black Non-Hispanic and Hispanic/Latino men who have sex with men (MSM). *Journal of Child Sexual Abuse, 29*(1), 41-61.
- Easton, S. D. (2013). Trauma processing reconsidered: Using account-making in quantitative research with male survivors of child sexual abuse. *Journal of Loss and Trauma, 18*(4), 342–361. <https://doi.org/10.1080/15325024.2012.701124>

- Easton, S. D., & Parchment, T. M. (2021). "The whole wall fell apart, and I felt free for the first time": Men's perceptions of helpful responses during discussion of child sexual abuse. *Child Abuse & Neglect, 112*. <https://doi:10.1016/j.chiabu.2020.104922>
- Easton, S. D., Saltzman, L. Y., & Willis, D. G. (2014). "Would you tell under circumstances like that?": Barriers to disclosure of child sexual abuse for men. *Psychology of Men & Masculinity, 15*(4), 460.
- Ellis, A. E., Simiola, V., Mackintosh, M. A., Schlaudt, V. A., & Cook, J. M. (2020). Perceived helpfulness and engagement in mental health treatment: A study of male survivors of sexual abuse. *Psychology of Men & Masculinities, 21*(4), 632–642.
<https://doi/10.1037/men0000313>
- Fields, S. D., Malebranche, D., & Feist-Price, S. (2008). Childhood sexual abuse in black men who have sex with men: Results from three qualitative studies. *Cultural Diversity and Ethnic Minority Psychology, 14*(4), 385.
- FindLaw. (n.d.) *State sexual assault laws*. <https://statelaws.findlaw.com/criminal-laws/sexual-assault.html>.
- Finkelhor, D. (1997). Child sexual abuse: Challenges facing child protection and mental health professionals. Ullman, E., & Hilweg, W. (Eds.), *Childhood and trauma: Separation, abuse, war*. (101-115). England: Vandenhoeck & Ruprecht, Göttingen.
- Fisher, N. L., & Pina, A. (2013). An overview of the literature on female-perpetrated adult male sexual victimization. *Aggression and Violent Behavior, 18*(1), 54–61. <https://doi.org/10.1016/j.avb.2012.10.001>
- Fogler, J. M., Shipherd, J. C., Clarke, S., Jensen, J., & Rowe, E. (2008). The impact of clergy-perpetrated sexual abuse: The role of gender, development, and posttraumatic stress.

- Journal of Child Sexual Abuse: Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders*, 17(3–4), 329–358.
<https://doi.org/10.1080/10538710802329940>.
- Fontes, L. A. (2007). Sin vergüenza: Addressing shame with Latino victims of child sexual abuse and their families. *Journal of Child Sexual Abuse*, 16(1), 61-83.
https://doi.org/10.1300/J070v16n01_04
- Foster, J. M. (2017). It happened to me: A qualitative analysis of boys' narratives about child sexual abuse. *Journal of Child Sexual Abuse*, 26(7), 853–873.
<https://doi.org/10.1080/10538712.2017.1360426>
- Foston, N. A. (2003). The shocking story behind the pain nobody talks about: Sexual abuse of Black boys. *Ebony*, 58(8), 126.
- Gagnier, C., & Collin-Vézina, D. (2016). The disclosure experiences of male child sexual abuse survivors. *Journal of Child Sexual Abuse: Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders*, 25(2), 221–241.
<https://doi.org/10.1080/10538712.2016.1124308>
- Gauthier-Duchesne, A., Hébert, M., & Daspe, M. È. (2017). Gender as a predictor of posttraumatic stress symptoms and externalizing behavior problems in sexually abused children. *Child Abuse & Neglect*, 64, 79-88. <https://doi.org/10.1016/j.chiabu.2016.12.008>
- Golding, J. M. (1999). Sexual assault history and headache: Five general population studies. *The Journal of Nervous and Mental Disease*, 187(10), 624-629.
- Goodman, R.D. (2014). A liberatory approach to trauma counseling: Decolonizing our trauma-informed practices. In R. D. Goodman, & P. C. Gorski (Eds.), *Decolonizing “multicultural” counseling through social justice* (pp. 55-72). Springer.

- Greeson, J. K. P., Treglia, D., Wolfe, D. S., & Wasch, S. (2019). Prevalence and correlates of sex trafficking among homeless and runaway youths presenting for shelter services. *Social Work Research, 43*(2), 91–99. <https://doi.org/10.1093/swr/svz001>
- Gruenfeld, E., Willis, D. G., & Easton, S. D. (2017). “A very steep climb”: Therapists’ perspectives on barriers to disclosure of child sexual abuse experiences for men. *Journal of Child Sexual Abuse, 26*(6), 731-751. <https://doi.org/10.1080/10538712.2017.1332704>
- Hakimi, D., Bryant-Davis, T., Ullman, S. E., & Gobin, R. L. (2018). Relationship between negative social reactions to sexual assault disclosure and mental health outcomes of Black and White female survivors. *Psychological Trauma: Theory, Research, Practice, and Policy, 10*(3), 270–275. <https://doi.org/10.1037/tra0000245>
- Harris, M., & Fallot, R. D. (2001). Envisioning a trauma-informed service system: A vital paradigm shift. In M. Harris & R. D. Fallot (Eds.), *Using trauma theory to design service systems* (pp. 3–22). Jossey-Bass.
- Hawkins, L. G., Mullet, N., Brown, C. C., Eggleston, D., & Gardenhire, J. (2019). All survivors have the right to heal: A #metoowomen content analysis. *Journal of Feminist Family Therapy: An International Forum, 31*(2–3), 78–99. <https://doi.org/10.1080/08952833.2019.1633840>
- Higgins, J. P., & Green, S. (Eds.). (2011). *Cochrane handbook for systematic reviews of interventions* (Vol. 4). John Wiley & Sons.
- Hohendorff, J. V., Habigzang, L. F., & Koller, S. H. (2012). Violência sexual contra meninos: Dados epidemiológicos, características e consequências. *Psicologia USP, 23*(2), 395-416. <https://doi.org/10.1590/S0103-65642012005000007>

- Holland, K. J., Rabelo, V. C., & Cortina, L. M. (2016). Collateral damage: Military sexual trauma and help-seeking barriers. *Psychology of Violence, 6*(2), 253.
<https://doi.org/10.1037/a0039467>
- Holmes, G. (1997). See no evil, hear no evil, speak no evil: Why do relatively few male victims of childhood sexual abuse receive help for abuse-related issues in adulthood? *Clinical Psychology Review, 17*(1), 69–88. [https://doi.org/10.1016/s0272-7358\(96\)00047-5](https://doi.org/10.1016/s0272-7358(96)00047-5)
- Hong, Q. N., Fàbregues, S., Bartlett, G., Boardman, F., Cargo, M., Dagenais, P., Gagnon, M-P., Griffiths, F., Nicolau, B., O’Cathain, A., Rousseau, M-C., Vedel, I., & Pluye, P. (2018). Mixed methods appraisal tool (MMAT), version 2018. *IC Canadian Intellectual Property Office, Industry Canada*.
- Isely, P. J. (1996). *In their own voices: A qualitative study of men sexually abused as children by catholic clergy*. [Unpublished doctoral dissertation]. Boston University School of Education.
- Jenkins, E. J., Bell, C. C., Taylor, J., & Walker, L. (1989). Circumstances of sexual and physical victimization of black psychiatric outpatients. *Journal of the National Medical Association, 81*(3), 246.
- Kazdin, A. (Ed.). (2000). *Encyclopedia of psychology: 8 volume set*. Oxford University Press.
- Lange, B. C. L., Condon, E. M., & Gardner, F. (2019). A systematic review of the association between the childhood sexual abuse experiences of mothers and the abuse status of their children: Protection strategies, intergenerational transmission, and reactions to the abuse of their children. *Social Science & Medicine, 233*, 113–137.
<https://doi.org/10.1016/j.socscimed.2019.05.004>

- Levine, E. C., Martinez, O., Mattera, B., Wu, E., Arreola, S., Rutledge, S. E., Newman, B., Icard, L., Muñoz-Laboy, M., Hausmann-Stabile, C., Welles, S., Rhodes, S. D., Dodge, B. M., Alfonso, S., Fernandez, M. I., & Carballo-Diéguez, A. (2017). Child sexual abuse and adult mental health, sexual risk behaviors, and drinking patterns among Latino men who have sex with men. *Journal of Child Sexual Abuse, 27*(3), 237-253.
- Light, D., & Monk-Turner, E. (2009). Circumstances surrounding male sexual assault and rape: Findings from the national violence against women survey. *Journal of Interpersonal Violence, 24*(11), 1849-1858. <https://doi.org/10.1177/0886260508325488>
- Loeb, T. B., Holloway, I. W., Galvan, F. H., Wyatt, G. E., Myers, H. F., Glover, D. A., Zhang, M., & Liu, H. (2014). Associations between intimate partner violence and posttraumatic stress symptom severity in a multiethnic sample of men with histories of childhood sexual abuse. *Violence and Victims, 29*(3), 451-463.
- Loredo, C. M. (1999). Intervention with Hispanic sexual abusers. In A. D. Lewis (Ed.), *Cultural diversity in sexual abuser treatment* (pp. 121-149). Safer Society Press.
- Mattera, B., Levine, E. C., Martinez, O., Muñoz-Laboy, M., Hausmann-Stabile, C., Bauermeister, J., Fernandez, M. I., Operario, D., & Rodriguez-Diaz, C. (2017). Long-term health outcomes of childhood sexual abuse and peer sexual contact among an urban sample of behaviourally bisexual Latino men. *Culture, Health & Sexuality, 20*(6), 607-624.
- McGraw, D. M., Ebadi, M., Dalenberg, C., Wu, V., Naish, B., & Nunez, L. (2019). Consequences of abuse by religious authorities: A review [Manuscript submitted for publication]. *Traumatology*.

- McTavish, J. R., Sverdlichenko, I., MacMillan, H. L., & Wekerle, C. (2019). *Child sexual abuse, disclosure and PTSD: A systematic and critical review. Child Abuse & Neglect, 92*, 196–208. <https://doi.org/10.1016/j.chiabu.2019.04.006>
- Misurell, J. R., & Springer, C. (2013). Developing culturally responsive evidence-based practice: A game-based group therapy program for child sexual abuse (CSA). *Journal of Child and Family Studies, 22*(1), 137–149. <https://doi.org/10.1007/s10826-011-9560-2>
- Moisan, P. A., Sanders-Phillips, K., & Moisan, P. M. (1997). Ethnic differences in circumstances of abuse and symptoms of depression and anger among sexually abused Black and Latino boys. *Child Abuse & Neglect, 21*(5), 473-488. [https://doi.org/10.1016/S0145-2134\(97\)00007-0](https://doi.org/10.1016/S0145-2134(97)00007-0)
- Mulkey, M. (2004). Recreating masculinity: Drama therapy with male survivors of sexual assault. *The Arts in Psychotherapy, 31*(1), 19–28. <https://doi.org/10.1016/j.aip.2003.11.003>
- Muñoz-Laboy, M., Severson, N., Garcia, J., Parker, R. G., & Wilson, P. (2018). “I kick it to both, but not in the street” behaviorally bisexual Latino men, gender, and the sexual geography of New York City metropolitan area. *Men and Masculinities, 21*(1), 131-149. <https://doi.org/10.1177/1097184X17695036>
- Munro-Kramer, M. L., Dulin, A. C., & Gaither, C. (2017). What survivors want: Understanding the needs of sexual assault survivors. *Journal of American College Health, 65*(5), 297-305. <https://doi.org/10.1080/07448481.2017.1312409>
- Myers, H. F., Wyatt, G. E., Ullman, J. B., Loeb, T. B., Chin, D., Prause, N., Zhang, M., Williams, J. K., Slavich, G. M., & Liu, H. (2015). Cumulative burden of lifetime

- adversities: Trauma and mental health in low-SES African Americans and Latino/as. *Psychological Trauma: Theory, Research, Practice, and Policy*, 7(3), 243.
- Nagar, M., Nakash, O., & Westen, D. (2020). Unpacking childhood experiences of abuse: Can clinicians identify their patients' history of abuse? *Journal of Trauma & Dissociation*, 21(3), 396–408. <https://doi.org/10.1080/15299732.2020.1719264>
- Narang, J., Schwannauer, M., Quayle, E., & Chouliara, Z. (2019). Therapeutic interventions with child and adolescent survivors of sexual abuse: A critical narrative review. *Children and Youth Services Review*, 107. <https://doi.org/10.1016/j.childyouth.2019.104559>
- National Center for Victims of Crime. (n.d.). *About sexual assault*. <https://victimsofcrime.org/our-programs/past-programs/dna-resource-center/unttested-sexual-assault-kits/about-sexual-assault#1>.
- O'Brien, C., Keith, J., & Shoemaker, L. (2015). Don't tell: Military culture and male rape. *Psychological Services*, 12(4), 357–365. <https://doi.org/10.1037/ser0000049>
- O'Driscoll, C., & Flanagan, E. (2016). Sexual problems and post-traumatic stress disorder following sexual trauma: A meta-analytic review. *Psychology and Psychotherapy: Theory, Research and Practice*, 89(3), 351–367. <https://doi.org/10.1111/papt.12077>
- Onyango, M. A., & Hampanda, K. (2011). Social constructions of masculinity and male survivors of wartime sexual violence: An analytical review. *International Journal of Sexual Health*, 23(4), 237–247. <https://doi.org/10.1080/19317611.2011.608415>
- Parks, C. W., Cutts, R. N., Woodson, K. M., & Flarity-White, L. (2001). Issues inherent in the multicultural feminist couple treatment of African-American, same-gender loving female adult survivors of child sexual abuse. *Journal of Child Sexual Abuse: Research*,

Treatment, & Program Innovations for Victims, Survivors, & Offenders, 10(3), 17–34.

https://doi.org/10.1300/J070v10n03_02

Payne, J. S., Galvan, F. H., Williams, J. K., Prusinski, M., Zhang, M., Wyatt, G. E., & Myers, H. F. (2014). Impact of childhood sexual abuse on the emotions and behaviours of adult men from three ethnic groups in the USA. *Culture, Health & Sexuality*, 16(3), 231-245.

Pérez-Pedrogo, C., Martínez-Taboas, A., González, R. A., Caraballo, J. N., & Albizu-García, C. E. (2018). Sex differences in traumatic events and psychiatric morbidity associated to probable posttraumatic stress disorder among Latino prisoners. *Psychiatry Research*, 265, 208-214.

Peterson, Z. D., Beagley, M. C., McCallum, E. B., & Artime, T. M. (2018). Sexual attitudes and behaviors among men who are victims, perpetrators, or both victims and perpetrators of adult sexual assault. *Psychology of Violence*, 9(2), 221–234.

<https://doi.org/10.1037/vio0000187>

Peterson, Z. D., Voller, E. K., Polusny, M. A., & Murdoch, M. (2011). Prevalence and consequences of adult sexual assault of men: Review of empirical findings and state of the literature. *Clinical Psychology Review*, 31(1), 1-24.

<https://doi.org/10.1016/j.cpr.2010.08.006>

Phillips, G., Magnus, M., Kuo, I., Rawls, A., Peterson, J., Montanez, L., West-Ojo, T., Jia, Y., Opoku, J., & Greenberg, A. E. (2014). Childhood sexual abuse and HIV-related risks among men who have sex with men in Washington, DC. *Archives of Sexual Behavior*, 43(4), 771-778.

- Plante, T. G. (2019). Clergy sexual abuse in the Roman Catholic Church: Dispelling eleven myths and separating facts from fiction. *Spirituality in Clinical Practice*, 1-10.
<https://doi.org/10.1037/scp0000209>
- Priest, R. (1992). Child sexual abuse histories among African-American college students: A preliminary study. *American Journal of Orthopsychiatry*, 62(3), 475.
- Rape, Abuse & Incest National Network. (n.d.) *Sexual assault*.
<https://www.rainn.org/articles/sexual-assault>.
- Rapsey, C., Campbell, A., Clearwater, K., & Patterson, T. (2020). Listening to the therapeutic needs of male survivors of childhood sexual abuse. *Journal of Interpersonal Violence*, 35(9–10), 2033–2054. <https://doi.org/10.1177/0886260517701453>
- Regehr, C., Alaggia, R., Dennis, J., Pitts, A., & Saini, M. (2013). Interventions to reduce distress in adult victims of rape and sexual violence: A systematic review. *Research on Social Work Practice*, 23(3), 257–265. <https://doi.org/10.1177/1049731512474103>
- Rennison, C. M. (2002). *Rape and sexual assault: Reporting to police and medical attention, 1992-2000 [NCJ 194530]*. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. <https://www.bjs.gov/content/pub/pdf/rsarp00.pdf>.
- Ressel, M., Lyons, J., & Romano, E. (2018). Abuse characteristics, multiple victimisation and resilience among young adult males with histories of childhood sexual abuse. *Child Abuse Review*, 27(3), 239-253. <https://doi.org/10.1002/car.2508>
- Rivera, L. A., Liang, C. T. H., Johnson, N. L., & Chakravorty, S. (2021). Military sexual trauma: Exploring the moderating role of restrictive emotionality among male veterans. *Psychological Trauma: Theory, Research, Practice, and Policy*. doi:10.1037/tra0000647

- Roe-Sepowitz, D. (2019). A six-year analysis of sex traffickers of minors: Exploring characteristics and sex trafficking patterns. *Journal of Human Behavior in the Social Environment, 29*(5), 608–629. <https://doi.org/10.1080/10911359.2019.1575315>
- Romaniuk, J. R., & Loue, S. (2017). Military sexual trauma among men: A review of the literature and a call for research. *Best Practices in Mental Health: An International Journal, 13*(1), 80–104.
- Roxburgh, S., & MacArthur, K. R. (2014). Childhood adversity and adult depression among the incarcerated: Differential exposure and vulnerability by race/ethnicity and gender. *Child Abuse & Neglect, 38*(8), 1409-1420.
- Russell, P. L., & Davis, C. (2007). Twenty-five years of empirical research on treatment following sexual assault. *Best Practices in Mental Health: An International Journal, 3*(2), 21–37.
- Said, A. P., & Costa, L. F. (2019). Family dynamics of boys victims of sexual abuse. *Paidéia (Ribeirão Preto), 29*. <https://doi.org/10.1590/1982-4327e2908>
- Sauceda, J. A., Wiebe, J. S., & Simoni, J. M. (2014). Childhood sexual abuse and depression in Latino men who have sex with men: Does resilience protect against nonadherence to antiretroviral therapy?. *Journal of Health Psychology, 21*(6), 1096-1106.
- Sawrikar, P., & Katz, I. (2017). The treatment needs of victims/survivors of child sexual abuse (CSA) from ethnic minority communities: A literature review and suggestions for practice. *Children and Youth Services Review, 79*, 166–179. <https://doi.org/10.1016/j.childyouth.2017.06.021>
- Serrata, J. V., Rodriguez, R., Castro, J. E., & Hernandez-Martinez, M. (2019). Well-being of Latina survivors of intimate partner violence and sexual assault receiving trauma-

- informed and culturally-specific services. *Journal of Family Violence*, 35(2), 169-180.
<https://doi.org/10.1007/s10896-019-00049-z>
- Salter, A. (2018). *Predators: Pedophiles, rapists, and other sex offenders*. Basic Books.
- Smith, S.G., Zhang, X., Basile, K.C., Merrick, M.T., Wang, J., Kresnow, M., & Chen, J. (2018). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2015 Data Brief—Updated Release*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/pdf/2015data-brief508.pdf>
- Stoltenborgh, M., Van Ijzendoorn, M. H., Euser, E. M., & Bakermans-Kranenburg, M. J. (2011). A global perspective on child sexual abuse: Meta-analysis of prevalence around the world. *Child Maltreatment*, 16(2), 79-101. <https://doi.org/10.1177/1077559511403920>
- Sumner, S. A., Mercy, J. A., Buluma, R., Mwangi, M. W., Marcelin, L. H., Kheam, T., Lea, V., Brookmeyer, K., Kress, H., & Hillis, S. D. (2016). Childhood sexual violence against boys: A study in 3 countries. *Pediatrics*, 137(5), e20153386.
<https://doi.org/10.1542/peds.2015-3386>
- Tillman, S., Bryant-Davis, T., Smith, K., & Marks, A. (2010). Shattering silence: Exploring barriers to disclosure for African American sexual assault survivors. *Trauma, Violence, & Abuse*, 11(2), 59–70. <https://doi.org/10.1177/1524838010363717>
- Turchik, J. A., Hebenstreit, C. L., & Judson, S. S. (2016). An examination of the gender inclusiveness of current theories of sexual violence in adulthood: Recognizing male victims, female perpetrators, and same-sex violence. *Trauma, Violence, & Abuse*, 17(2), 133–148. <https://doi.org/10.1177/1524838014566721>

- United States Census Bureau. (2017). *American community Survey 1-year Estimates*.
https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_1YR_CP05&prodType=table
- United States Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2013). *Child maltreatment survey, 2012*.
https://www.acf.hhs.gov/sites/default/files/documents/cm2012_0.pdf
- Vasquez, E. P., De Santis, J. P., Mata, H. J., & Robbins, L. K. (2017). A Comparison of Sexual Health and Sexual Behaviors by Sexual Orientation among Hispanic Men Residing along the US-Mexico Border. *Men and Masculinities*, 20(4), 506-518.
<https://doi.org/10.1177/1097184X16663260>
- Vearnals, S., & Campbell, T. (2001). Male victims of male sexual assault: A review of psychological consequences and treatment. *Sexual & Relationship Therapy*, 16(3), 279-286. <https://doi.org/10.1080/14681990120064522>
- Walker, J., Archer, J., & Davies, M. (2005a). Effects of rape on male survivors: A descriptive analysis. *Archives of Sexual Behavior*, 34(1), 69-80. <https://doi.org/10.1007/s10508-005-1001-0>.
- Walker, J., Archer, J. & Davies, M. (2005b). Effects of male rape on psychological functioning. *British Journal of Clinical Psychology*, 44(3), 445-451.
<https://doi.org/10.1348/014466505X52750>.
- Welles, S. L., Baker, A. C., Miner, M. H., Brennan, D. J., Jacoby, S., & Rosser, B. S. (2009). History of childhood sexual abuse and unsafe anal intercourse in a 6-city study of HIV-

- positive men who have sex with men. *American Journal of Public Health*, 99(6), 1079-1086.
- Whittemore, R., & Knafl, K. (2005). The integrative review: Updated methodology. *Journal of Advanced Nursing*, 52(5), 546-553.
- Williams, J. K., Glover, D. A., Wyatt, G. E., Kisler, K., Liu, H., & Zhang, M. (2013). A sexual risk and stress reduction intervention designed for HIV-positive bisexual African American men with childhood sexual abuse histories. *American Journal of Public Health*, 103(8), 1476-1484.
- Williams, J. K., Wyatt, G. E., Resell, J., Peterson, J., & Asuan-O'Brien, A. (2004). Psychosocial issues among gay-and non-gay-identifying HIV-seropositive African American and Latino MSM. *Cultural Diversity and Ethnic Minority Psychology*, 10(3), 268.
- Williams, J. K., Wyatt, G. E., Rivkin, I., Ramamurthi, H. C., Li, X., & Liu, H. (2008). Risk reduction for HIV-positive African American and Latino men with histories of childhood sexual abuse. *Archives of Sexual Behavior*, 37(5), 763-772.
- Willis, D. G. (2009). Male-on-male rape of an adult man: A case review and implications for interventions. *Journal of the American Psychiatric Nurses Association*, 14(6), 454–461. <https://doi.org/10.1177/1078390308326518>
- World Health Organization. (1999). *Report of the consultation on child abuse prevention*. <https://apps.who.int/iris/handle/10665/65900>
- Wu, E. (2018). Childhood sexual abuse among Black men who have sex with men: A cornerstone of a syndemic?. *PLoS one*, 13(11), e0206746.

APPENDIX A

Information Sources and Database Search Codes

Electronic Databases Searched in Pairs

Paired Search Group (PSG) Code	Databases/Sources	
PSG 1	Academic Search Complete	Alt HealthWatch
PSG 2	Atla Religion Database with AtlaSerials	Communication & Mass Media Complete
PSG 3	eBook Collection	Education Full Text
PSG 4	ERIC	Health Source—Consumer Edition
PSG 5	Health SourceNursing/Academic Edition	Military & Government Collection
PSG 6	OpenDissertations	APA PsycARTICLES
PSG 7	APA PsycINFO	SPORTDiscuss with Full Text

Electronic Databases Searched Individually

Individual Search (IS) Code	Database/Source
IS 1	JSTOR
IS 2	PubMed
IS 3	Science Direct
IS 4	Scopus

APPENDIX B

Search Terms

Search Term ID #	Primary Term	Synonyms/Alternative Forms	Notes
01	Male	Boy or Boys or Man or Men	
02	African American	Afro American or Afro-Latino or Black American or Black	
03	Latino	Latinx or Hispanic or Chicano or Mexican American or Mexican or Puerto Rican or Cuban or Spanish-speaking	
04	Non-White		
05	Victim	Survivor	
06	Sexual Abuse	Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking	
07	Symptoms	Signs or Characteristics or Presentation or Symptomatology	
08	PTSD	Post Traumatic Stress Disorder or Posttraumatic Stress Disorder or Post-Traumatic Stress Disorder or Traumatization or Sexual Trauma	
09	Treatment	Psychotherapy or Psychoeducation or Intervention or Prevention or Psychosocial or Public Health or Education	
10	Outcomes	Effectiveness or Efficacy	
11	Case Study		
12	Adult Sexual Abuse	Adult Sexual Assault	
13	Childhood Sexual Abuse	CSA	
14	Military Sexual Abuse	Military or Veteran	
15	College	University	
16	Prison	Jail or Incarceration or Imprisonment or Correction Facility	
17	Clergy	Church or Minister or Priest or Reverend	
18	Teacher	Educator or School	
19	Coach	Athlete or Mentor or Sports	
20	Youth Organization	Club or Youth Group	
21	Culture	Cultural or Race or Ethnicity	
22	Community-Based	Community Mental Health Center or Community Mental Health Service	

APPENDIX C

Comprehensive Search Plan

Search Type	Database or Sources	Search Term ID(s)	Search Syntax or Instructions	Fields to Search	Specifiers	Plan Notes
Electronic Database	PSG 1	01, 02, 06	Boy or Boys or Man or Men Afro American or Afro-Latino or Black American or Black Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking	Title, Keywords, Abstract	Years: 1986-2019 Type: Peer-Reviewed Articles Only	
Electronic Database	PSG 1	01, 02, 06	Boy or Boys or Man or Men Afro American or Afro-Latino or Black American or Black Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking	Title, Keywords, Abstract	Years: 1986-2019 Type: Dissertations Only	
Electronic Database	PSG 1	01, 02, 06	Boy or Boys or Man or Men Afro American or Afro-Latino or Black American or Black Sexual Trauma or Sexual Assault or Sexual Violence or Sexual	Title, Keywords, Abstract	Years: 1986-2019 Type: Books Only	

Search Type	Database or Sources	Search Term ID(s)	Search Syntax or Instructions	Fields to Search	Specifiers	Plan Notes
			Exploitation or Sex Trafficking			
Electronic Database	PSG 2	01, 02, 06	Boy or Boys or Man or Men Afro American or Afro-Latino or Black American or Black Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking	Title, Keywords, Abstract	Years: 1986-2019 Type: Peer-Reviewed Articles Only	
Electronic Database	PSG 2	01, 02, 06	Boy or Boys or Man or Men Afro American or Afro-Latino or Black American or Black Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking	Title, Keywords, Abstract	Years: 1986-2019 Type: Dissertations Only	
Electronic Database	PSG 2	01, 02, 06	Boy or Boys or Man or Men Afro American or Afro-Latino or Black American or Black Sexual Trauma or Sexual Assault or	Title, Keywords, Abstract	Years: 1986-2019 Type: Books Only	

Search Type	Database or Sources	Search Term ID(s)	Search Syntax or Instructions	Fields to Search	Specifiers	Plan Notes
			Sexual Violence or Sexual Exploitation or Sex Trafficking			
Electronic Database	PSG 3	01, 02, 06	Boy or Boys or Man or Men Afro American or Afro-Latino or Black American or Black Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking	Title, Keywords, Abstract	Years: 1986-2019 Type: Peer-Reviewed Articles Only	
Electronic Database	PSG 3	01, 02, 06	Boy or Boys or Man or Men Afro American or Afro-Latino or Black American or Black Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking	Title, Keywords, Abstract	Years: 1986-2019 Type: Dissertations Only	
Electronic Database	PSG 3	01, 02, 06	Boy or Boys or Man or Men Afro American or Afro-Latino or Black American or Black	Title, Keywords, Abstract	Years: 1986-2019 Type: Books Only	

Search Type	Database or Sources	Search Term ID(s)	Search Syntax or Instructions	Fields to Search	Specifiers	Plan Notes
			Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking			
Electronic Database	PSG 1	01, 03, 06	Boy or Boys or Man or Men Hispanic or Chicano or Mexican American or Mexican or Puerto Rican or Cuban or Spanish-speaking Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking	Title, Keywords, Abstract	Years: 1986-2019 Type: Peer-Reviewed Articles Only	
Electronic Database	PSG 1	01, 03, 06	Boy or Boys or Man or Men Hispanic or Chicano or Mexican American or Mexican or Puerto Rican or Cuban or Spanish-speaking Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking	Title, Keywords, Abstract	Years: 1986-2019 Type: Dissertations Only	

Search Type	Database or Sources	Search Term ID(s)	Search Syntax or Instructions	Fields to Search	Specifiers	Plan Notes
Electronic Database	PSG 1	01, 03, 06	<p>Boy or Boys or Man or Men</p> <p>Hispanic or Chicano or Mexican American or Mexican or Puerto Rican or Cuban or Spanish-speaking</p> <p>Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking</p>	Title, Keywords, Abstract	Years: 1986-2019 Type: Books Only	
Electronic Database	PSG 2	01, 03, 06	<p>Boy or Boys or Man or Men</p> <p>Hispanic or Chicano or Mexican American or Mexican or Puerto Rican or Cuban or Spanish-speaking</p> <p>Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking</p>	Title, Keywords, Abstract	Years: 1986-2019 Type: Peer-Reviewed Articles Only	
Electronic Database	PSG 2	01, 03, 06	<p>Boy or Boys or Man or Men</p> <p>Hispanic or Chicano or Mexican</p>	Title, Keywords, Abstract	Years: 1986-2019 Type: Dissertations Only	

Search Type	Database or Sources	Search Term ID(s)	Search Syntax or Instructions	Fields to Search	Specifiers	Plan Notes
			American or Mexican or Puerto Rican or Cuban or Spanish-speaking Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking			
Electronic Database	PSG 2	01, 03, 06	Boy or Boys or Man or Men Hispanic or Chicano or Mexican American or Mexican or Puerto Rican or Cuban or Spanish-speaking Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking	Title, Keywords, Abstract	Years: 1986-2019 Type: Books Only	
Electronic Database	PSG 3	01, 03, 06	Boy or Boys or Man or Men Hispanic or Chicano or Mexican American or Mexican or Puerto Rican or Cuban or Spanish-speaking Sexual Trauma or Sexual Assault or Sexual Violence or Sexual	Title, Keywords, Abstract	Years: 1986-2019 Type: Peer-Reviewed Articles Only	

Search Type	Database or Sources	Search Term ID(s)	Search Syntax or Instructions	Fields to Search	Specifiers	Plan Notes
			Exploitation or Sex Trafficking			
Electronic Database	PSG 3	01, 03, 06	<p>Boy or Boys or Man or Men</p> <p>Hispanic or Chicano or Mexican American or Mexican or Puerto Rican or Cuban or Spanish-speaking</p> <p>Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking</p>	Title, Keywords, Abstract	<p>Years: 1986-2019</p> <p>Type: Dissertations Only</p>	
Electronic Database	PSG 3	01, 03, 06	<p>Boy or Boys or Man or Men</p> <p>Hispanic or Chicano or Mexican American or Mexican or Puerto Rican or Cuban or Spanish-speaking</p> <p>Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking</p>	Title, Keywords, Abstract	<p>Years: 1986-2019</p> <p>Type: Books Only</p>	

APPENDIX D

Search Documentation Record

Search Date	Full Search ID#	Database/Source	Search Term ID#s	Search Syntax or Other Guidelines for Search	Fields Searched	Search Specifier: Years	Search Specifier: Publication Type	# of Recs	Notes
01/16/21	100	PSG 1	01, 02, 06, 07	a- Boy or Boys or Man or Men b- Afro American or Afro-Latino or Black American or Black c- Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking d- Symptoms or Signs or Characteristics or Presentation or Symptomatology	Title, Key Words	1986 - 2019	Journals, Academic Journals	53	All peer-reviewed journals All 1997-2020
01/16/21	101	PSG 2	01, 02, 06, 07	a- Male or men or man or males b- Afro American or Afro-Latino or Black American or Black c- Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking d- Symptoms or Signs or Characteristics or Presentation or Symptomatology	Title, Key Words	1986 - 2019	Journals, Academic Journals	0	Removed search terms: "boy" and "boys" {beginning here and moving forward}
01/16/21	102	PSG 3	01, 02, 06, 07	a- Male or men or man or males b- Afro American or	Title, Key Words	1986 - 2019	Journals, Academic Journals	7	All peer-reviewed journals

Search Date	Full Search ID#	Database/ Source	Search Term ID#s	Search Syntax or Other Guidelines for Search	Fields Searched	Search Specifier: Years	Search Specifier: Publication Type	# of Recs	Notes
				Afro-Latino or Black American or Black c- Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking d- Symptoms or Signs or Characteristics or Presentation or Symptomatology					All from 1996-2017
01/16/21	103	PSG 4	01, 02, 06, 07	a- Male or men or man or males b- Afro American or Afro-Latino or Black American or Black c- Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking d- Symptoms or Signs or Characteristics or Presentation or Symptomatology	Title, Key Words	1986 - 2019	Journals, Academic Journals	13	All peer-reviewed journals All 1995-2028
01/16/21	104	PSG 5	01, 02, 06, 07	a- Male or men or man or males b- Afro American or Afro-Latino or Black American or Black c- Sexual	Title, Key Words	1986 - 2019	Journals, Academic Journals	14	All peer-reviewed journals All 2005-2019

Search Date	Full Search ID#	Database/ Source	Search Term ID#s	Search Syntax or Other Guidelines for Search	Fields Searched	Search Specifier: Years	Search Specifier: Publication Type	# of Recs	Notes
				Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking d- Symptoms or Signs or Characteristics or Presentation or Symptomatology					
01/16/21	105	PSG 6	01, 02, 06, 07	a- Male or men or man or males b- Afro American or Afro-Latino or Black American or Black c- Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking d- Symptoms or Signs or Characteristics or Presentation or Symptomatology	Title, Key Words	1986 - 2019	Journals, Academic Journals	5	All peer-reviewed journals All 2010-2019
01/16/21	106	PSG 6	01, 02, 06, 07	a- Male or men or man or males b- Afro American or Afro-Latino or Black American or Black c- Sexual Trauma or Sexual Assault or Sexual Violence or	Title, Key Words	1986 - 2019	Journals, Academic Journals	75	All peer-reviewed journals All 1986-2020

Search Date	Full Search ID#	Database/ Source	Search Term ID#s	Search Syntax or Other Guidelines for Search	Fields Searched	Search Specifier: Years	Search Specifier: Publication Type	# of Recs	Notes
				Sexual Exploitation or Sex Trafficking d- Symptoms or Signs or Characteristics or Presentation or Symptomatology					
01-18-2021	107	JSTOR	01, 02, 05, 06, 07	Black + male + survivor + sexual trauma + symptoms	Title, Key Words	1986 - 2019	Journals, Academic Journals	320	Synonyms removed due to error message in database (limit placed on the number of search terms that can be used in a single search)
01-18-2021	108	PubMed	01, 02, 05, 06, 07	Black + male + survivor + sexual trauma + symptoms	Title, Key Words	1986 - 2019	Journals, Academic Journals	6	All 2007-2021
01-18-2021	109	Science Direct	01, 02, 05, 06, 07	Black + male + survivor + sexual trauma + symptoms	Title, Key Words	1986 - 2019	Journals, Academic Journals	719	
01-18-2021	110	Scopus	01, 02, 05, 06, 07	Black + male + survivor + sexual trauma + symptoms	Title, Key Words	1986 - 2019	Journals, Academic Journals	4	
01-23-2021	111	PSG 1	01, 03, 06, 07	a- Males or men or male or man b- Latinos or hispanics or chicanos or latinas or mexican c- Sexual trauma or sexual abuse or sexual violence or sexual assault	Title, Key Words	1986 - 2019	Journals, Academic Journals	54	All peer-reviewed journals All 1996-2021

Search Date	Full Search ID#	Database/ Source	Search Term ID#s	Search Syntax or Other Guidelines for Search	Fields Searched	Search Specifier: Years	Search Specifier: Publication Type	# of Recs	Notes
				d- Symptoms or signs or characteristics or presentation or symptomatology					
01-23-2021	112	PSG 1	01, 03, 05, 06	a- Males or men or male or man b- Latinos c- Sexual abuse d- Survivor	Title, Key Words	1986 - 2019	Journals, Academic Journals	5	All peer-reviewed journals All 2011-2020
01-23-2021	113	PSG 1	01, 03, 06, 07	a- Males or men or male or man b- Latinos c- Sexual abuse d- Symptoms	Title, Key Words	1986 - 2019	Journals, Academic Journals	13	All peer-reviewed journals All 1997-2019
01-23-2021	114	PSG 2	01, 03, 06, 07	a- Males or men or male or man b- Latinos c- Sexual abuse d- Symptoms	Title, Key Words	1986 - 2019	Journals, Academic Journals	0	
01-23-2021	115	PSG 2	01, 03, 06	a- Males or men or male or man b- Latinos c- Sexual abuse	Title, Key Words	1986 - 2019	Journals, Academic Journals	1	
01-23-2021	116	PSG 3	01, 03, 06, 07	a- Males or men or male or man b- Latinos c- Sexual abuse d- Symptoms	Title, Key Words	1986 - 2019	Journals, Academic Journals	4	All peer-reviewed journals All 2009-2019
01-23-2021	117	PSG 4	01, 03, 06, 07	a- Males or men or male or man b- Latinos c- Sexual abuse d- Symptoms	Title, Key Words	1986 - 2019	Journals, Academic Journals	2	All peer-reviewed journals All 1997-2009
01-23-2021	118	PSG 5	01, 03, 06, 07	a- Males or men or male or man b- Latinos or Hispanicis c- Sexual abuse d- Symptoms	Title, Key Words	1986 - 2019	Journals, Academic Journals	4	All peer-reviewed journals All 2007-2009
01-23-2021	119	PSG 6	01, 03, 06, 07	a- Males or men or male or man b- Latinos or Hispanicis	Title, Key Words	1986 - 2019	Journals, Academic Journals	3	1 Dissertation; 2 peer-reviewed journals

Search Date	Full Search ID#	Database/ Source	Search Term ID#s	Search Syntax or Other Guidelines for Search	Fields Searched	Search Specifier: Years	Search Specifier: Publication Type	# of Recs	Notes
				c- Sexual abuse d- Symptoms					All 200-2020
01-23-2021	120	PSG 7	01, 03, 06, 07	a- Males or men or male or man b- Latinos or Hispancis c- Sexual abuse d- Symptoms	Title, Key Words	1986 - 2019	Journals, Academic Journals	36	All peer-reviewed journals All 1995-2019
01-23-2021	121	JSTOR	01, 03, 06, 07	Male + Latino + sexual abuse + symptoms	Title, Key Words	1986 - 2019	Journals, Academic Journals	298	All peer-reviewed journals All 1986-2020
01-23-2021	122	PubMed	01, 03, 06, 07	Male + Latino + sexual abuse + symptoms	Title, Key Words	1986 - 2019	Journals, Academic Journals	7	All peer-reviewed journals All 1986-2020
01-23-2021	123	Science Direct	01, 03, 06, 07	Male + Latino + sexual abuse + symptoms	Title, Key Words	1986 - 2019	Journals, Academic Journals	766	All peer-reviewed journals All 1986-2020
01-23-2021	124	Scopus	01, 03, 06, 07	Male + Latino + sexual abuse + symptoms	Title, Key Words	1986 - 2019	Journals, Academic Journals	26	
02-26-2021	200	PSG 1	01, 02, 06, 08, 16	a. Males or Boy or Boys or Man or Men b. African American or Afro American or Afro-Latino or Black American or Black c. Sexual Abuse or Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking d. PTSD or Post Traumatic Stress Disorder or Posttraumatic Stress Disorder or Post-Traumatic	Title, Key Words	1986 - 2019	Journals, Academic Journals	5	All peer-reviewed journal All 2005-2019

Search Date	Full Search ID#	Database/ Source	Search Term ID#s	Search Syntax or Other Guidelines for Search	Fields Searched	Search Specifier: Years	Search Specifier: Publication Type	# of Recs	Notes
				Stress Disorder or Traumatization or Sexual Trauma e. Jail or Jail or Incarceration or Imprisonment or Correction Facility					
02-26-2021	201	PSG 1	01, 02, 05, 06, 24	a. Males or Boy or Boys or Man or Men b. African American or Afro American or Afro-Latino or Black American or Black c. Victim or survivor d. Sexual Abuse or Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking e. Mental Health or mental illness or mental disorder or psychiatric illness	Title, Key Words	1986 - 2019	Journals, Academic Journals	14	All peer-reviewed journal All 2005-2019
02-27-2021	202	PSG 2	01, 02, 05, 06	a. Males or Boy or Boys or Man or Men b. African American or Afro American or Afro-Latino or Black American or Black c. Victim or survivor d. Sexual Abuse or Sexual Trauma or Sexual Assault or Sexual Violence or Sexual	Title, Key Words	1986-2019	Journals, Academic Journals	4	All peer-reviewed journals All 2015-2019

Search Date	Full Search ID#	Database/ Source	Search Term ID#s	Search Syntax or Other Guidelines for Search	Fields Searched	Search Specifier: Years	Search Specifier: Publication Type	# of Recs	Notes
				Exploitation or Sex Trafficking					
03-01-2021	203	PSG 3	01, 02, 05, 06	a. Males or Boy or Boys or Man or Men b. African American or Afro American or Afro-Latino or Black American or Black c. Victim or survivor d. Sexual Abuse or Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking	Title, Key Words	1986-2019	Journals, Academic Journals	38	All peer reviewed journals All 1996-2020
03-01-2021	204	PSG 4	01, 02, 05, 06	a. Males or Boy or Boys or Man or Men b. African American or Afro American or Afro-Latino or Black American or Black c. Victim or survivor d. Sexual Abuse or Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking	Title, Key Words	1986-2019	Journals, Academic Journals	16	All peer reviewed journals All 1986-2018

Search Date	Full Search ID#	Database/ Source	Search Term ID#s	Search Syntax or Other Guidelines for Search	Fields Searched	Search Specifier: Years	Search Specifier: Publication Type	# of Recs	Notes
03-02-2021	205	PSG 5	01, 02, 05, 06, 24	a. Males or Boy or Boys or Man or Men b. African American or Afro American or Afro-Latio or Black American or Black c. Victim or survivor d. Sexual Abuse or Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking e. Mental Health or Mental Illness or Mental Disorder or Psychiatric Illness	Title, Key Words	1986-2019`	Journals, Academic Journals	4	All peer reviewed journals All 2007-2012
03-02-2021	206	PSG 6	01, 02, 05, 06, 24	a. Males or Boy or Boys or Man or Men b. African American or Afro American or Afro-Latino or Black American or Black c. Victim or survivor d. Sexual Abuse or Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking e. Mental Health or Mental Illness or Mental Disorder or Psychiatric Illness	Title, Key Words	1986-2019	Journals, Academic Journals	5	All peer-reviewed journals All 2000-2019

Search Date	Full Search ID#	Database/ Source	Search Term ID#s	Search Syntax or Other Guidelines for Search	Fields Searched	Search Specifier: Years	Search Specifier: Publication Type	# of Recs	Notes
03-03-2021	207	PSG 7	01, 02, 05, 06, 24	a. Males or Boy or Boys or Man or Men b. African American or Afro American or Afro-Latino or Black American or Black c. Victim or survivor d. Sexual Abuse or Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking e. Mental Health or Mental Illness or Mental Disorder or Psychiatric Illness	Title, Key Words	1986-2019	Journals, Academic Journals	31	All peer-reviewed journals All 1989-2020
03-03-2021	208	JSTOR	01, 02, 05, 06, 13, 16, 23, 24	a. Males b. African American c. Victim d. Sexual Abuse e. Mental Health f. presenting problem g. Childhood Sexual Abuse h. Jail	Title, Key Words	1986-2019	Journals, Academic Journals	71	All peer-reviewed journals All 1986-2021
03-03-2021	209	PubMed	01, 02, 05, 06	a. Males b. African American c. Victim d. Sexual Abuse	Title, Key Words	1986-2019	Journals, Academic Journals	6	All peer-reviewed journals All 2003-2021
03-07-2021	210	Science Direct	01, 02, 05, 06, 16	a. Males b. African American c. Victim d. Sexual Abuse e. Prison	Title, Key Words	1986-2019	Journals, Academic Journals	8	All peer-reviewed journals All 1989-2021
03-07-2021	211	Scopus	01, 02, 05	a. Male b. African American c. Sexual abuse	Title, Key Words	1986-2019	Journals, Academic Journals	8	All peer-reviewed journals

Search Date	Full Search ID#	Database/ Source	Search Term ID#s	Search Syntax or Other Guidelines for Search	Fields Searched	Search Specifier: Years	Search Specifier: Publication Type	# of Recs	Notes
									All 2005-2020
02-27-2021	250	PSG 1	01, 03, 06, 08	a. Males or Boy or Boys or Man or Men b. Latino or Latinx or Hispanic or Chicano or Mexican American or Mexican or Puerto Rican or Cuban or Spanish-speaking c. Sexual Abuse or Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking d. PTSD or Post Traumatic Stress Disorder or Posttraumatic Stress Disorder or Post-Traumatic Stress Disorder or Traumatization or Sexual Trauma	Title, Key Words	1986-2019	Journals, Academic Journals	25	All peer-reviewed journals All 2000-2020
02/27/2021	251	PSG 2	01, 03, 06	a. Males or Boy or Boys or Man or Men b. Latino or Latinx or Hispanic or Chicano or Mexican American or Mexican or Puerto Rican or Cuban or Spanish-speaking c. Sexual Abuse or Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking	Title, Key Words	1986-2019	Journals, Academic Journals	2	All peer-reviewed journals All 2002-2008

Search Date	Full Search ID#	Database/Source	Search Term ID#s	Search Syntax or Other Guidelines for Search	Fields Searched	Search Specifier: Years	Search Specifier: Publication Type	# of Recs	Notes
02-27-2021	252	PSG 3	01, 03, 05, 06	a. Male or Boy or Boys or Man or Men b. Latino or Latinx or Hispanic or Chicano or Mexican American or Mexican or Puerto Rican or Cuban or Spanish-speaking c. Victim or Survivor d. Sexual Abuse or Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking	Title, Key Words	1986-2019	Journals, Academic Journals	23	All peer-reviewed journals All 1995-2019
02-27-2021	253	PSG 4	01, 03, 05, 06	a. Male or Boy or Boys or Man or Men b. Latino or Latinx or Hispanic or Chicano or Mexican American or Mexican or Puerto Rican or Cuban or Spanish-speaking c. Victim or Survivor d. Sexual Abuse or Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking	Title, Key Words	1986-2019	Journals, Academic Journals	11	All peer-reviewed journals All 1986-2020
02-27-2021	254	PSG 5	01, 03, 05, 06	a. Male or Boy or Boys or Man or Men b. Latino or Latinx or Hispanic or Chicano or Mexican American or	Title, Key Words	1986-2019	Journals, Academic Journals	21	All peer-reviewed journals All 2001-2021

Search Date	Full Search ID#	Database/ Source	Search Term ID#s	Search Syntax or Other Guidelines for Search	Fields Searched	Search Specifier: Years	Search Specifier: Publication Type	# of Recs	Notes
				Mexican or Puerto Rican or Cuban or Spanish-speaking c. Victim or Survivor d. Sexual Abuse or Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking					
03-03-2021	255	PSG 6	01, 03, 05, 06	a. Male or Boy or Boys or Man or Men b. Latino or Latinx or Hispanic or Chicano or Mexican American or Mexican or Puerto Rican or Cuban or Spanish-speaking c. Victim or Survivor d. Sexual Abuse or Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking	Title, Key Words	1986-2019	Journals, Academic Journals	5	All peer-reviewed journals All 1997-2020
03-03-2021	256	PSG 7	01, 03, 05, 06, 08	a. Male or Boy or Boys or Man or Men b. Latino or Latinx or Hispanic or Chicano or Mexican American or Mexican or Puerto Rican or Cuban or Spanish-speaking c. Victim or Survivor d. Sexual Abuse or Sexual Trauma or Sexual Assault	Title, Key Words	1986-2019	Journals, Academic Journals	8	All peer-reviewed journals All 2000-2019

Search Date	Full Search ID#	Database/ Source	Search Term ID#s	Search Syntax or Other Guidelines for Search	Fields Searched	Search Specifier: Years	Search Specifier: Publication Type	# of Recs	Notes
				or Sexual Violence or Sexual Exploitation or Sex Trafficking e. PTSD or Post Traumatic Stress Disorder or Posttraumatic Stress Disorder or Post-Traumatic Stress Disorder or Traumatization or Sexual Trauma					
03-04-2021	257	IS 1	01, 03, 05, 06, 08	a. Male b. Latino c. Victim d. Sexual Abuse e. PTSD	Title, Key Words	1986-2019	Journals, Academic Journals	10	All peer-reviewed journals All 1997-2013
03-04-2021	258	IS 2	01, 03, 05, 06	a. Male b. Latino c. Victim d. Sexual Abuse	Title, Key Words	1986-2019	Journals, Academic Journals	6	All peer-reviewed journals All 2006-2019
03-04-2021	259	IS 3	01, 03, 05, 06, 08	a. Male b. Latino c. Victim d. Sexual Abuse e. PTSD	Title, Key Words	1986-2019	Journals, Academic Journals	19	All peer-reviewed journals All 2001-2021
03-04-2021	260	IS 4	01, 03, 06	a. Male b. Latino d. Sexual Abuse	Title, Key Words	1986-2019	Journals, Academic Journals	6	All peer-reviewed journals All 2000-2020
03-04-2021	300	PSG 1	01, 02, 06, 09	a. Male or Boy or Boys or Man or Men b. African American or Afro-Latino or Black American or Black c. Sexual Abuse or Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking d. Treatment or	Title, Key Words	1986-2021	Journals, Academic Journals	226	All peer-reviewed journals 1989-2021 226 results, articles were not relevant to the question

Search Date	Full Search ID#	Database/ Source	Search Term ID#s	Search Syntax or Other Guidelines for Search	Fields Searched	Search Specifier: Years	Search Specifier: Publication Type	# of Recs	Notes
				Psychotherapy or Psychoeducation or Intervention or Prevention or Psychosocial or Public Health or Education					
03-11-21	301	PSG 1	01, 02, 06, 09, 24	a. Male or Boy or Boys or Man or Men b. African American or Afro-Latino or Black American or Black c. Sexual Abuse or Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking d. Treatment or Psychotherapy or Psychoeducation or Intervention or Prevention or Psychosocial or Public Health or Education e. Mental health or mental illness or mental disorder or psychiatric illness	Title, Key Words	1986-2021	Journals, Academic Journals	42	All peer-reviewed journals 1997-2020 Results not relevant to question
03-11-2021	302	PSG 1	01, 02, 06, 09, 10, 24	a. Male or Boy or Boys or Man or Men b. African American or Afro-Latino or Black American or Black c. Sexual Abuse or Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking d. Treatment or	Title, Key Words	1986-2021	Journals, Academic Journals	12	All peer reviewed journals 2009-2020

Search Date	Full Search ID#	Database/ Source	Search Term ID#s	Search Syntax or Other Guidelines for Search	Fields Searched	Search Specifier: Years	Search Specifier: Publication Type	# of Recs	Notes
				Psychotherapy or Psychoeducation or Intervention or Prevention or Psychosocial or Public Health or Education e. Mental health or mental illness or mental disorder or psychiatric illness f. outcomes or effectiveness or efficacy					
03-11-2021	303	PSG 1	01, 02, 06, 09, 10, 13, 24	a. Male or Boy or Boys or Man or Men b. African American or Afro-Latino or Black American or Black c. Sexual Abuse or Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking d. Treatment or Psychotherapy or Psychoeducation or Intervention or Prevention or Psychosocial or Public Health or Education e. Mental health or mental illness or mental disorder or psychiatric illness f. outcomes or effectiveness or efficacy g. Childhood sexual abuse or CSA	Title, Key Words	1986-2021	Journals, Academic Journals	3	All peer-reviewed journals 2009-2020
03-11-2021	304	PSG 2	01, 02, 06, 09	a. Male or Boy or Boys or Man or Men	Title, Key Words	1986-2021	Journals, Academic Journals	1	All peer-reviewed

Search Date	Full Search ID#	Database/ Source	Search Term ID#s	Search Syntax or Other Guidelines for Search	Fields Searched	Search Specifier: Years	Search Specifier: Publication Type	# of Recs	Notes
				b. African American or Afro-Latino or Black American or Black c. Sexual Abuse or Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking d. Treatment or Psychotherapy or Psychoeducation or Intervention or Prevention or Psychosocial or Public Health or Education					journals 2015-2015
03-11-2021	305	PSG 3	01, 02, 06, 09	a. Male or Boy or Boys or Man or Men b. African American or Afro-Latino or Black American or Black c. Sexual Abuse or Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking d. Treatment or Psychotherapy or Psychoeducation or Intervention or Prevention or Psychosocial or Public Health or Education	Title, Key Words	1986-2021	Journals, Academic Journals	67	All peer-reviewed journals 1993-2021 Results not relevant to search question
03-11-2021	306	PSG 3	01,02,06,09, 24	a. Male or Boy or Boys or Man or Men b. African American or Afro-Latino or Black American or	Title, Key Words	1986-2021	Journals, Academic Journals	11	All peer-reviewed journals 1993-2017 Results not relevant to

Search Date	Full Search ID#	Database/ Source	Search Term ID#s	Search Syntax or Other Guidelines for Search	Fields Searched	Search Specifier: Years	Search Specifier: Publication Type	# of Recs	Notes
				Black c. Sexual Abuse or Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking d. Treatment or Psychotherapy or Psychoeducation or Intervention or Prevention or Psychosocial or Public Health or Education e. Mental health or mental illness or mental disorder or psychiatric illness					search question
03-11-2021	307	PSG 3	01, 02, 06, 09,13,24	a. Male or Boy or Boys or Man or Men b. African American or Afro-Latino or Black American or Black c. Sexual Abuse or Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking d. Treatment or Psychotherapy or Psychoeducation or Intervention or Prevention or Psychosocial or Public Health or Education e. Mental health or mental illness or mental disorder or psychiatric illness f. Childhood sexual abuse or CSA	Title, Key Words	1986-2021	Journals, Academic Journals	3	All peer-reviewed journals 1993-2015

Search Date	Full Search ID#	Database/ Source	Search Term ID#s	Search Syntax or Other Guidelines for Search	Fields Searched	Search Specifier: Years	Search Specifier: Publication Type	# of Recs	Notes
03-11-2021	308	PSG 3	01,02,06,09, 10, 13, 24	a. Male or Boy or Boys or Man or Men b. African American or Afro-Latino or Black American or Black c. Sexual Abuse or Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking d. Treatment or Psychotherapy or Psychoeducation or Intervention or Prevention or Psychosocial or Public Health or Education e. Mental health or mental illness or mental disorder or psychiatric illness f. Childhood sexual abuse or CSA g. outcomes or effectiveness or efficacy	Title, Key Word	1986-2021	Journals, Academic Journals	0	No Results
03-11-2021	309	PSG 4	01, 02, 06, 09	a. Male or Boy or Boys or Man or Men b. African American or Afro-Latino or Black American or Black c. Sexual Abuse or Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking d. Treatment or Psychotherapy or Psychoeducation	Title, Key Word	1986-2021	Journals, Academic Journals	28	All peer-reviewed journals 1990-2018 Results not relevant to question

Search Date	Full Search ID#	Database/ Source	Search Term ID#s	Search Syntax or Other Guidelines for Search	Fields Searched	Search Specifier: Years	Search Specifier: Publication Type	# of Recs	Notes
				or Intervention or Prevention or Psychosocial or Public Health or Education					
03-11-2021	310	PSG 4	01, 02, 06, 09, 13	a. Male or Boy or Boys or Man or Men b. African American or Afro-Latino or Black American or Black c. Sexual Abuse or Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking d. Treatment or Psychotherapy or Psychoeducation or Intervention or Prevention or Psychosocial or Public Health or Education e. Childhood sexual abuse or CSA	Title, Key Word	1986-2021	Journals, Academic Journals	0	No Results
03-11-2021	311	PSG 4	01, 02, 06, 09, 10	a. Male or Boy or Boys or Man or Men b. African American or Afro-Latino or Black American or Black c. Sexual Abuse or Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking d. Treatment or Psychotherapy or Psychoeducation or Intervention or	Title, Key Word	1986-2021	Journals, Academic Journals	5	All peer-reviewed journals 2009-2015

Search Date	Full Search ID#	Database/ Source	Search Term ID#s	Search Syntax or Other Guidelines for Search	Fields Searched	Search Specifier: Years	Search Specifier: Publication Type	# of Recs	Notes
				Prevention or Psychosocial or Public Health or Education e. Outcomes or effectiveness or efficacy					
3-11-2021	312	PSG 5	01, 02, 06, 09	a. Male or Boy or Boys or Man or Men b. African American or Afro-Latino or Black American or Black c. Sexual Abuse or Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking d. Treatment or Psychotherapy or Psychoeducation or Intervention or Prevention or Psychosocial or Public Health or Education	Title, Keyword	1986-2021	Journals, Academic Journals	84	All-peer reviewed journals 1989-2020 Results not relevant to question
03-11-2021	313	PSG 5	01, 02, 06, 09, 13	a. Male or Boy or Boys or Man or Men b. African American or Afro-Latino or Black American or Black c. Sexual Abuse or Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking d. Treatment or Psychotherapy or Psychoeducation or Intervention or Prevention or	Title, Keyword	1986-2021	Journals, Academic Journals	13	All peer-reviewed journals 1989-2020 Results not relevant to question

Search Date	Full Search ID#	Database/ Source	Search Term ID#s	Search Syntax or Other Guidelines for Search	Fields Searched	Search Specifier: Years	Search Specifier: Publication Type	# of Recs	Notes
				Psychosocial or Public Health or Education e. Childhood sexual abuse or CSA					
03-11-2021	314	PSG 5	01, 02, 06, 09, 10, 13	a. Male or Boy or Boys or Man or Men b. African American or Afro-Latino or Black American or Black c. Sexual Abuse or Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking d. Treatment or Psychotherapy or Psychoeducation or Intervention or Prevention or Psychosocial or Public Health or Education e. Childhood sexual abuse or CSA f. Outcomes or effectiveness or efficacy	Title, Keyword	1986-2021	Journals, Academic Journals	5	All peer-reviewed journals 1989-2020 Results not relevant to question
3-11-2021	315	PSG 5	01, 02, 06, 09, 10, 13, 24	a. Male or Boy or Boys or Man or Men b. African American or Afro-Latino or Black American or Black c. Sexual Abuse or Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking	Title, Keyword	1986-2021	Journals, Academic Journals	0	No results

Search Date	Full Search ID#	Database/ Source	Search Term ID#s	Search Syntax or Other Guidelines for Search	Fields Searched	Search Specifier: Years	Search Specifier: Publication Type	# of Recs	Notes
				d. Treatment or Psychotherapy or Psychoeducation or Intervention or Prevention or Psychosocial or Public Health or Education e. Childhood sexual abuse or CSA f. Outcomes or effectiveness or efficacy g. Mental health or mental illness or mental disorder or psychiatric illness					
3-11-2021	316	PSG 6	01, 02, 06, 09	a. Male or Boy or Boys or Man or Men b. African American or Afro-Latino or Black American or Black c. Sexual Abuse or Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking d. Treatment or Psychotherapy or Psychoeducation or Intervention or Prevention or Psychosocial or Public Health or Education	Title, Keyword	1986-2021	Journals, Academic Journals	22	All peer-reviewed journals 1988-2019 Results not relevant to question
03-11-2021	317	PSG 6	01, 02, 06, 09, 13	a. Male or Boy or Boys or Man or Men b. African American or Afro-Latino or Black American or Black c. Sexual Abuse or	Title, Keyword	1986-2021	Journals, Academic Journals	4	All peer-reviewed journals 1988-2019 Results not relevant to question

Search Date	Full Search ID#	Database/ Source	Search Term ID#s	Search Syntax or Other Guidelines for Search	Fields Searched	Search Specifier: Years	Search Specifier: Publication Type	# of Recs	Notes
				Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking d. Treatment or Psychotherapy or Psychoeducation or Intervention or Prevention or Psychosocial or Public Health or Education e. Childhood sexual abuse or CSA					
03-11-2021	318	PSG 6	01, 02, 06, 09, 10, 13	a. Male or Boy or Boys or Man or Men b. African American or Afro-Latino or Black American or Black c. Sexual Abuse or Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking d. Treatment or Psychotherapy or Psychoeducation or Intervention or Prevention or Psychosocial or Public Health or Education e. Childhood sexual abuse or CSA f. Outcomes or effectiveness or efficacy	Title, Keyword	1986-2021	Journals, Academic Journals	1	Peer Reviewed journal 2004 Results not relevant to question
03-11-2021	319	PSG 7	01, 02, 06, 09	a. Male or Boy or Boys or Man or Men b. African	Title, Keyword	1986-2021	Journals, Academic Journals	349	All peer-reviewed journals 1988-2021

Search Date	Full Search ID#	Database/Source	Search Term ID#s	Search Syntax or Other Guidelines for Search	Fields Searched	Search Specifier: Years	Search Specifier: Publication Type	# of Recs	Notes
				American or Afro-Latino or Black American or Black c. Sexual Abuse or Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking d. Treatment or Psychotherapy or Psychoeducation or Intervention or Prevention or Psychosocial or Public Health or Education					Results not relevant to question
03-11-2021	320	PSG 7	01, 02, 06, 09, 13	a. Male or Boy or Boys or Man or Men b. African American or Afro-Latino or Black American or Black c. Sexual Abuse or Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking d. Treatment or Psychotherapy or Psychoeducation or Intervention or Prevention or Psychosocial or Public Health or Education e. Childhood sexual abuse or CSA	Title, Keyword	1986-2021	Journals, Academic Journals	72	All peer-reviewed journals 1988-2021 Results not relevant to question
03-11-2021	321	PSG 7	01, 02, 06, 09, 10, 13	a. Male or Boy or Boys or Man or Men b. African American or Afro-	Title, Keyword	1986-2021	Journals, Academic Journals	13	All peer-reviewed journals 1988-2021

Search Date	Full Search ID#	Database/ Source	Search Term ID#s	Search Syntax or Other Guidelines for Search	Fields Searched	Search Specifier: Years	Search Specifier: Publication Type	# of Recs	Notes
				Latino or Black American or Black c. Sexual Abuse or Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking d. Treatment or Psychotherapy or Psychoeducation or Intervention or Prevention or Psychosocial or Public Health or Education e. Childhood sexual abuse or CSA f. Outcomes or effectiveness or efficacy					
3-22-2021	322	IS 1	01, 02, 06, 09, 10, 13	a. Male b. African American c. Sexual Abuse d. Treatment e. Childhood sexual abuse f. Outcomes	Title, Keyword	1986-2021	Journals, Academic Journals	150	All-peer-reviewed journals 1986-2021 Clogged results, not exactly relevant to search question
3-22-2021	323	IS 1	01, 02, 05, 06, 09, 10, 13	a. Male b. African American c. Sexual Abuse d. Treatment e. Childhood sexual abuse f. Outcomes g. Victims	Title, Keyword	1986-2021	Journals, Academic Journals	80	All-peer-reviewed journals 1986-2021 Clogged results, not exactly relevant to search question
3-22-2021	324	IS 1	01, 02, 05, 06, 07, 09, 10, 13	a. Male b. African American c. Sexual Abuse d. Treatment e. Childhood	Title, Keyword	1986-2021	Journals, Academic Journals	54	All-peer-reviewed journals 1986-2021 Clogged results, not

Search Date	Full Search ID#	Database/ Source	Search Term ID#s	Search Syntax or Other Guidelines for Search	Fields Searched	Search Specifier: Years	Search Specifier: Publication Type	# of Recs	Notes
				sexual abuse f. Outcomes g. Victims h. Symptoms					exactly relevant to search question
3-22-2021	325	IS 1	01, 02, 05, 06, 07, 09, 10, 13, 24	a. Male b. African American c. Sexual Abuse d. Treatment e. Childhood sexual abuse f. Outcomes g. Victims h. Symptoms i. Mental Health	Title, Keyword	1986-2021	Journals, Academic Journals	29	All-peer-reviewed journals 1986-2021 Results not exactly relevant
3-23-2021	326	IS 2	01, 02, 09, 13	a. Male b. African American c. Childhood Sexual Abuse d. Treatment	Title, Keyword	1986-2021	Journals, Academic Journals	4	All-peer-reviewed journals 1997-2021
3-24-2021	327	IS 3	01, 02, 09, 13	a. Male b. African American c. Childhood Sexual Abuse d. Treatment	Title, Keyword	1986-2021	Journals, Academic Journals	210	All-peer-reviewed journals 1995-2021 Clogged results
3-24-21	328	IS 3	01, 02, 09, 13, 24	a. Male b. African American c. Childhood Sexual Abuse d. Treatment e. Mental Health	Title, Keyword	1986-2021	Journals, Academic Journals	185	All-peer-reviewed journals 1995-2021 Clogged results
3-24-21	329	IS 3	01, 02, 05, 09, 13, 24	a. Male b. African American c. Childhood Sexual Abuse d. Treatment e. Mental Health f. Victim	Title, Keyword	1986-2021	Journals, Academic Journals	126	All-peer-reviewed journals 1992-2021 Clogged results
3-24-21	330	IS 3	01, 02, 05, 07, 09, 13, 24	a. Male b. African American c. Childhood Sexual Abuse d. Treatment e. Mental Health	Title, Keyword	1986-2021	Journals, Academic Journals	97	All-peer-reviewed journals 1992-2021 Clogged results

Search Date	Full Search ID#	Database/Source	Search Term ID#s	Search Syntax or Other Guidelines for Search	Fields Searched	Search Specifier: Years	Search Specifier: Publication Type	# of Recs	Notes
				f. Victim g. Symptoms					
3-24-21	331	IS 3	01, 02, 04, 05, 07, 09, 10, 11, 12, 13, 23, 24	a. Male b. African American c. Childhood Sexual Abuse d. Treatment e. Mental Health f. Victim g. Symptoms h. Outcomes i. Problems j. Adult Sexual Abuse k. Case Study l. Non-White	Title, Keyword	1986-2021	Journals, Academic Journals	47	All-peer-reviewed journals 2003-2021 Clogged results until these were added h. Outcomes i. Problems j. Adult Sexual Abuse k. Case Study l. Non-White
3-24-21	332	IS 4	01, 02, 09, 13	a. Male b. African American c. Childhood Sexual Abuse d. Treatment	Title, Keyword	1986-2021	Journals, Academic Journals	1	1 peer reviewed journal 2020 Unable to find full text article and citation, noted in search result document Article not relevant to search question
03-10-2021	125	IS 2	01, 02, 05, 06, 07	Black, male, sexual abuse, victim, symptoms	Title, Key Word	1986-2021	Journals, Academic Journals	2	All peer-reviewed journals All 2006-2021
03-10-2021	126	IS 1	01, 03, 05, 06, 07	Male, Latino, victim, sexual abuse, symptoms	Title, Key Word	1986-2021	Journals, Academic Journals	13	All peer-reviewed journals All 1986-2021
03-10-2021	127	IS 3	01, 03, 05, 06, 07	Male, Latino, victim, sexual abuse, symptoms	Title, Key Word	1986-2021	Journals, Academic Journals	17	

Search Date	Full Search ID#	Database/Source	Search Term ID#s	Search Syntax or Other Guidelines for Search	Fields Searched	Search Specifier: Years	Search Specifier: Publication Type	# of Recs	Notes
03-10-2021	128	IS 4	01, 03, 05, 06, 07	Male, Latino, victim, sexual abuse, symptoms	Title, Key Word	1986-2021	Journals, Academic Journals		Scopus was down. No results found.
03-10-2021	129	PSG 1	01, 02, 06, 23	a. Male or Boy or Boys or Man or Men b. African American or Afro American or Afro-Latino or Black American or Black c. Sexual abuse or Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking d. Problems or Issues or challenges or difficulties	Title, Key Word	1986-2021	Journals, Academic Journals	106	All peer-reviewed journals All 1986-2021
03-10-2021	130	PSG 7	01, 02, 14	a. Male or Boy or Boys or Man or Men b. African American or Afro American or Afro-Latino or Black American or Black c. Military sexual trauma or military sexual assault or military sexual abuse	Title, Key Word	1986-2021	Journals, Academic Journals	9	All peer-reviewed journals All 2011-2019
03-10-2021	131	PSG 7	01, 03, 14	a. Male or Boy or Boys or Man or Men b. Latinx or Hispanic or Chicano or Mexican American or Mexican or Puerto Rican or Cuban or Spanish-speaking c. Military sexual	Title, Key Word	1986-2021	Journals, Academic Journals	2	All peer-reviewed journals All 2016-2019

Search Date	Full Search ID#	Database/ Source	Search Term ID#s	Search Syntax or Other Guidelines for Search	Fields Searched	Search Specifier: Years	Search Specifier: Publication Type	# of Recs	Notes
				trauma or military sexual assault or military sexual abuse					
03-10-2021	132	PSG 7	01, 02, 17	a. Male or Boy or Boys or Man or Men b. African American or Afro American or Afro-Latino or Black American or Black c. Clergy or Church or Minister or Priest or Reverend	Title, Key Word	1986-2021	Journals, Academic Journals	3	All peer-reviewed journals All 1997-2017
03-10-2021	133	PSG 7	01, 03, 17	a. Male or Boy or Boys or Man or Men b. Latinx or Hispanic or Chicano or Mexican American or Mexican or Puerto Rican or Cuban or Spanish-speaking c. Clergy or Church or Minister or Priest or Reverend	Title, Key Word	1986-2021	Journals, Academic Journals	0	
03-10-2021	134	PSG 1	01, 03, 05, 06, 09	a. Male or Boy or Boys or Man or Men b. Latinx or Hispanic or Chicano or Mexican American or Mexican or Puerto Rican or Cuban or Spanish-speaking c. Victim or survivor d. Sexual abuse or Sexual Trauma or Sexual Assault or Sexual Violence or Sexual	Title, Key Word	1986-2021	Journals, Academic Journals	19	All peer-reviewed journals All 1989-2020

Search Date	Full Search ID#	Database/ Source	Search Term ID#s	Search Syntax or Other Guidelines for Search	Fields Searched	Search Specifier: Years	Search Specifier: Publication Type	# of Recs	Notes
				Exploitation or Sex Trafficking e. Treatment or Psychotherapy or Psychoeducation or Intervention or Prevention or Psychosocial or Public Health or Education					
03-10-2021	135	PSG 2	01, 03, 05, 06, 09	a. Male or Boy or Boys or Man or Men b. Latinx or Hispanic or Chicano or Mexican American or Mexican or Puerto Rican or Cuban or Spanish-speaking c. Victim or survivor d. Sexual abuse or Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking e. Treatment or Psychotherapy or Psychoeducation or Intervention or Prevention or Psychosocial or Public Health or Education	Title, Key Word	1986-2021	Journals, Academic Journals	0	
03-10-2021	136	PSG 3	01, 03, 05, 06, 09	a. Male or Boy or Boys or Man or Men b. Latinx or Hispanic or Chicano or Mexican American or Mexican or Puerto Rican or Cuban or Spanish-speaking c. Victim or survivor	Title, Key Word	1986-2021	Journals, Academic Journals	5	All peer-reviewed journals All 1999-2014

Search Date	Full Search ID#	Database/ Source	Search Term ID#s	Search Syntax or Other Guidelines for Search	Fields Searched	Search Specifier: Years	Search Specifier: Publication Type	# of Recs	Notes
				d. Sexual abuse or Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking e. Treatment or Psychotherapy or Psychoeducation or Intervention or Prevention or Psychosocial or Public Health or Education					
03-10-2021	137	PSG 4	01, 03, 05, 06, 09	a. Male or Boy or Boys or Man or Men b. Latinx or Hispanic or Chicano or Mexican American or Mexican or Puerto Rican or Cuban or Spanish-speaking c. Victim or survivor d. Sexual abuse or Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking e. Treatment or Psychotherapy or Psychoeducation or Intervention or Prevention or Psychosocial or Public Health or Education	Title, Key Word	1986-2021	Journals, Academic Journals	3	All peer-reviewed journals All 2009-2015
03-10-2021	138	PSG 5	01, 03, 05, 06, 09	a. Male or Boy or Boys or Man or Men b. Latinx or Hispanic or Chicano or Mexican American or	Title, Key Word	1986-2021	Journals, Academic Journals	11	All peer-reviewed journals All 1993-2016

Search Date	Full Search ID#	Database/ Source	Search Term ID#s	Search Syntax or Other Guidelines for Search	Fields Searched	Search Specifier: Years	Search Specifier: Publication Type	# of Recs	Notes
				Mexican or Puerto Rican or Cuban or Spanish-speaking c. Victim or survivor d. Sexual abuse or Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking e. Treatment or Psychotherapy or Psychoeducation or Intervention or Prevention or Psychosocial or Public Health or Education					
03-10-2021	139	PSG 6	01, 03, 05, 06, 09	a. Male or Boy or Boys or Man or Men b. Latinx or Hispanic or Chicano or Mexican American or Mexican or Puerto Rican or Cuban or Spanish-speaking c. Victim or survivor d. Sexual abuse or Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking e. Treatment or Psychotherapy or Psychoeducation or Intervention or Prevention or Psychosocial or Public Health or Education	Title, Key Word	1986-2021	Journals, Academic Journals	6	All peer-reviewed journals All 2000-2020
03-10-2021	140	PSG 7	01, 03, 05, 06, 09	a. Male or Boy or Boys or Man or Men	Title, Key Word	1986-2021	Journals, Academic Journals	14	All peer-reviewed journals

Search Date	Full Search ID#	Database/ Source	Search Term ID#s	Search Syntax or Other Guidelines for Search	Fields Searched	Search Specifier: Years	Search Specifier: Publication Type	# of Recs	Notes
				b. Latinx or Hispanic or Chicano or Mexican American or Mexican or Puerto Rican or Cuban or Spanish-speaking c. Victim or survivor d. Sexual abuse or Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking e. Treatment or Psychotherapy or Psychoeducation or Intervention or Prevention or Psychosocial or Public Health or Education					All 1997-2020
03-10-2021	141	IS 1	01, 03, 05, 06, 09	a. Male or Boy or Boys or Man or Men b. Latinx or Hispanic or Chicano or Mexican American or Mexican or Puerto Rican or Cuban or Spanish-speaking c. Victim or survivor d. Sexual abuse or Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking e. Treatment or Psychotherapy or Psychoeducation or Intervention or Prevention or Psychosocial or	Title, Key Word	1986-2021	Journals, Academic Journals	14	All duplicate records; not recorded

Search Date	Full Search ID#	Database/ Source	Search Term ID#s	Search Syntax or Other Guidelines for Search	Fields Searched	Search Specifier: Years	Search Specifier: Publication Type	# of Recs	Notes
				Public Health or Education					
03-10-2021	141	IS 2	01, 03, 05, 06, 09	a. Male or Boy or Boys or Man or Men b. Latinx or Hispanic or Chicano or Mexican American or Mexican or Puerto Rican or Cuban or Spanish-speaking c. Victim or survivor d. Sexual abuse or Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking e. Treatment or Psychotherapy or Psychoeducation or Intervention or Prevention or Psychosocial or Public Health or Education	Title, Key Word	1986-2021	Journals, Academic Journals	6	All duplicate records; not recorded
03-10-2021	141	IS 3	01, 03, 05, 06, 09	a. Male or Boy or Boys or Man or Men b. Latinx or Hispanic or Chicano or Mexican American or Mexican or Puerto Rican or Cuban or Spanish-speaking c. Victim or survivor d. Sexual abuse or Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking e. Treatment or	Title, Key Word	1986-2021	Journals, Academic Journals	15	All duplicate records; not recorded

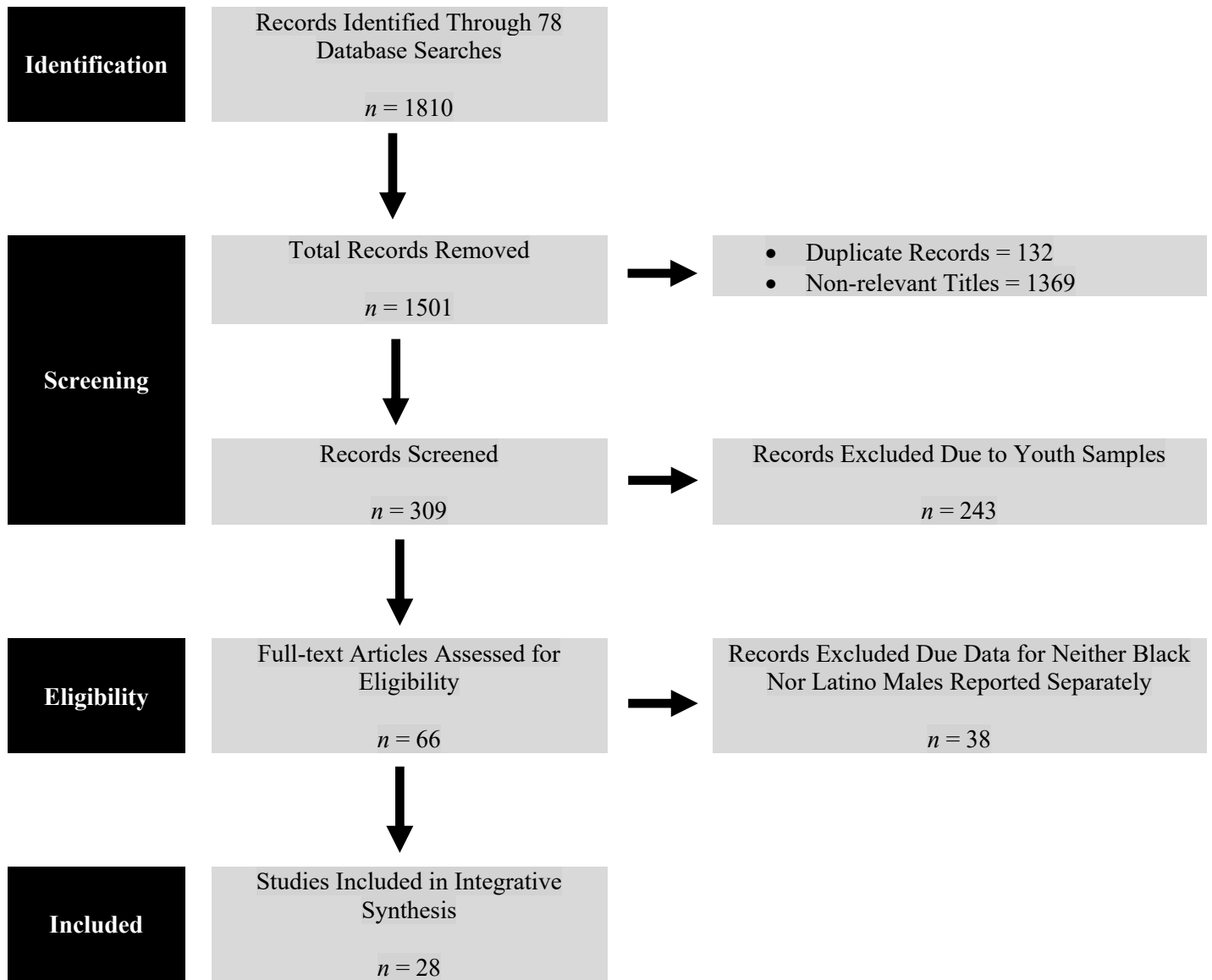
Search Date	Full Search ID#	Database/ Source	Search Term ID#s	Search Syntax or Other Guidelines for Search	Fields Searched	Search Specifier: Years	Search Specifier: Publication Type	# of Recs	Notes
				Psychotherapy or Psychoeducation or Intervention or Prevention or Psychosocial or Public Health or Education					
03-10-2021	141	IS 4	01, 03, 05, 06, 09	a. Male or Boy or Boys or Man or Men b. Latinx or Hispanic or Chicano or Mexican American or Mexican or Puerto Rican or Cuban or Spanish-speaking c. Victim or survivor d. Sexual abuse or Sexual Trauma or Sexual Assault or Sexual Violence or Sexual Exploitation or Sex Trafficking e. Treatment or Psychotherapy or Psychoeducation or Intervention or Prevention or Psychosocial or Public Health or Education	Title, Key Word	1986-2021	Journals, Academic Journals	23	All duplicate records; not recorded

APPENDIX E

Screening and Selection Record

APPENDIX F

Study Selection Flow Diagram



APPENDIX G

Data Collection and Extraction Form

Extractor's Initials _____

Date of Extraction _____

Study/Document Identification

Document Name <i>(surname of first author and year first full report of study was published e.g. "Smith 2001")</i>	
Document ID <i>(4-digit number assigned to each document)</i>	
Publication Year <i>(dd/mm/yyyy)</i>	
Full Document Title	

General Information

Date Form Completed <i>(dd/mm/yyyy)</i>	
Source/Publication Type <i>(journal, book, conference report, dissertation, etc.)</i>	
Source Name <i>(title of journal, book, organization, etc.)</i>	
Publication Status	<input type="checkbox"/> Published <input type="checkbox"/> Unpublished
Document Language	
Notes:	

Methodological Information

Component	Description as Stated in Document	Location in Text <i>(pg & ¶/fig/table)</i>
Aim of Study <i>(e.g. efficacy, equivalence, pragmatic, etc.)</i>		
Methods: General Design	<input type="checkbox"/> Quantitative <input type="checkbox"/> Qualitative <input type="checkbox"/> Mixed <input type="checkbox"/> Other:	
Methods: Specific Design/Approach		
Study Start Date <i>(dd/mm/yyyy)</i>		
Study End Date <i>(dd/mm/yyyy)</i>		
Duration of Participation <i>(from recruitment to last follow-up)</i>		
Ethical Approval Needed/Obtained for Study	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear	
Notes:		

Setting Information

Component	Description as Stated in Document	Location in Text (pg & ¶/fig/table)
Study Location (<i>geographical data</i>)		
Data Collection Setting		
Notes:		

Participant Information

Component	Description as Stated in Document	Location in Text (pg & ¶/fig/table)
Population Description (<i>from which study participants are drawn</i>)		
Inclusion Criteria		
Exclusion Criteria		
Recruitment Methods		
Sample Size		
Participant Gender		
Participant Age		
Participant Race/Ethnicity		
Participant Marital Status		
Participant Highest Level of Education		
Participant Religious/Spiritual Beliefs		
Participant Sexual Orientation		
Participant HIV Status		
Participant SES		
Participant Employment Status		
Participant Incarceration History (Y or N)		
Family Type (<i>intact, single-parent, foster, etc.</i>)		
Primary Diagnosis		
Comorbidities		
Notes:		

Characteristics of Sexual Trauma

Component	Description as Stated in Document	Location in Text <i>(pg & ¶/fig/table)</i>
Nature(s) of Sexual Trauma		
Context/Setting of Abuse		
Duration of Sexual Abuse		
Number of Sexual Abuse Incidents		
Age at First Sexual Violation		
Perpetrator Gender		
Perpetrator Age		
Survivor's Relationship to Perpetrator		
Age First Sought Treatment		
Notes:		

Symptoms and Problems Reported

Component	Description as Stated in Document	Location in Text <i>(pg & ¶/fig/table)</i>
Symptom/Problem 1: PTSD or Trauma		
Symptom/Problem 2: Depression		
Symptom/Problem 3: Anxiety		
Symptom/Problem 4: Substance Use/Abuse		
Symptom/Problem 5: Risky Sexual Behavior		
Symptom/Problem 6: Suicidal Ideation/Self-Harm		
Symptom/Problem 7: Interpersonal Challenges		
Symptom/Problem: Other		
Symptom/Problem: Other		
Notes:		

Assessment of Research Variables

Research Variables	Assessment Method(s) <i>(measure, observation, interview question, archival, etc.)</i>	Reliability Validity Utility	Location in Text <i>(pg & ¶/fig/table)</i>
Symptoms: PTSD or Trauma		Reliability: Validity: Utility:	
Symptoms: Depression		Reliability: Validity: Utility:	
Symptoms: Anxiety		Reliability: Validity: Utility:	
Symptoms: Substance Use/Abuse		Reliability: Validity: Utility:	
Symptoms: Other		Reliability: Validity: Utility:	
Intervention: Psychotherapy		Reliability: Validity: Utility:	
Intervention: Psychoeducation		Reliability: Validity: Utility:	
Variable 8:		Reliability: Validity: Utility:	
Variable 9:		Reliability: Validity: Utility:	
Variable 10:		Reliability: Validity: Utility:	
Notes:			

Intervention Information

Component	Description as Stated in Document	Location in Text <i>(pg & ¶/fig/table)</i>
Type of Intervention – A		
Name of Intervention – A		
Length of Intervention – A		
Intervention Description – A		
Group Name – A1		

No. Randomized to Group – A1		
Group Name – A2		
No. Randomized to Group – A2		
Type of Intervention – B		
Name of Intervention – B		
Length of Intervention – B		
Intervention Description – B		
Group Name – B1		
No. Randomized to Group – B1		
Group Name – B2		
No. Randomized to Group – B2		
Type of Intervention – C		
Name of Intervention – C		
Length of Intervention – C		
Intervention Description – C		
Group Name – C1		
No. Randomized to Group – C1		
Group Name – C2		
No. Randomized to Group – C2		
Notes:		

Analysis and Statistical Information

Component	Description as Stated in Document	Location in Text (pg & ¶/fig/table)
Descriptive Statistics Used		
Inferential Statistics Used		
Qualitative Analysis Conducted		
Other		
Notes:		

Results and Outcomes

Component	Description as Stated in Document	Location in Text (pg & ¶/fig/table)
Key Result #1:		
Key Result #2:		
Key Result #3:		
Key Result #4:		

Key Result #5:		
Key Result #6:		
Key Result #7:		
Key Result #8:		
Key Result #9:		
Key Result #10:		
Notes:		

Conclusions and Follow-Up

Component	Description as Stated in Document	Location in Text (pg & ¶/fig/table)
Key Conclusions of Study Authors		
Study Author's Recommendations for Future Research		
Does this study directly address a research question? <i>(any issues of partial or indirect applicability)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No How/State Which Question. Why not?	
Take-Aways: General		
Take-Aways: Implications for Practice		
Salient Study Limitations <i>(to inform quality appraisal)</i>		
References to Other Relevant Studies		
Further Study Information Needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No From Whom? What and when? Contact info?	
Correspondence Received <i>(from whom, what and when)</i>		
Notes:		

APPENDIX H

Evidence Table 7. Resilience

Study	BM & LM Participants	Assessment Technique(s)	Key Finding(s)
Downing et al., 2020	36 BM* 25 LM	Measurement Tool: Revised Connor-Davidson Resilience Scale (CD-RISC2)	BM & LM reported same high mean scores of perceived resilience (7 out of 8). For both groups, data illustrated a significant negative correlation between resilience and PTSD symptoms.
Myers et al., 2015	167 BM* 50 LM	Measurement Tool: not formally measured	Study examined the impact of lifetime adversities on participants' mental health. Variables considered included discrimination, childhood adversities, chronic stress, severe childhood trauma, CSA, and adult trauma. Study assessed the severity of symptoms related to anxiety, depression, and PTSD. Given participants' complicated trauma histories, psychological wellbeing was better than hypothesized, suggesting that these groups are highly resilient.
Roxburgh & MacArthur, 2014	5,561 BM* 2,207 LM	Measurement Tool: not formally measured	Study examined the relationship between adverse childhood events and the prevalence of depression among inmates. Despite having similar histories of parental substance abuse, physical assault, foster care, and sexual assault, White inmates presented with greater levels of depression than did Black and Latino inmates, suggesting that BM and LM may be more resilient.
Sauceda et al., 2014	149 LM	Measurement Tool: 25-item Connor-Davidson Resilience Scale (CD-RISC)	Average resilience score for participants was 96 (maximum possible: 125).

APPENDIX I

Quality Assessment Form

Study ID#: _____

Publication Year: _____

Publication Author(s): _____

PART I

Category of Study Design	Methodological Quality Criteria		Responses			
			Y e s	N o	Uncertain	Comments
Screening Questions (for all types)	S1	Are there clear research questions?				
	S2	Do the collected data allow to address the research questions?				
1 Qualitative Studies	1.1	Is the qualitative approach appropriate to answer the research question?				
	1.2	Are the qualitative data collection methods adequate to address the research question?				
	1.3	Are the findings adequately derived from the data?				
	1.4	Is the interpretation of results sufficiently substantiated by data?				
	1.5	Is there coherence between qualitative data sources, collection, analysis and interpretation?				
2 Quantitative Randomized Controlled Studies	2.1	Is randomization appropriately performed?				
	2.2	Are the groups comparable at baseline?				
	2.3	Are there complete outcome data?				
	2.4	Are outcome assessors blinded to the intervention provided?				
	2.5	Did the participants adhere to the assigned intervention?				
3 Quantitative Non-randomized Studies	3.1	Are the participants representative of the target population?				
	3.2	Are measurements appropriate regarding both the outcome and intervention (or exposure)?				
	3.3	Are there complete outcome data?				
	3.4	Are the confounders accounted for in the design and analysis?				
	3.5	During the study period, is the intervention administered (or exposure occurred) as intended?				
4 Quantitative Descriptive Studies	4.1	Is the sampling strategy relevant to address the research question?				
	4.2	Is the sample representative of the target population?				
	4.3	Are the measurements appropriate?				
	4.4	Is the risk of nonresponse bias low?				
	4.5	Is the statistical analysis appropriate to answer the research question?				

5 Mixed Methods Studies	5.1	Is there an adequate rationale for using a mixed methods design to address the research question?				
	5.2	Are the different components of the study effectively integrated to answer the research question?				
	5.3	Are the outputs of the integration of qualitative and quantitative components adequately interpreted?				
	5.4	Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?				
	5.5	Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?				

PART II

1. Specific Design/Inquiry Approach: _____

RATING SCALE	Strong	Adequate	Weak	Missing	N/A
		3	2	1	0

2. Strength of Literature Foundation and Rationale for Study: _____ (POSSIBLE CONSIDERATIONS: current and relevant references, background literature sufficiently comprehensive, Need/Rationale for study clearly stated, etc.)

3. Clarity and Specificity of Research Aims/Objectives/Questions: _____

4. Quality of Research Design or Methodological Approach: _____ (POSSIBLE CONSIDERATIONS: provides rationale for design chosen, appropriateness for research questions, clear description of design and methodological approach, strength of design characteristics utilized (e.g., randomization, blinding, triangulation, etc.), potential confounds identified and addressed in some way, consideration of internal and external validity in design, specific design-based “risk of bias” criteria)

5. Sample Selection and Characteristics: _____ (POSSIBLE CONSIDERATIONS: adequacy of sample size in context of design, detailed description of sample characteristics, representativeness of sample, adequacy of sample characteristics in the context of research aims, detailed description of recruitment and selection of participants, extent of selection or sample bias,)

6. Measures / Data Collection Tools: _____ (POSSIBLE CONSIDERATIONS: rationale for selection, appropriateness for assessing variables, development of new tool clearly described, psychometric properties (reliability, validity, utility) described, adequacy of psychometric properties, sufficiently comprehensive, etc.)

7. Data Collection Procedures: _____

(POSSIBLE CONSIDERATIONS: data collection procedures clearly described, intervention strategies and implementation described in detail, quality of data collected, attrition, etc.)

8. Analysis of Data:

(POSSIBLE CONSIDERATIONS: appropriateness of analysis for research questions and type of data, power and effect size presented, results presented clearly and comprehensively, etc.)

9. Discussion of Study Limitations:

(POSSIBLE CONSIDERATIONS: identifies and discusses limitations in the context of design/strategy utilized (e.g., various forms of bias, internal validity, external validity (generalizability), ecological validity, transferability, credibility, transparency, etc.), comprehensiveness of limitations identified)

10. Consideration of culture and diversity:

(POSSIBLE CONSIDERATIONS: attention to diversity within sample, includes culturally appropriate methods and tools, avoids biased language, uses appropriate terminology, etc.)

TOTALS	3s	2s	1s	0s
GRAND TOTAL:				

11. OVERALL RATEING	Strong (22-27)	Adequate (13-21)	Weak (0-12)
	_____	_____	_____

APPENDIX J
IRB Documentation

PEPPERDINE UNIVERSITY

Graduate & Professional Schools Institutional Review Board

April 16, 2020

Protocol #: **04162020**

Project Title: Providing Treatment to African American and Latino Men with Histories of Sexual Trauma: An Integrative Systematic Review

Dear Jasmyne-Shaye:

Thank you for submitting a, "GPS IRB Non-Human Subjects Notification Form" for ***Providing Treatment to African American and Latino Men with Histories of Sexual Trauma: An Integrative Systematic Review*** project to Pepperdine University's Institutional Review Board (IRB) for review. The IRB has reviewed your submitted form and all ancillary materials. Upon review, the IRB has determined that the above titled project meets the requirements for non-human subject research under the federal regulations 45CFR 46.101 that govern the protection of human subjects.

Your research must be conducted according to the form that was submitted to the IRB. If changes to the approved project occur, you will be required to submit *either* a new "GPS IRB Non-Human Subjects Notification Form" or an IRB application via the eProtocol system (<http://irb.pepperdine.edu>) to the Institutional Review Board.

A goal of the IRB is to prevent negative occurrences during any research study. However, despite our best intent, unforeseen circumstances or events may arise during the research. If an unexpected situation or adverse event happens during your investigation, please notify the IRB as soon as possible. We will ask for a complete explanation of the event and your response. Other actions also may be required depending on the nature of the event. Details regarding the timeframe in which adverse events must be reported to the IRB and documenting the adverse event can be found in the Pepperdine University Protection of Human Participants in Research: Policies and Procedures Manual at <https://community.pepperdine.edu/irb/policies/>.

Please refer to the protocol number denoted above in all further communication or correspondence related to this approval.

On behalf of the IRB, we wish you success in this scholarly pursuit.

Sincerely,

Institutional Review Board (IRB)
Pepperdine University

cc: Mrs. Katy Carr, Assistant Provost for Research
Dr. Judy Ho, Graduate School of Education and Psychology IRB Chair