

# Care and support needs of male survivors of childhood sexual abuse

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This briefing was written by Sarah Nelson based on the report *Care and Support Needs of Male Survivors of Childhood Sexual Abuse* (2009). It was edited by Jennifer Flueckiger, Lynn Jamieson and Sarah Morton. The full report is available on the CRFR website.

A limited number of hard copies will also be available from CRFR and from Health in Mind, 40 Shandwick Place, Edinburgh EH2 4RT.



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# Care and support needs of male survivors of childhood sexual abuse

Little research has been done on the needs of men who experienced child sexual abuse, particularly on survivors' own perspectives. Mental health charity, Health in Mind worked with CRFR on a Big Lottery funded project, to explore care and support needs of male survivors of childhood sexual abuse. This briefing outlines the project's findings and recommendations.

## Key Points

- Only a quarter of survivors had been able to tell anybody about their abuse as a child. Most of these were disbelieved
- Boys who reacted angrily and disruptively to abuse were usually simply punished or excluded from school. Exclusions exposed some to dangerous situations on the streets
- Fear dominated the children's considerations about contact with their fathers
- Trauma had serious effects on concentration and achievement at school
- Fear of being branded gay was particularly influential in silencing boys as children. Fear of being assumed an abuser often silenced them again as adults. Most struggled with confusion over issues of sexuality and masculinity
- Most survivors were dissatisfied with mental health services which they felt over-medicated and ignored abuse issues. They greatly valued empathetic and knowledgeable staff and most had found counselling very helpful
- While most survivors interviewed had achieved well in their careers in adult life, they suffered mental health and other problems. They felt adult survivors needed much more support to cope with these breaks in career
- Amongst the prisoners interviewed there were links between offending and effects of abuse trauma were evident. All of this subgroup also had backgrounds of very severe deprivation
- There is a considerable need for services for male survivors in Scotland. Mainstream services such as drug/alcohol and offending programmes should also consider and address underlying trauma as a reason behind intractable behaviour or addictions

## Background and policy context

Existing literature on sexual abuse of boys suggests male survivors can be vulnerable to mental and physical ill health, confusion over sexuality and masculinity, anger, risk behaviours and difficulties in personal relationships (Alaggia and Millington 2008; Dube et al 2005; Holmes and Slap 1998; Paul et al 2001). However, very little research, particularly on survivors' own perspectives, has been carried out in Scotland on the needs of men who experienced childhood sexual abuse (CSA).

In a needs assessment for NHS Lothian by Health in Mind (Nelson 2004) a range of agencies reported

that many abused male clients suffered serious life problems, including suicidal feelings, mental distress and addictions. Only 3 of 82 responding agencies thought provision for male survivors of CSA was adequate. Many called urgently for more services and training.

A study with Scottish women abused in childhood, *Beyond Trauma* (Nelson 2001) was carried out in 2001. This and the launch of the Scottish Executive's National Strategy for Survivors of Sexual Abuse in 2005, with its emphasis on survivor-informed policies, gave further impetus to research on male survivors.

## The study

The research was a collaborative project between CRFR and Health in Mind funded by the Big Lottery. Life history methodology was chosen, for two reasons. First, abuse is not the whole of someone's life and this methodology enabled respondents to record positive as well as negative experiences. Secondly, it makes no assumptions about points in the lifecourse when support or intervention would have been helpful.

Two recorded interviews took place with 24 respondents, many using a 'life grid' to assist recall and aid rapport. A subgroup of eight was serving or recent prisoners, mainly aged 18-22. The rest ranged in age from 32 to 63.

Two-thirds were first abused between age six and ten, and a majority were abused over more than two years. Most abusers were male. Also, staff in positions of trust or 'family friends' outnumbered family members as abusers.

## Findings

### Silencing as a child

Only six men had been able to tell in childhood. Even the younger men more recently abused were often disbelieved or told that nothing could be done. The rest were silenced either through fear and intimidation, shame, isolation, self-blame or belief they would be taunted as gay.

I just knew by my dad's voice, that was enough – looking back on it, I don't think I would be here. I would be nine feet under.  
(Gordon)\*

People would laugh at you and nobody would believe you, plus the rest of the kids would get to find out and say oh, you're a poof....  
(Jo)

### Trauma and concentration at school

Like the women in the Beyond Trauma study, a minority of survivors poured themselves into work and achieved highly to try and escape their situation. However, most found their daily concentration and ability to learn at school severely affected by the traumatic experiences. They felt the reasons were not identified or misinterpreted by others.

It completely destroyed my self esteem... I couldn't write very well and could only read things I was really interested in, otherwise it was just like shutdown.  
(Padraig)

### Disaffection, exclusions and offending

Some survivors became isolated, bullied or stigmatized loners at school. Others became angry and disruptive, which led to frequent punishments and exclusions. Some of these exclusions led to dangerous situations on the streets. Several had deliberately offended to try and get removed from the abusive situation, but this had not worked.

I was suspended 15 times - nobody worked out what was wrong. Eventually every time, I just took to the streets ... go and get my excluded pals and get some booze.  
(Hunter)

### Jobs careers and education

Most survivors (excluding the prisoner group) had achieved well in adult life, in fields ranging from music and the arts to engineering and mental health. However, almost all had found their careers disrupted and interrupted by mental health and other problems. Training, benefits and employment systems took poor account of these problems.

A quarter of survivors had entered the armed forces, seeing it as an escape, but had found these to be macho and bullying environments which were more likely to add to than help the effects of trauma.

When you've been sexually abused as a man, then you have huge questions about your masculinity anyway: the last thing you need is to be put into a culture of macho-ism where the whole concept is to show aggression and hide your feelings.  
(Scott)

### Masculinity and relationships

Most survivors who identified themselves as heterosexual or bisexual had struggled considerably with confusion about their sexual identity and masculinity. The five men who identified as gay emerged as the most secure in their own identity.

Most survivors had experienced problems in intimate relationships, varying from fearful withdrawal to promiscuous avoidance of commitment. However, where men had supportive partners and children, this support had been a strong impetus to seek help with the effects of their trauma.

Fear of being branded an abuser made several very cautious in their relationships with their children.

I went to see a counsellor in [C] ... and I just had to say look, I'm not abusing my child - you're scared to say anything in case right away they're going to have social services involved.  
(Phil)

### Mental health support

The survivors suffered a wide range of often severe mental health effects during their lives. Most were very critical in retrospect of practitioners' failures to recognise or address their abuse trauma and of the treatments they experienced, citing examples ranging from no intervention to over-medication and brutal control.

We spoke about St John's Wort, we spoke about my mother. Every issue but the central issue.  
(Roy)

Survivors also reported positive experiences. Like women in the Beyond Trauma study, they particularly valued both statutory and voluntary sector mental health staff who showed empathy, respect, patience and informed understanding of abuse trauma, rather than valuing one particular therapy over another. Counselling had been a very positive experience for most men, especially for the prisoner group.

### Addictions

A quarter of the survivors had become addicted to drink or drugs, to try and blot out the trauma, some even before their teens. However, most practitioners failed to identify and address underlying reasons. Survivors criticised alcohol and drug programmes for only dealing with surface symptoms. This fact had already been observed and criticised in a previous Scottish study (Eley Morris et al 2002).

Half the survivor group had experienced other addictions during their lives, such as gambling, compulsive eating, 'workaholism', compulsive self-harming or addiction to anonymous sex in public places.

When I ran away I didn't care what happened to me. Because I had nothing to look forward to and I had nothing in my life, just bad memories ... so I just took drugs and drink.  
(Dean)

### Anger and aggression

While some survivors took their anger out on themselves as adults, others acknowledged how rage drove them to lash out at others or to be over-controlling in their relationships.

I walk along the street and somebody looks at me, the way everybody does: I'd go over and hit him. It was a case of I was angry, he's looked at me ... I'm going to blame it on him!  
(Liam)

### The prisoner/ex prisoner group

All the men who were prisoners or ex-prisoners had very severe deprivation in their backgrounds and experienced domestic violence, family disruption and instability, as well as sexual abuse. Nearly all had been in the care system. Two young men had experienced street abductions and horrific sexual assaults during abscondings from care, yet these crimes had not been reported.

Nobody ever asked me what was wrong when I was in care or prison. I was always in trouble; everyone I knew who was into crime, in care, had been sexually abused. It makes my heart bleed that there will be more children.  
(Pete)

### Gender issues

The male survivors shared many experiences, effects and views with female survivors in the Beyond Trauma study.

However they appeared to find it even harder to trust and tell, they were much more vulnerable to confusion over their sexuality and gender identities, and issues about work and career problems were greater for the men.

### Policy implications

- Sexually abused boys who react disruptively appear very vulnerable to school exclusion. The search for alternatives to exclusion and sensitive inquiry about underlying problems are urgent. Exclusions also put abused boys at risk of further exploitation, drug misuse and offending.
- In schools and youth settings, boys' fear of being branded 'gay' is pervasive and keeps most abused boys silent. Homophobia needs to be challenged in these settings, before boys will feel free to report sexual abuse.
- More specialists to work with the effects of serious childhood trauma are needed, especially in residential care. Otherwise attempts to improve educational achievement of, in particular, looked-after children may continue to have low success.
- There is considerable unmet need for a range of therapeutic and support services for adult male survivors, in the community, within mental health services and in prisons. Survivor self-help groups need to be resourced and supported.
- In cases of aggression, persistent offending or intractable substance use, abuse as a possible root cause should be sensitively explored. All major agencies should be involved in providing resources to aid recovery from child abuse, including criminal justice and forensic services, social work, substance misuse agencies and homeless agencies. Recovery regimes should include promoting the safety of partners and families of aggressive men who have experienced abuse trauma.
- Confidential helplines and genuinely independent counsellors would benefit all victims of trauma, but especially where institutional culture, such as in the armed forces, makes it difficult to reveal sensitive issues such as sexual abuse.
- Professionals working with male survivors in mental health and a range of other services need training and confidence-building to address male sexual abuse and resist the temptation to ignore, fear or sidestep the issue.
- Many survivors were silenced in adulthood through knowing of others' beliefs that abused men would in turn abuse children. Agencies and employers should assess risk individually, not on the basis of prejudice about a particular group.

\*names have been changed