Good practice guidelines for "mainstream" crisis support services responding to sexual violence perpetrated against adults.

Round Two – Working with Men.

1. Overview

This report contributes to a larger, more comprehensive project looking at good practice in response to sexual violence across a number of population groups. The report aims to:

- establish what is 'good practice' for mainstream crisis support services when working with male survivors of sexual violence, through review of the literature and hui with appropriate people.
- develop this 'good practice' into guidelines which can be used by mainstream crisis support services to inform their service development and practice.

2. Sexual abuse and males.

Since the 1970's the women's movement has done much to both draw attention to the experiences of female victims of sexual violation as well as to develop appropriate support systems. While effective in many ways this initiative has also had the effect of contributing to the sense of isolation experiences by male victims of sexual violation (Davies, 2002).

Several authors have supported this view stating that the literature relating to child sexual abuse (CSA[1]) has been almost exclusively based on the experiences and associated effects with female victims, with limited or no attention given to male victims (Rodriguez-Srednicki & Twaite, 2006; Nicholls, 2014). Nicholls points to a more recent increase on research related to male victims of CSA and suggest that this may be due to media reports such as attention on abuse of boys in religious establishments. However it is estimated that initiatives involving awareness of and support of male victims lag 20 years behind those aimed at female victims (Davies, 2002).

The literature review carried out for this project identified that while the majority of literature related to child sexual abuse (CSA) is based on women's experiences, the past 10 years has seen a wide range of literature relating to men's experiences published.

[1] CSA will be the term and experience focussed on throughout this report. While sexual abuse of men is an important issue the literature is primarily related to CSA and the participants in this project were all victims of CSA

However as the bulk of literature continues to explore women's experience of CSA, careful attention needs to be paid to interpreting sources, particularly research literature, where the gender of participants is not clear.

The literature is clear and relatively consistent in that with many victims of CSA, the effects are complex and deeply traumatising. These include, but are not limited to, anxiety and social withdrawal, disabling levels of shame and self-blame, suicide, alcohol and drug use, a drop in socio-economic status, teen pregnancy and parenting, relationship and sexual difficulties, family violence and involvement in crime (Jacob & Veach, 2005; McPhillips, Black, & Nicholas 2009). These points are supported by Maniglio (2009) who describes how CSA contributes to a range of medical, psychological and behavioural disorders for both sexes. In many ways the effects are similar for males and females (Yarrow & Churchill, 2009). There is evidence that the situation affecting males is not well researched. This point is supported by Easton (2013) who described male victims of CSA as a 'stigmatized, under-studied, and marginalised population'. It should also be noted at this stage that a number of victims of CSA move on to live relatively functional lives (Fortier and DiLillo, 2010).

While the consistencies above are commonly described in the literature it should be understood that there is considerable variation in three main areas.

Firstly there is considerable variation in the severity of effects. For example, while Collin-Vézinal, Daigneault, & Hébert, (2013) cite figures of 1 in 5 female victims and 1 in 10 males, Monk-Turner & Light (2010) cite rates of 1in 6 males and 1:4 females. Stemple (2014), in looking at sexual abuse with adults as well (eg. Prisons and armed services) suggests that the incidence between males and females may well be quite similar overall. These variations are related to areas such as the age of the child, the nature of the abuse and the presence of coercion or force (Putnam, 2003). Secondly considerable difference exists in the incidence rates of CSA due to varying definitions, methods of data collection, geographical and cultural perspectives. Figures of male/female incidence vary markedly as do the gender of the perpetrator. Thirdly are the gender differences that do exist in relation to CSA. Arguably the most evident of these is the difference in disclosure rates between male and female victims and the reasons driving this difference.

3. Disclosure

The evidence is clear that, while females experience sexual violation more frequently than males, males under-report to a much larger extent than do females. Stoltenborgh et al (2011) described a Canadian study which found that whereas 16% of female victims had never disclosed the abuse, this proportion rose to 30% for male victims. This is supported by O'Leary & Barber (2008) who add that male victims are less likely than females to disclose CSA at the time it occurs and also take longer to discuss their experiences. This delay has been quantified by a number of authors with O'Leary & Gould (2009) stating that men typically disclose abuse 10 years later than women. Nicholls (2014) extends this time stating that men in her study delayed disclosure for 10-15 years.

Perhaps the most telling aspect of difference between female and male experience of sexual abuse, are the impact of myths and stereotypes generally and more particularly the impact on disclosure patterns.

4. Myths and stereotypes regarding males and sexual abuse.

- Societal beliefs about males being self-reliant and dominant, relatively immune to expressions of vulnerability or helplessness are commonly understood and believed. For many survivors seeking help is almost unimaginable, almost a worse outcome than non-disclosure (Barnett et al, 2011; Romano & De Luca, 2001). Situations where the abuser is a women considerably worsens the contradiction between societal expectations, self image and the experience of abuse (Davies, 2002). While the victim's self-blame for at least in part somehow contributing to the abuse is no doubt true of both male and female victims. However Davies (2002) suggests that men, because of their internalised beliefs surrounding masculinity are at greater risk of believing they may have provoked the abuse in some way.
- The prevailing paradigm within services and society where violence, particularly sexual violence, is seen as an abuse of power. For example the statement, 'We believe that sexual violence is an abuse of power. It occurs primarily due to the way society defines the roles of women and men and supports a patriarchal system that views others as property, while also rewarding those who exercise power and control over others with no regard for human rights or dignity' (TOAH-NNEST TC Inc, 2009, 4.1.6). Given that crimes such as rape and sexual abuse are primarily associated with women, this invariably isolates male victims of sexual abuse. This isolation can lead to the belief that abuse has only happened to them (Nicholls, 2014). This isolation is further deepened with male victims of sexual abuse perpetrated by a female. This being an absolute contradiction to the prevailing ideology outline above.
- The belief that survivors of CSA move on to perpetuate abuse in others, creating a cycle of abuse. That is, the victim moves on to become a perpetrator. Olgoff et al (2012) report that this assumption is incorrect. They cite research that found 95% of survivors do not move on to become perpetrators (Olgoff et al, 2012). Regardless of the accuracy of this belief, that it actually exists contributes to male survivors not disclosing their experience of CSA (Nicholls, 2014). Further that this belief inhibits male survivors from entering into and enjoying relationshps, parenting and being with children.
- Drawing from the points above, the lack of belief that males are sexually abused. Nicholls (2014) observes that males are less likely to be believed than females when they disclose a history of abuse. Further that sexual abuse has little effect on males or at least that abuse is not a severe for males as it is for females. One specific gender stereotype is the view commonly held which sees males as seeking and appreciating early sexual experiences regardless of the nature of these experiences (Stemple & Meyer, 2014). The isolation, anxiety, depression and self blame resulting from this myth can lead to a loss of hope and subsequent suicidality.

  While a range of health and social issues result for victims of sexual abuse, the situation for males is worrying. O'Leary, & Gould, (2009) report that those men who are victims of

CSA consider suicide at 10 times the rate for Australian men generally with 46% of those having made at least one attempt.

- Questions or self-examination about sexual orientation, particularly with heterosexual males. This is especially if the victim sustained an erection during anal penetration are not uncommon (Stemple & Meyer, 2014). This can also involve doubts about sexual orientation if a heterosexual man was not a willing partner to a woman who wanted sex (Davies, 2002). Violence leading from anti-gay or homophobic views is well documented. It is well known that anti-gay sentiment leading to even violence is relatively common. Davies (2002) suggests that up to 10% of anti-gay violence can develop into sexual abuse.
- The refusal for society to believe that female offenders exist (Saradjian & Cortoni, 2010). Or that female offending is in some way less traumatic than for male perpetration. With male victims of CSA there are a considerably higher proportion of female offenders than exist for female victims.

In conclusion, considering the estimated high prevalence of sexual abuse and limited numbers of men who seek help, it is possible that many males (both children and adults) endure prolonged suffering and many never receive necessary intervention.

5. The Current initiative

This current initiative has been commissioned by the Ministry of Women's Affairs and asks about 'what best practice might be in the delivery of crisis support services [to] survivors in our communities (McPhillips, Black, & Nicholas, 2009, p7).

As Nicholls (2014) points out, overall there's a scarcity of information about how, when and where male victims of CSA seek/find support and how they perceive the quality and helpfulness of this support.

6. Project overview

This qualitative project used two consecutive focus groups of the same participants. The groups aimed to provide qualitative information that was authentic, credible and represented the considered opinions of those present. This process was followed in the belief that group discussion, combined with reflection over time (ie. Between the two groups) can produce insights that would not be uncovered through any other research process, especially 'one off' or 'snapshot' approaches to data collection such as in surveys or interviews. Ethically, apart from managing issues to do with anonymity and confidentiality, was the concern that group discussion asks the participants to reconnect with the original trauma they experienced. However rather than a negative experience those present considered the experience very positive.
As Close & Peel (2012) observe, professionals can often overstate the case for the need for participants to be protected from the trauma of reliving their experiences. Conversely, individuals may find this process a healing, positive experience.

There were 10 participants.

- Six were European and four were Māori.
- Ages ranged from 35 to 70 years with the average age being 50 years.
- The majority of participants first 'presented' to mental health services and two to their GP.
- The time period before disclosure ranged from 10 – 62 years with the average being 32 yrs
- Reasons for presentation varied but mostly because of behavioural/psychological concerns
- The only option regarding referral was counselling.

Data analysis involved the development of themes that emerged from the raw data. These were verified with the participants and are presented below as two major themes and associated subthemes.

7. Results

The initial engagement with professionals

i. The importance of a sense of trust in the professional.

McPhillips, Black, & Nicholas (2009) cite a range of characteristics of the development of a trusting relationship. These include, but are not limited to, a focus on partnership, being patient, not expecting trust, listening and not judging. While these foci would understandably be at the core of any professional relationship there were several points of difference in relation to trust that were mentioned by the participants.

> *With abuse you learn not to trust early on so why would you trust a stranger? Trust is a hard thing to gain. It's gone on for so long.*
>
> *You never get anywhere near trusting people. We don't get the feeling of trust. People that did what they did to us, we trusted them, but we still got hurt. Trust is something that builds over time.*
>
> *You get [that confusion] in your head, can I trust this person or not? I've got it wrong so many times in the past.*

Nicholls (2014) points to the hyper-vigilance experienced by victims when first encountering a professional.
This experience was broad in that it related to the environment as well as the interpersonal characteristics of the professional. Certificates, family portraits and suchlike were felt to be unsettling. McPhillips et al (2009) describe how participants in their study felt exposed, as if those presented knew their story before it had been disclosed.

Other factors mentioned ...

> *She listened to me, respected my story, gave me choices. She did all the right things. I pretty much trusted her from day one. I have more trust in women professionals. I'm working through this.*
>
> *What was good is that she had a methodology she was following. I helps if they have some knowledge.*
>
> *What're you going to tell a 25yr old? What do they know?*

Not being seen as an individual again featured strongly in the discussions. The sentiment was 'to be seen as a person, not as a cash cow'. This point related both to initial contact with professionals and to ongoing contact with others (eg. Counsellors).

> *I didn't want somebody just to hear my story I wanted somebody who would be [closer to me a person] not to see me as a cash cow. I wouldn't want to share anything with somebody like that. [I need] somebody walking with you, somebody that cares. It just helps. Get rid of the clock. You feel as though you're forgotten about as soon as you leave the office. Going to the counsellor, you go through the same old thing. They make you feel like a victim.*
>
> *They go that little bit extra. When I went to Court my counsellor came with me. Restorative justice, my cop wanted to come with me. Sort of like walking alongside you. Outside the parameters .....*

There was a belief expressed that professionals had little or no understanding of the grief and loss experienced by victims. The following quotation is typical of the experiences discussed.

> *I've walked away from an engagement and a marriage because I couldn't stand the closeness involved. The [professionals] never touched on that. They never talked about that. That's something we have to deal with ourselves. All the losses involved. The losses destroy us and that's what happened to us [with the original abuse].*

ii. The need for professionals to assess for abuse and to assist with early referral.

While most professionals are aware of the existence of CSA with males few understand the need to enquire or assess for this with clients. Also that most clients (and almost all men) even with questioning will not initially disclose previous abuse (Nicholls, 2014).
Havig (2008) found that those professionals that did enquire often used ineffective methods and with most having little training and confidence in managing this. However the participants in the current project were clear about the importance of this enquiry.

Nobody asked the right questions, they just thought I was being a little brat. My parents thought I was misbehaving so I got punished by them as well. Nobody thought to ask the question.

Nobody asked. Professionals need to ask the questions that will get us right. Training is needed. They should acknowledge the importance of sexual abuse. It's not acknowledged. It's just not right.

You go to GPs because you're struggling within yourself. It's where you naturally go. It was my GP that asked whether something had happened to me in the past. I couldn't sleep, my wife and I were fighting. I broke down when the GP asked.

[It was my GP] as well. I was [being treated through] mental health [services] They didn't ask the right questions. My GP was the only one that would listen. There was no help anywhere else. They just didn't want to know. My GP got me on the road to recovery. She listened, didn't judge, gave me information, referred and followed up to see how I was.

Nicholls (2014) observed that it wasn't just the need to enquire about a history of abuse but the need to respond to any disclosure in a positive, informed and otherwise supportive manner. Further, that enquiry may need to be repeated as the men she worked with did not initially disclose.

The participants in the current project were also clear about the need for early referral firstly to a peer group of male survivors of CSA and secondly to other agencies. A peer group was seen by the participants as absolutely vital to moving on. The sense of isolation experiences by male susvivors of CSA can be alleviated by groups, whether peer or facilitated (Fisher, Goodwin & Patton, 2008). In this case the particpants were talking about a peer run, peer group. The positive feelings and support the participants experiencedfrom a peer group cannot be overemphasised.

I can't remember anybody saying 'a counsellor saved my life' but I've heard several people say this about the peer group.

There's more trust in the peer group. You want answers like 'why am I like this?' Professionals don't talk, you talk and they listen. The answers come so much faster in the peer group. We needed to get into a group more quickly than what we did.

They need to get people into peer group support far, far quicker than they are. [With professionals] you can't choose not to talk as you can in the peer group.
We just need to options out there. The options need to be clear and early on.

Davies (2002) advises that, because of the importance of peer group support, this resource should be known to front line services (eg. medical, psychiatric and police) and referral supported as soon as possible.

iii. The need to respect and appreciate the emotions and processing involved.

While not only related to male victims of abuse, disclosure may well lead to further distress. As Ullman, Foynes & Tang (2010) explain, rather than being beneficial, disclosure is an ongoing, complex process. This process can be extremely harrowing.

> *It's more like a rollercoaster I find that, once the anxiety starts snowballing with not the correct answers and the length of time it takes to go through the process, [the anxiety] just builds and builds and that's what costs. It compounds and get worse before it gets better.*

In their project Mitchell & Chapman (2014, p26) noted that the male victims participating in their project frequently failed to keep to appointment times, sometimes being absent for a number of weeks. Mitchell & Chapman recommended the need for flexibility in supporting deeply traumatised male victims of CSA. with the time allocated needing to be generous. The support also needed to be available outside usual working hours. The authors questioned whether this level of support was sustainable in most professional settings.

iv. The need to respond to the clients need for information.

Victims of CSA have considerable difficulty linking the original abuse with their life of often extreme difficulty. The participants in the current project frequently emphasised that they were desperate for answers. While the following quotations are mainly about ongoing counselling, this point has implications for support around initial disclosure as well (Foster, Boyd, & O'Leary, 2012).

> *We need answers and they just don't do that. You talk and talk and talk but you don't get any answers. You go away still looking for answers. It doesn't work. It seems they want all the answers to come from me.*

> *Counsellors focus on the abuse, they want to go back to that. But we seem to be saying that we need answers to questions about why are we like this. If they focussed on that, why am I angry, frustrated, drinking or whatever. It was always going back to that point over and over again. I want to move forward. We were treading water in the past. It's a lot of wasted sessions. Counsellors need to ask us what we want from sessions.*

> *We want answers not pills. why did he do it?*

> *The counsellor didn't actually explain why rapists would do this, what goes through their mind. One counsellor could tell me about this because he worked with offenders as well.*

This point also extended to information needed about the participants' concerns about sexuality, particulaly concerns in hetereosexual men about homosexuality. This occurs even if they have never experiened sexual interest in males nor negative attitudes towards gay people. This adds to the need for silence in male victims of CSA (O'Dell, 2003).

> *I want to know why I would think about being gay.*

> *It's ruined my sex life. I can't have sex with my partner. I ask 'am I gay?' I don't know what it is. There is no feeling there because of this man. I aint gay but I want to know why I'd think that.*

Service provision generally.

i. A need for specialised services and people

> *It's like a desert out there.There is a general thing about not seeing men as victims. Women's Refuge have two houses [where I live], there's very little for men. There's a big gap.*

Sexual violence services providing crisis support have existed in New Zealand since the 1970s with the establishment of a number of Rape Crisis groups. However the lack of specialised services for males is well established. While services specifically for women have grown, there has been no corresponding growth in services for men (Mitchell & Chapman, 2014; Nicholls, 2014). Monk-Turner & Light (2010) observed that, in their locality, only 5% of intervention services provided support with male victims in mind.

ii. Strengthening interagency processes and communication.

> *It feels like being pushed from pillar to post, continuously let down. There's a lack of consistency. They need to collectively work together offering the same channels. Restorative justice, the Police and the Courts talking together would be an improvement.*

> *My GP filed a Sensitive Claim report. It took one year before ACC got back to me. Generally victims are shy, lacking in confidence. My anxiety just snowballed. People, in the early stages, don't know the answers to the things they're going through.*

Nicholls (2014) observed that with male victims of abuse there was often a narrow window where there was an opportunity for disclosure and connection. Because of this professionals needed to be quickly responsive to the event and have clear pathways to link to other services.

> *I've had issues with Doctors and mental health services over the past 2 weeks. They need to get their systems in order. It's just bollocks, one dept saying they haven't got [the information] another saying they have. You're just left out on the street wandering around in circles. Nowhere to go. I'm put on the backburner.*
>
> *They don't treat you like a person. I want help but there's nothing there.*
>
> *I'm now 70. My abuse happened when I was 6. It's taken me 62 years to bring it out because in my generation you didn't say anything. Today we need more publicity, more education for professionals.*
>
> *I went for 40 counselling sessions but I was just wasting time. I wanted to rewire myself with positive thoughts towards the future. Not negative ones. It took a long time (40 sessions) to look at the past but the counsellor didn't seem to know how I could move forward.*

iii. The need for specialised education – both undergraduate and inservice.

The limited education avilable for those entering professions where contact with victims of CSA is likely is limited. If it is pesent at all. In relation to the situation affecting male victims education is largely non-existant.

> *How many people are specialised in working with victims of abuse. If they haven't got anything on sexual abuse in courses, that's a major failing. They need to connect with current research on sexual abuse.*
>
> *Is the training for professionals connected to a body of knowledge about sexual abuse of males?*

Survivors and professionals would benefit markedly from working together as direct input from survivors is one way of raising awareness as well as developing strategies to aid disclosure and identify areas of support. Additionally, being able to assist in developing good practice guidelines is viewed as enhancing the well being of survivors (Kia-Keating, Sorsoli, & Grossman. 2010).

> *I was trying to prepare the guy for what he was going through and about to go through. I think that's really important for people going through the system, having survivors to help. Lots of advice and things to watch out for.*

They need to listen to us. (we want to help). The professionals need to know what happens in this group. We could go to them.

8. Conclusions

The participants in the project identified a number of areas that were of importance to them in aiding both disclosure and support through the process of recovery. These included:

- The importance of a sense of trust in the professional.
- The need for professionals to assess for abuse and to assist with early referral.
- The need to respect and appreciate the emotions and processing involved.
- The need to respond to the clients need for information.
- A need for specialised services and people
- Strengthening interagency processes and communication.
- The need for specialised education – both undergraduate and inservice.

These points, while obviously relevant to the participants, would no doubt be equally relevant to women who are victims of sexual abuse. This raises the question of what is there that differs from with the experience of male victims of CSA to that of female?

Qualitative projects such as the project reported here have a number of limitations. However one limitation is of particular importance and answers the question above. The particular methodology employed in this project aimed for a group consensus and asked the participants to develop constructive suggestions to assist professionals to engage with them in a supportive and positive manner. This process avoids criticism or at least presents criticism as constructive critique.

What is missing from the report is a sense of the distress expressed by the participants at what they generally viewed as a lack of interest, engagement and skill in supporting them in relation to their history of CSA. These shortcomings are directly related to the last point above about the need for education. The participants (as well as the literature) is clear that education must begin with a process of awareness raising about the stigma and stereotypes related to men's experience of CSA prior to skill develop. These were detailed earlier in the report. This approach is as an essential beginning to any educational programme. Without this awareness raising professionals as well as victims will continue to both believe and thereby reinforce the myths and stereotypes.

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