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# Care and Support Needs of Male Survivors of Childhood Sexual Abuse

## Interim findings

The Centre for Research on Families and Relationships (CRFR) is working in collaboration with the mental health charity Health in Mind (HiM) on the above major new research project, thanks to financial support from the Community Fund. The research was launched in October 2006 and is due to be completed in January 2009.

The project aims to produce some groundbreaking research findings in Scotland, which can be translated into improved services, because while a good deal of work has been done on the needs of abused women, male survivors have taken longer to feel able to speak out about their experiences.

This qualitative research project uses life-history methodology to explore in detail with approx 30 men the impact of their childhood experiences on their wellbeing and relationships through the life course. The principal aims of the project are to identify points where intervention and support might have made a positive difference, to document survivors' views on the kinds of support they would have found helpful, and to make recommendations for practical improvements to services. The findings will also contribute to a training programme for statutory and voluntary agencies.

**This is a copy of the presentation  
by Sarah Nelson at the interim seminar in Edinburgh  
on 4 December 2007**

### What next

The second tranche of interviewing will take place over the next few months. We are particularly interested to hear from men under 30 or over 60 in this project. It is an ethical requirement that participants should have some access to skilled support.

We are also keen to hear from statutory and voluntary agencies whose client groups may include significant numbers of male survivors, and who would be interested and concerned to take up recommendations emerging from the final report.

For further information contact Sarah Nelson on 0131 651 1832 or [Sarah.Nelson@ed.ac.uk](mailto:Sarah.Nelson@ed.ac.uk)

**health in mind**



### **Who is taking part?**

16 participants have been interviewed. These had been recruited largely through voluntary sector support agencies. A wide geographic and social spread, and self defined sexualities (heterosexual, homosexual, bisexual) are represented. However, no one under 30 has yet volunteered, and a drive to recruit younger age groups will be needed. The vast majority were below puberty when the abuse started, and for most it had continued for several years. Six people had a very disrupted or violent early life. The most frequent type of abuser was an adult in a position of trust such as a family friend, neighbour, cleric, care worker etc. and the great majority of abusers were male.

### **Why couldn't they tell?**

15 men were unable to tell anyone at the time, usually not till years later. One told several trainee clergy in turn, only to be abused by each.

Reasons for not telling:

- Threats or fears of serious violence
- Family unsympathetic, or other family constraints
- Wanted to protect his family from repercussions
- Abuser was trusted by the family as friend
- Feared responses of male peers, especially assumptions about his sexuality, if they found out
- Self-blame, felt responsible for the abuse
- Would not be believed
- Didn't think of it as abuse at time, enjoyed part of it
- Couldn't trust anyone enough
- Blocked out the memory
- "It just seemed inconceivable to tell anyone. Inconceivable."

### **Some childhood effects**

They described many signs and behaviours: could these have been noticed by schools or anyone else who could have helped?

- Bruising, signs of violence or neglect
- Depression, anxiety, social withdrawal, being a loner, being bullied
- Sudden or steady decline in academic achievement
- Repeated petty crime or running away in attempt to get someone to ask what was wrong

- Rages, sudden violence, throwing chair at school
- Being overtly sexual to friends pupils or teachers at a young age
- Attempting suicide
- Hair pulling and eyebrow pulling at primary school
- Obsessional running or exercising
- Avoiding boys and men, preferring girls' company!
- Switching off, dissociating, "not being there"
- Concentration block for school subjects
- Drinking or taking drugs repeatedly at young age

### **Sex, sexuality and intimate relationships**

These emerge as big issues for most male survivors. For instance:

- Gay men/boys made to feel ashamed of their sexual orientation: gay men divided over whether abuse had influenced their sexuality
- Straight men/boys afraid of being gay, or of being labelled gay
- Some grew homophobic, assumed all gay men were like their abuser
- Some people became uncertain of their sexuality
- Masculinity and self-esteem - feeling "less than a man"
- Abused by clergy with double standards of sexual puritanism and abuse
- Low self esteem, "nobody would want me"
- Often afraid to risk emotional intimacy with women or men – by avoidance, many fleeting relationships, "secret shame" of addictive sex in public places, or trying to control relationships too rigidly
- Many worry about being thought an abuser - often other people did assume "cycle of abuse" - Psychiatrist told one gay survivor that homosexuals abuse children - he married to try & change
- Some people victimised again as adults – e.g. violent partner (male or female) or repeatedly pestered/stalked by strangers
- Survivors in good relationships with women often said female partner had been key to encouraging them to seek help

### **How CSA trauma affected survivors as adults and how they coped with it before seeking effective help**

Survivors gave many examples of how they reacted to the abuse in later life. These were rarely identified by others as related to the abuse.

- Workaholic and high achiever “so wouldn’t have time to think”
- Depression, anxiety, panic attacks, suicide attempts, physical ill health
- Joined armed forces to escape abuser, to get far away, or to “become someone else”
- Music, sports, running, art, hill walking, entertainment industry “to fill emotional hole with fame and attention;” or caring professions to help children
- Self harm: cutting, banging walls, crazy driving, very heavy drinking
- Addictions: drugs, gambling, secretive sex in public places, binge eating
- Very low self esteem, felt not worth much
- Avoided people, shut self in flat, didn’t look after self, e.g. “didn’t cut hair for 3 years”
- “Snapped” or broke down when hassled at work
- On short fuse, e.g. shouting at bus drivers
- Freaked out at armed forces’ initiations, practical jokes
- Always trying to control situations & relationships contributed to failed marriages
- Blocked out memories or intrusive, disturbing images

### **Mental health issues described by survivors**

While only a minority of survivors had experienced psychiatric hospital they described a wide range of mental health symptoms, which had rarely been identified as linked with the abuse.

- Anxiety
- Flashbacks like volcano erupting
- Suicide attempts
- Repeated intrusive images
- Crying all night
- Severe stress headaches
- Smashing room up

- Attacking another boy at school with penknife after argument
- Extreme anger
- Repeated banging of head on cell wall
- Panic attacks
- Self harming by punching steel doors
- Total withdrawal
- Self isolation
- Extreme self-neglect
- Total physical & mental exhaustion
- Inability to sleep properly for years
- Humming bird sounds inside head
- Shadow of his abuser in hallucination
- Psychotic episodes
- Self-starvation
- Dissociation

### **What did survivors value about the mental health services or support they experienced?**

As with female survivors, they most valued basic human qualities:

- Staff who cared about them
- Didn’t judge or criticise
- Respected them
- Let them talk of what they felt important
- Understood effects of CSA trauma
- Didn’t impose time limits
- Went the extra mile
- Sometimes broke strict rules in order to help
- Professionals not in mental health, but who were knowledgeable about good CSA services and referred them

### **What did survivors criticise about the mental health services or support they received?**

Unfortunately like female survivors, had far more negative than positive experiences...

- Trauma not diagnosed: bewildering range of diagnoses e.g. schizophrenia, bipolar, borderline psychosis PD etc
- Heavy antipsychotic medications which were “chemical lobotomy”, “destroyed years of life,” “turned into zombie”
- “Offered art therapy when needed home help” (self-neglect)
- Psychiatrists & psychologists kept passing on his case, nobody would take it - afraid of dealing with CSA, especially male
- Disinformation, e.g. “Homosexuals abuse children”
- Bullying or sadistic nurses

- Actions which terrify survivors e.g. taking trousers down to inject an aggressive patient
- Disparaging comments on their records e.g. "said he was abused apparently,"
- "Self-harms to manipulate the system"
- Being told he should look forward, not delve into the past

**What did survivors say they appreciated about their voluntary sector services and/or counsellors?**

- Honest that couldn't take all the pain and upset away, survivors had to take responsibility for own lives
- At last someone really knowledgeable about effects of abuse, helps you understand how you have reacted and that it's normal
- Stay in touch, keep open communication, let you come back when you feel the need, don't restrict to six sessions
- Let you talk about what you need to
- Non-judgmental, patient, giving respect restores sense of self worth

**How can services for male survivors be improved in future?**

Survivors had many positive ideas: here are just a few of their suggestions.

For children:

- Children's refuges
- "Safe room" in all schools
- Trained support assistants in schools for kids with problems
- 24-hour confidential helplines run by independent people
- Information on prime-time TV, popular radio stations etc re abuse of boys
- Police coming in to talk openly about it in youth and sports clubs

For Adults:

- Genuinely independent counselling needed in armed forces
- Challenge to anti-gay sentiments and influence in Churches
- 24-hour helplines for men staffed by people knowledgeable about CSA
- Mental health services need big changes in practice and attitudes: humane models, recovery models, talking therapies
- Major increase in support services for male survivors

- Support for the many male survivors in prisons and on release

**Male and female survivors have many similar needs, reactions and experiences, and show similar courage: any differences so far?**

- Sex and sexuality, masculinity issues much more prominent
- More frequent assumptions by others that they may become an abuser
- Degree of self-silencing and shame appears considerably greater
- Are a higher percentage of males abused by perpetrators outside the family?
- Other males are assumed less supportive than females
- Greater sense of failure about careers (but are women given lower expectations?)
- Acting-out aggressively brings its own problems (and fears in professionals)
- More self-isolation from intimate relationships
- Older age when feel able to seek help?

The project is managed by Health in Mind, which already works actively with survivors of childhood abuse. CRFR, University of Edinburgh is carrying out the research on its behalf, with Dr Sarah Nelson as researcher, supervised by Professor Lynn Jamieson. Research assistants are Ruth Lewis and Sandy Gulyurtlu. This Interim Findings report was edited by Jennifer Flueckiger.

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