

Care and support needs of men who survived childhood sexual abuse

Report of a qualitative research project

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Executive summary

Introduction and background

This is a report of a Scottish qualitative research project with adult male survivors of childhood sexual abuse (CSA). The aim is to improve male survivors' well-being, through establishing their perspectives on their major care, support and intervention need throughout the lifecourse; and by making and disseminating a report with recommendations, to improve services and preventive action across all sectors. It has been a partnership between a voluntary-sector mental health agency, *health in mind*, and the Centre for Research on Families and Relationships (CRFR), based at the University of Edinburgh, funded by The Big Lottery (formerly Community Fund). The impetus for this survivor-informed research came from awareness of current gaps in research; from the long practice experience of *health in mind* and other support agencies that high levels of need were inadequately addressed; and from a *health in mind* Lothian needs assessment in 2004, when only three of 82 responding agencies thought service provision for male survivors was adequate. The Scottish Government also launched in 2005 a national strategy, SurvivorScotland, to improve the well-being of, and services for, adult survivors.

Brief literature review

A brief literature review of what is known so far from research on male survivors examines issues such as known prevalence, disclosure in childhood and adulthood, masculinity issues, nature and characteristics of the abuse and the perpetrators, and the childhood and adulthood impacts' of sexual abuse on males. These include mental and physical ill health, a range of risk behaviours, and damaging effects on personal relationships. Professional and practice attitudes to male survivors, such as a sense of inadequacy and fear of "opening the can of worms", are also discussed.

Methodology and research design

A life-history methodology was selected to avoid the risk of making any prior assumptions about pathways into particular life situations, or about when supports or interventions would be most helpful; particularly since less is currently known about male than about female survivors across the lifecourse. "Life grids" were used at many of the first of two interviews to assist recall and improve rapport, and these are also discussed. There were 24 participants recruited, 21 of whom gave two interviews. A subgroup consisted of prisoners. Outside that group, it proved very difficult to recruit any men under 30 as they did not come forward. On equality issues, gay men and men with disabilities were well represented, but it was difficult to recruit minority ethnic survivors. The interviews were systematically analysed using the qualitative analysis package NVIVO 7. The Project Advisory Group, with wide representation, met regularly and an active survivor consultation group evolved during the research. Several ethical issues are discussed including support for the survivors and the researchers, access to prisons, and anonymity and confidentiality, including an occasion when we were bound to report concern about a perpetrator still in contact with children.

Survivor facts and figures

Ages ranged from 18 to mid-60s. One-third were prisoners or ex-prisoners, mainly under 22. Occupations included armed forces, arts, music, social care, counselling, farming, engineering, skilled craft work, medicine, or unemployed. The great majority had had spells of inability to work through physical or mental ill health. Two-thirds were first abused between age 6 and 10. Many had additional childhood traumas apart from CSA, especially domestic violence against their mothers and physical brutality towards themselves. Most perpetrators were male and from outside the immediate family, e.g. neighbours, care staff, family friends, older boys (only large studies could confirm a general difference here with female survivors). Biographical outlines, "pen portraits" are provided in the Appendices for reference.

Survivors as children

Grooming and gaining access to children

Survivors described a wide range of ways in which perpetrators gained access, including: they were abused by a parent with total control; abuse and violence were endemic in their family environment;

they were violently assaulted; the abuser befriended the victim's family; the child was made to feel special and given privileges; emotional dependence was created; an isolated, stigmatised, or already victimised child was targeted; perpetrator(s) used authority and secrecy of a closed institution. "Family friends" had in fact often befriended the family first, in order to abuse the child. Apparent problems emerge of sexual assaults by other boys in residential care.

Telling or not telling as a child

Only a quarter of the survivors had tried to tell directly in childhood. Of these, even the young men most recently abused had poor experiences, such as being disbelieved, laughed at by residential staff, or being told nothing could be done; being re-abused; or being moved, instead of the abuser.

The other three-quarters had been unable to tell directly throughout their childhood. Reasons for silencing included violence and intimidation; the victim didn't see it as abuse at the time; he thought he would be punished; he blamed himself, full of shame and guilt; he feared being taunted as gay, especially by peers; he wished to protect his family, he was frightened of his family, felt disillusioned after being disbelieved before, or blocked it from his conscious memory. The assumption that peers and adults would call them "poofs" was especially significant in silencing boys.

Childhood effects: Anger, aggression and offending

More than half the survivors had shown aggression or disruptive behaviour at points while at school. The prisoner group had more extreme behaviour which often led to a spiral of school exclusion, care, residential school, YOI (Young Offenders' Institute); but they also had additional problems like neglect, violence or parental rejection. Some survivors had shoplifted or stolen in the desperate hope that someone would detect the problem, or remove them from home or even into prison to escape the abuser, but nobody did. Exclusion for bad behaviour simply meant they missed more school and found a more dangerous environment on the streets and were more vulnerable to substance misuse. Most teachers viewed negatively, as "attention seeking", the range of often difficult behaviour with which children were trying to draw attention to the fact that something was wrong.

Avoidance: Isolation, depression, absconding, substance misuse

Some boys turned violence inwards against themselves, took drink or drugs to blot out the pain or became isolated loners. Feeling safer, losing trust in others, being deliberately isolated by the abuser or their peers, being uprooted from siblings or alternating between home and care were among reasons for isolation. Absconders were running away literally from problems that seemed insoluble. Five survivors had become long-distance runners at school. Most had thought about suicide and some attempted it. One pulled his hair and eyebrows out at school, but this was put down to general anxiety. A quarter of the survivor group became addicted to substances before reaching their teens and a third by their early teens. Worrying questions emerge about how far residential care staff are routinely investigating circumstances of abscondings: two boys in recent years were abducted and raped by gangs of strangers while on the run.

Problems with learning and concentration

Almost everyone suffered problems of learning and concentration at school, with under-achievement or even literacy problems until later in life. Many missed chunks of school through illness, truancy, exclusions, moves in and out of institutional care, or frequent family moves involving many different schools, especially through the mother escaping violent partners. They described dissociation, spacing out, numbness, blocking, and inability to concentrate on learning after traumatic abuse. Half of the sample recalled being diagnosed or considered to have ADHD. However, most of the survivors did very well at certain subjects, especially sport, arts, drama or creative work, and this sustained some self-esteem for their later life and career choices. The effects of trauma on concentration at school and educational achievement appear to be considerable.

Sex, sexuality, masculinity and relationships

Most prisoners and several other survivors spent their early lives in environments that were chaotic or abusive. More than half the survivors witnessed violent, sexually abusive or controlling behaviour against their mothers as children. Their perspectives were shaped not just by abusive experiences,

but by cultural and religious values within their society, area, religion and family. The biggest issue when respondents discussed the topics of sex, sexuality and gender relationships emerged as homosexuality. Both straight and gay youngsters had feared they were gay, and at that time hoped they were not. For most survivors, except the gay participants, the abuse was the start of a lengthy uncertainty about their sexual identity. Several described sexualised behaviour which did not result in a response from adult carers, including carrying girls' knickers in his pocket at school, or acting out sexually on other children at age 4, and being excluded from nursery. Some became fearful, nervous or avoidant of sexual relationships, while some began in their teens a pattern of numerous fleeting sexual encounters which avoided emotional issues.

Unhelpful responses as a child

Survivors wish agencies to note uncaring or inadequate responses, and to improve their practices. The most negative memories were of punishing difficult behaviour instead of exploring what was wrong; dismissal of distress as attention seeking; misinterpreting or ignoring sexualised behaviour or heavy substance misuse; caring little about children generally in tough working-class schools; simply returning them home or failing to inquire if they ran away; bullying, sarcastic teachers and youth leaders; lack of support on leaving care. However, several survivors admitted that they probably wouldn't have told even a kind and helpful professional about the sexual abuse part of their experience (through shame, guilt, etc.). A survivor offers some detailed suggestions about ways to question children, which might enable them to reveal their abuse.

Helpful responses as a child

Recollections were similar to those of female survivors. They had few good memories; they remembered often ordinary people without advanced qualifications who used human skills and empathy, understanding, respect, perceptiveness. These contacts gave them some self-esteem for later life, though they largely remained unable to tell about the CSA. They included courageous relatives or teenage friends, a school secretary who kept notes of what was happening, a social worker who tried to help, two major Scottish residential schools, a perceptive boss, and wonderful teachers who never gave up on low-achieving or disruptive pupils. One isolated survivor's world-view was completely changed by accessing his childhood care records. He discovered that several people had tried to help him, and began to believe in people again.

Survivors as adults

Jobs, careers, further and higher education

The most frequent problems were the need to catch up on education as adults, low self-esteem, stress-related outbursts at work which affected their careers, workplace bullying, effects of psychiatric medications on memory and concentration, inability to work for periods due to mental breakdown or physical illness, and resulting problems with housing and benefits which may not take CSA trauma into account. Some careers were influenced by abuse, e.g. a quarter had been in the armed forces (mostly trying to escape abuser or family), but they usually found it an unsuitable, macho environment where abuse trauma problems were not understood. Some became "workaholics", in order constantly to avoid thinking and flashbacks. However, almost everyone wished to do well, and many had returned successfully to education as adults while some had achieved successful careers, particularly in caring, creative arts and music. Support for adult learning and training appears a major issue for male survivors.

Drug, alcohol and other addictions

Many survivors had resorted to drink or drugs as a "crutch", to blot out memories and avoid thinking, to try and kill themselves, to dull flashbacks, or simply to get some sleep. Effects on work, study, health and relationships had often been serious and lasting, and for the prisoners it had been associated with involvement in sometimes serious crime to pay for drugs. Half the survivor group had experienced other addictions such as gambling, "workaholism", compulsive eating, addiction to anonymous sex in public places, or compulsive self-harming. Heavy drinking was not recognised early and picked up, because young men are assumed to drink heavily in this culture. Most drug and alcohol programmes appeared still to deal only with symptoms; dismissal from accommodation

for substance use also put survivors in vulnerable settings such as hostels and on the streets. Most of the gay men criticised gay support organisations for insufficiently addressing CSA and the damaging aspects of anonymous sex.

Anger, aggression and offending

Anger or despair made some survivors as adults commit quite serious violence on themselves, on objects, or on other people. They gave examples of punching concrete prison walls or hospital walls, punching through a steel locker and permanently damaging a hand, and banging their heads repeatedly. It was common to “lose the rag” when under stress at work or other daily situations, or when taunted by workplace bullies. Some prisoners had attacked other young men for no apparent reason – the lead-up included the invasion of their personal space when they had enough of that as a child, huge fear that they were going to be sexually assaulted, or belief that the man was a paedophile. Survivors also described losing their cool by swearing at officials, workmates or managers, especially when there had been triggers about the abuse, or when especially stressed. Current anger management programmes do not appear to address root causes of aggression or “short fuses”.

Sex, sexuality, masculinity and relationships

These emerged as much bigger issues for male than for female survivors. Nearly all described longing for a close loving relationship with another person: some had achieved this but some had never done so. Relationships had often failed through their insecurity or over-control, feeling less than a man, feeling a failure, feeling very distrustful, indulging in fleeting promiscuous relationships to avoid emotion or rejection, or being afraid to have any relationship at all. But the breakup of a relationship with a woman, or an ultimatum from the woman, proved an important factor in seeking help as adults. Strong relationships for some survivors had been very important in restoring faith in themselves and other people and giving them hopes for the future. Gay men were more secure in their sexual identity.

Most male survivors had experienced lay and professional people, including social workers and counsellors, telling them that abused men become sex abusers – this often silenced them from taking the risk of telling. Nine men had children: their children were very important to them, often what had most kept them wanting to stay alive. Some said they had been wary around their children due to the cycle of abuse stereotype, or had been over-protective. For some, difficulties in intimate relationships, including damaging effects of substance misuse, had contributed to breakups with long-term partners, and subsequent separations from children. Several men had felt very homophobic in the past, blaming all gay men for abuse by men. Experiences of the armed forces’ definitions of masculinity were negative: aggression, hiding or ignoring feelings, being unable to express emotion, or harbouring “crazies” who were violently macho.

Mental health issues, including issues for prisons

The survivors had experienced a wide range of often serious mental health effects, ranging from depression, anxiety, panic attacks, flashbacks and eating disorders to psychotic symptoms with visual and auditory hallucinations of the abusers. They most often criticised over-medication and multiple medications, with effects like “chemical lobotomy”; bewildering range of diagnoses; being treated and restrained as dangerous and violent; lack of recognition of, or skills in, CSA and repeated failure to ask if it was an issue; basic lack of therapeutic and support services in most areas of Scotland; misinformation, e.g. a psychiatrist saying gay men abuse children; lack of support for basic self-care and housing support when mentally unwell and living in the community; lack of understanding or sympathy in the armed forces for mental ill health, unless related directly to effects of combat.

What survivors had most valued was very similar to female survivors: including good GPs taking time and referring them to good therapeutic services; statutory or voluntary professionals who were knowledgeable, understanding and empathetic about CSA and its effects; ones who gave them respect, self-esteem and confidence; services that were not time limited. Counselling had usually been found very helpful. The concern that men find it too feminised or “touchy-feely” was not borne out. The young prisoners in particular had all found their counsellor invaluable. They cited respect, confidentiality, lack of pressure to talk about anything they did not want, and someone having trust in them as major factors in enabling them to face up to their problems, find motivation to change

and to trust people again. Males appear to have higher support needs to cope with daily living when suffering depression or PTSD.

Conclusions: Reflections on gender differences and similarities and gender equality issues

In the Conclusion, a range of similarities and differences between male and female survivors who have been involved in research studies are discussed, with implications for devising protection and support programmes for adults and children. Gender equality issues are also discussed. The male survivors suffered in many ways from the damaging effects of narrow and violent forms of traditional masculinity. It is suggested that women and men opposing intimate partner violence and sexual abuse have many common objectives and reasons for collaborative working, and oppose the same damaging values. In the search to meet an urgent need for more resources for male survivors, these should be addition to, rather than in competition with, the still-scarce resources for female survivors.

Chapter 1 Introduction and background

This is the report of a Scottish qualitative research project with male survivors of childhood sexual abuse.

The aim of the project is to improve the mental and social well-being of male survivors of childhood sexual abuse:

- By establishing, through life-history interviews with survivors themselves, their perspectives on their major care, support and intervention needs throughout the lifecourse;
- By disseminating a report based on these findings, in order to bring about improved services and preventive action across sectors, and
- By contributing to a training programme for voluntary and statutory agencies.

This research project has been a partnership, with management by *health in mind*, a major voluntary sector mental health agency based in Edinburgh. The research was carried out on its behalf by the Centre for Research on Families and Relationships (CRFR), based at the University of Edinburgh, which has given academic, administrative and dissemination support. It was funded by the Big Lottery (formerly Community Fund), which has made a priority of supporting research to reduce social exclusion and improve the lives of marginalised or stigmatised people in our society.

This research focuses on the well-being of a group of people who are particularly vulnerable to social exclusion through stigma, disadvantage and mental distress, who have found it difficult to speak openly about life events characterised by shame, secrecy and humiliation. It provides an evidence base of male survivors' experiences and indicates priorities for policy and practice through consulting survivors themselves. The research suggests that a skilled and committed response – which includes services, training and preventive work – is likely to assist in preventing future abuse, reducing severe family difficulties, reducing admissions to psychiatric hospitals or penal institutions, and improving mental health and well-being.

Background

Why is this research needed?

The individual, family and social costs of childhood sexual abuse and its effects are high. Yet for male survivors, there remains a lack of information and expertise about how to address the issue in terms of policy, practice, prevention, and interventions across the lifecourse.

health in mind was convinced of the need for this research project from four main sources: from research literature on the issue, from its own practice experience and that of existing sexual abuse survivors' support projects in Scotland, from the results of a Male Survivor Needs Assessment project it carried out in 2003–04 through interviews with service providers, commissioned by NHS Lothian (Nelson 2004A), and from the value of findings from its qualitative study of women abused in childhood, which was a collaborative project with Edinburgh University's department of sociology (Nelson 2001, Nelson 2004B).

While sexual abuse prevalence statistics vary considerably according to definitions used and questions asked, a number of studies suggest that it is a significant social problem. Prevalence is even higher in vulnerable populations such as psychiatric patients and substance misusers. For instance, Jane Wilson's study of 47 addiction agencies throughout Scotland (Wilson 2000, Eley Morris 2002) found that the average estimate of the percentage of sexually abused people using their addiction services was 50 per cent.

The need for service provision for male survivors is shown by a range of research studies which suggests serious effects of childhood sexual abuse on men's mental health and well-being. These have found evidence of anger, betrayal, fear, helplessness, sexuality issues, isolation and alienation, sense of loss, relationship difficulties with partners and family, doubts and confusion about masculinity, lack of trust, low self-esteem, self-blame, shame, and humiliation and suicidal ideation. Chapter 2 reviews in more detail the existing research literature.

Practice experience

The distressing, sometimes destructive, effects which childhood sexual abuse can bring about to the lives of survivors, their partners, and families has also been illustrated through high-profile court cases such as the conviction and sentencing in October 2004 of William Goad from Plymouth, who assaulted many hundreds of boys during several decades of abuse. Many of the traumatised victims who came forward to give testimony had developed long-term patterns of persistent offending, drink and drug misuse, and mental health problems.

Such damaging effects and unmet needs have been routinely reported by support groups across Scotland. For instance, the annual reports of the Kingdom Abuse Survivors Project (KASP) in Kirkcaldy, Fife, collating the results of self-reporting questionnaires completed by clients, identify mental health issues, self-harm and drug and alcohol abuse as recurrent themes.

In Scotland, *health in mind's* counselling service for survivors of childhood sexual abuse finds that approximately one-third of its clients are male. KASP, which has more than 550 approaches for help annually, finds that males now constitute more than a third of all clients.

The Glasgow Homelessness Network became so concerned about the high incidence of childhood sexual abuse trauma which its staff had discovered, with resulting self-harm, suicidal feelings and addiction problems among their client groups, that in 2002 they set up a special Trauma Group to examine training needs, and raise awareness among statutory and voluntary organisations.

Issues from Needs Assessment and *Beyond Trauma* research

health in mind, which had already carried out a major study of the mental health care needs of women abused in childhood (Nelson 2001, 2004B) carried out a needs assessment on male survivors of CSA in 2003–04 by consulting service providers and by mapping service provision (Nelson 2004A). Commissioned by NHS Lothian, this was a quantitative and qualitative appraisal of the needs and resources for adult male survivors of sexual abuse across the Lothians. It aimed to identify gaps in services and to make recommendations. This research proposal was a key recommendation of the report.

Only three agencies from the 82 that responded said they thought provision was adequate, and only 5 per cent offered a direct service to male survivors. Yet there was high awareness that male survivors existed among the client groups of participating agencies, which ranged across mental health, addictions, criminal justice, homelessness, counselling and domestic violence.

Nearly all agencies recognised a range of serious life problems for male survivors. Asked what, in their experience, had been the main problems caused by sexual abuse for male survivors, more than 70 per cent ticked mental health, low self-esteem, problems with relationships with partners and children, aggression/anger, self-harm and substance misuse. Interviews pointed to specific problems such as the effects of anger, aggression and heavy substance misuse in encouraging offending behaviour from which it could be difficult to escape.

This needs assessment revealed a considerable unmet need. While provision is bound to vary across Scotland, the problems identified will be broadly reflective of typical problems of unmet need, under-resourcing and experience of survivor difficulties met by agencies on a national scale.

Why is it important to consult survivors themselves?

Patient/client involvement and consultation is now a key value of our health and social services at national and local government level. It is also a key value for research funders and for our own (The Big Lottery). Direct input from survivors is one essential part of identifying the most appropriate forms of support and intervention, and of obtaining the best information on what might encourage boys and men to tell about what has happened and ask for help. Survivors themselves have the clearest understanding of why it is hard to do this, and what, if anything, was the catalyst which enabled them to seek support. It is also important to ask them what type of services they would actually use in practice. Their perspectives and experience thus help to identify what kinds of support are needed, how these might best be accessed, and at what stages across the lifecourse.

There are currently few studies, particularly in the UK, of male survivors' own perspectives to guide policy and practice. While existing ones are valuable, they tend to be more related to

men's therapeutic and counselling needs than to their wider range of life needs and life situations (Etherington 1993, 1996). Only limited input from male survivors themselves was possible in the Lothian needs assessment. There were still few groups in Scotland which could put forward a view, these groups themselves are small, and the time-limit for the study did not make it possible to identify and consult with a range of individual survivors on a very sensitive subject.

Interviews with survivors are also important in helping to identify how to get services and information to adult survivors, including where they may be clustering. For instance; the Lothian needs assessment findings suggested that many male survivors found their way into offending behaviour, but far more information is still needed on pathways in and out of offending behaviour.

In addition, adult survivors of abuse may not agree with agencies' perspectives on their main needs. Yet there is a recurring risk that agencies and practitioners believe they have an accurate perception of male survivors' needs. The Lothian needs assessment revealed differences of opinion between service users and agencies over the best access points for men to receive information and support following sexual abuse. The *Beyond Trauma* qualitative study of women sexually abused in childhood (Nelson 2001) demonstrated more graphically the value of in-depth interviews with service users in illuminating differences of perspective and belief.

The majority of abuse survivors and mental health staff differed sharply on the key topic of whether CSA should openly be addressed. Agencies held a widespread belief that it would be better "not to open the can of worms", and this significantly affected their practice. In contrast, there was widespread frustration among abuse survivors that agencies avoided addressing the issue.

A qualitative study of male survivor perspectives is therefore urgent. A life history methodology was chosen in order to avoid making prior assumptions about when in the course of their lives protection or intervention would be most helpful. Another reason was that abuse is never the whole of someone's life, and it will be very important to capture positive aspects of life, and ways in which survivors' own strengths and resilience influenced their decisions and development. While many survivors have been seriously affected by the trauma, it is important to remember that others have coped in ways which enable them to lead normal lives in the community, to raise families successfully and to hold down rewarding jobs.

Relevant to many policy areas

This research project responds to, and will inform, several policy concerns which are current Scottish Government priorities, including: men's health (Scottish Government 2008A); sexual health (Scottish Executive 2005A, 2007); childhood sexual abuse and its effects (www.SurvivorScotland.org.uk; Scottish Executive 2002A; Scottish Government 2008B); child protection (Scottish Executive 2002B, 2002C, 2007); suicide rates in males (Scottish Executive 2002A); addictions and mental health (Scottish Executive 2003A); domestic abuse and its effects (Scottish Executive 2003B; Scottish Government 2008C). It also reflects the commitment of NHS Lothian to develop services, training materials and publicity materials to support survivors of sexual abuse in general and male survivors in particular. It commissioned the Male Survivor Needs Assessment within the Lothians.

These links with key policy areas give confidence that these research findings will be taken up by policymakers and service commissioners throughout Scotland. That would place this socially excluded group firmly within the policy agenda of health, social services and other support services to aid recovery, integration and inclusion, and to strengthen efforts at prevention, so that young males in future do not become socially excluded as a result of abuse.

Reporting the voices of male survivors will also contribute to academic discussions of wider issues around sexuality, gender, identity and violence. For example, the experiences of male survivors are relevant to current debates about the process of acquiring sexual and gender identities, and social change in the experiences of sexual citizenship and the telling of sexual stories (Connell 1995; Plummer 2003).

Management and supervision

This is discussed in more detail in Chapter 3 (Methodology). Briefly, the academic research team were accountable to the Chief Executive of *health in mind*, Gwenn McCreath. Professor Lynn Jamieson, a co-director of CRFR, gave academic supervision to the principal researcher, Sarah Nelson. Her research assistants were Ruth Lewis and Sandy Gulyurtlu.

A Project Advisory Group oversaw the research and included representation from academics, practitioners, voluntary-sector support organisations and service users. The Group met every 3–4 months, received a progress report and update, gave valued input to the project, helped with the interim seminar and final conference, and are involved in taking forward the dissemination strategy.

A subgroup of male survivors of sexual abuse contributed to the seminar on interim findings, to the consultation seminar before the final report was written, to the final conference, to dissemination plans for the research, and will contribute to reviewing the new training programme.

The parties to this project are committed to making every effort to ensure that the research is translated into practice, and will be widely distributed among survivors and their agencies, among policymakers and practitioners and the academic community. The research findings will inform the development of *health in mind's Beyond Trauma* team practice and its development of a training programme for agencies. Widespread dissemination of the research findings will ensure that policy and practice recommendations reach policymakers and commissioners both nationally and locally. We hope it will also prove helpful to statutory and voluntary- sector support organisations and to male survivors themselves, and be a basis for further action and campaigns for improved services and better protection for children.

Chapter 2 Brief literature review: Male survivors of childhood sexual abuse

By Ruth Lewis

A definition of sexual abuse

A formal definition, from Scottish child protection guidelines, says child sexual abuse (CSA) happens:

When any person, by design or neglect, exploits the child ... in any activity intended to lead to the sexual arousal or other forms of gratification of that person or any other person(s), including organised networks. This definition holds whether or not there has been genital contact and whether or not the child is said to have initiated, or consented to, the behaviour.

Definition taken from Edinburgh and the Lothians Child Protection Committee (2003) *Child Protection Guidelines*, Edinburgh, in Nelson and Hampson (2008: 1).

Prevalence of sexual abuse among boys

The majority of studies of CSA indicate that girls experience sexual abuse more frequently than boys, but that male CSA is a common and serious problem.

Estimates of the prevalence of sexual abuse among boys vary. One North American review of 166 studies of male CSA (Holmes and Slap, 1998) found a prevalence range of 4–16% among large-sample studies (> 1000). A NSPCC study of child maltreatment in the UK found 11% of males reported experiencing CSA (Cawson et al. 2000).

There is currently no Scottish-specific prevalence data on CSA. However, of over 14,000 calls made to ChildLine Scotland between 2003 and 2004 about various sexual health issues, sexual abuse was the second most common concern (after the “facts of life”), with 39% of male callers reporting CSA (Backett-Milburn et al. 2006). While this data can not be used to estimate the prevalence of male CSA in Scotland, it does indicate that it is not a rare experience.

Prevalence rates vary widely depending on the definitions used of CSA (e.g. whether non-contact abuse, such as being made to view pornography, is included); the populations studied (e.g. community or clinical populations), the types of questions asked and the methods used to gather the data (e.g. whether questions are asked by questionnaire or face-to-face).

Evidence indicates higher prevalence of CSA within particular populations of men, including homeless, incarcerated, HIV positive, intravenous drug-users, psychiatric inpatients and sexual offenders (Holmes and Slap 1998; Johnson et al. 2006; Lab et al. 2005; Valente 2005).

Disclosure

Our knowledge of prevalence is of course closely linked to how far victims of abuse feel able to disclose, in childhood or adulthood. A NSPCC study (Cawson et al. 2000) found 31% of young adults (aged 18–24) who had experienced sexual abuse as a child had never told anyone. Only 20% of males told anyone at the time it occurred, usually a friend.

Disclosure itself can be a distressing experience, and may result in psychological distress and the dissolution of social support systems (McNulty and Wardle 1994).

Many studies of disclosure have focused exclusively on female survivors. One study found that not only were men less likely than women to have disclosed, they were also less likely to have encountered positive responses (Ullman and Filipas 2005).

Based on a recent study of children and young people’s calls to ChildLine Scotland, Newall and Lewis (2007) wrote:

Children and young people communicated about their sexual abuse experiences in very different ways. The majority presented their concerns directly, while others were hesitant, taking time to build up to disclosure and sometimes only hinting at sexual abuse ... amongst the youngest

callers the language was often innocent and euphemistic ... As the age of callers increased, so did the tendency toward an indirect style of communication.

Masculinity and disclosure

Although certain impediments to disclosure are shared by both male and female survivors, aspects of gender socialisation may add unique stressors to the disclosure process (Sorsoli et al. 2008). It has been suggested that the sexual abuse of boys is under-reported due to social norms and the pressures of masculinity, notably feelings of responsibility and shame, and fear of being branded “gay” (if perpetrator is male) (Goldman and Padayachi 2000; Kia-Keating et al. 2005).

Based on the findings of a study with 14 adult male survivors, Alaggia and Millington (2008: 272) write:

Disclosing sexual abuse for the men in this study was a challenging venture in the face of socialized gender roles that promote images of men as immune to victimization or as inadequate when victimized. These data remind us that patriarchy is just as harmful for men as it is for women. Indeed, consistent with previous literature, we found in this study that men who have been sexually abused by same-sex perpetrators may find it harder to disclose or seek treatment because of the perceived threat to their masculinity and sexual identity.

... boys’ and men’s stories of sexual abuse are not always believed or taken seriously, even in therapy. In this sample, the majority of men delayed disclosure but the few early disclosers experienced insensitive and even harmful responses.

Nature and characteristics of sexual abuse

Childhood characteristics of survivors

It is important to note that anyone can have experienced childhood sexual abuse. However, certain aspects of boys’ lives may make them more vulnerable to sexual abuse. Based on a review of 166 studies, Holmes and Slap (1998) noted that large-sample studies suggest several common characteristics of subjects of male sexual abuse.

Most abuse began before puberty. Pinpointing the exact age of abuse onset can be challenging for a variety of reasons, including repressed memories, difficulty in recall, victimization that occurred from a very young age (including infancy), and multiple incidences of abuse (Alaggia and Millington 2008). Sexually abused boys were 15 times more likely than non-abused boys to have family members who also had been sexually abused. Furthermore, histories of CSA are associated with other forms of abuse and neglect during childhood (Dong et al. 2003; Holmes and Slap 1998; Whitfield et al. 2005).

Perpetrator characteristics

The majority of male CSA is perpetrated by someone known to the boy. Based on their review, Holmes and Slap (1998: 1857) reported: “Boys younger than six were at greatest risk for abuse by family and acquaintances; boys older than twelve faced an increasing risk of extrafamilial abuse by strangers.”

In the ChildLine Scotland study (Backett-Milburn et al. 2006), only a small percentage of children and young people (7%) reported being abused by strangers, thus challenging both the public discourse around “stranger danger” and continued silence about abuse perpetrated by those children know and love.

Boys are more likely to be sexually abused by males than females. Evidence from large-sample studies indicates that perpetrators against boys are primarily male (53–94%) (Holmes and Slap 1998), and most identify as heterosexual (Valente 2005). However, female-perpetrated abuse against boys is not uncommon. Unusually, in the ChildLine study (Backett-Milburn et al. 2006), boys were more likely to report abuse by females (46% of total cases) than by males (41% of total cases).

There is some evidence to suggest that female-perpetrated CSA may be considered by the authorities “less serious” than that by men. For example, in a study using hypothetical cases,

Hetherington and Beardsall (1998) found differences in how seriously reports of CSA were taken by child protection investigators (social workers and police) depending on the gender of perpetrator (i.e., less seriously if a woman).

Boys may be sexually abused by other children and young people, either male or female. A recent review of evidence concerning children and young people with harmful, abusive or offending sexual behaviours (Hutton 2007) found this was a heterogeneous group, who did not always come from abusive and chaotic backgrounds, nor were they all survivors of CSA themselves.

Force and threats?

In their review, Holmes and Slap (1998: 1858) found many studies reported the use of physical force in 10–25% of abuse events. In the ChildLine Scotland study (Backett-Milburn et al. 2006), callers described multiple strategies used by abusers to force or ensure compliance: “grooming”, “normalising”, blackmail and manipulation. The threat and/or perpetration of additional violence and physical abuse were also often used to ensure compliance and punish resistance. In terms of the nature of sexual abuse reported by boys, this included rape (53%), touching (32%), harassment (13%), incest (4%), indecency (2%), contact with animals (<1%), and organised abuse (<1%).

Impacts of abuse

Nelson and Hampson (2008: 2) write:

Many people who experienced sexual abuse as children live successful lives, despite their adverse experiences. Being sexually abused does NOT mean people will necessarily suffer the problems referred to below. Survivors of child sexual abuse can be affected to very different degrees, and some might only have difficulties in one particular area. However, child sexual abuse can have lasting, serious and wide-ranging effects.

Alaggia and Millington (2008: 266) warn that research on the impacts of CSA for male survivors, specifically, is in early stages and must be interpreted with caution. They identify several limitations among these studies including “a tendency to measure only one type of victim outcome, insufficient attention to how family history and personal characteristics mediate outcomes, a dearth of prospective longitudinal studies, and an over-reliance on convenience samples”.

Childhood impacts

One review of studies concerning boys (Alaggia and Millington 2008) identified post-traumatic stress disorder (PTSD), depression, suicidality, anxiety, substance abuse, aggression, self-esteem issues, academic problems and sexualized behaviours. Martin et al. (2004) found greatly increased risk of suicidal plans, threats and attempts in 14-year-old boys who had been sexually abused when compared to non-abused boys. In addition to psychological implications, CSA may affect children’s school performance and may be related to running away from home (Holmes and Slap 1998).

Analysis of unsolicited calls made to ChildLine Scotland (Backett-Milburn et al. 2006: 25) found both boys and girls described experiencing sexual arousal in the course of sexual abuse, although this was proportionally much greater amongst male callers. Clearly, sexual arousal and gratification are complex issues, and callers described feelings of confusion and guilt about the sexual gratification they had experienced.

Impacts into adulthood: Mental health

Research suggests male survivors of childhood sexual abuse are at increased risk than non-abused males of developing immediate and longer-term mental health problems, including post-traumatic stress symptoms, borderline personality disorder, depression, aggression, paranoia, hallucinations, self-hypnosis and dissociation, eating disorders, self-harm, suicide/attempted suicide, severe substance misuse, anxiety disorders, self-blame and loss of self-esteem (Alaggia and Millington 2008; Dube et al. 2005; Holmes and Slap 1998; Romano and de Luca 2001). Despite some gender differences in the nature of abuse, the known psychological impacts of CSA are relatively similar for male and female survivors (Dube et al. 2005; Banyard et al. 2004; Whitfield et al. 2005).

“Risk behaviours”

Childhood sexual abuse has been associated with several “risk behaviours” in adulthood. A strong association between sexual abuse and subsequent substance use is evident, with sexually abused boys and men many times more likely than non-childhood abused counterparts to report both early and current use of alcohol and illicit drugs (Dube et al. 2005; Holmes and Slap 1998).

Abused males, compared with non-abused males, had more lifetime sexual partners, used condoms less frequently, and had higher rates of sexually transmitted diseases and partner pregnancy (Holmes and Slap 1998). Studies of men who have sex with men (MSM) have found CSA to be associated with greater reported participation in high-risk sexual behaviours, including unprotected anal intercourse, and exchange of sex for payment (Brennan et al. 2007; Holmes and Slap 1998; Jinich et al. 1998; Paul et al. 2001). CSA has also been associated with greater reported levels of HIV infection than in non-abused men in samples of gay and bisexual men (Brennan et al. 2007; Dilorio et al. 2002; Jinich et al. 1998; Paul et al. 2001).

Personal relationships

Men who have been sexually abused in childhood may struggle with aspects of intimacy and sexuality within personal relationships. In a review of 166 studies concerning CSA of boys, sexually abused males were up to five times more likely to report sexually related problems (including sexual dysfunction) compared with non-abused males (Holmes and Slap 1998). Abused adolescents, particularly those abused by males, were up to seven times more likely to self-identify as gay or bisexual than peers who had not been abused. The authors also noted that abused males indicated greater difficulty controlling sexual feelings, experienced more gender role confusion, more fears about intimate relationships with both men and women, and were more likely to perpetrate coercive sexual acts against others, compared with non-abused males. However, most sexually abused males do not become perpetrators themselves (Salter et al. 2003).

A qualitative study (Alaggia and Millington 2008: 271) with 14 adult male survivors noted:

Regardless of how the men viewed the sexual abuse in their childhood, most ended up with serious issues of sexual disturbance as adults that pervaded their intimate relationships. Some of them described an inability to have spontaneous sexually intimate relationships without the spectre of their abuse intruding ... Some men described an endless stream of encounters devoid of any real emotional meaning ... Others were plagued by memories and flashbacks during sexual intercourse.

Physical health

Childhood sexual abuse has also been associated with many aspects of physical ill health. Specific medical conditions associated with sexual abuse include gastrointestinal disorders (including irritable bowel syndrome), neurologic conditions, pain syndromes, and disorders which can be characterized as “somatization” (Berkowitz 1998). Some of the psychological effects of sexual abuse, such as eating problems, suicide attempts, substance misuse and depression, can also seriously affect physical health and self-care (Nelson and Hampson 2008: 10; Nelson, Baldwin and Taylor 2007).

Professional attitudes and practice

Some mental health professionals (e.g. nurses, psychiatrists, occupational therapists, counsellors, psychologists, art therapists) report feeling not comfortable, competent or supported in working with survivors, and reluctant to open “a can of worms” (Day et al. 2003; Holmes et al. 1997; Nelson 2001; Nelson and Hampson 2008). This may be especially so with male survivors. For example, one study of mental health professionals’ attitudes and practices regarding male CSA (Lab et al. 2000) found that the majority of staff rarely enquired about sexual abuse in male patients; staff were generally using ineffective and unsystematic methods of enquiry when they did ask; knowledge of prevalence rates of male sexual abuse was extremely variable, and two-thirds of staff reported having had no specific training in assessment/treatment of sexual abuse.

Various studies have argued that health professionals, such as nurses, therapists and GPs, have a responsibility to enquire directly about sexual abuse in non-shaming ways (e.g. asking questions such as “did anyone ever do anything to you sexually that you might not have wanted them to do?”) (Lab et al. 2000; Sorsoli et al. 2008; Valente 2005).

In a study of 19 male survivors' views on therapy (Draucker and Petrovic 1997), the majority described specific negative experiences with therapists. The six therapist traits they described as most helpful included being informed about male sexual abuse issues, informing the client about the therapeutic process, being connected to the client, respecting the client's process, going the distance with the client, and letting the client go at the right time. Other studies have found that it is not the particular theoretical approach or degree of qualification which is most important but the personal empathy and skills of the practitioner (Dale 1999; Nelson 2001).

Alaggia and Millington (2008: 272) highlight the importance of therapists contextualising survivors' experiences within an understanding of their lives:

In the current era of evidence based practice, although it is important to incorporate approaches with demonstrated effectiveness, more than ever we need to be reminded of the importance of the context of our client's lives throughout the therapeutic process ... Through a deepened understanding of the lived experience of sexually abused men, their narratives offer directions for therapy.

Chapter 3 Methodology and research design

Introduction

This is a qualitative research study, involving life-history interviewing of a purposive sample of 24 men who had been sexually abused in childhood before age 16.

The AIM of the project is to improve the mental and social well-being of male survivors of childhood sexual abuse.

The OBJECTIVES are:

- To document through life-history interviewing with male survivors of sexual abuse the impact of their childhood experiences on their well-being and relationships throughout the lifecourse.
- To identify their perceptions of points in the lifecourse when intervention or support might have made positive differences to their lives.
- To document their views about the kinds of support and intervention they would find most helpful.
- To make recommendations for practical change and improvement in services to male survivors over the lifecourse.
- To disseminate a report based on these findings, in order to bring about improved services and preventive action across sectors.
- To contribute this knowledge to a *health in mind* training programme for voluntary and statutory agencies working with male survivors.

Why choose life-history methodology?

Less is currently known about male than about female survivors across the lifecourse, and we know less about the settings and services within which male survivors are currently located, due to their greater difficulties in identifying themselves and coming forward for help. Therefore, this suggests the benefits of a methodology which makes as few prior assumptions as possible about pathways into positive or negative life situations, or about when during the lifecourse support and intervention would be most helpful.

Life-history methods have a long history in social research, being pioneered by sociologists from the Chicago School in the 19thirties, particularly in respect of stigmatised or “outsider” social groups. As Goodson (2001) argues, they form a methodology particularly suitable for conditions of post-modernity. They are valuable in engaging respondents as active participants in research, as subjects rather than objects, giving them some control over the course of interviews and the construction of their own biographies.

Life-history interviews are used in a range of ways across social science disciplines, from gathering a social history to exploring layered identities and layered connection between people’s sense of themselves, and the unfolding of events and relationships to people and places (Wetherell, 1996). For example, life histories have proved useful ways of exploring experiences of social inclusion/exclusion, changing relational practices across the lifecourse – as sons, partners and fathers – and changing perceptions and behaviours around health and well-being (Chamberlayne 2004; Bornat 2004; Phillipson 1999). It has also been used by leading researchers in the field of gender identity (Connell 1995). Sometimes uses of life history blend into narrative analysis in which the form and structure of story telling is as much the subject of study as the content. In the case of this research, a narrative analysis approach has not been taken.

The life-history method with male survivors was used to reduce the risk of the researcher, even through the conventional semi-structured interview, making prior assumptions about their experiences, or about when during the lifecourse support and interventions are most appropriate. It allows each survivor to pinpoint, through discussing the course of their lives, what for them were the most significant events, what effects they felt the abuse had at different stages of life and to reflect on what at that time proved helpful, or would have done so if the intervention had been available.

Life-history interviewing, however, does permit prompts, especially in a research study where practical outcomes are sought, where it is anticipated that user perspectives will help to shape

improvements in service provision at different stages of the lifecourse. Prompting around key life transitions is one framework within which socio-biographical detail can usefully be explored, and it provides a series of meaningful reference points.

The life grid

Completion of a “life grid” in the first interview has much potential to be valuable to this group of research participants. This technique came originally from quantitative research, first used in Britain for the Social Change and Economic Life Study (Gallie 1988). Life grids as qualitative research tools can take many forms and allow for great flexibility of design according to the needs of the participant group. One axis refers to specific years and dates during the lifespan while the other axis refers to life experiences such as key life transitions across domains such as work, education, living arrangements, friendships or other domains important to the respondent. An example of the grid we used is given in Appendix A5.

The life grid can facilitate recall by referencing a range of events in people’s lives: data collection becomes more focused; it helps participants discover associations they had not previously considered; it creates high level of respondents’ engagement and researcher-respondent rapport; it enables respondents to draw on personally traumatic experiences in a way which defuses emotionally charged areas, giving permission to the interviewer to return in more depth to those events and experiences at subsequent interviews; people initially focus on an outline skeleton of their lives and do not dwell on what are sometimes very painful experiences (Parry et al. 1999). These last points may be especially helpful at the initial interview for a group of people whose trauma memories may be emotionally charged and difficult to express.

The recruitment strategy: Strengths and difficulties

Numbers

Thirty research participants aged 18 or over were originally aimed for, to be recruited for two life-history interviews each. Sample size was based on the experience of past qualitative studies that no more than 30–40 interviews are generally required under a purposive sampling strategy in order to identify a range of views, beliefs and experiences. Publicity and information took place largely through Scottish Central Belt and Fife voluntary sector projects which support survivors of childhood sexual abuse. The main contributing organisations were *health in mind*, Thrive, Kingdom Abuse Survivors Project (KASP) and Open Secret.

Support services were chosen because only men already comfortable with acknowledging they are survivors of sexual abuse were approached: nobody was “outed”. Only people with access to skilled support were considered for inclusion, either through contact with these survivor projects or through access to counselling or other professional support. This was in case any aspect of interviewing proved distressing (see “Ethical issues”, below)

In the event, 13 participants were recruited through publicity in voluntary organisations, seven came through reading publicity given to them by a counsellor working in the penal system, three contacted through seeing publicity in other settings and one through being informed by another survivor. Concerns that substantial recruitment from the voluntary sector might select only certain types of participant can be allayed by a previous study of needs of female survivors (Nelson 2001). A wide range of backgrounds, experiences and severity of symptoms was found in that study despite this recruitment method. This may reflect the fact that the voluntary sector and independent counsellors still remain the major support bases for CSA survivors, and indeed the statutory sector often refers people to them, so that as a result, all kinds of people use these services at points in their lives.

Recruitment proved slower and more difficult than anticipated: there still seems to be awkwardness and embarrassment for men in coming forward as survivors. In addition, the main support group available for male survivors at the start of our research, M Line in Dundee, went into abeyance early in the project. We therefore settled for 25 x 2 interviews, since any further delays in completing recruitment would have seriously undermined the time available for analysis and writing up of the report. There was a late problem for one of the survivor participants, so that final number was 24.

Prisoner group

We were aware from the *health in mind* male survivor needs assessment (Nelson 2004A) that people working with male offenders had found a high prevalence of sexual abuse in their childhood backgrounds. This is not of course to imply that the converse is true – the great majority of male survivors are not offenders. We hoped that by interviewing a subset of prisoners with a sexual abuse background, we might learn something of their life histories and perspectives which would give more information about their pathways into offending and any preventive work which might be done with boys in relation to certain effects of childhood abuse. We therefore contacted the Scottish Prison Service for permission to access (see “Ethical issues”, below) and interviewed six men in prison. Two other survivors had substantial experience of imprisonment.

Ages and backgrounds

We had aimed for one-third of interviewees to be from the age group 18–25, to reflect the Community Fund’s research priorities, and to ensure that relatively recent experiences of the education, social and health systems were strongly represented. Despite the reduction in total numbers of interviewees, this proportion was in fact almost achieved. However, this obscures the fact that recruitment of this age group from the community was practically nil, young men in particular seeming to feel unable to talk openly yet about their childhood abuse. The younger group consisted of prisoners or ex-prisoners recruited through their counsellor Ilene Easton, and while they were very willing participants, they are obviously not widely representative of the general population of young people. Where appropriate, special considerations about their needs and experiences are made in the report.

Comparatively few men of “average” middle-class or skilled working-class background came forward for interview. People of upper-middle-class background had experiences in boarding schools and institutions, and the numbers of people from disadvantaged working-class backgrounds was swelled by the prison interviewees. A wide-ranging quantitative study such as an anonymous survey would need to be done before anything could be said about the actual spread of social class background among male survivors.

We also attempted to recruit a few men who were both survivors of sexual abuse and convicted sex offenders, to gain some perspectives on their own life histories. One of the prisoners fell into this category. However, our further efforts with relevant organisations failed because of perceived difficulties for the organisations around men undertaking sex offender programmes being permitted to discuss their own sexual victimisation. This is not currently the practice, although this research raises questions about that policy.

Equalities issues: Five men described themselves as gay although many others had had bisexual experiences and had experienced confusion over their sexual identity. Four participants had significant physical disabilities and most others had experienced some disability through mental ill health, which affected their careers. However, it proved difficult to recruit minority ethnic participants (only one of 24) and it was also difficult to recruit participants with currently chaotic or particularly stigmatised lifestyles, such as involvement in prostitution. Among other problems, few of these men are likely to have access to regular support. Some of these difficulties were addressed through background interviews with organisations working with them, but we acknowledge this cannot substitute for direct consultation with survivors, and we hope this report might in itself make involvement in research more accessible for the service users.

Representativeness

It needs strongly to be emphasised that whether we had recruited 24 or 30 men for this project, they would not be “representative” in the quantitative sense. What can be achieved in terms of representativeness in a qualitative project can only be a) an effort to recruit widely in terms of factors like age, background and the capturing of a wide range of experience; and b) suggestive indicators about trends and quantitative issues, which then, as stated, need to be tested through much larger studies and surveys. We cannot assume from these participants that X% of male survivors are gay, that Y% will have served in the armed forces or that Z% of prisoners are survivors of CSA, and no one should make such attempts. We can and do learn a great deal from these participants about

the experiences of being an abused gay man, of being an abuse survivor in the armed forces, about care (or lack of care) pathways and of pathways into offending by abused boys; these can give many valuable insights to follow up in terms both of service provision and of further research.

Interview design and piloting

While recruitment was being completed, the life grid and life-history interview schedules were designed and piloted with the first five participants, and amended taking into account feedback from these participants, and from the hands-on experience of the researcher and her assistants.

Baseline information from support organisations: While recruitment was taking place, the researcher interviewed the appropriate manager or co-ordinator in each organisation to obtain baseline information on the major issues which have arisen for male survivors in their organisation's experience. This information assisted in the design of the life grid and the interview schedule, and also in understanding the needs of their particular client group.

Number and staging of interviews

The first life-history interview incorporated the life grid exercise (usually 1.5–2 hours) and there was a second follow-up interview with all but three participants (1–1.5 hours). These three either became unavailable, or did not wish to add to their first interview. Because the follow-up interview was to pursue emergent themes in more depth, it was necessary to allow a sufficient interval between. Tapes were transcribed by professional transcribers and checks made against transcripts by the senior researcher.

Reactions to the interviews

All interviewees were comfortable speaking with the tape, while all the participants who completed the life grid appeared interested in it and content with the process. While we were most grateful to the governors and staff of HMP Glenochil and Polmont YO1 for granting us access, there were some unavoidable difficulties in those settings such as external noise, interruptions and the interviewer's inability to offer cigarette breaks outside!

Research assistance: This project used two part-time research assistants, experienced postgraduate students who assisted with a range of tasks, particularly sitting in on some of the interviews and filling out the life grids. This meant the researcher could maintain friendly eye contact with participants rather than scribbling on the grid repeatedly. They contributed significantly to the report chapters on methodology and the brief literature review. The assistants selected were people with an empathetic and understanding approach who had been made fully aware of the sensitivity of this research project. They further contributed by writing up reflections on the interviews observed and some of the themes emerging from these interviews.

Role of Survivor Consultation in research

It was originally aimed that a Survivor Consultation Group of male survivors of sexual abuse, drawn from the participating organisations, would be formed, separate from the interviewees themselves. The SCG would comment on the provisional interview schedules and life grids. It would be invited to the Interim Seminar, be asked to comment on interim findings, have a consultation meeting before the final report and recommendations, and be involved in the dissemination strategy. It did not in fact prove possible, despite a number of attempts, to set up such a group: it might have been easier to do so in England where there are more established male survivor groups. However, we attempted to follow the spirit of these aims in order to achieve meaningful survivor feedback. A very committed subgroup of research participants along with members of a small discussion group at a survivor project contributed at each stage, spoke at the interim seminar, considered recommendations, and designed their input to the final conference.

Analysis

Interviews were transcribed verbatim. The researcher recorded observations and impressions of key issues formed during interviews, as supplements to the interview material (Mason 1996). Systematic analysis followed through identification of key themes, concepts and processes emerging from the data. The data were coded according to these themes and analysed further to display the

similarities and differences in the research participants' accounts (Lofland & Lofland 1995), using a mixture of manual and computer-aided analysis through the qualitative analysis package NVIVO 7. Help and support to the researcher in using the NVIVO 7 package was given by Edinburgh University staff. Life grids read in conjunction with interview transcripts assisted in exploring new ways of understanding and presenting qualitative findings.

Emerging themes were outlined in the Interim Seminar held in December 2007. The second-stage analysis formed the basis of the final report. It took account of the second tranche of interview data, themes and feedback emerging from the interim seminar; and the pre-report consultation with survivor participants.

Ethical issues

Interviewing research participants always raises ethical issues and this is particularly true when some of these may be vulnerable by virtue of adverse life experiences. In this research project, we adhered to guidance from the University of Edinburgh Research Ethics Committee and the Statement of Ethical Practice for the British Sociological Association (BSA 2002). This is a full and comprehensive ethical statement for researchers, agencies and funders. There are three major points with particular relevance to this research project.

- *A responsibility to ensure that physical, social and psychological well-being of the research participants is not adversely affected by the research. Research bodies should attempt ... to find ways to minimise or alleviate any distress caused to those participating in the research.*

We believed it was important that all research participants in this project had access to support in case any aspect of the interviews should prove distressing to them afterwards. This was *health in mind's* principle in our previous *Beyond Trauma* research project. Hence (as stated), the majority of participants were recruited through support organisations with skills and experience to offer support should people need it at any time. A small number recruited in other ways from the community; if they did not have access to support, they were offered this from a qualified counsellor.

We were initially refused permission to interview in Scottish prisons because the relevant Prisons Department research ethics committee was concerned about the well-being of prisoners interviewed about this sensitive topic. Permission was then granted on condition that they had access to at least three debriefing and counselling sessions subsequently if needed. Ms Easton confirmed that the interviews did bring up difficult issues for some of the prisoners, who had indeed been glad of the chance to talk through their feelings with her afterwards.

Since interviewing survivors of sexual abuse is psychologically very demanding, sometimes distressing, and since previous experience demonstrated the value of access to counselling support for the senior researcher, this was provided for the researcher and her research assistants.

- *The anonymity and privacy of those who participate in the research process should be respected. Appropriate measures should be taken to store data in a secure manner. Guarantees of confidentiality and anonymity given to research participants must be honoured unless there are clear and overriding reasons to do otherwise, e.g. in relation to abuse of children.*

The principles of confidentiality and privacy guiding the project were given to them in writing on the project publicity and consent forms, and repeated verbally, with the proviso that if participants disclosed information relating to abuse of a child under 16, this information may have to be reported to accord with Child Protection guidelines. Arrangements for the confidential storage of personal information were made at both CRFR and *health in mind*. Everyone involved in this project, including administrative staff and professional transcribers, was made aware of the importance of confidentiality.

To ensure anonymity, precise details on participants' factual characteristics are not given due to the cumulative risk of identifying that person. Thus general rather than specific details are given, for instance, about their occupations (e.g. arts, music, mental health), the exact nature of any disabilities, their age bands and so on.

One ethical issue relating to this section was raised during this project. The childhood abuser of one participant was still in contact with children and young people, through young members of his family and his activities as a senior sports coach. As a result, the researcher, in close discussion with

the participant and with her academic supervisor, agreed a statement for a police unit specialising in sexual crime, giving the reason for our child protection concerns. Subsequently, the participant himself was interviewed by police again about his own experience of abuse, and expressed again his concerns to them about his abuser's current contacts with children.

- *Participation should be based on the freely given informed consent of those studied. Participants should be made aware of their right to refuse participation.*

Full written information was available in advance for participants, including the guarantee that they could withdraw from the project at any time prior to publication. Written consent was obtained in advance of the interviews. A copy of the consent form can be viewed in the Appendices.

Part I

Survivors as children: The interviews

Chapter 4 Survivor facts and figures

“Pen portraits” of all 24 respondents, which summarise their lives through their childhood and adulthood, are available at Appendix A1 for readers to consult while reading this report.

Some facts and figures

Age groups

18–22	6 (entirely from prisoner or ex-prisoner group)
22–30	0
30–40	6
40–50	8
50–60	3
60–plus:	1

Age at first abuse

0–5	4 (but suspect possibly more)
6–10	15
11–15	5

Single or multi-perpetrator

Sexually abused by one person	13
Abused by two people	4
Abused by more than two people	7

Duration of abuse

Up to a year	4
One to two years	4
More than two years	8
Multiple incidents, hard to quantify	6
Unclear	2

Type of abuser – male

Father	2
Brother	2
Other male relative	1
Family friend	5
An older boy	4
Neighbour	2
Residential care worker	3
Youth club worker	1
Teacher	1
Local shopkeeper/vanman	2
Clergy	3
Other boys in children’s care homes	Unknown number
Organised groups of male abusers	(Number of groups: 4)
Other young soldiers	4
Strangers	2+two organised small groups, above

Type of abuser – female

Mother	2
Residential care worker	2
Teacher	1
Teenage babysitter	2
Girl of 12	1
Member of organised (mixed) group	2+

Experience of residential home, residential school or foster care at some point in childhood: 11 respondents.

Chapter 5 Other traumas experienced as a child

Many of the interviewees had experienced other traumas as a child, apart from sexual abuse. The prison subgroup of young people tended to have experienced multiple, cumulative traumas and deprivations in childhood.

The most common additional trauma was witnessing domestic violence in the home. Fourteen people had experienced this. Sometimes this was of an extreme kind, with their mother being knocked unconscious, raped and seriously injured. Apart from its direct impacts, and its possible long-term effects on gender attitudes,* this violence often resulted in the mother moving house many times during the men's early lives, to avoid pursuit by a violent partner. That in turn caused disruption to schooling and to childhood friendships, and increased the risk of bullying.

Several people experienced frequent moves as children for linked but slightly different reasons, for instance, if their father was trying to escape the police because of other crimes he had committed, or because their mother was mentally unwell and unstable. One survivor reckoned he had attended 13 schools due to constant moves by his unstable mother. Frequent moves created an atmosphere of confusion and instability and a sense of not belonging anywhere. Subsequently, the prisoner group and two other interviewees also experienced frequent moves within the care system, which added to their cumulative experience of instability.

Where some mothers, already victims of domestic violence, had been revictimised by subsequent live-in boyfriends, this gave rise to a chaotic and often violent environment for the prisoner group, two of whom had suffered brutality amounting to apparent torture from these boyfriends. One teenage interviewee with a history of sudden outbursts of dangerous violence had been imprisoned for weeks in his room by his mother's boyfriend.

Another common experience was regular physical violence towards themselves in the home by fathers, mothers or brothers, experienced by ten interviewees. Sometimes again this was extreme, involving lashing with buckled belts or choking to near-unconsciousness. When fathers regularly gave out physical punishments, this made it even harder for boys to tell their father about sexual abuse by others, either through fear of the consequences of disbelief, or fear of violent retaliation against the abuser, because fathers' behaviour made it difficult to talk to them about anything. Six interviewees also described experiencing physical brutality by staff in the care system.

Several survivors lived with a continuing sadness and uncertainty as children through, in two cases, not knowing who their real parents were and, in six cases, feeling rejected by one or both their parents – for instance, when they were taken into care but a “favoured” sibling was not. This undermined the foundations of their self-esteem, their confidence that others cared for them, and their sense of self. Children were also separated from siblings as a result of being taken into care, one after the family emigrated to Australia and were split up.

Neglect as a category is very difficult to quantify, especially as it involves different aspects such as physical and emotional, and also because popular ideas of standards of care and affection towards children have changed over the decades. However, nine people described childhood lives which gave strong indications of some physical or emotional neglect.

All five interviewees who described themselves as gay recounted feeling different from other boys even as young children. Four recalled feelings of loneliness and isolation and in three cases of homophobic bullying and taunting. This is not of course to describe being gay as a “trauma”: rather, the impact of feeling different and other people's attitudes to this was for some people a major negative factor in their childhoods. As they will go on to describe, they also believe this isolation from their peers made them more vulnerable to being preyed upon by abusers.

In such a small sample it is not possible to draw definitive conclusions, nor to make easy generalisations, about whether certain life traumas make boys who suffer them more vulnerable than other boys to sexual abuse. A much larger study would be needed. It is also important to bear in mind that the many backgrounds of deprivation in this sample can give a distorted picture of “causes”, since particular sites which give greater opportunities for abuse and its undetected continuation, such as the private boarding school system, can also be very significant – as four survivors describe.

Notwithstanding the caveat about generalisation, at points in their life stories, the survivors do identify what life experiences they themselves felt made them more vulnerable, less likely to be able to tell, or less likely to be believed and supported. It will be important to take these insights on board (especially from the prisoners, given that their experiences of home, schooling and care systems have been recent) in the effort to protect vulnerable children in future, particularly those with chaotic early childhoods. The survivors' early experiences also point up once again to the range of damage and risk which domestic violence can bring to children, and the continuing need to make a social and political priority of reducing it.

We should also be cautious, however, in concluding that certain life experiences are automatically the most damaging and that "lesser" experiences do not matter. Much briefer experiences of childhood sexual abuse against the backdrop of a relatively happy home background may also prove disturbing over a lifetime, as three of the survivors reveal here.

Another consequence of multiple traumas is of course that it can be difficult to determine which effects in later life were the result of the sexual abuse, and which were the result of other life traumas. This was especially the case for the young prisoner group, who may not even have trusted us, people they had just met, with the full extent of the sexual and other violence they experienced in early life. (And because some of this may have taken place very early on, not within conscious memory.)

Survivors themselves have been aware of the difficulties of disentanglement, and of the complexity of their lives, but they have also been able at many points to highlight events and feelings which for them have directly resulted from their experiences of childhood sexual abuse. One example among many would be the pernicious mix of shame and arousal in the seeking of compulsive, anonymous sex which two survivors have courageously described to this project, and its connection to the atmosphere of shame, secrecy and guilty arousal which their childhood abusers had created in them.

* *See interview with Ilene Easton, Chapter 21.*

Chapter 6 How abusers groomed or contacted

I guess it probably happens with a lot of people when they're young and if your parents are there and you're younger you're expecting your parents to protect you, and you think well – if somebody's coming to the house and visiting and they're talking to them OK, they must be an OK person.

How did the people who abused the survivors in our study gain access to them, and what techniques, if any, did they use to “groom” the boys? Sometimes a single survivor would have several different experiences of these things.

Within the family

Abused by a parent with total control

For some people, like Scott, Adam and Gordon, abuse was introduced early in their lives by a violent father or by a mother, who had near-total control over their everyday existence and on whom they were almost completely dependent. The possibility of choice didn't exist for them. Adam's father also appeared to run an abusive ring, to whose multi-perpetrator assaults Adam was also subjected from early childhood.

Gordon:

I can't even mind where I was at five years old ... I have very little recollection up to that age. The abuse was going on from my dad, at that age ... it's not really clear what age it started.

Abuse was endemic in their wider family environment

Some survivors were not assaulted by their main caregivers, but grew up in a sexually dangerous environment, where some members of their extended family had been abusing other extended family members, where close relatives were mostly unable to protect, allowed inappropriate things to happen and/or were themselves traumatised and paralysed by childhood sexual abuse. For instance, Phil grew up in an alcoholic family where violence and sexual abuse was rife and where he later discovered the uncle who assaulted him had also abused other members of the extended family in Scotland and Ireland:

It was almost as if they were resigned to their life. Because my uncles stayed with my grandparents, and they're alcoholics, and every night my uncles were out the house and fighting and ... I remember one of my uncles, he was mad with drink, chased my grandmother for sex.

SN: So, you must have looked at that as an 8-year-old and ...?

I just thought that's what it's like. You've got to go ... that's what it is. When you're eight year old, you don't think that. I knew it was wrong but ... I just had to put up with it. And it happened two years running. I didn't want to go back to Ireland but it was that way, “You're going. Shut your mouth. Away you go.”

Although the prisoners and ex-prisoners did not reveal the full details of their early childhood traumas, young men like Hunter, Liam, Danny and Roy appeared from the descriptions they did give to spend their early lives in such environments, where domestic violence, instability, frequent changes of mother's boyfriend and mothers who showed signs themselves of being badly damaged by abuse did not protect them from opportunistic or long-term perpetrators. Roy's mother allowed his first abuser to sleep in his bed.

Violent assault

For some survivors, there was no gradual grooming or seduction process: they were simply attacked by another boy or adult. The young prisoners Dean and Mike were subjected to violent abductions and assaults by gangs of strangers on Glasgow streets after Dean ran away from children's homes and Mike was a homeless teenager.

Mike recalls a night on the street in Glasgow:

There where all the Goths hung about and all the Neds and ... everybody hung about there. Drinking and stuff. Fridays, Saturdays were the main days for us all meeting up and getting into trouble ... getting drunk, forgetting about everything. I was on my own one night, about the back of nine, ten maybe, I was steaming really drunk, legless, and I was dead, violent drunk, really ... I wasn't scared there, but I've walked through that alley and shortcut to go to the public toilets ... and I was going to get the bus up to the East End ... three people had obviously clocked me, and I'm staggering, and they've grabbed me, and they've dragged me into the corner right in the alley where there's no cameras and stuff, and done ... [silence]

SN: ... And what sort of guys were these? Were they homeless guys or ...

No. They were normal people.

Dean was also assaulted by several boys in a children's home dormitory. So was Mike at 14 – both in recent years, which will be noted with concern by residential childcare services:

Yeah. They all thought it was normal. They must have. I don't know, I didn't understand it ... I would fight them.

SN: Did the staff not notice that this was going on?

No. Some of the staff were OK but some were deluded, they just didn't know what to do, they didn't have a clue what was going on under their nose ... they [kids] used to come into your room at night ... [staff] were usually sleeping, and the night shift was in the smoking room, but they used to go and do their washing ... that's when [kids] used to ... [silence]

Hunter was assaulted by another boy who lived near his house. While it is true that Pete was invited into his abuser's house by the perpetrator's son, almost at once he was simply attacked and sodomised. Jordan was forced to submit by an elder brother. Gordon was set upon and raped one evening by a gang of other young soldiers who were angry and frustrated (including sexually frustrated) at other aspects of life in the platoon at that time.

Grooming

The abuser befriended the boy's family and was seen as trustworthy

The role of "family friends" emerged as a particularly conspicuous finding of this study, and one which may to an extent differentiate the experience of female and male survivors. The conventional image of the "family friend" is of someone already known over some years to a family. However, just as often the abuser instead appeared consciously to ingratiate himself with that family, in order to gain access to a child. It is interesting to consider whether such a category of people should actually be redefined as strangers, acquaintances or people from the local community.

Innes's abuser had actually known his father for some years, so he didn't think of him as a risky stranger:

I guess it probably happens with a lot of people when they're young and if your parents are there and you're younger you're expecting your parents to protect you, and you think "well – if somebody's coming to the house and visiting and they're talking to them OK, they must be an OK person."

A local shopkeeper kept popping in and out of Preston's house:

So I didn't see him as a "stranger" I had to be careful with. I felt that when the abuser was just standing in the kitchen talking to my mother, he was exercising control over me by this. After the abuse happened, I would be given a chocolate bar, Marathon. I ended up hating chocolate to this day ... chocolate and the smell of Old Spice aftershave.

Stuart's abuser had been a Boys Brigade officer who "tricked his way into our family":

My abuser befriended the family, after he met me. My father and mother were members of [club] in Fife so I went to it on practice nights and he had turned up and he had befriended my family in premises of that club. He had been in the Boys Brigade, a senior officer and I found out many years later he was suspended for being under suspicion ...

Gave the child favours and extra privileges, made him feel special

This grooming technique made the survivors feel particularly complicit in the abuse. Innes recalls:

It built up slowly – I can see it now I look back on it but I couldn't at the time ... he used to take us for days out and we'd end up at his house, have something to eat, get some sweets etc. ...

Preston's abuser gave him chocolate, Pete's kept him compliant with cigarettes and money. Padraig experienced prolonged grooming by a neighbour in the stair, with sweets, presents and especially kindness and friendship for a lonely boy. This ended in a violent rape when he was five, after which the abuser rejected him completely.

Jo's second abuser, a staff member in a children's home, would bring porn magazines back for the boys from town as a favour, and tell them not to let other staff know. Also:

He wasn't strict or nothing ... if we were watching a film and maybe we had to go to bed for say, half ten, and if a film maybe finished at ten to eleven, we would say, "Oh D. can we watch this for the next thirty minutes?" "Right, as long as you go to your bed after it, and that, and no carry on."

Deliberately created emotional dependence

Some abusers created an emotional dependence, or an interdependence with their victims. Jeff for instance found an older boy at school "running his life in every detail"; Jeff couldn't live without him yet he felt quite suicidal in the situation. One young priest told Jeff he loved him and couldn't live without him; another said he was madly in love, wrote obsessively and put him in a double bind:

He developed feelings for me and said he was madly in love with me, and I said I had no feelings for him, he was purely a friend, and that he was purely someone that I could turn to and give me support, and his position. He started writing letters to me, giving them to me in class, bringing me out the class that I was in, being taught by other teachers.

Roy was searching for a father figure and his first abuser, whom he came to love, provided that role to some extent.

Focused on an isolated or stigmatised child, and/or isolating them further from their peers

Some abusers seemed instinctively to home in on children who were particularly vulnerable and/or isolated from their peers. Roy had no male role model at all in his life and as a lonely boy longed for a father figure – "Uncle Ian" seemed to promise this. Jo was a disturbed young child who ran about the city streets, often naked and "behaving crazy". He was known to have come from a difficult background, and the abuser, who played football with the children in the street, had discovered the stigmatising information that he was adopted. Padraig also felt lonely and different as a young child.

Alec always felt different from other boys because of his sexual identity and the abusive monk deliberately turned his peers further against him, ridiculing and ostracising him:

And because I was a gay child anyway he was ... he seemed to be more interested in my sexual life and how I interacted with the other boys more than anything else, and I thought it was disgusting the way he was talking to me, but of course he would be kind one minute and then he started strapping me the next, and he was like ostracising me, ridiculing me in public ... but at the same time he was actually molesting other boys. So I was really labelled and put into a sort of corner.

Coercion

Entrapment

One of Danny's abusers was a local ice cream man who was always inviting boys into his cab. But they had to have a letter of permission from their parents first. Danny forged his letter and the man must have known this, since Danny wrote very badly at the time. After the man abused him, he felt unable to tell his mother, since she had forbidden him to go on the ice cream van in the first place.

Some boys accepted it as inevitable because they'd already been victimised

Roy described how, because he had already been victimised for years by “Uncle Ian” and because his sense of self-worth was then so cripplingly low, he came to think it was just “normal to have sex with a dirty old man”. When a middle-aged stranger, his second abuser, got talking to him in the street and invited him into his house, he just went off with him:

I never saw it then as being abuse. Because I thought that I'd initiated it. I realise now it was just a continuation of, you know, of what had happened to me with the first abuser.

Abusers used the authority and secrecy of a closed institution

Several abusers had the added advantage that they were teachers or other staff with authority over boys in a closed institution, like a residential school or private boarding school. In Alec's case, it was a particularly brutal monk of whom all the boys were scared; Kit's experience was with a senior teacher in a boarding school, Jeff's with trainee priests at a private school. Jo and several of the young prisoners had abusive experiences with staff members in care homes and residential schools. Just as important as the perpetrators' positions of authority was the low status, in different ways, of the pupils, the expectation of obedience, and the absence from the scene of protective adults – if they had them – from their own families. These power and status differences made it harder for the boys to be believed, harder to escape, and easier for the abuses to continue undetected over periods of time.

Some boys were unclear about how they met and complied with their abuser

Some survivors were unclear about how exactly a particular abuser persuaded them to go with them, or what the circumstances were. But far from reassuring them, this often made them feel more guilty, as they were convinced they must have done something to encourage it. Thus Jack said of the stranger who abused him as an eight-year-old in the hotel grounds: “I have searched and searched over the years as to how it started.” Jack admitted that despite all his education, professional insight and intelligence, despite knowing in his head that a young child couldn't have prevented the assaults, part of him still thinks it was his decision:

I felt it was my decision to get myself into that, I was eight ...

SN: So you felt it was your decision, to get yourself into it?

No, yes well I do, not in my head of course; well I think if you were to, if you challenged me on that, just said it and I think that's probably, it was my decision to allow myself to be continued down that line, yes.

SN: That's what you still believe?

I still believe that.

Once they had become entrapped by their abusers, through whatever means, the children for whom the abuse continued for any length of time then found it more and more difficult to make the break. Most felt complicit, too ashamed to tell or to ask for help, and found themselves under the emotional power, and at times the physical power, of their abuser. Once the assaults had continued for months or years, they then imagined that everyone would ask why on earth they had stayed, if they didn't like what was happening. They discuss all these various feelings in more depth in the next section, “Telling and not telling as a child”.

Chapter 7 Telling or not telling as a child

I can't say that I ever really thought about telling my mum and dad, you know, I can't really say I actually went "No, I'm going to tell them" ...

It just seemed impossible?

It was always just impossible to do it, you know. It was just a really, really hard thing.

A quarter of the survivors did manage to tell about the sexual abuse during their childhoods, but most did not. They were silenced for a wide range of reasons, which are described here.

Those who tried to tell

Unfortunately, telling proved to be an unhappy experience for those who did manage to confide. Only one survivor, Liam, was aware of thoughtfulness and good practice when he revealed to a teacher, not the sexual abuse, but severe physical violence from his father.

The cumulative effect which unhappy experiences of telling can have is seen in the young prisoner, Dean. He was unusual among the interviewees for having tried to tell several times during his childhood. He was first abused at age 7 by a female staff member of staff at a children's home:

I tried to speak to one of the male members of staff about it they said I was lying, things like that ... said I assaulted the member of staff. And then the police came, the next morning I got moved to an assessment centre.

SN: Do you remember how you felt then when people didn't believe you?

I felt that nobody wanted me, I was lonely and my mum and my family didn't want me.

He was then abused by a male babysitter, a friend of the family. Only his mother believed him and she then confused him further by getting him to show friends what had been done to him. Later he told staff in another children's home about sexual assaults by older boys who shared a dormitory. He was asked not to pursue it publicly and that it would be dealt with, but told his father, who came up, made a fuss and took him home. But this did not work out and he was soon back in care again.

By the time that Dean suffered a horrific week-long abduction and multiple rapes by a gang of strangers in his early teens while on the run from another children's home, he was quite disillusioned that anyone would believe him again or act to protect him. He only told his parents of the incident, but they disbelieved him. This very serious crime has still never been reported to the school or police, and has not been investigated.

When Paddy told staff about sexual abuse at his residential school, his only recollection was being moved afterwards to another school. When Padraig became very ill at 12, including mysterious infections in the anal area, he told doctors about the violent rape he experienced at five, and it was put in his medical notes. But to his knowledge, nothing was done subsequently. Jack told his father at 16 about the assaults by a stranger, and his father was very dismayed on his behalf, but Jack only told him this as a possible explanation for his gay sexuality. Jack did not believe this explanation himself; he was only trying to find a reason which his father might accept.

Jeff was frequently revictimised at public school, and when he tried to tell trainee priests about inappropriate behaviour by older boys and another priest, he found he was simply subjected to more inappropriate or sexually abusive behaviour. One or more priests were moved to another school, but Jeff observed that dealing with these endemic problems properly would have been difficult in an institution where:

There was a culture of abuse. And I think a lot of older boys were abusing younger boys because that was just the whole thing. And I think that it was almost incessant that teachers knew that this stuff was going on, because it was virtually impossible not to know, but they never addressed it.

Liam, a young ex-prisoner, had a mixed experience of telling. At one secondary school's special unit for children who had been excluded, a unit of which he spoke highly, a male staff member overheard him telling another boy about his father's physical violence. The teacher explained that he would

have to tell someone and Liam said he feared his father would kill him. The staff member discussed it with him, arranged it sensitively, and waited until Liam had packed a bag ready to exit his house quickly in order to keep him safe. Less happily, when he finally told a staff member at one residential school about the sexual abuse, he was told “well, nothing we can do about it”; when he told staff at another residential school:

When I was 16, at G school it was called. I told that person in the strictest of confidence, and they just about laughed at me, and called me a liar, so I never spoke about it [again].

Those who could not tell

There were a number of key reasons why most survivors found it impossible to tell as children what was happening to them. For many people, several such reasons were jumbled together.

Violence, threats, intimidation or mental control by the abuser

For example, Gordon said of his very violent father:

SN: What did you think would happen if you told?

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 foot under.

Adam recalled of his brutal and sadistic father:

I would basically become the family’s punchbag. And if my mum tried to speak up to my dad, he would knock her out. If I told, he would murder my family and it would be my fault. They would all have accidents like J.

For several other survivors, their closest potential ally, the mother, was also severely beaten, cowed and dominated by the abuser and unable to protect them. Jo recalled his abuser threatening to spread information which shocked him, and which he believed, as a young child, would lead to his rejection by his adoptive parents:

I’ll never get this out my head – I always remember him saying, you know, “you can’t tell M. and Jim”, that’s my Mum and Dad’s name, “because they’re no’ your real Mum and Dad.” And I didn’t know at that time I was adopted, I didn’t know.

After his neighbour brutally raped him at age 5, Padraig recalled:

He basically turned round and said if I ever told anything and stuff like that he would hurt me ... he kind of flipped from being really nice to really nasty.

Their abuser convinced some survivors that no one would believe them. For instance, Alec’s abusive monk said parents would never believe that the good monks and nuns at the school would do that kind of thing – compared with the unreliability of the delinquent children.

Pete, Innes and Preston felt in the grip of a frightening mental hold. Innes recalled:

What I wanted to do was run away, and the thing I was good at was cross country, but I had no upper body strength or anything, I was a weakling and I just ... I couldn’t stand up to someone like that and ...

SN: You mean physically you couldn’t stand up to him?

Physically I couldn’t, but even mentally I didn’t feel I had the strength to do it.

Preston recalls feeling “completely terrified” by the man:

I managed to change my route to school, and this worked for a while but then he would intercept me. So I’d try running a couple of miles by a detour ...

Didn’t think of it as abuse, or uncertain what it was

In the section above, we saw how Jeff’s series of abusers made out that these were some sort of gay love affairs and emotional commitments, not abuse, and it was many years before he himself redefined these suffocating “relationships” as abusive.

Scott was only about six when abused by his mother:

I didn't understand enough – I understood it wasn't right but ... didn't understand enough to go and tell somebody – and this was my mother, someone I trusted. It felt wrong, but I didn't exactly understand if it was right or wrong.

Roy recalls of his second abuser:

If you've been abused from the age of nine, you think it's just normal, to have sex with a dirty old man. And he used to couch his abuse in terms of what the Greek paederasts used to do to boys – all this shit, you know. And even when I started therapy I maintained in my mind that my only abuser was my first abuser. I didn't even acknowledge the fact that I was abused again by another man.

The young prisoner Ryan's experiences of sexualised behaviour in care made him think perhaps this was how everyone behaved:

In residential, there were other wee boys, we were all about 10, 11 – I was having sex there with a lot of boys in there. So I didn't actually know that I – I thought, because I'm having it with my own age group, I thought it was probably normal for a guy to do that to a kid ... it's the way I grew up.

Blamed himself, felt he had colluded and/or deserved it

Jordan couldn't tell his parents about his brutal brother, even though they were caring and warm:

A part of me went through a whole guilt period over time of, why couldn't I just have told, because ... Mum and Dad were loving and open and progressive, and yet I was never able to ... I felt I colluded in some way and that's what left me with a lot of guilt, you know.

Five-year-old Pdraig hesitated to tell his mother, when

I mean it was almost like I had taken a biscuit and wasn't allowed to, and I had been caught like that, it was the same reaction ... [I thought] nobody needs to know about this.

Jay retreated in shame in the emotional barrenness of his boarding school:

I thought I must have encouraged it in some way. I certainly never mentioned it to anyone – I was too ashamed. There was an awful lot of doubt, that I must have wanted it, I must have given the impression that I did, or ...

The young prisoner Mike couldn't tell anyone:

They'd hate me. Blame me, and hate me, and attack me or something.

Like these other prisoners, Danny had found few people in his life to like him and didn't want to lose them too, like his "brilliant", kind teacher Mrs C:

SN: Did you manage to tell her anything of what had gone on in your life?

No. I didn't want her to think differently of me. It was like I was ashamed of it in a way. I was ashamed.

As with many male survivors the physical arousal caused huge guilt in Phil:

You get to that stage of, what I call the orgasm stage. And the funny thing is that, at the time, you do feel as if you're enjoying it, and I've always wondered about that. But then, I've read books over the years and I realised that that's a natural, physical thing. But at the time, then, you know, after it had happened, then I was worthless.

It would have brought terrible repercussions for his family

The wish to try and protect their families, even uncaring families, from this information has emerged strongly from this research. It gives an insight into the considerate way in which many children think when faced with this particular awful secret. For example, Stuart clearly remembers his abuser's weasel words:

... That if you tell people then I will come back on your mother and father – so I had to protect them. I always felt then that I was caught in a trap. That if I told I was going to totally destroy

my family. Then I started to feel oh, they would be better off without me ... my first suicidal feelings began in my early teens.

For Jordan, telling on a family member was different from reporting a stranger:

It's a sense of betrayal that you're telling on somebody in the family and that tribal thing of your telling on your brother, there's that deep rooted sense of because our family was close I think ... would I then be responsible for the family exploding, imploding or separating, you know.

He even tormented himself about his parents' dilemma over rooms:

Would the family be torn apart because there were two bedrooms of girls and there was one bedroom of boys and so how would the consequences ... how would my parents physically cope with that, how would they break the family up, how would they separate the genders, we didn't have enough space ...

SN: So you had this vision again?

Vision of Armageddon.

Dean resolved not to tell his parents of any incident again after hearing them fighting when he told them about an abusive babysitter:

I thought it was my fault because of mum and dad arguing about it, I thought it was me caused it. I thought it was because of what happened to me because I told them, and he was a friend of the family ...

Roy imagined dreadful consequences, not least for his mother: she would have murdered him!

He would be in trouble with his parents or siblings

Even if parents were not the perpetrators, survivors felt for several reasons that they would be in trouble or would be blamed, not helped, if they told their parents. This was particularly true if a parent was strict, old-fashioned or even violent.

Survivors often felt the perpetrator would be believed, not him. Phil remembered that to the family the abuser seemed a great person while he was always branded a liar, and soon he gave up hope:

What you've got to remember is, everybody liked him. He was a great uncle. He always brought gifts and we always had sweets and for my dad he would have bottles of whisky ... also my dad always believed everybody else, so in his eyes I was a liar ... So it got to the point that it didn't matter what I said. It didn't make any difference.

Jordan thought he would have been judged:

I think I felt very much that I would have been seen as the bad one ...

SN: That's quite striking, when you think he was ten years older than you and yet children of that age still feel they would be the ones that would be judged?

Yes; yeah.

Innes's strict father didn't encourage his children to talk to him at all:

It was always children should be seen and not heard ... whether it was this guy [abuser] who was in my house or it was my aunt and uncle, if you walked in you went, "Mum, blah, blah", and you were trying to say something it was always, "shut up" ... You just keep your eyes and ears open and your mouth shut, sort of thing.

Innes was also trapped by having previously pretended everything was fine. His parents would ask if he had a good time and he would say yes:

He would be there, you know, so you wouldn't have the chance to say anything ... if I changed my story then my dad would basically say, "Well, are you lying or are you telling the truth?"

It would also raise questions about why he'd stayed with the perpetrator so long. The thought of his parents equally stopped Innes from telling the police:

I always imagined if I went and spoke to the police they'd be going in with all guns blazing ... it would have been a case of ... straight in, tell the family without even thinking of what I'm going through.

Pete was frightened to trust his foster mother:

She was just too strict to tell – I didn't like her, and – for instance they'd be having a conversation about me, and I'd walk into the room, and the conversation would stop. That's the sort of lifestyle I was living in – I couldn't really trust her no.

Liam thought no one in his family or beyond it would believe his accusations against his brother, because of his own history:

Nobody would believe me, so what was the point? With the background I had of being violent, fighting all the time ...

Jack saw very practical reasons not to report to his parents – he might not have been allowed to go out, where and when he wanted:

The risk of it was losing freedom. Physical freedom. That was what I didn't want to have inhibited basically. We had five hundred acres in which I could roam.

Their peer group and homophobia

Almost everyone feared telling their own peer group what was happening to them. The main reason, especially in their teens, was that they believed they would be thought gay, and blamed or sniggered at. Sometimes they had already been deliberately isolated from their peer group.

As Jo recalled of his abuse in residential care:

I think it's hard for guys to speak out, you know, for a young teenager to say that they were abused, they think they're gay or something like that, and they don't want to be stigmatised ... people would laugh at you and nobody would believe you, plus the rest of the kids would get to find out about it and say, "oh you're a poof" ...

SN: Right. It didn't occur to you at the time in [X] home that there might be other boys suffering the same thing?

No.

Alec had already been isolated from other boys by the brutal monk:

The way he ridiculed me and ostracised me I was an outcast already ... I caught him talking to the class when I left to go to the toilet and came back. It's not something you could talk to the other boys, because the way to inhibit me would be embarrass me and humiliate me in public.

Adam was presenting a very aggressive, angry, macho image at the time, terrifying others on the rugby field, while Innes felt boys were "meant" to be tough and macho:

We've got to be hard, we've got to be tough sort of thing, we can't let things get to us now.

Stuart was already isolated and felt boys would shun him even more:

It's a dreadful thing to be carrying about with you and there is an amount of shame attached to it. It's because you feel if people find out, you become more of an outcast.

Disillusionment or distrust

Roy couldn't tell because he

Didn't trust anyone, especially not my mother. Because although I loved her and she was everything in my universe, I was terrified of her.

SN: What did you think would happen if you did tell her then?

The concept didn't even enter my mind, Sarah. I got pulled for the slightest thing, you know, for so many things. Very, very few children decided to tell their parents.

Phil eventually decided:

I'd switched off. I didn't want help from nobody. I didn't need anybody else. I, kind of, looked after myself. There was my younger brothers and my sister. I took their ... It was my life that was protecting them.

When people disbelieved Dean, he didn't tell anybody anything after that:

I just blocked it out with doing drugs.

As a teenager, Adam felt:

Nobody at that point will be listening, so what's the bloody point of talking?

SN: At that stage you're thinking, well, nobody helped me?

Yeah. Well, it's not nobody helped me – it's nobody wants to help me. Nobody's really interested – you see, this is allowed. This behaviour is wrong, but it's allowed.

Blocked it from memory

Kit was asked whether he had reported the assault by his schoolteacher:

No, I didn't report it, I blocked it totally ... from my memory, I would say. Till an awful lot older ...

Jay, subconsciously and a bit consciously, just tried to bury it:

It wasn't till I actually pigeonholed it under the abuse category that I felt I could open up about it.

Chapter 8 Anger, aggression and offending

I think it's more to like see something destroyed, because part of you's been destroyed.

I walk along the street and somebody looks at me – as everybody does, they look about. I'd go over and hit him. It was a case of I was angry, he's looked at me, he's not looked at me in any other way but I'm going to blame it on him. You looked at me, I'm angry: you're getting hit.

While all the male survivors felt anger after their abuse – usually for many years – they dealt with it in different ways. Some internalised it, some tried to suppress it, while others turned to aggression and offending in their childhood and adolescence. Here they look back at how they reacted, and reflect on the meanings for themselves and others at the time.

Anger and confusion leads to aggression against people or objects

The most common form of aggression appeared to arise directly from anger, hurt, confusion and despair. Ryan frequently used violence throughout his life and this continued in prison.

I got kicked out – every residential I've been in, and all the secure units. Smashed up, I just always started battering young offenders, battering prisoners, I set fires, smuggled drugs, sell drugs, run away, a lot of crimes, just been a pure idiot.

Pete just “lashed out” all the time and committed lots of offences:

I think [for boys] it's a way of expressing what happened without saying it.

Mike would smash car windows:

SN: Can you help me understand what you felt at the time why you were doing all these things?

Anger. And instead of taking it out on other people I took it out on objects.

Paddy recalls:

I didn't know anything else but violence, that's the way things were in a List “D” school. I was up against it with everybody, basically. I'd just go home full of anger and full of hatred. There was nine of us in the List “D” school who suffered that treatment [sexual abuse] and later nine of us later got life sentences, because we didn't know anything else but badness.

SN: And did you become someone in jail that other people were afraid of at that time?

Yes.

Danny, who committed more serious violent offences, set a classroom on fire:

SN: Do you remember just before you [set fire] what it felt like?

Just wanted to see what would happen and just wanted to look at it ... I'd been angry like with everything, and I blamed it on everybody else ... I think it's more to like see something destroyed, because part of you's been destroyed.

Adam recalls how he took out his misery and confusion through great aggression at rugby, which was seen as an advantage to his team, not a cause for concern about his well-being:

My mum always washed my rugby top and put it in with some trousers so I had this pink collar on my rugby top ... she didn't want to buy a new one. Guys from the area still say now, “Do you remember that nutter with glasses and a pink collar!” I was a really aggressive, disturbed young man that the area rugby teams were worried about. So they would leave me be, and the teachers picked up that fact.

Liam perceptively reflected on why abused boys got even more angry than abused girls, and how they came to take it out on innocent people:

I can explain that – with guys it [abuse] shouldn't happen, that's the way I looked at it, that it was my fault. “I can't tell anybody because everybody will look down on me and I'll be a piece of dirt ... so I walk along the street and somebody looks at me – as everybody does, they look about. I'd go over and hit him. It was a case of I was angry, he's looked at me, he's not looked at me in any other way but I'm going to blame it on him. You looked at me, I'm angry: you're getting hit.

Acting “the big man” to restore self-esteem

While some survivors shrank fearfully into themselves, some became bullies in childhood. When Danny was abused by a neighbour, the only way he dared to get back at him was by bullying his son and “slagging him.” Then he joined a gang of older kids:

They were 13, 14 ... smoking cannabis and gang fighting, and things like that. And I was with older ones who I used to think to myself, they're looking up to me and it felt good. And it was like I always had to prove my point.

Attempting but failing to achieve an end

Although few survivors had been able to tell directly as children, nearly everyone showed by their behaviour that something was very wrong, and some were deliberately trying in a roundabout way to escape their abuser, or to get someone to ask what was the matter. This was very common in female survivors also: one survivor in the *Beyond Trauma* study (Nelson 2001) even ran along the roof of her private school in a desperate attempt to attract attention, and still nobody asked. This points out the importance of thinking about the meaning of repeated, unusual behaviour in children.

Pete actively tried to get sent to jail to get away from his perpetrator. Jo described himself as a terror at school, always on behaviour cards, behaving as the class clown, fooling about with Bunsen burners, etc. Liam also acted as the “class clown”. The teacher either sent Jo out or made him sit right at the front under his eye, but nobody appeared to try and find out what might be wrong. Dean kept hoping that “creating havoc” in class would encourage somebody to “sit down and ask me about what had happened but I just didn’t know how to go about it”.

Innes shoplifted to try and escape his abuser and to send out oblique signals for help – but all it got him was a criminal record at age 14. He shoplifted for ages without being caught, was finally picked up and reprimanded, then got a suspended sentence:

SN: Didn’t anyone then ask you why you were doing it at all, your probation officer, social worker?

I didn't have a probation officer because it was a suspended sentence; obviously I was caught and taken home it was basically, “I've caught him doing this, blah, blah”, and then the police were speaking to my mum and dad, and I was left out of the picture.

A form of self-harm, in the attempt to be liked or to feel something

Adam could never make male friends at school because he was too aggressive. He “wound them up” which made them aggressive to him, instead. He thinks he might subconsciously have encouraged this:

... I think in some way, I got quite twisted as a child, got damaged – you know, when the way you get affection is by getting harmed?

Mike described doing crazy, stupid things to try and hurt himself:

Like hitting my head off walls and stuff. And deliberately getting myself battered.

SN: Did that feel ... make you feel better, or ...?

It wasn't sore. I didn't feel it. I wanted to feel something.

A distressing or “last straw” event leads to outburst

Liam, who describes elsewhere how he smashed up his room after being disbelieved or laughed at when he revealed his abuse history, also says that as a young teenager he once tried to kill his abuser, his brother. Afterwards:

I went off the rails. I attacked a staff member [in children's home], pinned him against the wall and put a knife to his throat. Then I kind of took a step back and thought about what I was doing. Then I got moved to a residential unit.

Jay attacked another boy in his final year at school with a penknife after running away from his hated boarding school and being sent back:

Nobody got close to what might be wrong ... bullying was considered character-forming. The abuse was probably considered character-forming by that lot as well! I don't remember what the trigger was, but literally I snapped. It must have been an argument – part of the stress was being in such a confined space ... there was NOWHERE to escape.

Much later in life, he read a book for male survivors:

And I became able to realise, "oh that's why I was so angry and kept flying off the handle."

Bad behaviour leads to unstable pattern of care and home, increasing the traumas

For several survivors, the out-of-control behaviour at home led to a vicious circle of residential care, feelings of rejection by those they loved, and yo-yo instability. As a child, Jo “smashed up the house and everything” and his adoptive parents had “were at the end of their tether. My Mum said to the social worker, “there will be a murder in here if you don't get rid of him.” Things got so bad it was agreed to put him into care for a few months – but he ended up there for four or five years.

Dean's chaotic behaviour at both home and school reflected deep confusion about where he wanted to be, and his sense of family rejection. When his parents got back together, he went home but was soon back in residential school:

SN: What was home like when you went back?

[sigh] It was all right at first, I think it was just my behaviour, because I was just out of control, like, mum and dad just couldn't handle my behaviour. I used to try and stick keys in plug sockets and things like that, really ... I think I was just looking for attention, because in the [children's] homes, the sort of attention I got was just bullied ... terrorised, you see, because I was quiet and timid when I was younger.

Other problems started, or provided further opportunities for, offending

For some survivors there were other or additional reasons for offending. Pete started stealing at age 7 or 8 because his mother was mentally ill; there was no food at home and he had to resort to eating cabbages from fields. He gave his mum some of the money he stole.

Like several survivors, Dean was diagnosed ADHD at school for being “hyperactive and out of control”. Such behaviour made exclusions and suspensions more likely. Hunter and several others were frequently excluded from school for disruptive behaviour and would roam the streets with a group of other excludees. Hunter recalls stealing “daft things like lawn mowers, and things from people's front gardens, nothing really serious”

Dean resorted to stealing to survive and to pay for drugs to blot out his memories, after running away from K, a harsh residential unit. He got in with more dangerous people and started stealing cars, where he eventually made a good living:

I became a thief, like shoplifting, breaking into places, things like that, kind of a life of crime. I was on drugs and drink aye, both ...

SN: Are there a lot of other young people living the same sort of existence?

Aye. That's all it was, an existence ... the person I was stealing the cars for he was a well-known face in Glasgow, like a gangster, he took me under his wing, and I ended up staying with him, then growing through the ranks. I had my own flat – I thought that was a good life.

Note on offending and remorse

The prisoners and ex-prisoners differed from the rest of the survivor sample in admitting they did not usually feel remorse when offending against people they did not know. When discussing what they thought were the reasons for this, several said bitterly that no one had helped them earlier in life, so why should they care about anybody else? However, it would be inaccurate to conclude these offenders had lost their moral sense in general, or become psychopathic. This group showed

strong moral feelings in at least two directions, without prompting from the researcher. They were extremely angry at sex crimes against children and the injustices all abused children faced, and they rejected offending against anyone they knew and cared about. They also said it was definitely wrong to hit women and that though they knew men who did this, they would not do it themselves. It was not clear how far this was true. It seemed bitterness at official inaction and repeated betrayal by caregivers had changed one part, but not all parts of their moral sense towards others, which could have constructive implications for future work with abused young offenders.

Chapter 9 Isolation, depression, self-harm

I was bullied a lot at school. There was a group of us which ... the odds, and people who just hung out together, and I was one of them. We were called the dustbin boys because we hung out next to the dustbins, I mean it was like a fucking derogatory name ...

Sometimes abused boys reacted with signs like aggression or bullying, and sometimes they turned inwards, becoming loners, isolated, depressed and self-harming, often the targets for bullies, and literally running away from their problems. These feelings often persisted into adulthood, as the report later describes. Innes, for instance, was typical of many of the survivors in speaking of being “pretty quiet” at school, not playing with boys of his own age nor hanging about with them after school, and of being more comfortable with the girls than the boys. Stuart expressed the general feeling of “a dreadful thing to be carrying about with you, and there is an amount of shame attached to it” which was isolating in itself.

The child survivors might prefer their own company or that of one trusted friend because they had been made to feel strange, stigmatised and different; because they had been deliberately isolated by an abuser; because they had considerably lost trust in other youngsters, in other adults, or both; or because they just felt safer and more at home with themselves in this way. Some people also suffered the extra pain of isolation through enforced separation from siblings and moves between home and care, which disrupted existing friendships. A number of the survivors describe here some of their own reactions as children, and signs which they feel might be picked up in future by alert adults who care about the children.

Isolation and depression

Being alone brings sense of safety and control

Adam experienced a rare sense of safety and calm on his own:

Things that made me feel good as a child were being on my own. I would go to woodland, and ... I had a plane, one of these wind-up planes, and I remember for a week or two I had fun ... I would wind it up and set it, and it would fly off ... and I was left alone to play with it.

SN: What was good about being on your own?

I was safe. I couldn't be harmed. I was in control. Nobody was going to attack me – and I liked my own company because it was me.

Jordan was asked: Do you feel that it affected you in any particular way in primary school ... ?

I remember looking back and thinking, I was a loner, I didn't have many friends. In both primary and secondary school, I had one good pal ... actually I was OK with having one pal, because I thought one good pal was better than a bunch of people that could turn on you, but I very much spent a lot of my time on my own, listening to music and being creative about music and dance, and drama.

Mike loved the chance to go fishing from his residential school:

I just used to go on my own. Well, they used to take you but I used to jump up to somewhere where I was just sitting on my own. Just be at peace and ... I liked being on my own. Silence.

People also gained a sense of safety and trust from one loyal friend, especially if the friend had been through difficulties themselves. Thus Stuart and Pdraig kept one friend for decades from a very young age, and had been “a support system for each other”. Pete and his long-term pal supported each other and covered up for each other as they went through the penal system.

Loss of trust undermines wish to risk friendships

Dean said of friendships:

I didn't trust anybody, I lost a lot, a lack of trust, and I still find it hard to trust people.

SN: Did you have any friends that you kept over a period of time?

No. You just don't trust them. Because there have been that many things happened, know what I mean?

Being isolated and bullied by classmates or teachers

Preston was bullied badly by a maths teacher who had a dunce's hat and cane, and completely terrorised him – he had to stand in the corner with the dunce's hat on:

This seemed to set me up for how I became [as an adult].

Alec remembers:

There was isolation, I think, more than anything, I was closed off, shy of people, fear of people's attitudes, thinking that everybody is aware of my sexuality and my ... all the things that he [abuser] used to ridicule me about.

Jeff contributes a powerful image of his rejection:

I was bullied a lot at school. There was a group of us which ... the odds, and people who just hung out together, and I was one of them. We were called the dustbin boys because we hung out next to the dustbins, I mean it was like a fucking derogatory name ...

Gordon didn't make friends at school:

I didn't. I'm still very much a loner. Not really any friends I remember – kept myself to myself very much – and that led to the bullying of course. At first it was bad, but it got to the stage where when I retaliated.

Roy was silenced and isolated not just by the abuse, but by his sexuality and awful home life:

Like so many gay men at that age I was completely isolated.

Isolation through frequent moves or the home-care divide

Alec was separated from all his siblings who were at home or in various children's homes:

Because I was so far away, B, E, M, J [siblings] got home on a weekly basis, I'd be very lucky if I got home monthly. So I was more separated than them, so my closeness to the family has been affected by that as well.

Gordon's farmworker father was continually moving and no sooner had he got to know people than they were moving on again. Mike and some of the other prisoners felt caught in a spiral of frequent running – away, where they were rejected as odd for being in care, yet often rejected at home:

I wasn't happy in foster care at all, but home was home, you know. It [my home] was where I wanted to be because then people wouldn't think I was an outsider and stuff, because people judge you when you're in different places. I know it sounds weird that people judge you, but it's just the fact that people do.

Escaping from others as response to problems that seemed insoluble

Dean kept running away from care even though absconding proved dangerous. He cared very little for himself by that time:

SN: Can you help people understand why kids run away, what's in their minds just before they do it? Because you were saying to me it didn't really help but you still did it.

Just running away from the problems. If you're running away you just feel free, free to do what you want. I could do what I wanted ... I could be a different person.

SN: But at the same time it's not a safe thing to do?

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 didn't really care, I just took drugs and drink.

Mike, locked in silence, wanted everyone to go away:

SN: You were involved with social work, psychologists ... do you remember any of them, looking back, that helped you at all, that you liked when you were at primary, or ... ?

[sighs] Not really.

SN: Did they ask you about what was wrong, do you remember?

Yeah, sometimes. I just used to go away on my own. "Leave" ... I says to them, "Leave me alone", and go away and stuff.

SN: You didn't feel you could tell them?

I couldn't talk to anybody about anything.

Self-harm

Self-mutilation

Part of turning inwards on yourself can be self-cutting, burning and scarring. This is often assumed to be more of a female response (and it can initially be more difficult to detect the many male forms of wider self-harm, such as extreme risk-taking or going on drinking "benders".) However, a number of the survivors hurt themselves as children, including most of the prisoners; Liam, for instance, recalls frequent self-cutting:

Been there, done that, got the t-shirt, got the scars to prove it. And it's – there's a pay off for about five seconds. For me it was about punishment, it was another way of punishing myself. Whereas for some people, it's just a release.

Preston was sending out particularly visible signs of his extreme distress as early as primary school, but they were simply interpreted as a general anxiety:

At the time the abuse was happening, I would go to school, ask to be excused and sit in the cloakroom because I had a headache ... I would then sit for an hour and a half bawling my eyes out. I would pull my eyelashes and eyebrows out. I feel angry now that none of these things were noticed ... hair-pulling is something I do to this day.

Attempting suicide

In terms of extreme forms of self-harm, it was striking that in this study, every single survivor spoke of having either tried to commit suicide at some time, or having considered it very seriously. For some people, like Kit, the attempts started in childhood or while they were still at school:

SN: And what did you do next?

Well I did very badly in my [final] exams. I went to a college in M, and at that time, I attempted suicide, and I'd also attempted suicide when I was at [boarding] school.

At about age 12, Phil swallowed four bottles of aspirin but then told his mother, fearful that if he died, his father would batter his siblings instead of him:

I was lying in my bed for a week ... And my father's fantastic words of encouragement were, "If you're going to do it, do it right the next time." [He tried again]. And I swallowed all these pills and I woke up the next morning and went, "Eh?" So what happened was, I ended up shitting black for two weeks. It was iron tablets I'd swallowed.

Dean didn't care at all whether he lived or died. As a teenager he would drive cars crazily and at great speed:

Aye, I nearly killed myself a couple of times ... I didn't care. I took too many chances.

Distorted ways of relating to other people

Many survivors felt that the effects of the abuse distorted their ability to relate to others "normally" in later life: this ability was often restored significantly by the support and therapy which many also received. Here, Jay describes how even at the basic level of friendship, he found himself with no idea how to make a normal friendship, and over-compensated emotionally after he left boarding school for a day school:

SN: Did the abuse affect your ability to make relationships with people?

Very much so. I made a friend in my final year at X High School ... and that was really the first time I had had a real chance to make friendships. I latched on to him and his family ... I actually lived in there without actually sleeping there, for several years. Erm, as a family they spoke to each other, they did things together ... there was emotion, there was love, there was all the things I'd craved. And I can see the way I kind of do that even now – I try and latch on desperately, seeking this other love and affection I never really felt in the past.

Chapter 10 Problems with learning, concentration and achievement at school

Mike:

I wasn't very good at learning.

What sort of problems did you have with learning? Was it concentration, or ...?

Everything. Concentration, lack, lack of ... I just didn't want to be there.

Roy:

You're either a very low or very high achiever if you're a survivor. You have this great drive in you to escape the situation ... and to distract yourself: to plunge your mind into a different world.

Introduction

The great majority of survivors in this project had had significant problems with their schoolwork. They had particular difficulties and "learning blocks" over concentration, and with missing chunks of school education through illness, truanting, exclusions for disruptive behaviour, moves in and out of institutional care, or frequent family moves among different areas. Several people had severe struggles with literacy right into adulthood. However, in most cases, their adult achievements did not tally with their childhood difficulties. This suggests they had not been suffering from low intelligence or low ability, but from some other problem.

Even among the prisoners or ex-prisoners, the group with the most consistent education difficulties, Liam and Paddy later achieved a number of exam successes. Several other survivors, even with basic literacy and numeracy problems at school, went on to higher education, or arts or music qualifications, even where their family background was deprived and/or with no history of such achievement. Roy's description above of the drive for achievement tallies with several women in the *Beyond Trauma* study, who went on to achieve at degree level from backgrounds where this had not happened before.

Half of the survivors in this sample recalled either being officially diagnosed with ADHD as children, or being considered by professionals to have this problem. This raises questions about how far the possible traumatic roots of hyperactivity and inability to concentrate have been seriously explored in research on ADHD. Even if continuity of education can be considerably improved for vulnerable and abused children, and various absences reduced, do the specific effects of trauma also need to be addressed before most will be able to concentrate, however sympathetically or consistently they are taught?

These will be particularly important questions for those with care of looked-after children, where successive Governments have urged giving a high priority to improving their educational achievement. As with other parts of the children's section of this report, there are also disturbing questions raised about the negative effects of school exclusion on a group who are not only vulnerable to dangerous situations on the streets, but to losing even more of their schooling than they have already done.

The effects of traumatic events on concentration

Dean was asked how his week-long abduction, kidnap and multiple rapes at age 14 had affected his behaviour and school work when he returned into care.

I just kept running away, just going away and with other people and ... I just took drugs ... I was numb. I was numb. I just didn't have any emotions at all.

SN: Were you able to do any school work or able to do any of the normal things?

No ... I couldn't concentrate at all.

Pete, who ended up in jails and mental hospitals, thinks back to the effects of the abuse and the secrecy:

You shut down, mentally, emotionally and spiritually. I just said "fuck it." I don't think I sat any exams.

Adam, who suffered almost daily sadistic abuse at home, recalls:

It was always "Behave [surname] – can you not just give us attention?" Because my attention span was ... I was under such stress at home, there was no way I was going to learn anything. Because my adrenalin must have been constantly through the roof. And that wasn't picked up on. I was so stressed, I couldn't learn.

Scott, who later had a skilled career in the armed forces, recalls:

Huge learning difficulties, I remember I couldn't read – learning was impossible, there was some kind of block. I can remember I could not read, no matter how hard I tried ... basically, all through my schooling its been a struggle ... concentration. Only towards the latter end of my secondary school, teachers were saying that I had ability.

Alec described dissociating as a child to "escape" his tormentor:

Just to escape, the only place I had was under the blankets and to ... with my head. I must have been in a total state of stress all the time, because my concentration was bad, it reflected in the school reports ...

Jeff's dissociation was not only from schoolwork:

SN: So you sort of separated your mind from what was going on?

Yeah, I didn't have any touch ... I numbed my fingers completely, all my body and my mind. I was split. I'd go over here; I wasn't in touch with me, at all, in those days ...

He failed his A levels "spectacularly", went to an expensive crammer and re-sat them before entering university. Likewise, Kit failed his final exams at his private school. Jay failed most of his exams at his private school, took them at another day school and went to college.

Severe loss of self-esteem affects school grades

Preston (who was made to wear a dunce's cap at school), Stuart, Pdraig, Roy and Phil described losing all self-confidence. Roy, now with a career in music, says:

I've still got my report cards for every year of secondary school. And what you find is that year by year my marks steadily got worse. But things at home were getting even worse because my mother had taken on a new boyfriend ... he made my father look like Larry the Lamb. This guy was ultra violent, an alcoholic. And the abuse was going on at the same time. And my school work got worse and worse and worse and I lost interest. I lost confidence. The only subject that I really excelled in was music as I said, it was an escape for me. This low achievement, it was the result of, you know, coping with my mother's mental health problems, my father's violence. The sexual abuse. Constantly moving about. Poverty. All these things compounded into one.

Padraig left school with no qualifications:

Barely able to read and write ... then went to adult literacy classes and then got "O" Grades, Highers, a degree, a diploma then a Masters, so I was also quite annoyed about the school not picking up that I wasn't too stupid.

[The abuse] completely destroyed my self-esteem ... I couldn't write very well and I certainly couldn't spell, right and I could only read things that I was really interested in, otherwise it was just like shutdown.

Phil's father running him down publicly made his school achievement even lower than it was already:

H would set about me right away saying I was crap at school and all the rest of it. It was only as I got older, I realised, well the reason I was crap at school was because of all this. On two days of exams, I was meant to sit eight O Levels, but I just walked out. It was almost as if, when you're told you're a failure long enough, you start to believe it. And I thought, "Well, I'm not going to sit these because I'm going to fail them anyway."

To escape his abuser Phil used to go and stay with a friend, but because he wet the bed up to age 14, he hardly dared to sleep:

It was no wonder I couldn't concentrate at school on anything else. I was lucky if I could get two hours sleep at night.

Scott reflected with some anger:

It [the abuse] has had a huge impact on my life. I've gone through my life thinking I was stupid, dumb, inferior ... and I'm not, I'm quite ... an articulate switched on guy. I felt I missed out on chances ... I watched people I was at school with, go on to university ... I'd have loved to have done that.

Going through great numbers of school changes

Gordon described how his cattleman father moved from farm to farm as he frequently changed schools:

For myself it was just ... dreading every time I tried to settle down, it was at the back of my mind what's happening next, where are we going next? We would get set up with a school, to find either I wasn't educated enough, or I was too old to fit into the classes ... that's why I was mostly self-taught for education.

Missing school through frequent exclusions

Survivors, particularly those who had been involved in the care system, described exclusions from school for disruptive behaviour after the abuse as being an important factor in falling behind and losing interest in schoolwork. For example, Hunter was excluded many times from schools, mainly for fighting and generally being disruptive, and would take to the streets with other school excludees, where they indulged in petty crime and stealing. Liam missed school through frequent exclusions, mainly for fighting, and calculates that he missed about three years of schooling altogether, getting well behind his classmates as a result. The geographical instability increased the risks of friction:

SN: How did you get on [moved to school in X, industrial town]? Was that any better?

No. because in [Highland area] people there talk quite funny and people used to say I was English and used to take the mick out of me – so I was always fighting, always getting suspended. People from school and social work came to see me ... but they didn't do anything, every time I went to school I was fighting so I didn't see the point of going to school.

Danny, who in addition to other forms of abuse would be kept prisoner in his room for days on end by his mother's boyfriend, recalls:

In primary if I was asked to write things and things like that, and I couldn't think how to and I'd just get frustrated and I'd cause a scene so that I didn't have to do it – and I'd get removed out of the class.

Working hard in order to escape the situation

Some people in their teens decided to try and work hard to pass some exams, in order to escape from their home environment and get right away from the abuser. This strategy was exemplified by Innes, who went from nondescript marks to “really bad” ones before deciding that his O Grades and Highers might give him a passport to escape into the armed forces:

I realised by that time I was really wanting to get away and that's why I really pushed hard to get the qualifications that I needed to get into the Forces. I went from having really bad marks in my prelims ... to sitting my O grades and getting A band ones, which is what 97, 98 percent and above in both.

He recalled no one exploring the reason for this remarkable see-saw; teachers just said:

Well done, that's well done and obviously you've pulled your socks up ...

Finding self-worth through other school achievements

The serious effects on concentration and self-esteem of so many survivors, which affected their academic achievement at the time, does not mean that their school careers were negative in all

ways or that they had no achievements. In fact, the majority were successful either at sport, the visual arts, drama or music; Liam was in school teams for three sports, for example. They described these things as a lifeline, and a source of at least some self-esteem, which many were able to build upon later.

In particular, it was a noticeable and unexpected finding that five men described developing at school a fondness and aptitude for long-distance running, and related this to various reactions to their abuse: for example, a way of letting out emotions and intense feelings in private, a way of finding the solitude from other children and the time to think which they strongly sought, or a way of escaping for a while from thinking and worrying about it.

It also had a strong symbolic value for them. Preston, a successful athlete at school, started running as an 8-year-old literally to escape his abuser, who lived in his neighbourhood and waylaid him on his route to or from school. Preston would run two miles by a different route to avoid the man, though at times the abuser still found him. Distance running was not a feature of any female survivors so far interviewed, though that might result from different socialisation, lesser opportunities, and worries about personal safety.

Chapter 11 Sex, sexuality, masculinity and relationships

The way the Church put things into you, everything is wrong, so your self-esteem and, of course, you pray ... it's like being told anybody who's slightly different should be put down or whatever, sort of thing. So you think, well I hope that's not me ...

Introduction

As children and teenagers, the survivors' attitudes to sex, sexuality and gender relationships were influenced not only by their own sexually abusive experience, but by cultural and religious values within their society, area, religion and family.

For example, Jeff talked of growing up in a family where sex was not discussed nor could be talked about: "I even felt ashamed about shaving – they just put a book about sex in my room." In contrast, most prisoners and several other survivors spent their early life in environments where chaotic or abusive sex was commonplace: Roy grew up in a street where prostitution exchanges could be witnessed daily and where there was a "sexual undercurrent all the time". Liam used to witness as a child "four or five different guys every night, coming to the house".

More than half the survivors witnessed violent, sexually abusive or controlling behaviour against their mothers, which can produce determination never to behave in the same way towards female partners, or alternatively, negative effects (such as projection of mother-blame into future relationships with women). However, research such as this is unlikely to be the most accurate barometer of effects on behaviour, because few people would think it acceptable to reveal to researchers (especially females) if they were violent, resentful or abusive towards women. Such feelings may more often emerge during therapeutic work (see the interview with Ilene Easton in Chapter 21).

The biggest issue which emerged when respondents discussed the topics of sex, sexuality and gender relationships was homosexuality. Both straight and gay youngsters feared they were gay, and hoped they were not. Both dreaded the reactions of their peers, and often of their family. As Chapter 7 on telling and not telling has already suggested, homophobia is a major silencer of male children who have been abused, and suggests itself as a key topic for challenging if boys are to be encouraged to break their silence.

For many survivors, the abuse was the start of a lengthy uncertainty about their sexual identity, and most people experienced sex with both men and women at some points in adulthood. Four of the young prisoners, for instance, admitted to bisexual feelings and activities, a topic which they found very difficult and admitted with some courage. It was in fact the gay men who emerged as the least confused. Once they had rejected the homophobia around them, which had made them pray as children that they weren't gay, they reflected and considered later in life that their feelings of difference from other boys had preceded the sexual assaults: they felt confident the abuse had not "caused" their sexual orientation. Ironically, it was the heterosexual men who, when young, worried most that abuse might have "made" them gay.

Acting out, or giving out clear signs of sexualised behaviour

Could explicit hints of sexual exploitation have been picked up sooner? One ex-prisoner, Liam, had sexually assaulted his sister when he was age 11 or 12, acting out abuse that had been done to him, and had subsequently been imprisoned for this offence. As he discusses later, he found it extremely hard to come to terms with these actions, but took full responsibility and was greatly helped by his prison counselling. Of two other young prisoners, Danny had been caught in school toilets as an 8-year-old, undressed with another boy: he told staff he was battering the boy. He was caught masturbating in a public room in the children's home, and was twice charged with sexual assaults against young women, but cleared in court. Ryan had several instances of acting out sexually on other children and young people. Neither Danny nor Ryan however saw themselves as sex offenders, and had a strong antipathy to such offenders.

Two other survivors spoke of having had strong sexual fantasies for their sisters in their early teens but that they did not act these out, seeing it as one effect of sexual abuse where "You would start to associate [normal affection] with something more sexual." Several survivors felt their school could have been more aware of what lay behind their behaviour, for instance, Adam:

Looking back, my attitudes were very aggressive – very inappropriate. My mum tells a story that I came home once and I had two pairs of girls' knickers in my pocket. What was going on in my life that I should do something so inappropriate?

Ryan was actually excluded from nursery school:

My sexualised language and behaviour, like peeing in plants, when I was a 4- or 5-year-old just flashing at people, shouting and swearing, talking to the staff with sexualised language and abuse ...

Stuart recalled:

I had an English teacher, female who I found to be quite attractive but being young and naive I tended to be quite overtly sexual in her class, that got me into trouble, I got put out of her class. I would have been about 12, 13 ... I had to go into a different class.

Steeped in environment of abuse

Some people grew up in environments where it proved confusing for children to know what informed consent or loving relationships were about.

Ryan was asked if he was able to tell anyone when he was abused by the ex-policeman:

No. No, I didn't know ... in residential, there were other wee boys, we were all about 10, 11 – I was having sex there with a lot of boys in there. It was all-boys' school. So I didn't actually know that I – I thought, because I'm having it with my own age group, I thought it was probably normal for a guy to do that. For a guy to do that to a kid that maybe ... it's the way I grew up.

Dean recalled:

In K [secure unit], K. was shocking ... just a shit hole, basically. See the way the members of staff like ... there was a boy who was in the school, he was in for male prostitution [sigh] – the things you've seen between other boys as well. It started to make me think, like is this normal ... wild stuff in the shower room, the two boys are in the same shower together ... the staff didn't care.

Fearful of sexual relationships as teenager, or put off by experiences

Their early sexual experiences made some survivors fearful, nervous or avoidant of sexual relationships later on in their teens, and sometimes permanently. Adam found that his extensive abuse by individuals and groups, including forced involvement with other children, haunted him when he tried to have a "mature" sexual relationships in his teens:

The reality was, really, I didn't get sexually active out of choice because I was sexually active as a child ... once I was with a girlfriend and she wanted to do "69" and I freaked out totally, and spent a week having flashbacks.

Jeff was repelled by his early sexual experiences:

But the first time was when I was about 12 with an older boy who touched me and stuff, and I came and the coming bit was the bit that made me feel very, very disgusted and unclean and all that kind of feeling. And I remember having a bath about five or six times in a day just trying to wash this horrible feeling from me.

Unhealthy or distorted attitudes to sexual relationships

Some people believed their early experiences left a legacy of distorted relationships. For instance, Roy recalled:

It was another shameful, dirty secret. Because he was a dirty old man. And I think at that time that's all I felt I was worth, that's all I could get. I couldn't find anyone my own age because I didn't feel attractive enough. I felt ugly, fat, unlovable. These conflicting sensations of shame and arousal, you know, led to my sexual addiction later on in life.

Of course, it's completely inappropriate for a 14-year-old to have a relationship ... or for a 50-odd-year-old guy to have a relationship with a teenage kid that age. But that is what I saw, you know.

Adam remembered:

[My abuse] had dehumanised sex and dehumanised sexuality, so to actually be with a woman at that point was more difficult than being with a magazine. I remember going for a period of being into porn, and I put that down to just being a teenager. I very quickly grew out of it because it didn't give me the same situation as being with a real woman. Because what I realised, I was actually "Right, make sex correct for me." Where it was never correct. It couldn't be correct. So I think for a lot of the time [the reason behind] my sexual antics was, I was just trying to put sex right.

Growing up gay: attitudes they experienced

The gay men among the interviewees all had very negative memories of attitudes to their sexuality while growing up, which usually compounded the distress, isolation, self-doubt and enforced secrecy they experienced as abuse victims. While some wondered at the time if the abuse "made" them gay, they later rejected this as an explanation. Rather their sense of difference and isolation from early on may have made them more vulnerable to abusers.

Roy felt sure of his sexuality from age 5 or 6, but it was a taboo subject:

Completely. I mean, homosexuality still isn't spoken about in a lot of areas of Glasgow. I didn't tell my friends until I was 17 ... throughout that time all my friends, who were always mostly girls, were meeting guys, courting, going out ... and I was on my own.

Jack's father, normally very liberal-minded, was shocked when Jack told him at 16 that he was gay:

Yes it was a lifetime issue, it was never ever resolved [between us].

Alec prayed he wasn't gay:

But it seemed quite clear my sexuality was more towards homosexual. Well it was the way the church put things into you, everything is wrong, so your self-esteem and, of course, you pray ... you think well, I hope that's not me.

Jordan's parents were unusually open-minded about homosexuality but he still couldn't tell them and still got negative messages elsewhere. He recalled:

I questioned my sexuality from 10 onwards ... I would go to town to spend pocket money on Airfix kits and things on a Saturday, and I would do that thing of, if I step on six cracks on the pavement in a row, I must be gay ... the perceived message was that it was bad ... so, you know, if I keep walking in a straight line here, and avoid the cracks in the pavement, I'll be okay ... and I went through that in my own therapy in my 20s ... at what stage did I encourage it, was it me, did it make me gay, or was I gay before it, and, so, all those sort of classic questions that happen to abused boys, I think.

When a 36-year-old female teacher seduced Jordan as a teenager, he still saw his gayness negatively and hoped this was a "cure":

... So if I sleep with this teacher and I sleep with J my girlfriend then that will prove that I'm heterosexual ...

Padraig was aware early of being gay:

Oh absolutely ... I mean I just always was, even before ... it's not an explicit thing, it's an attraction. Because what happened to me so early, I think I actually put it down to that, but now when I look at it, I absolutely don't think that's the case. I think my orientation drove me always towards men, even if I'd never been abused.

Jack was unequivocal:

It had never crossed my mind [to associate being gay with the abuse]. I'd always presumed and I still do to this day that anything that I have is normal.

Other survivors' uncertainty about their sexuality

Survivors who defined themselves as heterosexual, bisexual or uncertain had experienced great anxiety as children and young teenagers about whether they “might” be gay, and often this continued into adulthood, as this report later reveals: “If you’ve been raped, you must be gay.” Even those whose teenage years were recent experienced this as a very negative thing to be. The prisoners only tentatively admitted to bisexual feelings towards the end of interviews, and two asked the researcher’s advice on whether these feelings were common in abused boys.

Jay thought, after being abused:

I must be gay, but I don't like them [homosexuals] – I don't want them. I didn't really have any feelings like that ...

He was called girls' names at school:

It certainly increased the element of doubt ... confusion's too strong a word [about my sexuality] but maybe just a question mark.

Adam's childhood vision of the implication of being “gay” meant he lost the opportunity to confide in one kind and very perceptive teacher:

At BM school the teachers there were shit-hot, really really good teachers. And I remember once losing the rag, taking a fence post and swinging it at about 12 children, and a teacher sat beside me and said, you seem very hurt and angry, I'm sorry ... and I thought phew – and ran home. But it broke through the eh, me being “you're a bad boy” to “you actually might be hurt”. But at the time, I just thought he was a poof. I remember going, he's a bloody poof. Because he was kind. If you were gentle and kind, and you were male, you were gay.

Jeff's abusers at school, claiming a “mutual relationship”, told him he must be gay and/or that they were themselves:

I didn't disclose it to my family was because I thought I was gay and thus I was just experimenting and stuff ... I believed that I was gay and that I was being a grown up, adult ... I felt very ashamed about it ... but I had a massive hole of love inside and looking for something to fill that.

Preferred girls' company, and/or became afraid of boys and men

Innes, like Liam, found it easier to make friends with girls than boys. Innes recalled:

I spent more time hanging around with the girls at school than I did with the boys. You know, I wouldn't go at break times and go and play football or something with guys my own age ... it sounds strange when I say that I joined the Forces, never being comfortable being around a lot of guys, but even now I'm still more comfortable in having women round me.

SN: Some people I've talked to who were abused by men have said it made them nervous of approaching women or having a relationship with a woman?

I've always found it the opposite.

Preston considered:

Because of the abuse I always found it difficult to trust men, and never had a lot of male friends. Jordan recalled that the abuse by his brother made him afraid of older boys. But paradoxically, it made him more attracted to older men: Older men were more nurturing and family orientated, and loving, and that's what attracted me to them.

This suggests that who the abuser is may have influence on what categories of people children come to fear, and whom they prefer to trust.

Set a pattern for fleeting or unsatisfactory relationships with girls

Jay summed up succinctly:

I'm pretty much an emotional cripple. I've got no experience with relationships.

Jo had fleeting relationships with girls in his teens but “it didn’t last long.” Jeff, who later had numerous brief encounters with girls, tried, but at his first serious attempt, one of his abusers cruelly asserted control:

There was a girl called E who I really fancied and ... she quite liked me and so we went out on a date for a few times, and I started like thinking this is my first potential girlfriend, and everything else, then along comes D [laugh] who was abusing me at the time, and fucking got off with her instead, so that completely fucked it all up, as well.

Frightened of relationships with girls and women

Scott was asked: How did you feel the abuse by a woman and by your mother affected you?

Oh endlessly – self-confidence, ability to trust any human being – I was terrified of women, scared of them – I had girls asking me out and I remember the first ... I was terrified, kissing, shaking! Cos it was a female, I just got scared.

Stuart recalled a lifelong pattern being set:

Girlfriends? No no. At that age boys start getting interested in young girls – but I just thought oh, it couldn’t be me. It’s because you feel if people find out, you become more of an outcast ... I still don’t have a lot of trust in folks. Women in particular – no offence – I can’t get involved in relationships.

Chapter 12 Unhelpful responses as a child

I remember years ago, I got told from one of the [care home] staff, “you’ll be in the gutter” he said “you’ll be an alkie, you’ll be begging for money” and another staff member says “if you ever get married, I bet you a fiver you batter your wife.”

These were people that were meant to be helping you?

Aye ...

Nobody ever asked me what was wrong when I was in care or prison. You’re on your own. Nobody said, why are you doing this? I ran away at 14 – I was brought back – and nobody asked why. I was always in trouble – dishonesty, fire raising and property stuff. Everyone I knew who was into crime, in care, had been sexually abused etc. It’s all children in care, who’ve been abused, who end up in prison. It makes my heart bleed that there will be more children ...

Introduction

In Chapter 7, “Telling or not telling as a child”, survivors have already described certain responses of disbelief or of ignoring the complaint, when they did try to raise it. In this section, survivors recall more widely responses to their plight, which they found unhelpful, inadequate, inappropriate or uncaring. Survivors wished agencies to note these, in order to improve their practices towards abused children – if they have not already done so.

Organisations may respond to these memories that as children the survivors were unaware of, or misinterpreted, various attempts to help them, so these comments cannot give a rounded or fully accurate picture. This may indeed be the case, and after the sections here on helpful and unhelpful responses, the issue of access to childhood records is considered. Access to records may reveal to adult survivors the reasons behind particular decisions, and the fact that a number of people of whom they were unaware had tried – successfully or otherwise – to help them as children. It can also confirm or adjust their recollections of particular events.

However, whether or not these recollections are complete, it is what people remember and believe to be the case which is most important, especially in life-history research. It is their interpretation of events which affects their lives, self-esteem and perspectives subsequently.

Ethical issue: Agencies or individuals criticised have not been named, partly because they have not had a chance to respond, and partly to preserve survivor anonymity. However, in any cases where there is continued involvement with children or where inquiries into an institution are continuing, we will pass any serious allegations about children’s welfare to appropriate authorities.

Methodology NB: Survivors were asked a specific question about helpful and unhelpful people at school, because of the importance of environments where children spend many hours of each day. This is likely to have increased the number of both positive and negative recollections about schools.

Punishing the behaviour

Some survivors responded with violent, disruptive or difficult behaviour, especially at school, and found the response was to punish without looking for underlying problems:

Scott recalls:

I was disruptive and ... this teacher went absolutely ballistic, dragged me outside, strapped me up my arm, there was bruising – that kind of abuse to an already abused, damaged kid ... you feel abused again, and couldn’t trust any of the teachers, especially the females, because a female abused me.

When Jo, who admitted he was

... a terror, messed about with Bunsen burners the teacher would shout, “J GET OUT” kind of thing, and ... or had to sit right in front of teacher so he could keep eye on me.

Do you remember any of the teachers taking you aside and asking you what was wrong at any point?

No.

Adam was doubly traumatised after an accusation that a child threw a stone at a car:

The headmaster decided it was me. So he pulled my trousers down and gave me six of the best with a wooden ruler ... I can remember feeling I was petrified, because this man was pulling my trousers down.

Nobody asked why Adam swore so much:

I only remember the teachers telling me off. I used to swear ... I remember saying "Miss ... F – you" – which coming from a 5-year-old ... you should be coming back saying, "what's going on for him, why is he getting this language?"

Exclusions and suspensions were punishments frequently experienced by the survivor group, and which will be considered further in the recommendations to this report. Sometimes these punishments were meted out to remarkably young boys. Ryan was excluded from nursery school for sexualised behaviour and Mike in P2, for letting down a teacher's tyres after the teacher rebuked him.

Roy went through a phase of wearing very outlandish clothes at 15:

I think I was maybe trying to attract attention to myself ... and erm, I'd get called an animated Christmas tree by one teacher. I was fairly rebellious towards the end of school. You know, I got suspended.

Hunter recalled nobody working out what was wrong:

I was suspended 15 times, first for a few days, then for a week at a time ... I would just keep doing it [behaving badly]; half of the time it wasn't on purpose, you know what I mean. Half of the time it was just, getting into a fight, or someone said something and –

Hunter discussed the negative, dangerous consequences of exclusion for vulnerable children:

I don't think it is a good thing no. Because if you are bad basically, if he has been fighting or whatever, give him a tutor for a few weeks or something or just to do one and one ... Because if you exclude them, like I used to get excluded and if I got grounded I would jump out of my window ... eventually every time I got excluded I just took to the streets ... used to get up and go and get my [excluded] pals and get some booze. Half of them never even went to school ...

Liam was expelled from one school for assaulting a teacher who was pulling him back from a fight:

Everyone just thought I was aggressive and violent, because that's the way I was – I made it that way so that nobody could come in. Everybody just thought I was doing it for attention.

SN: I suppose you were, in a way?

Yeah. In my own way.

Signs and actions were misinterpreted

Innes ran away from school to try and get someone to ask him what was wrong, but was only told about the damage it would do to his education:

... Rather than saying "why did you do it, what's the underlying ... " It was like "well what's wrong at school, why didn't you want to be at school ... are you getting bullied at school, are you having problems at school with other kids, with teachers, with things like that?"

Preston's conspicuous behaviour of hair-pulling, eyebrow-pulling and prolonged crying were simply interpreted as some kind of baffling general anxiety, by both his parents and his teachers. One of Adam's teachers kindly put a pencil and paper in his desk every day because he never had one, misinterpreting this as poverty. Other teachers belted him for not having the equipment:

I think the assumption was that my dad was poor. When actually he was loaded ... he was in charge of X at [big engineering firm].

And when Adam arrived at school with bruises:

... the excuse was given that I was a fighter and a bully outside school ...

Dean described noticeably taking drugs and drink at an early age:

SN: Do you think that teachers and people like that should always wonder what's wrong about kids that are taking drugs when they're very young?

Aye. Definitely. Definitely.

General atmosphere in institution

Some people received aggressive or inadequate responses because the whole nature and culture of the school or institution was unsympathetic, abusive or violent. Ironically, some had been moved there because of problems at home and it was meant to be a better, safer place.

Jordan recalled school as it used to be:

I think it's essential boys have male role models but they weren't there in primary school, the only male role model at primary school was the head master who went around strapping people. So there was the classic dominating Scots archetype, you know.

Roy had very strong criticism when asked if teachers should have picked something up at the time:

I think in those days teachers weren't even trained for that. That was still in the days of the tawse, you know, when you could get belted for making a spelling mistake! Teachers ... who would delight in laying into you in front of a class. You know – sarcasm – with little or no idea of what was going on at home. Many of the teachers that I encountered as a child, I believe they hated children. I believe they hated their jobs, and I don't think they liked children, Sarah. So to expect them to, you know, pick up on behavioural traits like the abuse in kids in the 1970s ... ?

Mike had equally bitter memories of one residential school, where he also reckoned they didn't even notice that other boys were abusing him at night:

They weren't even qualified to work in the home, half of them. The way they restrained you, it was agony ... you see, they restrained you when you were getting angry or something, they'd hold you down.

SN: Do you remember any, any good people there? Is there anyone that comes to your mind?

No. I ran away all the time. The staff used to batter you, you know.

Scott, Roy and Stuart all described their secondary schools as rough places in poor areas, where teachers had low expectations, were hostile, uninterested or unable to understand such problems.

At both institutions where Dean tried to tell about abuse, there should in theory have been a policy of reporting. Several boys talked about abuse by other children in children's units and residential schools being endemic. Dean also described running away as soon as he had the chance from a trip out from K secure unit, and lived rough for six months. He then 'phoned them: by that time he was coming up to age 16:

... and they said to me there wasn't a bed for me.

SN: You mean they didn't bother to look for you?

Uh-huh.

Jo remembered how some residential staff used to speak to him:

I remember years ago, I got told from one of the [care home] staff, "you'll be in the gutter" he said "you'll be an alkie, you'll be begging for money" and another staff member says "if you ever get married, I bet you a fiver you batter your wife."

SN: These were people that were meant to be helping you?

Aye.

Jeff described a general atmosphere of abuse in his private school, where novice priests were made dorm masters for 12-year-olds; then one of his abusers got his own little house – another opportunity to be alone with boys. When one abusive priest was discovered, it was dealt with by “shunting around”: he was sent to another all-boys’ school in a foreign country.

Issues for professionals in residential care, social work, children’s hearings, health, mental health

Survivors described other professional responses, particularly by specialist staff, which they felt were inadequate, unnoticed or – even if well-intentioned – had not been helpful. Many of the issues were about public care settings: for example, Jo expected to be in care for three months for respite, but remained there for four to five years. One concern is why three of the young prisoners appear to have been placed in children’s units at age 7, 9 or 10, when fostering with a family up to age 12 is considered good practice. Without access to records, there is no way of judging this.

SN: When you were accused of the various sexual assaults on the girls, [in care] did anybody talk to you then about whether perhaps this had happened to you in the past?

Danny:

No. Nobody ever asked me anything.

Although careful inquiries are now meant to be made when looked-after children abscond from care, Dean found of his repeated abscondings, including one involving vicious kidnap and assault:

They used to just ...there was a thing called a time out – they used to sit me down there for two or three hours and all that ... with a member of staff so I couldn’t run away, and they done that for days on end.

SN: But did they not ask where you’d been, or did they not ask where you’d been all that time, who you were with?

No. They didn’t, you see, because I was doing it that much, they just didn’t care. Or I thought they didn’t care ... when I used to come back with like clean clothes and all that they used to take them off me and lock them away so I couldn’t get them again ... they used to take my trainers off me [to stop me running away].

Social workers

The prisoner Paddy had bad memories of social workers:

SN: Did they ask you why you were running away, can you remember?

No, none of them were ever interested in things like that, none of them ever asked you questions ... as far as they were concerned I was just a bad apple causing trouble.

Pete tried to run away four times in the hope of being sent away and told a children’s panel he wanted to go into a home. He says social workers said this was not possible. At age 14, he asked at a police station if he could go into care, but this didn’t work either.

The young prisoner Mike has many resentments against social workers:

I got kicked out [of care] when I was 16.They put me back to my mum when I told them that it was not going to work ... lasted less than seven days, and that was me homeless ... they tried to say, oh, they’d done everything they could but they threw me back to somewhere where they knew that was going to fail.

SN: Did you meet some good ones?

Aye, but you can meet the nicest ones but it’s the system, it doesn’t work ... all it comes down to is funding for places. They could have kept me on in care for another year ... they didn’t want to pay the money for it and they had their budgets and ... basically, the way they’ve

shipped me from pillar to post all the time. I never got any choices in the matter, it was them making all the decisions. Just because I was a kid doesn't mean I've not got opinions, and they didn't take any of my opinions into account.

Health professionals

Padraig now believes his long illness at age 12 was not just physical but

I think there was maybe some kind of trauma reaction, emotional stuff that was certainly going on that was ignored and they just looked at medical stuff.

Before he was hospitalised, he went to doctors and A&E for six months but was only taken seriously when he had fits, and because they had actually seen physical evidence that something was wrong.

Psychologists and psychiatrists

Adam couldn't open up to one child psychologist at B. academy, because

It was, hallo Adam, why are you causing all these problems? Instead of what's happened at home ... I was a problem child. So it was – “why am I bad, how do I get this right?” Cos it wasn't an interview to take care of me – it was because I was in trouble.

At one point, when he was fighting and violent at school, Liam saw a psychiatrist and a psychologist:

Every time I spoke to them, it just made me more angry. They used to ask me what was bothering me, and why I was so aggressive and violent ... and I would never tell them the full story ... just used to say I don't like people being cheeky or talking down to me ...

Jeff's mother, who thought he was becoming mentally ill, sent him to see a psychiatrist, who said “just tell your mum it's part of your development.” Jack was sent to a child psychiatrist when he disclosed abuse to his father, and also revealed that he was gay. Jack only went twice, then refused to continue, but the man's words had a serious impact on his life subsequently:

The child psychiatrist told me two bits of disinformation. One was that homosexuals abuse children ... isn't that just disgraceful, I'm still mad about it now ... at the time I believed him of course ... because after all he was in a position of authority, he should have known and my experience was that somebody, was certainly that a man abused a child ... and secondly he told me that homosexuals couldn't be medics.

Padraig didn't get any counselling after his abuse was revealed during his long stay in hospital:

The psychiatrist made me feel ... it was like that I was either a fantasist, that I wasn't really going to be believed and even if it had happened it wasn't all that important.

Pete concluded, angrily, about the childhood of survivors like himself:

Nobody ever asked me what was wrong when I was in care or prison. You're on your own. Nobody said, why are you doing this? I ran away at 14 – I was brought back – and nobody asked why. I was always in trouble, dishonesty, fire raising and property stuff. Everyone I knew who was into crime, in care, had been sexually abused etc. It's all children in care, who've been abused, who end up in prison. It makes my heart bleed that there will be more children ...

“I wouldn't have talked to anyone anyway ...”

Even when professionals or other authority figures were kind and tried to help, it is important (and fair to the professionals) to note that survivors admitted they still found it very difficult to reveal what was wrong. Does this then suggest the pessimistic conclusion that nothing can be done to help boys speak out and confide? Or is the solution about different approaches, different settings, and different kinds of people or organisations to confide in? At the end of this report's section on children, one survivor gives his own considered thoughts on how we can help children to speak. The topic is revisited in the Recommendations and in Appendix 2, the full note of suggestions which survivors made for changes to help children.

Chapter 13 Helpful responses as a child

And he just said, you know, it was a real shame if I did kill myself ... because I was such a very great person, and if I felt like that again I needed to go and see him, so that's why I felt very special that someone actually was ... someone was actually noticing me, and someone was actually there for me.

What Mrs R did for me, she said I was a good person. The last thing she did, she gave me a book, er, I can't remember what the book was, it was something like the Bible, a Christian thing – but it was, “you are a good boy, you're going to be a great man, but you have a really bad father.”

Introduction

The male survivors' memories were very similar to the memories of the female survivors, in the *Beyond Trauma* report (Nelson 2001). a) They had, unfortunately, few memories of outstanding people from childhood. These shone like jewels in a sea of heavy mud – for both the survivors and the researcher. b) A wide range of people helped them, mostly ordinary people without advanced qualifications. c) These people displayed not some advanced therapeutic skill or intervention, but kindness, empathy, perception, trust and particularly belief and respect, which meant much to the children. d) Usually, they were still unable to tell these people about the sexual abuse (although they might possibly have done with further sensitive questioning), but the support they received gave them some self-esteem and strength to survive, and to confide in others later in life.

Male survivors did mention more than females the value they put on staff being very straight, honest and consistent with them, even if they were strict. Where this does not risk identifying the interviewees, the names of particular schools or institutions praised by survivors have, unusually, been included in this section. This section concludes with some considerations about the positive effects of being able to discover from childhood records that some professionals had, without their knowledge, indeed tried to help them.

Family

Although some survivors (e.g. Jack, Preston and Jordan) had supportive and caring parents and valued this, one problem was that they still felt unable to confide in them about the abuse, or about issues such as their sexuality. It tended to be people from otherwise violent, unloving or chaotic families who remembered an exceptional family member, who literally kept them going. For instance, Phil had a grandmother who was gentle and never hit him, whom he loved unconditionally, who died when he was 13. He also had an aunt who became his “second mother”:

She's the one that's responsible for a lot, and my grandfather, for getting me to where I am today because I wouldn't have survived without anybody like that. I mean, she used to stand up to my dad. Nobody else would. And she took the belt he had. I remember when I was 14, she took it off him and she took it with her and she was going over to Ireland and she threw it into the Irish Sea.

Friend

The gay survivors grew up in an atmosphere of negativity and prejudice. For the lonely Padraig, another 12- year-old boy proved more mature than any of the rest:

I'd spoken to my friend, Alec, when I was 12 [about being gay]. I came out to him when I was 12 and he was great. He just said to me, he says, “Well what am I supposed to do? Is it going to change our friendship?”

Jeff, who found himself re-abused by almost everyone he confided in at school, found a true friend whom one perpetrator rightly saw as a threat:

When I was 17, then I spoke to a friend of mine called Steve, he was the same age as me; but he was supportive and saying that I shouldn't be friends with these priests, and everything else. And the priest actually, the guy who wrote me all the letters, he told me that I shouldn't listen to Steve ... he was very scared of Steve.

Social workers and care home visitors

Alec realised that at least two people had tried to help him, once he was able to see his school records as an adult:

With the social care worker who interviewed me and came to my house, well I don't remember. But there was communication back in reports, how Alec was doing at home, how he's doing at school, and Mrs K [school secretary] would write back, and so the story of everything that I mentioned all came out in the after story. And [independent visitor] was one of the goodies, and I had the opportunity to have long talks with her ...

SN: And was that helpful, did you manage to tell her things?

I couldn't tell her very much, except for my dreams for the future ... But she did refer a note back to St A's when Brother H got transferred about how unhappy I was that I'd seen him again ... I actually don't remember her. It all came out in my file and I said "who was this person?" – and I said "no, I don't remember her." But there was too much going on in my life.

Alec reflects later on the great difference which seeing his records has made in his life.

Health staff: When Padraig fell very ill at age 12 and his history of abuse came out, he recalls no psychological help or counselling, nor action taken about his predatory abuser:

What I did get, I got one nurse who was in the hospital who was incredibly patient with me and incredibly supportive and was not negative about anything ... I said that I was frightened of being gay and that I didn't want to be gay and stuff like that and she was just sensitive, you know and just told me it was OK to be myself.

Residential care staff

Most of the prisoners had few positive memories of their schooldays. But Ryan, who often committed violent offences, enthusiastically recalled one residential school where he loved

... going to swimming, playing football, playing in the woods – all the guys would be coming out into the woods, because it was in the middle of ... they had, like, it was like a wee house there, surrounded by trees ...

Danny, with a history of serious offences, didn't get on well at most of his childhood residential homes and schools, nor with his schoolwork. He remembered one staff member:

N, who got me a job, in a country park in a private stables with the horses because I used to run away all the time, and he done a deal with me, "If you stay in school till lunch time then you can go and work here till 7 o'clock at night," so I done that.

Later he was at Kibble and found it

... brilliant. Aye, it's one of the best homes anybody could go to ... it was the best time for me. I was involved in drama. I loved being, you see, the centre of attention, and things like that. I always liked to like sing and things like that.

SN: And did that help you to control your anger, at all?

Aye, aye. I was in a intensive unit, where it was ... it was a member of staff per person.

SN: Did you begin to see a life for yourself outside Kibble?

I thought that I'd go home, and eventually I'd do well.

Dean had a great deal of anger and resentment at his horrific experiences, ran away continually, and respected few authority figures or staff. But he recalled Rossie secure unit, the only place where he felt safe:

The way it was, it wasn't strict, it was a better atmosphere. There was a couple of incidents but not much, and it was mixed, the units were mixed, you see, boys and girls. And the staff were brilliant. The way the staff were, they weren't in your face all the time and trying to tell you ... they sat down and spoke to you, like, "Dean, you should do it this way", or, "You should try it this way"; it was a lot better.

SN: You weren't physically able to run away?

I could have but I didn't want to, because I felt safe there.

However, Danny summed up what most prisoners seemed to feel about talking of sexual abuse, even to good and caring staff:

They talked to you and they could understand, and things like that. But I always felt I can only tell so much, you know what I mean, and I think that's what most young people think.

Jo's childhood was miserable for many reasons – and his bedwetting due to anxiety led to his adoptive mother not letting him stay with friends, or go on holiday. Newly taken into care, he was:

Very scared ... I remember that night going to my [dormitory] bed and I peed the bed and ... the staff that was on that day came into the room, and it was an older woman, she was really, really nice ... I says, "Look, I've wet the bed" and that, I was really scared and that, and she gave me a cuddle, she went "That's all right" she went "That's all right", and I don't think I ever peed the bed after that.

A perceptive boss

Gordon's boss on one of his first teenage jobs as a farmworker recognised something was wrong and tried to help, but he took fright at the consequences:

Because he knew my dad he brought up stuff about earlier childhood abuse so I just left the next day. He knew I'd suffered childhood abuse – it was just the fact he brought this up and I was still really mixed up myself and I had a big trust issue at that time ... I couldn't open up then ... that made me run away.

School teachers

Methodology NB: Survivors were asked a specific question about helpful and unhelpful people at school, because of the importance of environments where children spend many hours of each day. This is likely to have increased the number of positive and negative recollections from schools.

Hunter was regularly excluded from school and most teachers had given up on him – except his sports coach:

I never told her about this stuff [sexual abuse] but ... she helped me ... put a football in front of me and if I messed up I wouldn't play and if I was good I would play, so – that helped me because then I had something to work towards, at the end of the week. And she treated everybody fair, and she never singled out anybody ... It didn't matter who you are or what you are, if you believe in them [children], you make them feel ... you know what I mean, you don't judge them. They feel confident.

SN: So if you were a teacher right, and you had somebody behaving like you, what do you think would be better to do with a kid like that?

Help them, do you know what I mean, these kids need helping ... one teacher would let us listen to music and we would be fine, the full class would be fine, you know what I mean because she was nice basically. She didn't judge you, she didn't judge me ... she actually listened to you.

Jeff, already suicidal, found one teacher who did not re-abuse him:

I was drinking, I was crying a lot, I was finding life hard, I was struggling through life ... And I did go and see him when I was feeling very suicidal or really wanted to kill myself. And he just said, you know, it was a real shame if I did kill myself ... because I was such a very great person, and if I felt like that again I needed to go and see him, so that's why I felt very special ... someone was actually noticing me, and someone was actually there for me.

Adam has described how he ran away from a kind and perceptive male teacher though he now greatly appreciates what the teacher was trying to do. He was also supported by one teacher, Mrs R, who arranged daily reports emphasising positive behaviour, greatly increased his marks and gave him emotional support. She also stood up openly for pupils:

I'd got 100 pc in a physics exam and the teacher thought I'd cheated, and made me do it twice more. Mrs R was off ill, and when she came back she came into the playground, got a hold of me, got the other teacher, stood us in the room and berated the other teacher in front of me, for being so harsh on me.

SN: Sounds like a wonderful teacher?

She was. And got him to apologise to me. I then ... what Mrs R did for me, she said I was a good person. The last thing she did, she gave me a book, er, I can't remember what the book was, it was something like the Bible, a Christian thing – but it was, “you are a good boy, you're going to be a great man, but you have a really bad father.”

In primary school, Phil's teacher, Mrs G, saw positive potential in this child with no self-esteem and a very bad stutter; she gave him extra remedial tuition, and great interest in English and history:

I've got fond memories of her because ... and she made history interesting. It's almost as if some people can see [children who are vulnerable], I do it myself. There's certain people, children, I can see, and you know right away.

Liam was continually excluded from mainstream schools and had missed much schooling, but suddenly at Oakbank he achieved a large number of standard grades:

The teachers in Oakbank were brilliant; they made every lesson enjoyable.

Liam already mentioned how Alloa Academy had a special unit for excluded pupils, where one male teacher on hearing about physical abuse from Liam's father arranged sensitively and with care for his safety for his removal:

One of them did ask me what was wrong. And then after that I ended up in care because he listened and he actually believed me.

This unit also changed his attitudes and enabled him to learn.

SN: Was it something about the way that they treated you as a person?

Yeah. Completely different to the way everybody else used to treat me. That I was actually worth something ... it was never them asking questions, it was more ... “We're here, you know we're here. You can come to us whenever you want and we'll not betray you.”

Finally, in Mike's bleak, rejected, violent childhood and adolescence, with poor achievement at school, there was pathos in the simplicity of his one memory, of someone whom you feel it would be worth meeting.

It was Primary One, my teacher was Mrs R, and ...

SN: Did you like her, or what was ... ?

Aye, because she usually sat me on her knee with my wee book, because she used to say I was the best reader in the class and stuff.

The paucity of recollections, and the effects of viewing records

Passage of time, the childhood effects of trauma and confusion, the failings of services, and limited understandings of professionals' constraints when people are children may all contribute to both female and male survivors recalling relatively few helpful people from childhood, and far more from adulthood. However, there is likely to be an additional reason for this, and in particular for the absence of good memories of people like social workers, doctors, psychologists and psychiatrists, a depressing absence given that their work is meant to involve helping children in difficulty.

The reason is that even nowadays, with more attempts at openness in professional work with young people, children may simply not be made aware of help which is being sought for them; they may be excluded from decision-making or have decisions inadequately explained, many dealings will be shrouded in confidentiality, and they may not be given access to a range of written records. Many will only ever see what appear to be unsatisfactory results for their lives.

Particularly for children who move in and out of care and/or exhibit a number of problems, a considerable number of professionals and agencies are likely to have been involved, many of whom

will genuinely have been attempting to help even if results were inadequate. None of the survivors bar Alec had had access to anything like full childhood records, and most did not know how to go about gaining access. Scott later became aware that at what he thought was his rough, uncaring school, people somewhere had tried to help him, but he couldn't take it in at the time:

I think ... there was ... in hindsight, looking back, there were people who picked up there was something wrong, because there was teachers sent for my mother and my stepfather, and I can remember ... things being kind of orchestrated in the background, but I didn't understand ... because I had huge learning difficulties.

Alec describes the considerable positive effects which viewing his records had for him, including changing his entire perspective on whether anyone had cared during his childhood, which is why his reactions are described in this section of the report. He was greatly helped by a kind school secretary with whom he later made contact, who wrote to him as an adult that she wished she could have done more. It was her earlier conscientiousness and record-keeping which enabled him to learn a great deal about his childhood, from records he obtained in relation to a major Australian inquiry into abuse in residential schools.

First, it changed the relationship he had with, and the respect he received from, mental health professionals as an adult – he felt they had never really believed what he had gone through. He could show them the file and tell them to read it. The school secretary's work had

... lifted a huge weight of talking to counsellors, therapists, psychiatrists ... because you feel there's these extraordinary stories, who's going to believe you? They're so fantastic that they're unbelievable ... I felt that they thought I was spinning a yarn ... now that I have that final concrete evidence that it all did happen.

But reading these files did more positive things even than that: Alec and indeed many survivors had a lonely and isolated childhood and a difficult, isolated adulthood; part of that came from a sense of abandonment and deep distrust of other people, from believing that very few people had ever cared or tried to intervene about what happened to them. This had sometimes profound effects on their relationships with others. Alec suddenly realised people had tried to help him and that this shifted his whole perspective on himself and others:

Well, coupled with getting those files back and that revelation to everybody, that really changed the tectonic plates and the way therapy was working for me, and the way I fitted in, how I personally fitted in; because I felt excluded from it, but now I feel part of the deal.

Because knowing that they did care, knowing that it was just not professional notes to each other but they did care ... So that included me a bit more, so I was a bit more trusting of people, because I [had] excluded myself because of lack of trust.

The implications for such an impact, which improving and supporting access to childhood records for CSA survivors might bring, will be considered in the recommendations of this report.

Chapter 14 Survivor perspective 1: Enabling boys to tell

We have seen in this report how, even when helpful and perceptive teachers and other professionals tried to explore what was wrong, children often clammed up and still did not feel able to tell about the sexual abuse. This has serious implications for the child protection system, which currently relies heavily on children coming forward to tell before action can be taken. Are there more effective means of enabling children to reveal their secret, in the ways that we explore what is wrong with them?

One survivor, Adam, had considered this question a great deal and had particularly thought-provoking ideas on it. Therefore we have reproduced in full his comments on the topic during his interviews.

SN: You were threatened with the most serious thing imaginable, that he would kill your family [if you told about the sexual abuse].

I think the key thing with children is, children are normalised to believe that abuse is normal, and therefore asking a child "Are you being abused?" the answer will be "No, of course not, we have a special game" or "I deserve this." I think the biggest one for myself personally is the guilt ... and also if I told out anyone else what my dad was doing, I was wrong in doing so, and my family would be punished because of my actions. I think people working with children need to be aware of that, that the children will be trained to a point not to say anything. They need to chat, and they need to be put in a safe environment.

Also, a lot of people who are abused have either remedial classes or support classes, and it's probably have people trained in support, to be specialised and to get beside children and befriend children, and bring children to the confidence and the trust until the child is able to disclose – being aware that that might not happen in a short-term period. It might take seven, eight months for the child to gain any trust, and longer than that for the child to be able to disclose.

SN: What sort of questions do you think might bear more fruit than "Are you being abused?" Are there other questions that might enable ...

The difficulty is that children learn how to manipulate effectively ... not manipulative in the negative sense, but in a survival sense. One of the questions I think you could ask a child is "How are you today? How are you feeling?" And if the child seems to be upset or his head aches: "How's your headache? How's your stomach?"

For physical sense of stress – actually starting to keep up a proper log of how many times the child is at the sick, the nurse, or has a headache or is distracted. And it's a lot of paperwork, that, but will prove useful if the child mentions turns back and says, "Yes, Daddy has been abusing me for the last five years", or "Daddy has been making me play games for the last five years", or "Mummy's been making me play games." For a younger child, you might say "Do you have any special games for Dad? Do you play any special games with [a significant adult]?" And that type of thing.

SN: And could you tell me about the games – ?

Yeah. "What type of games are they? Do you enjoy the games? Does Dad enjoy some of the games, or Mum enjoy the games more than you do?" Not be asking, if the child's got a big bruise on the side of the neck, to say "Oh, did Daddy give you that neck?"

SN: We're not allowed to suggest who it was, anyway.

Right. OK. But you might be able to come along and say, "Oh, that looks sore. I'm sorry you're in pain." Because one of the difficulties is as soon as someone approaches you as a child victim of abuse, and say "Has that been happened?" your immediate response is I need to protect ... to actually touch a child's emotions, say "I'm sorry that's happening." And I think coming from that angle it's a lot more helpful ...

SN: Saying "I'm worried about you, you look unhappy." Do you think that's productive?

No, I think it's anti-productive, because the child knows that if you're worried, Dad's going to get caught and Mum's going to get caught ... I remember a social worker came to see me

when I was younger, and she said "You have a lot of headaches and you feel ill all the time?" "Yes." "Does anything happen at home?" "No." I mean, she could have put a million pounds in front of me and said, "That's getting you a lot of sweets" but the answer would still be "No" because I knew by saying yes, I would have been in very big trouble ...

But to go to the child and say "You look sad. You seem upset." And just leave it there, and let the child tell you why they are upset, or tell you why they are sad, and listen carefully to the story for clues. Because it might be a case of "I've lost my puppy last week ..." And to challenge the child generally ... "You seem sad a lot. Are you happy at home?" In a way of actually bringing the child to talk about how they are feeling, only to try and find out what's going on. So it's getting the information by not going for information.

SN: Do you think the use of drawings of happy and sad faces and things like that might be helpful?

Yes. Yeah. I think using very emotive – phrases with emotion more than situations are useful. So "You seem angry, you seem sad, you seem happy ..."

SN: To say, "If you ever want to talk to me about anything, I'm here." Do you think that's wrong?

No, because if a relationship is real, that will come out. That's what I'm saying, befriend, that's why I'm saying get beside a child. And I think it's important that it is a key worker for the child who works with the child.

SN: So it's got to almost happen just by the way they are with someone. Someone they trust.

Yes. When Mrs R, my teacher, asked me "Adam, is your dad hitting you?" I may have said no, but if she had asked me, "Adam, are you happy with the way things are at home?" My answer would be "No, I'm not."

SN: You would have been able to say that?

Yeah. "What are you unhappy about?" "I can't tell you because I'll get in trouble." That would have allowed for more intervention. "What would you get in trouble about?" "I can't tell you." And I think at that point, there's enough for an investigation.

SN: So I suppose the slightly depressing conclusion for Child Protection people is that kids are basically not going to tell you what's actually going on unless ...

Correct. They're not allowed to tell ... because if you tell, in my case, my fear was my family would be killed. The other thing for most of us in this – the abuser may be so befriended the child, the child feels that they are letting down a friend. That this is such a horrible thing for a child to do ... it's that thing of "I'm letting down somebody."

And I think it's also important we should teach groups but have room for people to see people – have the teacher at the end of the class go "But if you want to see me, I'm going to be around for the next half hour."

SN: Right. Not too obvious?

Yeah. Because ... the last thing they want to do is get in front of the class and go "Well actually, that's me." I think they should say that there's a helpline, or that in your pack there is two postcards stamped. All you have to do is tick it and put your name and number on it, put it in the postbox, and we will contact you at school or contact you on another number you leave us, or contact the way you want.

Because what that would do was allow the child contact. Most kids have mobile phones now. And to point out the number on the thing will not show up on the bill ... but then it's resourcing that properly, and having that type of, kind of contact. Keep it, and if you ever need to, just put it in the post, and we'll get back to you, put your number and we'll come back to you in a text – an anonymous text.

Or, "put it [envelope] in your class desk or leave it with a teacher", because one of the things that came home with me was my dad could at any point go for my schoolbag [and search it].

SN: Yes ... some young people have certainly said to me that they wished they had been asked directly. So I guess it depends on the young person. I suppose they were talking about a bit older?

I think when you're 12, 13 you're more likely to say, "Yes, this is wrong." Prior to [age] 10, your world isn't developed enough to realise that what's happening at home might not be normal.

SN: And I'm thinking about you having other kids' knickers in your pocket. If somebody does have something with sexual connotations at that age, what sort of things might help a child reveal it?

The problem is that the child can't reveal because the child says this is normality. I thought that was normal. So what was there for me to reveal?

I was quite brash about it, I thought I was the man. So what would it have taken for the teachers and the people in my life that I know to come back and say "We need to find out what's going on here" And at that point, come and say "Adam, why do you have knickers. – or Barbara's knickers – how did you get them?" "I took them off her and played with her." "How did you learn that?" "Oh, I've learnt that lesson." And they would have had all day thinking about it.

SN: Because in a way, it might be easier to talk about inappropriate sexual behaviour if [young] kids don't realise that it's wrong.

Correct. I think that's with the listening. I think the bigger thing is not asking closed questions, but asking very open questions, and allowing the child to talk. Because there is a point at which children who are young will talk themselves into trouble. So allow them to talk. And listen. And be in that place of your safety where the child will just talk.

SN: What you are also suggesting here is that there might be very different strategies for different age groups.

Correct. And also of course because children work at different levels, and different types of children. If it's shame and embarrassment, be friendly and give that continuous positive regard for the child. Wanting that child to be best, knowing that child to be best, the shame you feel will dissolve. Because the child in my opinion would get to the point when actually "this person accepts me no matter what I throw at them."

SN: But also perhaps telling children in groups that there's no need to feel this embarrassment ...?

Yeah. I think in group lessons about sex, "there's some people do things that are wrong, and these are the type of things they do." And then teaching kids, "what do you do if you hear your friends doing this – who should you tell? Are you given a thing of not telling tales ..."

SN: So if you switch yourself to your teens now, at school, and you think of yourself then, and you think of dealing with perhaps 13–16 [year-old]s?

I think back then my problem was that I was angry because I'd been abused for so long and nobody had seen me ... yeah, just aggression. If you came to me and said "Are you being abused?", my answer just would be "Eff off. Why haven't you noticed it before now?" But at the same time, I remember going to social work in [X] and saying "I'm not happy at home" and they had sent me home. But if they sat down with you – if someone who was trained sat down and said, "Now Adam, what is happening at home? Why are you unhappy?"

SN: You might have said ...

I probably would have said something when I was older. Especially at 14, 15.

SN: But I suppose that someone should have looked at why you were so aggressive ...

Yeah. Why is this guy so angry, so aggressive, why is his language so sexual, why is his behaviour so aggressive? I had also found myself quite promiscuous – [they could] have a look, and saying well, "why is this person at such a young age so promiscuous, what's happened? What's going on?" And asking these difficult questions.

SN: I suppose boys are thought of as being one of the lads? What do teachers think of boys that are promiscuous?

I think teachers think boys are just [going] through a phase. When I think the difficulty is when you become promiscuous at 14, 15 they need to think, is this just a phase? What's going on? Especially the unsuccessful promiscuous, so they have a lot of sex drive but are not going to channel it, because of aggressive or because of behaviour. And it should be coming back to saying "What's not happening here?"

SN: How else do you think a teenage boy – I've found that, you know, when people have talked to me about all the reasons why they kept quiet ...

I think another thing is nobody at that point will be listening, so what's the bloody point of talking? Well, it's not just nobody helped me – it's nobody wants to help me. Nobody's really interested – this behaviour is wrong, but it's allowed. And I think that's why some people go on to offend [sexually] because they don't think of what they are doing as wrong. And aware that this is, though it's wrong, it's not punishable, and they think "it deals with my angst." Instead of saying that actually I'm buggered up because of abuse, and I'm not going to bugger somebody else up.

SN: So if you talked to a class of teenage boys at the moment, what sort of thing would you think might be helpful to them? If they weren't admitting anything?

I wouldn't want to be in a school, I'd want to be in a youth club or a type of setting where it was informal. Then I would ask them, "Right, guys, what is your experience of sex? Come on." Because teenage boys brag. I used to run a youth club ... so I said, "Right, guys, any questions?" ... And what was interesting was, they thought they would shock me. So by asking them again, "What is your sexual experience, guys? Go for it," shocked a lot of them. They will then listen to me for the next half hour ... what we talked about that day was whatever they wanted, so we got talking about drugs, alcohol, being out in the street a lot. A lot of these kids were being abused by way of neglect and physical abuse.

SN: So again, it's about getting their trust to begin with?

Yeah. Getting respect. And getting them to see, "Well, you're not going to shock me." Because I think it's that shock thing that boys are scared of. Because what I've heard is that even the roughest guys are scared of embarrassing somebody. And then I'd probably be asking them questions like "What do you do for fun?" Because one of the things I realise from being abused, I didn't do anything for fun. I'd want things to be safe. "What do you do for fun? Where do you go? What do you hang out in? What do your mates do?" And about the other children that are isolated. Because I think that's what one of the keys is, that you don't have fun as a child, you just survive day, day to day.

SN: So if you had talked about abuse, sexual abuse, with that [particular] group ...

I'd be petrified to talk to them about sexual abuse, because I reckon most of them would have disclosed to me ... and the church [owner of youth club] would have thrown me out! The organisation needs to have proper strategies in place to deal with it. And backup. Instead of just pushing things under the floor.

SN: I think that brings us back to the sort of group discussions that might be helpful in school, talking about what abusers tend to say. Because nobody really explores what's going to happen to that child if they tell.

Yep. And I think that's one of the things that needs to be looked at – what happens if you tell? Because ... if I knew that the police were going to do what they've done, I wouldn't bother telling ... Going straight to the alleged perpetrator is daft, because all it says, we know you're abusing, unfortunately we can't prove it – continue abusing! It's basically giving the licence to continue his behaviour.

SN: Yeah. I often think that with young men, that community service where they have perhaps a group in a minibus going to dig roads or do environmental – that a group of young men like that – six or eight young men, for months on end, there might be opportunities there to talk about something.

All you need is one guy in that place, working beside them, who is trained in sexual abuse, who could start the subject. Because I think guys have a situation ... they need to be taught about sex generally. I used to talk to the guys in my youth club about sex. I got asked through the church because I was sitting handing condoms out to them.

SN: [laughs] It wasn't a Catholic church though, was it?

Part II

Survivors as adults: The interviews

Chapter 15 The survivors as adults

Introduction

The next section of the report covers the life experiences of the survivors as adults, some effects of abuse with which they struggled, the types of support they most valued, and some unhelpful environments and services they encountered. Everyone interviewed showed courage and determination to overcome the trauma, and many of the survivors achieved considerable success in their careers – although few of them actually felt that they had.

It is never easy to decide exactly at what age people pass into “adulthood”, particularly since this is often an individual matter. In this research, we have put into the adult section people’s experiences from the time they left school. With the young prisoners, some of whom were only 18 or 19 at interview, we have taken a cutoff point for the adult section at 16. They have clearly had far more limited experiences to date of adult life. However, some prisoners were active in their later teens in professional criminal activities, and were also having to survive in harsh post-school environments, such as the streets or hostels.

It did not necessarily become easier for the participants to reveal their abuse trauma when they were adults, often not until their late thirties or forties. (Indeed the problems this project had in recruiting from the community anyone under 33, despite months of publicity, may suggest that such difficulties about coming forward are much more widespread.)

Impetus for speaking out?

Some had dipped their toe in the water and discovered that other men did not know what to say to them, and that some professionals and work colleagues believed abused men would always become abusers. This silenced them again. Where abuse was within the immediate family, it could take many years to confront a parent; the male survivors found, as the female ones did, that some family members were supportive while others were hostile, denying and accusing. Some people spent many frustrating years in psychiatric and psychological services where nobody questioned them (except Gordon’s charge nurse!), despite many suggestive symptoms. For some, it took years to reclassify what had happened to them as abuse; with the impetus coming from an aware friend or partner or a perceptive professional, or after an event such as the birth of their own children.

The breakup of a valued relationship, or pressure from a female partner to get help, was another strong impetus to seeking support. Again, some people became weary of their own imprisonment within crippling addictions and decided they had finally to face their past if they were ever to break out. For the prisoners, who often had some mention of abuse in their records, it was usually an empathetic drugs worker or a highly regarded psychiatric nurse who mentioned discreetly that they were wondering “if you’d like to talk to Ilene”. When they did talk to her, they were usually revealing a good deal of material for the very first time.

Another impetus, for three survivors, was hearing through the media about their abuser from many years before, relating to a criminal charge or impending court case. This was often traumatic as it came without warning and raised all sorts of contradictory emotions. The majority of men had not felt able to report their abuser or to face a court case; they were sure they would not be believed, or that the person’s whereabouts were not known, or they had died, or were already jailed. But most would have wanted their abusers to be convicted, and several survivors had pursued cases through the criminal justice system. For example, for Pete, his was a long and traumatic process with a successful outcome, which was part of his healing; for Adam, there were mixed experiences with criminal justice, and an often frustrating effort which still continues. For Kit, the process of attempting to gain a prosecution and the bitter disappointments involved in unsuccessfully trying to pursue justice became not part of his healing process, but disruptive and often demoralising.

Gender differences

A number of broad similarities and differences between the male survivors, and the women in the *Beyond Trauma* study (Nelson 2001) became apparent. For instance, people gave remarkably

similar responses about what they most valued in mental health therapies and support, and about their negative experiences with mental health services. However, men had more experience of multiple medications, diagnoses of psychosis and restraint, while women seemed to receive more diagnoses of personality disorder (which could of course prove equally stigmatising).

For the male survivors, issues about work, higher education and career disruption were more significant in their lives, and they had more of a sense of failure, or of not achieving what they might otherwise have done. Issues about gender identity, masculinity, sexuality and intimate relationships were also of much greater concern and a source of continuing anxiety for the male survivors, and more closely linked to self-esteem. (This does not imply of course that victimised women are necessarily fortunate to have a more secure sense of female identity if expectation of violence and abuse are part of that identity.) However, there is no doubt many male survivors have felt profound uncertainty and confusion not just about their sexuality, but about who they are as a person and a man. It was the gay men who emerged as more secure about their sexuality, and ultimately about their identity as individuals.

In part II, the survivors discuss a number of issues which emerged for them in adult life including their career path, addictions, anger, relationship and identity problems, and positive or negative experiences of mental health services. Because of the ethical clause in this research that interviewees must have access to support, the great majority of survivors had received counselling or other therapeutic help, which of course does not make them representative of the majority of male survivors in the community.

However, our experience was that not only were most people able to describe a wider range of positive and negative experiences of services as a result. They were able to reflect on traumatic issues where necessary from a position of greater personal strength and support, they had often achieved great progress in their more recent lives, and they were also able to distinguish what they used to feel about things before therapy – sometimes with shame or amusement – and how they felt now. In fact, this became an interesting reflection in itself for some interviewees. Thus, counselling or other therapies did not appear to distort their recollections, as was initially feared.

Chapter 16 Survivor perspective 2: Jobs, careers, further and higher education

I have somewhere, deep down inside me, a determination beyond, I don't know where that comes from, to survive, a resilience, I suppose, but ... and through, going through, working through, as an adult, with all my abuse, and stuff, and all this shit and that, a determination to ... to get through the other side of it ... something that comes very strongly within me ... My mother would say now it's part of the [family name], and stuff, but I think it's to do with who I am.

Introduction

How did the survivors consider that childhood abuse had affected them when it came to further and higher education, jobs and careers? This was an important question, given that many have described having great difficulties with learning and concentration as children, often along with very disrupted schooling (see Chapter 3).

All described being adversely affected when it came to work, further/higher education and qualifications, but to different degrees. Most young prisoners, however, had had insufficient experience of adulthood, particularly in the community, to make many judgements about further education or work, and they will not feature significantly in this section. Although some other survivors had their whole ability to work seriously affected, most people still made considerable achievements, using many creative talents, in the face of major difficulties.

This chapter concludes with an extended quote from Padraig to illustrate the interplay, over someone's whole adult life, of remarkable achievement, despite great educational difficulties, with crippling low self-esteem, addictive behaviour which disgusted him, and perceptive insights now being used to help others. As a window-cleaner, he had gazed into a seminar room at a local university. Years later, studying for his degree, he sat inside the room, looking out through that same window.

NB: Precise details of survivors' careers, places of study etc. are not given, in order not to risk the anonymity of participants.

Trauma significantly affects work, career and study throughout adult life

For most survivors, their work and study was seriously disrupted at times so that to varying degrees they had to take time out, or failed to achieve what they wanted, or suffered financially and had periodic crises, especially with mental health. Many experienced post-traumatic effects such as mental breakdown, panic attacks and anxiety, anger outbursts, drink and drug misuse, or addictive behaviours which damaged study and careers. One important outcome of therapeutic help they received was often being able to plan, and start to follow, the kind of learning or career which they really wanted to pursue, or – as in Alec's case – it persuaded them to choose a more relaxed life. Many of the survivors were also influenced by their abusive experience in a positive way, choosing to try and help others who needed support.

Some examples below illustrate well the struggles they faced and their positive hopes for the future. Often, even if people cannot work, they volunteer where they can.

Gordon is one example of a survivor whose work and career were very severely affected by his life traumas. First, there was the lengthy physical and sexual abuse from his father, then the traumatic gang rape by four other young soldiers, who were dishonourably discharged, which caused him to leave the army after a year. He has been further disadvantaged by arthritis and spinal problems. Feeling "very messed up", he went into farming and then had a long spell of unemployment and heavy drinking, which often made him unfit for work, as he discusses in the substance misuse section Chapter 17. He has had many spells in psychiatric hospital, and heavy medication which he discusses in the mental health section Chapter 20 – being as a result unable to sustain employment ever since his late twenties. Gordon, a serious thoughtful personality who dislikes having been unable to contribute more through work, has volunteered as much as he has been able with voluntary organisations, and hopes to continue this.

Pete was also severely mentally affected by his childhood and teenage experiences; with few or no qualifications from school, he fell into a revolving-door sequence of prisons, hostels and psychiatric hospital, suffering some psychotic symptoms and with very negative experiences of mental hospitals, as he describes later in Chapter 20. After lengthy therapy with a mental health voluntary organisation, he has found a therapeutic community extremely helpful in restoring his self-respect, and this has all led to a flurry of interest in studying and working. He is going to college and is very keen to help young people on children's panels.

Jo has also been affected right through his life. After leaving care, he managed a few Youth Training Schemes (YTS) and started college but couldn't cope at that time. He has spent much of his adult life on the dole and on sickness benefits; he managed shop work and support work for a charity, but his drinking, severe panic attacks and aggression caused problems despite his wish to contribute to society and help other people. He is so keen to help young people that he did a training course for children's panels, but could not enrol so far because he had renewed anxiety and panic attacks. Jo is very frustrated by his own behaviour and its effects on his employment, and frightened by his physical symptoms:

I had a meeting to go back to work ...and I was taking panic attacks and ... I'm getting pains from my ear right up to my head ... and I said to one of them, "I don't know what the fuck's the matter with me" ... and I was shaking, you know, crying ... I kept thinking, it's meningitis, it's a brain tumour ... and I got a phone call, and the Friday they sent for the boss saying that I'm suspended because of inappropriate behaviour ...

Phil joined the army but was medically discharged. After that he had a whole succession of jobs, including shops, security, labouring and van driving, finding it hard to keep them for any length of time, especially with his heavy drinking. He started a social work course but wasn't handing in work on time due to his drinking. He most enjoyed working in a crèche with children and gardening work which he found "very therapeutic ... almost creating life and seeing the outcome of it". Since starting therapy and with support from another male survivor Phil has worked for a social firm, and went on a mental health leadership course. He is working for more qualifications, and wants to write a book about his experiences: "I think now my father's passing away, it feels right to do it now."

Jay ended school with modest exam results, went to agricultural college and "cracked up" in his final year. He took over the family farm and worked hard, even through illness, but suffered several bouts of depression and a distressing marriage breakup. He sold the farm and experienced considerable financial losses, had to live off the capital at one stage, and hasn't found really satisfying work since, although he has been actively involved in community campaigns, political campaigns and volunteering.

Preston enjoyed art college, but in his second year of a degree "all the abuse stuff came up" and he had a breakdown. He became a "workaholic" working in design in media. Overdosing, heavy drinking and panic attacks led to his dismissal from a media job and relationship breakups increased his distress. With spells in psychiatric hospital and continuing panic attacks, Preston has only been able to undertake occasional paid work, despite "hating" being on benefit. With support and accommodation with a voluntary-sector organisation, Preston has done college courses, has made a film and had his art work exhibited, giving him much greater hopes for the future.

Adam, a victim of long-term sadistic and group abuse, suffered serious mental health effects until his mid-thirties, which considerably affected opportunities for study and work. He took up a good IT job but suffered a breakdown, and cocktails of heavy medication made concentration at work even more difficult. He "collapsed" for two years (see mental health section Chapter 20) and self-isolated, though he now sees that period as partly necessary and positive. Eventually, he was able to get Disability Living Allowance (DLA) benefit. He received good therapy but still had cycles of being well and unwell. Like many survivors, he experienced being bullied by managers at work. Adam did well in Highers and has trained as a counsellor, but has faced financial problems in going to university. He became an outspoken campaigner for greater support for survivors at work and study, and reforms of the benefits system.

Alec thought about going into the religious life, but instead experienced a variety of jobs in manual work, clerical work, sales representation, helping disadvantaged people, and management. He suffered mental health problems, including dissociation and inability to concentrate, and physical ill health which created problems for his working life. After returning to Britain and attempting to

study and undertake voluntary work, he was further set back by injury from a violent partner and by continuing mental health problems. Alec's life and feelings were much improved by therapy and supported accommodation from a voluntary organisation, by obtaining his childhood records from care, and by helping to campaign against institutional abuse in Australia:

If all goes well I'll probably do maybe part-time voluntary work or something like that. But ... as Dr X kept telling me for years and years, "It's time for you and it's time for you to play, it's time for you to basically retire, stop working."

Jeff failed his A levels "spectacularly" and re-sat them. At university he failed and re-sat his second year, drinking heavily every night, but he also set up a successful student counselling project at university. Afterwards, he worked as a nursing assistant, in a voluntary organisation for vulnerable people, trained as a mental health nurse, worked again with vulnerable young people and has managed a social firm employing people with mental health problems. He continues mental health work currently. He had another breakdown during his adult career, "when all this shit started coming up for me again". Jeff's experiences have led to a strong commitment to improving mental health services (see Survivor Perspective 3 Chapter 21).

Jack, like **Jordan**, **Roy**, **Kit** and eventually, **Scott** and **Padraig** (see below) was in a minority in our group who had a largely successful, rewarding and happy career. Jordan's work in opera, theatre and counselling proved successful despite, as he later discusses, some serious issues that affected his personal relationships. Jack, the doctor, found by his late thirties that despite his attempts to work constantly and distract himself, distressing "ghastly" images of the site of his abuse kept intruding, producing great distress and deeply suicidal thoughts. Jack only found some helpful and successful therapy in his forties, which he discusses in the mental health section. The misinformation he was given by a psychiatrist after his abuse, that gay men would abuse children, and that practising homosexuals couldn't be doctors, affected not only his relationships, but his work:

Because I decided that I would have to ... not abuse children, that was essential, because that would have been well disgraceful, and because I wasn't allowed to be sexually expressed [in a gay relationship], I chose to work and work, and work hard.

Although **Roy** has also had a successful career (in opera), he has not only struggled continually with a sense of inadequacy and underachievement. He has in addition, like **Padraig**, become involved during parts of his life and career in compulsive behaviour which disgusted him, notably anonymous sex in public places, and food bingeing for comfort. They discuss this more fully in the sections on addictions, Chapter 17, and mental health, Chapter 20.

Abuse influenced initial choice of career: The armed forces

For some survivors, the abuse directly or indirectly influenced their initial choice of career. The most common reason was to escape the abuser and get away from home (whether or not that was the site of abuse), to start a whole new life. However, this did not mean the career they chose was suitable for them. Pete even tried to get sent to prison to escape his abuser – he couldn't think of another way at the time. The idea of escape made the choice of the armed forces popular, although an additional reason for Stuart was that his abuser kept talking up how wonderful the forces were. Innes found out his own elder brother had run off to join the forces after suffering abuse from the same perpetrator, but had not told him.

Six of the 24 survivors, or 25%, had gone into the armed forces, a much higher percentage than would be found randomly in the population. Two people were quickly considered medically unfit, although they quite enjoyed the life; however, the four who continued (Innes, Scott, Stuart and Gordon) did not have happy experiences, and considered the forces a particularly unfortunate choice for a male survivor of CSA. The interplay of their early experiences with this unsuitable environment produced crises for them. As Stuart put it:

A lot of survivors go into the army ... I think it's a hiding place, but often it's out of the frying pan into the fire.

Recommendations in this report have been made in respect of the armed forces, and how they might improve the environment for vulnerable and abused service personnel.

Negative effects of forces life

Innes did skilled work in the RAF for more than 20 years, virtually his whole working life and has described being a “workaholic”. Although he enjoyed using his skills and some other aspects of his career there, he suffered snide taunting by other airmen who spread rumours that he was a “paedo” – for no other reason, Innes thinks, than that he enjoyed mixing with families and communities beyond the base itself and working with young people. This particularly painful allegation against a CSA survivor led to a breakdown, where he finally revealed his childhood abuse. His grading lowered, he was de-skilled into the backwater of an office job and had other breakdowns before a car accident disabled him. Now in daily pain, he cannot take paid work due to the uncertainty of when he will be fit to work, and does voluntary work where he can.

Gordon, though he hoped to make a career of it, was in the army less than a year as a teenager, due to being medically discharged after the brutal gang rape by four other young soldiers. For him, the handling of the whole situation exacerbated his trauma, and he also suffered from initiation ceremonies which were also especially traumatic for survivors of CSA.

Scott spent more than a decade in the air force, and though he also enjoyed using his specialist skills there, he also felt this was not a good place for a survivor, with its forced comradeship and constant banter, and a lack of understanding of trauma or depression:

I wanted something exciting: some goals, some family network, and maybe prove something to myself. Yet from a very early time ... I found it wasn't the right thing for me – wasn't what I thought it would be. I had this preconceived notion that it would make me a different person, change the way I thought about myself, but it didn't ... it was a subtly imposed prison, almost.

Stuart joined the army for several years as a young man and left in his mid-twenties, remembering even the exact number of days he was in. He found it a place of bullying and harsh discipline, where depression and self-harm such as he suffered resulted in disciplinary action and demotion rather than helpful support. He was downgraded and not allowed to do active service.

Although all the survivors met and admired individual officers and NCOs of understanding and empathy, they had several key complaints about the system itself. The armed services will be in a position to say how many of these practices have now changed.

Forces dealt poorly with mental health problems

In Stuart's words:

You are not allowed to have depressive illness when you're a soldier, it's not manly, and there's only one cure and that's discipline! Self-harm was an offence ... when you cut yourself and rendered self not able to work, you're in deep do's. Downgraded to a low sick grade he was not allowed to do active service or service in Ulster: They don't want guys taking guns and shooting themselves in head ... bad publicity!

Stuart and Gordon observed that forces personnel were only helped with psychiatric problems when they had been caused directly by warfare and in order to get soldiers back to what they called a lean, mean, fighting machine.

Scott tried and failed to get help with depression, while Innes' breakdowns brought attitudes like:

“Here's some Ibuprofen, come back in three days.” That's the sort of attitude you have in the medical centre ... well, it's not your arm or your legs falling off, have some of this, come back in a few days. In his office job, the attitude was “If he's going to be useless to us, we're going to make him work his blooming balls off basically” ... they'd come down on top of you if you're not doing your work, you know. I was basically having hassle and everything from them for taking time off to come and see [support agency counsellor] as well.

Rules and regulations militated against support for mental distress. Because Stuart bought himself out of the army, he didn't get a resettlement course. Innes's medical grading became so low that they could not retrain him. Putting him into the office was like “throwing a broken toy into the corner, that's their attitude”. If Innes had left voluntarily, he would have lost a lot of his pension.

Bullying in the armed forces

Gordon said of initiation ceremonies:

Each section could make up their own ceremonies. And if you don't do it, you get twice as bad the next day. So it was a case of, do it and you were left alone ... there were some elements of, er, sexual connotations ... some people took it worse than others ... the COs just turned a blind eye, because it was part of the military code for new recruits.

SN: If it resulted in serious injury, they would have had to do something?

Not necessarily. It would have been swept under the carpet. It still happens, it still happens.

Forces' dealing with complaints: Protecting the group against the individual

When Innes complained repeatedly about workmates' very distressing taunting, the officers dismissed this as banter and having a laugh. For Innes, "grassing" made him feel he was like a 7-year-old whingeing in the playground. Stuart and Innes both found that the armed forces closed ranks against someone who was raising any awkward questions. As Innes recalled:

You're just a small cog in a big machine ... the image of the forces, the fact is, it's one big happy family, you know? And if they've got one person or one "bad apple" in the barrel they're going to get that apple out as quick as possible ... putting up a Teflon umbrella sort of thing, looking for ways to protect themselves.

All four survivors believed there needed to be independent counsellors available in the forces and that consulting them would have no effects on careers or prospects. Stuart added:

I think they need to know more about understanding people's backgrounds ... I was a junior soldier, an army apprentice – they could maybe do more about getting a handle on a kid's background – will this person need any kind of support?

Other career issues that arose for male survivors

Studying hard to escape, to achieve and to feel better

For some people, study and work were actually given an impetus by their abusive childhoods. People like Roy, Scott and Innes felt a strong impetus (just as did the minority of high-achieving female survivors in the *Beyond Trauma* study), to move from school under-achievement to suddenly working extremely hard for Highers, or at college. This was in order to escape their whole past, to achieve the qualifications needed for a different life, and as Roy put it, at last to "feel like somebody". He went to college, then to Poly, then got a scholarship to a leading music college, a teaching diploma and other qualifications:

So apart from all the shit I'd been through I'm astonished at my achievements ... I just wanted to achieve and achieve and achieve. And I wanted to get out of Glasgow. I wanted to get away from my past as much as possible.

For some, their choice of career was actually an oasis: it felt safe or literally like a life-saver. For instance, Kit, on leaving public school, had tried to commit suicide at college. He had no notion what he wanted to do with his life, drifted into the family business for a few years, and felt very unhappy there, with a big problem about trusting other people. He went into skilled craft work on his own, where he has remained successfully for decades:

I ... was going totally the wrong direction, and I decided to ... find something I could do working on my own, which I did do, which was [craft work]. I took ... two, three courses in that ... I think I was more interested in ... finding something I could do on my own but it turned out I was quite good at it, and I've done that ever since.

SN: What was the attraction for you in working on your own, do you think?

I didn't have to get involved with other people.

After a very deprived and traumatic childhood and teenage years, Roy found that his musical gifts did not simply present him with the opportunity of achievement and a career – he felt it literally saved his life:

It's music! It's music. You know – which I believe is God's language. It's the language of God – but the God of my understanding – and, erm, it saved me through the whole thing ... the whole experience.

“Workaholism”

For “driven” survivors like Jack, Innes and Scott – and Preston and Jay during the times they were able to work – careers became ways of building a protective wall around themselves, and of giving themselves little or no time to think: especially if they suffered from flashbacks, or, like Jack, troubling intrusive images. This affected their relationships and family lives, and ultimately proved unsuccessful as a strategy for banishing the distressing effects of abusive childhoods. Because on reflection they considered “workaholism” to be more about addictive behaviour than about issues of work itself, this is discussed more fully in Chapter 16, on addictions.

Sense of under-achievement and low self-esteem

Most of the survivors, whether high achievers or not, had achieved significantly in their careers in the face of considerable difficulties. However, most equally had a problem in accepting this fact, in comparison to how it would seem to an outsider. They struggled for many years with feelings of failure or under-achievement, lack of self-confidence and poor self-belief. Most people believed they should have done better in their careers, without these traumatic burdens from childhood. Jay, for instance, from a historic upper-middle-class farming family, felt a burden that he had let his whole family heritage down through his under-achievement:

I feel I have never managed to succeed at anything.

This finding departed significantly from most women survivors in the *Beyond Trauma* study. Although women were also affected adversely in post-school education and careers, and shared low self-esteem and under-used creative talents, careers and qualifications were less of a preoccupation and they did not expect to achieve so much. This may reflect society's lower expectations of women in careers, its high expectations of men as breadwinners, and the extra, distracting burdens of caring for families and partners which most women could not avoid.

Although to an outsider Roy's career to date might appear very successful in the face of all the traumas in his life, he still feels it falls far short of what he could have achieved:

Once I came to the end of my college studies and I was out in the world of work I became well, a very low achiever I guess. Because the insecurities and the competition of the music world really, really hit me and I just couldn't cope with it ... and developed the addictions ...

I've been on the dole a lot ... not only has the abuse held me back with my emotional relationships, it's totally held me back with work. I mean, I'm not being big headed but ... I've enough quality to be a soloist ... but I've never had the confidence to pursue it ... when the going gets tough, you know, I tended to just want to hide in addictions or death by duvet or ... I just couldn't face it. And in order to make it in that kind of career you've got to be super self-confident, be very, very driven, ambitious, and have enormous self-belief.

Stuart had considerable educational achievements, yet found it hard to believe he was worth anything or could get a decent job. After his bad experiences in the army, he suffered many years of depression and isolation; he went into hotel catering and various similar work, then in his forties he went to university and gained an honours degree. He felt “on top” but still greatly lacked confidence in seeking work, believing his age would be against him and that he only had experience of manual work:

I never felt adept enough to put self forward for a post which might involve say research work ... I don't think there's anything there for me to apply for.

He is on DLA benefit and still suffers from depression, taking part in volunteering whenever he can.

Scott, despite his skilled air force career, his current engineering career, and rewarding second marriage, says he always felt a failure if he didn't constantly push himself, with many feelings of under-achievement and failure. Depression and anger about his abuse often made him

So pissed off, so angry I couldn't function properly as a human being. If someone keeps telling you you're a bad person, you come to believe it in the end.

When the nature of work brings difficulties for survivors

At times, aspects of work brought particular difficulties for survivors of CSA, and not just in the armed forces. These experiences might not be wholly negative – they sometimes steered people into seeking help for themselves, or gave them a better insight.

The life of a singer has always proved a “double-edged sword” for Roy:

Music's always been the central thing in my life that's kept me sane. And it's a way of getting some sort of recognition and self-worth. But ... you know, the poisoned chalice is ... it's great working in it when you get the work but it's so hard to get the work ... it's completely the wrong career to choose because it's so insecure. It's so dog eat dog ... I don't know what else I could do, but in many ways it's a crazy choice.

Scott found himself “freaked out” by his early work as a psychiatric nurse, and could not stay there:

I wasn't really in a state of mind to deal with it. I read a lot of [people's case notes] and there was abuse everywhere ... which shocked me. In this huge psychiatric hospital ... I heard a noise coming from the toilets, and it was these two men having sex ... there was this bartering thing going on, for cigarettes etc. ... it freaked me enormously to see that so graphically. I was very shocked by the system which is very medicalised and very inhumane ... working with people who would talk around issues around abuse ... and stuff would come up for me.

Stuart did a university dissertation on the rise in demand for support for abuse survivors:

It nearly stopped me getting that degree ... the most difficult exercise I undertook – because I was doing that, I began to reflect on my own abuse, and I was just in an awful state, you know? They did pick that up ... I went to student services, and asked to see a counsellor.

When Jordan began his counselling training, he worked in a HIV unit for a while and this proved quite a difficult point in his life:

In clinical supervision ... I realised that it was affecting my personal life, that it was making me make quite irrational decisions about my own sexual behaviour, and a need for a partner, or avoidance of a partner.

Problems with the benefits system

Several survivors were very frustrated at the unhelpfulness of a benefits system where they “fell through the cracks”, which didn't necessarily recognise their needs or symptoms, where there were confidentiality issues about revealing things to staff, and where therapy which could have got them back into productive work was not funded. Adam had thought much about these issues. He had been knocked back originally in his attempt to get DLA benefit, when he was mentally very unwell:

I wasn't going out the house, I wasn't feeding myself, I was up all night and I was self-harming. But because I didn't know how to fill the form in properly, I got the minimum possible and that was only after it going to tribunal.

He only achieved a more satisfactory outcome with a friend's support – which others may not have. Abuse trauma should be recognised not as some sort of mental illness but certainly an issue of mental well-being – “a rational response to a horrid situation”:

The main thing with psychotherapy is I was heard, I was given time to talk. I think, for most people who've been abused, one year of psychotherapy is a waste of time. I think you need to be two, three years ... there needs to be a benefits system set up so you get daily high-rate care, low-rate mobility, you get the finances to live through that period ... there's support for people who have committed crimes. If my father went to prison, came out of prison, he would then be given support to get back into the community. As a victim of that type of behaviour, I have no support.

He also felt survivors needed far more understanding from employers and colleges about the reasons for gaps in their adult achievements:

With all my skills and with all my abilities, nobody will touch me because the abuse has left gaps in my CV when I've not coped with life.

Commitment to helping other distressed people grew from their own experience

Most survivors developed a keen commitment to campaigning for other survivors, or to making that part of their paid work, and to oppose injustice. Some examples are given below.

After drama school, Jordan had embarked on an interesting and quite rewarding career in arts, drama and opera. But in his late thirties, he began questioning the value of staying in this glamorous over-the-top world, which had given him lovely flats to live in and tours across the world. Going into his own therapy made him ask:

Why am I now on that ladder, and I suddenly got the message from myself as, that's not your ladder, you don't need to be on that ladder, and then a smart-arsed American friend said, "take the elevator", you know, so I decided to come out of the arts ...

He had already found some talent for helping others: in the emotional world of drama and opera, singers and actors, who had to be psychologically engaged with their roles, had sometimes broken down and told him of distressing stuff in their own lives. He underwent lengthy therapy, and opened a private counselling practice in London before moving back to Scotland.

Adam has been training as a counsellor. He has also been giving talks at his church on needs and realities for vulnerable people:

I've had to learn to listen to myself and to others and it's a skill I've gained so ... and it's a skill I want to continue with. And it's also been very self-healing.

A number of survivors feel there are many faults in the justice system, and wish to help improve it or call it to account. Kit's disappointing experience, for example, with the failed prosecution of his own case, led to a great interest and concern about how these processes work (or fail to work), and a determination to contribute to improving the situation for survivors. Pete really looks forward to serving on children's panels:

I won't be like the people who's been at university ... I'll get through to these kids, I know I can ... and hopefully working between the ages of, er, people between say 12–18-year-old who come from broken homes, whom I can relate to.

Padraig, who now works in social care, describes his impetus working with vulnerable people at the end of this chapter. Phil has developed a strong interest in helping people with mental health problems. Jeff is an example of someone whose own mental health problems and addictions following repeated abuse, and his personal experience of good and bad practice in mental health, influenced his own great interest in working in humanistic and holistic ways with distressed people.

Training as a mental health nurse, he felt

Very disillusioned and very angry with the way people got treated, and obviously people who had been abused and the way ... they were just pathologised, really, and really just seen as an illness ...

Both the high and low-quality care he witnessed and experienced influenced his major commitment to changes in mental health, which he describes in Chapter 21. He concluded:

I have somewhere, deep down inside me, a determination beyond, I don't know where that comes from, to survive, a resilience, I suppose, but ... and through, going through, working through, as an adult, with all my abuse, and stuff, and all this shit, and that, a determination to ... to get through the other side of it ... something that comes very strongly within me ... my mother would say now it's part of the [family name], and stuff, but I think it's to do with who I am.

The prisoners: A terrible start but positive hopes for future

Most of the prisoners had little experience yet of adulthood, but they still had hopes for the future and it is important to mention this.

Despite some prisoners being in for serious crimes and/or having an extremely deprived and abusive childhood, they all had positive hopes for the future of going to college, improving their lives and staying out of trouble. (The long-term prisoner Paddy had already taken many exams in prison, and

his frustration was that he couldn't make use of them all as he wished, until he had a hope of parole.) Dean, for example, who had been involved in serious organised car crime, was to be put on a Drug Treatment and Testing Order, and planned to move to a different part of Scotland, where people didn't know him. The help from Ilene Easton and his careers worker was visibly changing his very strong distrust of all professionals:

It's a Drug Treatment and Testing Order ... testing to make sure I'm clean, and I've got counselling and through care, things like that. I've got a careers worker, P, she's not like a careers worker or anything, she's just helped me that much ... she sorted everything out for me, housing, help, through-care ... honestly, you see staff who are wanting to help people instead of just taking it as a job [the world] would be a lot better place. I'm just looking forward to going away and having a new start, I want to be a hairdresser ... I've done my college course [in here] with it.

Liam, who achieved a number of exams later on in his teens after an extremely disrupted schooling, also showed an entrepreneurial talent in prison:

I did a Young Enterprise Scotland business ... what we did was, we started up a company in the jail, and that's been the most successful business that's been run within a prison establishment across Britain. We're the only company across Britain that made a profit, three years in a row ... I'm also going to go to college at the end of the year.

Survivors' voices: Padraig's experience

I used to clean the windows in X University. And I remember the first tutorial that I ever had. And I was on the other side of the window, you know ... and I felt that I'd achieved something.

I was a window cleaner for about 19 to 27. When I was 27 I went back to adult literacy classes and that's when I started my education and stuff ... I think what brought that about was a lot of my friends ... were in university and career jobs ... and they didn't seem any smarter than me. [laughs] I suppose I got a lot of encouragement ... But I was absolutely terrified of education.

I was actually having a relationship with this guy ... he was really encouraging that I should go back. And I went back to adult literacy classes. I was dead lucky because ... one of my teachers ... she was very sensitive ... she was just able to make me feel comfortable enough ... because I just found it painfully embarrassing that I couldn't write or I couldn't spell and ... it just made me feel really, really stupid. And even now, I mean, I've now got a degree, I've got a diploma, I've got a Masters, and I still find it really difficult writing in front of other people ... It was a complete insecurity ... I mean, to a point of being a phobia. If we'd come in here today and you'd say to me, "Could you write this out?" I would sweat ... you know, I kind of believed that had I been smart somebody somewhere would have sussed it.

I felt [adult literacy] ... was empowering ... she eventually said to me, "Look, there's nothing else I can do for you, you really need to be going to maybe do your O grades or whatever." Then I went to night school. I wouldn't speak out in class, I just, I was absolutely terrified ... I was always waiting to get caught, you know, I was always waiting for people to find out that I was incredibly stupid.

I did these Highers and then I applied for university ... got in when I was 30 ... looking back on it ... I do, I have dyslexic traits. But I have always had strategies about getting through life, always. The biggest problem that I've had ... that was to do with my self-esteem and my confidence. And I believe that that was all down to the abuse that I suffered as a child.

I did social science ... I've got an honours degree. I loved it ... first and second year was absolutely brilliant. I thought I had arrived. I felt... because I used to clean the windows. One of the symbolic things for me, I used to clean the windows in X University. And I remember the first tutorial that I ever had. And I was on the other side of the window, you know ... and I felt that I'd achieved something.

[My breakdown?] I took a year out and then I went back and finished my degree ... it seemed to be the great white hope, it seemed to be the beacon, it would solve everything in my life.

I would do the degree, I would get some money, I would get a job, I'd be this really fantastic person. But I was still quite empty after that.

[In the year out] I just actually spent an awful lot of time being unhappy, being pretty depressed. Just [pause] thinking about what had happened in the past and also reflecting on the relationships that I'd had and kind of thinking that I didn't know how to fix it. Feeling bad and acknowledging that I was feeling bad. And then actually acknowledging that I'd felt bad for quite a long time but I was always masking it.

... I think it's something that needed to happen. I think it was a realisation. Because I think that the achievement stuff had kicked in from the age of 27. You know, I'd always a goal, I was always looking to get something else. But ultimately ... I couldn't sustain feeling good about achievements.

My plan was when I graduated was either to become a social worker or a modern studies teacher. But my friend is a designer ... I ended up working for ten years in film, television, opera ... I had to leave opera because actually working with opera singers was like having four children. They were just high maintenance ... I mean, I thought actors were high maintenance, but opera singers are just ... as soon as there's a stage manager there they're unable to actually look after themselves.

... I ended up informally counselling quite a lot of them. Because I came across an excessive amount of damage, excessive amount of damage. Alcoholism, drug addiction, just overeating, just everything, self-harming. And a lot of it was neglect, abuse and sexual abuse.

When I decided to leave the arts I decided that I would ... I wanted to get responsible. I wanted to do something challenging and I felt that [pause] ... I felt that I'm actually quite a nice person. I do want to make things better and not worse. My history is I've always supported my friends and I supported my family. Sometimes unintentionally but I mean, like I'm good with people's pain as well. I'm not frightened of sexual abuse, I'm not frightened of people's trauma. And I just felt that just with my background in politics and sociology that social work appealed to me.

Feminist theory and feminist politics have given me an awful lot ... I get in the argument that women really shouldn't be taking responsibility for men all the time. But I felt that I wanted to take some responsibility for men and actually look at the differences for men ... just because of the gender divide, and because of cultural norms and expectations between men and women.

Chapter 17 Drug, alcohol and other addictions

The cycle that I was in was I feel shit, unlovable, ugly, fat and worthless. So in order to make myself feel better I would go out and pick up a guy or go to a sauna or a cruising ground or a dark room or a cinema or a toilet. And that would make me feel better for a wee while. And then because I'd feel guilty about that, I'd go and binge eat and then I would feel ... I'd put on weight and I'd feel shit and fat. So in order to make myself feel better I'd go out and have more sex.

Obviously people will just try to blank out, even if they can blank out that wee couple of hours. But then that wee couple of hours move on to a couple of days and then that couple of days move on to a drug habit, and they've got themselves in a rut and they're chasing that habit because they're too used to blanking out, they don't want to face the reality of what happened.

Introduction

More than half of the survivor group became addicted to drink or drugs in their teens or later in life, and a quarter before they even reached their teens. All of the prisoner group, mostly aged between 18 and 22, had experienced heavy substance misuse: often daily, with multiple substances. Half of the survivor group had experienced other addictions as well, such as gambling, compulsive eating, sexual addiction, compulsive self-harming and “workaholism”. The risk of resorting again to substance misuse after overcoming addiction was increased by stress, by setbacks, and by difficult stages of addressing the CSA trauma.

Because young men are assumed to drink heavily, especially in our Scottish culture, possible reasons behind it may not be recognised early and picked up. Another problem, particularly for young men whose problems of self-care and independent living appeared even greater than those for young women, is that substance misuse usually results in dismissal from supported accommodation or flats. They may be then thrown in with other drink and drug misusers, e.g. in hostels, which can increase substance misuse along with demoralisation, social stigma, self-disgust and the risk of homelessness.

Reasons for drink and drug misuse, and its effects

Masking PTSD symptoms or bad memories was the most frequent reason given for resort to drink and drugs, but while it often helped in the short term, the longer-term results were largely harmful.

During his life in the stolen car business, Dean, a victim of many sexual traumas, was “blotting out stuff from my past” with huge amounts of substances:

Every day of my life ... I was taking drugs ... drinking every day from [when] I woke up in the morning ... I was taking cocaine to work, right, I was taking Valium to bring myself back down on the level, and I was drinking. Cocaine makes you more capable, mellow, want to do things.

Another young prisoner, Ryan, explained:

People take drugs because drugs ... unless you have smoked hash or been stoned or done them things yourself you won't know the feeling. It's a good feeling. It makes you feel big, it makes you feel happy. It gives you a buzz ...

Jo felt desperate not just about the abuse but about his adoption, his apparent “craziness”, his rejection as a child and “all the things I've been through”. He would shut himself in the house, feeling suicidal, and drink Buckfast when he was meant to be at work. Jo, who still has a drink problem sporadically, used it as a “crutch” and because he can only express his emotions when he's had a drink – for instance, telling his parents he loves them. Yet it only gives the illusion of help:

The next day I've got massive hangovers, and that's when my anxiety does kick in bad.

Jeff, who has already described starting to drink heavily at school from age 13, also did so at university, and he failed his second-year exams:

I know I used to drink just to forget it all ... the first year was quite easy but ... I failed my second year ... I re-sat my second year ... I used to spend the whole time being drunk, generally. I would drink like a bottle of Thunderbird and then a half a bottle of vodka before even going out ... I used to get quite aggressive with, around women and just around anyone when I was drunk ... just abusive and shouting and just, I was very angry.

SN: Did it make you feel better or ...

No, I hated it. I remember crying and drinking a bottle of gin with my mate, N, just crying into the bottle, saying "I just can't handle life any more" ... it was a vicious circle because it's a depressant, isn't it ...

Gordon became unable to work, lost his supported accommodation and his health due to years of drinking after the traumatic gang rape by other young soldiers:

I was alcoholic at one time. For about four years ... every time people asked I would run a mile, wouldn't even speak to them. I myself didn't associate it with what had happened in the past. I just ... felt that I couldn't understand what happening with myself, the different feelings going on, telling myself I couldn't trust anyone else, the army supposed to be my guardians but let me down ... the toll it was taking on my body, physically and mentally, just got to the stage where my body just collapsed with it.

Mike was kicked out of supported accommodation for his substance misuse:

It was the drink what had got a hold of me, that made me go off my nut quite a lot ... I got barred. Hostels were ... horrible. They were for junkies, there were people that ... wanted to try and rob you all the time. The drink is just to forget. The drugs as well. With drugs, you just keep topping it up all day then you don't come out [of it].

Cannabis did make him feel more mellow and relaxed, instead of paranoid and nervous; but drink made him more violent. It also made him more vulnerable to his violent street attack as a teenager.

The older prisoner, Paddy, described how a lot of prisoners took drugs because of nightmares and inability to sleep, but then they got hooked:

I still get bothered in my sleep, you know, I ... because I'll get dreams and all that, you get bad, you get bad dreams ... obviously people will just try to blank out, even ... that wee couple of hours. But then that wee couple of hours move on to a couple of days and then that couple of days move on to a drug habit, and ... they're chasing that habit because they're too used to blanking out, they don't want to face the reality of what happened.

Phil, who has described starting drinking at age 13, gained confidence from alcohol and he felt like the life and soul of the party – but it soon became a problem in itself:

I used alcohol as a drug. It was self-medication you call it. I had a lot of that ... It was a confidence thing. Aye. It's taken me a long time to realise that I'm actually the same person that I was but it's just ... see when I gave the drink up, I shit myself because I didn't know what kind of person was going to come out.

When his son was born, he was terrified that he might harm the boy, like his own dad had battered him:

So for the first year and a half, two years of his life, I was drunk ... I actually hit the drink worse because I had this responsibility of this wee tiny person. I didn't know what love was, seriously, until this wee person was born and suddenly these emotions just came from all directions.

Padraig had a phase of heavy drink and drug use around the age of 40, partly because of working in an arts and drama field where the short-term contracts were exhausting and people drank to keep going and then afterwards to celebrate, and partly because he was among a lot of damaged people. Stuart drank heavily as a young man and got involved in drugs for a while. Then later, in his forties, when he had achieved great success in gaining a university place and had asked to see a counsellor, he "dipped his toes in a sort of scary place". Though ultimately rewarding, the counselling process brought up difficult stuff at the time and he began drinking again:

I was taking Seroxat and it was making me violent ... I went from feeling kind of suicidal to being angry, violent, over the top ... drinking heavily. I was struggling through my fourth year and going down the tubes quickly.

Sexual addictions and compulsive eating

Several heterosexual survivors described going through a phase of sleeping around briefly with lots of women yet finding this unsatisfactory or even frightening. For instance, Jeff recalls at university dating lots of women:

Every time I'd get close to them, I'd either dissociate and not feel at all, and ... or I'd wake up in the morning and just feel, or even after the sex ... or even just holding them, I would feel like I'd been abused all over again ... how do you explain to someone that you really like, and they really like you, but I can't even get close to them because I just have that whole memory again ... it brought a lot of stuff up for me.

He felt self-disgust:

Generally I used to get angry with myself and my life, I would want to take it out on myself and obviously self-harming behaviours and that would be drinking, gambling or getting off with the most unattractive women that I could choose.

Jeff was also abusing food:

I didn't eat a lot and, you know, at times I would go for like two weeks without eating anything at all, which takes about ages to get back to eating just normally. I was trying every self-harming, self-destructive behaviour, I'd call it ...

Padraig was bingeing and making himself sick, as he had done as a child:

I think I've always had problems with food anyhow when I'm unhappy ... It's like you've compulsively eaten half your fridge and then all of a sudden you realise it ... when you're doing it it's not logical ... And I think that just the way I was brought up, money always being an issue and stuff like that. A huge amount of comfort from food ... Anonymous sex, alcohol and food. And I do believe that they were those things that I needed to make myself feel better. When ultimately the alternative should have been looking at how I felt.

Roy had been a high achiever at music college, but

... there was a price to pay ... By the time I got to my early twenties, I was really cracking up. And that's when my addictions started. Sexual addiction and [pause] compulsive overeating.

Due to his fear of HIV, Roy put on a lot of weight to protect himself from having sex with anyone:

I think subliminally I wanted to make myself unattractive. And I put on a tonne of weight, which increased my shame and my self-disgust ... And that's when my relationship with food became addictive. I used food as an emotional crutch like very many people do.

At about age 23, he began having anonymous sex in toilets. He anaesthetised and medicated his bad feelings with sex and food – he used sex as “his heroin”. But after the act he would feel worse and worse and the relief would become briefer.

If I had sex I would feel like shit after it. If I didn't have sex, if I was rejected, I would feel shit. So to make myself feel better I would overeat, right. And then because I felt fat and ugly and horrible because I was putting on weight, I would think, right, I'll go out and try and test anybody to see if they'll have sex with me or not. And if they do have sex with me, I can't be that bad. It avoided getting close to anyone ... easier to find a no-strings physical attachment ... but someone who actually cared for me, too dangerous. In a way it was easier to find five minutes of love in a cruising area or a toilet. In a way, it was also a re-enactment of being abused ... it was self-sabotage.

Padraig found that too:

I've done some terrible things, some dangerous things to myself. My friend F who I could speak to, I told her, and I was saying to her that I felt that I couldn't stop it. And she framed it in such a way that ... she thought it was self-harm, you know, it was another way to explore the pain.

Both men felt angry about some gay organisations tolerating this lifestyle or seeing it as fun. Padraig:

It's legitimised as being, you know, the gay lifestyle. It's sanctioned ... as just being normal behaviour ... there's a lot of men that have turned round and said that they do it for sport, it's fun, they feel good when they do it ... but when you ask them ... maybe a couple of questions, you actually start to realise that behind it is quite a desperate need for something. I do think it's hugely, hugely, hugely negative for all men. I think for all gay men. And I think the biggest myth that's propagated that it's sexual liberation. I think that is to me nonsense. I just chucked my principles right out the window [by behaving like this]. And that made me feel like a bad person.

Roy reflected that sex addiction, especially in Britain, was just not spoken about:

And if it ever is spoken about in the media or on telly it's, you know, nudge, nudge, wink, wink. When in fact, it's a terrible tr5 It's a tragic and horrible disease.

“Workaholism”

Some survivors became trapped in another compulsive spiral, that of overwork, which affected both their health and their relationships. Thus, Scott recalls of his working life:

I've not much experience of unemployment. I've always strived to ... I've got this voice in my head telling me I'm a failure if I don't push myself.

More often, survivors described “workaholism” as a means to try and push memories, unpleasant flashbacks and intrusive thoughts away. Innes recalled trying never to give himself time to think:

Always, when I was at work, I always kept myself busy because when I was in the RAF, no matter what the start time was, if it was six o'clock in the morning ... I was always in half an hour before ... I was always the last one to leave, whether it be day shift or night shift.

Although Jack was only abused for about a week as an 8-year-old, he was extremely troubled as an adult by intrusive images of the field where he was assaulted – as he describes more fully in the mental health section:

I worked so hard I was almost dead on my feet but if I was awake for a few minutes before going to bed, then this colour [intrusive image] would come into my head and haunt me. It only came in, in those minutes ... if I went to sleep then I didn't, but if I was not tired and I went to bed ... because my mind was otherwise at peace, this colour would come into my visual imagination. It's a ghastly colour, absolutely horrible colour.

But then when I was in my forties, like most obsessional people, people who use this sort of trick, my ability to work hard enough to be tired enough deserted me.

Professionals dealing with addictions

The survivors expressed much frustration that addiction programmes and the staff running them usually dealt only with surface symptoms and getting people to stop, not what might be underlying; the survivors felt that staff were usually untrained, nervous or uninterested in dealing with the abuse issue.

For instance, Gordon went into rehab, spurred by a girlfriend's ultimatum, but said that nobody brought up any issues that might be bothering him. They just focused on his drinking. Jo received better help from his GP when his drinking and suicidal thoughts came to a head. He was able to mention the abuse after support from a female friend, and was referred to a survivors' group at a hospital.

Liam recalled:

The drugs programmes I done it wasn't a case of them trying to figure out why you were taking drugs, it was just a case of, don't take drugs. But that's another thing with the work that Ilene [prison counsellor] does. She doesn't try and tell me what should and shouldn't happen. She gets to the root and we dissect it from the root, instead of what's happening on the outside.

Mike felt a similar benefit from looking at the root causes with Ilene:

Well, I've not drunk or took drugs since I got to the jail, and that's over two year ... Because for the first time I'm coping with things without drinking, because drink was just a cover.

Jeff was referred to a university psychiatrist; fear of ending in court prompted him to stop drinking:

And I wanted to talk about my past and my abuse but ...they were just looking at trying to sort out my present, and they weren't really interested in all that stuff. And then they said "oh, no one can help ... I can't help you, I'll refer you to see my boss." She said to me ... "When you're getting angry and aggressive ... you're going to end up in the Courts. I don't want to be sitting here next week writing a report for the Courts." And that scared me beyond belief ... I stopped drinking for four years, through the rest of my university.

Finally, Phil managed to stop his drinking with help not from professionals but his toddler son:

I was just sitting drunk feeling sorry for myself and he was only three ... he sat up on my knee and I was greeting. And he put his shoulder on me and he said "Aye, you'll be all right dad. I'm here to help you". And ... see that emotion that came up, that love. It just came and it flooded out of me and I just greeted like I'd never greeted before in my life. And that's when it turned a corner, you know. I decided that no, I'm not doing it ... from the age of 30 to the age of 41, I stopped drinking.

Chapter 18 Anger, aggression and offending

A lot of my sleep disturbance is anger-based. It's as if my thoughts are screaming at me ...

SN: So why do people often lash out at the wrong people, do you think? You know, people that aren't really actually trying to hurt them at all?

Because the person's maybe breached that barrier that, that's round them, you know ... They're on the defensive ... I had a habit of lashing out when somebody was getting too close to us ... breaching the shield that was round us ... what they're seeing, you know, that a person's trying to invade their space; I've had enough of that when I was a bairn.

Introduction

Anger, even rage, was a common reaction to both sexual abuse and physical brutality among the survivors, which continued into adulthood. It translated into different kinds of behaviour, but for some it became visible aggression against people or objects. Often outbursts were triggered by a particular stress, but for the offender group, it had become a frequent reaction to anything or anyone regarded as a threat. Several had been jailed for violent offences, some even for attempting to kill others. Danny and Ryan had a history of violent offences which for Ryan had continued in the jail, until he took part in the prison counselling. Others had become mixed up in car crime, stealing for drugs or simply for food, and fell into a downward spiral among dangerous or desperate people from which it was increasingly difficult to break out. Here the survivors recall some of their reactions to abuse and violence, and some reasons leading up to it; these reasons may not be obvious to others, to whom the survivors' aggression could seem "mindless" or irrational.

Turning aggression against self or objects

Anger or despair made some survivors commit quite serious violence to themselves or to objects.

In jail, Liam learned to get on with the authority figures he usually despised, because he respected the way they treated him. As a result, his anger was no longer directed at them:

It didn't disappear, I just dealt with it when I was on my own, locked behind my door. I self-harmed for a while – because all the walls are concrete I used to just stand at night, and punch the walls.

Stuart found being prescribed Seroxat made him feel even more angry than he felt already:

Sometimes anger is still a problem because a lot of my sleep disturbance is anger-based. It's as if my thoughts are screaming at me. I never physically hit anyone ... I've been inwardly aggressive towards myself ... always managed to keep it in, it becomes introverted ... I've punched through a wall before now, punched through a steel locker ... look at the knuckle on that hand, it's kind of flattened. I couldn't get any treatment for that [in the army] because it was self-inflicted ... I had to work with my hand broken ... I didn't tell them. I never felt that till the following day, when it was bloody agony!

Pete recalled:

When I became mature and grown up enough to deal with my abuse, I never felt such an overwhelming anger in my life, and I contained myself, isolated myself to deal with it. I pummelled myself full of drugs, isolated myself, took it out on myself ...

When in jail, Pete was overcome by terrifying thoughts that he might perpetuate a "cycle of abuse" against children. This was behind his violent head-banging, which led staff to think it was simply due to mental illness. He tried and tried to work out how sexual abuse could happen:

Then I went right behind my door and stayed in solitary confinement for a year – I chose it, I was frightened ... I had to think like my abuser – so I pictured myself sodomising a baby. I didn't – I'd never do that and never would ... so I started smashing my head off the walls of my cell ... trying to get it out of my head and that. What triggered it off was, there's a saying, "a victim of a victim". I've seen that in prison, where this guy got punched, but he got punched because a guy punched his attacker. And I thought: have I to do that [assault a baby]? Am I

expected to do that, because it happened to me? Then I started smashing my head against all them walls and that, trying to get it out of my head.

General anger and having a “short fuse” after sexual abuse or other violence

Survivors often found they “lost the rag” or “snapped” to various degrees when they were under particular stress, for example, at work. This could be frustrating, embarrassing and shaming, and could also put their jobs or training under threat. Gordon once suddenly threw a computer out of a window after being harassed by staff on a training course. In the RAF, Innes, already afflicted with anxiety and migraines and taunted by some of his workmates, would sometimes lock himself in his room, cry his eyes out at night and smash up the room. Returning to work immediately after a counselling session – which he valued but which brought stuff up for him:

It'll be a case of right, OK, that's you, you've had your time [off], that's it, go on, blah, blah, blah. And it was like hang on a minute, you don't understand my head's still a jumble here, and I would lose my rag to people at work. I've done it, I've not battered anybody to a pulp or anything like that, I've never really hit anybody, but I've felt like doing it.

Asked what he felt he still needed to sort out, Jo expressed his frustration at how he often behaved in public:

[Pause] My anger. Because it's something I still blame myself for ... and, you know, it's not just from the abuse I think; like the adoption and that, and where I'm from and all this kind of thing, and I feel rejected ... even the bus, I mean the other day ... I get the bus and the guy let us off at the town, and he says, “this is the last stop.” I says, “but it's number nine, it goes down this way”; he says “but there'll be one in ten minutes.” I says “mate, I've got a fucking appointment at twelve”, and he just looked at me ...

For the offender group whose childhoods had been particularly deprived and violent, a violent response was more often the first port of call. After suffering a particularly brutal attack, Mike was asked if he had received medical help at the time:

No. I didn't want any, I just went nuts instead.

Projection

Liam explained why he thought a lot of young men who had suffered early trauma, particularly if ill-protected by mothers, were violent to their female partners (see the interview with Ilene Easton in Chapter 21). He “completely disagreed” with this behaviour, which his own brother committed.

SN: Why do you think guys do that? Do you think it's anger again?

Well, I know why he does it and I know why if I was to do it. It's to do with my mother and his mother.

SN: Sort of blaming other women for their mothers, you mean?

Not blaming them, but the way I looked at things when I was young and I know he thinks the exact same way ... is every woman is going to be the same as our mother. And my mum was an alkie and she was all the rest of it. And I was completely different in the way I treat women because I always thought my mum's behaviour was a result of the way that she had been treated. So I always made sure that I would never treat a lassie like that. Whereas he's just stuck to his guns all the way.

Sense of being re-abused

Another trigger to a violent or aggressive reaction was behaviour which reminded them of the abuse or which re-enacted aspects of re-abuse. Thus Pete reacted violently to male nurses restraining him, pulling his trousers down and injecting him. Paddy reflected on prisons:

SN: If you've, if you've got abuse issues from your past, do you think prison makes it more difficult to deal with it or easier ...?

A lot more difficult because the people in authority are the ones that ruined my childhood. So you put everybody in authority in the same bracket, you know, and when you come in to the jail all the wee daft games start with the staff so right away you're like that, "they'll be just the same as what happened to me when I was younger." And when you've been battered and kicked up and down the cell and all that your mind goes back to when you were a bairn, you know.

Lashing out at sex offenders

If childhood sexual abuse is common among male prisoners, this perhaps presents a different perspective on why known sex offenders are regularly attacked and require protection, or why gay men who make advances in a reasonable, unexceptional way have sometimes faced extreme violence in response. Jo described beating up such a man in a pub and shouting that he was a "filthy paedo". Pete slapped and punched a fellow psychiatric patient, a suspected paedophile, who was sidling up to a 16-year-old mentally ill boy in the hospital common room:

I said, "you just remember this" – and smashed him right in the face. I think I done the right thing there because he was perverted, he was a sick man ... so that punch in the face will make him think ... I know the mentality of them so I can deal with them, so I think me resorting to violence is appropriate and adequate in situations like that. He was trying to manipulate this young 16-year-old laddie.

Paddy admitted:

I've always had a problem there, you know, I've ... even in jail I've attacked them all the time ... I attacked sex offenders all the time through the YO's and all that. Before I actually met Ilene [counsellor], I was an angry person. I was a very angry person.

Survivors were often fed up at others' assumptions that they themselves might be abusers through the "cycle of violence", as they later discuss. However, the small number of people who did appear to have included sexual offences among their offending did not admit this to themselves or others (apart from Liam), and shared the common detestation of sex offenders. When a fellow hostel resident asked Danny about an earlier offence, he flipped and accused the man:

"You trying to call me a beast?" That's a name for someone that ... sexually abuses someone or hurts a woman.

The man told him to calm down but Danny was outraged, and violently attacked him. He thought the man was about to tell everyone, and in particular that he might tell Danny's girlfriend.

"Meaningless violence" and lack of remorse

One of the hardest things for most people to understand is why some young men, in particular, attack people in the street or pub for no apparent reason: victims may even be strangers. Young men are regularly given long sentences for attacks which, sadly, can end in death. Sometimes (see above), they may have interpreted them as being sex offenders, but several people admitted having turned on people who merely "looked at them the wrong way". They tried to explain some processes behind this, in which fear was found to play a significant part.

SN: So why do people often lash out at the wrong people, do you think? You know, people that aren't really actually trying to hurt them at all?

Paddy:

Because the person's maybe breached that barrier that, that's round them, you know ... They're on the defensive ... I had a habit of lashing out when somebody was getting too close to us ... breaching the shield that was round us ... as soon as somebody steps through that the only thing in your head is lashing out and protecting myself because they think that that person is trying to hurt them. That's how you see a lot of innocent people getting hurt as well because they're just ... what they're seeing, you know, that a person's trying to invade their space; I've had enough of that when I was a bairn.

Mike explained the sense of being on your guard against every real or imagined threat:

When you swear to yourself that if anything like that you've been receiving is going to happen to you again, you'd kill them because you'll not let it happen.

Another very difficult thing for most people to understand is an apparent lack of remorse for offences, whether violence or theft, etc., against people who haven't done anything to deserve it. Mike and Dean, two young men who had been traumatised and let down numerous times already in their lives, spoke honestly about this.

Mike:

... I felt sorry for the, the ... some of the things I've done but most of them, no, because people don't feel sorry for the things they've done to me.

SN: But it wasn't the same people, was it?

No, but the way I see it is, is if they done that to me and they've no remorse and all that then why should I have remorse for anybody else no matter who it is? I've got no feeling anymore. Except if ... if I seen a woman getting battered I'd ... I wouldn't let it happen ... I'm dead against that.

Dean committed crimes because he didn't care what happened to him any more, and he nearly died in a car crash through driving with no care for himself. He admitted:

I'd no feelings for anybody, do you know what I'm talking about, I've not got remorse for anything ... I've got remorse for people I care about, I've got feelings for people I care about, to a certain degree.

Paddy:

The way I'd seen it was ... the people that were in charge of me took a liberty with me and I just put them all on the same bracket, although ... all right, they weren't there, they didn't abuse me and that, but they were still, they're still authority, figures of authority, they're all the same people.

Offending during mental illness

As he got older, Pete's offending behaviour became bizarre as his mental state deteriorated. He was in the revolving-door cycle of prison, streets and hostels, drinking and drug-taking. He stole a car, was followed by police, swallowed loads of tablets, talked nonsense to the officers and was eventually treated sympathetically by them, when they realised he was mentally ill. They called an MHO (mental health officer), who told him he wouldn't go to court but would be taken to psychiatric hospital:

And the next thing it was, the police came to my cell door – and I'm banging on the cell door, saying "why am I ... not going to court?" The policeman handed me a cigarette, and said "you're going to the X hospital." I was – "what for?"

SN: Did you not think of yourself as being ill at that point?

No. I thought the life I was leading was a normal life to lead.

Danny described how heavy drug-taking in itself gave him psychiatric symptoms which made him more prone to violence:

I attacked someone in a house – I was on lots of drugs at the time – Ecstasy, cocaine, heroin, Valium ... and I was really messed up, and I thought people were talking about me, I was starting to get a bit paranoid. I basically thought that these people were laughing at me ... aye, I just lost it.

Despite his fearsome past reputation, though, Danny clung to a wish which may or may not not prove realistic.

SN: Do you also want to be able to know that you won't go around attacking anyone? Is that important to you as well?

Aye, definitely. I don't want to hurt people, no, I really don't want to hurt people. No. I really didn't want to hurt anybody.

Chapter 19 Sex, sexuality, masculinity, and relationships

When I go to my grave I'll be a lonely guy. I mean I have tried to have a relationship ... and have kids, but I'm too ... I'm too ... I don't know, sometimes aggressive, to want things my way ... I don't like to be actually told what to do ... I like to come and go when I want, what I do ... but I'd love to have kids and that kind of thing ...

She'd had problems in the past and that's what bonded us. And S wasn't an easy woman to, can I say, conquer at the time ... I mean she didn't take bullshit from anybody. She didn't trust guys with, you know ... and that was the thing that thingied us together. My life's not been fantastic but I've fought and scratched the whole way to what I've got today; and if I hadn't have met her, I'd have been dead a long time ago, I know that.

Issues about general (non-sexual) relationships and friendships

The survivors described feelings and reactions which had made everyday relationships with other people difficult as adults. Therapy, support and for some, a loving partner, had often greatly helped to break through these barriers, but not entirely. Even meeting with and working on the conference presentations with other male survivors in the project had for some a visibly positive impact on their previous sense of isolation and mistrust.

Distrust and suspicion

Several survivors echoed Innes's experience that

I've always found it easier to be around and talk to women ... in general terms, I've always found it easy to do it than it is with guys.

He kept his forces colleagues at bay by "just sitting and getting through the work", by verbal banter, and by making friends with local communities and families in postings in Britain and overseas, rather than drinking with his mates. That decision was to cause traumatic repercussions for him, and contribute significantly to his later breakdowns (see mental health section Chapter 20).

Stuart, though he found major problems in sexual relationships with women (see below), found it easier to talk to women survivors about the impact of abuse:

I talk occasionally with female survivors on MSN [Microsoft networking]. We are quite safe there. We just understand each other ... I think it's always been noticeable the gender difference, being more open-minded, more prepared to talk re personal issues ... a shoulder to cry on.

Kit, who has already described seeking a lone working career so that he wouldn't have to mix with other people, recalled "a trust thing" right through his life, where

I found very difficult, and still do, to have male friends; my friends tend to be female.

Scott, who later found great support from his second wife, had long-standing problems trusting men or women. That actually stopped him allowing in help and support as an adult survivor:

I was probably more aloof ... I kind of pretended I was stupid ... this had a huge effect on relationships. I couldn't trust adults at all ... there's only so much you can take, going through life hating yourself and not even having basic friendships.

For most of the prisoners, lack of ease with men's company had become a much stronger, wider distrust. This was another part of the sadness experienced in interviewing the prisoners. Paddy eloquently described the different masks men wore in jail:

You've not got friends ... you've got associates ... because there's always that barrier round you that you're not going to let somebody in. You've got three faces in jail ... the one for your family, you've got to try and keep a brave face and put a false face on ... then you've got one for the prisoners, [bravado] then you've got one for the screws, untrusting, and then you've got yourself: when you're in your Peter [cell] at night by yourself.

Loneliness and isolation

This was an extremely common experience, and of course it could co-exist with distrust. For instance, two gay survivors described the loneliness and pretence of their twenties years. For Alec:

Being a gay person in the '70s wasn't really an out thing to show, so there was discrimination and stuff ... so life was a bit pretend, you pretend you have a girlfriend, you pretend to have things which you tell your workmates ...

For Roy:

At that age – I'd no real friends at all. Nobody ... now I know that because of the internet and places like the LGBT Centre, they've got youth groups and all that ... I think many men of my age ... had no support, no network, no social network ...

Jay has already described latching on in desperate hope to a friend's warm and loving family in his sixth year at school, and how he still tries to

... latch on desperately seeking this other love and affection I never really felt in the past.

Aggression

Reacting aggressively not only affected people's careers, it greatly affected their wider relationships and friendships with others, who were put off or unnerved by these outbursts. Scott, for instance, described how:

If I feel I'm kind of in a ... er argument and it's kind of crescendoing, it's an uncontrolled situation – and because of the fear, I become more aggressive verbally.

Controlling behaviour

People's attempts to control situations after a childhood where so little could be controlled could also put off colleagues and potential friends. Innes recalled with honesty his irritating behaviour with armed forces colleagues:

They said they wanted me to do something ... this way, I would say "Wouldn't it be better doing it this way?"

Padraig said he was incredibly controlling in a self-protective way. He used to cut people dead who treated him badly, shunned anyone who did not agree with his progressive and pro-feminist politics, and still can't bear anyone upsetting the cutlery in his flat!

There have been periods where I have been absolutely 100% in control and ... where I've been absolutely 100% out of control. [pause] ... I'd need to control everything in my life ... just simple things like my house is so much in order. Everything's filed ... so you'd need to wash up the way that I would wash up, otherwise I would get really anxious.

SN: Are you still like that?

I'm still living on my own [laughs] so ...

SN: I'm glad you can't see the state of my flat!

Important friendships

These problems should not imply that most people were friendless and isolated throughout their adulthood, nor that difficulties proved always negative. Half of the survivor group described keeping at least one friend from child or teenage years whose loyalty and support meant a great deal – even if usually they had still been unable to tell them about the sexual abuse.

For instance, Adam recalls later perceptive gay friends who undermined his strong homophobic feelings (see below). Stuart has maintained a close friendship with someone from age 5, and Pete recalled two troubled young men sticking up for and protecting each other:

My right-hand man was P.A., we stuck together thick and thin for years ... we were career criminals. But we were on our own plane ken, people would try and get us into gangs ... he came from a broken home too.

Padraig found positive aspects to problems:

My friend died of his alcohol addiction ... had him since I was six ... and my other friend F got diagnosed with cancer. And all my security and my certainty in my life had kind of ... it was the first time in my life that I've felt that I had to stand up. That I couldn't just pick up a 'phone and say, "I feel bad" ... I had to take some responsibility.

Issues about men becoming sex abusers themselves

The perception by others, and often the fear within themselves, that “the abused become abusers” had had a range of damaging effects on the male survivors. Scott, for example, recalls a psychologist who visited his house saying invariably abused men abuse their own children:

This was like a red rag to a bull, I said that's absolute nonsense ... because I was so angry, she probably thought I was some sort of madman ... people probably do think that. Like people who grow up in alcoholic family are going to be alcoholics themselves. In some cases that's true, there's a whole host of reasons why people become alcoholics though. I think it's had the exact reverse effect with me.

Silencing them as adults from telling

Scott admitted the popular belief definitely affected whom he trusted to tell. It prevented Innes telling his ex- wife and still prevents him telling his children about his past, because he feared he would lose access to them. This is painful currently because he really does want to be able to broach the subject with them. During the divorce:

I felt the fact as if it came out and she found out about it, she would use that as a pawn sort of thing, and use that against me ... she would say, “well that's it, obviously he's been through that, he'll be one of them now, I can't” ... and she would go to court and just stop me having the kids. [When] I do want to tell them, it's always like back off sort of thing, I'm thinking no, I can't do it yet, I can't do it ...

Stuart no longer tells anyone unless he really trusts them. On a college counselling course, he risked opening up. One person stated,

“Stands to reason you will become an abuser ... men who are abused become abusers” – this was a female person in counselling training! I just got up and left and didn't come back.

SN: Did anyone try and contact you?

No. I'd paid £300, £350 for the course ...

Phil spoke of the fear male survivors with children had about social services – a fear shared by some women survivors in the *Beyond Trauma* study:

I went to see a counsellor in Clydebank area and I was talking to him ... 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.

The gay survivors had to contend with another popular belief: that gay men are more likely to abuse children sexually. Jordan reflected:

I think as a gay man there's always this thing is because of the cultural publicity is that gay men are ... likely to be paedophiles ... [but] those principles and values of being an honest upright man have got nothing to do with me being gay, or having been an abused child ... you can be tender and loving and still be masculine.

Accused of being an abuser

Such accusations, made in this case by men who didn't know his own history of abuse, had a dramatic effect on Innes's life. He used to show youth groups or school groups round the squadron:

And the guys just went, “That's it, obviously we know what direction he wants to go in” ... one day the phone rang ... a voice just saying, “Say it with sweets, say it with a smile, Jock's a registered paedophile” ... and when other stuff was going on with Gary Glitter and everything in the newspapers and that years ago, I was getting newspaper cuttings put in my mail slot.

These recurring taunts and allegations led to breakdowns, and the revelation of his abused past, which Innes returns to in the mental health section.

Survivors' fears of becoming an abuser

This was a common anxiety. The most dramatic example, already given, was of Pete banging his head incessantly against his prison cell walls, thinking abused men always become abusers and trying to smash any such thoughts out of his head. This was interpreted as mental illness.

Padraig said of projects set up for families:

You know if men are actually frightened that it's a cycle of abuse they'll not go near that [family] project in case they're in a situation, because ... a lot of men that I've spoken to are terrified of children ... It's a real concern for them, because they're constantly ... told about the cycle of abuse, you know.

When she left him, Jay's wife implied that abused men become abusers. Asked if he ever worried about this himself, he replied:

I think it was one of the reasons I didn't want kids. Because – again there is this perception of the abused becoming the abuser. A possibility not a probability – if you use statistical analysis – I'm sure there was an element of that.

Phil said that when his son was born:

I was terrified. Because, again, it goes back to, was I going to abuse him?

He took heavily to drink as he has already described. When his daughter came along, he didn't want her sitting near him and would say,

“Go and sit over there” ... as young kids do, they jump about naked but like, “Get your bloody clothes on” ...

Jack was asked if he believed it when his psychiatrist implied he would abuse children:

Yes, [took it] serious as could be ... yes, yes, even as you speak now I almost believe it ... intellectually I don't, of course I don't ... I have absolutely no interest at all ... but, there's something inside me that still believes ... why wouldn't it? In my case it happened, and that's the evidence I've got, I've got a sample of one.

Effects on behaviour with children

Many survivors said they were particularly careful around children, while Jordan reflected with regret that both as a gay man and a survivor of abuse:

I'm still very wary, you know, even in the street when a child will run up and say “can you help me”, I'll grab a woman to help me to and if it's not available I'll immediately call the police and put the child on the phone; it's happened to me in London.

Although cautious in his own behaviour, Stuart like several other survivors said he also looked out warily for children's safety:

When I see young kids playing ... in the street, I look after them ... I am aware FOR them – there's a constant threat, in all public places.

Sex offenders' own attitudes

Only one respondent who identified himself as a sex offender, Liam, was recruited to this particular project. (We tried to recruit others, but organisational barriers were put up, see Chapter 3). Two prisoners, Danny and Ryan, had offences with a sexual element, but found it difficult to acknowledge this. Despite being in a Sex Offender Treatment Programme group that included boys convicted of sexual murders, Liam still feels that his crime was worse than murder and simply couldn't talk about it in the group. Eventually he cried for a long time and managed to admit he had abused his sister.

SN: Did that make it easier for you?

Yes and no. In the sense that I could talk about my offence, but I didn't really understand why ... I had no empathy for myself at all, so I couldn't really [empathise with others] ... and relate to what I had put anyone else through.

A skilful psychiatric nurse managed to draw from Liam the story of his own abuse and suggested he might like to work with the counsellor Ilene Easton. Initially afraid to talk, he eventually began a very helpful programme of work with her which still continues. In the mental health section Chapter 20, Liam and others describe the elements of this programme which began to change their whole outlook and understandings.

Danny was charged but not convicted of several assaults on teenage girls while himself a teenager. At present, he finds it difficult to understand the effects of his actions on other people, and sees the non-convictions as proof that he was innocent, rather than as a reflection of difficulty in gaining convictions in such cases.

SN: Do you think you frightened people in some way?

Not frightened them but a bit like off-putting, like "what's he doing, that's wrong." You see I was always told like you didn't do that until you're older ...

Ryan felt fairly optimistic for the future; however, his own sexual behaviour remains problematic:

I thought because it had happened to me ... I've been scared myself that I could become the abuser. I've dreamed about it and I've thought about it, and it's a terrible, horrible thing to think because it affects others ... people that hurt people do take pleasure, but they don't know the effect they have after ... I cannot say that one day I will never become the abuser, or something. I can't say that, but now I've got a lot of confidence that ... I never will.

Issues about relationships with women

Finding relationships either difficult or impossible

Stuart found his ex-partner, whom he was very fond of, in bed with another man. He thought this must be through his own inadequacy. He now feels unable to get into a sexual relationship; both the sexual and emotional parts feel "too difficult":

I started to feel like something lesser than a man. All the way through [my life] – I was struck by the idea that I must have done something wrong – I decided that I would never ever go with a woman again. I still say ... who would want me anyway? I feel compelled to put myself down ... I do understand as well that it's not V. that has done that to me, it's him [abuser], it's part of way I was shaped and moulded.

However, the breakup shocked him into going for help:

I was all right for a couple of days then couldn't face myself any more. Went to my GP for the first time and spoke about my abuse.

Scott felt:

Definitely 100% less than a man. I was terrified of women, scared of them ... I feel it destroyed, er, the personality I could have had. It has taken away many things.

Kit has lived on his own since his twenties:

I did have girlfriends, I mean, I did have sex with them but I've never lived with a girlfriend, ever, and didn't then. So, I suppose, I found relationships difficult in that sense of the word.

Jay only ever had one true, lasting relationship with a woman – his wife, who left him when his son was small – and describes himself as an "emotional cripple". Jo says that all his adult life, even now, as far as relationships with women go:

I still to this day ... very difficult, know what I mean. I still put a wall up kind of thing.

Part of general distrust

Jo and most prisoners found it hard to trust girls or risk a deeper relationship, because of their general, wider distrust of people. Mike and Danny also feared they would be rejected by the girls. Danny could not even bear to hear of his assault on a girl, or to think the news would be spread around among young women. This had caused him seriously to attack another young man.

SN: So you have problems getting close to girls, would that be fair or would that be ...?

Mike:

Aye, because you don't want them knowing things about you, they might hate you for it ...

Far too controlling

Even in his now happy second marriage, Scott feels he was far too controlling – although the crisis actually led to him getting support:

There are many horrible spin-offs that emanate ... one is a complete insecurity that someone is going to love that person ... so I've been controlling my own surroundings and trying to control her ... it led to us almost splitting up. It was a kind of ultimatum if you like ... she was going to leave me if I didn't go and get help.

Jo spoke with sadness:

When I go to my grave I'll be a lonely guy, I mean I have tried to have a relationship ... and have kids, but I'm too ... I'm too ... I don't know, sometimes aggressive, to want things my way. I don't like to be actually be told what to do ... I like to come and go when I want, what I do ... but I'd love to have kids and that kind of thing.

Trying to compensate

Jack, who is gay, decided he would try to just assume, just “jump into”, heterosexuality – given that the psychiatrist told him gay men would abuse children and couldn't be doctors:

I decided I would trade my inclinations for six children and an Aga was the way I put it to myself ... it didn't happen that way, but many, many years later we parted.

It was sexually very difficult and although they didn't fight, the marriage was “just cold”:

It was worth staying in the marriage a long time for the sake of my son, whom I love very much. But you know it's messed up my life, it's messed up my wife's life because she shouldn't, poor kid she should never have married me; she did know what she was taking on, but she should never have done so.

Experiencing re-victimisation

Preston met his first wife at the age of 20. She was very beautiful, but it turned into an abusive relationship. She was violent to him. His infant son was witnessing the violence: “I just went into victim mode.” Once he had to go to Casualty and they asked him how it happened, then said

“You're bigger than her: didn't you hit her back?” I was completely emotionally broken by that.

Many fleeting encounters with girls and women

Like a number of survivors, Pete had “a lot of relationships but nothing that lasted, really”. Phil looked back to his teens and twenties:

I always had girlfriends ... but the thing was, I was a complete bastard. Do you mind me saying that? I treated women like garbage ... I didn't know what love was. As far as I was concerned, a woman was for sex and enjoying myself, partying and that was it. I was engaged six times ... I just thought that it was what they wanted as well. I think the longest one was three months ... what I would do was to do something to get them to call it off. I don't like myself when I think of what I've done when I was younger. I'd seen my mum getting dominated ... I'd done the same things with girls: “You'll do what I tell you.”

Jeff also got into this pattern, yet in fact the sex often repelled and frightened him:

I developed an image that I was the happy-go-lucky lad [with heavy drinking], I still, later on in my life, longed to be the lad who could go out and have a shag, and everything else, which is just not me at all, but that's what I wanted to create that image.

He believed his body was returning powerfully each time to bad memories, however much he genuinely liked a girl:

You'd really fancy someone, you'd spend ages developing feelings for them, you then get to the point where you actually hug them or kiss them and the next morning I'd wake up and I

feel like I'd been abused ... those feelings used to come back to my body and so I just kind of gathered my clothes up and crept out of the house and ran out the road ... the last time it happened to me was about four years ago with a girl and I was just knocked out from that experience. I'd forgotten how to cope with it and I had to take ten days off work sick because I couldn't cope with it all. And it brought a lot of stuff up for me.

Adam felt his own fleeting relationships with women had complex roots:

I always played a power game where I would be very dominant at the beginning of a relationship, then cause the woman to become dominant. I played subconscious games, so that the woman would become dominant. And then I'd dump them.

SN: When you look back on that now, what do you think that's about?

Me trying to re-create the abuse ... I [thought, I] can control the amount of abuse I accepted as a child, when actually it's nothing to do with that ... it wasn't my responsibility [the abuse] but as a child I felt totally responsible. If I didn't do the wrong stuff, I wouldn't have that "tick" and therefore I wouldn't have the abuse.

Effects of abuse contribute significantly to breakup

Innes's marriage ended in "a big massive blooming explosion really". With his work stresses mounting, he eventually told his ex-wife he had work problems, but she didn't want to know:

... I just had enough and walked out. It was a case of there's no support there for me, I'm having to deal with everything myself, I did that when I was a kid. So the only way to do it was to pull myself back and get myself away ...

Preston's second wife was very caring and supportive. He became very ill with panic attacks, depression and violent urges; he was suicidal and ended up in mental hospital. He began drinking heavily. Eventually his second wife couldn't cope and left him; even worse, she moved in with his best friend:

I was completely gutted and still am. I find it very difficult to move on. Anger can take over, and to lose all your confidence ... was very fond of J, she meant the world to me.

Rewarding relationships

A number of survivors found strong personal relationships with women despite all the difficulties and distrust they had experienced. For instance Adam, whose years of sadistic abuse by multiple perpetrators brought many years of mental ill health and isolation, found recently a most rewarding relationship, where his partner (now wife) told him what she thought straightaway:

One of the rules I had when dating girls is they hear about this within the first two month. If they hang around, they're good, if they don't ... no point in getting into a deeper relationship, getting emotionally involved and then telling them and freaking out, it had happened to me previously ... she went "OK, and?" ... "OK, and?" And I came out with "no, no, no, you're meant to ..." she said "No, I like who you are now; not what's been done to you."

Phil, with a history of treating women badly and dominating them, found a partner he has now been with for more than 20 years: a woman of strong character who answered him back:

She'd had problems in the past and that's what bonded us. And S wasn't an easy woman to, can I say, conquer at the time ... I mean she didn't take bullshit from anybody. She didn't trust guys with, you know ... and that was the thing that thingied us together. My life's not been fantastic but I've fought and scratched the whole way what I've got today, and if I hadn't have met her, I'd have been dead a long time ago, I know that.

Jeff always thought his behaviour was pretty weird until he accepted the degree to which he had been betrayed and exploited:

It wasn't till 2000, 2001 that I realised, I realised that I was normal, or that I was normal all along ...

This helped him to think about his relationship problems and working with meditation and safe massage also proved very positive:

I think that again helped me connect with my body and I think that's the key ... when a lot of stuff comes up for you, you disassociate, which is coming away from your body, isn't it? I'm now at a place where I've decided it's time to try and get a ... healthy, intimate, sexual relationship, if I can find that.

Paddy maintained a partnership, despite long prison years, with someone he met at a List D school:

I think that's what drew the two of us together ... we found out about what happened to each other, you see ... she's about the only person ... well her and my family, that can be close to me. I was with her before I got my lifer, then I called it quits and then got back with her ... she's got a boy to me ... so they rely on my family, you know.

Conducting a relationship from prison was very difficult and they were doing "double time" for him. He gave the simplest reason for the strength of their bond: "Well I love her and she loves me."

Sexuality issues for men who are heterosexual, bisexual or uncertain

Homophobic feelings

Preston described how he became very homophobic, after his abuse and into adulthood, and found it difficult to trust men:

I confused abuse with almost homophobic feelings – that was the side that was angry – I thought I had been raped by a homosexual.

Hunter admitted that in jail people were intimidated by the thought of being branded a "poof", which was seen very negatively; he might have done this himself without the experience of assault:

SN: Do you think people feel ashamed ... even though it wasn't their fault?

Aye. It doesn't matter, [if] you tell your pals and that, people of our age, you know your pals are sat laughing at you, you know what I mean.

SN: But if somebody told you, would you laugh?

If I hadn't have gone through it, I would probably laugh.

Adam described going through homophobic years in his twenties:

I lived in Vancouver for a time ... I got a lot of gay friends I didn't know were gay ... they said, "did you know we were gay? We live together, we have sex together and we love one another." [I said] "No you're not – cos you're nice people!" And one of them who was very intelligent said, "If you were abused, your abuser wasn't gay, he was just cruel." [He said] "Homosexuality and abuse have nothing in common."

Involvement in male prostitution

Nobody admitted taking part in this. It is known to be a particularly difficult thing for survivors to admit, especially young men and women, as organisations such as Say Women have consistently found with their own client group. Two prisoners who were abducted from the Glasgow streets and brutally attacked admitted they were hanging about "where gay people congregate" or "where some boys were, you know, renting", but denied being involved in renting themselves. This may have implications for the identification of settings where young people need to be better protected.

Confusion about sexual identity

This was common among survivors who did not identify themselves as gay. Gordon reflected:

When I came out of the forces, I met up with several guys that came out before me. For myself, it was normal to believe I was gay, so I ended up in a gay relationship for about 6 months. [Normal] apparently because of what was happening during the rape and what I felt inside myself, because I was giving satisfaction to my abusers.

SN: Had you thought you were gay before?

No. [He later found a relationship with a supportive girlfriend really difficult because] it was the first female relationship I'd had. I was in a gay relationship when I came out of the forces. I'm STILL confused about my sexual orientation!

Jay recalled the effects of self-blame after the abuse:

Confusion's too strong a word [about my sexuality] but maybe just a question mark ... I felt I must have wanted it, [abuse] I must have given the impression that I did ... till I met the girl I married ... I thought, it's happened, I must be gay.

Jo expressed the ambivalence, fear and anger which can be such a difficult and confusing mix for many male survivors:

About four or five year, get into the gay scene ... but that's not for me, that kind of thing, and I nearly put a bottle over this guy one of the times because of what he wanted to do to me. I was drunk in one of the gay pubs ... and he was telling me what he [would do] ... "I'm not into that ... " and I actually said, "you're no' but a fucking paedophile."

Preston, like several others, found his uneasy confusion compounded by gay men pursuing him; after making friends with another college student, the man came to Preston's flat, made a pass at him and remained fixated for months. It was almost like being stalked.

Images of heterosexual masculinity in the armed forces

Scott, reflecting on the fact that a lot of survivors join the forces, said:

I think when you've been sexually abused as a man, then you have er, huge questions about your own masculinity anyway the last thing you need is to be put into a culture of macho-ism where the whole concept of being a man is to show aggression and hide your feelings. You need to go into an environment where it's OK to show your feelings ... you're always having this battle with yourself. This "we are men" thing ...

Issues about relationships for gay men

A more secure identity

On reflection, none of the five survivors who identified themselves as gay concluded that their abuse had "caused" this, although they had often worried considerably about this as teenagers. Thus they felt more secure and confident about their sexual identity than the other survivors. Pdraig, for instance, reflected that he had always felt different from other boys, which had made him more isolated, and the abuser may well have homed in on this. Jack said it had never crossed his mind that the abuse "caused" his sexuality:

I'd always presumed and I still do to this day that anything that I have is normal ... I've never ever tried to think, "oh why am I this way" ... I remember [early in life] looking at men and thinking he's pretty – I don't know what that was.

Roy felt certain:

From about the age of 5 or 6 ... which most gay men are ... I would engage in sexual play with other boys, always my own age, but always with other boys ... I don't think my sexuality has got anything to do with having been abused.

However, although he felt secure about his sexuality, he didn't identify with the gay scene or even with his own image of gay support groups:

I've always felt like a bystander ... I've never been part of it ... all of my friends have always been straight people for some reason ... the stuff on the gay scene doesn't ... it's a bit facile, it's vacuous, it doesn't interest me ... I just happen to be attracted to other men. I've really got to stay away from that because of my sexual addiction, I've got to be in a safe environment. But the whole gay thing, it's just geared around one thing, sex.

Re-victimisation and dependency

Alec, who always wanted to find and settle down with a loving partner, looks back on relationships where:

I was taken advantage of quite a few times ... and the last couple were extraordinary violent ... I think I've been manipulated and used in the past.

His experiences made him wary, but he does still yearn for a closeness with another person:

But I think self-esteem has to come into it ... I tend to go for the difficult ones. So I have to look really in another direction for the type of person that I should be associated with. So it's my self-esteem and self-respect I think have to come into this.

He felt gay men were especially vulnerable to re-victimisation because:

A gay child is discriminated against anyway ... you're being picked on and you're being bullied ... just for your sexuality or because you've been quiet or you're different or they perceive you to be ... and so [for] gay people ... it becomes just part of the norm. And so I wouldn't be surprised if there's a lot of people out there with post-traumatic stress who are gay, especially people who are HIV positive. Because they become victimised, used ... especially with the clubs and the pubs, people can't talk about it because you're supposed to be all wonderful, six-pack, five foot nine with blond hair!

Alec was recently very pleased, and had gained in confidence, by contributing to a seminar on same-sex abuse attended by representatives from the police, and the NHS, as well as social work and housing. He reported his own case to the police, and was impressed at the way domestic abuse officers guided him through it step by step: but the practice in different authorities, he says, can vary.

Roy reflected with sadness on the double binds a yearning for love can lead damaged people into:

I would like to find love once in my life. Because I've never found it, I've never known how to love. I'm also looking at love addiction now [in therapy] ... but you can also be love avoidant and love addicted in the same ... I mean, I've been in relationships with guys who don't give a fuck about me, and I'm the love addict and I run after them. And then when I meet guys who fall in love with me, I become the love avoidant.

Rewarding relationships with men ...

It would give a wrong impression to suggest that gay survivors generally failed to find rewarding intimate relationships. In particular, Jordan and Jack have experienced several happy, lasting and rewarding relationships, despite the problems they were also struggling with at points in their lives. Alec and Padraig had some enduring relationships, although Padraig's anonymous sex addiction threatened these (see below). Jordan's memories of going to drama school were of:

Oh, just really being very happy, discovering my sexuality and coming out to myself, first, and then ... almost being gently teased out by some of the more flamboyant characters, both male and female ... they acted outrageous – so I thought, well actually, it's not going to really upset anybody if I tell them I'm gay ...

Jordan was able to see the example of famous actors such as Mark McManus:

People's sexuality meant nothing to him in regards of ... he would stop you in the street and give you a big hug and a kiss, because he was so secure in his own ... so role modelling was really important, and seeing people secure in their own sexuality just, was really helpful for me ... I was with a very loving partner for fifteen years.

... although abuse had still created some problems

Later in his career Jordan worked as a counsellor in an HIV unit. He has described how in supervision he felt he was making "irrational" decisions about his own sexual behaviour:

SN: I don't see that [concern with safety] was necessarily irrational?

Well, it was irrational from the point of view ... my head knows there's no such thing as safe sex, there's safer sex. But I began to make the decision to avoid having sex, rather than have any risk, so I put the risk right down to zero by not engaging in relationships.

Padraig also felt he became over-controlling:

Well, the sex had to be ... I had to be in control of that as well. So ... what we did, what we didn't do, how I was touched, when I was touched ... I mean, looking back on it now, I mean, if I'm absolutely honest, I wouldn't have tolerated it.

SN: ... I suppose you protected yourself in a way?

Absolutely. Absolutely ... But I pushed an awful lot of people away.

Meaning and consequences of compulsive anonymous sex

Roy and Padraig, as mentioned in Chapter 16 on addictions, both talked honestly about spells in their lives when they compulsively sought out anonymous sex in parks or toilets. For Padraig, this destroyed a long-standing relationship with a partner. After the anonymous sex he felt:

Awful. Absolutely awful. And before it as well ... I have to say I don't do that any more. I was with my partner at the time: And I just chucked my principles right out the window. And that made me feel like a bad person.

SN: Did you tell your partner what you were doing?

Eventually, yeah ... well, we separated. Which was very, very, very difficult ... When I was on my own it escalated and then I had to address the issue for myself, not for anybody else.

Roy, who has described how compulsive sex became a vicious cycle of self-sabotage for him, had no long-standing partner at the time, though he says he may have had “thousands” of brief sexual partners while living in London, which was like “a sweetie shop for gay men”:

I'd go and binge eat ... I'd put on weight and I'd feel shit and fat. So in order to make myself feel better I'd go out and have more sex. To be honest, it was desperate loneliness ... by the time I was 23 or 24. I really needed medication badly, and I sorted – I found it through sex ... because the underlying pain throughout the whole thing was because of the multiple abuse that I endured.

It gave him relief but as time went on, this would be less and less:

I think it's come to the extent now that, er, on the odd occasion that I do that, that you know, I can't even get an erection, I can't get aroused. I get nothing from it. Absolutely nothing. That's how burnt out I am sexually. You know, it's like a fuse that's been burnt out.

The survivors' relationships with their own children

Nine survivors, fewer than half of the group, had children themselves and several of these were not living with them, although only one had lost access. One of the nine, a prisoner, did not wish to discuss with the researcher that he had a child and this was discovered afterwards.

Their children were very important to the survivors and several described their child/children as the most important and positive things in their lives, or even what had kept them wanting to stay alive. Difficulties in intimate relationships had contributed to breakups with long-term partners, and subsequent separations from children, which could be a cause of huge sadness. Children were sometimes very influential in repairing their lives, e.g. in giving them strength to stop drinking.

Survivors had rarely told their older children about their sexual abuse but tried to advise them about risks of abuse, violence and bullying. Some thought they were over-controlling and too protective of their children because of what they had suffered themselves; some were wary around their own children because of the stereotype that the abused become abusers.

Children meant a great deal to the survivors

Innes manages to see his children fairly regularly now, after many tussles over access, particularly as he was unable to get regular time off in the armed forces to make regular appointments. He is glad that, unlike his own father, he and his children can talk about most things:

My eldest for instance, he's had problems with his girlfriend ... and he's phoned me up last week ... about midnight or something to talk to me for two hours.

Jack's son was simply "the joy of his life". Jay has a close relationship with his son, despite the irony that originally he didn't want kids. His son doesn't know the full facts but does know about the bullying and discipline his father endured:

He's been very very supportive. I think I managed to be the parent to him that I never had. I did try and kill myself after A left, I made a mess of it, J [son] is the only reason now I've got to carry on ... I was able to talk to him about bullying so I think I was much more positive with him – and he has tried to help his stepbrother about bullying and so on.

Phil recalled:

My son [then my daughter] being born was the greatest thing that ever happened to me ... he's turned out a rounded individual and he's a great ... me and him can talk about anything. I'm not a perfect father by any means ... but they don't feel threatened, they don't feel scared.

Unfortunately, Preston, after access disputes, last saw his son more than a decade ago. He had no contact at the time of interview – he went through the courts and did everything possible to see his son, but was eventually advised there was no point in pursuing it. This painful situation visibly contributes to his sadness and depression.

Over-protective of their children

Scott's children live in Scandinavia with their mother, although he contacts them regularly – "not as often as I want". He is actually relieved they're in a more child-centred and "safer" country:

Maybe it's because of what I have gone through myself ... and I'm projecting this outwards ... if we were in a supermarket, I wouldn't let them out of my sight. I was over-protective, very much so ... it didn't affect my ability to show emotion at all ... because of what I'd been through made me more open. Loving, more protective ... because I didn't get any loving physical attention, I actually made sure that my kids got that.

Innes would "do a recce" whenever his kids went to the park:

In terms that I would use, doing a full security sweep sort of thing before anything happened ... and I would work out where the dangers were and what to look out for ... I would look for the worse case scenario, and worked my way up from there.

Chapter 20 Mental health experiences, treatments and therapies: What was helpful and unhelpful?

“No there’s nothing wrong with you, you’re not mentally ill, you can control your life, no one will take on your case, come back in a month’s time and I’ll see you”.

She said “There’s nothing wrong with you, on you go. Cheerio. You’re fine.”

SN: You don’t remember what they asked you, what they talked to you about at the M Hospital?

We spoke about St John’s Wort, we spoke about my mother. Every issue but the central issue.

[The psychologist] said I’m quite ashamed by the way my colleagues have treated you ... and I’m here to help you. And I remember starting to cry, that he was the first person in my life, that I’d been looking for someone to give me help and he was there to help me ...

Introduction

Survivors have already throughout this adult section described issues touching closely on their mental health, such as addictions, aggressive outbursts or problems with relationships. However, this chapter looks more specifically at mental health symptoms which resulted in contacts with psychiatric services, and with other statutory and voluntary-sector services. This gives particular opportunity for the participants in a survivor-informed project to describe support, treatments and therapies which they found positive or negative, and the kinds of individuals who proved catalysts to changing lives for the better.

It had been planned to follow the format of the children’s section, by separating out helpful and unhelpful experiences in consecutive chapters. However, during the data analysis it became clear that this would become quite disruptive of the flow of their mental health experiences in adulthood, where positive and negative experiences might even be combined in a single hospital stay. Therefore instead, the main points about the range of survivors’ experiences are made below; then six examples of “life stories” are allowed to flow in more detail, and demonstrate the mix of helpful and unhelpful interventions.

Note on identification: Most survivors had specific, positive things to say about individual and/or groupwork with voluntary-sector sexual abuse support organisations. However, to avoid accumulation of identifying features continuously eroding survivors’ anonymity and location, organisations are not named here beside individual survivors. Instead, agencies praised by survivors are named collectively here: Kingdom Abuse Survivors’ Project (Fife), Lothlorien (Dumfries & Galloway), Thrive (Glasgow), Open Secret (Falkirk) and *health in mind* (Edinburgh).

Symptoms and signs

What kinds of symptoms?

What forms of mental ill health were experienced by the male survivors? There was a wide range, affecting all survivors to some degree. This was a noteworthy finding, particularly in the serious nature of many symptoms, given that unlike the *Beyond Trauma* female study, they were not recruited specifically from people in contact with mental health services.

Experiences included:

Suicidal feelings or attempts, severe depression, terrifying flashbacks and “ghost memories” of multiple perpetrators, anxiety, panic attacks, dissociation, depersonalisation, “losing time” for days, extreme anger, obsessive compulsive disorder (OCD), frightening and persistent intrusive images, prolonged crying, severe PTSD, psychosis including visual and auditory hallucinations of abuser, hallucinations of self abusing children, nightmares of being raped, other night terrors, blackouts, obsessive fear of death, urge to kill, bipolar symptoms and mood swings, eating disorders including binge eating, self-mutilation, alcohol or drug addictions.

Jordan, for instance, expressed one powerful example of links between a terrifying childhood ordeal, and the roots of panic and death fears at night:

I would lie awake on a Friday, Saturday night waiting for that moment for the door to go and my brother would come upstairs, and you could tell with the footsteps ... it was real fear and you had to pretend you were sleeping and then if he began to touch you, you could either pretend you were asleep (and sometimes that would work) or other times you could fend him off and say "you're drunk and stop it or I'm going to tell" ... or because he was drunk, force himself ...

As an adult, even with a loving partner,

I felt very much that at night, just about nodding off time, that I would have these panic attacks that I had when I was a child.

SN: Not unassociated, perhaps with what happened at night?

Darkness, exactly, exactly, and my partner used to say, what's that about, and I disclosed, but I disclosed that it was about fear of death – because I thought that's what it was about, before I'd been in therapy.

SN: It's a strong word, isn't it, fear of death?

Oh yes.

Suicidal thoughts and attempts

It was particularly striking that everyone had thought seriously about committing suicide, and more than two-thirds admitted to having attempted it – several, like Phil, a number of times, once in a river busy with traffic. Alec confessed that for much of his life until recently:

I felt it'll be better to be off the planet than actually be here.

Asked if he had felt suicidal, Innes reflected:

Did I feel like giving up is the best way to describe it? Yeah, I did feel like giving up.

Roy was deeply suicidal for many years. Kit had once tried to kill himself with a shotgun, and while some survivors now feel considerably recovered, Jay admitted that even now, his son is the only thing that really keeps him going. As with the women in the *Beyond Trauma* study, the extent of suicide attempts – some publicly visible – and active suicidal feelings seemed very rarely to have prompted from services an exploration of the roots of these feelings and behaviour.

What were the main unhelpful treatments and approaches they experienced?

There are more detailed examples of these points in the life stories below.

- Over-medication and multiple medications, particularly when diagnosed with schizophrenia or bipolar disorder: they described effects like “chemical lobotomy”, sleeping all day, memory and concentration loss, “losing four years”, weight gain, loss of all energy to study or work. For instance, Alec summed up his own history of medication:

Not really helpful. They speed you up and they slow you down and you feel tired or sweaty; it was [about] dealing more with the side effects than anything else.

- Belief that mentally ill men are dangerous and violent and that their signs of emotion are threatening – with re-traumatising experiences like restraint, or removal of trousers to administer injections.

Paddy admitted that prisons had improved a bit since the days when the jails, he said:

... were infamous for putting people in punishment for anything: Right, first sign of violence, thump, signed. If I'm sat in my Peter [cell] shouting and bawling, getting all my anger out, right ... bang, bump, jagged up with medication, sitting in a corner, not being able to talk or nothing for weeks upon end.

However, prisoners can still be and are isolated for expressing feelings in ways which endanger good order, or appear threatening.

- Lack of recognition of CSA: many psychiatrists, psychologists, other therapists or GPs never asking over many years whether CSA was an issue behind their distress (especially after suicide attempts) or, when CSA was raised, said they couldn't help them; or even discouraged opening up the issue. Asked if he might have been able to talk about the abuse if anyone had asked him sensitively about his youthful suicide attempts, Kit reflected:

I think so, yes, I do, I wasn't particularly ashamed of it. I can only describe a sort of odd feeling I had ...

Scott went to his GP armed with information about a sexual abuse support agency he found on the Internet, and asked for a referral:

This is what's happened to me, I want referred to this place. He point blank refused ... he said – I just couldn't believe it – “Normally I find, looking back into your past is a bad thing – you've just got to get on with your life.” I got angry and I said ... “you stop there right now. I want referring to this place: you don't know what my life has been like.”

Jeff went from psychiatrist to psychologist and back as a student, with demoralising experiences:

I wanted to talk about my past and my abuse but they weren't interested in that; they were just looking at trying to sort out my present ... “I can't help you, I'll refer you to see my boss” ... I went to the next one up...she couldn't help me either ... I was so fucked up I thought that I couldn't be helped. She [psychiatrist] saw me once a month for ten minutes and said “No one will take on your case; you're not mentally ill. Come back in a month's time and I'll see you.” ... and I just thought, not even the top person can help me!

Finally, Jeff found a helpful professional, which proved a key moment in his life:

[The psychologist said] “I'm quite ashamed by the way my colleagues have treated you ... and I'm here to help you.” And I remember starting to cry, that he was the first person in my life, that I'd been looking for someone to give me help and he was there to help me ... staying off my alcohol, coming off gambling. He helped me realise that my dissociations or my panic attacks, I was having ... were part of all, just part of the normal thing.

Roy's depressing experiences might have been comical but for his life-threatening mental state at that time, his addictions and self-loathing. First, he was referred to a Gestalt therapist at music college:

I don't think it did me any good at all. He tried to get me to imagine myself in a chair as a child and speak to myself, this kind of imagery, stuff like that. Which I found a bit American.

No therapist explored possible abuse trauma with him, which then he had “pushed to the back of his subconscious” – he didn't reckon his experience “was anything”. The next therapists were at a famous London psychiatric hospital. One saw him for ten minutes:

Despite this terrible feeling that I had, this portent of doom that hung over me like a cloud all the time, she said, “There's nothing wrong with you, on you go. Cheerio. You're fine.”

SN: You don't remember what they asked you, what they talked to you about at the M Hospital?

We spoke about St John's Wort, we spoke about my mother. Every issue but the central issue. The question was never even posed ... they didn't even mention addiction at all, you know that? It's as if – erm – addiction and abuse were just not on the – they didn't compute, you know.

- In particular, survivors found lack of understanding in the armed forces for trauma-related mental health problems, unless directly related to armed conflict.

This is explored further in the life stories of Stuart and Gordon below. Innes also recalled the attitude:

Here's some Ibrufen, come back in three days ... that's the sort of attitude you have in the medical centre.

When he “freaked out” at so-called practical jokes in the squadron, his colleagues were nonplussed and it was a case of:

“Oh, we’d better go and take you to the doc. We’ll go and take you to the see the padre, you know.” After being released from hospital the attitude was it’s over and done with ... you’re fine, there’s nothing wrong with you now you can get back to work. And that just flipped me out really ... I just went, hang on a minute, you’ve got no idea what’s going on, all you’re concerned about is getting somebody back into the job so you’re not a man down ...

- The basic lack of therapeutic and support services in most geographic areas of Scotland for sexually abused men.

Many of the survivors, when they decided to seek help, had searched for a long time for male support services in Scotland before managing to locate one; many felt frustrated that most rape support centres were women-only, and many had often not realised that certain services were mixed and available to men. They all felt that more services were needed for men, and some thought there needed to be a mix of men-only support groups. Medical, mental health and social work professionals also needed to be much more aware of where services were based.

- Lack of support with basic self-care, supported accommodation, daily living skills when depressed and mentally unwell living in the community.

It would appear from the life histories that males, especially young males, may have an even more urgent need for support with basic living skills and housekeeping than women do when depressed and mentally unwell. Survivors like Gordon, Adam and Stuart below talk of phases when they completely failed to cope with everyday living, and would have welcomed basic practical help. Alec, for instance, was frustrated that non-specialist support workers in his supported accommodation “seemed to understand nothing about PTSD”.

- Mental health professionals telling you what to do, lack of choice or consultation, or regimes that were difficult to follow.

The young prisoners – who had all experienced mental ill health – had frequent experience of psychologists or psychiatrists questioning them from behind a desk. Several independently spoke of their dislike of continual note-taking, their suspicion and lack of consultation about where the notes were going, and their sense that the professionals were following a formula rather than being genuinely interested. As Hunter put it:

When they see someone taking notes they think they don’t care, that they are just doing that for their job ... it doesn’t bother me if she wants to take a few notes, but I am talking about the people who take notes of everything you say, they are just writing – you know what I mean: that does nothing.

Alec didn’t care for being talked at in a specialist PTSD clinic, and he had also tried to explain that his main problem was in dissociating too easily:

She’s doing all the talking ... she’s almost lecturing at me, and I had 13, 14 years of people telling me. Also ... people want me to chill and relax, I say “no, that’s the last thing I need to do, because I can switch off just like that. I need to be more grounded and in this world.”

Jo had poor attendance at his anger management programme and they removed him from the class, but he had sound reasons for this, such as PTSD and extreme sleep problems:

They just thought because I still had a lot of anger in me ... and it would be beneficial, but I suppose maybe ... I think maybe it was 9 o’clock ...

SN: [Laughter] I’d have been pretty angry doing that at 9 o’clock.

And maybe because I ... I’ve not slept well for years, and I was drinking at that time ... I can’t remember if I was drinking that night or something, so maybe I had a drink the night before and maybe I woke up at 11 or something like that ... and they said to me I think after two or three times ... they had to let me go because the fact that other people needed.

What were the main helpful treatments, or approaches, that they experienced?

Unfortunately, in our study, survivors recalled more negative than positive experiences with statutory-sector mental health services. However, there were quite a number of exceptions to that

generalisation as the life histories below clearly demonstrate. The male survivors responded in very similar ways to the female survivors in the *Beyond Trauma* study on this question. It was the knowledge, empathy, skills and perception of statutory or voluntary staff, rather than any particular therapeutic approach or qualification, which made the difference for them, along with services to which they could return, and which were not limited to six or twelve sessions.

- Good GPs – noticing, taking time, making double appointments, referring them to good therapeutic services, as survivors like Adam and Stuart describe below.
- Managers or personnel who weren't necessarily qualified in mental health work, but who set them on course for helpful support or therapies.

For instance, it was an air force sergeant who happened to be involved in child protection liaison work who told Innes about two sexual abuse support projects in his area, and explained them knowledgeably to him. Alert and sympathetic Jobcentre staff had enabled Jo to locate support when his depression and drinking had spiralled out of control.

- Statutory or voluntary professionals who were very knowledgeable and understanding about CSA and its effects, especially on males, and who adapted techniques to see “what worked”.

Roy has been seeing C, a counsellor at a sexual abuse project, for nearly two years and is now involved in group work and campaigning. He has found the eclectic approach has helped him greatly because it is informed by his needs as a survivor, and not by a mere scattergun approach:

SN: What are the main positive things C has given you?

Without [X organisation] I'd be dead. We've looked at self-worth, self-esteem issues, life coaching, keeping a daily log...It's about your attitudes, awareness ... which helps me every day. We've done EMDR [eye movement desensitisation and reprocessing] ... she's given me various books to look at, workbooks, the Mike Lew book, C. is fantastic, because she's got a variety of techniques at her disposal that she can use for each and every client ... what we're looking at now is group work. I've been going to the group since January, which is very, very important to me.

Padraig also found that, like a number of both male and female counsellors the survivors had met, C had a particular understanding of male responses and gender differences:

Had C. been the woman that I first went to, I would have spoken about what had happened to me. She seemed knowledgeable about people's sexuality, the difference between men and women. She knew things about society, how we portray sex, how we've so many double standards about sexuality. It absolutely made me feel that she would know the subtle stuff that goes on, and the subtle sort of pain you actually put yourself through.

- Statutory or voluntary professionals who gave them respect, self-esteem and confidence, consulted them and worked in an equal way, who were honest and open – it was OK to be challenging.

For instance, Innes met one psychologist while in the forces who said,

“Just take your time, you talk about what you want to talk about.” And things would come out and everything”.

He hadn't met such a consultative approach in the forces:

“Everybody wants to know everything about you.”

Alec found both practical support and motivation that he badly needed and informed understanding of CSA trauma from the voluntary-sector mental health support worker for his accommodation:

I don't have to educate her what it's all about, she understands from the point go, and I feel very relaxed in her company and she understands what I'm talking about. [Practical support] is very effective ... she gets me motivated to get out of bed and tidy up the kitchen and wash the dishes and prepare the house a little, because I still shut myself in my head.

The simple appearances of service premises gave an atmosphere of respect and warmth, such as couches, thoughtful furnishings and décor, things which should be straightforward but the

importance of which still seems more often taken on board by the voluntary sector, as Scott recalls from his first interview with the support agency:

Positive, comfortable, friendly – and even the initial interview, positive, understanding, professional, very calm. The calming aspect is a huge thing ... because you are so uptight. And because these people have the experience and know what they're doing.

- Counselling not seen as “unsuited” to men – positive response

Counselling for the great majority of survivors who had tried it was generally found very helpful: the notion that men find it too feminised or touchy-feely was not borne out. (However, of course it is possible that men who never approach counsellors believe that it is unsuitable for men, but research would be needed to assess this.) The young prisoners in particular had all found their counsellor Ilene Easton invaluable. These young men were from two separate prisons and they were in separate halls, without the opportunity to agree statements even if they had wanted to talk to each other about such private matters. Yet they all said remarkably similar things about the value of counselling.

They had managed to tell the counsellor about very traumatic things that happened to them in childhood, often for the first time in their lives. They were very distrusting people but had found it possible to trust and felt respected. They never felt pressured to reveal anything. They highly valued the confidentiality and independence of the counsellor which were critical factors. They had all managed to reduce their aggression and self-blame, and question some of their attitudes, for instance, towards young women. They all had much greater hopes for themselves for the future as a result of this counselling, and several had been deeply depressed and suicidal before it.

Liam sums up some of the factors which made this counselling so helpful.

She'll sit and explain what she does, who she is, the confidentiality rights and then she'll just make you feel so, so relaxed. And it's like I was a book and she could just stroll through any point and just pick something out. And she never, ever pushed and pushed and pushed. If I brought something up that I was finding really difficult, she'd leave it and come back to it. But she would ask me when I says it, what I was finding hard about it.

You can go at your own pace. I mean, pushing somebody is just going to close them up. And it was just – it just started straightaway. I mean, I just jumped straight in with both feet. Because she made me feel so at ease ... that for once it wasn't actually my fault. If I talked about it then I could sort through it and deal with it myself.

SN: Was the confidentiality thing important to you?

It was really, really important to me. If I talk about going out to abuse somebody in any way, shape or form then she's obligated obviously ... but it was never anything like that. I was always more concerned about somebody talking about what I was disclosing.

SN: Some people think that boys don't really take to counselling. But you seem to be saying that ...

As easy as playing football, riding a bike, it's – or nowadays, as easy as playing on the computer. But it's how Ilene does it that makes the difference. I think if there was more counsellors like Ilene, then there'd be so many people that would come forward, and just pour themselves out.

At the end of this section, Ilene Easton describes in an interview the principles of her counselling in prisons.

Survivors' stories of struggles with mental health

Gordon and Pete were examples of two survivors who suffered serious mental health problems, including severe depression, self-harming and psychotic episodes, which in Gordon's case still continue sporadically. Their accounts illustrate how damaging or unhelpful attitudes and treatments intermingled with helpful people or agencies, who became catalysts to improving their well-being.

Gordon's story

Gordon has already described how in the years following his medical discharge from the army after the gang rape, he took heavily to drink, self-isolated, drifted between unemployment and labouring jobs and found difficulty organising his daily living:

Kept telling myself I was overtired and undernourished ... I would be fine next day, I guess I was saying that to myself for countless years and not understanding how ill I was.

He recalls his first spell in psychiatric hospital in his late twenties. The lead-up was the kind of work “flashpoint” that survivors often experienced:

I had a nervous breakdown ... careers officers were always wanting you to build up your skills, so doing a course ... I can never work [computers] without a Walkman on and the teacher I had could never understand this ... confiscated the Walkman several times – my work deteriorated of course – one day she pushed me too far, I just snapped, picked up an old computer and threw it through the window.

No one asked him about his abuse background until a charge nurse, who always stands out in Gordon's memory, noticed references in Gordon's diary which a female patient, against Gordon's wishes, had picked up and was reading.

Mr R asked me ... what was going on. It [abuse] was underlined ... It felt like I was being forced to talk about it ... it took several weeks, months to actually build up enough of a trust to let him in.

But this was the start of enabling him to talk through some of his experiences in an atmosphere of trust. He was soon back in hospital, now on heavy doses of medication, well-meaning attempts to help him having only caused more stress:

I was in supported accommodation at the time, and think having the care worker in telling me when to have a bath, what to wear ... it was like being compressed into a sardine can. I didn't have a life to run myself, it was being run for me, which put me automatically back [in my mind] into the forces!

Gordon has had several spells in psychiatric hospital, the last one quite recently. His mental health problems are compounded by bad physical health and disability, which he thinks could be a mix of family medical history, heavy labouring work and physical violence throughout his childhood. This produced disbelief and some bewildering changes in diagnosis:

PTSD with underlying physical problems, now they've reversed it! It's very hard trying to fight the two together – physical pain exacerbates the psychological pain. I had been saying to them [professionals] I was diagnosed with arthritis when I came out of the army, but that was dismissed, because of psychiatric stuff ... because they thought it was just in my head. “Oh we”ll just give him another tablet, we'll make him a robot.”

Despite experiencing excellent individual nurses and psychologists, Gordon's main complaints and frustrations over the years have been about a bewildering range of diagnoses and medications, over-medication with alarming side-effects, failure to explore his trauma, and professional disbelief. He also met more sympathetic treatment before the last decade than after it, and found more opportunities in the past for “talking treatments”. The wrong medications, he believed, only exacerbated his PTSD symptoms:

I was told being treated for schizophrenia, personality disorder ... post-traumatic stress was not recognised. I was having flashbacks, having seizures, total comatose state ... ranting and raving ... when I was getting a morphine injection for pain, they didn't connect that the really heavy deep sleep puts you into subconscious flashbacks, and I would re-enact whatever state was going through my head ... flashbacks to the rape and my childhood.

Once he was even hospitalised for kidney failure after being on:

35 tablets a day ... antidepressants, tranquillisers, painkillers, anti psychosis ... The drugs caused a chemical lobotomy – just suppressed all emotions whatsoever. I was totally lethargic, sleeping all the time – slurred speech, drooling at the mouth, dry mouth, insensitive to emotion.

As Alec had found when he showed his childhood records to mental health professionals, staff were more sympathetic when Gordon proved his army history and trauma:

They didn't believe I was in the forces. Because I was so young ... yet I could even tell them my army number at that point! Which you can't just make up. I took my ... army papers and the,

er, intake certificate, discharge papers, service record and says right, there you go, I've been in the forces, it's not in my head ... do something. And that was all it took. He [psychiatrist] did take a different view on it ...

After being given a PTSD diagnosis, Gordon found improvement especially with less medication and EMDR treatment:

With EMDR ... we were trying to get the relaxation because ... every time I tried to get relaxed, the flashbacks would ... like a volcano erupting.

George is still vulnerable to hospital admissions, usually brought on by a combination of severe physical pain, PTSD and sometimes a suicidal depression. Triggers to severe flashbacks include:

Crazy ones ... toothpaste, smell of cooking tomatoes, dairy products can trigger them off ... flashbacks are almost a daily occurrence now, during day and night.

Despite these continuing problems, Gordon has found several recent years' regular contact with a voluntary organisation specialising in sexual abuse issues very helpful, both through individual counselling and group work, and in relation to his self-harming. It has also enabled him to campaign on behalf of survivors, to express his views strongly and confidently, and not least to participate in this research project:

The main factor [making them different] is, the fact that ... they've always kept in touch, there's no continuous break sort of thing. And tackling the abuse issue – some places they feel it might be intruding, might upset me – with [X organisation] it's genuine support, caring. Even if you phoned up out of the blue, there's always a warm, sincere, empathic person on the end of the phone. I am restarting counselling again with them as well.

Pete's story

Pete had quite a violent and unstable mental health history, and could frighten people who worked with him. He has made tremendous progress in recent years and currently lives in a therapeutic community. Pete was another participant in this research who suffered repeated psychotic episodes. He recalls a frightening link with his past years of abuse:

Before it [abuse] ended ... er, I was sitting on the bed like this, he's kneeling on the floor, I'm in tears and he's saying, "what's wrong Pete?" I was frozen stiff with fear and terror – I couldn't say nothing. The funny thing is, the exact same thing happened 20 years later, but ML [abuser] wasn't there. It was me, sitting on the end of my bed, but I could see his figure, his shadow and everything.

Pete has already described a long history of offending since childhood, with mental health problems becoming apparent from his early twenties, and after his abuser moved away. He has also graphically described smashing his head violently against his cell walls to try and remove any abusive thoughts he might have towards children. He told no one then about the sexual abuse and no one asked him. Here he recalls that time:

SN: Did you remember any people who worked in the prisons or a social worker or anything that did try and help you ...?

[Pause] No. No ... I took LSD quite a long time ago. It was a horrible experience, but when I was in prison, I was having the same effect as the LSD gave me all the years before. Butterflies in the stomach, the spaced-out way I would be – I thought I was spiked or something like that ...

When I fell mentally ill, I was put on medication, which blew me away ... all I could remember for about a year was my date of birth and name. I was put in a concrete cell, with a black mattress, black pyjamas and a piss pot. Because I was falling mentally ill and they said I had suicidal tendencies – I'd tried to hang myself. This was in [X prison] ... they gave me medication ... then they released me back into the community.

At about age 27, he was out, frightened to face the world, living off his giro, alone in a studio flat after a spell of being homeless or staying in hostels. Gradually, he fell psychotically ill:

Eh, I was drinking a bottle of whisky, taking some drugs and I stole a car ... the police ... brought in a mental health officer. She got the charges dropped and put me into [Y psychiatric hospital].

I got put under close observation for six months, so everything I says was written down – and I was diagnosed wrongly, I was on the wrong medication, I was reacting – I couldn't address my feelings and emotions ... it says in the medical records, "P has reported that he was abused, apparently." That meant as if to say, he probably maybe wasn't.

Medication is all the psychiatric system has done ... I was wrongly diagnosed me with schizophrenia. When I was re-diagnosed as bipolar and everything fell into place, and it gave me the road to recovery. If I had told him [doctor] I was abused, he would have had a clearer picture of why I was bouncing off the walls.

Pete's own aggression (instead of reporting a brutal male nurse, he booted the door in and challenged him) often brought an aggressive, sometimes very traumatic, response:

I said, "I've just had my medication." They said, "if you don't take this I will have to enforce it on you." He came at me, and eight nurses – they try and make you lie down on a bed and take your trousers down and de-humanise you as much as possible. I was terrified – when they put me in [locked unit] I thought I was being treated as some sort of terrorist. I could only relate to that because I was coming up to a terrifying aspect of my life.

In psychiatric hospital: You don't develop relationships, just conversations. But some were really nice to me ... there was this nurse S, and he knew the court case was coming up, he knew how to calm me down. I was carrying on and being hyper ... but he really got through to me. He was standing there with his arms ... up and down – and he said to me, "Pete you've got to listen! We have got to get you in the best possible state for you to go through with this court case!" I says "S ... not only do you just care, but you passionately care."

He had eventually reported to a Community Psychiatric Nurse (CPN) that he had been abused and this was reported to the police. The experience of preparing for this court case exacerbated some of his symptoms at the time, but afterwards he was delighted and whooped with joy to have "nailed the bastard". It gives him a lot more confidence and sense of closure now, but it was difficult for professionals supporting him:

When the case was coming up to court, I was at death's door, I tried to commit suicide – in a terrible state, I heard a humming bird inside my head. I starved myself, etc. My house was a tip.

Pete was referred to a voluntary organisation where he had an extremely helpful support worker in his supported accommodation:

The most helpful thing was eh – getting my house and decorating it for me. That took a whole weight off my mind – and nice furniture and that – I thought yes brilliant! Somewhere comfortable. I got helped with correspondence etc. too ...

For more than two years, the voluntary organisation worked intensively with Pete, both in supported accommodation and in one-to-one counselling, before and during his court case. They also suggested the therapeutic community. He caused concern with his occasional outbursts of terrified aggression but they stuck with him. Eventually he saw the man convicted, to his great joy, and noticed other young men sitting staring at the abuser from the back of the court. He said of his counsellor, who was fun, skilled and

... looked the type who would have smoked pot during the 60s: CW was just there to take the whole lot, and be there for me and reassure me – I could relate to her easily ... CW knew her stuff, and it was reassuring that I was dealing with a professional here.

He has now returned to the therapeutic community:

It was great, I was calmer and I could accept other people. It was highly regarded in that society. So when we went to the local pub, we got treated with all due respect. People are aware we're mentally ill, but we're still accepted as part of the community. It was a place where people brought the best out of me, and accepted the worst gracefully. Where I could be myself, mentally ill – where I could say what I wanted as long as I wasn't offensive to any individual ... it was a real, positive experience for me.

Pete is currently doing well, but has little good to say of statutory mental health services:

The most important thing about [voluntary organisation] was, it got me out of the clutches of the NHS. Cos once they get their claws into you, they can turn you into dog's meat.

Jack's story

Jack's background differs considerably from Gordon's and Pete's, both because he was highly educated, articulate from his youth and from a pretty happy home background, and because his sexual abuse lasted about a week, rather than multiple incidents over many years. However, his experience is an illuminating example of how a brief trauma may still make a profound impact on mental well-being in adulthood. It also shows how misinformation from professionals may damage clients, whatever their intelligence and education.

Jack has already described how the child psychiatrist to whom his parents sent him, after he revealed both his abuse and his sexuality, gave him the wrong information that homosexuals abuse children, and could not be doctors. Afterward, he attempted to suppress his sexuality, which brought him relationship problems and isolation for many years.

Jack was sexually abused at some distance from the house, in a field by a wall, by a stranger, a visiting schoolmaster, for a period of about a week at the age of 8. A strong-minded person, he did not think it would affect him many years later in adulthood. But he increasingly began to be afflicted with intrusive thoughts, and particularly images, of the vivid green grass and flowers, which he stared at during the traumatic abuse as a way of "distancing himself" from what the man was doing. It especially affected him as he drifted off to sleep:

Because my mind was otherwise at peace, this colour would come into my visual imagination ... It was horrible. It's ghastly colour, an absolutely horrible colour.

Jack did not seek help about this for many years, feeling unable to tell anyone about the abuse. As a doctor, he would daily work himself beyond the point of exhaustion, hoping he'd be able to fall asleep at night:

You're kind of on treadmills and ... it is actually diverting is work ... you know, what I couldn't do was stop work.

SN: Some kinds of work are actually helpful in structuring the day ...

Desperately so, yes it made the day ... but then when I was in my forties, like most obsessional people, people who use this sort of trick, my ability to work hard enough to be tired enough deserted me ... then this colour started coming into daily life. I'd go down the road and I would see it in front of me, you know a square of it ... It is just a kind of ... shorthand for that awful week and it's ... just sheer fear and personal fear of my safety.

That's why I used it [as a child] because if I looked at the ground and concentrated upon this, then I wasn't there basically ... it started off by being useful ... because I was never going to forget, I was never going to be in such a foolish, dangerous situation again. I decided ... I would never forget this, I would never ever, be safe to put this away.

But then ... it became dysfunctional, became no longer useful. I came to the conclusion that it was getting in the way of my professional life. I was desperately unhappy because I didn't think that I was in a fair ... and emotionally satisfying marriage. And I thought I, you know I couldn't carry on like this, and you know I'm sufficiently self-aware to realise that there was a problem with me, and there's no point in going and bumping myself off.

SN: Did you actually think about that?

Oh yes. Oh yes I remember quite distinctly one occasion coming down the road back to home and thinking, yeah I would really, just accumulate a few of those pills ... [or] could approach the thing which is intruding into my life the most. And deal with it, pick things off in turn and see if I could then become functional and happy, and well again; so I did.

Jack heard through his work about a young man working some distance away, D, a social worker training in counselling and asking for people to be volunteer clients. He decided to try. Not wanting to risk somebody local or someone without supervision, he wanted a male counsellor, and also someone younger than him, so it couldn't possibly be his abuser:

SN: Does that mean you were always afraid of meeting him ...?

Oh if I met him, I would have crumbled up and died, so if he'd said, you know, "nice to see again J you remember me from the W?" – that would have been it.

SN: Would you remember what his face looked like?

No I have no idea what he looks like ... I can tell you what his trouser bottoms looked like. I can tell you what his pubic hair looked like.

Jack was in a terrible state each time before he went to see D, but found him “amazingly helpful”. The second time he travelled to meet him he was afraid he wouldn’t recognise D, because he had never looked up at his face. D proved very skilled and empathetic and they consulted together on what might “work” with the intrusive image, which Jack had never managed to represent visually:

I suggested to D that I would like to experiment with this, putting into colour and I was very shocked and frightened of it for quite some time ... frightened of the image, the thing I produced. I didn’t destroy it until years later. I kept it in the back of my car and threw things onto it. I put it ... in the boot. Whenever cases or anything else went in, they whacked down on the picture. It was in a large envelope, about the size of a large x-ray film size.

SN: What purpose was it fulfilling there? Was it something you wanted to whack down on or was it something you needed to look at occasionally ...

For two or three years ... when cleaning the car, I used to think I should throw that out, but I didn’t. What purpose did it do for me it at the time? I could explain to D this is what I saw and this is what comes into my mind still. Because I couldn’t describe that particular colour.

Although Jack gets “all churned up even writing or talking about this still”, he has been able since his work with the therapist to control and deal with it. He leads a fulfilled life, both in terms of various work and volunteering activities, and his personal relationships:

I would love to see D again, and to tell him that I am now as fine as I ever hope to be ...

Preston’s Story

Preston, who became a skilled artist and designer, had suffered from extreme anxiety at primary school. He is an example of a survivor whose mental health problems had serious, unhappy effects on his intimate relationships. These are not resolved, but his creative and working life is gradually finding more success and fulfilment again.

Like several survivors, Preston first “cracked up” during a college course. It was in his late teens/early twenties. The trigger was news on the radio about a paedophile in court – he burst out crying:

I had a lot of feelings of guilt – it burst the bubble of the perfect family ... my father just never spoke of it, though my mother said, “Why didn’t you tell us?”

Preston has already described how he fell into “victim mode” with his first wife, who physically assaulted him, and he failed to secure contact with his child despite going through the courts, which was crushing for him. He moved to Scotland, made a happy second marriage, worked in the media but kept getting panic attacks. He was treated for depression and was given a Community Psychiatric Nurse (CPN):

At that time, I felt I wanted to kill my first wife and even got a knife from my kitchen drawer ... my wife realised straight away and stopped me doing anything. I saw a psychiatrist Dr C and was ... diagnosed with manic depression. She asked if I might be able to draw my feelings re the abuse, being an artist.

Though he found her helpful and sympathetic, the initial effects of the abuse coming out were that he took an overdose:

It was interesting that I overdosed on amitryptilline, an antidepressant yet they kept me on it.

He was eventually sacked from his media job, where he had frequent panic attacks and his wife asked him to move into the spare room. He was having so many nightmares and night sweats and she couldn’t get a proper sleep. This was a blow; he began drinking heavily for a year-and-a-half. He lost all the mutual friends he and his wife knew when his wife left him for his best friend; he remains “completely gutted” by this, as his second wife meant the world to him:

Anger can take over, and to lose all your confidence ...

Preston took another overdose, ended up back in psychiatric hospital, then through a day clinic and sexual problems clinic was referred to a mental health support organisation. What was particularly

helpful was being able to have both a support worker, who among other things helped him lessen his isolation, and also a counsellor. Preston still suffers sporadically from panic attacks, anxiety and depression, and he can still have exaggerated expectations of what support staff can do to sort his problems, but he says:

A has been the key to keeping me going. Been having counselling with him for one-and-a-half years and it's very helpful. Emotionally I'm still like a young kid. The counselling is very difficult, feels rotten but also very helpful. It was really the first opportunity to talk about the abuse and how it's affected me, relationships, way my life's gone ... you can't expect to talk about things like that and for it to be easy ... but losing my [second] wife whom I loved dearly – that completely floored me, though creatively now I am doing very well.

Adam's story

Here, Adam, who still sometimes experiences horrific “ghost memories” of assaults from his childhood, talks about experiences after breakdowns within the past ten years. These included housing difficulties, not unusual for male survivors. Adam is an example of a survivor who had very negative experiences with statutory services, but whose main positive experience was also from skilled statutory staff – including a GP, social worker, psychotherapist and specialist psychiatric nurse. Even during illness, he also remained articulate in terms of asking for help.

Adam had a breakdown while working in IT with a company. He was already on medication and forgetting dates and appointments, unable to do day-to-day tasks:

Because of the mismanagement of the fact I was abused, I got put on a lot of heavy antipsychotic drugs that wiped me out for four years; they actually stole four years of my life.

At this time, he actually wanted to be admitted as an inpatient to a major psychiatric hospital, but was refused by the admissions team:

Even though I was self-harming and at risk of suicide – I wasn't not considered ill enough ... I was told, you have insight and therefore choice so don't need to come in – and because I only had a tentative diagnosis, not an actual one.

SN: How come you were given all these strong drugs if you weren't an inpatient?

Ah, good question, good question.

As an outpatient, Adam was diagnosed with bipolar disorder, and ended up on a range of drugs including Seroxat which he says “sent him off like a rocket” ... at one point, he says he was on lithium, sodium valproate, copromazine, venoflaxine, Zopiclone for sleeping, all at the same time. He put on a great deal of weight which he puts down to the medication:

Before being unwell ... I was muscular, I was fit, and the heaviest I've been [since medication] is just under 30 stone. I didn't function, that was the truth. I slept for long periods ... up to 18 hours a day, and was up at night. And crazy driving ... I once went for a drive and ended up in Norway ... I was off my cage, there was no way at all that I was going to be driving safely ... driving like a maniac.

By now, Adam's debts were mounting up. He had a small rented flat through a housing association:

[When] I got my own property it all went to pot because ... someone inside me realises you can stop now, you can stop surviving and just let it go, and that's what happened. I survived by skin of my teeth. My friends baled me out once or twice when I got into major arrears ... like the day before court, my friends would write it off, write the arrears off.

Living alone ... was awful, but I found out who I was. I got into art. A friend me bought an art kit ... I really enjoyed it and found it very cathartic ... but one of my more manic points was ... I painted the bathroom little stripes of colour and this whole wall was amazing different colours ...

But the main thing was I'd basically collapsed. I wasn't feeding myself, I was up all night and I was self-harming ... I think the most negative one was probably the self-isolating. It's actually very, very punitive to decide you're not good enough for society and to withdraw yourself from society, from people. I would go shopping at night so I wouldn't see people ...

Adam had various problems gaining benefits, which he has described previously, and again was helped by friends to get a slightly higher rate. At the day hospital, he was invited to do art therapy:

"No, I don't want this and I want a home help" ... and they refused to come because my house was too untidy ... I think I wanted them, basically, to help me eat regularly and to make sure that I was still alive, week in, week out. And it's as simple as somebody coming once a week and checking I was still on the planet ... I asked for a social work referral when I started to become well.

A social worker said he was obviously getting better and didn't need one, so he kicked up a stink and complained to the head of social work:

So they sent through a new social worker who was about to retire, he'd had enough of it ... he said to me, "You're going to get support before I leave" and I got support workers ... that's when things started changing round.

However, Adam's flat felt anything but safe:

My neighbour upstairs was doing cocaine and [was a] part-time dealer. My neighbour below me had just come out of prison for attempted murder. The guy downstairs was banging on the roof with a hammer ...

Once he threatened to attack Adam with the hammer. After battling for support to get himself moved, he got a much more pleasant and safer flat where he "found solace".

One night, however, Adam "freaked out" and swallowed all his tablets

... to try and get some rest. [In psychiatric hospital] I met this Senior House Officer who had taken care of me, under Doctor D, because I never met Doctor D except for once. I think he interviewed me, told me I was manic depressive. The SHO put down that I had self-harmed to manipulate the system ... I realised this is the medication making me this way, time to come off.

Demanding a second opinion, he found another consultant who said:

"I don't think you're actually psychiatrically unwell, I think the drugs have affected you but I also think you've had a horrendous childhood and that's why you are where you are ... we need to get you off the medication but it's going to take a long time."

SN: What effect did it have, reducing the medication?

I came more and more back to the planet; I came back to reality, slowly. Because I was literally, I was on chlorpromazine ... it's a chemical straitjacket ... I wasn't living. I mean, I thought once or twice ... that I could take them to court and sue the arse off them for over-prescribing me drugs and putting me on drugs I didn't require to be on.

SN: The thing that was interesting me was ... this diversity of opinion, even at the one hospital.

Mmm. The one unit, not even the one hospital. So they decided to get me off it. Now, I'm on daily high care ... and I want to keep on it because ... previous to that I had three-year cycles where I'd be well and then unwell, well and unwell, and I hate using the word "unwell" because ... I have trauma that actually ... shouldn't be deemed as illness. It seems a healthy response to a horrid situation.

SN: When did you start coming out of that dark time ...

Well, I got therapy ... I used to go through these dark times a lot but this was the deepest and the longest one ... I basically went for it and decided I was going for it, and I think someone inside me decided it's time to deal with this and stop running from it.

He was referred to therapy through his GP:

It was the first step for the NHS that I had any real support. And what I appreciate about Dr G – I found out later that she automatically made double appointments, even if I went in for a cold ... and she would ask me every time "How are you doing? How do you feel about your issues? What is happening?" And we would talk ... and she supported me right through my healing process. But what was also good, at times I said, "I'm really annoyed," She'd say,

“You’ve got to be aware, you’re a big chap. When you get annoyed you scare me. You cannot afford to get annoyed publicly.” And gave me very – not maternal, but very wise advice, and kept really good boundaries, with me. But it was very much “I am for your healing.”

The original therapy was meant to be for six weeks but the skilled, honest psychotherapist managed to negotiate more:

We didn’t talk about [the detail of] any of the abuse ... we talked around it ... about the effects of the abuse ... how I coped in today’s society and how I self-isolated. I had one year talking about that!

I found it excellent ... I was a wreck because we’d dug everything up and I was really immobilised emotionally ... I was having to travel in from X and officially he should have stopped treating me because I was out the area but he continued and he said, “Your address is L. You do not live in S.” Again, very kind, very wily.

At the end, Adam discussed with him the argument that he could make a complaint because the Hippocratic oath said “Do no harm”, and dragging this stuff up without dealing with it could count as that – so Dr F went to his boss and managed to get Adam another year of psychotherapy:

And that’s when I met K [counsellor, psychiatric nurse] ... seeing K for the first time I thought, oh wee soul. And by the end of it really respected her.

Adam initially hated the sessions, then he realised that she was making him look at himself, and he didn’t like it:

And then I realised this is actually beneficial ... [eventually] she started challenging me on issues. It was painful but very useful; very skilled woman.

SN: If you were telling other people what the main benefits to you of the psychotherapy and the work were with K, are there particular things that you felt were important?

Being challenged. First one is being heard and being trusted. When you tell people you were abused the first thing is “are you an abuser?” And the next thing is disbelief, because when they get a guy at my size they don’t put me down as a child they put me as an adult and say “how does a guy your size get abused?”

SN: People actually say that?

Yeah, I’ve had that. “How’d it happen?” “I was a child, I wasn’t an adult.”

Adam, now in a rewarding marriage and wanting to train in therapeutic work with people who have suffered trauma, reflected on the changes therapy helped to bring about:

My life’s back. But I wish I had the therapy ten years ago, that I’ve just had ... and I wish I had the chance to get in the education I’m getting now. Because what I think is very important for people who have been abused – you don’t get educated because you’re so busy: your brain’s so busy.

Stuart’s story

Stuart’s psychiatric problems, such as depression and anxiety, became apparent in the army. He mostly tried to conceal them then, in an unsympathetic environment:

You’re not allowed to have depressive illness when you’re a soldier, it’s not manly, and there’s only one cure and that’s discipline! Self-harm was an offence ... when you cut yourself and render yourself not able to work, you’re in deep do’s. Result for me, I was downgraded to Sick Grade 3 ... it doesn’t allow you to ... feel openly emotional about anything, because that’s seen as weakness. You had to just bite the bullet ... grin and bear it. It suppresses emotions.

I never had anything to do with the [army] chaplains, I was never that way inclined. I never asked for help in the army because didn’t know there would have been any of that type of help available ... people traumatised by these problems didn’t have a direction to look into. It’s still very much a taboo area ... some folks are afraid of the truth.

For two years, I never mentioned it to [army] psychiatrist: was always telling myself, say nothing. They didn’t ask, they tended to concentrate on how I was within my military service,

how much use can I be to them, considering the costs of training a soldier! One of my army doctors described me as an idiot! I've always wanted to meet him again. At one point ... they put me on valium cos I'd been getting sleep disturbance – the other guys said, "This guy's a raving nutcase!" Major H was actually a good guy [sympathetic] ... I said yes I'm OK, thank you, I'm fine – but no truth came out.

[After I left the army] that was really hard time, a very very hard time and it was the old cliché ... there is no one who can help me, I mustn't tell anyone, I won't be believed."

He got into a rut, ignoring self-care, not getting his hair cut for three years, unemployed, smoking cannabis, drinking, self-isolating apart from strumming guitar with a friend:

I always kept myself to myself. Always a very nervous person ... I was suffering badly from depression and anxiety. I knew what the depression was but could never understand the anxiety, could never understand why I was getting these panic attacks ... I was beginning to make the connections with the abuse.

The trigger for him finally deciding to get help for his abuse trauma was the breakup of a relationship with his female partner. Stuart had a good GP who sent him to see a psychiatrist:

I spoke to her [Dr MS], she fed back to me how much sense I was making, I thought I was making no sense at all: she listened and explained [that] some of the feelings I was having, were normal and natural under the circumstances and there were hundreds and hundreds of men – I was amazed because I thought I was a unique case ... it was the first time I'd manage to find anybody that ... could actually listen to me without criticising.

Later I did an anxiety management course ... it was helpful to certain extent ... didn't look within the group at why you were feeling like that. Didn't go into any depth at all ... they were looking at MY reluctance to participate. If you engage in CBT [cognitive behavioural therapy] and don't want to participate fully you won't get anything back from it. I was still ... holding something back.

In his forties and despite his low self-esteem and modest achievement at school, he enrolled for and achieved a university degree, until his mental state nearly prevented him taking the degree:

By the time I got to my fourth year, when I was doing my dissertation study I was looking at the rise in demand for abuse survivors and it was the most difficult exercise I undertook – because I was doing that, I began to reflect on my own abuse, and I was just in an awful state, you know? It was difficult and it was affecting my study ... I went from feeling kind of suicidal to being angry, violent, over the top, drinking heavily – struggling through my fourth year and going down the tubes quickly ... I was extremely angry, a lot of anger.

He describes the slow steps he took towards finally being able to talk freely in counselling:

I went to student services and asked to see a male counsellor. I was referred directly to JM ... but found even then wasn't quite able to be as expressive as I wanted to be ... that was very difficult but it provided me with a kind of precursor to do the counselling that I did. I dipped my toes into that sort of scary place. I was reading a newspaper one day and saw ... [voluntary-sector abuse support agency] were looking for volunteers ... I didn't want to have counselling at that time, though I have had counselling here recently, which was very difficult but very beneficial. [Back] Then I felt, there's nothing you can do, it's tough luck you have to accept it. At the same time, I might have been scared to step into a counselling room then. It was good being involved, because there was a kind of sense of identity ... it became OK to be attached to [X organisation] without being attached in a counselling sense. They provided an awful lot of understanding about my life and times that people outwith it couldn't possibly understand.

SN: What support would you most like to see for male survivors?

More support services – I think any male survivors' organisation would have to be male-managed by those with the right kind of knowledge. I would feel happy with a male organisation that's there to support men and a membership that's capable of supporting others that are needing counselling. Also a safe place to retreat to ... quiet place, comfortable seating ... music, art, stuff like that – folks that understand what somebody might be going through and what a poor mental state they might be in; although they might appear to be quite OK.

Chapter 21 Survivors' voices 3: Survivors working for a humane mental health system

I actually got told off for interacting with the patients. I was told so-and-so's patient had been quite manipulative and attention seeking of my time and we should not have encouraged that; and I was really shocked by that, and thus the patients were getting into trouble for me speaking to them.

Jeff has experienced mental health services, both as a patient and as a nurse. Here, he criticises approaches to survivors of abuse, and hospital practices which appeared to him far from person-centred. He advocates and looks forward to a humanistic, holistic ways of working with everyone with a mental health problem, and talks about some ideas which inspire him.

Interview with Jeff

I trained as a Mental Health Nurse at X university for three years [in the late 1990s]. I already had a diploma in massage. There's a lot of evidence that massage can help people with mental health problems: but I was a bit worried that I didn't really understand mental health and didn't want to screw people up. So I went to do training, thinking that nursing was all about healing people, and stuff, and obviously it's not. And was very disillusioned and very angry with the way people got treated, people who had been abused and the way that they were ... pathologised, really, and it was really just seen as an illness.

In nursing you're taught, in my nursing, "Distress is an illness and you treat it by medication." And I would say: "Hang on, this is just one explanation."

SN: And did you do placements then?

Yeah. I was mainly in [ward full of young women] and often these girls, young students sort of thing would come along and ... I would get a real connection with them, feel a real empathy for them, probably because it was something my experience was in. Often I'd really believe that a lot of people just need to be given a bit of love, I think that comes from my own experiences, again, and recognition and ... just a bit of confidence within themselves.

SN: I was rather shocked at [the ward] because at that time it was young women mainly with all these symptoms that I thought were pretty symptomatic of abuse, and it really wasn't dealt with ...

But if you're living in a medical model which is what psychiatrists are, then you're looking at symptoms, aren't you, you're not looking through any other approach. There was a girl who was there of 16, who I sat in on as a student ... the psychiatrist sat there for three-quarters of an hour talking with her parents because she was depressed, trying to find out whether there was any depression in her family – rather than actually ever talking to this girl, saying "why do you think you're depressed?" And it's because they were purely trying to see the genetics.

SN: But there's an important child protection issue, as well – these young people could be in current danger of abuse from their family or someone else?

And also in hospital, as well. I mean there were stories of people being abused by patients ...

... When I graduated, I was very disillusioned. With my learning disability work experience, as well ... I think learning disability [work] was ahead of the mental health world, not just judging their behaviours. After that I worked in an accommodation and support project for young people who want to move on into their own flats after being in hospital, but haven't really got those skills, so it's a social model approach ... handing responsibility for decisions back to them, which is very different to the medical model. Then I worked in an adult hostel for people with mental health problems, and was also teaching.

I had a calling for my nursing, again, so I went down to Newcastle. This thing called the Tidal Model, which has been developed by Phil Barker, which he's developed for nursing ... is really from the research that was going back to the roots of what is nursing for, going back to the basic care.*

* [The "Tidal Model" for promotion of mental health, developed by Professor Phil Barker, Poppy Buchanan-Barker and colleagues, focuses on the continuous process of change inherent in all

people. It aims to empower people to lead their own recovery. Its key philosophical assumptions include recognising the power of resourcefulness, rather than focusing on problems, deficits or weaknesses; respecting the person's wishes, rather than being paternalistic; accepting the paradox of crisis as opportunity, and acknowledging that all goals must belong to the person.]

SN: He's talked a lot about trauma too.

Yeah ... and then I've just realised that I could actually, as Ron Coleman said I've got a foot in both camps [survivor and practitioner] and I can actually develop work in both areas: partly of my recovery story, which I've always wanted to do anyway, but never had the courage to do that.

SN: Talking to a lot of survivors who've been through the mental health system, it seems that it should be easier to find people who had the humanity just to listen and ...?

Well, that's what Phil Barker said ... I think that as nurses we are stuck with so much work in our heads, with assessments and stuff, that we've lost our basic "caringness". Florence Nightingale always said to the doctor that to remove the bullet from the wound doesn't heal the wound: it's nature and the role of the nurse to provide that best caring environment, cleanliness, etc., and that's what's nursing's around; and we've lost that. I believe that unless we find that in the next 20-odd years then I would think mental health nursing will probably stop to exist; because there's been moves questioning whether we need mental health nurses.

So I have a real passion now ... around recovery ... I was in New Zealand and Australia two years ago looking at recovery. I've had a drive to bring around changes in mental health services, which has come from the fact that I can name about eight people who I really connected with who, I, believe, were screwed by the system and could have been treated very differently. And I have a commitment in my heart to try and bring about some change in my lifetime for them. And I think that passion also comes because I've actually looked at parallels to the psychiatric system and my school – they're very similar in that there was silence and it was not talked about.

SN: How did you find training to be a mental health nurse, were there issues that came up for you in that sort of work?

Of course. I was very shocked by the system which is very medicalised and very inhumane I would say, the practices that you see; I was working with people who would talk around issues around abuse, and stuff would come up for me. I wished that I could actually tell them about my experiences and give them hope that they could move on ...

SN: Was it ... a little bit disturbing or ...?

Yeah of course it was. I used to get incredibly frustrated working in the hospitals and after a few weeks, each placement, I'd be going home and just be crying the way that people are treated ... and I realise that from working in hospitals it just was too frustrating for me, too disturbing. I managed to work in one of the day hospitals, and I met people there who were in the same situation, and I'd have to just give them reassurance: "Look, I know it might seem how you might not get through this but if you're working at it you'll get through it."

SN: Did you feel that you could ever tell people that happened to you ...

You're trained to keep your boundaries up and not go there. If you're from X city, if you live in [part of city] you can't say more than that part, in case someone [patient] comes to your house one day; you're not even allowed to share if you're in a relationship or not ... you're told not to say.

SN: Survivors said to me that was hugely frustrating that they tried to make conversation ... I mean they don't want to hear everything about another person but there's got to be a happy medium, people need to connect?

Yes. And at the time as I say I moved to Newcastle and there was this Tidal Model I admired. Another senior woman [in research] at the university who believed in me and encouraged me to get involved ... to actually find someone who's quite well established in academia, who believes in you and wants to encourage you to develop that, it was amazing for me – otherwise I wouldn't be where I am. What I do now is I do a lot of writing, speaking up and not be scared to do that, and question what's going on.

SN: So you came back here?

I worked in an acute ward first in [NE England], which was worse than X hospital, so I resigned and I then worked part-time in research.

SN: Do you find that if you were a survivor that when you were in the acute wards, your perception was heightened of people that had been abused themselves?

Yeah ... it just relates to my own experiences; I always wanted to be noticed and loved and being treated gently, and that's what really upsets me that often they're treated as like "fuck off!" All they want is to be treated with a bit of respect, and being gentle and loved really.

When I was working in [NE England] I actually got told off for interacting with the patients. I was told so-and-so's patient had been quite manipulative and attention seeking of my time, and we should not have encouraged that and I was really shocked by that; and thus the patients were getting into trouble for me speaking to them. So I used to speak to them and when the staff would say "Where have you been?", I would say "Oh I was just having a cigarette", which wasn't true ... the psychiatrist ... just told me just not to interact with them and if she came up being restless just ignore her, so I left.

When I work now as a nurse and I have the last years, I don't use any medical technology when I'm referring to people; I mean my patients, my notes for the day is usually about a page long. Most of them write about three sentences, because they can just write a few sort of nursy, medical words. I'll always say to the patients "How's your day been?", "I'm writing notes, your notes right now", "Just tell me how your day's been." Because you might have seen that they seem really bright, or interacting, but they might be having a really shit day. I get a bit looked at – "What the hell are you doing there?" – but I believe that if you use medical language over and over again, that becomes your reality and that's how you'll see people, so I choose not to.

Then I moved to [West of Scotland] and I worked in a social firm set up to provide employment, training and voluntary options for people recovering from mental ill health. I got a scholarship to do a six-week city tour round New Zealand and Australia. My title on my city tour was "Mental health recovery, the way forward – what can the UK learn from the New Zealand and Australian experience".

Recovery is being talked about a lot: when I was out there, I saw ... they didn't call themselves social firms but social enterprise businesses in New Zealand. For instance, an organisation that has about 800 employees, and three-quarters of the people have used mental health services. It was great trying to train people in research and stuff, but my boss was from a business sector, he didn't understand people and didn't understand mental health ... didn't have those boundaries, didn't know what to do. I left there ... now I've decided to try and go independent and freelance in mental health recovery research practice and teaching.

SN: Why do you think there is this fear of having sexual abuse disclosed?

I think as a nurse, often people are not encouraged to describe their experience of abuse. And as nurses, we're encouraged not to go down that line, because it opens this whole can of worms as it's described, and even if they [patients] are reading books on the ward, we're encouraged to not raise the subject ...

SN: I think it's about having confident staff?

They are obviously going down the sort of peer-support working model which might be quite a helpful thing, because certainly then as myself as a practitioner and as a survivor, I would potentially be interested in getting involved with it.

SN: Of course the peer supporters would need a support system ...

Yeah, of course. Nurses obviously need – practitioners need some kind of educational stuff when they write notes. They often write in notes that someone was abused, in a way that sounds like they don't really believe they were abused – and you know, what the fuck's that? I was working with this young guy, who said he'd been abused, and he was given medication, yet what he was describing, his kind of hallucinations as such, were just so much around what I could relate to my own feelings; and obviously his feelings were being suppressed. There was no one to try and really explain it in a different way, rather than just as an illness.

SN: Were you able to talk to him ...?

I talked to him, I just kept saying to him: "I know this might seem very hard and you might not be able to get through it, but you know you can if you stick at it – get through it all."

I was also thinking about what helps me [personally] and I think that the "spiritualness" has really helped me. As I said, I trained as a massage therapist, and that really helped me connect with my body, and I think that's a key thing when you dissociate again. I learnt to respect my body and listen to my body. I did this body dialoguing thing ... and I decided to make a deal with my body that if I looked after it, and respected and tried to listen to it ... then it wouldn't dissociate when I got close to a woman. Connecting with nature has really helped me as well. And doing meditation, and coming back to the moment.

SN: Any other thoughts that you had, as an adult, about what you'd wished had been around at various times in mental health?

When you're abused as a kid you feel that you can't tell anyone because you're breaking the secrecy ... it's not talked about enough, and I used to get very frustrated and angry at that and wanted to walk around [in the mental health system], get a t-shirt made saying "I was sexually abused" across it, because I was so fed up with keeping it as a secret ...

I think back when I was Australia, this trip that I went on, this woman I met called JM ... she'd spent years in the institution, but when she first was in the community she was very ... everyone was very ashamed. In the early 1980s, they were ashamed of being diagnosed with schizophrenia. They used to belong to this group which was for people with schizophrenia, and the acronym for it was "shhh" because they were ashamed of it and they used to meet in the park every fortnight; they couldn't say where they were going to meet so they just said "meet where the person [is] who's got the green picnic box!"

... You should be proud to be a schizophrenic, you should be proud to speak up around this stuff and ...to talk, to admit, to say that you've got a diagnosis. A mental illness is common; people and especially in Scotland tell a story and that story breaks down discrimination. I'd love to see that story being told, people's stories about abuse.

What we discussed in that [recent Recovery] conference in the group discussion we had – I'd never seen it from the perspective as a practitioner – is obviously if society sees the amount of abuse that's going on in the world, then it's opening a whole can of worms for the whole society. Because it's actually breaking down complacent perceptions of the whole family structure.

SN: A survivor said to me once, when I asked why do survivors never talk about the can of worms? She said because ... it's open and we're in the middle of it, and I think it's other people who don't want to open it really?

Yeah – it's so common ... I feel I've got a message to portray that I've been through all this crap, but I'm pretty much living the life I want to be living and I've recovered, apart from having a relationship which is the bugbear at the moment ... a lot of people who are in mental health services have been abused, and obviously they address all that as an adult. There is more and more [supporting] research around, with people like Dr John Read in Auckland ...

SN: And having that research and practice accepted in the mainstream?

Yeah; that will be a dream for me.

Chapter 22 Working therapeutically with prisoners

Introduction

The degree of the prisoners' trauma was likely to have been compounded by the fact that they uniformly had a severely disadvantaged and troubled background. In addition to the sexual abuse (usually several separate episodes), a mix of physical violence against themselves, domestic violence against the mother, neglect, rejection, episodes in and out of residential care, frequent house moves, mothers with serious coping problems and a history of troubled and disrupted schooling characterised them. While we can't generalise about male prisoners from such a small group, these findings were startling and sometimes shocking, and further research with larger numbers could confirm how common a pattern this is or is not in male prisons.

These young people had all revealed problems very early in their lives. They were already at the end of one chain of traumatic events, despite being so young. While there has been, and continues to be, much political discussion about identifying troubled and troublesome children as early as possible, the emphasis tends to be on the difficulties they or their (usually female!) parent(s) are causing society, and not on an acute need for protection these children appear to have had and which significantly shaped their behaviour. The increasing emphasis on the wider needs of children, rather than the risks and dangers they may currently be facing, may decrease further the likelihood of identifying early what is actually happening to young children at risk, and protecting them.

All the prisoners who had received counselling with Ms Easton, and indeed who had received support from certain psychiatric nurses and drugs workers whom they valued in prison, spoke extremely highly and unprompted of the difference it had made to their self-esteem, understanding of their offences, their frightening feelings, their former aggression towards other prisoners and where relevant, any sexual offences they committed. This is ultimately not about a single individual however empathetic, but about the approach, values, techniques, respect, aims and hoped-for outcomes of their work with prisoners. However, there have been persistent funding problems which continue for prison counselling on CSA issues in Scotland. This means that work can only be patchy, sporadic and without any guarantees of continuation, which is very stressful and unsatisfactory for both practitioners and clients.

Here Ms Easton describes, in an interview for our report, what she sees as the essential elements of constructive work with offenders, and some of her main findings over many years of working with such offenders in Scottish prisons.

The experience of prisoners with this counselling who have committed sex offences is that sex offender programmes should reconsider their reluctance to include work on the offender's own victimisation, where this has happened. Far from providing an excuse for offending, this appears to enable offenders to reconnect with the pain and betrayal of their own abuse, and to begin finding victim empathy and the motivation to stop offending.

Working with sexually abused male prisoners, both sexual and non-sexual offenders

An interview with Ilene Easton:

Ilene: *Well, at the end what clients say is "I don't want to manage my anger, I want to get rid of it. Yes, I need help with my drug and alcohol problem but I need to work on why I started" ... when they come to me, it's to stop reoffending, it's not to feel better and to go back and behave exactly the same.*

SN: But in the conventional anger management programmes they don't go back to ...?

Ilene: *No. It's about risk assessments, it's about relapse.*

Ilene's background included substantial work in Women's Aid and at the sexual abuse support project for both women and men, Open Secret, in Falkirk. She has worked with several hundred sexually abused female and male prisoners in Scotland over the past decade.

Males projecting their anger on to females

Ilene: *At Open Secret, my first three clients were males.*

SN: Did you notice anything at that point that was perhaps a little different?

Yes, the hatred of women. My second client was a male who had witnessed his father kicking his mother, and she actually aborted, the child was dead. He was in hospital every few weeks with broken bones, from his father.

SN: And why would he have had a hatred of women when it was his father that was doing this?

But that's a common thread through nearly every male [I have seen]. He was then sexually abused by the priest. He had fantasies of raping women ... and during the time we worked together and through exploration this hatred of women was due to his perception that his mother never protected him from his father. So his father was a wonderful guy and the mother was a horrible person because she didn't stand up for herself or protect him.

SN: And did he change his view at all?

Absolutely. And very soon the first group for males, the male survivor group in Open Secret, had five clients ... because I do believe in the empowerment, the survivors' experience in the group work, but I think it's essential they do one-to-one first.

SN: With the male survivors you're saying that they tended to blame the women?

Yeah, almost every male: and at first they'd say, "Oh, no, I love my mum, I love my dad." That is the adult [speaking] in the here-and-now, "I love my mum." But most of my work is done with the inner child and helping them separate then from now, and that is how you begin to recognise, OK, the adult loves your mum, and you love your dad, it's that adult part of you. And as I say, the strong powerful adult who is well and healthy ... when you start work with the inner child, then comes the anger. And often I'll say to clients, "Who are you most angry with?" And every single one of them, "Myself."

... I often say, "Do you feel you made this happen?" "Yes." "So you felt very powerful, that you had this power to make this man abuse you?" "Mm." And I would then say, "I find it interesting you didn't use the same power to stop them then." And they then realise, "I never had any power. I was in fact powerless."

SN: But you're saying the second person they blame is the mother or the girlfriend ...

When you work with the inner child, the rage towards the mother, especially if they were in care, more so if they were in care.

SN: And did you work out, why, the man you described ... why he translated that hatred of his mother into, say, raping women – did they manage to untangle that with you?

Absolutely. My first client in [X prison] was in for rape. He had had a horrendous background. And his experience was to be locked in a room on bare floorboards with a nylon sheet covered in urine. And I believe in getting them to write lots of stuff down, and he even mentioned in his first writing the nails in the wooden floor with a piece of purple carpet still around them. And that they had wooden boards at the windows but there was gaps and he would stand there and watch his mother and father and siblings play in the garden.

SN: So he was the one that was picked on?

Mm. They would let him out to go to school. He would come home and be put right back in the room again.

SN: So he was thinking his mother should have protected him from the father?

Absolutely. He had a drink problem, and one night he was walking along the road and saw this woman. It was dark – and there and then, he wasn't out as a predator but he saw this woman, recognised her vulnerability and attacked her and raped her. And again through exploration and many weeks' work, hard work ...

SN: And did he manage to explain to yourself?

Through exploration, through work, and writing. He had believed that all women communicated on an ESP level, and we all communicated with each other in how to control men.

SN: But his own mother hadn't been able to control the man she was with, had she?

But in his eyes, as a child, she was colluding with the father therefore she was colluding with the control over him.

SN: And so raping this young woman, that was ...

Rage. She represented a female. It wasn't the girl, it wasn't her hair, it wasn't what she wore. She was a female. And I worked with him quite a long time, he left to go to [Y prison] and the feedback was this young man is amazing, he is honest, he is acknowledging his own responsibilities and blaming no one else for it.

SN: And you said you've met quite a few men that behaved in that way?

I would say, out of about 300 [I worked with] in prison I would say 250.

SN: What? Have a problem with women?

Oh, absolutely.

SN: I'm wondering if that's something that's maybe more prevalent in the people you work with because having interviewed men in the community I wouldn't have got such an overwhelming picture as that, I've found much more variation.

Again, you're interviewing them over a few hours, this doesn't come up within two to three weeks; this is a process, because you know, and I'm always speaking about the beginning, the middle and ending, it tends to come up more in the middle part. So many of the sex offenders, I mean it really disturbs me that they are not getting the right support.

All survivors are human beings and they deserve to be helped; they did not deserve nor ask for what happened to them. But I have then to say the feminist in me wants to work with males because potentially the majority are going to have girlfriends, children, wives, mothers, and if their behaviour isn't sorted ... Do you know how many I've worked with who are fathers at 14 ... You know, their hope was "I need to stop reoffending, I don't want them to be like I was, growing up with a father that was never out of prison." And "I don't want that for my child", or future children. And when they come to me it's to stop reoffending, it's not to feel better and to go back and behave exactly the same.

Sex offender programmes

SN: What do you think of the SOTP [Sex Offender Treatment Programme]?

Well, I think, it's what we have. Is it good? How do we compare it? We've nothing to compare it to. What do the men, the young guys say? They go on it because it's a voluntary basis and it looks good for parole. It's ticking a box. Now just recently I was asked to work with a young man who had, on remand in another jail, tried to hang himself. A survivor. And just prior to me getting the call to go and see him had severely self-harmed and needed an operation. And I agreed to work with him for six weeks, and during that time ... he was on the SOTP programme but they suspended that, his participation, to let him work with me and then go back on it, and he's had 15 sessions with the SOTP programme.

And about two weeks before I finished with him he told me that at one of the group meetings with the SOTP programme – and the staff are so committed, and they do their best with what they have – but he told me that at the programme at one of the group meetings one day he had actually disclosed to a member of staff he was a survivor. Which is inevitable that it's going to bring up their own stuff. Not everyone will reconnect, he reconnected to his own stuff. He came back up to the hall and told an officer and then proceeded to try and kill himself.

SN: Was this because he couldn't bear what had come up from ...?

His own pain. Not what the programme had done for him as a perpetrator, more about what it had done to remind him and reconnect him to being a survivor. And I worked with

that young man for six hours in total, and during those sessions that man worked out why he had chosen his victim, that particular little girl. He agreed she was vulnerable and he also agreed about the power, because I do lots of drawings, and he'll say, "They speak about power, in the SOTP programme, but I never grasp it."

SN: That they don't really understand what they're talking about?

No. Until he reconnected with his own pain. He said he wanted to go back and start the SOTP programme again, and felt that he would get more out of it, especially victim empathy.

SN: What have you worked out are the shortcomings of it at the moment?

All I know is what that any guy I've worked with has been on it or is on it, it's the same feedback that they don't really grasp what it's all about. In fact, the young man that you interviewed said they almost made him feel that he must become zombie-like towards females, not even find a beautiful young woman beautiful.

SN: And did this young man manage to explain why, having been abused, he picked a vulnerable child?

Mm ... I do all the little drawings that I do with my matchstick men and children and whatever, and they stare at this, they actually always transfixed on this drawing. And I don't speak for maybe two or three minutes, because even looking at the silly matchstick child, that child is them. And then they get the picture of ... and they grasp, power: "My power was taken from me." And through doing the work I'm constantly reminding them they were disempowered: "This power was taken from you, this power was taken from you." They then admit how powerless they felt. They didn't enjoy being powerless, so their perpetrator taught them how to gain power, because they remember that feeling of helplessness and how powerful they saw the perpetrator.

SN: But did they really feel powerful when they actually abused somebody?

Yes. Not for long. And that's why most of them had to go back and do it more than once, and that's why it happened to them more than once. It isn't their power to keep.

In fact, across the board with all male offenders if there's been domestic violence and if they have been a perpetrator of physical and sexual violence, and/or, they get this rush, but it's the same with the violent men who've stabbed or shot or fought with someone. It's the adrenalin. They speak about the adrenalin and I always say, "Can we change the word to power?"

SN: Mm. But then it drains away, does it?

Of course, because we can't hold on to that adrenalin, it drains away. And they talk themselves out of, and they rationalise why, "Oh, but I've done it because" And what I found out with that latest young man was – and only through working and just listening, reflecting back, but also getting the theme – the child that he chose was a young relative of his perpetrator.

SN: So he couldn't get at the perpetrator.

Exactly.

SN: I was just wondering if that was a difference ... in a way women don't – sadly I suppose – women don't expect to be powerful, do they? I mean, I don't think they go around thinking, in my experience, of how they can regain a sense of power.

Mm. You're right. Women ... Having said that I have seen women abuse their power in prison. It's interesting because males, yeah, they want to bully whilst they're in prison, but that's very much it's a male environment and it is you have to be seen to be credible or you will be the victim.

SN: I see. Yes. Because I think this is such an important issue about reconnecting, before we go on to non-sexual offenders – just tell me why you think it's important that work with sex offenders who have been abused includes working through their own victimisation.

I was always perplexed, and I remember saying to CL at Open Secret in the 1990s, "Why do they go on? Those who have been abused why do they go on and become an abuser?" I don't mean everyone will, of course I don't believe that rubbish. Those who were sex offenders. Why, if they were victims of it, why did they then become the abuser? I never understood why someone crossed that line. And my first client, as I say, was a sex offender, and I remember then thinking, "And anything that I do know I've learned from them" The sex offenders I have worked with have totally disconnected.

SN: From what's happened to them?

They've known intellectually but they have never internalised any of it, it's all the "I was", "Yes, I was abused", in their head. They never acknowledged in there, deep inside, the effect.

SN: But there's something about them that's made them turn a different way from what most survivors do?

Absolutely. And again in my experience, you know, when I work with people in the community there's always some sort of support for them somewhere, they've not all had idyllic childhoods either, but there's been someone, a gran, an aunt, someone supportive, that may not have ever known but that love and nurturing was there for them. The ones I've worked with seemed to have lacked any form of nurturing.

SN: So are you saying that it was the only form of power that they were able to take for themselves or ...?

So many of these young men in prison for example, their parents are the children of almost Victorian parents, which was, you know, don't touch, don't hug, just feed, water, bed, that's all a child needs. And for many of these young men, they've experienced trauma with domestic violence. And because of it they felt so isolated: "Who can I tell?" They've felt there was no one. So what do you do with that pain? You swallow that pain. The difficulty is they feel so powerless they become rageful, with knives, with fighting, with gang culture, and many of these young men are only in gangs for a sense of belonging.

SN: What should we be saying then to Prisons Department about the need to incorporate this work within any sort of SOTP-type programme?

First, these young men will not sit and openly disclose ... with each other, about being a victim. They would need a team of staff. If you think there's maybe ten or twelve, fifteen people on the SOTP programme, and they all are disclosing, who's going to work with that? They've not got anyone at the moment, in any of the prisons.

SN: Do you believe it would make much more sense to have the individual work done before?

Absolutely. Again the difficulty is many of these young men will tell you "If it was a prison officer, prison staff, I wouldn't talk to them. Well I'd maybe tell them bits and pieces, that's it, but ..." they don't want to speak to a white shirt, nor even usually a mental health nurse –

SN: So would it need to be someone independent?

Someone external. And it's not even just about being in and working with them, there is something ... reading my own evaluations from them, and letters to ... it's about the way I approach my work, there is something different. These people have had psychologists, CPNs [community psychiatric nurses], psychiatrists, and they'll tell you, "I know the questions they're going to ask me, I've got the answers ready."

Ilene's principles and approach

SN: What are the important principles to you that you have when you go about working with people, and then we can tease out what it is that's working so well.

First, respect. Absolutely. But I always tell them, whatever their offence is I find it abhorrent. I'm asking them to be honest with me and I can't be honest with them?... [I say] "But your behaviour isn't all of you, it's a part of you, and it's choices you made based on experiences. So by making different choices you can change the behaviour." Don't forget, and this is so important, whether it's a violent crime they've committed or a sexual crime

if they're constantly told, "You're a beast, you're a beast", then "I am a beast" is on their forehead. Therefore, "You're telling me I'm a thug, well, I'll be a thug all my life, then, that's what that mean, all of me, there's no hope for me, I'm a thug."

SN: So when you go in with that respect, how do you demonstrate that?

They want your reaction. And first I tell them that I'm here to work with them as a survivor, it's inevitable it will come up, their offence will come up, of course it will, no matter what their offence is, and that I find their behaviour abhorrent, it's behaviour is about choice but when we learn why we've made these certain choices we can choose to make different choices.

SN: A number of them were in a really bad way when you first went to them. Now if you're confronted with someone who's really in a bad way, how do you connect with them in that first meeting?

By taking my time. And never saying, "Do you understand me?" but by saying, "Am I making myself understood?" I will always shake their hand, always. It's very important that I've learned the language, even for a new client, to be able to say, you know, "Hi, are you in a Peter [cell] on your own?" That helps my credibility as well, I've learned their language, I've taken the time to learn this. Snuff, you know, which is tobacco, etc. And I will go in, shake their hand always, ask them where they prefer to sit. In the prisons it's supposed to be that I sit next to the door. I will not sit next to the door because that then makes my client vulnerable because he's then facing the door.

I say, "I expect you feel pretty anxious, how about if I tell you within half an hour you'll start to feel better?" Then I will say, "And, you know, in one to ten where are you right now?" One being shit and ten being over the moon and jumping for joy. And they'll find their own, and normally it's about a two, three. And half-way through I'll say, "One to ten, where are you now?" And they'll always say, four, five, and I will then say, "How did you manage to get yourself from three to five?" This is what the empowerment ... and I tell them a bit about my background, where I've worked and how long I've been in A, B, X, Y, Z prisons.

SN: Of course, when we think of other people we can't necessarily offer that long experience, but some of the other things you've been talking about, the principles. A lot of people [I interviewed] said that you were very honest with them, so could you say a bit about that, being honest, how that gets across?

Yeah, you've got to find humour, and after two or three sessions they're starting to get to really know you, and I'm getting to know them, and they may say something, and I'll say, "Right, cut out the bull, you know, see that? It [indicates bit on back of my head] might be bald but it's not a zip. Right, start again, it's me you're speaking to, let's go", and it's about being honest about their offence. For example, sex offenders will refer to "my offence" and I will say, "And that was ...? What's your offence again?" "You know what my offence is." "Ah, what is it again? Can we name it? We need to name it here." ... And something else, the fact [helps] that I'm a mother and a grandmother. I've had life experience, and like most people my life hasn't been a bundle of joy since I was born.

SN: How do you start talking to them about the abuse they suffered?

What I always tell them is "You will be in charge of what we discuss in this room", and you instantly, spontaneously, see a smile, and you see the shoulders relax. It's spontaneous. And I tell them that I have no need to ask them questions about their abuse but should they have a need that they want to speak about moment by moment then I am more than willing to hear it, share it, and support them through.

SN: And is there any sort of usual pattern to that, do they tell you a little to begin with, or do people tell you a lot to begin with?

Some want to, others it's drip feed. Only maybe the first two sessions and then ... and they say, "I was so looking forward to seeing you the day", and "I can't believe I'm sitting telling you these things."

SN: And when you go to the next session and when you start that session do you say, "What would you like to talk about?" or ...?

First of all I'll say "Is there anything you took away with you last week?" And I'll often say, you know, "Take what you need, leave the rest. Take what you need away with you, leave the rest." So then in the following week I'll say, "Was there anything you took away with you?" And they'll always say "Oh, aye, when you done the drawing", or when we've done ... I also do another exercise about negative and positive aspects of them that identify them, they love that exercise and they'll say, "Oh, and I've just ... I've got it up on my wall and I just keep staring at it."

SN: But do you go back to that [the sexual abuse]?

I'll go back to it and basically it's just about, you know, I don't say "Right, tell me what happened to you"; what I will say and what kind of helps break the ice is "Unfortunately I've got to fill in this form, there's a few forms I've got to fill in and get you to sign. Now don't worry, it's completely confidential other than it'll be locked in a drawer at my office ... "

SN: People like that, the confidentiality, don't they?

Yes. And especially [the fact that] the paperwork is going out of the prison. And as you're filling in the form you're finding out is there drug and alcohol abuse, were they in care, just by a simple question. I say, "Do you mind answering this part? This is about whether or not you were in care, do you want to answer it? Right, okay. Were you ever in the care of the local authority?" And they'll say "Yes." And then the next, "Residential?" "Mm-hm." Or adopted, and some might say, "Well, I was adopted." So in actual fact they're giving you [helpful] information, but in an easier way for them ...

SN: And on the form do you ask about the abuse at all?

There's a box in the last page. And I'll say "I don't want you to sit here for the rest of the hour going through all that happened to you, but I just need some idea of what we're going to be working with, and I'm going to put it in this box." And they'll maybe say "Well, when I was four I ran away", or, "My dad abducted me and took me to another country", that's common. Or, "My mum abducted me and took me to England", or, you know, and "I was abused by the next-door neighbour", or whoever, and, "And then I started fire raising", very common, as we know, fire raising amongst males.

SN: And when you talk to them about limits to confidentiality ... so you basically say that everything is confidential except [child at risk, serious crime]?

That I have a line management and that X and Y as my bosses, my managers, and that I do have external supervision, and although I may not name them I do have to take my work to my supervisor and go through all my clients, especially if there's any difficult areas that we're discussing.

SN: But you wouldn't name them, obviously? They all seem to value that ... so they clearly did regard the [meetings] as confidential, but presumably you had to warn them about various limits ...

They're always told right away within my first ten minutes of meeting them, and that is "Should you tell me about any vulnerable young person that you know may be in danger then you understand that that is information I cannot contain, and I would support you in reporting that, and if you can't I have no option."

SN: And they understand that?

Yes, but I have been truly amazed and fulfilled at the number of survivors, females and males, who say after maybe one session into the second, "I'm going to report him, not what he's doing to somebody else but what he's done to me that he might be doing to somebody else." I think it's because someone's in to support them, someone's there for them. There was one young girl in Glasgow and she never turned up [at the police station] but at least, you know, the seed was planted ...

SN: You were saying and the prisons were saying that your work improves the guys' behaviour inside.

Do you know, I think, for me, being able to say to an offender in the middle of a custodial sentence who's constantly on report and being punished – often they will say they've been

on report for fighting with this guy, "I hate him." "Do you know him from the outside?" "No." "Who does he remind you of?" And they will always say someone they didn't like linked to abuse, or on many occasions they speak about these effing screws, and I normally challenge them on that, and that's about honesty as well: "I see them as prison officers, and in my company I prefer to have them called prison officers."

And they'll say – and I remember the first time I was well aware of this was in Z prison, a young girl forever on report, and it was the same officer, male – and one day I said, "Who does he remind you of?" And she went, "The man that abused me." If I hear that I will actually go to the staff and say, "You know, he's not saying you are a perpetrator, it could just be the way you walk, the tone of your voice, something, your teeth, your hair ..." ... It's nothing about you, this is their stuff and it's my job now to work with them." And I even do the drawings for transference and projection.

And I help them understand: "You don't hate this officer, he just reminds you of someone who hurt you." But that applies to all of us. The [Z prison senior official] said at a meeting "When Ilene worked in Z the level of conflict prisoner to prisoner was reduced, and conflict between prisoners and staff was reduced." Even though I've been able to work with extremely damaged people, a lot of them I've worked with have committed heinous crimes, horrendous crimes, heinous crimes. I will never minimise what they've done with them.

SN: So ... in a sense you're saying that there's such an impact on even the smooth running of the prisons, on people's relations with each other ...

Now Phoenix Futures, drug and alcohol workers in prisons, they state how damaged the young men were, how they had used drugs and alcohol to mask, to anaesthetise, what they noticed were that the ones that worked with me were more able to engage with Phoenix ... so whether it's working when you go to the SOTP programme, working with me, or going to Phoenix ... and through every single male survivor in particular, rage, every single one. Women have anger. Males have rage.

SN: Which unfortunately comes out in different ways, against others, doesn't it?

We as a society are suffering, every one of us are victims of this. So that work which is going towards protecting potential victims has to be recognised.

SN: It's almost like you're almost saying that people need to get insight from your sort of work before they can benefit from the drug and alcohol or the anger management ...?

When I work with clients I help them find within them the reasons behind the issues, the reasons they've responded to whatever in their life in an unhealthy way, mentally or physically. By helping them understand, "I responded to that like this because ..." Then they are able to make different choices, because we are not walking about prisons saying, "You are a sex offender, you are a beast." Other guys will but staff won't, and you'll not hear it from staff. But if we're labelling people, thug, you know, if I judge you, "You're a thug, Scotland's most dangerous thug." "Oh, well, I need to live up to this, and that is all of me, it's not just my behaviour makes me a thug, all of me makes me a thug, there is no hope for me therefore I will be a thug."

SN: It's difficult, for example, with anger management programmes, to predict that it can be successful unless people understand what makes them angry?

Well, at the end what clients say is, "I don't want to manage my anger, I want to get rid of it. Yes, I need help with my drug and alcohol problem but I need to work on why I started."

SN: But in the conventional anger management programmes they don't go back to ...?

No. It's about risk assessments, it's about relapse ... another example of a very dangerous [sexually abused] young man, very violent young man with a serious drug and alcohol problem ... if the police were called to his house they would always turn up in fives.

SN: And what was the key to working with him? Was there a turning point where he began to see things, or was it about understanding where it came from, or ...?

Not only learning, of course, fundamentally he wasn't to blame. But you know, it's about ... we don't just work with the sexual abuse, as you know, it's like an octopus and it touches

every area of their life. Loss ... this young man had lost his grandmother and she meant the world to him, so I got him to do letters and write a letter to his grandmum.

SN: But just on a technical point, a lot of these young men aren't good at writing – is that a problem?

That's right ... but what I do find is that most of them are excellent at drawing, they're very creative, as most survivors are. So they will draw their anger. It may be even limited as they may draw a box and say, "That's my dad" they may draw a circle – "That's my mum", they may draw a triangle – "That's the person that hurt me", and they'll then colour it in lightly, and the less anger towards that person, the lighter it's drawn in ... They will always find a way.

SN: Do they ever literally write letters to the abusers? For example, do they send them, if they want, or do they usually not?

I suggest not to because the purpose isn't about the person receiving the letter, the purpose is to get this out. Many of them are rageful because the perpetrator is dead ...

How big a problem?

SN: Have you had any impressions, because it can't be more than that, of the percentage of prisoners who you think have probably suffered sexual abuse ... I don't just mean sex offenders –

In [X prison] as one example, if you were even saying a third, you know, it's 200-and-odd, but I know it's going to be a lot more than that. I couldn't keep up with the numbers when I was there. And at one point I had to start and take down the posters.

SN: It is a huge implication, a bit scary really, that – not for people that offend occasionally but for repeat offenders or serious offenders – that sexual abuse should be such a prominent feature in their early lives.

And I cannot give them any sentence benefits, meaning, "Oh, work with me and we'll tick a box." I don't even say, "And if you go for parole I'll give you a report."

SN: Would you give them a report?

Very rarely will they say, "Will you give me a report?" Rarely. Maybe twice. I'll speak to the social worker and say, "Do you think it would help if I do a report?"

... So no one can say they're going in for a benefit, like the SOTP programme gives. Every client is the same. They want to stop doing what they're doing; and they're approaching me for that reason.

Part III

Conclusions

Gender differences, masculinities and gender-equality issues

How far did the responses of the male survivors in this qualitative study reflect, or differ from, those of female survivors in the qualitative study *Beyond Trauma* (Nelson 2001)? Are there gender issues to consider when drawing conclusions about issues, about recommendations for services, and fundamentally about positive and negative masculinities?

Similarities and differences as children

Male and female survivors showed many similar responses to their sexual abuse in childhood. Their views on the adequacy of professional services, and on what might assist both children and adults, were also broadly similar. They were seen to have many shared needs, and to show similar courage and determination to survive in the face of often terrible circumstances.

In particular, their numerous reasons for not telling as children were very similar to those of the women, and to those of the mainly female teenagers interviewed for *See Us Hear Us* (Nelson 2008). Their recommendations to improve support for children (see Appendix 2) closely echoed those found in *See Us Hear Us*. They shared problems of learning and concentration, the sparse memories of people who helped them when they were children, and their views on qualities they valued in supportive people.

Such shared responses suggest that strategies to inform and protect children can largely be designed across the genders, but with special consideration, when designing programmes, for points where boys differed in degree, rather than in kind. For instance, this research suggests boys may have even greater problems with shame and self-silencing; they are even less likely than girls to assume that other children will be sympathetic, and they are more likely to act out aggressively, with the risk of being punished and excluded from school.

The tentative evidence that boys may be more vulnerable than girls to abusers outside the immediate family, with girls more at risk from close family members, can only be tested properly by much larger-scale surveys at population level. If these differences exist, it will be important to build the findings into personal safety information given to children and their adult carers.

The one noticeable difference “in kind” rather than in degree which boys showed was the extent to which homophobia, and the fear of being assumed gay, dominated male survivors’ thinking as children. It was a major factor in self-silencing. Issues of sexuality and masculinity were much more important for boys, even when very young. This has implications for the report’s recommendations to address directly these fears and prejudices, in school and youth settings.

Similarities and differences as adults

As adults, men and women had many similarities in their mental health effects, in their vulnerability to substance misuse, and in the experience of gaps in their careers, studies and training, due to problems of mental distress and concentration. They had very similar views on what they did, and did not, value about mental health and other services, and about the qualities of professionals whom they found most helpful. They shared many frustrations about lack of adequate services in Scotland for CSA survivors. These are important shared concerns, especially since it is so common for CSA survivors to become involved with mental health and substance misuse services at points in their lives. There is a very widespread demand for basic provision of high-quality support services for people who have suffered this childhood trauma.

There were, again, differences of degree in several areas, which may need to be taken on board in reviewing service provision and delivery, in policy, and in planning to encourage males to come forward for help with traumatic experiences. Their level of shame and self-silencing appeared even greater than that of women, and they had a more negative view of how other men would regard disclosure than women had about other women. It was female partners who often proved the key to encouraging men to seek support. Men seemed to experience even greater problems, especially in their teens and twenties, with ordinary practical living skills in accommodation. Men appeared to receive more diagnoses of psychotic illness within mental health services and to suffer greater physical restraints than women; again this could only be tested by larger-scale research.

Some men and women who had lost self-esteem and self-respect through childhood abuse shared the tendency to having many fleeting sexual relationships. While many women and their children pay a high cost when they feel they deserve no better than a violent abusive partner, men often reacted by self-isolating from intimate relationships, often for many years or even throughout adulthood. That choice may in practical terms be less available for many women, who are under greater social pressure to make partnerships and care for children, and who have fewer choices about leaving unsatisfactory relationships; however, the loneliness involved in self-isolation was clearly a very distressing part of life for the male interviewees.

The tendency for more male than female survivors to act out their anger and frustration aggressively could have, as this report has shown, very serious repercussions for themselves, for partners and families, and at times for other victims of violence. This suggests that exploration of the background reasons behind repeated aggression and inappropriate rage in men would have important benefits, not just for themselves, but for many other people in society. However, like heavy drinking, aggression risks being dismissed as simply “cultural behaviour”, especially for young working-class males.

The men were much more likely than the women to perceive their careers as failures, or unsuccessful, and this noticeably affected their self-esteem. Career achievement is a key area for men’s status in our society. However, these feelings appeared more related to socially pressurised standards than to their own considerable achievements in spite of adversity. Likewise, women’s own lesser concerns may be related to society’s lower expectations of career achievement. It may be that better opportunities for both genders to compensate for career breaks caused by post-traumatic problems are appropriate, and that male survivors’ self-esteem may be improved by being encouraged to consider more positively what they achieved in the face of many difficulties.

The most significant difference appearing between male and female survivors as adults was again about issues of masculine identity, sex and sexuality. Masculinity is, of course, another key area for men’s status in our society. These issues and their implications for male survivors of CSA have already been discussed in the research literature (see Chapter 2), and most recently, in a thought-provoking paper highlighting popular myths about male survivors, by Scottish child protection specialist Martin Henry (Henry 2007)

Male survivors appeared much more likely than abused women to be told by both professionals and non-professionals that they would become abusers and sexual predators themselves. They were more likely to believe this themselves, and more likely to be silenced as a result. Some women also fear being assumed an abuser – but more often these were women in deprived social circumstances where social workers or other professionals, some of whom believe in the “cycle of abuse”, are involved with their children. This considerable issue for male survivors will impact on the report’s recommendations about prejudiced assumptions in child protection, and about the need to make individual judgements on how safe an adult may be.

Another popular myth described by Henry is that same-sex abuse “makes” male victims become gay. As he says, this myth is exacerbated by perpetrators, who tell their victims that their physical arousal indicates their willingness and consent to the sexual act. This explanation lives on with many survivors into their adult lives.

There is tentative evidence from this qualitative study that abuse does indeed make many men confused and uncertain about their sexual orientation. However, the gay men among the respondents emerged as the least confused. They all recalled a sense of difference from an early age, even before the abuse took place. They suggested that if more gay than heterosexual males have been sexually abused, this might be through an alternative explanation: that the perpetrators may have homed in on isolated young people who felt different from their peers.

Traditional masculinity, new identities and gender equality

Evidence from this study is that, from early childhood, the male survivors, their families and partners frequently paid the price of adherence to very rigid, traditional concepts of masculinity, and the resulting damaging excesses. They were often imprisoned within those narrow confines for many years. This gives additional support to Martin Henry’s analysis that masculinity has been constructed to ensure conformity to a code of values and behaviours which not only suppresses male survivors’ ability to disclose abuse, but also perpetuates society’s attitude towards survivors, and increases the difficulties survivors have in dealing with their abuse.

For example, survivors experienced frequent domestic violence, and beatings from sadistic fathers, from mother's boyfriends, or from brutal care systems; victimisation by men abusing their power to treat them as possessions or as playthings; difficulty in expressing feelings; homophobia, and taunting of blameless victims as a "poof" and less than a man; the macho cultures of the armed forces where vulnerability dared not be expressed; brutalisation in some prisons, institutions and secure psychiatric wards, and the pervasive anxiety that somehow as victims they still remain less than society's definition of a man. (It must be stressed that this is not at all to forget the minority of women in this study, who also abused their power over weaker young people within these traditional structures.) Ways in which some survivors reacted, for instance, with aggression or over-controlling behaviour towards others, also risked replicating a narrow traditional masculinity.

It thus appears that both men and women who oppose intimate violence are fighting very similar forms of oppression and misuses of power, and are seeking very similar kinds of social change for children and adults who are victims of violence and abuse. This suggests that efforts by organisations supporting abused women and supporting abused men need to be collaborative, mutually knowledgeable, informed and understanding of each other – not based on competition, rivalry or resentments on either side. In strongly recommending increased services for men, and protection for male children, there would therefore be a priority for new, additional resources, not ones which were in competition with the still-scarce resources for abused women.

In the task of working collaboratively, only one argument of Henry's appears problematic: that male survivors may suffer additionally by experiencing "identity theft". First, this identity – where males are strong, invulnerable, in control and not victims – was always more fantasy than reality. It still fails to reflect much everyday male experience, and places additional stresses on men. The main problem, however, is the corollary of any implication that sexual abuse has been more damaging for males through identity theft; that is, that females do not have their identity stolen.

This is correct. Those who, including myself, have worked with many female survivors of rape, domestic abuse and CSA over the years, have scarcely found a woman who feels that her female identity was significantly undermined. But is it either acceptable to society, or some kind of advantage for women, that sadly for very many women across the world, intimate partner violence, rape or sexual abuse is part of what "being female" is about?

The task would instead seem to be one of seeking to rebuild positive male and positive female identities, ones which are resilient and confident enough that they neither crumble when people are victimised, nor accept intimate violence and ill-treatment as integral to their identity. It is difficult, yet important, to construct male and female identities which do not inflict pain and injustice on each other by virtue of their values.

The men who took part in this research project looked forward to the establishment and acceptance of masculinities where caring about other people, and expressing whatever emotions they wished, would at last become realities for their generation and future generations. Those qualities have traditionally been seen as more "female" than "male", but Martin Henry has added to these an imaginative contribution to the debate about how to reconstruct positive masculinities. In arguing the need to reinstate positive male values, he gives examples of how such values could be reshaped from values which have proved damaging. Thus he suggests:

"Endurance could be replaced by steadfastness; forbearance by fortitude; aggression by courage; betrayal by honour; arrogance by determination; secrecy by loyalty, and insecurity by self-assuredness" (Henry 2007).

Part IV

Recommendations

Children

NB. Further, more specific action recommendations by survivors for schools and youth settings are found below in Appendix 2.

Grooming and gaining access to children

1. Public awareness campaigns against sexual abuse, for communities and parents, need to include specific information about boys' vulnerability to abuse; without invoking over-suspicion of genuinely caring adults, they need to emphasise the role of "family friends", who may befriend families specifically to gain access to boys.
2. Similar awareness-raising is needed across education settings, care settings and young offender settings.
3. Programmes for children aimed at keeping them safer should also convey this information to boys, in age-appropriate ways. Male survivors' groups should be recognised as a source of expertise concerning potential initiatives, and who could be consulted on what initiatives they would like to contribute to work with pupils in schools (see Appendix 2).
4. Every opportunity should be taken to build upon children's strengths and self-esteem and to help them understand that they have rights. The positive work already being done, even in nurseries and family centres, on boundaries, body image and gender stereotypes, along with self-protection work in schools by agencies such as 18 and Under in Dundee, should be extended as far as possible throughout Scotland.

Telling and not telling as a child

5. Children and teenagers need easy access to a range of confidential services in their own right. Both male and female children would benefit from much wider access to independent and confidential counselling in schools, along with measures recommended by survivors in this project, including more confidential helplines, more opportunities in schools to express what is happening for them through creative arts, and through an extension of anonymous means of contacting help.
6. In order to encourage children to report abuse, and not to subsequently retract through fear after they report, child protection services need urgently to work out multi-agency strategies for addressing the main fears which children have about reporting sexual abuse.
7. In schools and other institutions, fear among boys of being the target of homophobia is pervasive. This homophobia needs to be challenged, before boys will feel free to report sexual abuse or any other sexual assault.

Anger, aggression and offending

8. Boys are greatly over-represented among children excluded from schools. The continuing search for alternatives to exclusions urgently needs to be pursued, particularly for disruptive and aggressive behaviour, and particularly for this group of vulnerable children and teenagers. Teachers should be aware that exclusions put abused children at even greater risk. Children who require to be removed from mainstream for a period of time require alternative units or "assertive outreach".
9. Raising awareness of the oblique messages which abused children often send out needs to take place in schools and communities. Adults should be wary of labelling children in the negative sense of attention-seeking, and explore what their need for attention may actually be.

Isolation, depression, self-harm, substance misuse

10. Inquiries into all completed or attempted suicides by schoolchildren, into repeated absconding from home or school and into any repeated substance misuse by children or younger teenagers, should include a child protection investigation.
11. Policymakers and practitioners in the care of looked-after children need to ensure that current rules and practice on investigation of absconding incidents are being followed, and to investigate whether these need to be made more rigorous.

12. Since abused children appear particularly vulnerable to bullying and being deliberately isolated, ways of working with bullied children, which are sensitive to the possibility of abuse in their background, should be developed.

Problems with learning and concentration

13. More specialists who work with the effects of serious childhood trauma are needed, and both schools and residential care settings need to have access to these across Scotland. Otherwise, attempts to improve the educational achievement of, in particular, looked-after children may have limited success.
14. The possible trauma basis of some attention-deficit hyperactivity disorder (ADHD) requires more thorough, funded research.

Sex, sexuality, masculinity and relationships

15. Sexualised behaviour in schools and youth settings should always be considered as a possible sign of sexual abuse.
16. Schools and youth settings should take the opportunity to locate the challenging of homophobia within a wider discussion of positive and negative aspects of masculinity.
17. A realistic assessment of the scale of the problem of sexual assaults by some children on others in residential care settings, along with action to create a safer environment, is needed.
18. The effects on boys of witnessing domestic abuse towards their mothers, especially in relation to future attitudes to gender relationships, needs further research and action on recommendations of that research.

Who was helpful to them as a child?

19. The findings of the current national review of public records in Scotland, aimed at improving access, quality of record keeping and future accountability of institutions and services, should be closely studied for their relevance to improving supported access by adult survivors to childhood records in relation to a range of professional interventions in childhood.

Adults

Jobs, careers, further and higher education

20. More independent workplace counsellors and/or helplines are needed, especially in the armed forces and in other workplaces where there are fears of the consequences of revealing the nature of the problem.
21. Employers need training, awareness and advice on the specific effects of post-traumatic stress disorder (PTSD). This also raises questions about employee protection.
22. Good-practice models in work with people with special needs, in education or workplace settings, need to be shared and widely adopted across the country.
23. Benefits systems need to find ways of recognising and accommodating the effects of trauma while survivors are improving their ability to work.
24. Better access is needed to free or low-cost therapies addressing childhood sexual abuse.

Drug, alcohol and other addictions

25. Drugs and alcohol programmes, in communities or in settings like prisons, need to address any underlying trauma, or very many clients are likely to revert to substance misuse.
26. Drug and alcohol programme staff need training, confidence-building and awareness-raising to work with trauma; such recommendations in past reports such as *Mind the Gaps* (Scottish Executive 2003a) need to be implemented.
27. More supported accommodation and support workers are needed for CSA survivors, especially for young men, as alternatives to hostels or the streets – they require places where they will not be ejected immediately for substance misuse.

Anger, aggression and offending

28. The background to patterns of aggressive behaviour need greater recognition and sensitive inquiry by all agencies, including those concerned with criminal justice, social work, homelessness and substance misuse. Such investigation is also important to protect and ensure the safety of partners and families of aggressive men.
29. Anger-management programmes should address the root causes of the aggression and should be more widely available. Follow-up and evaluation should be routine.
30. Since many aggression and offending patterns are set in childhood, this highlights the need not simply to punish and exclude earlier on, but to explore what might be causing this behaviour; this also helps to protect and ensure the safety of potential victims in the community.
31. Particular care must be taken in all institutional settings not to replicate abusive experiences, through restraint techniques or other practices, and these should be reconsidered and adapted where they exist.

Sex, sexuality, masculinity and relationships

32. Social work, mental health and children's agencies should revisit their theory, practice and training in respect of beliefs about intergenerational "cycles of abuse", which appear to silence many men from revealing their abuse history. They should publicly establish the clear principle that any risks to children which a person presents should always be assessed individually, and not prejudged. It should be made clear to anyone who consults them that they will be assessed in this way, without prejudice.
33. Repeated problems or patterns of behaviour in intimate relationships, and in relations with their children, should alert agencies more to the possibility of childhood CSA, and encourage agencies to ask sensitively. This is also needed in order to safeguard the well-being of their partners.
34. Support agencies need to ensure that skilled advice and discussion on issues of sexual identity is available to male survivors.
35. Homophobia and images of positive and negative masculinity need much greater, and more open discussion among adult men in the community.
36. LGBT support organisations should be encouraged and supported to address issues of childhood sexual abuse, and negative aspects of casual anonymous sex, with greater openness.

Mental health issues, including issues for prisons

37. An increase in therapeutic and support services is urgently needed for male survivors in both voluntary and statutory sectors across Scotland, in both single-sex and mixed settings. These should include opportunities for counselling, groupwork and a range of therapies including safe bodywork: no single therapeutic approach suits, or is appropriate, for everyone, and there need to be choices. These could be a mix of new services and expansion of existing support agencies. Survivor self-help projects require professional support, training support and financial backing. Specialist CSA phone support could be attached to, e.g. telephone lines such as Breathing Space. Funding for services for male survivors should be in addition to, and not competing with, those for female survivors, which are also scarce in most areas of Scotland.
38. There is persuasive provisional evidence from participants in this project and from evaluations of counselling within Scottish prisons that addressing sex offenders' own victimisation before, or while, they take part in routine sex offender "change" programmes enhances victim empathy and the motivation to change in future. The current reluctance or prohibition in respect of tackling clients' own CSA in accredited sex offender programmes needs seriously to be reconsidered for the sake of current and potential victims.
39. There is also an urgent need for much greater availability of CSA counselling and therapeutic work in male prisons. This work requires regular and sustained funding which to date it has not received. It also requires to be continued for a period on prisoners' release into the community, not abruptly terminated.

40. A needs analysis needs to be carried out in Scottish male prisons of the prevalence of a childhood sexual abuse history among prisoners, and the major needs which they and staff caring for them have in relation to addressing this trauma.
41. There is a considerable need for training and awareness-raising for mental health staff in general on the needs of CSA survivors, but especially of male survivors.
42. The armed forces often appear to be attractive career options for male survivors and hence there is a need for awareness raising and training on survivors' needs for relevant armed forces personnel. There is also a need for independent counsellors in the armed forces, so that they can report with an assurance of confidentiality, and without fearing that it will affect their career prospects.
43. Further research on comparative diagnosis patterns, types and levels of medication, for male and female psychiatric patients, would be valuable.
44. There is an unmet need for more supported accommodation and visiting support workers for male survivors living in the community, using approaches of agencies such as *health in mind*, Pathway and Say Women.

Implementation

45. An implementation plan needs to be agreed for these recommendations, and it would obviously be more effective if it were to be agreed by all relevant stakeholders. Given that the Scottish Government has a national strategic approach to improving the lives of adult survivors of childhood sexual abuse through its SurvivorScotland strategy, it would be appropriate for SurvivorScotland to hold discussions with relevant stakeholders and partners at both national and local levels, to develop an implementation plan which would progress the recommendations of this research.

Appendix 1 “Pen portraits” of the survivor respondents

Names are all fictitious.

Adam (age band 30–40)

Adam’s father was from an army background, moving frequently between Scotland and England. This man sadistically abused Adam and other family members physically and sexually, in Adam’s case, from early childhood until 16; he also deprived them financially. Adam was also abused by networks (some of which included women) who were involved in teaching children sport. He was aggressive and sexually inappropriate yet isolated at school, always in trouble and left with no qualifications; he ran away from home many times but always was returned. Adam had several breakdowns, depression, bipolar behaviour, self-harm, mental ill health and unemployed spells on benefit. He previously had control problems in relationships with women; most relationships were unsuccessful. Adam received both inappropriate and helpful mental health support in a long road to recovery. He is now happily married. Adam has gained Highers and other qualifications, has trained in a caring profession, gives talks to volunteers on abuse and child protection, and is very committed to campaigning against CSA.

Alec (age band 50–60)

Alec was born into a large Glasgow working-class family, witnessing domestic violence and sectarian conflict. They emigrated to Australia where he was put in care at age 6 and separated from his siblings. He was sexually abused at religious schools from 9–10 years old by a monk and also experienced physical abuse. He suffered isolation, dissociation, PTSD and low self-esteem. He experienced violence in gay relationships and prolonged ill health as an adult, but achieved qualifications and worked in a number of jobs including manual work, his own business and later in the voluntary sector. Andrew has received strong support from a voluntary-sector mental health organisation including supported accommodation. He does voluntary work, and now campaigns for redress and proper scrutiny of records for those involved with Australian care homes and religious schools.

Danny (age band 18–22)

Danny, from the Lothians, is currently a prisoner serving a long sentence; he recalls his first sexual abuse at age 7 from a male family friend, and again at 9 from a local ice cream van man. He had a chaotic family background, witnessing severe violence against his mother from his alcoholic father, and suffered physical violence and virtual imprisonment in his bedroom from two of his mother’s boyfriends. There is a high likelihood of additional traumas in his early years. His mother moved frequently to escape violence. Violent offending from a young age, disruption, fire setting, sexualised behaviour, bullying and other offences, drug misuse and gang fighting saw him placed in several residential schools and secure units. With continued violent offences and stealing as a teenager, controlling his anger has been his biggest problem. He still suffers nightmares and flashbacks. He has had bisexual feelings, has enjoyed drama work, and has been receiving counselling in prison in recent months, which he has found very helpful.

Dean (age band 18–22)

Dean, interviewed as a prisoner but now released, comes from a working-class family in Glasgow and experienced domestic violence and frequent house moves. In residential care at age 7, he was abused first by a male family friend, next by a female care staff member; then, in his early teens, he was abducted, imprisoned for a week and raped by a gang who took him off the streets when he absconded from a children’s home. No one seems to have found out about this. He took to heavy drug and drink use from age 11, turned to violence and stealing, then organised crime and violence connected with theft, for which he was jailed several times. He had many fleeting relationships with girls but found it difficult to trust anyone. Since recently receiving CSA counselling in prison Dean has found it tremendously helpful, especially at reducing rebellion and distrust, and is currently training in skilled work. He believes punishment regimes in prisons must change and that survivors need supported access to files about their lives, particularly when they have experienced numerous changes and adverse experiences in care.

Gordon (age band 40–50)

Gordon, who comes from a rural farming background in central Scotland, was sexually abused and beaten from a young age by his violent father, and was then gang-raped by fellow soldiers at age 17. Moving schools several times, he was isolated as a child and experienced bullying in a harsh army environment before being medically discharged after a traumatic gang rape. He has long felt confused about his sexual orientation. Gordon took to heavy drinking, self-harm and lack of self-care in his twenties before experiencing a series of serious mental health problems which continue sporadically to this day and have resulted in heavy medications with many side effects. He also has physical disabilities. Gordon found a voluntary-sector support organisation very helpful with both individual and groupwork, and has a keen interest in volunteering. He feels strongly that both attitudes and practice in mental health services and the armed forces must change to recognise and support survivors, and that brutal practices in the services, such as initiation ceremonies, must be ended.

Hunter (age band 18–22)

Hunter, interviewed as a prisoner but now released, witnessed extreme violence against his family in Africa at a young age and was sent to England, then Scotland, at early primary-school age. He was treated very violently by some of his extended family, fostered and then sexually abused by an older boy. Blaming himself, Hunter responded with fighting, aggression and stealing, and was frequently excluded from schools, though he excelled at sport. He progressed very well in prison and became a trusted prisoner, before finding CSA counselling very helpful. Now released, he is very anxious to train at college and make a new life. Hunter feels many frustrations against the social work system and the pointlessness of school exclusions in addressing problems of young people like himself. Hunter, as a convicted offender, was recently the subject of a failed official attempt to deport him back to Africa, even though he has not lived there since early childhood.

Innes (age band 40–50)

Innes, from west-central Scotland, came from a family with a very strict punitive, ex-forces father where emotions were not allowed to be shown. He was abused for several years from age 12 by an “uncle figure” family friend. His elder brother left home without telling him he’d also been abused. At school, he ran away and shoplifted, in the hope someone would ask what was wrong. He worked hard for exams to get into the forces, which he saw as an escape from home, and spent many years in the RAF, as a “workaholic”, giving himself no time to stop or think. Innes suffered prolonged bullying and snide remarks in the RAF, had several breakdowns and a suicide attempt, and was demoted, “like a broken toy in the corner”. He maintains good contact with his children after a broken marriage. Innes received considerable help, first from a psychologist, then from a voluntary-sector support organisation to which a thoughtful RAF sergeant referred him. Innes has become a campaigner who is outspoken about the shortcomings of the armed forces in dealing with emotions, recognising or understanding causes of stress, failing to retrain and appearing to care only about men’s fitness for fighting.

Jack (age band 60 plus)

Jack, from an upper-middle-class rural family, who lived in both England and Scotland, had a happy home background. He was repeatedly sexually abused by a stranger, a schoolteacher, for a few weeks at the age of 8. For decades, he suffered severe flashbacks and disturbing obsessional thoughts of the incidents, only receiving helpful therapy for this in his forties. After university, he had a lengthy, successful career as a doctor, resorting to “workaholism” to combat both an unfulfilling relationship and alarming intrusive thoughts and images about the incidents. Eventually, this caused suicidal thoughts and he received skilled help to address these images. Affected by early disinformation by a psychiatrist telling him gay men would abuse children, he attempted to “jump into heterosexuality”, married and only later found rewarding gay relationships. Jack is retired but is active in voluntary work; he is very committed to improving the protection of children from abuse and the accountability of organisations involved in their welfare.

Jay (age band 40–50)

Jay comes from an upper-middle-class farming background in central Scotland. He was abused at the age of about 9 by an older boy at boarding school and was emotionally abused by his mother

throughout his childhood. He suffered bullying at both secondary and primary boarding schools where physical punishment was rife and “emotions were never expressed”. He suffered depression and withdrawal with occasional outbursts of violence at school, and “cracked up” at college. Jay went into farming and became a self-confessed “workaholic”, but his sense of career and personal failure increased when his wife left him. He has felt confused about his sexual identity, but now has very good relationships with his child, and is active in outdoor sports and community campaigning. His experiences have made him committed to opposing single-sex schools and harsh discipline in boarding-school settings.

Jeff (age band 30–40)

Jeff comes from an upper-middle-class southern English background but has lived many years in Scotland. He was abused in several incidents between the ages of 10 and 16 by several perpetrators, including two older boys, a 13-year-old girl and two young priests at public school where there was a “culture of abuse”. He took to heavy drinking in his early teens, felt controlled by others, confused about his sexuality, blamed himself, failed and re-sat exams. He drank heavily at university, suffered depression and self-harm, and had numerous brief, unsatisfactory relationships with girls, but at university he also devised a successful counselling programme, and events for students. Jeff found through his own experiences with mental health services that few could cope with abuse issues; he trained in this field where he has been working, first in a management role and now as an independent consultant. He is very committed to improving services for survivors and to development of a humane and holistic mental health system.

Jo (age band 30–40)

Jo comes from a disadvantaged background in Lanarkshire; he had a chaotic early life involving fostering, adoption, vague details of his birth, and public care for several years from age 13. He was sexually abused at 7 by a male neighbour and for two years at 14 by a male residential care worker. Jo suffered anxiety symptoms and disruptive behaviour at school; he was unable to concentrate, and still suffers anxiety, depression, drinking, self-harm, loneliness, panic attacks and physical ill health. He has had periods of work, unemployment and sickness, and worked five years for a voluntary organisation. He has had bisexual experiences, would like long-term relationship with a woman but feels he’s too aggressive. Jo has found counselling from a voluntary organisation helpful but still struggles with self-confidence and anxiety. He is angered by inadequate and inappropriate mental health services for male survivors, by unskilled telephone helplines and by schools’ treatment of troubled children.

Jordan (age band 40–50)

Jordan, from a politically active, supportive, skilled working-class background in Glasgow, was sexually abused for many years by his elder brother from the age of about 8. He was also abused by a female teacher at 15, though he did not interpret this at the time as abuse. He became a timid and bullied loner at school, fearful of other boys and blamed himself, but did well in exams and loved drama school. Jordan pursued a successful career in drama and music, and achieved several long-term relationships, but continued to suffer self-loathing, panic attacks and sexual fears: the arts world was at once both helpful and stressful in its high emotional content. After receiving help and insight from his own therapy, Jordan has trained as a therapist and counsellor. He has experienced other tragedies in his birth family due in part to his brother’s behaviour. He is particularly committed to the protection of children from abuse, and against the homophobia in institutions like the Churches.

Kit (age band 50–60)

Kit comes from a largely supportive upper-middle-class rural background in both Scotland and England. He was sexually abused at age 14 by a male teacher when boarding at a Scottish public school. He did badly in exams following this and attempted suicide, but blocked out most memories at the time. Despite strong sporting skills, he sabotaged his own successes. After working in the family firm, he became self-employed as a skilled craftsman, preferring to work alone. He had a number of short-term girlfriends, but found it hard to make male friends and remains quite isolated. Following newspaper publicity about his abuser, he came forward to the police, finding the whole criminal justice experience traumatic and unsatisfactory, particularly failings in the prosecution system. He has become committed to trying to gain justice not just in his own case but for others, campaigning on the way victims are handled within the system.

Liam (age band 18–22)

Liam comes from a working-class background, the family moved often, among different parts of Scotland. He was abused from the age of about 7 by his brother. His early life was chaotic, with a violent father and alcoholic mother whom he witnessed frequently bringing men home. He himself acted out sexually on a sibling when 12. He was aggressive and violent at school, truanted and was frequently suspended, eventually being taken into care where he was also moved several times. He suffered depression, anger, low self-esteem, self-disgust, and great problems with authority, especially after being laughed at by a staff member when disclosing abuse. However, he gained qualifications in one residential school where he had good experiences. Liam has served a sentence and has worked hard to face up to his own perpetration. He has undertaken counselling in prison which he found extremely helpful, along with a SOTP course; has gained more qualifications, is seeking to pursue college courses in the community, and is committed to campaigning about CSA.

Mike (age band 18–22)

Mike's family background in Glasgow was extremely disrupted, with moves to different relatives, rejection, care at age 3, various schools and children's homes, hostels and a spell of homelessness. Mike was abused by a childhood friend's family, by other boys at a children's home and by three strangers who abducted him violently from the street. He responded with poor concentration, aggression, running away, stealing, heavy drinking and drug use, self-harm, very low self-esteem and general distrust. He suffered a permanent physical disability after a violent attack by a drug addict. Mike, interviewed as a prisoner, was at a very low ebb in prison before beginning CSA counselling, which much improved his behaviour and self-esteem but where memories continue to bring occasional outbursts. Drugs workers have also helped him. Though Mike left school with no qualifications, he now wants to go to college. He feels the care system and social work system must change to understand the needs of young people like himself.

Padraig (age band 40–50)

Padraig, from Glasgow, came from a working-class family where he experienced domestic violence, emotional abuse and other problems. At the age of 5 he was brutally raped, after lengthy grooming, by a neighbour who was later convicted of offences committed at a senior football club's Boys' Club. This destroyed his self-esteem as a child: he felt responsible and suffered lengthy illnesses, convulsions, bullying and eating disorders, without anyone investigating what might be wrong. He left school with no qualifications. Padraig believed his awareness of his sexuality being different at an early age made him more isolated and vulnerable to an abuser. He developed phobias of education, became addicted to drink, drugs and anonymous sex, and was very controlling of relationships. Padraig was greatly helped by female friends who were themselves abused and were involved in campaigning organisations, enabling him to stop self-blaming, and by college tutors who made him confront his low self-esteem. After struggling with manual jobs, he achieved Highers and university degrees. Now qualified in the caring professions, Padraig is committed to pro-feminist politics. He believes gay support organisations must take on issues of power and coercion in sexual relationships.

Paddy (age band 30–40)

Paddy, who is completing a lengthy life sentence in prison, came from a secure working class family background in Glasgow. Involved in various petty crimes, he was sent to a List D school at age 13, where he was sexually abused by both male and female staff. Becoming angry and violent, he killed someone in a gang fight and received life imprisonment. He both suffered and committed violence at the school and in prison and developed a deep dislike and distrust of authority, and a wary distrust of confiding in other prisoners. Paddy self-harmed and took drugs to block the abuse and his long sentence. His long-term partner and child have given him some stability and he increasingly became a campaigner on behalf of other prisoners' rights; he believes this has damaged his parole chances. Leaving school with nothing, he now has a string of educational qualifications. Greatly helped to deal with his anger by counselling in prison, Paddy aims to use his anger constructively in continuing to campaign against discrimination and in working with young people. He has also helped other prisoners as a "Listener" in jail. He is likely to be paroled shortly.

Pete (age band 30–40)

Originally from Ayrshire, Pete comes from a disadvantaged family background with a chaotic early life, many split-ups and house moves. His mother was mentally ill and he was fostered then placed in children's homes. He was sexually abused for several years from age 13 by a local youth club worker. As a child Pete stole to get money for food and also to try and draw attention to what was happening and get removed from the abuser. He had a long history of offending, prison, mental illness, psychotic episodes, violence and suicide attempts. Terror that he might become an abuser himself led him into serious self-harm when a prisoner. He has received much help from a therapeutic community and from a voluntary-sector mental health organisation which supported him to see his abuser convicted in a successful court case. He is now in a supported flat and has managed to return to education courses. He has returned to a therapeutic community which he greatly values. Pete is angry about bullying and over-medication in the psychiatric system and the difficulties involved in getting hold of one's own records.

Phil (age band 40–50)

From Glasgow, Phil was sexually abused between the ages of 8 and 14, mainly by an uncle, but also by a teenage girl babysitter. His father, a labourer, was very violent towards him and his family, and as a teenager Phil was nearly strangled by him. Bullied at school, the abuse and violence left him with a stammer, unable to concentrate and eventually led to drinking, depression and suicide attempts in his teens, then throughout most of his life. He joined the army and held many brief jobs. Phil sabotaged many relationships with women before making a successful and lengthy marriage and good relationships with his children. As an adult, he feared people would assume that survivors must be abusers and would take his children away and this increased his drinking, but his children ultimately gave him the strength to stop. Phil found strength to overcome many problems and now works in the caring professions to which he is highly committed.

Preston (age band 40–50)

Preston comes from a middle-class family and relatively happy home background in Northern England. At the age of 8 he was abused for a year by a nearby shopkeeper, who inveigled himself as a family friend. At primary school, he suffered acute anxiety, crying, pulling out his hair and eyebrows, and was bullied by a teacher. Though achieving success academically and at sports, Preston "cracked up" at college and in later life suffered nervous breakdowns, depression, revictimisation, poor self-worth, panic attacks and homophobic feelings. Talented at the arts and writing, he worked in these areas in the media and elsewhere for many years before losing his job due to mental health problems. His wife leaving him with their child following his breakdowns and drinking remains traumatic and upsetting for him as he was extremely fond of both of them. He is now quite isolated. Although unable to do paid work regularly, he volunteers in creative arts, and has found counselling with a voluntary organisation helpful. Recently, he has had greater success with his creative work which has given him new encouragement.

Roy (age band 30–40)

Roy comes from a disadvantaged working-class background in the Glasgow area, with domestic violence, frequent house moves throughout his childhood, and his mother's emotional abuse. He was sexually abused at about age 8 by a family friend who lodged with them and again, for several years, at 14 by a man who picked him up in the street. Roy blamed himself and his self-disgust led to a destructive cycle of compulsive eating and anonymous sex which made him even more ashamed. He successfully trained in music and opera which became his "oxygen", and has been his career subsequently. Roy still struggles with mental health effects but received strong and helpful support both from a female friend and a voluntary-sector survivor support organisation, which he believes has saved his life. Roy is very committed to his music and has also become an active campaigner for public awareness, protecting children and improving services for survivors, particularly to improving support networks for young gay men.

Ryan (age band 18–22)

Ryan, currently a serving prisoner, comes from a deprived family background in central Scotland and has several relatives who have been in prison. He spent much of his childhood in state care. He

was sexually abused at age 4 by an older boy, and at 10 by a residential school teacher who was an ex-police officer. Further early life traumas are suspected. Ryan was excluded from nursery for sexualised behaviour and moved through several residential schools and secure units, often with problematic sexual behaviour. He has been violent to peers and involved with drugs, fights and very frequent “reports” and punishment cells while in prison. He considers himself bisexual. Despite managing to change his violent prison behaviour substantially after very helpful counselling, his peers have been suspicious and tend to treat him the same. He wants to change, gain qualifications and move to England for a fresh start, but is not very optimistic about making a success of life outside prison due to the stigma.

Scott (age band 40–50)

Scott, who comes from a working class background in Glasgow, was sexually abused by his mother for about two years from the age of 6. His early life was chaotic with a spell in care, domestic violence, and uncertainty about his family background. He was disruptive at school and developed a reading block, but later passed exams which enabled him to take a skilled post for many years in the RAF. Though a keen sportsman, the abuse affected his sense of male identity and made him very distrustful of people, fearful of closeness with women, and over-controlling. He lived abroad for several years. Scott has managed to maintain good relationships with his children after his first marriage failed, and is now in a happy and supportive marriage which has helped him confront past issues. He has also found valuable counselling with a voluntary-sector support agency. Scott is forthright and committed about the need for more social awareness about abuse, for support services for male survivors, and for a change of attitudes in the “macho” armed forces.

Stuart (age band 50–60)

Brought up in a supportive working-class family in Fife, Stuart was abused from the age of about 8 until about 14 by an ex-Boys’ Brigade official, who insinuated himself as a family friend. At school he felt isolated, showed sexualised behaviour and his school work deteriorated. He carried out a skilled job in the army for some years, but found the army extremely unsupportive for survivors of trauma. As an adult, he suffered depression and anxiety and turned to drink and drugs, but managed to maintain skilled catering jobs for part of this time. Stuart later successfully completed a university degree, is musically gifted and has other successful achievements, yet still suffers very low self-esteem, isolation, and avoidance of relationships with women after the breakup of his relationship with his long-term girlfriend. He has continued to receive positive help from a survivors’ support organisation, and has helped other survivors there as a volunteer. He is committed to improvements in the armed forces.

Appendix 2 Specific survivor recommendations from interviews and consultations

Raising awareness and increasing support for abused children

The male survivors of all ages were particularly committed to improving the situation for abused children in future. They drew on their own experiences, particularly of failings in support as children, to “flesh out” with much more specific suggestions the more general recommendations which are made in this report. They hope that schools, youth settings and child protection services will adopt or at least pilot their recommendations.

For awareness-raising and an informed response in schools:

- We need awareness that sometimes children who run away from school do it because they're trying to get someone to ask what's wrong.
- Teachers should always speculate about children taking drugs when they're very young.
- Teachers should always pick up any rapid decline in educational achievement.
- We need understanding that sexually abused children are vulnerable both to being bullied and becoming bullies.
- We need more awareness when a child says they don't want to go and see a certain person.

General aspects of schools which prove helpful for abused children

- Increasing children's self-esteem and self-worth through praise.
- Cracking down on bullying by pupils, but also bullying and sarcasm by teachers towards difficult or academically poor pupils.
- Cracking down on teachers who belittle pupils or who are sarcastic generally.
- For children with attention deficit, or who have missed a lot of schooling, making learning more interesting, e.g. with cookery where you had to learn to measure weights and budget, etc.
- Having a caring school ethos that notices all types of problems, e.g. dyslexia.
- Having more sympathetic male role models for boys in primary schools.
- Having special units whenever kids are excluded from school.

Specific help for abused children in schools

- There should be a safe room in a school, which people are passing by all the time, inconspicuously, where kids could go at lunch, breaks, etc. if they felt like it.
- Drama and artwork often helps children to express without words.
- Posters and leaflets that stress the importance of naming sexual abuse are needed in schools and youth projects.
- They need trained befrienders, specialised assistants in schools for the most vulnerable pupils and children with problems; they are more likely to talk to this person than to a professional.

Better information for children and teenagers about sexual abuse

- Sex education must address not just normal sexual relationships or underage sex but also abuse, rape, etc.
- Children should be told the sorts of things which abusers commonly say to shut them up or to deceive them into thinking that the children themselves have encouraged the abuse.
- Abuse survivors could come into schools and talk about their experiences.
- Police should come into schools and youth organisations like the Boys' Brigade, and talk openly about abuse as well as about road safety, etc.
- Survivors could make a video for school pupils and teachers.
- Give publicity about rape, but relate it to men as victims as well as women.
- Teachers should talk to children about what's right and wrong in how they're treated, so they are aware of the difference from young age: a lot of abused children think the abuse is normal if within the family.

Residential care

- Someone like Ilene Easton is needed, an independent type person based there, to listen to children, for instance after they've absconded.
- They need to talk about issue of CSA openly in children's units, have posters on the walls, etc.; most children will have been affected but are ashamed to say.
- They need to be aware how often older boys will have sex with other children, instead of ignoring it or being asleep when it's going on.

For children seeking help

- They need a sponsor or truly independent advocate from outside, not part of the family, not even from social work, for foster children, who would visit them and talk to them.
- They should have something like Childline, but for teenagers, an organisation you could contact 24/7; with a codename or first name so you had continuity and people who knew what you'd already rung them about.
- We need not just one children's refuge in Glasgow, but one in every area.

Disclosure, investigation and court

- They should slow down the investigation, not just going straight to the abuser and leaving the child open to violent recrimination; they need to inform the child at all stages about what's going to happen.
- Listening and believing is vital.
- Just because some children lie about some things doesn't mean they lie about abuse.
- Police should not just take children home if they run away.
- Kids should be able to give statements, but not have to go to court.
- Facing the abuser in court is just too frightening.
- Teenagers with a bad or promiscuous history usually get demolished in court, so they are frightened to go there.

Appendix 3 Consent form: example



CONSENT FORM

RESEARCH PROJECT: CARE AND SUPPORT NEEDS OF MEN WHO SURVIVED CHILDHOOD SEXUAL ABUSE

CRFR, The University of Edinburgh
health in mind, Edinburgh

- I have received, read and understood the Information Sheet about this project
- I have had the chance to ask any questions I wish about the project
- I have had satisfactory answers to any questions I have asked
- I understand that my personal identity will be kept confidential, and that the information
- I give will be used solely for research purposes, and will not be given to any other party
- I understand that the only exception to this rule will occur if I give information suggesting that a child is currently experiencing abuse or neglect, or that any person is currently at risk of serious harm
- I understand that I am free to withdraw from this study at any time

If I have a complaint in the course of this research study, I can contact:

Professor Lynn Jamieson, CRFR Director, 23 Buccleuch Place, Edinburgh EH8 9LN

I give my consent to participating in this study

Signed

Date

Witnessed by

Witness's job title

Date

CRFR, The University of Edinburgh, 23 Buccleuch Place, Edinburgh EH8 9LN

health in mind, 40 Shandwick Place, Edinburgh EH2 4RT.

Appendix 4 Methodology: Reflections on using the life grid in this research

By Ruth Lewis, Sandy Gulyurtlu and Sarah Nelson

Strengths

Throughout the majority of first interviews, either one of the research assistants or Sarah filled in a life grid. The life grids were tables or charts, which outlined different aspects of men's lives. In the case of the grid that we used, one dimension (horizontal) was marked out for the different ages of the man's life, and the other (vertical) had several categories: school and education; post-school education, training, employment; where you lived, alone or with others; family, friendships & relationships; personal interests, sport & leisure; abuse or ill treatment; use of services & support. As respondents talked, notes were inserted in the relevant boxes by the research assistant. This information provided a visual record of the interview, and was a helpful starting-point for the later follow-up interviews.

At the end of the interview, men were invited to use coloured pens to indicate their emotions about the different events recorded on the life grid. Initially, there were three set colours:

- Red – Negative
- Yellow/Orange – Uncertain, or both positive and negative
- Green – Positive

In most cases, this colour scheme worked well, and many participants seemed to value the opportunity to express their emotions non-verbally. However, following one interview, one participant asked if he could use additional colours to represent a more complex range of emotions, highlighting the limitations of a three-tier system. Another participant found one of the colours symbolic of the time of his abuse, and so we modified the colour scheme.

The colouring system was particularly valuable when it came to re-reading and analysing the interviews, as men did not necessarily attribute the colours one might have expected from their interview. In particular, they did not necessarily give all-negative colourings to things they described as difficult. For example, they might give all three colours to a marriage, or two colours to difficult but good therapy. Instead of the red that might have been expected, one young man coloured his time in a young offenders' institution green, noting that while many aspects were difficult, someone had believed in him and he would never be where he was now without that. Therefore, the colouring system encouraged us to reconsider the meanings of various aspects of men's experiences, and gave us a much better idea of what was really important and significant both negatively and positively.

During the interviews, men often disclosed sad and painful details of their lives, and the life grid provided an opportunity to "wind down" the interview in a more positive and less emotionally upsetting way. As the interviews explored participants' biographies, and not just their abusive experiences, the inclusion of a section on "personal interests" ensured that some of the happier aspects of their lives were also represented on the grids.

Challenges

From our perspective, the life grid worked most effectively when completed by one of the research assistants, leaving Sarah and the interviewee free to talk. In the interviews which Sarah conducted alone, the dual tasks of interviewing and filling in the grid sometimes disrupted the flow of conversation. Furthermore, Sarah was alert to some men's dislike of note-taking, particularly where they have been engaged with social work and mental health services which did this regularly, and felt this was more conspicuous when she was completing the grid.

As people do not talk about their lives chronologically, this meant the completion of the grid was not a linear process, but rather involved flicking across the pages to reflect men's narratives. On a practical level, this could be both noisy and distracting, as the grids were spread across two or more sheets of A3 paper which proved slightly unwieldy to move between!

Although the life grids enabled us to gain additional factual information, they could also feel a little prescriptive. Compared to those interviews where the life grids were not used, there was a slightly artificial structuring which may have prevented some men from putting across what was most strongly on their minds at any given time.

Despite the challenge, the grid proved a valuable research tool, which men in particular seem to find interesting and helpful for its structured, perhaps less emotional and more purposeful quality, and it is certainly worth exploring further for interviews on emotionally difficult topics.

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