

The report

WHERE'S HARRY?

A CLIENT CENTERED APPROACH TO SUPPORTING MEN WHO HAVE BEEN SEXUALLY ABUSED AS CHILDREN.

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26 January 2019

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ACKNOWLEDGEMENTS

We would like to acknowledge the assistance and support of Ken Clearwater not just as an advisor to the project but also as a mentor of the work of Male Room and SVS-Living Safe in general.

We would also like to thank the Working Together More Fund for their support of this project.

Executive summary.

The Working Together More Fund was established to support community agencies wanting to work together to achieve better outcomes for their collaborative initiatives. SVS-Living Safe and the Male Room Inc applied for and were successful in receiving a grant supporting their work in developing a pathway for male survivors of childhood sexual abuse (CSA).

Independently of these collaborations, the Department of Corrections was also concerned about what appeared to be a strong relationship between CSA and various manifestations of antisocial behavior in males. This has significant costs for the men personally, and for society in general both socially and economically.

Sections 1 and 2 of this report, supported by the Working Together More Fund, details the nature of child sexual abuse in males generally and the design of a training project aimed at better serving the needs of male victims of CSA. A training programme to assist professionals in facilitating early disclosure of CSA in males is appended to the report. Section 2 also outlines the implementation of a project, supported by the Corrections Dept, that occurred following the development of the training programme. Essentially the project team found itself in a position of both designing and implementing a programme that met the needs of two organisations. It seemed pragmatic and consistent with the aims of the Working Together More Fund to present all initiatives together.

Section 1

While the definitions and reported incidence of CSA varies an incidence of 1:6 males is commonly reported.

The effects of CSA are, in many ways, the same for both males and females including high levels of relational difficulties and mental ill health. However the effects with males indicate high levels of suicide and violence. It should be noted that there is a lack of male specific research but also a lack of gender comparative research in this area (Dube, et al. 2005). What is most telling is that evidence suggests that while females experience CSA at around twice the rate of males, males under-report CSA to a considerably greater extent. The literature commonly identifies that male victims are less likely than females to disclose CSA at the time it occurs and also take longer to discuss their experiences. This is largely due to the effects of societal myths/stereotypes regarding men and CSA

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and the practises of professionals working with men who have experienced CSA. Myths and stereotypes include (but are certainly not limited to):

- The expectation that males should be dominant and self-reliant.
- Male victims try to conform to a stereotypical picture of 'manliness' which does not allow a man to be a victim. This also causes many male victims to question their personal sexuality.
- Relatively few males are sexually abused and, further, that sexual abuse has little effect on males.

The significant differences in disclosure patterns between male and female victims of CSA are thought to be at least in part a result of professionals not being immune to societal stereotypes and myths regarding male victims of CSA.

This situation ensures that, from a gendered perspective, males continue to be victimised through poor societal, institutional and professional willingness to seriously address the particular issues that affect male victims of CSA. There is an urgent need to screen and treat all survivors of CSA yet this action appears to be limited across all support services. A logical response for all professionals would be to incorporate a standard enquiry about a history of CSA into needs assessments. Professionals should be proactive in enquiring about CSA with male clients even when this is not the presenting problem.

The above statement strongly suggests the need for a training/education programme for professionals working in areas where adult (male) victims of CSA may appear to ensure that these professionals have the awareness, appreciation and skills needed to facilitate disclosure and entry into referral pathways.

Section 2

What is evident from the preceding section is that while male victims of CSA experience many effects similar to those of females, there are significant points of difference that negatively affect disclosure and treatment pathways for males. This undoubtedly leads to continued, almost embedded, poor outcomes for these males and also for those people close to them.

With the above in mind it was decided to approach the Department of Corrections. Corrections had earlier expressed interest in the area of better supporting males who had been victims of CSA. It was agreed to implement the pilot programme developed with the support of the Working Together

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More fund. The process involved six stages including awareness raising for Corrections staff, interviews and a process of intervention with victims of CSA.

Six main points emerged from the pilot.

- While staff had a sound awareness of CSA and females there was poor awareness of CSA and males with males commonly viewed as the perpetrator.
- Few people are aware of the strong correlation there is between CSA of males and later relational difficulties, violence, mental illness and drug/alcohol abuse. This is certainly evident in the population of prisons and suchlike (both with adults and juveniles).
- The impact of widely held myths and stereotypes in relation to male victims of CSA and the extremely negative impact these have on both victims and service providers.
- The very limited readiness of agencies to provide policy, protocols and training for staff in awareness raising of CSA in males and in early intervention processes to aid early disclosure.
- The need for therapeutic pathways for victims that emphasise partnership between professionals and the client.
- The need for flexibility in supporting deeply traumatised male victims of CSA. The time allocated to this needs to be generous. The support also needs to be available outside usual working hours. Whether this level of support is sustainable is questionable, however flexibility in service provision is vital.

Recommendations included:

- There is an urgent need for contemporary New Zealand information on CSA with males. This is especially evident in the lack of data on the situation for men generally and specifically affecting Māori, Pacifica and youth.
- The need for an urgent focus on early detection, referral and the availability of peer support groups as the preferred approach to support of these men.
- Undergraduate education needs to take a proactive stance in preparing health and social service students in best supporting the distinct needs of male clients.
- Health and social service agencies themselves need to be proactive in providing policy, protocols and training for staff in supporting male clients.
- Health and social service agencies supporting male victims of CSA need to be resourced to provide flexibility in this area. For example, staff working outside of usual working hours.
- A training package needs to be developed to assist staff in contact with men who may be victims of CSA. This needs to look at dispelling myths and stereotypes, provide accurate information on the nature and incidence of CSA in males as well as provide skill development in brief intervention techniques to facilitate disclosure of abuse.
- A register of services needs to be developed. This should focus on agencies/services that specialise in supporting males.

SECTION 1: INTRODUCTION

The Working Together More Fund (WTMF) was established to support community agencies wanting to work together to achieve better outcomes for their collaborative initiatives. While it is recognised that collaboration usually occurs at some level between organisations the WTMF believes that, with extra resourcing, increased benefits could be achieved for community agencies. Overall the Fund believes that this approach will lead to greater efficiencies, creativity and ultimately more effective community interventions.

[The Fund aims] to assist community groups to make a greater difference for the people and communities they serve, through working together more closely with other organisations. The Fund can provide seeding money and expertise to develop collaborative arrangements, but does not provide on-going operating costs.

WTMF, 2014.

SVS-Living Safe and the Male Room Inc applied for and were successful in receiving a grant supporting their collaboration in developing a pathway for male survivors of childhood sexual abuse (CSA). SVS-Living Safe and Male Room Inc were aware both through their respective activities of a strong correlation between early sexual abuse of males and subsequent problems in their adult life. For example, in their relationships, mental ill health, criminal activity and difficulties with alcohol and other drugs. Parallel to this Male Room Inc had also entered into a collaborative arrangement with the Male Survivors of Sexual Abuse Trust (MSSAT).

As there was no service currently offered in Nelson for this vulnerable and traumatised group, Male Room Inc and SVS-Living Safe were keen to address this gap in service provision. It was proposed that a study would be completed aimed at detailing suggestions for a pilot programme. This programme could lead to early recognition of men who have experienced historic sexual abuse and provide a pathway for intervention, support and recovery.

Independently of these collaborations, the Department of Corrections was also concerned about what appeared to be a strong relationship between early sexual abuse and various manifestations of antisocial behavior.

For pragmatic purposes it was decided to develop a more detailed report that:

- Developed an overview of sexual abuse of males.
- Develop a training programme aimed at awareness raising and the support of early disclosure of childhood sexual abuse in males.
- Drew on the results of a trial project supporting a small number of adult male victims of child sexual abuse.
- Developed a process to support the recovery of men who had experienced early sexual abuse.

Background

This section initially overviews child sexual abuse in relation to definitions, incidence, and effects. Disclosure patterns will then be explored. It is in this section that the differences between male and female experience is more clearly identified. It should be noted that sexual abuse is not limited to children. However, for the purposes of this project and for clarity, the emphasis will be on child sexual abuse.

Child sexual abuse [CSA] is a traumatic childhood life event in which the negative consequences increase with the increasing severity of [the original] abuse. CSA adversely influences a number of adult developmental outcomes that span: mental disorders, psychological wellbeing, sexual risk-taking, physical health and socioeconomic wellbeing. While the individual effect sizes for CSA typically range from small to moderate, it is clear that accumulative adverse effects on adult developmental outcomes are substantial.

Fergusson et al, 2013.

a. How CSA abuse is defined/categorised.

The World Health Organisation (2003) defines CSA as:

... the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to:

- *the inducement or coercion of a child to engage in any unlawful sexual activity;*
- *the exploitative use of a child in prostitution or other unlawful sexual practices;*
- *the exploitative use of children in pornographic performance and materials*

Barth et al (2013) suggest this broad definition does not differentiate between what they refer to as 'levels' of CSA. That is, this definition does not differentiate between non-contact abuse, minimal contact abuse, mixed abuse and forced sexual intercourse. Further, that the generalised definition cited above potentially leads to ambiguity and a lack of clarity about the nature of CSA. It would almost certainly not give an adequate picture of the victims' experience of CSA. This point is supported by Barnett et al (2011) who question the range of behaviours that are defined as inappropriate and differing significantly over cultures.

This situation is further complicated through international disparities of the age of consent. The age of consent varies widely through a low of 12 years of age (eg. In Spain), to a high of 18 in some States of the USA. Almost all European countries set the age at 16. New Zealand follows the example of Europe in setting the age at 16 years of age. Variations are also evident in relation to geographical regions, for example with African figures being consistently higher than for other areas.

While there are significant variations in how CSA is understood Barnett et al (2011) cite five points which should be considered in assessing for abuse. These being:

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- Non-contact abuse. While CSA is generally understood as involving bodily contact of some sort, this need not be the case. For example, photography involving a child that is considered pornographic.
- The intention of the perpetrator, that the activity is intentionally sexually stimulating.
- Exertion of power/control over the child. The use of power/control to meet sexual needs.
- Age differences between perpetrator and victim.
- Type of abuse. Generally understood as indicating the severity of abuse.

According to Putnam (2003) CSA constitutes approximately 10% of officially substantiated child maltreatment cases. Adjusted rates are 16.8% and 7.9% for females and males respectively. However on closer analysis considerable variation is uncovered on the rates of CSA reported through official agencies (eg. Child Protection Services) and those of self-reports. Stoltenborgh et al (2011) estimated that these rates differ to the extent of self-reporting being 30 times higher than that of official reports. In one study Stoltenborgh et al estimated that these figures translated to 1:8 people self-reporting CSA while official estimates are more like 1:250 victims. This was supported by Priebe & Svedin (2008) following a survey of 4339 high school students. The results indicated that 65% of the females and 23% of the boys reported experiencing sexual abuse. However these figures are interpreted it is clear that the incidence of CSA is most likely considerably more serious than is indicated by official reports.

Childhood sexual abuse [CSA] with males is not uncommon (Dube, et al, 2005). Statistical data demonstrates that between one in four and one in three victims of CSA are males. Dube et al. (2005) state that sixteen per cent of males and twenty-five per cent of females are victims of CSA. Speigel (2013) provides more telling detail in reporting that a narrow majority (58%) of perpetrators target females, a minority (14%) target males with 28% targeting both boys and girls. The mean age of victims for the commencement of abuse is 8.5yrs with the cessation of abuse averaging 13years. Dube et al (2005) found that contact CSA was reported by 16% of males and 25% of females. Men reported female perpetration of CSA nearly 40% of the time, and women reported female perpetration of CSA 6% of the time.

b. The effects of CSA.

The effects of CSA are in many ways the same for both males and females (Yarrow & Churchill, 2009). These effects include a wide range of experiences that can be clustered under the theme of 'difficulties with relationships'. For example Dube et al (2005) reported a 40% to 50% increased risk of current problems within marriage with victims of CSA as compared with others. These difficulties are closely linked with the compromised levels of trust and intimacy that are particularly noticeable among victims of CSA. Collin-Vézina et al (2013) talk of CSA as effectively being a form of maltreatment involving traumatic sexualisation, betrayal, powerlessness, and stigmatization. Considering these effects, the following negative outcomes would appear completely understandable.

In addition to the above, victims of CSA can experience a wide range of other negative outcomes. These include:

- a. High levels of intimate partner violence (Holcomb, 2013). Friesen et al (2010) in their study of 900 New Zealanders support this point noting higher levels of intimate partner violence alongside other interpersonal issues with adult victims of CSA.
- b. Suicide attempt/completion has been reported as twice as likely among both men and women who have experienced CSA (Dube et al, 2005., Holcomb, 2013). In addition, O'Leary, & Gould (2008) found that men who were victims of CSA were up to ten times more likely to report suicidal ideation than those in a control group.
- c. Mental ill-health (O'Leary, 2009., O'Leary & Gould, 2010., Holcomb, 2013) including depression and substance abuse (Putnam, 2003., Holcomb, 2013). Easton (2013) qualified this general statement when he suggested that only one of the four CSA severity variables—use of physical force by the abuser—was consistently related to mental distress.
- d. The incidence of antisocial behavior. Johnson et al (2005) explored the relationship between CSA and later antisocial behavior. Their study found that 59% of a sample of 100 prison inmates reported some form of childhood sexual abuse.

While this section overviewed the effects of CSA, pointing out that these were generally the same for both males and females, there is evidence that the situation affecting males is not well researched. This point is supported by Easton (2013) who observed that male victims of CSA are a "stigmatized, under-studied, and marginalised population". There is however not only a lack of male

specific research but also a lack of gender comparative research (Dube, et al. 2005). This situation results in ambiguity and inconsistency regarding the long term effects on men, as well as relative uncertainty about the nature of CSA with males (Thielmann , nd).

c. Disclosure of CSA

Evidence suggests that while females experience CSA at around twice the rate of males, males under-report CSA to a considerably greater extent than do females. Stoltenborgh et al (2011) described a Canadian study which found that whereas 16% of female victims had never disclosed the abuse, this proportion rose to 30% for male victims.

However, in relation to men's disclosure of CSA, the gender differences in relation to incidence, context and facilitation of disclosure of CSA are more clear. The literature commonly identifies that male victims are less likely than females to disclose CSA at the time it occurs and also take longer to discuss their experiences (O'Leary & Barber, 2008). The evidence informing this area can be classified under two main headings, these being the effects of societal myths/stereotypes regarding men and CSA and the practises of professionals working with men who have experienced CSA.

Myths/stereotypes include:

- The expectation that males should be dominant and self-reliant (Barnett et al, 2011).
- Male victims trying to conform to a stereotypical picture of 'manliness' which does not allow a man to be a victim (Alaggia & Millington, 2008).
- Fears associated with homosexuality (Barnett et al, 2011). Sustaining an erection during anal penetration frequently leaves victims perplexed and confused about their sexuality (Stemple & Meyer, 2014).
- Male victims of CSA developing paedophilic tendencies.
- That relatively few males are sexually abused and, further, that sexual abuse has little effect on males. One specific gender stereotype is the view commonly held which sees males as

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seeking and appreciating early sexual experiences regardless of the nature of these experiences (Stemple & Meyer, 2014).

- The refusal for society to believe that female offenders exist (Saradjian & Cortoni, 2010). Or, if this is accepted, female offending is in some way less traumatic than for male perpetration. With male victims of CSA there are a considerably higher proportion of female offenders than exist for female victims (Hetherington & Beardsall, 1998). The authors suggest that this may lead to professionals being less aware of and involved with male victims of female perpetrated abuse
- Similar to many female victims of CSA, men themselves not necessarily identifying the behavior of perpetrators as abuse (Lab & Moore, 2005).

Professionals are not immune to societal stereotypes and myths regarding male CSA. The following points are critical in regards to disclosure.

- Professionals' continued failure to enquire about male CSA with clients (Holmes, & Offen, 1996., Lab et al., 2000., O'Leary & Gould, 2009).
- A lack of knowledge and awareness of male CSA (Lab et al, 2000., O'Leary & Gould, 2010).
- Generally poor skill levels amongst professionals in relation to methods of enquiry (Barber, 2012; Hunter, 2013).
- A lack of specialised training that results either in inaction or practice approaches with potentially negative consequences for male victims of CSA (Lab & Moore, 2005).
- The limited services that are available specifically for male victims gives professionals little guidance regarding referral pathways.
- Therapeutic responses to male CSA not having been evaluated sufficiently (Theiman, 2010).
- The limited number of male professionals available in social services.

One of the more insidious results of the negative influences on facilitating disclosure outlined above is the continual revictimisation of those men. According to Denov (2003) the failure to acknowledge a survivor's experience of CSA results in re-victimisation while early and facilitated recognition of CSA had a therapeutic effect.

Male victims are relatively unlikely to disclose their experience of childhood abuse, and (as a coping strategy) they deny the impact of sexual abuse on their lives. Professionals fail to hypothesise that their male clients may have been abused,

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*and do not create the conditions that would enable males to talk about the abuse
..... In short, the 'evil' of childhood sexual abuse in the male population is not
being seen or heard by clinicians, and is not being recognised or talked about by
victims.*

Ullman & Filipas, 2005, np.

Significant differences in disclosure patterns between male and female victims of CSA indicate that a gender perspective is helpful, if not essential, when developing guidelines for professionals in assessment practises and referral pathways (Priebe & Svedin, 2008). Overall, disclosure of CSA should be considered as a complex and life-long process with most victims not disclosing until adulthood (Hunter, 2013).

d. The future

The message, repeated by researchers, is the need to screen and treat all victims of CSA (Dube, et al, 2005., & O'Leary & Gould, 2010) yet this action appears to be limited across all support services. For example Chen et al (2010) claim that only five per cent of CSA victims disclose their experiences with doctors. When one takes the view that CSA survivors have been waiting almost their whole lives for somebody to ask the question and provide an environment conducive to disclosure of CSA this is an appallingly poor situation. A logical response for all professionals would be to incorporate a standard enquiry about a history of CSA into needs assessments (Lab, et al. 2000).

Research also indicates that while effects of CSA on men and women are largely the same (Lab, et al. 2000) disclosure rates differ markedly with men not disclosing at a considerably greater rate than for females. This leads to the view that professionals of all disciplines should be aware of the particular tensions that affect male victims of CSA in this area. Alaggia & Millington (2008) add to this point suggesting that professionals should be proactive in enquiring about CSA with male clients even when this is not the presenting problem.

It should be noted that in the absence of more formal pathways for disclosure and support some victims of CSA turn to online sources of support. Moors & Webber (2013) explored this pathway for disclosure. The authors suggested there were positive signs to online forums but they identified a problem with the openness of the tool with some very negative replies to disclosures being noted. However the authors concluded that professionals should seriously consider these sites as vehicles

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to connect with victims. The authors also observed that this area is one which could be explored and developed in the future.

Easton et al (2013) found that men who had a better understanding of the sexual abuse experience, who ascribed to less traditional masculine norms, and who experienced a turning point reported greater growth. To promote growth, professionals can help survivors understand the meaning and impact of the abuse on their lives and deconstruct rigid gender norms. More research in this area is needed with male survivors, especially on the nature of turning points in the recovery process.

It should be noted that despite these points, a proportion of victims do not exhibit symptoms of distress. For example victims of CSA who receive support and counselling seem to fare better than others (Collin-Vézina, 2013). Indeed, victims have been reported as, with support (particularly peer group support), developing a self-image that is not framed by the abuse (Torbjorn, 2008). While there is no doubt that an increased risk of long-term problems exists for victims, many survivors of CSA experience positive changes in areas such as appreciation for life, personal strength, and interpersonal relationships.

While differences in definition, incidence and disclosure rates exist internationally it is clear that CSA is a significant social problem resulting in a wide range of negative effects that are carried through into adulthood. From a gendered perspective, although the effects of CSA are relatively similar for both male and female victims of CSA, disclosure rates and treatment pathways are disproportionately compromised for male victims. This situation ensures that, from a gendered perspective, males continue to be victimised through poor societal, institutional and professional willingness to seriously address the particular issues that affect male victims of CSA.

The above statement strongly suggests the need for a training/education programme for professionals working in areas where adult (male) victims of CSA may appear to ensure that these professionals have the awareness, appreciation and skills needed to facilitate disclosure and entry into referral pathways.

e. Summary.

While this section overviewed CSA generally and then more specifically in relation to males, it should be understood that the breadth and depth of this review was moderated by the level of

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resourcing the project attracted. The literature referred to reflects the work of many people who have contributed to the knowledge base in the area of CSA over many years. The depth and breadth of these sources has only been superficially captured in this section of the report. However what is clear is that while the evidence generally talks of CSA as affecting both men and women similarly, this observation needs to be tempered with two significant points.

- a. Firstly, in comparison to females, there is a limited amount of research that looks at the male experience of CSA. In addition to this point, there is a lack of gender comparative research. As a consequence, while the literature does talk of the relationship between CSA and later problems in many aspects of victims' lives, this relationship does not reflect the anecdotal experiences that underpin this project
- b. Secondly is the high rate of non-disclosure and/or late disclosure with males as compared to females. The relationship between these consistently poor outcomes for males is the focus of this report and leads to the following second section.

The second section of this report will overview and critique a process the authors utilised, with the assistance of the Department of Corrections, to support men who had experienced CSA.

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Section 2: The project

The project was based in the belief of staff from SVS – Living Safe and the Male Room Inc in a strong relationship between males, family violence and CSA. However the literature reviewed proved to be too broad to clearly support this correlation. What is evident from the preceding section is that while male victims of CSA experience many effects similar to those of females, there are significant points of difference that negatively affect disclosure and treatment pathways for males. This undoubtedly leads to continued, almost embedded, poor outcomes for these men and also for those people close to them.

With the above dynamics in mind, and the support of the Working Together More Fund, for collaborative endeavour in developing a training programme to assist male victims of CSA, it was decided to approach the Department of Corrections. Corrections had earlier expressed interest in the area of better supporting males who may have been victims of CSA.

Corrections stated aim is to work to make New Zealand a better, safer place by protecting the public from those who can cause harm and reducing the rate of re-offending.

Correction's goal is to reduce re-offending by 25% by 2017.

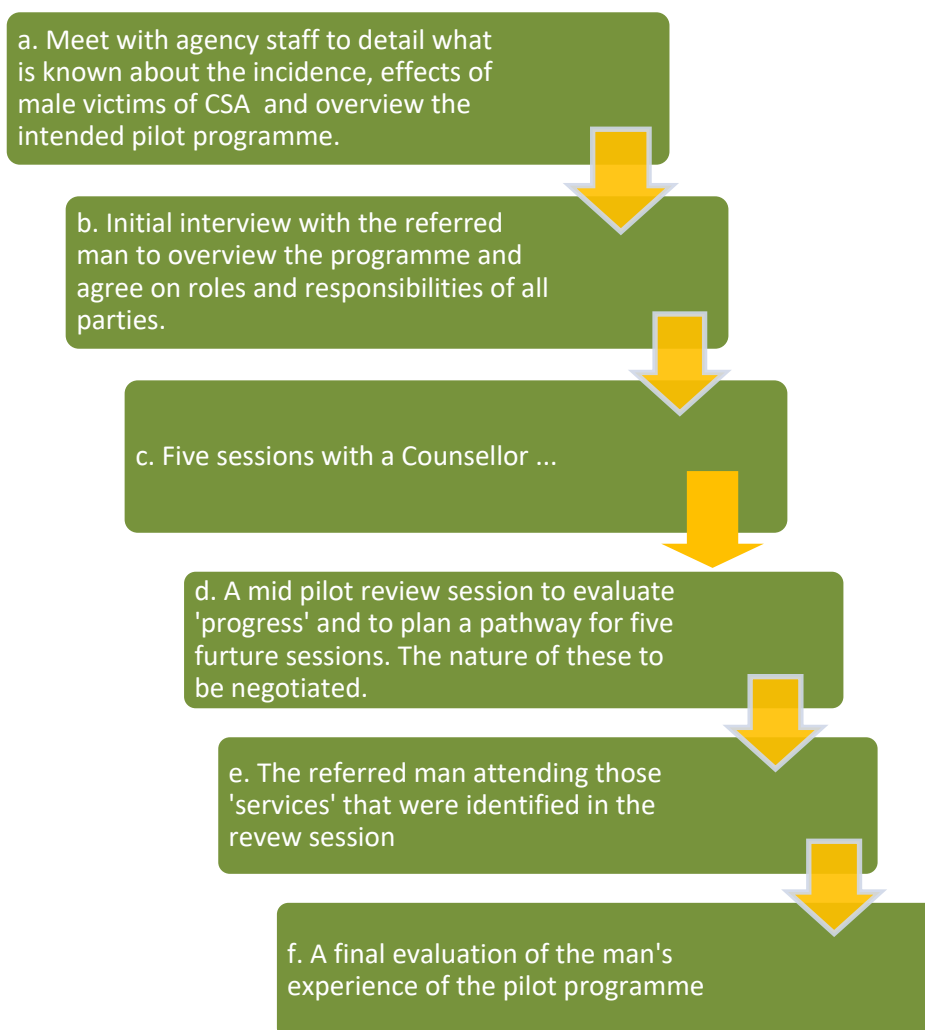
Each week the Department [of Corrections] manages 8,500 people in prisons and 30,000 offenders in New Zealand communities. The 8,000 staff are committed to supporting offenders to help them address their offending and gain skills that will help them lead a crime-free life. Corrections protects the public of New Zealand from those who can harm them, by providing offenders with rehabilitation programmes, education and job training that will turn their lives around and break the cycle of re-offending.

Adapted from Department of Corrections, 2014.

The three organisations agreed to support a process of awareness-raising for Corrections staff and a pilot programme for male victim of CSA.

The process was planned to involve six stages (See Figure 1).

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a. Presentation to staff

Following meetings with Corrections management there was agreement in principle to move forward with the collaborative project.

There was an initial presentation to Department of Corrections staff by representatives of Male Room Inc and SVS – Living Safe. The presentation was aimed at outlining the project as well as raising awareness about the nature of CSA in males. The meeting was brief (around 25 minutes) where an overview of issues surrounding CSA of males was introduced.

This is all about trust. These guys don't trust services. They've had experiences with services that just haven't worked for them. Developing trust is vital.

Ken Clearwater

A review:

In retrospect, and for several reasons, the presentation was too brief and limited in scope to begin to promote understanding and effective change. Reasons included:

- Managing change in organisations requires considerable planning and 'buy-in'.
- 'Resistance' in some form is usually/always present. This should be expected and managed through careful planning prior to the event.¹
- The challenge of revisiting professional roles in line with stated aims of the organisation. For example several present were clear that they saw their role as Corrections staff, not counsellors.
- While staff had a sound awareness of CSA and females there was a poor awareness of CSA and males with males commonly viewed as the perpetrator.
- The holding of commonly stereotypes and myths in the area of CSA of males.
- The limited number and range of staff that were present at the meeting.

b. The initial interview

The referral process was via SVS-Living Safe (as the contract holder) to Male Room Inc. The initial interview took place either at the person's home (with his permission) or at the Male Room. Male Room Inc emphasised a partnership with the client. Initially this proved problematic as the templates of documents needing to be completed were consistently focussed on managing anticipated risks with the client with the client being required to sign an agreement that explained (for example) what would happen in cases of non-attendance, abuse, violence, and/or intoxication. These documents were considered restrictive and focussed on the person as a potential problem.

To revisit a relationship based on partnership and shared ownership of responsibility a new document was developed that emphasised these points. Those referred enjoyed having input into the pathway that was planned (See Appendix #1).

Three referrals were received from the Department of Corrections.

A limited number of attendances doesn't mean that it's not working ... these guys are moving through complex issues. Any attendance is a success.

Ken Clearwater.

¹ 'Resistance', while a commonly used term, is used here for ease of purpose only. A more accurate description is the caution people experience in accepting change that they perceive as being threatening to themselves and/or their clients.

A review:

All those referred enjoyed both the wording of the agreement and the collaborative discussion that surrounded the mutual signing of this document. All signed and were initially keen to continue the process that was outlined.

It quickly became clear that, because of the complex and multiple issues in the lives of these men, there were a number of health, social and justice agencies involved in their support. However the networking between these agencies appeared inconsistent, if present at all. The agencies that were identified by the men in the pilot programme included:

- mental health case workers.
- Māori health services.
- Alcohol and other drug services.

c. Attendance with counsellor

Three clients attended the initial phase with a counsellor. While all had differing experiences resulting, at least in part, from their early experience of CSA, all were prepared to enter into the counselling sessions. All had spent considerable time talking about their experiences as a victim of CSA in a variety of settings, including counselling. However it quickly became apparent that each was to engage with the counselling experience in their own unique way. Of the three men, one was engaged throughout this phase, one partially and one minimally.

In the spirit of partnership and the men moving towards taking a stronger role in determining their future, the counsellor deliberately followed the men's lead in the conversation rather than other, more prescribed counselling models. While the men were readily able to talk about the CSA event, they didn't want the focus of the therapy to be on the CSA event itself. Their primary interest was in how it had affected them and how they could better manage themselves now and in the future. They were interested in talking about the effects of the initial traumatic event(s) what it meant for them in the manner they were leading their lives (For example, in attraction/non-attraction in relationships). The counsellor stated that, "When they do talk about the CSA 'event' they talk about it in a very matter of fact sort of way. When they talk about the effects on their lives the emotion is quite evident".

Most of these men have been through various systems most of their lives. A consistent person is a jewel.

Ken Clearwater.

Each of the men had considerable insight into the probable links between their experience of CSA and the problems they experienced throughout their lives. These problems were multiple, complex and interlocked. For example one man talked of his willingness to be involved in the project but his

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worry that, as in the past, this process leads to revisiting the original trauma which in turn leads to his returning to alcohol/others drugs, which leads to his reoffending. Another talked of his desperate for some sort of intimacy but in his attempts at this invariably fail. “[He’s] not interested in talking about the original abuse but the later effects, how does it relate to his current life? Especially things he felt ashamed/guilty about. How does he stabilise his employment? How does he improve his life? He doesn’t want to spend ten counselling sessions talking about being sexually abused” (Communication with counsellor, 2014).

Overall, the counsellor believed the men, given their complex personal circumstances, responded to the sessions well albeit with quite different levels of attendance.

A review:

While there was positive feedback from each of the men the degree of involvement varied. It must be remembered that, although the project was initiated by disclosure of CSA each man had multiple and serious difficulties in other areas of their lives. Antisocial behavior, alcohol/drug addiction/abuse featured heavily as did mental ill-health. These factors, combined with the prospect of revisiting past trauma, puts their return to continue engagement with the project to be a quite remarkable outcome.

It was clear that referral and treatment pathways that are linear and well defined did not have the flexibility to adjust to the needs of these men. While the men were referred by the Department of Corrections they each had relationships with other groups of professionals, for example mental health case managers. There is a need for:

- An ‘all agency’ approach – the concept of ‘wrap around services’.
- A navigator. A person resourced to assist with issues like transport, communication, getting to appointments.
- Flexibility in contact and hours for the navigator. The men often needed to be supported outside of normal office hours.
- Flexibility in approach during counselling. The men seemed to be asking for an approach more aligned with skill development. An approach more consistent with Cognitive Behavioral Therapy (including Solution Focussed Therapy).
- An awareness of the resiliency that these men are capable of attaining.

Just because he’s not talking about it doesn’t mean to say the sessions aren’t helping. He’s there. He’s come back. That’s huge.

Ken Clearwater.

d. Designated services

The three participants all wanted to continue with the programme but with differing ideas on what would be suitable timeframes for them. There were three pathways of support that were common to each.

They all felt the need for a mentor, a person to support them through areas that they found difficult. This person did not need to be a trained professional but rather a person they could talk to and with whom they could develop a positive relationship with.

The value and acceptability of peer group support to male survivors of CSA has been mentioned elsewhere. This point was echoed by one man involved in the project who attended a peer support group. He believed this two weekly peer support group meeting of male survivors of CSA was of considerable value. This consumer based support group is led by the members with only administrative support supplied by non-survivors. "It's the best thing I've been to" (Project participant, 2014).

A review:

While the three participants all wanted to continue with the programme they all engaged within differing timeframes. One man maintained regular contact throughout with both the counselling sessions as well as the support group. Another man maintained contact initially but then returned to the programme after six weeks. The other participant similarly avoided contact for six weeks but has recently made contact. Generalising these points from such a small cohort to a wider population of survivors should be undertaken with considerable caution. However those involved in supporting the participants all shared an understanding that these erratic pathways was only to be expected as each man was attempting to follow a positive pathway while the pathway was asking them to revisit severe past trauma in their lives.

The 'trigger' for renewed stress can be something quite simple – a smell, a moustache. It's not the programme, it's something in the environment.

Ken Clearwater.

Entering into pathways for support can equate with renewed stress as the men explore issues in a way they have never done before or have most likely failed to negotiate before. This leads to a stressful time where relapse into previous coping mechanisms is to be expected. For example, alcohol and other drug use. It can be argued that, even if the process is well managed, victims can effectively experience a form of re-traumatisation. An overt and unnecessarily authoritarian approach in managing behaviors that can be viewed as 'risks' and/or 'non-compliance' forces all involved into a dynamic that leads to a poor outcome for all involved.

The need for a mentor was evident in the need for a consistent person(s) to assist them in managing the day to day difficulties they all experienced and which negatively impacted on their

ability to plan, stay positive and engage with others. These difficulties were related to everyday things such as a lack of transport and telephone.

e. Final review (To be completed)

Given that the men each engaged with the programme positively but within a timeframe that was acceptable and manageable to each of them this final section is yet to be completed.

f. Summary

Six points emerged from the project.

- While staff had a sound awareness of CSA and females there was an almost total lack of awareness of male victims of CSA with males commonly viewed as the perpetrator.
- Few people are aware of the strong correlation there is between CSA of males and later relational difficulties, violence, mental illness and drug/alcohol abuse. This is certainly evident in the population of prisons and suchlike (both adults and juveniles).
- The impact of widely held myths and stereotypes in relation to male victims of CSA and the extremely negative impact these have on both victims and service providers.
- The very limited readiness of agencies to provide policy, protocols and training for staff in awareness raising of CSA in males and in early intervention processes to aid early disclosure.
- The need for therapeutic pathways for victims that emphasise partnership between professionals and the client.
- The need for flexibility in supporting deeply traumatised male victims of CSA. The time allocated to this needs to be generous. The support also needs to be available outside usual working hours. Whether this level of support is sustainable is questionable. However flexibility is vital. We have to look past short term solutions.

Take care with talking about a 'navigator' to assist the men through the process. The navigator should be understood as the man himself.

Ken Clearwater.

Recommendations

- The evidence that is available on male victims of CSA is mainly from the USA and Australia. There is an urgent need for contemporary New Zealand information or at least direction. This is especially evident in the lack of data on the situation for men generally and specifically affecting Māori, Pacifica and youth.
- The need for an urgent focus on early detection and referral. It is clear from the literature that the earlier there is disclosure the better the outcome for the victim and involved others. It is also clear that, particularly in New Zealand, there is limited expertise in this area.
- Undergraduate education needs to take a proactive stance in preparing health and social service students in best supporting the distinct needs of male clients.
- Health and social service agencies themselves need to be proactive in providing policy, protocols and training for staff in supporting male clients.
- Health and social service agencies supporting male victims of CSA need to be resourced to provide flexibility in this area. For example, staff working outside of usual working hours.
- A training package needs to be developed to assist staff in contact with men who may be victims of CSA. This needs to look at dispelling myths and stereotypes, provide accurate information on the nature and incidence of CSA in males as well as provide skill development in brief intervention techniques to facilitate disclosure of abuse.
- A register of services needs to be developed. This should focus on agencies/services that specialise in supporting males, and include the availability of peer support groups ²

[The] implications of the study for practice are consistent with the advice suggested by the men themselves, that they were helped by consistent relationships with others who could provide practical support and inspire hope

O'Leary & Gould, 2010.

² It is becoming evident that, in contrast to female victims of CSA, males prefer peer group support to individual counselling (Vilenica et al, 2014)