A View From Inside The Box IV

Connecting the Box's: Coming Home

WEST YORKSHIRE SURVIVORS

A West Yorkshire Sexual Violence Service Needs Analysis 2017

Contents

"Boots and all..."

"The silence is breaking and the nightmare is ending due to the courage and determination of all survivors – they are bringing themselves home."

Bob Balfour

Foreword

It's been an interesting 17 years of activism. I have spoken to over 3,000 sexual violence survivors, male and female, since the publication of Lost in Care (2000), Sir Ronald Waterhouse's report into abuse in children's homes across North Wales. We've had nearly five years of almost daily disclosures of new sexual abuse scandals. However, it's still challenging for decision-makers to see the logic in proactively responding to the cross-cutting issues sexual violence generates for society.

This resistance often seems to be reinforced by powerful vested interests who wish to maintain the status quo. Such interests often take and voice the view that the storm will pass and we will soon be able to return to normal operations, or else they rush towards the available funding despite having no history of or skills in supporting recovery from a place informed by sexual violence trauma and gender.

However, we are seeing major shifts in service capacity, skills and social insight. Savile and the Independent Inquiry into Child Sexual Abuse (IICSA) might seem like the beginning of something new; however, I would suggest that these events are just a rather visible leap forward in a very complex cultural conversation that has been taking place for decades, if not centuries. In 2007, I wrote that

We live in the 21st century and the time to deal with the issue has arrived – otherwise increasingly it will be dealing with us.

'A View From Inside The Box II – Matrix' (2007; see annex 1)

I had no idea how that warning would play out. However, it seemed clear to me that at some stage it would play out on a large scale. My warning was given in the hope that leaders and decision-makers would take note and start to prepare. The IICSA will hopefully evidence what was happening at all policy levels across state decision-making at that time. We need to unpack that to drive long-term attitudinal, cultural and policy change.

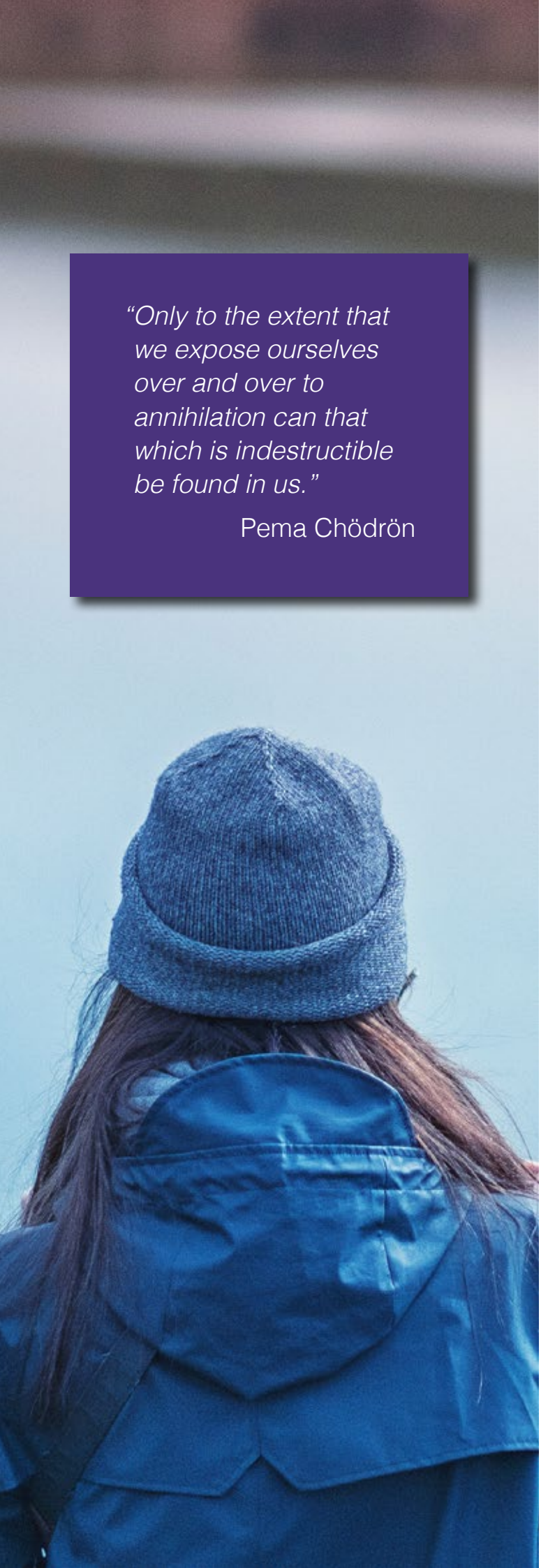
Any continuing denial of the seriousness of what is unfolding in our culture illustrates what Dr Judith Herman called the 'unspeakable'. However, such a lack of strategic vision will not stop sexual violence disclosures increasing as our society is truly freed of its silence around sexual violence.

We've seen abuse within sport reported in the media very recently, and as I write the Armed Forces Cadet Service (BBC Panorama 4th July 2017) is facing a growing scandal. I would argue that the shift across society to a new paradigm of trauma-informed awareness is already well advanced in its momentum. However, as Kuhn notes in his book 'The Structure of Scientific Revolutions', resistance is part of the process, but it will, thankfully, be futile.

The shift can't be stopped, but it will be a 'street by street' cultural battle, as we move from a paradigm that looks for 'what is wrong with people' to one that asks 'what has happened to them' completely altering the balance of power for many professions.

If decision-makers take the time to listen to the more-than-plentiful evidence, they will see the amazing possibilities of a society built on trauma-informed understandings. Such a shift could produce outcomes for societal well-being that are transformative.

Once the shift has taken firmer root, we will see professional models of all kinds adopting trauma-informed approaches to understand many of the health and social issues seen across our shared communities.



"Only to the extent that we expose ourselves over and over to annihilation can that which is indestructible be found in us."

Pema Chödrön

The stories that position victims of sexual crime as bad, mad or sad, and limited in number, will no longer strike society as real, if they ever truly did on an unconscious level. Sexual violence survivors are simply human beings creatively adapting within a complex cultural landscape of shaming and silencing around their lived experiences – a landscape that is often full of negative responses if they dare to disclose their abuse. Child abuse (in all its forms) can be argued slows down our cultural evolution.

It's in everyone's interests to bring about change. However, as IICSA demonstrates, that change is often born in chaos. It is up to us all to respond positively and proactively if we really want to protect children from sexual crimes.

The denial of trauma from sexual childhood abuse across all sections of society has allowed predators to hunt freely across many diverse hunting grounds. Time and time again, it is sadly demonstrated that leaders refuse to see what is clearly playing out in front of societies eyes. Inquiries all over the world, across differing cultures, are increasingly showing that such avoidance by leaders is a global behaviour. You can trace current denial back to Freud and his denial of his clients' sexual violence disclosures, and most likely, some suggest, to his own childhood abuse.

The stories we tell ourselves to keep our cultural or personal shame hidden create a legacy of untold horrors for our children.

The silencing that stops us from seeing the true prevalence of sexual abuse traps children, and the adults they become, in lived psychological prisons of distress.

Sometimes, when we are lost – we find ourselves and our voices.

I gave this report its strapline ('Connecting the Boxes: Coming Home') because we (survivors) are coming home. Society will only cope well and avoid inflicting more harm by becoming trauma-informed; however, regardless of society's denial and fears – for home we are bound.

Bob Balfour MBPsS

Founder and CEO,
Survivors West Yorkshire
(August 2017)

The A View From Inside The Box report series – looking back

In 2004, Survivors West Yorkshire commissioned a small piece of research that was to grow into the first A View From Inside The Box report (see annex 1). Its aim was to explore specialist sexual violence victim support service provision within the Bradford District. The researcher spoke to agencies across West Yorkshire, and whilst the report's conclusions focused on Bradford, they were mirrored across the county.

'A View From Inside The Box I' (2006) evidenced a clear need for specialist services and awareness training to enable a range of workers to engage with survivors. We are pleased to finally see that beginning, but we need to invest faster and smarter as the tidal wave that is the silenced abused populations all around us emerges and as they slowly find their voice. They will need skilled and empathic specialist support to avoid having secondary traumas projected onto them.

'A View From Inside The Box II – Matrix' (2007; see annex 2) argued for a strategic partnership that collaborates smartly to deliver better and more informed standardized services to sexual violence victims.

'A View From Inside The Box III – Invisible Boys' (2009; see annex 3) focused on the evidenced need for specialist sexual violence services for males. It republished a report from 1996, 'Invisible Boys' by Dr Fred Mathews. Many of the issues and solutions it suggests still speak powerfully today for male services design,

Many of the themes and arguments within the three reports have now fed into an increasing synergy around how best to tackle the crisis. The specialist third sector has pioneered much of that synergy. It's concerning that it is often side-lined by 'professionals' from other sectors and specialisms, whose 'professional optimism' in relation to dealing with sexual violence survivors can amount to dangerous arrogance when they wonder 'how hard can it be?' Pandora left a surprise in the box, called sexual violence – everything changes when the disclosure is tackled based on its true aetiology.

It is vital to enable conversation with survivors as human beings, on an equal basis. Mistakes do great harm. If equality isn't your default position, it's best you find other work. However, informed practice by the right people can be truly transformative for survivors, regardless of how long ago the abuse occurred or what level of abuse was experienced.

'A View IV – Connecting the Boxes: Coming Home' with its recent service analysis 'Supporting survivors in West Yorkshire: service challenges, responses and needs'. Laura Scurlock-Evans & Dr Beré Mahoney

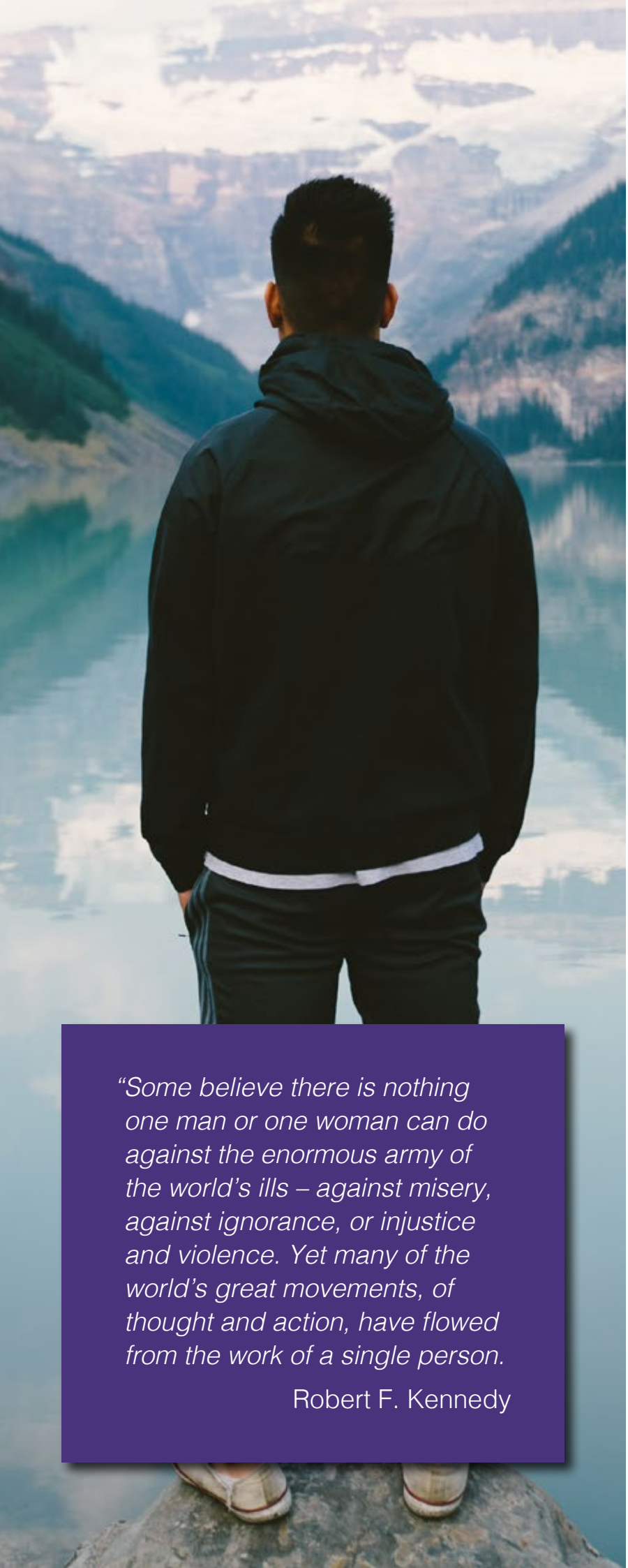
is the final report in the series, and it evidences an evolving picture, one that still highlights many of the same gaps and issues that the first A View so clearly evidenced. It also emphasizes the need for strategic leadership and collaboration, which 'A View II – Matrix' lobbied for.

Such leadership and collaboration is now starting to emerge locally, led by West Yorkshire's Police and Crime Commissioner, who recently launched the West Yorkshire Domestic Violence and Sexual Violence Strategic Advisory Board (DVSVAB).

Specialist sexual violence services are a new voice at such forums and there will be tensions. However, it's a small, hopeful sign of strategic change, and much welcomed.

Survivors West Yorkshire's new project to support male survivors, Ben's Place, will advise the DVSVAB on male issues, via a representative from the West Yorkshire Sexual Violence Action Partnership (WYSVAP). Ben's Place will also link to the new Male Survivor Partnership.

This ground-breaking, male-services-led collaborative initiative has commissioned a national service standards project to create consistency and qualitative specialist male sexual violence interventions. Once the project is completed in late 2018, the 'standards' process will be openly accessible to any agencies working with male victims of sexual crime who wish to meet them.



We are proud to work in partnership with our allies in women's services and the male specialist sector. In many ways, 'the journey' has been taken the long way around. However, many of the actions that the historical A View reports called for are finally beginning to be seen.

When challenging society's denial and avoidance of complex issues, change is often driven by 'one-person bands'. The work of Survivors West Yorkshire has been driven by its founder. However, nothing happens without a few good people supporting the founders who rock the boat for change. The future will involve less lone sailing and more team and partnership working, and that is very much welcomed.

Some believe there is nothing one man or one woman can do against the enormous army of the world's ills – against misery, against ignorance, or injustice and violence. Yet many of the world's great movements, of thought and action, have flowed from the work of a single person.

Robert F. Kennedy

It's time for sexual violence to no longer be seen as a 'heart-on-your-sleeve-and-where-is-the-evidence' issue. It's no longer unspeakable as its victims have found their voice and, increasingly, more and more of their own kind with whom to collectivize.

Only political leaders and decision-makers can, in deciding to move beyond the silence wisely, ensure we now tackle the issues that have been generated for us all by the avoidance of sexual violence as an issue. We hope they see the advantages for us all in that.

Supporting survivors in West Yorkshire: service challenges, responses and needs

Laura Scurlock-Evans & Dr Beré Mahoney

Contributing to Survivors West Yorkshire's A View from Inside the Box report series has been a valuable and unique opportunity to work with a specialist organisation and feed into important discussions about service provision in West Yorkshire. Capturing the myriad and complex issues faced by professionals working in this sector is a challenge, but this report summarises the key issues that emerged from the work.

Why is this report needed?

"How we are going to get to the place where we have services that meet survivors' needs is a massive issue in an austerity Britain." (P5)

Owing to recent events, such as the Jimmy Savile documentaries and subsequent inquiries, sexual violence has never been so prominent in public consciousness. At the same time, we are in the midst of "austerity Britain", with spending cuts to the third-sector frequently reported. In combination, these factors have important implications for specialist sexual violence support services. Unfortunately, there is little research exploring the challenges facing such services. Research which is available has mostly been conducted in the US with advocates working with women-only services (e.g. Ullman & Townsend, 2007). Further research is needed, specifically in the current UK context, to help ensure survivors, organisations and funders/commissioners receive and deliver effective services. Furthermore, exploring these issues within a regional context is needed for the development of an informed sexual violence service strategy tailored to local need.

How was the research conducted?

In-depth interviews were conducted with professionals with experience of supporting adult survivors (men and women, or women only) in a variety of roles, including: operational roles, helpline support, Independent Sexual Violence Advisors/Advocates (ISVAs) and counsellors. Participants had between 1-20 years' experience working in third-sector organisations in this field.

The data on which this report is based forms part of my wider PhD research exploring the role gender plays in adult survivors' reporting decisions. If you would like to know more about this research, please get in touch.

Challenges

Three core challenges emerged across participants' interviews: growing awareness, responding to complexity and diversity and competition and funding issues. There was much consensus across participants' perspectives, but, perhaps unsurprisingly, there was less agreement on who should provide services and how. I hope that highlighting these areas of consensus and contention will generate constructive debate about these important, sensitive topics.

Growing awareness

"There is something that is going on in society that I have not witnessed before. So there is much more out there in the soaps, in the media.. talking about sexual violence. Which hasn't been the case in the past. In my experience… sexual violence hasn't been high on the agenda in the different strategic boards… and now it is much higher up the agenda." (P5).

All participants felt that recent events have had positive effects on public awareness, increased confidence for survivors in seeking help and reporting, and with multi-agency working. This has resulted in more people accessing services, but not in increased funding to services.

"…with the independent enquiry that's going on at the moment, there's a rhetoric from the government around, "Come and report these incidents to us and we will support you," but actually it isn't being followed up with services. So you can have people that come forward and say, "Yes, this happened," but if then they find… that worker can't come out and meet you face-to-face for three weeks, then that isn't actually an effective way of dealing with it." (P3)

The stigma around sexual violence may be reducing in some ways; there is now greater awareness of historic child sexual abuse. However, awareness has not been raised equally across all groups, such as survivors: of victimisation in adulthood; from Black, Asian and Minority Ethnic communities; with disabilities; engaging with mental health services; in the asylum system, and; for men and boys. There are severe service gaps around the country for many of these groups. Furthermore, women and girls' services are stretched beyond capacity and are far from financially secure.

"I think there are gaps everywhere….[for] males – it's horrendous, there are only three services that I can think of that you would regard as kind of standalone male services… it's got better for females now, but there's only 36 state-provided services in the United Kingdom... And they're constantly under threat..." (P1)

All participants highlighted the need to build on current levels of awareness, although changing societal attitudes was viewed as a gradual process. Current shifts in public attitudes perhaps represent surface rather than deep change, which means that stereotypes are evolving and may be more subtly presented. Continuing to challenge these myths is a core aspect of professionals' roles.

"There's a lot of political correctness about talking the talk, without actually walking the walk." (P2).

It is vital that third-sector organisations continue to feed into strategic debates, to ensure survivors' needs are represented and responded to. For example, although the treatment of survivors engaging with the Criminal Justice System (CJS) has markedly improved in recent years, one participant spoke of the importance of encouraging further training for police officers.

"… I think that all [STIOs] could do with training on combating their internalised view of what a sexual violence victim is... that's something that hasn't been given enough focus within the police force… and I think would really improve outcomes… because the mind-set of the people undertaking the investigation would be different, and also the support available for the client would be improved." (P3)

Furthermore, participants spoke of survivors' experience of the courts as "very disappointing" (P1), "horrendous" (P4) and "brutal" (P2), as they are still a forum for myths, which are frequently used to discredit survivors and cloud issues of consent. Mental health services were also described as falling short of meeting the needs of survivors, through failing to fully recognise the impact of the experience of sexual violence (particularly in childhood).

"I frequently hear, 'They don't understand. They don't understand.'… you know, they get slapped with a diagnosis and that's it." (P4)

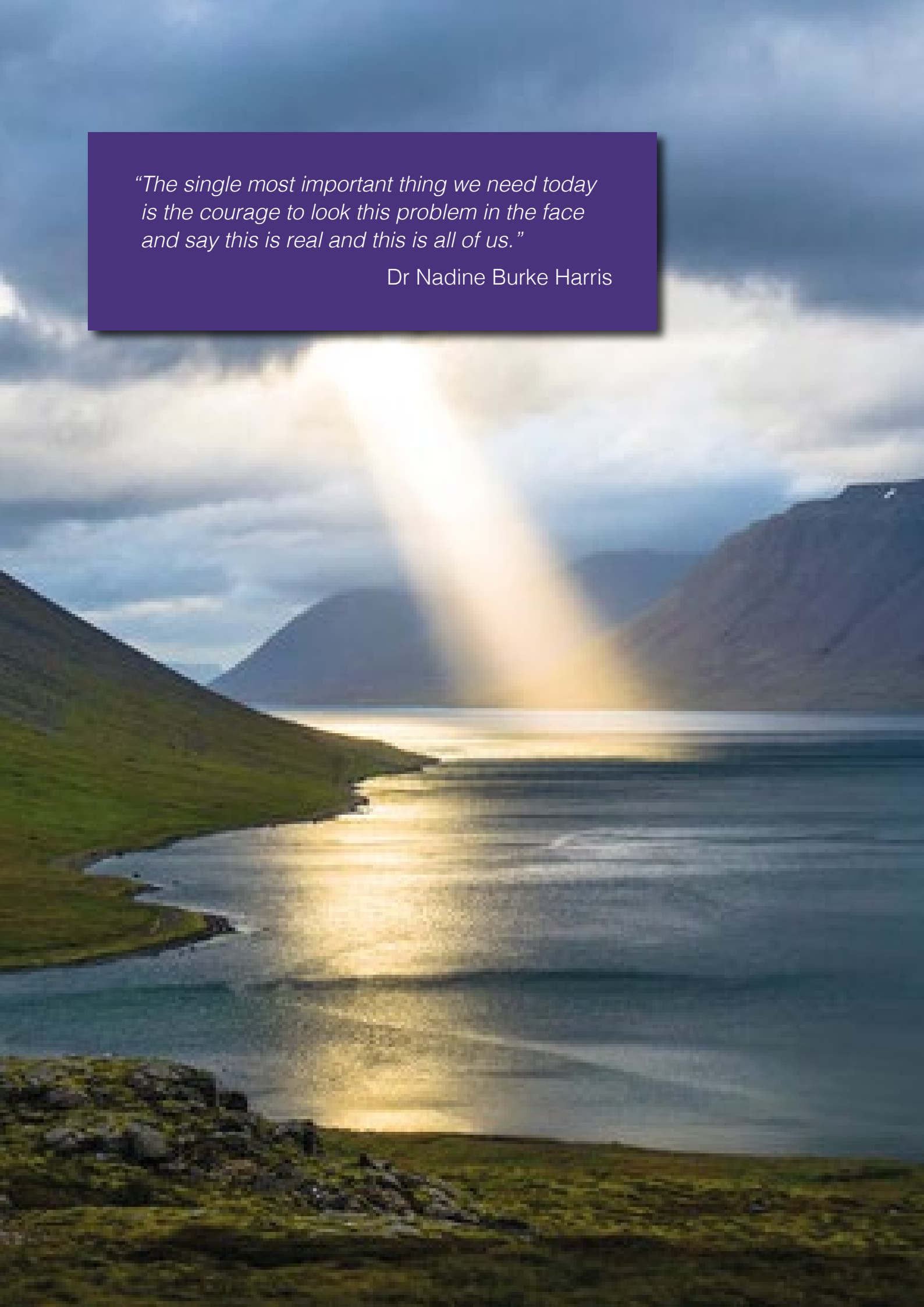
As the CJS and mental health services are two systems with which many survivors may come into contact, greater positive change needs to occur.

Responding to complexity and diversity

"So I'm talking about multi-dimensional, choice-driven services where the survivor really kind of pathways themselves with assistance…. So you offer the choice to the survivor and at each stage you give them the information. They kind of self-manage their own process…" (P1)

The type and extent of support each survivor needs may change across their recovery journeys. For example, survivors may use a helpline to make initial contact and then move to support from an ISVA, or access counselling. Although all participants felt counselling was invaluable, many were concerned that there was a perception it was the only model that services could or should provide. Professionals highlighted that offering choice in services is key. Also, organisations should push the boundaries, safely, with the services they offer and shouldn't be afraid to think outside the box. The importance of innovation must be recognised and supported by funders/ commissioners.

"[Mental health support]… perhaps I don't think is always creative enough. Like, there are lots of different things that you can do... Not everybody may actually require counselling… For some people things like, mindfulness and meditation and art therapy and yoga [may help more]…" (P3).



"The single most important thing we need today is the courage to look this problem in the face and say this is real and this is all of us."

Dr Nadine Burke Harris

Technology is changing the ways in which services can be offered and approached; survivors are using the internet to gather information, share experiences and look at services and judge whether they feel safe, confidential and relevant to them. Therefore, having an effective online presence which resonates with a service's client group is key. If providing support to both female and male survivors, getting this balancing act right can be difficult, as what feels safe and relevant may be very different for men and women.

"*… now they'll go to [the internet]… and see if there's anything there… I think they shop around. They do their own kind of checking out things. So, you know, the internet allows them to do that and they'll look at the colours of websites and things, and they'll try to get a feel for it…"* (P1)

West Yorkshire is a diverse region and using technology smartly can help to make services more accessible and bridge gaps (e.g. geographical gaps, disability, etc.). Indeed, there are many invisible barriers to help-seeking, such as prohibitive travel costs, and without systematic, sustainable investment it is difficult to see how these they can be addressed.

Competition and funding issues

"We get a lot of people don't know what we do…. They think we are 'cup of tea and sympathy'… They don't understand the professionalism, the training, the depth of the work we're doing…. the NHS Psychologists or Psychiatrists or Police Officers – they've all got the real work. We're just, sort of, like holding somebody's hand and giving them some sympathy." (P5)

Participants felt there was a lack of recognition of the expertise within sexual violence support organisations, presenting a challenge to services which must annually justify the need for their existence to funders. Furthermore, it feeds into what one participant termed the 'professional optimism' of non-specialist organisations.

"…you see people rushing through the issue, and often… with… over-optimism that they can transfer skills that they've learned in a particular context into the context of sexual violence. "…it would seem obvious wouldn't it?... It can't be that much of a shift?" until they try it and find out that you're going into a world where you really have to know what you're doing: you can't learn it on the job." (P1)

Many participants felt that specialist services are competing with larger 'generic' services, which was concerning for three reasons: smaller services would lose out on funding and would collapse; the philosophies underpinning these generic services are less well known and their outcomes felt to be less clear, and; concern that generic services could not provide wrap-around, holistic support.

"*…[there are] generic organisations offering the same service, who are winning police contracts and getting all the case referrals. That's a huge challenge."* (P4).

When listening to survivors' needs, some participants felt that there were key differences for men and women. Specifically, a key component of the women and girls' services is having women-only spaces: where females can come out of the world and enter a safe, physical space free from discrimination. Although male survivors also need safe physical spaces, having a men-only space was not seen as necessary. This was identified as presenting a challenge in relation to funding: there are gaps in men's services and funders are increasingly looking for 'value for money'. In combination this mean that women-only services are experiencing pressure to provide support to male survivors too (often with no extra funding). This may appear an economic way to use existing infrastructure. However, there are two serious concerns with this approach: it runs counter to the philosophy of many women-only services, who are concerned that fewer women will ultimately access their service. Also, male services run the risk of feeling like they have been 'tagged on' and do not resonate with men.

"…up and down the country… in comparison to women's support services, there's many fewer services for men and boys. And, erm, indeed I think one of the issue has been that rape crisis is a women-only space, and… they've worked hard for provision of services for women and girls… and they would argue that having men on the property means that women won't come forward…. I guess I feel that we need more men. The men have got to rise up, not, not oppressing anybody, not in conflict… But things will only really improve for boys and men, male survivors, if, if the men start to speak up and get their stories out there, like the women did." (P2)

Funders and commissioners need to listen to the voices of women and men survivors and invest in services shaped by their needs. There is a vital need for women-only spaces and a vital need for male survivor services. Unfortunately funding for new services is rarely forthcoming and herein lies the dilemma; the current funding culture fosters competition between services out of necessity for survival. One participant suggested that greater collaboration is needed if all survivors' needs are to be met. To achieve this requires a coherent and holistic regional sexual violence service strategy, implemented effectively. This could encourage organisations to come together to bid for funding, to help preserve diversity of services and offer greater choice to survivors. Currently however, important service decisions are being shaped by the nature of funding, rather than vice-versa.

"What we think would overcome these challenges is evidence-based commissioning [and funding] that reflects the number of survivors who need and want specialist sexual violence services… not, "Oh, right, well we've possibly got about this much money to commission a service so, what can we get for that? Oh, well we could get a bit of counselling, that'd help a client, and a bit of this and a bit of that." That's not evidence-based..." (P5)

Funding is also typically secured annually, from multiple and changing streams. Professionals spend substantial amounts of time collecting different evidence to meet multiple evaluation criteria and must live with constant uncertainty for their services. This is not sustainable or conducive to the development of services. It has serious implications for staff stress and loss of valuable expertise through staff turnover: which is ultimately a great loss for survivors.

Core needs and recommendations

The research highlighted three core service-provision needs. I offer recommendations (neither a prescriptive or exhaustive list) which could help to meet these needs and ensure services are better able to provide the multidimensional, survivor-informed, and empowering support to all survivors they aim to.

Core need	Recommendations
Reduce gaps in services, better meet demand, and offer diverse and creative therapeutic, support and advocacy services.	Evidence-based commissioning and funding of services.
	Sustainable, long-term funding from stable funding streams.
	Streamlined funding evaluation criteria to reduce burden of evidence required of third-sector organisations.
Preserve diversity of third-sector organisations offering a range of services based on different models of support.	Develop a coherent, collaborative regional service provision strategy, implemented on the ground.
	Research exploring different service models and their outcomes – to demonstrate 'what works' with different survivor groups.
	Foster relationships with Universities, to develop professional-informed research and a greater evidence-base for third-sector organisations.
Grow awareness with other professional groups (e.g. expertise provided by specialist sexual violence support services), the public and systems such as the CJS and mental health services (e.g. dispelling myths).	Work with professional bodies, such as the British Psychological Society, to speak out on important issues (such as handling of rape cases in the CJS), and run CPD events to raise awareness through cross-discipline training.
	Support local champions of services and encouraging champions in different services (e.g. police, mental health, education).
	Research exploring how sexual violence myths are changing and can best be measured and challenged.
	Funding allocated for community development work, to facilitate community involvement and facilitate outreach support.
	Review the features of awareness-raising campaigns in related fields (e.g. Domestic Abuse), and consider whether (effective) features can be applied to the field of sexual violence.

"Sympathy is only meted out if you follow all of society's rules for how a victim is supposed to behave."

Nenia Campbell

Conclusion

The issues described in this report will likely come as no shock to professionals working within West Yorkshire (or wider UK) – no doubt they will be challenges you respond to on a daily basis; yet they often go unspoken in academic and public literature. There is a crucial need for the expertise and experience developed by specialist support professionals and organisations, and an urgent need for re-thinking funding conventions. Only through recognition of the invaluable role played by third-sector sexual violence support organisations and investment in the sector, will services be able to deliver the innovative, multidimensional and tailored support to all survivors that's needed. Ultimately, this is what all survivors deserve.

Acknowledgements

I would like to thank everyone who took part in interviews and shared their experiences – I know your time is precious! Also, thank you to Survivors West Yorkshire for advertising my research, offering me a space in their report series, and generously donating participant prizes. Finally, thank you to Bob Balfour specifically, for all his support with my research – long may our collaboration continue!

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What might the future look like? Envisioning hope and change

Adverse Childhood Experiences (ACEs).

For many years, we've understood sexual violence victim-survivor outcomes in terms of the effects of that violence on emotional regulation. However, since the mid-1990s it has become clear that trauma in childhood can create profound legacies for the body, at the time and through stress hormone responses over time. In January 2013, Survivors West Yorkshire highlighted the issue of ACEs at a conference held at the University of Bradford. In October 2017, in collaboration with Dr Warren Larkin, we will highlight his pioneering strategic exploration of routine inquiry about ACEs (REACh) at primary care level within the NHS in Lancashire and as a consultant to the Department of Health. As part of that collaboration, we will showcase the US film Resilience, which unpacks the science underpinning ACEs.

Collaboration

The formation of the Male Survivors Partnership is a major step forward for the delivery of consistent and high standards to one of the most resilient but vulnerable populations of victim-survivors of sexual crime – males. Female survivors are mostly the victims of male abusers. Males do carry the legacy of gender privilege but also many males (1 in 6) have had sexual violence perpetrated against them by other males. The legacy can be highly complex for males who have been sexually abused by females. Male survivors are everywhere, and often doing good – doctors, nurses, police officers and social workers, et al. There is a need in human beings to do good and to create social change, and many survivors, both female and male, are amazingly skilled at this.

Within West Yorkshire and across the UK a landscape is emerging of collaboration between female services and many male services. In West Yorkshire, in partnership with the county's Rape Crisis services, we have been exploring collaborative working since 2003. Today, that occurs via the partnership vehicle known as WYSVAP.

It's not a forum, as its members often need to explain to others. It's a real and evolving action partnership built on the development of interpersonal and agency trust. It has made joint funding bids and jointly attends meetings with policy officers at the office of the West Yorkshire Police and Crime Commissioner.

Most recently, WYSVAP was offered a specialist sexual violence service seat on the West Yorkshire Police and Crime Commissioner's innovative DVSVAB. Mark Burns-Williamson (PCC) is to be praised for driving the board's creation and its diversity in a complex social and funding environment across West Yorkshire.

Co-operation, it has been said, is about 'what's in it for me'. Collaboration is about better achieving what we jointly believe in and wish to see achieved.

Co-production

Whilst service standards, partnerships and strategic change are all priorities, it should never be forgotten that standards, partnerships and strategies are meaningless unless we understand both the needs and service experiences of survivors. Co-production, sometimes called co-design, is an area that needs to be more extensively explored and understood by all services engaging with sexual violence victims. Survivors West Yorkshire's founder has recently contributed to an article for the British Social Work Journal. It is hoped that it will be published in early 2018 or sooner. The debate around authentic 'survivor-involvement' can only grow over the next few years.

Research

The A View reports have allowed us to experiment with research as a public awareness tool. You can read the core articles with this report. Plus, an article co-authored by our Founder for the British Psychological Societies Psychologist magazine 'The Hidden Victims', see annex 4. The full reports can be accessed via the Knowledge Centre on Survivors West Yorkshire's website. We have built good collaborative working relationships with academics at a range of leading universities over the years. Most recently our founder was asked to become an honorary teacher at the University of Liverpool's Department of Clinical Psychology. We see such collaborations as important in developing new areas of research and sharing new insights into the needs of survivors, and we will proactively engage in that process.

WEST YORKSHIRE
SURVIVORS

TIMELINE

2000 SWY formed

2001 Co-conceived The Survivors Trust

2002 Opened a pan West Yorkshire telephone and email Helpline

2003 Held the first Mike Lew male workshops in Yorkshire

2004 Held the first Mike Lew Healing The Healers & Victims No Longer retreats (Yorkshire Dales)

2005 Repeated Mike Lew's Healing The Healers and Victims No Longer retreats (Lake District)

2006 Published the first A View From Inside The Box report

2007 Published A View From Inside The Box II: Matrix

2009 Formed Bradford Specialist Sexual Violence and Abuse Advisory Group (BSSVAAG)

2009 Published A View From Inside The Box III: 'Invisible Boys'

2010 Matrix West Yorkshire specialist sexual violence website designed

2011 Male Survivor conference held at the University of Bradford

2013 'Where we could go' conference held at the University of Bradford

2014 Funded to scope service development for sexual violence West Yorkshire

2015 Formed West Yorkshire Sexual Violence Action Partnership (WYSVAP)

2016 SWY becomes a CIO and leases its first office

2017 SWY launches its new cloud based male service Ben's Place

2017 A View From Inside The Box IV published

Standards

The development of service standards for sexual violence services has taken place under the radar of many decision-makers at all levels. Rape Crisis England and Wales (RCEW) pioneered the first set of standards in the mid-2000s. These standards are amongst the best informed in the world for women. It was positive to see that the recent Home Office toolkit for commissioning of domestic and sexual violence services adopted many of the philosophical positions needed to build the foundations for world-leading trauma – and gender-informed services for survivors. The development of male service standards is very much a project built on the pioneering work of RCEW.

Victim bias (victim-blaming)

One of the major themes that will emerge from both the Australian Royal Commission and the IICSA is the cultural transmission of victim bias. The stories we tell truly create nightmares for survivors, both internally and externally, via 'othering'. Children will never be fully protected until we change that culture, and it may require victim-blaming to be covered in discrimination law as a first step, combined with a long-term education programme for society and within schools for children themselves. Victim-blaming and bias are the oxygen that allows sexual predators to hunt their victims – often, as we will increasingly see, with impunity. It's time to stop supplying the oxygen.

Conclusion

Going forward, Survivors West Yorkshire's Ben's Place project will focus on the development of best practice digital-by-default counselling and post-trauma growth services for males, whilst Survivors West Yorkshire itself will focus on co-production, research and victim-blaming awareness projects.

We've all only just begun to understand the legacies of sexual violence trauma, and we predict that the shift from stories of 'damage' to the possibilities of post-trauma growth will produce a new narrative that defines interventions with survivors during the rest of the 21st century.

To all survivors and those who engage as themselves with them, we wish positive encounters that enrich you both.

Kindness is a superpower – use it well.

Best, **Survivors West Yorkshire and Ben's Place**

Annexes

A View From Inside The Box

A Social Research Project Exploring Sexual Abuse/Violence Service Provision across the Bradford District

West Yorkshire Survivors

CLAIRE FRASER 2006

Research Overview

this report provides an overview of a research project which sought to explore service user and service provider views on service provision for (adult) survivors of sexual abuse/violence in the Bradford area of West Yorkshire. The research was commissioned by Survivors West Yorkshire and funded by the Communities of Interest Working Group, Bradford.

The first section of the report provides an overview of the Communities of Interest Planning Process, a description of the Bradford area and an overview of previous research in relation to sexual abuse, its long-term impact, prevalence rates and current service provision for survivors. The research methodology and procedure is then detailed along with the findings. summary and recommendations.

Planning for the Bradford District

Public services and voluntary organisations are increasingly required to ensure that all sectors of their community access their services on an equal basis and that the services provided are appropriate to community need. They must work towards community cohesion, ensuring that all citizens share equally in an improvement in quality of life. An essential part of this process is action planning and consultation at the local level. In the Bradford area the Communities of Interest Planning process evolved in the autumn of 2002 to underpin community planning in the district by influencing service delivery and the prioritisation/allocation of resources.

Communities of Interest

'Communities of Interest' are defined as those that are less visible than communities with geographic boundaries (e.g., residents living in a particular area of Bradford). They pull in and link, through common experiences and concerns, individuals scattered across the whole district. The community identity is something that is life-long - it is part of what that person is, and it plays a part in how others see them and how they see themselves. However, community-specific identities can often result in discrimination and/or exclusion from mainstream activities and as such, communities of interest often experience barriers to influencing decision-making and in accessing services and activities.

The Consultation Process - Survivors of Child Sexual Abuse

Survivors of child sexual abuse are one such Community of Interest in the Bradford area. The Communities of Interest Working Group provided funding to allow Survivors West Yorkshire to consult with organisations in the Bradford district that provide a service, either directly or indirectly, to survivors of child sexual abuse and their service users. This consultation process was envisaged as a real opportunity for agencies working with the survivor community to influence action planning and the development of service provision in the Bradford area. The funding provided required Survivors West Yorkshire to engage with service users on the 8 framework areas of the Communities of Interest planning process - economy and jobs; better education for all; health and social care; community cohesion and community safety; leisure and culture; environment and homes; building communities and voluntary sector service provision.

Local Area Information

Bradford has a population of approximately 477,800 residents living within higher than average population density areas (1292 per km^2 compared to 380 per km^2 nationally). Locally, unemployment rates are higher than

average and the city is located within the bottom 10% of the most deprived areas within the UK. The city has a large Asian community (mainly of Pakistani origin) with 18.9% of Census respondents describing themselves as 'Asian British' in the Bradford area compared to 4.4% nationally (Source: National Statistics Online - 2001 Census).

Literature Review - Child Sexual Abuse

Much has been written previously about the long-term effects of child sexual abuse. Poorer physical and mental health, substance abuse and disrupted personal relationships were noted amongst survivors in a study of the general adult population (Lovell, 2003). Significant problems in adolescence and adulthood have also been noted in longitudinal studies which have tracked abused children over time to assess functioning (Trowell and Kolvin, 1999; Gibbons et al, 1995).

The Survivors Trust (2004), Draucker (1992) and Browne and Finkelhor (1986) have provided useful summaries of the characteristic effects that survivors may experience in adulthood. Emotional effects include depression, anxiety, low self-esteem, a sense of shame, anger and obsessive/compulsive disorders (Bifulco and Moran, 1998; Sanderson, 1990). Other common effects include interpersonal relationship difficulties, suicidal thoughts and self-destructive behaviours such as alcohol/substance misuse, used as a means to escape the pain of the abuse experience(s) (Whiffen et al, 2000; Spak et al, 1997; Swett et al, 1991).

Overall, it is acknowledged that survivors of childhood sexual abuse may be more susceptible to problems which may affect their ability to function normally in a work environment and thus, are more prone to low socio-economic status as a result of lack of income (Katz, 2000). It has also been noted, following a study with female survivors that some abuse victims may go on to choose low status work due to low self-esteem (Lovell, 2003; Mullen et al, 1994).

Studies also indicate that approximately 50% of female mental health service users are survivors of child sexual abuse and this figure rises to around 70% when adult violence and abuse are also taken into consideration. The figure for females in secure settings is higher still (Mayne, 2005). At the time of writing comparative figures for male mental health service users were not available but recent research by the Howard League for Penal Reform (2006) has highlighted the abusive backgrounds of many young men in prison.

Prevalence

Estimates of the prevalence of child sexual abuse were found to range from 3% to 36% for females and 3% to 29% for males in a review of previous research (Cawson et al, 2000). Cawson's (2000) own research with 2,869 UK 18 - 24 year olds found 21% of young women (16% involving contact abuse) and 11% of young men (7% involving contact abuse) had experienced child sexual abuse (prior to the age of 12 or non-consenting). The National Institute for Mental Health in England has recently reported similar prevalence rates for child sexual abuse at around 20 - 30% for females and 5 - 10% for males (Mayne, 2005).

> "Prevalence rates are only the tip of the iceberg as much sexual abuse is never reported"

But prevalence rates are only the tip of the iceberg as much sexual abuse is never reported (Lovell, 2003). It has been estimated, based on the prevalence studies noted above, that there would be approximately 1,100,000 girls (21%) and 490,000 boys (11%) in England who have been sexually abused (Nurse, 2005). Yet in 2003 (the latest year for which figures are available) there were just 2,700 children on the child protection register for sexual abuse in England. In Bradford, 20 of the total child protection registrations (300) as at 31st March 2003 were due to sexual abuse (National Statistics/DfES, 2004).

The most recent British Crime Survey data available (2001) reports that '24% of women and 5% of men (from a sample of 22,500) have been subject to some form of sexual victimisation in their lifetime'. Furthermore, 7% of women and 1.5% of men reported that they had suffered a 'serious sexual assault at least once in their lifetime' and for 5% of the female respondents and 0.9% of the male respondents this was rape (Walby and Allen, 2004).

In the year 2003/4, 36% of reported crime in the Bradford area was categorised as 'violence against the person' (11,297 recorded offences). However, no further breakdown of statistics is available to identify the percentage of this figure which relates to sexual violence/abuse (Source: National Statistics Online - 2001 Census).

Recent media attention has highlighted the widening gap between recorded crime figures and corresponding conviction rates, with a particular focus on female rape. The recorded crime figures in this category were 1200 in 1980 and 12,867 in 2004-5, an increase of nearly 11 times the original figure. Meanwhile conviction rates for rape against females have taken a downward spiral from 38% in 1980 to 5.5% in 2004-5 (Rose, The Observer, 2006). Fears regarding delays in forensic examinations for sexual assault victims due to understaffing have also been raised and such delays are likely to impact on conviction rates (Goveas, Children Now, 2006).

CLAIRE FRASER 2006

Research

Current Service Provision for Survivors

From the prevalence and crime rates reported, it is clear that a significant proportion of adults will have experienced some form of sexual abuse in their lifetime. However, previous research and survivor accounts indicate that service provision and experiences of finding adequate support are limited (The Survivors Trust, 2004; Franken and Van Stolk, 1990; Armsworth, 1989). Warwick (2005) has highlighted some of the failings in professional responses to survivors such as failing to make links between abuse and mental health problems, failing to respond to disclosures and the lack of training in responding to survivors of child sexual abuse.

It has been suggested that the failure of statutory services to acknowledge and deal with the issue of sexual abuse and the potential long-term impacts can be seen as a reflection of the notion of 'silence' that is all too often seen in wider society in relation to sexual abuse (Gibbons, 1996). Rock (1990) has suggested that this may in part reflect a fear amongst policy makers of exposing a large area of need and dissatisfaction with current service provision, in other words, 'opening the box'. The fact that survivors themselves and the support groups working with survivors have rarely been consulted with about policy and services at local and national level appears to further support this view (Taylor-Browne, 1997). However, in recent years, researchers have begun to explore service provision for this community of interest (e.g., Hamm, 2001) and it is hoped that the key recommendations raised by such research can be acted upon.

Whilst the impact of sexual abuse appears to be finally appearing on the agenda of policy makers in England and Wales (e.g., Victims of Violence and Abuse Prevention Programme, Department of Health/National Institute for Mental Health in England/Home Office), it is to Scotland that we must look for the best examples of current good practice. Following the establishment of the Cross Party Group for Survivors of Childhood Sexual Abuse in 2001, much work has been undertaken to develop a national strategic response to sexual abuse, including the formation of an Adult Survivors Reference Group and the establishment, by the Health Department, of a Survivors' Fund with a budget allocation of £2m. Recent publications have also produced timely guidance for service providers in working with survivors of child sexual abuse (Nelson and Hampson, 2005; Scottish Executive, 2005).

Sexual abuse remains a taboo subject for far too many in society to confront but many courageous individuals and groups, both locally and nationally, are choosing to stand up and challenge the silence. These individuals and groups, who work tirelessly to support the survivor community, are helping to bring this important issue to the public eye. As the Scottish Executive (2005) has noted, "it (sexual abuse) requires above all, a recognition that it happens and that its impact can be lifelong". It is hoped this consultation in the Bradford area will be an important step towards 'opening the box' and 'challenging the silence'. Survivors West Yorkshire is grateful to the Communities of Interest Working Group for supporting this timely piece of research.

Methodology and Procedure:

The current research project employed three stages - an initial mapping exercise, research with service providers and research with service users. All stages were undertaken by Claire Fraser, Research Consultant.

Stage One - Mapping Exercise

An initial desk-based review was carried out to identify voluntary and statutory sector service providers in the Bradford area who might be working, directly or indirectly with survivors of sexual abuse. An example of a 'direct' service provider would be those organisations working directly with survivors such as rape crisis organisations. An example of an 'indirect' service provider would be those who might hear disclosures and then refer on to a direct service

provider, for example, General Practitioners and Social Workers. A range of local directories and online resources were searched to identify the 342 service providers who would receive the Service Provider Questionnaire in Stage Two.

Stage Two - Research with Service Providers

The Service Provider Questionnaire (SPQ) was designed specifically for this research study and explored current service provision, disclosures, referrals, inter-agency working and key issues for survivors of sexual abuse, particularly in relation to the communities of interest themes (see Annex). Some of the items on the SPQ were drawn from the questionnaire used by Sarah Nelson in her Needs Assessment of Adult Male Survivors in the Lothian region of Scotland (Nelson, 2004) and we are particularly grateful for her permission to do so. An 'open-ended' format was also incorporated into the last section of the questionnaire to allow each organisation to raise any additional issues. All service providers were also asked whether they would be willing to consider inviting their service users to participate in Stage Three of the research project.

In October 2005 questionnaires were administered to 342 service providers in the Bradford area. 79 were administered via email and the remaining 263 were administered via surface mail. 114 of the recipients were located within the voluntary Sector and represented agencies providing a range of services in the areas of counselling (abuse, generic, relationship, gender, sexuality); mental health; faith; drug/alcohol misuse; domestic violence; BME support services; homelessness and housing; refugee and asylum seekers; disability and learning disability; health; eating disorders; looked after children/adoption and fostering; working women and generic support centres (youth, elderly, community).

Questionnaires were also administered to 228 statutory sector service providers. 121 of these were General Practitioners across the Bradford area and the remaining 107 were statutory agencies in the following areas - NHS (including mental health, learning disability, day centres, nursing, drug/alcohol misuse); child and adult protection units, police, probation, Her Majesty's Prison Service, youth offending team, victim support, education, social services, sure start, early years service and local academics.

Three follow-up interviews were also undertaken with service providers to explore the themes emerging in greater depth. The interviewees were located within the fields of learning disability (statutory sector), drug/alcohol misuse (voluntary sector) and direct support for victims of abuse (voluntary sector).

Sector Location of Agency	Yes	No	Not Sure	Total
Statutory Sector	10	17	2	29
Voluntary Sector	15	16	2	33
Total	25	33	4	62

Table One
Sector Location of Service Providers Wishing to Invite Service Users to Take Part in the Consultation

Stage Three - Research with Service Users

Individual qualitative interviews with four adult service users (2 male (both white); 2 female (1 mixed ethnic group; 1 white)) were also undertaken to explore issues for survivors in relation to the communities of interest themes, thoughts on possible solutions, experience of service provision and service delivery, and what service users would like to see available and how this should be delivered (e.g., via statutory or voluntary sector). An interview schedule was designed for this purpose (see Annex).

It had been hoped to consult with 20 service users and 25 of the 62 participating service providers were willing to invite their service users to participate as detailed in Table One.

But despite this welcome support from many voluntary and statutory sector agencies, and much time spent publicising the research, recruitment of service users beyond the four noted proved not to be possible. This 'finding' is discussed in further detail in the Conclusion section of this report. However, despite the relatively small sample size it should be noted that the respondents did reflect a range of ages, backgrounds and service provision experiences and their views provide important indicators of how service provision needs to develop.

"The psychiatrist said there are people worse off than you, you've not been raped"

Ethics

The research adhered to ethical and research governance guidelines on research with human participants set out by the British Psychological Society (2005; 2006) and Department of Health (2005). All participants from the service provider and service user samples were provided with a research information leaflet (see Annex) and asked to sign a consent form (see Annex) to indicate their informed consent. The research was also submitted to and approved by the Local Research Ethics Committee and Research and Development Unit to allow access to NHS staff and service users.

Findings

Service Provider Questionnaire Overview of Responding Agencies

62 Service Provider Questionnaires were completed and returned from the voluntary and statutory sectors as detailed in Table Two below. One further questionnaire was returned too late to be included in the analysis.

The 62 completed returns represent an 18% response rate from the 342 questionnaires administered in October 2005.

It is acknowledged that this is quite a disappointing response rate given the extended period (6 months) allowed for returns, the use of extensive publicity at local events and in local publications and the use of direct reminders to non-returners. However, these overall figures can be further broken down to provide a more detailed response rate from the participating sectors as detailed in Table Three which clearly indicates the differing response rates across agency sectors.

The responding agencies were also located across a range of specialist fields as detailed in Table Four below. The fields of counselling (including specific sexual abuse support), mental health and health were particularly well represented as might be expected.

Service user Groups Represented

The majority of respondents (84%) were working with both male and female service users although 16% provided a gender-specific service for female service users only. Despite the existence of some male-only support services in the Bradford area, no responses were received from this sector. 4 service provider respondents (7%) did not routinely record the gender of service users.

Whilst it was acknowledged on the questionnaire that 'many people do not reveal their abuse history to services', respondents were asked to estimate how often their agency came across clients whom they knew had experienced sexual abuse. 64% of all service provider respondents noted that they regularly came across service users whom they knew were survivors of sexual abuse. 31% noted that they sometimes came across service users whom they knew were survivors.

Table Two - Sector Location of Agencies Completing Service Provider Questionnaires

Agency Location	Frequency	%
Statutory Sector	29	47
Voluntary Sector	33	53
Total	62	100

Table Three - Response Rate by Sector Location

Agency Location	Questionnaires Administered	Questionnaires Returned	Response Rate (%)
Voluntary Sector	114	33	29
Statutory Sector (excluding GPs)	107	24	22
Statutory Sector (GP Sample)	121	5	4

Table Four - Main Service Provided by Responding Agency

Agency Remit	Frequency	%
Counselling/support service - generic	10	16
Housing support	3	5
Domestic Violence Support	5	8
Substance misuse support	5	8
Mental health service	13	21
Sexual abuse - specific support	5	8
Learning Disability service	4	6
Police/probation/prison service	3	5
Faith	2	3
Health	10	16
Gay lesbian bisexual support	1	2
Social Services	1	2
Total	62	100

Disclosures, Information Recording and Sharing

Service providers were asked whether they would routinely ask about a history of sexual abuse and whether this information was recorded or shared with any other agency. 23% of respondents indicated that they would routinely ask service users about a possible history of sexual abuse, usually in the initial client assessment. One service provider noted:

"Most of our service users disclose childhood sexual abuse after trust has built up in our relationship with them and usually on a one to one basis. However, we have often seen the signs way before."

Where disclosures were made (either as a result of initial assessment or without prompting), this was routinely recorded by the service provider in 40% of cases. 60% of service providers did not record disclosures and therefore held no information on the numbers of survivors within their client group. Of the 40% of service providers who did record disclosures, this was shared with other agencies in 21% of cases. This was always done with the consent of the service user and was usually to facilitate access to therapeutic support (e.g., referral to Primary Care Trust Mental Health Team) or to support legal/statutory action against a perpetrator (e.g., referral to Police or Social Services).

Service Provision and Inter-Agency Referrals

Respondents were asked to indicate whether they provided a specific service for survivors of abuse, whether (if not a specific abuse service) they responded to abuse issues 'in-house' or whether they referred clients on for specific support in relation to abuse issues elsewhere. 21% of the participating service providers indicated that their agency provided a specific service for survivors of sexual abuse such as counselling, telephone help lines/pathwaying and group work.
As this group represents less than a quarter of the total respondents, it is interesting to note that almost two thirds (63%) of the total sample noted that they worked with abuse-related issues 'in-house' if they arose.

It is not clear whether this finding is due to a perceived lack of suitable specific agencies for service providers to refer onto in the Bradford area, waiting times for specific services, or because of service user reluctance to engage with specific sexual abuse support services. However, regardless of the underlying explanation, this finding suggests a clear need for training for service providers in all frontline agencies in working with survivors of sexual abuse.

The majority of inter-agency referrals for specific support for survivors of abuse were made to service providers within the voluntary sector (66%) although many were also made to the statutory sector (48%), particularly the statutory mental health and psychotherapy teams. It is considered that the high numbers noting that they dealt with survivor issues 'in-house' may be partly explained by the long waiting lists for referrals to specific support agencies and initial agency attempts to support survivors who are waiting for more specific support. The propensity for referrals to be made to agencies within the voluntary sector and the knowledge that much expertise is located within this sector further underpins the need for longer term funding for voluntary sector service provision in this area.

Respondents were also asked to indicate whether they felt current service provision met the needs of survivors of child sexual abuse. As detailed in Table Five below, the majority (69%) did not.

Table Five - Does current service provision meet the needs of survivors?

Response	Frequency	%
Yes	4	7
No	43	69
Don't know	15	24
Total	62	100

"A clear need for training for service providers"

One particular gap in service provision highlighted was the lack of support for victims of abuse with a learning disability. Difficulties in finding services for male survivors and the recent closure of a service which supported the mothers of abused children were also noted. It was felt that an up to date directory of current service provision would be useful in making referrals for appropriate support. In addition it was suggested that many voluntary sector services could advertise their services better in order that service users are made aware of provision that ***does*** exist.

Presenting Problems

Service providers were asked to indicate which of a list of presenting problems they had witnessed in their survivor client group. The responses given support earlier research on the long-term impact of child sexual abuse and the array of problems experienced by some survivors.

The three most common presenting problems are highlighted in Table Six. Only 1 of the 62 service provider respondents indicated 'no particular problems (had been) observed amongst survivors' in their client group.

In addition, a number of respondents also cited additional presenting problems they had witnessed amongst survivors including somatic presentation of distress; difficulties with sexual relationships; the desire to see justice done; denial, secrecy & compartmentalisation of lives; arrested development; sleeping problems and nightmares; self-withdrawal and isolation; self-hatred and low self-esteem; spiritual distress; post-traumatic stress disorder; and eating disorders.

One service provider also acknowledged the wider impact of abuse in terms of how it can affect not only the survivor, but their partner and family also:

"Many male and female survivors describe a sense of aloneness which is reinforced by the lack of service provision, especially in the case of men where no or little provision is available. Family and Partners also feel this sense of aloneness and don't feel their needs are met and given the lack of support for the survivor feel guilty about even having needs."

"Many male and female survivors describe a sense of aloneness"

Table Six - Presenting Problems Witnessed Amongst Survivor Client Groups

Presenting Problem		Frequency	%
Mental Health Issues	Yes	55	89
Self-Harming	**Yes**	**57**	**92**
Suicidal Feelings	Yes	49	79
Relationship Difficulties	**Yes**	**57**	**92**
Aggression/Anger	Yes	51	82
Parenting Difficulties	Yes	41	66
Substance Misuse	Yes	45	73
Housing Difficulties	Yes	27	43
Isolation within Community	Yes	36	58
Low Self-Esteem	**Yes**	**57**	**92**
Flashbacks	Yes	45	73
Hearing Voices	Yes	18	29
Sexual Identity Difficulties	Yes	29	47
Offending Behaviour	Yes	25	40
Alcohol Misuse	Yes	46	74
Employment Difficulties	Yes	27	43
Disruption to Statutory Education	Yes	37	60

Priority for Future Service Provision

Service provider respondents were also asked to choose and rank their top three priorities for service provision improvements from a list of 8 options. However, many of the respondents ticked more than three options and failed to rank the options chosen in order of priority. Therefore the options are simply presented in Table Seven with details of the numbers of respondents (and % of total sample) indicating an affirmative response for each suggested priority.

Table Seven - Priority for Future Service Provision for Survivors of Sexual Abuse

Priority for Future Service Provision		Frequency	%
Individual Counselling/Support	Yes	42	68
Group Work/Group Support	Yes	28	45
Challenging the Silence	Yes	29	47
Resources within Own Organisation	Yes	19	31
Resources within Other Organisations	Yes	27	43
Staff Training	Yes	23	37
Staff Supervision	Yes	8	13
Multi-Disciplinary Support Networks	Yes	24	39

There is clearly much support for increased service provision in the form of individual counselling and support for survivors of sexual abuse. Although it was acknowledged by some that what is important is that there is service provision available rather than what is on offer. The majority of respondents (85%) also indicated that they would prefer to see such provision located jointly within the voluntary and statutory sectors rather than become the specialism of either sector individually. A multi-disciplinary support network would certainly underpin such an approach. In addition, the need for preventative work to reduce the number of survivors in society was noted.

Almost half of the service provider respondents acknowledged that the silencing of abuse in society needs to be challenged, supporting one of the key goals of Survivors West Yorkshire. The following additional comments were also made by respondents:

"Anything which can improve the situation can only be a good thing - many people still feel they have no-one to turn to and that no-one will believe them."

"At present, the majority of service users have lived in silence due to their age group. However, hopefully this will change as the next 'wave' of younger service users come through the system."

"The lack of sustained and joined up service provision across all sectors in Bradford is a moral failure on behalf of all in our community to be adult and rational about servicing the legitimate needs of victims of major crimes. For some reason society forgets once the victim is an adult - even though our culture reinforces the silence which traps the child until adulthood (preventing disclosure until adulthood)."

Some respondents also chose to comment specifically on the current funding available for support for survivors of sexual abuse:

"Some good voluntary work is being done but we should not have to rely on funding for such an important initiative. Therefore some statutory provision and input to service is needed."

"Joined up strategies across all sectors are needed, with long term secure funding linked to cutting edge best practice, service development and innovation in partnership with victims of sexual crime."

To further develop ideas around future service provision respondents were also asked to indicate the best 'points of access' for support services for survivors of sexual abuse and responses are detailed in Table Eight below.

Points of Access		Frequency	%
Primary Care	**Yes**	**46**	**74**
Drug and Alcohol Services	Yes	35	56
Penal Establishments	Yes	30	48
Educational Settings	Yes	31	50
Mental Health Services	**Yes**	**43**	**69**
Homelessness Projects	Yes	29	47
Private Sector Counsellors	Yes	34	55
Social Work	Yes	34	55
Any Setting	Yes	33	53

Table Eight - Preferred Point of Access for Support Services for Survivors of Sexual Abuse

The need for community based settings was also noted as well as the choice of a range of services to respond to the individual needs of a range of survivors. In addition, the lack of support services and access routes for people with learning disabilities was noted.

Respondents also noted that, given the potential range of access points, it was imperative that front line staff were trained to recognise the signs of abuse to enable them to respond to service users with sensitivity:

"It is the reception a person receives and the subsequent service that determines whether they feel they can disclose and trust the support offered."

Suggestions for the core aspects of service provision were also made. These included the need for safe, informal, confidential and non-judgmental spaces to facilitate disclosure; specially trained staff and long-term provision to allow trust to build between counsellor and service user.

Findings - Service User Interviews

The findings from interviews with 2 male and 2 female service users are thematically organised under the 8 framework areas of the Communities of Interest planning process - economy and jobs; better education for all; health and social care; community cohesion and community safety; leisure and culture; environment and homes, building communities and voluntary sector service provision. For each of the 8 areas respondents were asked to reflect on the key issues that arise for survivors and suggested possible solutions to any problems identified.

Economy and Jobs

Survivors are sometimes suffering financial hardship because of the extra challenges they are facing in day to day life. Examples were given of the difficulties some find in holding down a demanding job when dealing with the long-term impact of sexual abuse. For others the notion of 'career' is a somewhat alien concept, struggling as they do to function on a daily basis. As one respondent noted:

"Why worry about a job or a pension if you are suicidal"?

Quite clearly though some survivors do achieve success in their career but it was felt that for some this might be through a process of 'compartmentalisation', whereby the survivor's work and home persona are markedly different or where work is used as an escape mechanism.

For survivors who are working through their recovery process and keen to return to work it was felt there was little understanding amongst staff in the Employment Service. A lack of training had left staff unable to understand the particular needs some survivors may have such as a need to be home before dark or the restrictions on distances that could be comfortably travelled for employment:

"It should not be a choice between trying to function independently or being fully in the system (i.e., a mental health user not able to work). The system should provide adequate support for those who are able to and want to work with some support."

Respondents also noted the stigma associated with an abuse history, linked to the wider societal stigma surrounding mental health issues in general. This led to fears of disclosing their survivor 'status' at work because of the perceived negative impact on a career. This was also increasingly problematic with the trend for some employers to require detailed medical histories for new job applicants, forcing some to lie when asked for such details. It was noted with irony by one respondent that many with mental health diagnoses are prevented from entering certain professions, e.g., caring professions, when they are the most likely candidates to be able to relate to patients.

"Service user interviews"

"I am not mentally ill: I am a victim of sexual abuse"

The cost of accessing support services in the private sector was also raised. Two respondents had paid for private therapeutic provision due to the length of waiting lists in the voluntary sector and within NHS provision. Clearly, many would not have such an option available to them, raising the possibility of a two-tier system for survivors with money and for those without.

Linked to this last point is the cost of seeing professionals to obtain reports to support CICA (Criminal Injury Compensation Authority) claims for victims of abuse. It was suggested that financial support to obtain such reports should be made available to all applicants.

Better Education for All

For many survivors sexual abuse occurs in the midst of mainstream education. As a result educational progress can be seriously jeopardised, affecting attendance at school or leaving the victim prone to bullying as a result of withdrawal and isolation from their peer group.

Clearly victims of abuse will require additional support within the education system but a lack of support during this period was noted by 3 of the 4 respondents. One in particular recalled a complete lack of support whilst at school at the time of the abuse in the 1950s but suspected support systems may have drastically improved over the last 50 years. However 2 younger respondents recalled similar experiences in the 1980s and 1990s:

"Nobody spots it (abuse), even when you are suddenly absent, mis-behaved, or ill when you were previously a model pupil who was never in trouble or absent"

"I'm not working because I've got no qualifications - If I'd not been abused I might have stayed at school and not taken heroin and I might have a job now"

"How can you concentrate on your exams when you are going home and being raped on an evening?"

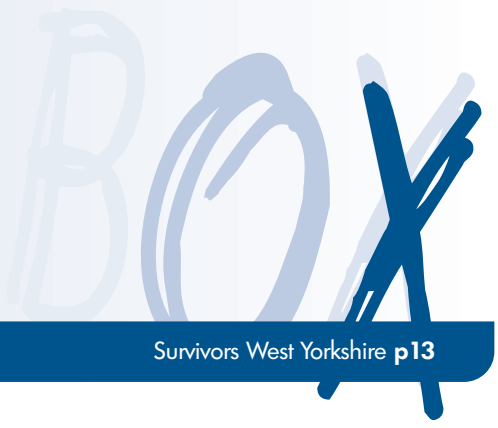
It was felt that the reason for this lack of support within the educational system was two-fold. Firstly there is a need for awareness training for teachers and all school staff to allow the signs of abuse to be detected and acted upon. Secondly, it was felt that the current "child protection culture" had built up a wall between teachers and pupils, with teachers perhaps afraid to ask questions and offer support.

The need to educate children and young people about appropriate sexual behaviour was also cited as a key element in preventing sexual abuse:

"How can survivors believe society wants them to thrive if nothing is put into prevention? We need to educate to prevent abuse rather than working out how to respond to it afterwards."

"Why is the onus on victims protecting themselves instead of teaching potential offenders about appropriate behaviour?"

"schools need to deal with it, not sweep it under the carpet"



Health and Social Care Need for Staff Training

The overwhelming majority of responses in relation to health and social care related to respondent's experiences of the medical profession, particularly General Practitioners (GPs). It was felt that the majority of GPs lacked understanding of the impact of abuse due to inadequate training particularly in relation to identifying abuse and responding to disclosures. This lack of training could also lead to trivialisation of the abuse experience:

"The psychiatrist said there are people worse off than you, you've not been raped."

This lack of training (and lack of service provision as noted later) is thought to lead to an over reliance on the use of medication to treat the impact of abuse, as one service user noted:

"Some GPs are little more than drug pushers"

Overeliance on the Medical Model

GPs often seemed to need to explain the underlying causes and identify a diagnosis before they could help, utilising the medical model response to physical illness. This is of particular concern given the fact that many survivors will present to GPs with many 'symptoms' before disclosing abuse:

"I just felt he (GP) was unable to help as I couldn't disclose my abuse history at that time. Because he couldn't identify what was wrong he wasn't willing to help."

One respondent had made repeated presentations to their GP with "psychosomatic responses to my abuse" but the GP had failed to detect or even begin to probe the underlying problems.

In fact it was felt that many such patients are seen as a burden on the system rather than patients in need of further support.

Some positive experiences with GPs were noted but it was felt that this was only at a later stage, when the service user was not "in crisis" suggesting GPs are more responsive to those who are more able to clearly articulate their needs.

Responses to Service Users

In suggesting improvements to the relationship between medical staff and service users it was suggested that barriers needed to be broken down and that staff needed to begin treating patients with "warmth, honesty and compassion". A positive experience of support from one respondent was due to the fact that "he was down to earth, genuine and took time to listen." Many counsellors and psychologists were found to be white and middle-class which could lead to difficulties in relating to service users from different backgrounds and cultures.

To ensure a compassionate response and greater understanding amongst staff it was felt that people with experience of mental ill health themselves should be given greater opportunities to work within the mental health system. However, it was stressed that such opportunities should be underpinned by adequate support systems for those staff.

The general ethos of the National Health Service was seen by one respondent as the cause of inadequate support for survivors of abuse and more generally mental health service users:

"The NHS needs to be more health orientated. It does not have a health focus; it is a system of containment and management of those who are seen as outside the norm. The idea seems to be to put everyone with problems together and contain them"

This issue was seen to be compounded by the vast amounts of paperwork and unnecessary bureaucracy which further limits human contact between patients and staff.

Service Provision

The need to increase NHS service provision and reduce the waiting lists for referrals to counselling and psychotherapy were seen as a priority for survivors. Suggested improvements included the use of surgery - based counselling to provide interim support and increased use of alternative therapeutic approaches within statutory provision, e.g., transactional analysis, reflexology.

The lack of support for survivors at major life stages such as during pregnancy and child birth and parenthood was also noted. More training appears to be needed to ensure that midwives and obstetric staff can appropriately support survivors at this time

Ultimately it was felt that policy makers and service providers needed to recognise the link between support at the time of abuse and the likely long term impact on the use of services if inadequate support was provided. Related to this point is the need for specialist provision to support children at the time of abuse. One respondent recalled being referred to a counsellor who appeared to have no experience of working with children.

However, respondents were keen to note, in calling for better survivor service provision, that there is a need for the recognition of the stages of recovery:

"Some survivors are in crisis but not all of us are. There seems to be an attitude of either you are fine (recovered) or in crisis and a complete wreck. We need a less black and white approach."

Service User Involvement

The need for more genuine patient involvement and patient choice to reduce the great numbers of disempowered people in the system was noted by service users. Whilst some attempts at developing 'service user involvement' had been seen in the Bradford area, it was felt that this was largely a "sham":

"Service user involvement is a sham - the ideas from meetings are taken away by people in power and nothing ever happens - this is more disempowering than being completely ignored in the first place."

The use of patient advocates was also suggested. These were seen as intermediaries who could liaise with clinical staff on behalf of patients, particularly where learning disabilities or language barriers might otherwise prevent real patient empowerment.

"You might claw your way back to respectability, but only if everyone manages to forget what you told them when you were ill."

Community Cohesion

The stigma of the mental health 'label' was viewed as the main barrier to 'community cohesion' or full engagement with society. Disclosure of abuse was seen as an automatic precursor to the label of 'mental health service user' and, in some extreme cases, the risk of being sectioned and therefore further alienated from society.

Even in less extreme cases this labelling can result in exclusion from the local community, making it harder for survivors to build links and foster relationships - a problem which might only be overcome when the societal response to mental health issues is challenged.

For the present time though the mental health label is perceived as all enduring, a situation which undermines the recovery process for survivors:

"You might claw your way back to respectability, but only if everyone manages to forget what you told them when you were ill"

For some survivors their experiences have left them with difficulties in trusting others, further limiting community cohesion. Others will avoid situations which in some way remind them of their perpetrator, such as male-dominated events.

Community Safety

It was noted by one respondent that the assumption is all too often that survivors feel unsafe outside of the home and will not venture out alone, particularly after dark. But this was seen to undermine the true reality of sexual abuse - that perpetrators are often known to the victim and as such, victims may actually feel safer outside of their home. It was also suggested that the idea of community 'safety' may be a misnomer if the victim is unable to disclose because of the fear of death threats from a perpetrator.

Furthermore, it was suggested that many irrational perceptions seem to operate around sexual abuse and violence which undermine the very idea of community 'safety':

"Safety? Ha! Why are victims blamed?! Burglary victims are not asked by barristers, 'Could it not be said that you left your valuables on display in the window and were asking to be burgled?"

Leisure and Culture

It was noted that participation in leisure activities can be a rare and daunting experience for some survivors as abuse can lead to shame and fear which results in withdrawal from social networks. Some survivors also note that this withdrawal is often channelled into solitary activities such as studying which, whilst having rewards such as good exam results, does little to improve the self-esteem and confidence of survivors.

However, the potential for leisure and culture to be a positive healing 'tool' was raised by all respondents:

"We need to use leisure and culture opportunities to facilitate survivors to re-organise and re-integrate themselves so they are not always a 'victim'."

"Art and Culture could be a way to return to or re-find your original (pre-abuse) identity and to build links with the community and generally be in contact with others."

One respondent's faith had provided an opportunity to be in a "positive environment with positive people":

"The faith movement, unlike society in general, has a real understanding of human potential"

The use of television to raise awareness of sexual abuse in society was also suggested (lightheartedly) by one creative respondent:

"Like 'Goodness, Gracious, Me' broke down multi-cultural barriers, maybe we should have a survivors comedy show!"

Environment and Homes

A number of issues for survivors in relation to the living environment and home were raised by the service users. In the first place, the home might not necessarily be a place of safety if the perpetrator of the abuse is a family member. Thus the idea of the 'safety' of the family home is something which should not be taken for granted and aligned to this is the need to challenge the disproportionate and inaccurate emphasis in society (and particularly the media) on 'stranger abuse'.

As noted in the earlier section on economy and jobs, the potential financial hardship that may be experienced by some survivors due to the impact of the abuse on their ability to work may prevent some from acquiring a home of their own. Further housing issues may also arise for survivors at particular life stages. For example, one respondent recalled being wary of sharing a house with strangers during University.

Another respondent who had recently acquired their first independent home was particularly grateful for the support received from a voluntary sector supported housing scheme who, it was felt, had shown more interest in the respondent's welfare than any of the many medical staff previously encountered.

Building Communities

The respondents interviewed felt that there were too many barriers which prevented survivors from actively engaging in their local communities and wider society:

"Survivors need to be given a voice; we don't want any special favours, just allow us to participate."

The need to identify and challenge perceived barriers in organisations making policy decisions, perhaps on the grounds of discrimination was also raised:

"Numerous research and reports have identified the need for better service provision for survivors, so why does it not happen? Because society can't deal with survivors! But surely anti-discrimination legislation would apply? There is protection from exclusion on the grounds of race, religion, disability and gender but there is no comparable system for survivors."

But it was acknowledged that the first step in addressing the wider engagement of survivors in society and providing better service provision was to remove the taboo that exists in society around victims of sexual abuse. In other words, it is time to 'challenge the silence'.

"We need to acknowledge the existence of survivors in society, to provide validation. This will eventually pave the way for better service provision, but first need to remove the taboo around being a 'survivor'."

And linked to this last point is the need for survivors to be able to have a voice without being a mental health service user:

"We're not all in crisis all the time. You might not be mentally distressed but still interested in campaigning."

Whilst survivor disengagement from wider society due to the stigma of abuse has been noted, it was suggested that even survivors themselves often fail to engage with one another. The need for survivor 'networks' which could provide opportunities to explore shared experiences and provide peer support were highlighted:

"It is good to talk to others with the same experience - in general society you always feel different from everyone else."

But it was acknowledged that some had tried in the past to develop such networks but that they always seem to fail. It was felt that this might be because of inherent issues around trust and contact within the survivor community and the fact that it is often one person trying to run a network in their spare time. The availability of funding to allow the appointment of a co-ordinator to facilitate such a network was suggested.

In addition, the use of non-threatening mediums such as radio were raised:

"We really need build to links amongst the survivor community - One idea we counted, that we haven't got too far yet with is a 'Survivors Radio Show', which I think would be brilliant because it's kind of unthreatening because it's non-visual, and it's something you can listen to kind of anywhere...a half-hour programme once a month, or something. You don't actually have to talk about sexual abuse the whole time. Survivors is about who you are, not just what's happened to you."

Voluntary Sector Services

In reflecting on the experience of voluntary sector provision this was described as "less constraining and powerful" than the statutory sector:

"She was just a human being, not a GP, I knew she didn't have the power to lock me up or section me."

However, the lack of funding within the voluntary sector provision was a key issue raised by all respondents. The existence of much expertise within the voluntary sector was acknowledged, but it was felt that this expertise may sometimes go unused because of the lack of funding to deliver specific support services for survivors. Where services did exist it was almost a matter of luck in finding them due to a lack of publicity about services on offer. It was felt that this lack of service provision publicity reflected the fragility of funding support and the reluctance to advertise something that might not exist longer term.

"The expertise is out there in voluntary sector and lots of organisations are desperate to provide support to survivors. We just need to remove the taboo and put pressure on funders."

This has resulted in a situation whereby only those survivors who have the ability and energy to "go that extra mile" are able to find support and many stories of the negative impact of the loss of support when the service provision has to close due to lack of funding.

Some respondents commented that the voluntary sector currently appears too disparate and would benefit from a "joined up thinking strategy", something which could clearly be underpinned by a multi-disciplinary network of service providers. Related to this issue is the fact that some voluntary sector agencies have "too wide a focus" (e.g., mental health generally) although it was acknowledged that this may be a necessity in order for such agencies to receive funding.

What is needed though is specialist support for survivors of abuse and the availability at a policy level of funds to support such provision. This would also support work towards a distinction for survivors from the label of 'mental health service user'. As one respondent noted:

"I am not mentally ill; I am a victim of sexual abuse."

Service Provision

Some further general comments about service provision and survivor empowerment were also raised by respondents and these are summarised here.

The need for service providers who really understand the issues of abuse was expressed and it was suggested that survivors themselves might be the best people to work with victims of abuse. The need for accessible and community-based support services was also noted, not only because some people are less comfortable with travelling to the city centre but because some survivors do actually still work and therefore find daytime appointments difficult, particularly given the problems highlighted in disclosing abuse histories to employers.

The lack of choice in service provision for survivors of abuse was seen as one of the key issues that needed to be addressed. All respondents expressed a sense of survivors being expected to feel grateful for any support offered regardless of whether it was perceived to be adequately suited to the service user. For example, there was often a lack of choice in respect of the gender of the appointed counsellor and appointment times and if the counsellor-service user relationship failed to 'click' it was a case of "well it is this or nothing else." As one responded stated:

"There is a complete lack of choice in service provision for survivors; you're expected to feel lucky that you're being offered anything at all. In my experience it is a bit like the vegetarian option on a menu, you're lucky if anything exists."

Empowerment

Respondents felt that survivors, like many other service users in the mental health system, were not sufficiently empowered. Medical staff were viewed as all powerful, with the ability to control (medicate) and section. Service users felt they had to accept any support offered, including unwanted medication prescriptions, since refusing help would undermine the perceived need for support and could result in the offer of support being withdrawn.

But the disempowerment of service users was not the sole preserve of the statutory sector. Respondents noted that voluntary sector service providers often appear to wrap survivor service users in a "blanket of protection", perceiving them to be vulnerable and therefore, incapable of an independent voice. The fact that less than half the service providers in this research were willing to merely ask their service users if they wished to participate in the study seems to support this view. Similarly, one respondent had attempted to offer alternative therapies free of charge to survivor service users via the voluntary sector but had been told that survivors would not want this service, even though they were never asked!

"Like the vegetarian option on the menu, you're lucky if anything exists."

CLAIRE FRASER 2006

Research Summary

Research Findings Summary

This research provides an overview of service provision for survivors of sexual abuse in Bradford from the perspective of 62 service providers and 4 service users. Whilst the numbers participating are relatively low, it is considered that the findings from this research can be generalised to the wider survivor population since many of the findings support earlier research in this area (e.g., Nelson, 2004).

The findings reveal that survivors are presenting to a range of agencies in both the voluntary and statutory sectors and as such, there appears to be a need for greater awareness and training of front-line staff. In addition, it is imperative that specific services to support survivors are available to allow referrals to be made where the need for further support is identified. 69% of service provider respondents noted that such provision does not currently exist. Suggested priorities for specific service provision include greater availability of individual counselling and an increase in multi-agency working and sharing of good practice.

The service user interviews highlighted the potential life-long impact that abuse may have. More support is needed both within the education system, to support children at the time of abuse, and later in life for adult survivors who are trying to find and hold down jobs. When reflecting on issues in relation to health and social care many examples of less than adequate responses from the medical profession were noted perhaps due to the lack of awareness training for medical staff and the lack of therapeutic provision. In addition, there appears to be an over-reliance on medication and the use of diagnostic systems due to the propensity to follow the medical model. A sense of isolation as opposed to community cohesion was also noted both in relation to wider society and within the survivor community. Such isolation and disengagement was widely believed to be underpinned by the stigma associated with abuse and more generally mental health and the need to 'challenge the silence' of abuse was highlighted. Although some good experience of service provision (largely in the voluntary sector) was noted, it was felt that service provision for survivors of abuse could benefit from additional funding and publicity. In addition, the need for choice and a range of accessible services which seek to empower service users was noted.

As noted earlier it had been hoped to recruit 20 service users to participate in this research. However, only 4 service users were recruited, despite great efforts to raise awareness of the research and the support of many of the participating service providers. It is considered that this difficulty in recruitment may reflect the long-term disempowerment and lack of voice amongst the survivor community and this is a key problem which must be overcome if we are to effectively 'challenge the silence'.

Future research should strive to engage further with survivor service users as recent research in Ireland has demonstrated the clear benefits of participating in such research (DRCC, 2005). Therefore, it is important that such benefits are made known to the survivor community to further empower this marginalised group. If further funding allows, it is intended to carry out further research in the Bradford area to identify the barriers to participation that may exist amongst survivor communities. Inherent in this approach will be an acknowledgement that not all survivors are mental health service users or indeed 'service users' at all and therefore additional recruitment sources and methods will need to be developed.

" Challenging the Silencing and Stigma of abuse in our Society "

Recommendations

- Increased availability of service provision including easier access and greater choice
- Increased funding to support service provision
- Enabling the empowerment of service users
- Publication of a guide detailing currently available support services
- Development of multi-disciplinary and cross sector support networks to facilitate sharing of good practice and provision of 'joined-up' services
- Awareness training for front line staff, particularly in the primary sector
- Challenging the silencing and stigma of abuse in our society

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A VIEW FROM INSIDE THE BOX II

SURVIVORS MATRIX - A SEXUAL VIOLENCE & ABUSE HUB FOR BRADFORD

SURVIVORS MATRIX

A SEXUAL VIOLENCE & ABUSE HUB FOR BRADFORD

REPORT OF A FEASIBILITY STUDY CARRIED OUT BY MONKEY MOSAIC LTD

SURVIVORS MATRIX IS A PROPOSAL FOR A HUB TO SUPPORT VICTIMS OF SEXUAL ABUSE AND VIOLENCE AND TO EMPOWER PARTNERSHIP WORKING TO DELIVER THIS SUPPORT MORE EFFECTIVELY ACROSS BRADFORD.

This paper constitutes the results of an initial evaluation of this idea, taking into consideration national strategies and best practice as well as the views of local stakeholders on current needs and opportunities. It identifies a clear niche, outlines immediate priorities for action and highlights issues for discussion and areas for further exploration. It proposes a twelve-month development phase, subject to availability of funding.

BACKGROUND

There are tens of thousands of people in Bradford whose lives have been affected by sexual violence and abuse. This issue is not limited to any single community or class or culture; it stretches into all parts of district life.

The damage done by sexual abuse is not easily healed; the after-effects can last a lifetime. Individual reactions to abuse cannot be easily 'boxed'; they cover the widest range of behavioural responses from total breakdown and withdrawal to aggressive criminality to completely 'normal' behaviour.

Statutory agencies try to pick up some of the pieces, but only those cases where symptoms become most obvious. They also always have to cope with outcomes; they cannot easily address individual internal dynamics.

One of the most significant effects of sexual abuse is the isolation of the individual. A variety of societal taboos and psychological/cultural norms all operate to keep the issue under wraps.

The social culture which has in many ways restricted the effective support of victims of sexual violence and abuse is beginning to evolve. That evolution can be seen in Government initiatives ranging from a Cross-Government Action Plan on Sexual Violence and Abuse to detailed protocols for engaging with victims from the Department of Health (Victims of Violence and Abuse Prevention Programme), and all underpinned by 'Our Health, Our Care, Our Say,' the Government's call for greater direct involvement in support services by service users, regardless of supporting sector. All these initiatives will roll out during 2007.

SURVIVORS MATRIX - OUTLINE

Against this background Survivors West Yorkshire published A View from Inside the Box in 2006. The report stated that one of the most significant things that could be done to help those on the receiving end of sexual abuse is to provide a framework for them to help themselves - and not be seen forever as passive victims. Another significant step would be to bring the whole box of collected issues out into the open in order to strengthen positive responses and remove stigma across the whole of society.

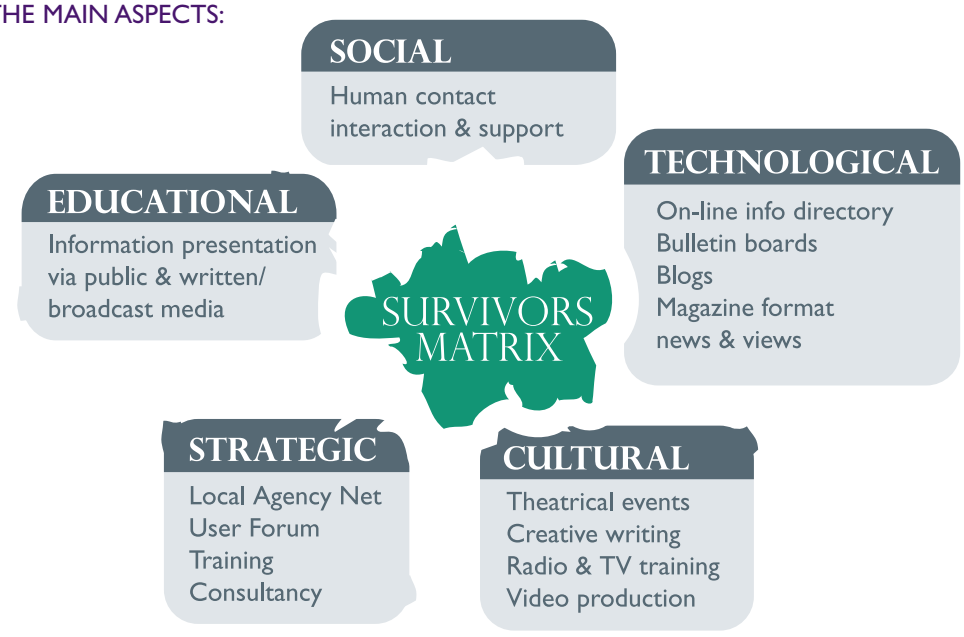
Survivors West Yorkshire therefore developed a proposal for a new framework for sexual violence and abuse services in Bradford called the Survivors Matrix. The proposal offers an imaginative pathway to capture the developing initiatives and empower them in ways which will have positive outcomes beyond those currently envisioned, enabling a resource to be built in Bradford which could act as a good practice model for the rest of the country.

Survivors Matrix would aim to facilitate many new creative outcomes and bring forward the vision of the many diverse voices heard in the report. It is intended as a programme rather than a project and encompasses a number of objectives including:

- providing as many ways as possible for overcoming individual isolation and alienation
- information and representation functions to local and national statutory agencies
- informing/educating others about the situation in which survivors of sexual abuse find themselves including theatre, film and video as well as the traditional routes of meetings and press articles

There are a number of aspects of the work, each one contributing to and drawing strength from a central hub. The original aim was for this hub to be operated, and its use determined, by survivors themselves.

FIVE OF THE MAIN ASPECTS:



WE HAVE ASKED RELEVANT PEOPLE WHAT THEY THINK

Social sector leadership consultants Monkey Mosaic (see Annex 1) were contracted by the Community Network Bradford and District in February 2007 to carry out an initial evaluation of the proposal.

The evaluation has taken into consideration national strategies and best practice as well as the views of local stakeholders on current needs and opportunities in the district. A list of individuals and organisations consulted is given at Annex 2.

THE PROPOSAL FITS WELL WITH STRATEGIC WORK AT A NATIONAL LEVEL

We have not attempted in this report to rehearse the arguments for the importance of dealing with sexual violence and abuse and prioritising better support services, since that is adequately covered by A View from Inside the Box and national reports and strategies – as stated in 'Tackling the Health and Mental Health Effects of Domestic and Sexual Violence and Abuse (Home Office, DH and NIMHE) the evidence is uncontested. Details of relevant reports are given at Annex 3: desk research conducted.

Rather, this section covers stated strategic priorities and national initiatives and considers to what extent the Matrix proposal fits in with them. It's easier to work with the grain of social change, so how can local activity support national strategy?

The Cross-Government Action Plan on Sexual Violence and Abuse is due to be published imminently. It focuses on three main objectives:

- Maximising prevention
- Increasing access to support and health services for victims of sexual violence and abuse
- Improving the criminal justice response to sexual violence and abuse

The Home Office, Department of Health and National Institute for Mental Health in England (NIMHE) and the specialist voluntary sector, represented by The Survivors Trust and the Rape Crisis Network (England and Wales), are working collaboratively on a number of initiatives:

- Ensuring the next round of Public Service Agreements cover targets on serious offences, over half of which are serious sexual offences. Public Service Agreements drive local prioritisation of resources.
- Online implementation toolkit to support an integrated and co-ordinated community response, e.g. Local Sexual Violence and Abuse Forums that put in place workplans, arrange mutual training exchanges and facilitate sharing of ideas.
- Supporting the development and funding start-up costs of Sexual Assault Referral Centres (SARCs) around the country through SARC Development Fund.
- Delivering specific training for investigators and prosecution teams, which will be rolled out from April. Considering possibility of fast-tracking court cases.
- Funding Independent Sexual Violence Advisors (ISVA). Following a pilot of 38 services across England and Wales continuation funding is being provided to support existing posts and funding will be available for additional posts. ISVAs usually work for the voluntary sector.
- Occupational and service standards for relevant statutory sector agencies such as A&E, Drug and Alcohol services.
- Mental Health Trusts Pilot Collaborative Project working to promote routine enquiry into sexual abuse with all users of mental health services

This collaborative approach is supported by Home Office Minister Vernon Coaker MP and Health Minister Baroness Scotland via an inter-departmental Ministerial group. The Matrix proposal fits well with the spirit of this work, as well as much of the detail, creating opportunities that are discussed later in this report. Tackling the Health and Mental Health Effects of Domestic and Sexual Violence and Abuse talks of a bringing together:

"Many Government and cross-Government initiatives, a wide range of voluntary and independent sector agencies, statutory health, education and social care services and the criminal justice system… the whole system approach will make all of its elements visible, including a recognition throughout the system of the nature and extent of this violence and abuse, and it's effects on those who are victimised, with a whole system understanding of their needs and how to meet them."

Matrix essentially proposes the same approach at a local level. In particular the proposal supports the notion in the same report that "At the heart of the programme will be the voice and experience of those who have been victimised."

Developments in the voluntary sector at a national level would also support the Matrix through the emergence of the Survivors Trust and Rape Crisis Network as national voices covering the issues of sexual violence and abuse. Matrix would be able to tap into their experience and networks.

MUCH DETAILED WORK WILL BE REQUIRED AT A LOCAL LEVEL TO TURN GOOD INTENTIONS INTO ACTION

The highest priority of the three objectives to implement locally will be to ensure a continuum of care for victims and survivors. This will be a precondition to any effective action on the criminal justice side; more victims will not be encouraged to disclose or to report to the police without the promise of better support. Prevention is unlikely without greater understanding of the issues, which is best gained through interaction with victims and survivors, and therefore again dependent on the support offered to them.

A variety of services already exist at a local level (see Annex 4: Initial mapping of services). They provide parts of the solution, however they are often working in isolation, aware of other services but lacking opportunities for contact and therefore up-to-date understanding of overlaps and differences in services provided.

"There's a lack of consistency and co-ordination across the district. Services are not connected, nor sufficient."

Services that do exist operate under uncertain funding regimes and there are gaps. All mention a 'wish list' of services they feel are needed and stories of groups of clients they used to serve or types of support they used to provide but had to stop due to lack of funding.

It is particularly important when supporting survivors and victims of sexual violence that services are gender and age specific. Particular gaps or capacity shortages mentioned included specific services for: male survivors of childhood sexual abuse; ethnic minorities; 16-17 year olds; certain parts of the district which may be far from location based services; women involved in prostitution. But the biggest concern is a general lack of capacity across all services due to insufficient funding. Data from the British Crime Survey shows that only a minority of survivors and victims of sexual violence make disclosures. Were a significantly greater percentage of them to do so the existing specialist support services in Bradford simply could not cope.

It should be noted at this point that additional funding for specialist support services could make huge savings overall for the public purse. As things stand a range of other services that are ill equipped attempt to deal with the problems caused for survivors by the ongoing trauma of their abuse or assault. These include a range of mental health problems, self-harm, suicide, drug & alcohol abuse, eating disorders, violent and criminal behaviour. Rape incurs a cost of £73,000 per case in health services alone (source: Tackling Sexual Violence: Guidance for Local Partnerships, June 2006, Home Office).

Proposals for greater collaboration received unanimous approval. However, there are clearly different perspectives and it will take time to reach mutual understanding, reconcile different agendas and put in place productive new working practices.

"THE STRATEGY WORK HAS TO BE MADE TO HAPPEN NOW AND IT'S IMPORTANT SURVIVORS SHOULD BE INVOLVED"

"WE LIVE IN THE 21ST CENTURY AND THE TIME TO DEAL WITH THE ISSUE HAS ARRIVED - OTHERWISE INCREASINGLY IT WILL BE DEALING WITH US"

For Survivors Matrix to work as an effective hub it must aim to:

i. Ensure statutory sector strategies and activities facilitate and strengthen survivor-led and voluntary sector support services

ii. Ensure the views of survivors and voluntary sector expertise informs and strengthens public sector activity

I. ENSURING STATUTORY SECTOR STRATEGIES AND ACTIVITIES FACILITATE AND STRENGTHEN SURVIVOR-LED AND VOLUNTARY SECTOR SUPPORT SERVICES

"The issue is how a victim accesses services and the choices then open to them. When a survivor chooses to disclose to a voluntary sector service they do so because it meets their own particular needs."

The majority of disclosures of sexual violence and abuse take place in the voluntary sector. This is unlikely to be an accident. The voluntary sector has a different ethos; it feels different to a survivor. It has built up decades of experience supporting victims and survivors and has the expertise but often not the resources.

Relationships with the statutory sector can be difficult. For instance, one voluntary sector respondent said they feel it is difficult to raise their concerns with the public sector because they fear it would put their funding at risk. Another example is that the ISVA employed in a voluntary organisation in Kirklees reports difficulties in communication with the Police and Health Services. Employment of ISVAs has been funded and promoted at a national level and it is possible there is some overlap with existing services.

There is also a feeling that public sector involvement can be heavy-handed. One example given was the view that the Hate Crime Alliance was taken over by the Police, who were then unable to deliver on its objectives. A strong, independent voluntary sector is required to ensure that does not happen - strength and independence in practice means a variety of different funders so the organisation is not beholden to any particular funder for its survival.

II. ENSURING THE VIEWS OF SURVIVORS AND VOLUNTARY SECTOR EXPERTISE INFORMS AND STRENGTHENS PUBLIC SECTOR ACTIVITY

"I would like to get together with the Police and Social Services to find a way to deal with disclosures in a way that is less harmful to the victim."

A common complaint from the public sector when trying to engage with the voluntary sector is the number and diversity of opinions. It often appears that it will be too time-consuming and complex to collect and reconcile all these views so a half-hearted attempt is made. Efforts are needed on both sides: the public sector needs to accept that it is worthwhile even though difficult; the voluntary sector needs to work more strategically so it can present a more concerted voice.

One potential route for influence might be the PCT's Professional Executive Committee, a group of local doctors, nurses and other frontline health and social care staff who support and develop clinically driven primary and community services working jointly with

partnership agencies and frontline staff. Part of their role is to ensure that the health needs of the local population are fed into the planning and delivering of health care services. They are also tasked with promoting partnership working.

THERE'S A CLEAR NICHE FOR A COORDINATING HUB

The issue of sexual violence and abuse is addressed by different agencies, arising as a significant component or contributing factor within agendas on domestic violence, mental health, drug & alcohol abuse, child protection, serious crime, community safety. What is currently missing is recognition of this as a priority agenda in itself. No person, organisation or partnership holds a strategic view of all relevant services across the district.

Initial investigations have revealed interest in working together more effectively on issues around sexual violence and abuse. However, it will not happen without leadership and coordination. The existing voluntary organisations are not resourced to carry out this role (and struggle to find funding to retain the services they exist to provide). No public sector body or partnership has so far taken it on.

This is the niche which Matrix can fill. It can be a coordinating hub, tasked with ensuring contact between all relevant services and facilitating development of new services where gaps or opportunities are identified. With an over-arching agenda, independent of individual organisational concerns and priorities, and with built-in involvement from survivors themselves, it will give impetus to a growing programme of activities and bring a philosophy of continuous improvement to the services on offer.

"THE DISCLOSURE RATES ARE CLIMBING FROM MANY SERVICES BUT THERE IS NEVER A RUSH OF FUNDERS TO HELP DO THIS WORK!"

DEVELOPMENT

THE WAY TO MOVE FORWARD IS THROUGH ACTION

Widespread support across a range of agencies will be required if Survivors Matrix is to function effectively. Development will involve a process of creating waves of interest and building a coalition of support.

In order to avoid being thought of as a talking shop, Matrix needs to promote action that bears fruit early on. Initial evaluation of opportunities suggests the priorities for action are as follows:

1. Driving the development of a Sexual Assault Referral Centre for Bradford
2. Coordinating a Sexual Violence and Abuse Network to provide opportunities for all relevant organisations to learn from one another, develop a shared understanding and undertake strategic planning on a collaborative basis
3. Setting up a structure/process to ensure ongoing participation of survivors in development and management of the SARC and other relevant projects, as well as ongoing evaluation of existing services
4. Creating a website to act as a portal to all existing services

Further details and factors to be taken into consideration for each priority are given below.

1. SEXUAL ASSAULT REFERRAL CENTRE (SARC)

Development of SARCs across the country forms a key plank of the Government's strategy, as mentioned above. Central funding is available to help set them up through £70,000 grants, available from the Home Office, though subject to a bidding process.

Discussions have already taken place on the potential development of a SARC in Bradford and several people consulted felt this was the key need. A meeting was convened by Bradford Rape Crisis and Sexual Abuse Survivors Service on 8th March and hosted by the Police, with the aim to form a working group to move plans forward. West Yorkshire Police are planning a 'Visioning/Mapping Day' due to take place in May looking at the issue on a West Yorkshire basis, with the intention of developing a generic structure, policy and procedures involving all relevant agencies; a 'Structured Care Pathway.'

Concerns have been expressed about SARC development by local and national organisations. A number of concerns were voiced:

- They can be seen as 'the answer' when in fact they need to be part of package of activities. They are centre-based, not offering the outreach services at home or in easily accessible community venues that some victims require. Support to victims is time-limited and not necessarily tied into the voluntary sector services which tend to take up the role of long-term counselling and support. Perhaps most importantly, SARCs do not address the needs of adult survivors of childhood sexual abuse, who are the biggest service user group.
- SARCs are intended as 'a safe haven' but in some cases they are seen as merely evidence collecting facilities, designed to increase reporting and conviction rates, which is not helpful for victims and survivors:

"We don't want to put in lots of effort and end up with a 'level 1' SARC. We want an all-singing, multi-agency one. A SARC is not a building, it's a concept."

"THERE ARE TENS OF THOUSANDS OF PEOPLE IN BRADFORD WHOSE LIVES HAVE BEEN AFFECTED BY SEXUAL VIOLENCE AND ABUSE"

"If a SARC sets out with the objective of simply increasing reporting rates, it won't be successful."

Matrix can help ensure that these concerns and the following questions are taken into consideration in setting up a SARC:

- What do victims expect?
- How should we measure quality of care? (N.B. work is being carried out on this question at a national level)
- How can we ensure the voluntary sector is treated as an equal partner and resourced for continuing involvement?
- How can we ensure the SARC's services are culturally sensitive to the needs of Bradford's ethnic minority communities?

When asked about good practice in establishing and running a SARC, people have consistently mentioned Derbyshire, since it is voluntary sector led (managed by Derbyshire Rape Crisis) as well as the St. Mary's Centre, Manchester and The Havens in London, because they provide other services besides forensic examination. E.g. St. Mary's Centre employs four counsellors and has a support worker to provide practical advice.

Study visits to learn from the experience of existing SARCs would be useful though it must be noted that they are all relatively new and any model can be improved on.

2. SEXUAL VIOLENCE AND ABUSE NETWORK

Interest was expressed in opportunities to meet other organisations involved in providing services. The purpose would be to provide updates on activities, facilitate shared learning, build trust and a common understanding, brainstorming and planning future services.

Matrix could provide such a forum, convening and facilitating meetings. Care would need to be taken on the level at which such meetings are pitched. Who should attend: frontline staff, managers, strategic planners?

Care must also be taken to avoid the experience of the independent Leicester Sexual Violence Network, which was established and ran for 16 months, before closing due to the development of a new multi-agency working panel by the Police (who had previously taken part in the Sexual Violence Network). Some people involved felt that this new group had skewed the agenda too far towards criminal justice concerns and away from victim and survivor support.

The national Mental Health Trusts Pilot Collaboration Project has also set an objective to establish Sexual Abuse Forums. Their remit is primarily staff development, informal supervision and case study discussion.

There may in fact be a need for several forums on sexual abuse and violence focussing on different aspects. If so, there could be a role for Matrix in coordinating membership of the various forums. Matrix could link agencies or individuals into the best forum to meet their requirements. It could also act as the information hub for knowledge gathered and developed at the various forums.

3. STRUCTURE/PROCESS TO ENSURE ONGOING PARTICIPATION OF SURVIVORS

The exact model for such structures or processes needs to be further discussed and investigated but it is essential that they are established. This needs to be considered at several levels:

a. Planning and development of new services (e.g. the SARC) delivered by any of the partner organisations
b. Governance/reference group of Matrix
c. Staffing of Matrix
d. Ongoing management of all relevant services

A discussion amongst stakeholders would be valuable as to whether personal experience as a survivor should be added to the person specification for the Matrix Development Worker and any future staff.

One possibility would be to establish a Survivors Advisory Panel (SAP) to provide input into the development of any new services. Matrix or any of the partner organisations could book feedback sessions with the group. This is an analogue to the Refugees Advisory Group established within the PRESTO Partnership of refugee agencies in London, with which Monkey Mosaic is familiar. In that case one of the partner organisations provides ongoing training to the members of the group in support of their advisory role.

Whatever model or process is selected, Matrix must carefully consider representation of the various groups of survivors to ensure that the voice of one particular group does not drown out the rest. Some groups have had greater prominence and are already more organised to make their voice heard.

4. WEBSITE

The initial priority is to make the existing services in the district more visible through the development of a website acting as a portal to all existing organisations and explaining each of their roles and relationships.
In the future, and dependent on funding, the website could potentially be expanded to include user forums and blogs ('MySpace for Survivors'), an extranet for partner organisations and an email news service.

FUTURE PRIORITIES

Additional priorities and opportunities will arise as the programme rolls out. These might include:

- Training for frontline staff, e.g. in A&E departments, GPs, mental health services, social services, drug and alcohol abuse services, probation officers, prison officers. This may offer a potential for social enterprise activity as interest in the subject increases, but the market does not yet exist.
- Acting as a hub for commissioning of services – coordinating the response from the voluntary sector to tenders to deliver support services. Matrix would need to allow organisations access to additional resources that they could not access alone, rather than becoming a competitor for funding.
- Public awareness and educational campaigns including cultural activities.

"THIS ISSUE IS NOT LIMITED TO ANY SINGLE COMMUNITY OR CLASS OR CULTURE; IT STRETCHES INTO ALL PARTS OF DISTRICT LIFE"

NOTHING HAPPENS WITHOUT PEOPLE TO DO IT

We recommend that interested stakeholders fund a twelve-month development phase to move forward on these plans. Resources are required primarily to buy people's time:

Matrix Development Worker

Local partnerships and funding, programme development, convening and servicing Reference Group, organising Network meetings.

Specialist Advisor

Further developing national contacts; carrying out fundraising from national sources; facilitating Network meetings; providing advice on strategic development, governance structures, social enterprise, quality assurance.

Expert Consultancy

A variety of people (including survivors themselves) to provide advice on effective support for victims and survivors.

HERE'S WHAT THEY WOULD DO

- Establish a Reference Group
- Further research and identification of stakeholders
- Detailed mapping of services including identification of gaps
- Detailed discussions with potential local partners covering (i) future structure of Matrix; (ii) their ongoing involvement; (iii) resources and funding; (iv) future priorities for action
- Drive development of Bradford SARC, working closely with Police SARC development officer and Bradford Rape Crisis & Sexual Abuse Survivors Service
- Organise and hold first meetings of the Bradford Sexual Violence and Abuse Network
- Develop plans for involvement of survivors (SAP or other processes)
- Visits/research into other relevant organisations around the UK
- Further develop relationships with Home Office, Dept. of Health, etc.
- Research potential funding sources and submit applications
- Hire web designer and develop content for a website
- Produce detailed 3 year business plan
- Recruit an external evaluator, support evaluation of the development process, contribute to & distribute the final evaluation report

A REFERENCE GROUP IS REQUIRED FOR THE DEVELOPMENT PHASE

Management of the Matrix will be complex since it will rely on partnership working. It will eventually require a formal constitution but it is too early to establish this yet. During the development phase workers should report to a Reference Group, rather than one particular organisation.

As a minimum, the Reference Group for the development phase should include representatives of the following organisations:

- Bradford & Airedale Teaching PCT
- Bradford Council
- Bradford Rape Crisis and Sexual Abuse Survivors Service
- Off the Record
- Relate Keighley
- STAR Project
- Survivors West Yorkshire
- West Yorkshire Police

This list is by no means exhaustive and other important stakeholders will be identified and added during the development phase.

This leaves an immediate question: which organisation will be the budget holder for the development phase?

"ONE OF THE MOST SIGNIFICANT EFFECTS OF SEXUAL ABUSE IS THE ISOLATION OF THE INDIVIDUAL"

BUDGET

AN EFFECTIVE INVESTMENT FOR REAL OUTCOMES

A SUGGESTED BUDGET FOR A 12 MONTH INTENSIVE OUTCOME DRIVEN STRATEGIC DEVELOPMENT PROGRAMME

A number of funders could potentially be drawn on to fund the Matrix
The timeframe of the feasibility study has not allowed for detailed funding research. Possibilities for further investigation include:

- Community Network Bradford and District
- Bradford District Council
- West Yorkshire Police
- Bradford & Airedale Teaching PCT
- Department of Health
- Home Office
- NESTA Innovation Fund: Innovations in Mental Health
- Big Lottery Fund – Reaching Communities Programme: Outcome 4 - healthier and more active people and communities
- Lankelly Chase Foundation - Breaking the Cycle of Abusive Relationships Programme
- Lloyds TSB Foundation

"A VARIETY OF SOCIETAL TABOOS AND PSYCHOLOGICAL/CULTURAL NORMS ALL OPERATE TO KEEP THE ISSUE UNDER WRAPS"

"THE SOCIAL CULTURE WHICH HAS IN MANY WAYS RESTRICTED THE EFFECTIVE SUPPORT OF VICTIMS OF SEXUAL VIOLENCE AND ABUSE IS BEGINNING TO EVOLVE"

1ST YEAR BUDGET

Matrix Development Officer, full-time (inc employers NI)	£38,000
Specialist advisor, 2 days per week	£18,000
Expert consultancy	£15,000
Rent, phone & services (desk in another organisation's office)	£1,500
Office running costs (stationary, etc.)	£500
Office equipment (PC, printer)	£1,000
Website development	£4,000
Independent evaluation	£3,000
Travel & expenses (best practice visits around UK)	£2,000
Meetings of Bradford Sexual Violence and Abuse Network (venue, refreshments, etc.)	£1,000
TOTAL	£84,000

This budget would support a robust model to ensure that local strategic development for victims of sexual violence and abuse proceeds effectively

Nothing happens without people to do it - In order to pursue this workplan the following staff resources are required:

Matrix Development Worker
Local partnerships and funding; programme development including driving development of Bradford SARC (working closely with Police SARC development officer and Bradford Rape Crisis & Sexual Abuse Survivors Service), organising Network meetings, convening and servicing Reference Group

Specialist Advisor
Further developing national contacts; carrying out fundraising from national sources; facilitating Network meetings; providing advice on strategic development, governance structures, social enterprise, quality assurance; training for members of SAP

Expert Consultancy
A variety of people (including survivors themselves) to provide advice on effective support for victims and survivors

ANNEX

ANNEX ONE
ABOUT MONKEY MOSAIC

Monkey Mosaic Ltd is the social sector leadership consultancy run by James Smith, co-founder and formerly Chief Executive of the School for Social Entrepreneurs (www.sse.org.uk) and founding Trustee of Unltd: the Foundation for Social Entrepreneurs (www.unltd.org.uk). He was instrumental in setting up the organisation and securing the contract to manage the £100m Millennium Awards Legacy, the largest single tender to the voluntary sector.

James learned his trade working alongside the late Michael Young (Lord Young of Dartington) at the Institute of Community Studies (now recast as the Young Foundation: www.youngfoundation.org.uk). Michael was a social scientist (Family & Kinship in East London and The Rise of the Meritocracy), and once named by Harvard Business School as the 'most prolific social entrepreneur of the 20th Century'. He invented the Open University and founded dozens of social organisations including the Consumers Association.

Since 2002 James has been working as a freelance consultant primarily with new start-ups, social enterprises and organisations that are refocusing their mission and operations. His work has covered a diverse range of issues including regeneration, employment, refugees, social innovation, energy and environment, arts, mental health, education and venture philanthropy.

For further info see:
www.monkeymosaic.com

James Smith
Monkey Mosaic Ltd
Tel: 020 7099 2215
james@monkeymosaic.com

"IT IS PARTICULARLY IMPORTANT WHEN SUPPORTING SURVIVORS AND VICTIMS OF SEXUAL VIOLENCE THAT SERVICES ARE GENDER AND AGE SPECIFIC"

"INITIAL INVESTIGATIONS HAVE REVEALED INTEREST IN WORKING TOGETHER MORE EFFECTIVELY. HOWEVER, IT WILL NOT HAPPEN WITHOUT LEADERSHIP AND COORDINATION"

ANNEX 2
INDIVIDUALS & ORGANISATIONS CONSULTED

LOCAL

Eleanor Green	Bradford & Airedale Teaching PCT
Rachel Cooper	Bradford Council for Voluntary Service
Roz Hall	Bradford Metropolitan District Council
Valerie Balding	Bradford Metropolitan District Council
Paul Johnson	Bradford Metropolitan District Council
Lynne Cheong	Bradford Metropolitan District Council
Jane Gregory	Bradford Rape Crisis & Sexual Abuse Survivors Service
John Corbishley	CNet Bradford and District
Anne Wilkinson	Kirklees Rape and Sexual Abuse Crisis Centre
Celia Dawson	Off the Record
Nick Shillito	Relate Keighley
Barbara Siedlecki	STAR Project West Yorkshire
Bob Balfour	Survivors West Yorkshire
Sue Widderson	West Yorkshire Police
Stan Bates	West Yorkshire Police

NATIONAL

Cath Thundercloud	Lancashire CID; Advisor to Home Office on sexual violence
Dave Gee	Ex-Derbyshire CID: Advisor to Home Office on sexual violence
Fay Maxted	Survivors Trust
Helen Musgrove	Home Office
Jazz Kang	Lecturer in Counselling at University of Derby; Ex-Manager, Derby Rape Crisis and Derbyshire SARC
Mandie Marlow	Ex-Leicester Sexual Violence Network and Leicester SARC

ANNEX 3
DESK RESEARCH CARRIED OUT

I. REPORTS/POLICY AND STRATEGY PAPERS

Promoting Equality
12th March 2007 Dept of Health
Response from Dept of Health to the Disability Rights Commission Report, "Equal Treatment: Closing the Gap."

Tackling the Health and Mental Health Effects of Domestic and Sexual Violence and Abuse
Prof. Catherine Itzin, Home Office/ Dept of Health/ NIMHE

Tackling Sexual Violence (June 2006)
Sexual Crime Reduction Team, Violent Crime Unit, Home Office
Guidance for Local Partnership

Working Jointly with adult survivors of sexual abuse
Liz Mayne, CSIP/NIMHE
Mental Health Trusts Pilot Collaboration Project

Violence and Abuse Care Pathways Mapping Research Project Brief
VVAPP, Dept of Health/ NIMHE

Evaluation of Breathing Space (2006) Scottish Executive Research Findings No.49/2006
Evaluation of the Breathing Space telephone advice line and signposting service for people experiencing low mood or depression.

Evaluation of Breathing Space (2006) Scottish Executive Research Findings No.49/2006
A social research project exploring Sexual Abuse/Violence Service Provision across the Bradford District

Yes You Can (2005)
Sarah Nelson and Sue Hampson. Scottish Executive Working with Survivors of Childhood Sexual Abuse

Cross-government Action Plan on Sexual Violence and Abuse
Home Office/Dept of Health

II WEBSITES

The Star Project
www.starproject.co.uk

Community Network Bradford & District
www.cnet.org.uk

Bradford CVS Healthnet
www.bradfordcvs.org.uk/health.htm

West Yorkshire Police
www.westyorkshire.police.uk/

Survivors West Yorkshire
www.survivorswestyorkshire.org.uk/

The Survivors Trust
www.thesurvivorstrust.org/

Government Crime Reduction website
www.crimereduction.gov.uk/sexual/sexual23.htm

St. Mary's Centre
www.stmaryscentre.org/

Black Women's Rape Action Project and Women Against Rape
www.womenagainstrape.net/

The Centre for Social Justice - James Brokenshire MP Diary (description of placement with Twelves Company, Plymouth)
www.centreforsocialjustice.org.uk/default.asp?pageRef=168

Twelves Company
www.twelvescompany.co.uk/home

Bradford District Care Trust
www.bdct.nhs.uk/

Bradford and Airedale Teaching Primary Care Trust
www.bradfordairedale-pct.nhs.uk/

Rape Crisis England & Wales
www.rapecrisis.org.uk/

ANNEX FOUR
INITIAL MAPPING OF LOCAL SERVICES

The following organisations offer counselling and other forms of support to victims of sexual violence and sexual abuse survivors

1. Bradford Rape Crisis and Sexual Abuse Survivors Service

A service by women… for women who have been raped or sexually abused at any time in their lives.

C/o 19 - 25 Sunbridge Road
Bradford, BD1 2AY
Helpline: 01274 308 270
Email: Info@brcg.org.uk

2. Off the Record

- Face-to-face counselling service for 13-25 year olds
- Anger Management Consultant

Referrals from: GPs (70%), self-referrals, youth service, YMCA, Connections, Schools

Funders: CAMHS, Healthy Community Fund Team
www.offtherecord.org.uk

3. Relate Keighley

- Initial formal assessment with two therapists
- Client-centred individual therapy
- Group support: LILY for women and SHED for men - up to 14 weeks, 3 hours group once per week.
- Counselling service for young people

Referrals from: self-referrals, GPs, probation officers, mental health

Funders: PCT, CAMHS, Lloyds TSB Foundation
www.relate-keighley.co.uk

4. STAR Project, West Yorkshire

- Initial support workers - 6 to 10 weeks
- Counselling - 6 to 10 sessions
- Case Tracking Service for every case undergoing criminal investigation

Currently support 650-700 people per year across West Yorkshire

Referrals from: Police (50%), CPNs, Victim Support, Drugs Projects, GPs

Funders: West Yorks Police, PCTs
www.starproject.co.uk

5. Survivors West Yorkshire

Survivors West Yorkshire is a Voluntary Organisation which aims to deliver peer support and advice to Adult Survivors of Childhood Sexual Abuse, both Male and Female. Our objective is to further our aims via the education of survivors, their communities, and the services which support them directly or indirectly. We advocate for social recognition of the needs of adult survivors and the commitment to meet those needs as victims of crime who have survived, in most cases, without acknowledgement or support. We also believe that engagement needs to be pro-active and fully resourced, as the impact will not only benefit the survivor but society itself.

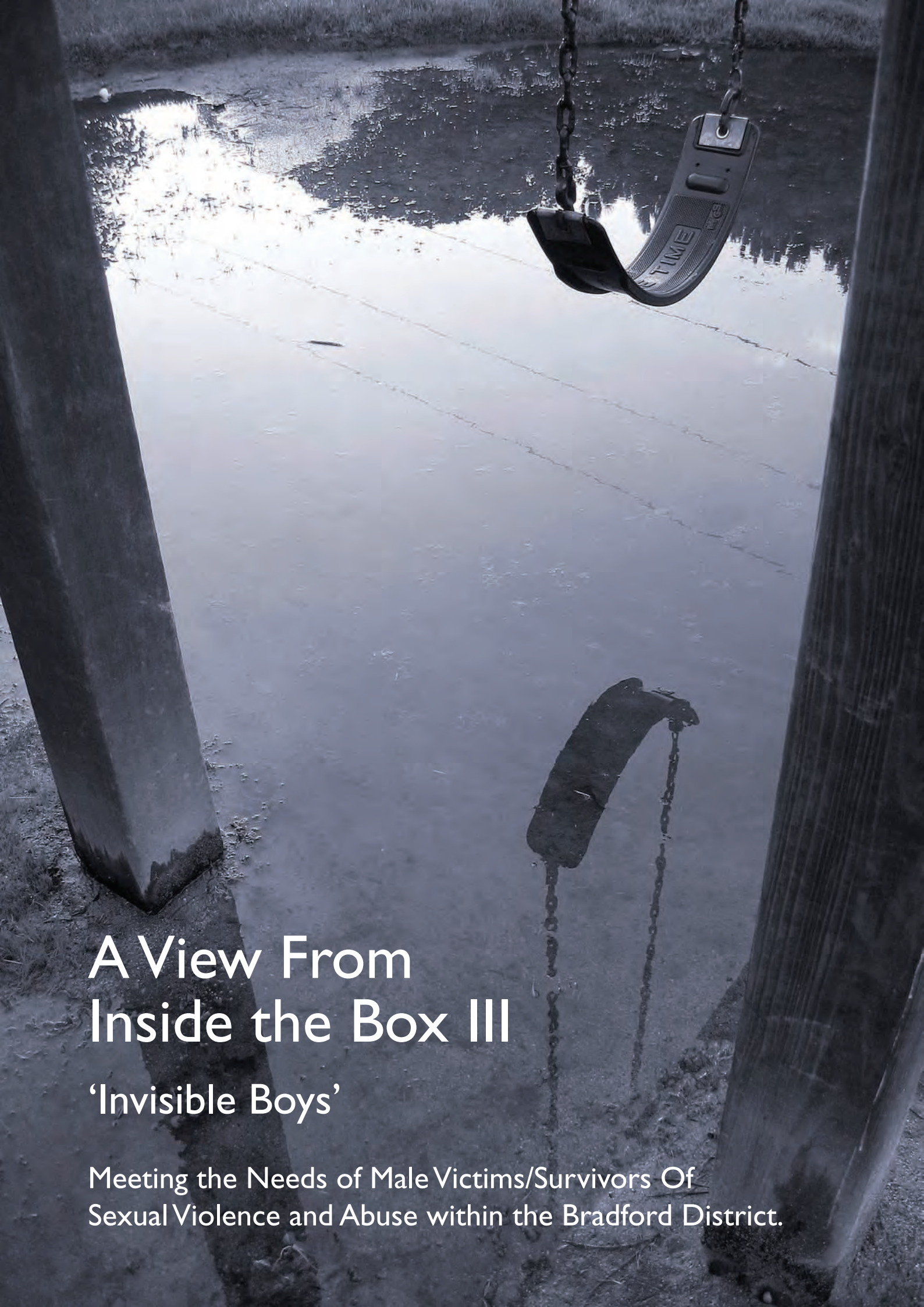
www.survivorswestyorkshire.org.uk
survivorswy@mac.com
Helpline: 07950 263 975

NATIONAL & INTERNATIONAL SERVICE DIRECTORIES

1. National Association for People Abused in Childhood
www.napac.org.uk

2. DABS Directory and Books Service
www.dabsbooks.co.uk

"THIS IS THE NICHE WHICH MATRIX CAN FILL. IT CAN BE A COORDINATING HUB"



A View From Inside the Box III

'Invisible Boys'

Meeting the Needs of Male Victims/Survivors Of Sexual Violence and Abuse within the Bradford District.

The Invisible Boy

Revisioning the Victimization of Male Children & Teens

Opening the Door to Male Victims

"Since we are sometimes compelled against our will by persons of high rank to perform the operation, by compression is thus performed: children, still of a tender age, are placed in a vessel of hot water, and then when the parts are softened in the bath, the testicles are to be squeezed with the fingers until they disappear."

Paulus Aegineta 1st Century A.D.

This opening quote from Sander Breiner's book, Slaughter of the Innocents: Child Abuse Through the Ages and Today, is a stark reminder that the story of male child abuse is an old one. The passage is an instruction to those who wanted to get around a law passed by the Roman emperor Domitian prohibiting the castration of boys who were subsequently placed in brothels or sold for "buggering." At the turn of the twentieth century, boys were routinely circumcised without anesthetic as a "treatment" for things such as hyperactivity and masturbating (De Mause, 1988). However, anyone who believes that this inexcusable treatment of male children or youth is a thing of the past should consider the following:

- An episode of a comedy television program about summer camp features the sexual abuse of a "canteen boy" by an adult camp counsellor.
- A Canadian newspaper advertises a board game, "101 Uses for a Severed Penis."
- Another television program portrays mother/son incest in a comedy sketch about phone sex.
- A newspaper article about a mother who left her 11 year-old son tied and gagged in a closet quotes a social worker at the trial as saying, the boy had been "very prone to lying, stealing, and manipulating, was disruptive in class, and was generally an unpleasant kid."

What these few examples illustrate are some of the themes that will be explored in the pages of this document; namely, the existence of a double standard in the care and treatment of male victims, and the invisibility and normalization of violence and abuse toward boys and young men in our society.

Despite the fact that over 300 books and articles on male victims have been published in the last 25 to 30 years, boys and teen males remain on the periphery of the discourse on child abuse. Few workshops about males can be found at most child abuse conferences and there are no specialized training programs for clinicians. Male-centred assessment is all but non-existent and treatment programs are rare. If we are talking about adult males, the problem is even greater. A sad example of this was witnessed recently in Toronto. After a broadcast of The Boys of St. Vincent, a film about the abuse of boys in a church-run orphanage, the Kids' Help Phone received over 1,000 calls from distraught adult male survivors of childhood sexual abuse. It is tragic in a way no words can capture that these men had no place to turn to other than a children's crisis line.

The language we use in the current discourse on violence and abuse masks, minimizes or renders invisible certain realities for male victims. Terms such as "family violence" have become co-terminus with "violence toward women," particularly on the part of husbands, fathers or other adult male figures. Male teens, boys, male seniors, male victims of sibling-on-sibling violence and female abusers disappear in this term.

Canada lags far behind other Western democracies in the study of male victims and their male and female abusers. In fact, among the large and growing number of research studies on male victims only a small number are Canadian. Social policy development, public education, treatment programs and research funding, and the evolution of a more inclusive discourse on interpersonal violence that reflects the male experience are all long overdue.

Why the Need for a Male-Inclusive Perspective?

A "male-inclusive" perspective on violence and victimization must be, of necessity, dynamic and evolutionary, since male victims are only just beginning to speak out about their experiences. As they do, their stories will continue to challenge many of our long-held and status quo assumptions about abuse victims and perpetrators.

It is important to keep in mind that male victims are not a homogeneous group, and over time it is likely that a number of perspectives will evolve. Heterosexual, gay and bisexual, Native/Aboriginal, disabled/challenged, and visible and cultural minority males will all add different aspects to the story of male victimization.

There are, however, four basic components to the concept of "male-inclusive."

First, the need to articulate a male-centred point, or points, of view, which reflect the diversity of men and boys in the Canadian population. Second, the need for male victims to search for balance as they struggle to heal the emotional, physical, mental and spiritual aspects of their lives. Third, the need to honour and protect female victims' gains and acknowledge the contributions women have made in breaking the silence about violence and abuse. Fourth, the need to evolve a vision of combining both males' and females' stories into a coherent and inclusive perspective that all of us will be able to own and use in the struggle to reduce and eliminate interpersonal violence and abuse in our society. Sadly, as male victims' stories reveal, we are still a long way from realizing any of these goals.

Male victims report great pain, frustration and some anger at not seeing their stories reflected in the public discourse on violence and abuse. Several large-scale Canadian studies about interpersonal violence conducted in the past several years have reported the findings pertaining to only female victims. Many academic papers written about victims of violence purport to be "balanced," yet typically bring only a faint male "voice" to the analysis. From a conceptual standpoint, many also make the mistake of accepting and using, uncritically, a woman-centred-only model of victimization. Male victims also find much of this work dehumanizing and dismissive of their experiences. They feel many writers and thinkers in the field have delineated the boundaries of the discourse on violence and abuse - boundaries that leave males out.

Male victims frequently find that therapists, counsellors or other types of caregivers trained with female-centred models of victimization are unable to help them. Consequently, they are likely to simply abandon therapy, leaving unexplored many of the issues relating to their victimization experience and to their deeper healing.

Male victims, like female victims before them, have encountered their share of critics and detractors, people who refuse to believe them, ignore prevalence statistics, minimize the impact of abuse, appropriate and deny males a voice, or dismiss male victimization as a "red herring." When prevalence statistics are given for male victimization, it is common to hear the response that the vast majority of abusers of males are other males, a belief which is simply not true.

This comment is usually intended to frame male victimization as a "male problem." It is also insensitive and perceived by male survivors as being victim-blaming. While challenges and criticisms to concepts and theories are valid, and an important part of the evolution and development of any field, denial, minimization and silencing is harmful, abusive and damaging to any victim.

In many respects, male victims are where female victims were 25 years ago. Most of us forget the enormous opposition the women's movement encountered as women began to organize and claim a voice to speak against violence and name their abusers/offenders. The services and supports that exist presently for women were hard won and yet are still constantly at risk of losing their funding. By comparison, there really is no organized male victims "movement" per se. Males, generally, are not socialized to group together the way women do, to be intimate in communication or to see themselves as caregivers for other males. In short, much of what male victims need to do to organize a "movement" requires them to overcome many common elements of male socialization, all of which work against such a reality ever happening.

Why the Need to Re-Vision Male Victimization?

The subtitle of this work, "Revisioning the Victimization of Male Children and Teens," extends an invitation to the public and professionals alike, to "look again" and "re-vise" their knowledge and understanding with respect to violence and abuse, and to make it inclusive of a male perspective. On the face of the evidence presented in the pages of this report, the invitation is compelling.

Much of the current thinking and discourse, both public and professional, about abuse and interpersonal violence is based on a woman-centred point of view. This is neither right nor wrong, good nor bad, but rather the result of who has been doing the advocacy. However, as a result of this history, victims have a female face, perpetrators a male face. Because of this image of perpetrators as having a male face, violence in our society has become "masculinized" and is blamed exclusively on "men" and "male socialization." Although there is without question a male gender dimension to many forms of violence, especially sexual violence, simple theories of male socialization are inadequate to explain why the vast majority of males are *not* violent.

Violence is even blamed on the male hormone testosterone. The irony in this argument is not lost on male victims. While women have been struggling to get out from under the stigma that they are at the mercy of their hormones, males are being accused of being at the mercy of testosterone.

Male victims walk a fine line between wanting to be heard and validated, to be supportive of female victims and to be pro-woman, while challenging assumptions they feel are biased stereotypes. Their challenges to some of these stereotypes are often met with accusations that they are misogynists, part of a "backlash" against feminism, or have a hidden agenda to undermine women's gains. If any of these accusations are true, they must be confronted by all of us.

But if they are based only on the fear that recognition of males as victims will threaten women's gains, then that is the issue we should be discussing right up front, not minimizing male victims' experiences in a competition to prove who has been harmed the most. Nonetheless, it is important for all of us to recognize that it may be difficult for many women to listen to male victims' stories until they feel safe in this regard.

Sadly, male victims and their advocates risk a lot to challenge the status quo and experience much pressure to remain silent. It is ironic that the pressure males feel to remain silent replicates, at a social level, the same patterns of silencing, denial and minimization they experienced at the hands of their offenders. If we do not face the fact that we need to heal the "gendered wounds" of both women and men, then we will compromise the search for gender peace.

Finally, and perhaps the most important reason to re-vision our understanding, is because men and teen males are not, in any substantial way, joining women in the struggle to end all forms of interpersonal violence. Part of the reason for this may be because males do not see their own stories reflected in public discussions about violence and abuse. If one were to rely solely on the media to convey the male experience, few stories would be known beyond the more sensational cases involving several church-run orphanages or provincial training schools. It is not uncommon to hear male students express resentment toward high school anti-violence curricula that presumes them to be abusers, harassers, rapists and sexual assaulters in waiting. Indeed, it is difficult to feel part of a collective social movement against violence when one's own experiences are dismissed, excluded or minimized. It is evident from even a casual review of this material that much of it contains biased stereotypes and unchallenged assumptions about "male anger," "male aggression" and "male sexuality." All too often, these writers take as a starting point a caricature of the worst imaginable elements of "masculinity" and assume it applies to all male persons.

As males begin to tread upon the path broken by women, they are summoning the courage to bring their own voices to the public and professional discourse about violence and abuse. If we want males to engage in true dialogue, then we have to be open to hearing their criticisms, their experiences, their pain.

Purpose of The Invisible Boy

The Invisible Boy is intended for a wide readership. Readers may find some of the issues or research presented in the document new or surprising, maybe even a little controversial. Others may find no surprises at all, but instead a confirmation of what they have experienced, observed themselves or believed all along. In any case, it is perhaps most important to see the document, not as a definitive statement of the male experience (we are too early in the struggle for that), but rather as a "snapshot in time" of some of the controversies, challenges, knowledge gaps and unexplored issues pertaining to the male experience of victimization. If it spurs the reader to further explore the literature, encourages the therapeutic community to expand its knowledge base about victims and perpetrators, or widens public debate on abuse to make it more inclusive, then it will have achieved its purpose.

Readers would be well advised not to read into the pages of The Invisible Boy any diminishment of women's experience with respect to violence and abuse.

Unimaginable numbers of women and girls are harmed by violence every day in Canada. Women's stories need to be heard, believed and respected without denial or minimization. We must resist attempts to place male and female victims into a competition for resources or credibility. We can no longer afford the divisiveness along gender lines that permeates discussions about male and female victims' experiences. If we are to advance the anti-violence movement at all in Canada, we have to move more toward "gender reconciliation" and away from the bullying of one another that passes for advocacy in many public discussions.

Ideally, male and female victims' stories should be told side by side so that we may be better able to observe and understand how inextricably intertwined their experiences are. However, such a task is beyond the scope of the present project.

Because their experiences are poorly understood, underreported, largely unacknowledged and outside much of the public and professional discourse, The Invisible Boy will focus primarily on males and bring together in one place many of the strands of male victims' experiences.

Many questions remain unanswered. Why is it that Canada, a country that prides itself on being a compassionate and just society, lags behind other countries in advocacy for male victims? Why has the media refused to give equal coverage to male victimization issues? Why do we consistently fail to support adult male victims? Why do we support a double standard when it comes to the care and treatment of male victims? Perhaps the simplest answer to all the above is the fact that much of what constitutes male victimization is invisible to us all, especially male victims themselves. The Invisible Boy will explore these and other issues in the following pages.

Chapter 1

Prevalence: A Many-Sided Story

How extensive is the abuse and victimization of males? The numbers tell many different stories depending upon where you look, what theoretical framework you use for analysis, what your definition of abuse and victimization is, and what sources you consult. On this basis, there are several different ways to answer the question.

If we use only the commonly reported categories of physical abuse, sexual abuse or psychological maltreatment and neglect, then we obtain one picture.

However, if we add corporal punishment, suicide, community and school-based violence, and violence in sports and entertainment, the story becomes more complicated. Still other areas could be added if we unpacked the term "family violence" and explored in more clinical depth commonly used descriptors, such as "hard-to-manage children and youth," "parent-child conflict," "difficult children," "dysfunctional families," "problem teen behaviour," "conduct disorder," "oppositional-defiant disorder," or "attention deficit disorder," to name a few. In general population health surveys, when we use terms such as "sexual contact" or "sexual touching" instead of "sexual assault" or "sexual abuse," the prevalence numbers increase substantially. This is because males often do not see their sexual experiences in strict clinical and legal terms such as "abuse."

Other categories could be added if we more closely examined the concept of "at-risk." For example, boys in the United States are more likely than girls to be diagnosed with behavioural and mental disorders, more likely to be admitted to psychiatric hospitals, twice as likely to suffer from autism, eight times more likely to be diagnosed with hyperactivity, more likely to become addicted to drugs and alcohol, and more likely to drop out of high school (Kimbrell, 1995).

The picture becomes complicated further when we add the everyday lived experiences of male children and youth in care of the state, living in foster homes, group homes, with legal guardians or in young offender custodial facilities. We could also add male senior abuse, male victimization in sibling-on-sibling violence, abuse of male spouses or other intimate male partners, abuse of same-sex male partners and violence toward males with disabilities, including children, teens and adults. Finally, we would need to add the stories of homeless young people, street kids and male adolescents using prostitution as a means to survive.

It quickly becomes apparent that the stories of many types of male victims have yet to be told. Although the field of child abuse has gained much credibility in public and professional discourse, it is easy to forget that it is still a new area of study. Definitions of abuse, prevalence data, theories of victimization and offending, and models for assessment and treatment continue to evolve. We are still far from possessing an exhaustive or comprehensive knowledge of the subject. We simply have not had enough time to test many of our ideas empirically, nor do we even know all the questions that need to be asked.

Although the abuse field in general has gained credibility, we must never forget that it is an emotionally and politically charged area of interest, a point victims and advocates forget at their peril. Reasoned discussion can be difficult, research evidence is frequently dismissed or ignored in the interest of politics, and many people in the public and professions alike still do not believe that something like child sexual abuse is a widespread and serious social problem. For example, as recently as the mid 1970s, the predominant view of incest in the psychiatry profession was that it was extraordinarily rare (Freedman, Kaplan and Sadock, 1975).

For male victims, the situation is even more precarious. Many cultural and other barriers must be crossed by boys, teen males, the professional community and the public even to be able to acknowledge male victimization experiences as abuse. For example, gay males have to "come out" to disclose their abuse, and so typically remain silent. Stated simply, if we do not go looking for male victims, we will not find them. If we do not explore issues of abuse with males, they will not tell us their stories. Consequently, and all too typically, the first time a teen or adult male offender obtains any help with his victimization is when he has come to the attention of the legal system because of his offences (Sepler, 1990).

Sexual Abuse of Boys and Teen Males

Virtually all of the discussion about the prevalence of male victimization in Canada and elsewhere is based on "official" statistics; that is, numbers derived from case reports to some public authority such as hospitals, police or child welfare agencies. However, it is evident from an examination of general population health surveys that male victimization is greatly underreported - far more than it is for females.

In the Ontario Incidence Study of Reported Child Abuse and Neglect, girls were the subject of 54% of investigations (25 016) and boys 46% (21 426) (Trocme, 1994).

Teenage males accounted for 14% of parental and 18% of non-parental sexual abuse allegations. However, when cases involving minor-aged children (8-11 years) were examined, it was found that boys accounted for 42% to 44% of sexual abuse allegations.

In 1984, the federal government published the now widely known two-volume study, Sexual Offenses Against Children, also known as the "Badgley Report." Many aspects of male victimization detailed in this large-scale national study still have not made it to public or even professional awareness. A look at some of the prevalence data in this study reveals an astonishing fact about the prevalence of male sexual abuse.

If we take as a starting point the findings of the study pertaining to prevalence, we discover that 1 in 3 males (33%) and 1 in 2 females (50%) reported being the victims of unwanted sexual touching in their lifetimes. About 4 in 5 of these incidents happened while the person was a child or youth. Assuming we have a population of 29 million people, divided equally by gender, these percentages yield the following prevalence rates.

Table 1
Child Abuse Prevalence Rates in Canada by Gender

29,000 000 Canadians in total	
Males	14, 500, 000 @ 33% = 4, 785, 000
Females	14, 500, 000 @ 50% = 7, 250, 000

From these simple arithmetic calculations we can see there are close to five million male victims of some form of unwanted sexual touching in Canada. Given that male victimization is more underreported than it is for females, these numbers should be viewed as a minimum estimate.

For the category of sexual assault, about 3 in 4 victims in the study were female, 1 in 4 was a boy. The study also found that the proportion of sexually assaulted males increased with age, while the reporting dropped, dramatically so after puberty. In the National Population Health Survey, 90% of males and 75% of females did not report their abuse experience. Overall, female victims were twice as likely to report their sexual abuse experiences.

The study also reported findings about female perpetrators who have received absolutely no public or professional attention, specifically, "exposure" to males and use of juveniles working in prostitution. Both of these findings are ignored in discussions about prevalence rates pertaining to males. In the sub-study of National Police Force Survey findings (Badgley, 1984), the report reveals that males account for 99.4% of charges laid for exposure, women .06%. However, in the National Population Health Survey (Badgley, 1984), 77.6% of victims of both sexes reported being exposed to by males, while 22.4% of victims reported being exposed to by females. In these incidents, 33% of males reported unwanted exposure of a female's genitalia. One in thirteen exposures to females were by females, 1 in 20 involved exposure of a female's genitalia. In spite of the reported levels of female exposure in the National Population Health Survey, only a small fraction of female exposers end up being reported or charged.

In the National Juvenile Prostitution Survey, 50% of the 229 juveniles involved in prostitution reported that they were approached for sexual services by an adult female, 62% of the males and 43.4% of the females. In 75% of these incidents, the services were for the woman herself, the remainder were for a male acquaintance. Twenty-two percent of the male juveniles and 20% of the female juveniles had been approached by women 3 times or more. However, in this and other studies, males still represent more than 95% of the consumers of sexual services provided by juvenile and adult males and females working in prostitution.

In the United States, child victims of violent sex crimes were more likely to be male (Office of Juvenile Justice and Delinquency Prevention, 1995). Evidence suggests that boys are more likely than girls to be physically and sexually abused at the same time (Finkelhor, 1984). Research exploring differences in severity of sexual abuse experienced by male versus female victims suggests that males experience more invasive types of abuse, more types of sexual acts and abuse at the hands of more perpetrators than females (Baker and Duncan, 1985; Bentovim, 1987; DeJong, 1982; Dube, 1988; Ellerstein, 1980; Finkelhor et al., 1990; Gordon, 1990; Kaufman et al., 1980; Reinhart, 1987). However, it is likely that these findings fail to consider that it is the seriousness of the abuse that brought the incident involving a male victim to the attention of official agencies in the first place. Male victims tend not to report less severe types of sexual abuse, especially those involving female perpetrators.

Table 2 provides a picture of the sexual abuse prevalence rates for different populations of males. The samples and the rates range widely. It is interesting to note the high abuse rates in the background of male sex offenders.

Table 2

Prevalence Rates for Sexual Abuse among Males

Authors	Sample	%
Canada		
Badgley (1984)	General Population Health Survey	14.0
Violato and Genuis (1992)	Canadian university students	14.0
United States		
Finkelhor et al. (1990)	American National Survey	16.0
Condy et al. (1987)	American college men	16.0
Fromuth and Burkhart (1987)	American undergraduate students	24.0
Stein et al. (1988)	American Community Sample	12.2
Urquiza (1988)	American undergraduate students	32.0
Cameron et al. (1986)	American National Survey	16.0
Risin and Koss (1987)	Males under 14 years of age	7.3
Condy et al. (1987)	Male prisoners (abused by female perpetrators only)	46.0
Groth (1979)	Adult male sex offenders	33.0
Petrovich and Templer (1984)	Adult male sex offenders (abused by female perpetrators only)	59.0
Johnson (1988)	Boys (4-13) who sexually abused	49.0
Britain		
Baker and Duncan (1985)	British National Survey	8.0.

Table 3

Male Victims as a Percentage of All Sexual Abuse Victims

Authors	Sample	%
DeJong et al. (1982)	Hospital study	17
Ellerstein and Canavan (1980)	Hospital study	11
Finkelhor and Hotaling (1984)	Review of sexual abuse literature	10 - 33
Neilson (1983)	Treatment program estimates	25 -35
Pierce and Pierce (1985)	Child abuse hotline study	12
Ramsay-Klawsnik (1990a)	Child protection referrals	39
	Confirmed cases of sexual abuse	45
Rogers and Terry (1984)	Hospital study	25
Grayson (1989)	Clinician interviews	25 - 50

Sibling-on-Sibling Sexual Abuse

Sibling incest is another area that has only started to enter the discourse and has been impeded because many persons fail to label it as abuse. Obtaining a full picture of the prevalence of sexual abuse at the hands of siblings is made difficult

because many children, teens and adults see the behaviour as "sexual curiosity" or "experimentation." Some victims may view it as "mutual exploration." In strict legal and clinical terms, it is sometimes difficult to label these sexual acts as "offending" behaviour unless we look at the age of the children, age differences between victim and perpetrator, power related to age, intellectual functioning, size and strength, victim impact, or consider if the older sibling was in a position of authority, i.e., baby-sitting. In other cases the "offending" child may be "abuse reactive", acting out against a smaller or weaker sibling, because they themselves are being abused. Much sibling-on-sibling sexual abuse does not show up in official statistics on crime or prevalence because the perpetrators are under 12 years of age.

Some put the figure of sexual abuse of males by siblings at 6% (Pierce and Pierce, 1985a), 13% (Finkelhor, 1980), and 33% (Thomas and Rogers, 1983). Longo and Groth (1983) found that among the family victims of juvenile offenders, 20% were either sisters, stepsisters, or adopted sisters, 16% were foster brothers, and 5% were brothers.

Sexual Harassment

Women have struggled for years to bring their experiences, concerns, and fears with respect to sexual harassment to public discussions about violence and victimization. Their advocacy efforts have succeeded in raising our consciousness about the subtleties and impact of harassment on girls, teen females, and women in many working and learning environments. Though more work still needs to be done, sexual harassment is now recognized as a serious issue for women. It is also an issue for males. However, as with any issue pertaining to victimization, males struggle against biased stereotypes and a double standard. Even raising the issue of sexual harassment of males raises eyebrows and draws stares or looks of disbelief.

Unfortunately, when trying to determine the prevalence of sexual harassment toward males, we are faced with the same problem of Canada lagging behind other western democracies. The European Community has produced a 93-page report on sexual harassment entitled, The Guide to Implementing the European Code of Practice on the Dignity of Women and Men at Work. In this report, 19% of German males and 21% of young Frenchmen reported suffering unsolicited sexual advances (Globe & Mail, 1993). Though females are more likely to experience sexual harassment, virtually no research has been undertaken in Canada that documents the prevalence of sexual harassment of males. The issue of sexual harassment among gay males has not even surfaced in the discourse.

One exception is a recently published study concerning high school student-to-student sexual harassment. However, it quickly falls into the trap of biased reporting and interpretation. A brochure promoting the study contains the following paragraph:

"In a recent survey done in Ontario high schools, over 80 per cent of girls said they had been sexually harassed. Boys said their harassment was often complimentary or teasing: few of them said they felt unsafe or that the harassment interfered with their lives, unless their harasser was another male." (Ontario Second School Teachers' Federation (OSSTF), 1994)

Most would read this and not give it a second thought. However, what makes this kind of statement worrisome is that it supports biased and harmful stereotypes about males and reinforces a double standard. And, there are other problems.

First, the overall percentage of males reporting being sexually harassed is not given, so it is difficult to compare anything to the 80% figure reported for girls.

Second, when asked, "Are you ever afraid of being sexually harassed?", approximately 70% of the girls and 30% of the male students said "Yes".

Between one-quarter and one-third of the males said "Yes," they were afraid of being sexually harassed. This is hardly a small number. But perhaps more importantly, it gives the authors no defensible position to diminish the seriousness of the issue for boys simply because prevalence of harassment toward girls may be higher.

Third, the authors also make qualitative judgments about the impact on boys without recognizing that male students are less likely to report harassment, more likely to diminish any negative impact, more likely to withhold expressions of fear, and more likely to normalize the experience since males are socialized to value, and view as being positive, "sexual overtures" from females. We need to ask ourselves if we would accept at face value comments of the young women in the study saying that they took their harassment as a compliment or teasing.

The above critique does not diminish the important contribution of the work or the hard efforts of those who are trying to protect students from harassment.

It is also not a diminishment of the fact that girls typically experience more fear, discomfort and emotional consequences from being harassed. The problem is that the authors, in their comments and interpretation of the findings, reinforce harmful stereotypes that will only perpetuate the problem of student-to-student sexual harassment, especially when it involves a male.

Because public awareness of sexual harassment is only just beginning to emerge, it is not uncommon to encounter people who believe that boys cannot be sexually harassed because, as males, they have "power." While it is true that sexual harassment is about power, a definition of "power" using only political or economic terms is too narrow to apply to the lives of children and teens. It is also too limited if we assume that only males have power by virtue of their gender.

Physical attractiveness, age, popularity and even "personality" can be forms of "social power." For example, how seriously is a school administrator or a youth's peers likely to take the complaint of a pimply, skinny or "nerdy" type male who is "rated" or sexually teased and taunted by an attractive and popular female?

What if the male in the above example was younger or a visible minority student whose first language was not English and the female student was Caucasian?

What if the male student was from a strict religious background that viewed any form of "sexual" talk or contact as inappropriate and offensive? From this perspective, sexual harassment can also be an issue of basic human dignity. It can also be about violation of another person's religious beliefs or cultural norms and values.

Male Prison Rape and Sexual Assault

The most overlooked form of sexual assault in our society happens to males in the form of prison rape. Studies concerning the prevalence of sexual assault never mention this form of sexual violence. In fact, there is no research available that documents the sexual assault of teen and adult males in prisons or closed custody facilities, though it is thought to be a common occurrence. It is easy to dismiss the plight of these males because of their diminished status as "offenders." It is all too easy to be without compassion for these males until you consider that many are victims and survivors of all forms of childhood abuse and maltreatment.

Physical Abuse, Neglect and Emotional Maltreatment

The sexual abuse of children and youth has dominated much of the research activity, advocacy, and many of the media stories about child abuse published in the past 10 years, despite the fact that it accounts for only about 14% of all forms of indicated or substantiated maltreatment (NCCAN, 1994). In the United States, neglect accounts for 49% of maltreatment cases, physical abuse 23% and emotional maltreatment 5%. Medical neglect 3%, other 9% and unknown 3% constitute the rest. This is particularly significant when one realizes that boys, especially in the younger age categories, tend to be the majority of victims of physical abuse and emotional maltreatment.

In the Ontario Incidence Study of Reported Child Abuse and Neglect, boys were found to be overrepresented in the area of physical abuse. Boys accounted for 59% of investigated cases in the 0 to 3 years of age category, 56% in the 4 to 7 year category, 55% in the 8 to 11 year category, and 44% in the 12 to 15 year category. In the area of emotional maltreatment, boys accounted for 54% of all investigations. The incidence rates were highest for boys 4 to 7 year of age (69%) and lowest for those 8 to 11 (33%). In the area of neglect the numbers are roughly equal, except for children 8-11 where boys represent 55% of cases. This study does not report substantiation rates for males vs. females, which have been found to be much lower for males, especially for cases involving sexual abuse (Powers and Eckenrode, 1988). Rosenthal (1988) found that boys in all age categories received significantly more serious physical injuries than girls, with the most severe occurring in male children under 12.

The Ontario study reports that physical abuse rates were slightly higher for girls in the 12 to 15 year age group (56%) and makes the claim that girls in this age category are generally at higher risk of physical abuse than boys. Similar findings have been reported elsewhere (Johnson and Showers, 1985; Russell and Trainor, 1984; Walker et al., 1988). However, what this interpretation fails to consider is boys are less likely to report, their abuse is less likely to come to the attention of authorities, and boys are more likely to fight back owing to their average greater physical size at this age (Gelles, 1978; Russell and Trainor, 1984).

However, there is evidence to suggest that physical abuse of adolescents of both sexes is underreported (Garbarino, Schellenbech and Sebes, 1986; Powers and Eckenrode, 1988; Farber and Joseph, 1985; Pelcovitz et al., 1984; Libbey and Bybee, 1979).

Sibling-on-Sibling Physical Abuse

As in the case of sexual abuse, sibling-on-sibling violence is a serious problem that is greatly underreported (Steinmetz, 1977). This type of violence is overlooked by parents and rendered invisible by expressions such as "rough-housing," "sibling rivalry," or "squabbling." Boys are sometimes even encouraged to fight to "toughen them up" and get them ready for the "real world."

Almost all American children are violent toward their brothers and sisters (Straus et al., 1980). In this research, 83% of boys and 74% of girls attacked a brother or sister. Fifty-nine percent of boys and 46% of girls attacked a brother or sister severely.

Although the most overlooked and ignored form of "family violence," sibling-on-sibling violence is of significant consequence to boys and young men.

According to Straus, sibling violence occurs more frequently than parent-child or husband-wife violence, boys in every age group are more violent toward their siblings than are sisters, and the highest level of violence occurs when a boy has only brothers.

Corporal Punishment

The issue of corporal punishment has just begun to emerge in the child abuse discourse. We are beginning to witness challenges to the appropriateness of certain sections of the Criminal Code that sanction the use of physical force in the discipline or correction of children. The concern is that corporal punishment is part of a continuum with spanking at one end and physical abuse and homicide at the other. It can sometimes be very difficult to assess when a parent or caregiver has crossed the line. However, regardless of whether the force was intended as abuse or discipline or correction, the effect on children is harmful (Yodanis, 1992; Vissing et al., 1991).

Corporal punishment is of particular concern to males. In Canada, 70% of the victims of non-sexual assault under the age of 12 are boys (Statistics Canada, 1991). It is evident that boys are physically hit more often than girls (Bryan and Freed, 1982; Gilmartin, 1979; Knutson and Selner, 1994; Maccoby and Jacklin, 1974; Newson and Newson, 1989; Wauchope and Straus, 1990).

Studies published in the United States show that between 93% and 95% of young adults report being corporally punished during their childhood or teen years (Bryan and Freed, 1982; Graziano and Namaste, 1990). Parent surveys report that approximately 90% of adults use corporal punishment to discipline and correct the behaviour of their children (Wauchope and Straus, 1990; Straus, 1983).

Community, School and Institution-based Violence

Community and school-based violence among children and adolescents is a topic that has gained prominence in the media and education circles. A recent newspaper story reported that researchers at the University of New Hampshire, using a random sample of children 10 to 16 years of age, found that 1 in 10 boys (10%) in the United States suffered a non-sexual genital assault, usually a kick by someone their own age (Globe & Mail, 1995). The rate for girls was 2%. The researchers in this study also reported that 40% of the perpetrators were girls.

Boys who wore glasses or had other physical limitations were three times more likely to be kicked. One year after the kicking, 1 in 4 boys still suffered depression from the incident.

In 1990, Statistics Canada conducted a study of patterns of criminal victimization. It found that the risk of personal victimization was highest for persons who are male, young, single and residents of urban areas. In a study of approximately 1 000 middle-level students in Ontario, 29% of Grade 6 boys reported being beaten up and 22% robbed while at school compared to 19% and 10% for Grade 6 girls. In this same study, overall, boys and girls were found equally likely to be victims or perpetrators of violent acts (Ryan, Mathews and Banner, 1993). This is not surprising considering that boys and girls up to the age of puberty are roughly the same size. In a Calgary study involving 962 middle and high school students, 47.5% of the males and 26.6% of the females reported being slapped, punched or kicked while in school during the past year (Smith et al., 1995). In Canada, violence toward young males in the form of gay-bashing at school or in the community is another rarely discussed problem.

In the United States, 72% of juvenile homicide victims were male. Forty percent of juvenile homicide victims were killed by family members, mostly parents. Fifty-three percent of boys were killed by their fathers and slightly more than half (51%) of the girls were murdered by their mothers (OJJDP, 1995). Also reported in this study was the fact that Caucasian males comprised 83% of suicides of persons under the age of 20, and that for every two youth aged 0 to 19 who were murdered in the United States in 1991, one youth committed suicide.

Suicide

Canada has one of the highest suicide rates in the Western world. A little under 2% of all deaths in Canada are caused by suicide, and almost four times as many males as females commit suicide annually. Suicide rates for young people have increased remarkably since the 1950s, especially for young males in their late teens and early twenties (Health Canada, 1994). Gay male teens and Native youth are at especially high risk.

Street Youth

In various developing countries, the number of street children is estimated to range between 10 and 100 million, and the vast majority are boys (World Health Organization, 1995). In Canada, males and females on the street appear to be equally at risk for physical violence, with most perpetrators being someone the youth considered a friend or someone else they knew on the street (Janus et al., 1995). In this study, physical abuse was the most frequently given reason why these youth left home. The physical abuse was most often perpetrated by a biological parent, and most often by the mother. In other studies of runaway youth, Powers and Eckenrode (1987) found that 42.3% of males (57.7% of females) were the victims of physical abuse, 37.9% of emotional abuse (62.1% for females) and 47.7% of neglect (52.3% for females). McCormack et al. (1986) found that 73% of female and 38% of male runaways were physically abused.

Prostitution

Sexual abuse is also high among teens involved in prostitution (Mathews, 1989). Thirty percent of juvenile females and 27.4% of juvenile males involved in prostitution reported an incestuous sexual experience. By the age of 13, 62.8% of the females and 77% of the males reported being sexually experienced, compared to general population samples of 1.7% and 5.4% respectively (Badgley, 1984). Of course, these numbers do not reflect the fact that 100% of males and females under the age of 16 who sell sex to adults are being sexually abused by their customers.

Children with Disabilities

Sixty-one percent of children and teens with developmental disabilities, including pervasive developmental disorders and mental retardation, experience harsh forms of physical discipline (Ammerman, 1994). Graham (1993) found that handicapped boys and girls are equally at risk for sexual abuse. Handicapped male and female adults in institutions are also physically abused in large numbers (Roeher Institute, 1995; Sobsey and Varnhagen, 1988).

Professional Response to Male Victims as a Factor in Determining Prevalence

One problem with trying to understand the true prevalence rate of male victimization is how the present picture has been affected by factors pertaining to professional practice. Here we have to look at the low substantiation rates of all forms of maltreatment, especially in younger children. Substantiation rates are always higher for adolescent populations, typically because teens are easier to interview and are better able to articulate to investigators what happened to them.

This is even more of an issue for male victims. When boys are victimized, they tend to be seen as less in need of care and support (Watkins and Bentovim, 1992). They are also blamed more for their abuse (Burgess, 1985; Broussard and Wagner, 1988; Whatley and Riggio, 1993) and their offenders are held less accountable (Burgess, 1985). In one of the most troubling studies, Pierce and Pierce (1985) found that male victims, despite being subjected to more invasive types of abuse and more types of sexual acts than female victims, were 5 times less likely to be removed from their homes.

Media Images of Violence Toward Boys and Young Men

Looking past the more conventional forms of research and other types of information about violence and abuse, it is easy to find media images supporting male victimization. Women have long argued for greater accountability on the part of the media to refrain from using harmful, sexist and objectifying images of females in advertising and entertainment. Males are also now beginning to raise their own concerns.

Violence toward males is so normalized in our society that it has become invisible to the average person. So too have the images reinforcing harmful stereotypes about males and masculinity. For example, we expect males to be physically strong and capable or "rough and tumble," thus we ridicule in comics and comedy films the short, skinny or sensitive male. Unfortunately, young men who try to live up to the impossible standards set by bodybuilders are starting to kill themselves through the use of steroids.

Our insensitivity to male victims can be viewed in the depiction of male abuse in popular media images, commercials, comedy films and television programs, and the "funnies" or comic sections in any Canadian newspaper (Mathews, 1994). Watch America's Funniest Home Videos for a few weeks and you will inevitably see some male being injured in the testicles through a sports activity, boisterous animal, energetic child or some other mishap. A commercial for an American fast food company shows one of the characters from the sitcom Seinfeld, being hit in the testicles with a hockey puck.

Widely syndicated comic strips, such as Fox Trot, For Better or Worse and Nancy, portray girls or teen siblings punching, hitting with an object or breaking the glasses of male siblings or classmates. Other comic strips, such as Beetle Bailey and Andy Capp, routinely feature violent acts toward adult males. A recently released children's film, "Tom and Huck," portrays one of the boys being punched in the face by the female character Becky, a scene played without violence in the original movie and book. Another recent film, the "Beverly Hillbillies," features a young woman named Elly-Mae wrestling with a high school male peer and stomping on his testicles. Prison rape, injury to a man's testicles, sexual abuse of boys by women under the guise of "initiation" and other behaviours, easily identifiable as physical or sexual abuse and assault when they happen to girls or women, are exploited for "humour" so regularly that they have basically become a norm in comedy films and entertainment (Mathews, 1994).

Chapter 2

Perpetrators of Male Victimization

Sexual Abuse

Most of the data that have shaped our view of sexual abuse perpetration have been drawn from case report studies, official crime statistics, police reports and the records of child welfare agencies. Using case report studies, it is evident that the majority of sexual abusers of girls, boys, women and teen girls are heterosexual males (DeJong et al., 1982; Ellerstein and Canavan, 1980; Faller, 1987; Farber et al., 1984; Reinhart, 1987; Showers et al., 1983; Spencer and Dunklee, 1986). Ramsay-Klawsnik (1990a) found that boys were abused by adult males 33% of the time and by adolescent males 12% of the time. Rates of abuse of males by natural fathers have been reported in 20% of cases by Pierce and Pierce (1985), 7% by Ellerstein and Canavan (1980), 29% by Faller (1989), 14% by Spencer and Dunklee (1986) and 48% by Friedrich et al. (1988).

Stepfathers were found to be the abuser in 28% of cases (Pierce and Pierce, 1985). Although, there are no studies of same-sex sexual assault or "date rape" among teen gay males, evidence from a study of adult gay males suggests that other gay or bisexual males may represent the majority of perpetrators (Mezey and King, 1989; Waterman, Dawson and Bologna, 1989).

Teen Perpetrators

Abuse of males by adolescent perpetrators is well documented in the literature. Rogers and Terry (1984) found that 56% of male victims were abused by teen males compared to 28% for females. Longo and Groth (1983) found that 19% of the sibling incest offenders were female. Others have also documented high rates of abuse of males by adolescents (Ellerstein and Canavan, 1980; Showers et al., 1983; Spencer and Dunklee, 1986). Longo and Groth (1983) found in their study that adolescent sex offenders (81% of whom were male, 19% female) abused brothers in 16% of cases and 5% of cases respectively. In most cases of sibling incest, the victim was younger than the perpetrator (Pierce and Pierce, 1987). Sibling incest perpetrators often have low self-esteem, deep-seated feelings of inadequacy and emptiness, and are isolated, immature loners who prefer the company of younger children (Groth and Laredo, 1981; Shoor et al., 1966).

Strangers vs. Acquaintances

Boys appear more likely than girls to be abused by multiple perpetrators (Faller, 1989; Finkelhor and Hotaling, 1984; Rogers and Terry, 1984). Some research reports that boys are more likely to be abused by strangers (Finkelhor, 1979; Rogers and Terry, 1984). Faller (1989) reports that teachers, day-care providers, boy scout leaders and camp staff accounted for 24% of abuse of males. Risin and Koss (1987) report that family members were abusers in 22% of cases, strangers in 15% of cases, babysitters in 23% of cases, neighbours, teachers or friends of the family in 25% of cases, friends of siblings in 9% of cases, and peers in just under 6% of cases. However, overall, it appears that boys, like girls, are more likely to be abused by someone they know (Faller, 1989; Farber et al., 1984; Fromuth and Burkhart, 1987, 1989; Risin and Koss, 1987; Rogers and Terry, 1984; Showers et al., 1983; Spencer and Dunklee, 1986).

Findings from research on intrafamilial abuse of boys vary, with rates ranging from 20% to a high of almost 90% (Pierce and Pierce, 1985; Finkelhor et al., 1990).

Some report that the majority of sexual abuse experiences for boys are extrafamilial (Farber et al., 1984; Risin and Koss, 1987; Showers et al., 1983). However, overall, it does appear that boys are more likely than girls to be abused outside the family and by non-family members.

Female Perpetrators

As recently as 10 years ago, it was a common assumption that females did not or could not sexually abuse children or youth. Even some professionals working in the field believed that women represented only about 1% to 3% of sexual abusers at most. However, mounting research evidence about sexual abuse perpetration at the hands of teen and adult females has begun to challenge our assumptions, though these earlier and dated views still tend to predominate.

The percentage of women and teenage girl perpetrators recorded in case report studies is small and ranges from 3% to 10% (Kendall-Tackett and Simon, 1987; McCarty, 1986; Schultz and Jones, 1983; Wasserman and Kappel, 1985). When the victim is male, female perpetrators account for 1% to 24% of abusers. When the victim is female, female perpetrators account for 6% to 17% of abusers (American Humane Association, 1981; Finkelhor and Russell, 1984; Finkelhor et al., 1990). In the Ontario Incidence Study, 10% of sexual abuse investigations involved female perpetrators (Trocme, 1994). However, in six studies reviewed by Russell and Finkelhor, female perpetrators accounted for 25% or more of abusers. Ramsay-Klawsnik (1990) found that adult females were abusers of males 37% of the time and female adolescents 19% of the time. Both of these rates are higher than the same study reported for adult and teen male abusers.

Dynamics of Female-Perpetrated Abuse

Some research has reported that female perpetrators commit fewer and less intrusive acts of sexual abuse compared to males. While male perpetrators are more likely to engage in anal intercourse and to have the victim engage in oral-genital contact, females tend to use more foreign objects as part of the abusive act (Kaufman et al., 1995). This study also reported that differences were not found in the frequency of vaginal intercourse, fondling by the victim or abuser, genital body contact without penetration or oral contact by the abuser.

Females may be more likely to use verbal coercion than physical force. The most commonly reported types of abuse by female perpetrators include vaginal intercourse, oral sex, fondling and group sex (Faller, 1987; Hunter et al., 1993). However, women also engage in mutual masturbation, oral, anal and genital sex acts, show children pornography and play sex games (Johnson, 1989; Knopp and Lackey, 1987). The research suggests that, overall, female and male perpetrators commit many of the same acts and follow many of the same patterns of abuse against their victims. They also do not tend to differ significantly in terms of their relationship to the victim (most are relatives) or the location of the abuse (Allen, 1990; Kaufman et al., 1995).

It is interesting to note in the study by Kaufman et al. (1995) that 8% of the female perpetrators were teachers and 23% were babysitters, compared to male perpetrators who were 0% and 8% respectively. Finkelhor et al. (1988) also report significantly higher rates of sexual abuse of children by females in day-care settings. Of course, Finkelhor's findings should not surprise us given that women represent the majority of day-care employees.

Research on teen and adult female sexual abuse perpetrators has found that many suffer from low self-esteem, antisocial behaviour, poor social and anger management skills, fear of rejection, passivity, promiscuity, mental health problems, post-traumatic stress disorder and mood disorders (Hunter et al., 1993; Mathews, Matthews and Speltz, 1989). However, as in the case of male perpetrators, research does not substantiate that highly emotionally disturbed or psychotic individuals predominate among the larger population of female sexual abusers (Faller, 1987).

There is some evidence that females are more likely to be involved with co-abusers, typically a male, though studies report a range from 25% to 77% (Faller, 1987; Kaufman et al., 1995; McCarty, 1986). However, Mayer (1992), in a review of data on 17 adolescent female sex offenders, found that only 2 were involved with male co-perpetrators. She also found that the young women in this study knew their victims and that none experienced legal consequences for their actions.

Self-report studies provide a very different view of sexual abuse perpetration and substantially increase the number of female perpetrators. In a retrospective study of male victims, 60% reported being abused by females (Johnson and Shrier, 1987).

The same rate was found in a sample of college students (Fritz et al., 1981). In other studies of male university and college students, rates of female perpetration were found at levels as high as 72% to 82% (Fromuth and Burkhart, 1987, 1989; Seidner and Calhoun, 1984). Bell et al. (1981) found that 27% of males were abused by females. In some of these types of studies, females represent as much as 50% of sexual abusers (Risin and Koss, 1987). Knopp and Lackey (1987) found that 51% of victims of female sexual abusers were male. It is evident that case report and self-report studies yield very different types of data about prevalence. These extraordinary differences tell us we need to start questioning all of our assumptions about perpetrators and victims of child maltreatment.

Finally, there is an alarmingly high rate of sexual abuse by females in the backgrounds of rapists, sex offenders and sexually aggressive men - 59% (Petrovich and Templer, 1984), 66% (Groth, 1979) and 80% (Briere and Smiljanich, 1993). A strong case for the need to identify female perpetrators can be found in Table 4, which presents the findings from a study of adolescent sex offenders by O'Brien (1989). Male adolescent sex offenders abused by "females only" chose female victims almost exclusively.

Table 4
Victim Gender Based on Who Previously Abused the Perpetrator

Gender of Perpetrators' Own Victimizer	Gender of Victim Male or Both %	Female Only %
Male only	67.5	32.5
Female only	6.7	93.3

Berkowitz (1993), in a Winnipeg-based study of sexually abused males in treatment groups, found the following rates of perpetration.

Table 5
Gender of Abusers of Male Victims in Treatment Groups

Gender of Abusers	N	%
Intrafamilial Abuse (N=54)		
Male perpetrated	54	100.0
Female perpetrated	39	72.2
Extrafamilial Abuse (N=55)		
Male adult	50	90.9
Female adult	30	54.5
Male adolescent	39	70.9
Female adolescent	24	43.6

Physical Abuse and Neglect

In the Ontario Incidence Study, 41% of investigations of child maltreatment were for physical abuse, compared to 24% for sexual abuse, 30% for neglect, 10% for emotional maltreatment and 2% for other forms of maltreatment. There were two or more forms of suspected maltreatment in 12% of investigations. In 27% of the cases, maltreatment was substantiated, 30% suspected and 42% unsubstantiated. Forty-nine percent of investigated children were male, and 35% of children investigated because of suspected sexual abuse were male (Trocme, 1994). In Ontario, 34% of investigated children lived with both biological parents, 19% with a biological parent and a step parent, 36% with a single mother and 6% with a single father. Social assistance was the primary source of income for 38% of children investigated. At least 17% lived in subsidized housing.

In the United States, figures provided by the American Association for the Protection of Children (1985) reveal that most physical abuse and most minor and major injuries of children are perpetrated by women. Other research evidence indicates that mothers represent the majority of physical abusers and neglecters of children (Johnson and Showers, 1985; Rosenthal, 1988). Archambault et al, (1989) found that mothers are the major perpetrators of physical abuse for both male and female runaways.

It is evident that much of the physical abuse and neglect of children occurs in single mother-led families living in high-stress environments. Stressed to the limit, these mothers take out their frustrations on their children. Some of these mothers are also victims of spousal violence, child abuse or suffer from a number of current and chronic life stressors. Because mothers typically are the primary caregivers of children and spend more time with them, it makes sense that they would show up in larger numbers in the statistics on child physical abuse and neglect.

Although females account for more of the physical abuse and neglect of children, there is some evidence that males inflict more serious injuries on their victims, particularly male victims (Rosenthal, 1988). Fathers are also 2 times more likely than mothers to be the perpetrator in cases involving child fatalities (Jason and Anderek, 1983). In other studies, no sex differences, in terms of severity of abuse or child fatalities in two-parent families, were found (Gelles, 1989; Greenland, 1987). However, because women still tend to be the primary caregivers to children, the emotional impact of mother-perpetrated abuse, regardless of the form, may be greater on children than a father's abuse. The greater physical harm caused to children by fathers is likely attributable to the greater physical strength of males generally, but also to the disinhibiting effects of alcohol and, to a lesser extent drugs, which factor prominently in parental abuse of children and youth (Cavaiola and Schiff, 1988). For all forms of child maltreatment, parent risk factors, such as alcohol abuse, drug abuse, mental health problems and inter-parental violence, show up as risk factors, but especially for physical abuse and neglect (Trocme, 1995).

When the abuse starts is likely to have some impact on its course, duration and consequences, though there is still insufficient research to map a predictable developmental path and sequelae. In general, abuse can follow one of three paths: abuse that begins in childhood and ends when the child reaches adolescence; begins in childhood and continues through adolescence; or begins in adolescence (Lourie, 1979). The duration can range from 1 month to over 15 years. The average duration is approximately 5 years (Farber and Joseph, 1985).

Corporal Punishment

Much of the use of corporal punishment by parents, teachers, day-care providers or various institution-based professionals goes unnoticed, or is not labelled as being abusive, because it is viewed as an acceptable function for an adult in the role of parent, locus parentis or caregiver. This is due, in part, to widespread cultural norms in North American society sanctioning the use of force in the correction and discipline of children and youth, and a "just world" view that children who misbehave, are difficult to control or anger adults deserve to get a spanking. But it is also because much of this form of maltreatment does not come to the attention of authorities unless it is severe. As in the case of inter-spouse abuse, we have historically viewed incidents of violence within families as a "domestic" concern or a private family matter, though significant strides have been made to improve this situation in Canada. However, we have not yet begun to accord children the same type of compassion and concern we are beginning to give female spouses.

Almost all American parents endorse the use of corporal punishment and use it routinely on infants, older children and teens alike, though usage tends to decrease the older the child gets. However, more corporal punishment appears to be directed at boys than girls. More males report being hit by parents and more parents report hitting sons than daughters (Straus, 1994). In this same study, sons recall being equally likely to be hit by both parents, whereas adolescent daughters are a third more likely to be hit by their mothers. The most chronic pattern of hitting, in terms of frequency, is mothers hitting adolescent sons, the lowest is for fathers hitting daughters. Two thirds of mothers with toddlers hit them three or more times per week. Other studies have also found higher rates of mothers hitting adolescent children (Wauchope and Straus, 1990).

When an adolescent is hit, both parents usually do it, especially if the child is a boy. When a son is hit, fathers do it 23% of the time, mothers 23%, and both parents 53%. When a daughter is hit, fathers do it 20% of the time, mothers 39%, and both parents 41%. The highest rate of hitting teens occurs in middle-class families (Straus, 1994).

Several theories summarized by Straus (1994) offer some explanation of why boys are hit and punished more often than girls: they misbehave more; boys are encouraged to be more active which may subtly encourage misbehaviour; it is part of training boys for anticipated adult male roles of provider/protector; and it is used to toughen boys up. The gender of the parent administering corporal punishment is also likely to influence our perceptions. Because of our stereotypes of women as nurturers or "natural" caregivers, we are less likely to attribute malicious intent to mothers or other females. Instead, we tend to view women's use of physical abuse or corporal punishment as a sign of stress. We are also likely to overlook, or give only passing concern to, cases where a female caregiver uses physical force or corporal punishment toward an older male child or teen. However, theories that explain mothers' use of violence toward children and teens solely in terms of stress, fail to acknowledge and factor in these gender-specific issues of particular consequence to male victims.

It is generally believed that parental stress owing to conditions of poverty or low socioeconomic status (SES) contributes to children being "at risk." However, the research is inconclusive. Erlanger's review of the literature on corporal punishment reported no remarkable relationship between use of corporal punishment and socioeconomic status. Others have found higher rates for lower-income families (Bryan and Freed, 1982; Stark and McEvoy, 1970). One study found that corporal punishment rates are highest for middle-class families (Straus, 1994). This same study also found that while fewer lower-SES adolescent parents may hit their children, those that do hit do it more often.

Personal beliefs, life experience, attribution and social learning all appear to play a role in predicting the use of corporal punishment. Parents who believe hitting a child is not abuse and that it works to correct misbehaviour, attribute the child's misbehaviour to premeditation or provocation, attribute the behaviour to internal characteristics of the child that are within their control, observe their partner administer force, or who feel powerless in the face of the misbehaviour are most likely to use corporal punishment or physically abuse their children (Bugental, et al., 1989; Dibble and Straus, 1990; Dietrich et al., 1990; Dix and Grusec, 1985; Fry, 1993; Institute for the Prevention of Child Abuse, 1990; Walters, 1991). The more parents believe in the use of corporal punishment, the more likely they are to use it, and the more likely they are to apply it harshly (Moore and Straus, 1987).

Chapter 3

Effects of Victimization on Males

Most of the literature on the impact of abuse has been written about female victims and thus tends to reflect a female-centred perspective. There has become, in Fran Sepler's words, a "feminization of victimization" (1990). That is not to say that this literature cannot be applied to male victims. There are likely more similarities than differences between male and female victims.

Questions typically surface in discussions about victimization concerning which gender suffers the greatest impact from abuse. Watkins and Bentovim (1992) in a review of the literature were unable to find clear evidence that either males or female victims are harmed more by their victimization experiences. However, the question itself is self-defeating given the wide range of peoples' resilience and ability to cope, personal resources, the availability of social supports and individual differences, to name only a few.

One problem that arises when trying to assess the impact of abuse of either gender is separating out which consequences are immediate or short-term reactions from those that are likely to be enduring. Another problem is the difficulty of assessing impact for children and youth who have experienced two or more types of maltreatment. Individuals, family environments, developmental and cultural contexts also differ widely, as do things such as previous levels of mental and physical health or intellectual or cognitive functioning. Further complicating the matter is that most of the recent research on impact has been conducted on sexual abuse victims and survivors. Consequently, it is difficult to make generalized statements about impact that apply to all victims, even of similar types of abuse.

Sexual Abuse

Numerous factors have been cited as contributing to an enduring or harmful outcome: duration and frequency of abuse, penetration, use of force, abuse by family members or other closely related person, lack of support following disclosure, pressure to recant, multiple other problems in the family, and younger age (Browne and Finkelhor, 1986; Conte and Schuerman, 1987; Finkelhor, 1979; Friedrich et al., 1986; Russell and Finkelhor, 1984; Tsai et al., 1979). For males, the added dimension of not being able to disclose their abuse for fear of being labelled "gay," a weakling or a liar may amplify the effects of these other factors. Even when males do disclose, few supports and services are available and few professionals possess the skills and knowledge necessary to work effectively with male victims.

It is widely assumed that males are more likely than females to "act out" in response to their abuse. They develop social problem behaviours such as sex offending, assault, conduct disorder or delinquency, and appear to be more inclined to engage in health-damaging behaviours such as smoking, drug abuse, running away or school problems leading to suspension (Bolton, 1989; Friedrich et al., 1988; Kohan et al., 1987; Rogers and Terry, 1984).

Females are thought, generally, to internalize their response and "act in" or develop more emotional problems, mood and somatic disorders, resort to self-harming behaviours and become vulnerable to further victimization. Although there is some merit to this perspective, it does apply gender role stereotypes, and is not consistent with current research on the impact of abuse on males. Males, generally, may be just as likely to experience depression as females, they just are not given much permission to express it. Males are expected to be stoic and to just "snap out of it."

Males generally do not discuss their feelings or go to therapists for help so they are not likely to show up in the statistics on depression. Because boys have little permission to discuss their feelings, depression in males may be masked as bravado, aggression or a need to "act out" in order to overcompensate for feelings of powerlessness. Depressed male victims are also likely to be hiding in the statistics on suicide, addictions and unexplained motor vehicle fatalities. If males are indeed more likely to engage in acting out behaviours, it may simply be the result of us not allowing them to be vulnerable or to be victims.

However, the literature does provide overwhelming evidence of emotional disturbance in male victims. Anxiety, low self-esteem, guilt and shame, strong fear reactions, depression, post-traumatic stress disorder, withdrawal and isolation, flashbacks, multiple personality disorder, emotional numbing, anger and aggressiveness, hyper-vigilance, passivity and an anxious need to please others have all been documented (Adams-Tucker, 1981; Blanchard, 1986; Briere, 1989; Briere et al., 1988; Burgess et al., 1981; Conte and Schuerman, 1987; Rogers and Terry, 1984; Sebold, 1987; Summit, 1983; Vander Mey, 1988). Compared to non-abused men, adult male survivors of sexual abuse experience a greater degree of psychiatric problems, such as depression, anxiety, dissociation, suicidality and sleep disturbance (Briere et al., 1988).

Childhood sexual abuse has been found in the backgrounds of large numbers of men incarcerated in federal prisons (Diamond and Phelps, 1990; Spatz-Widom, 1989; Condy et al., 1987). Because males are more likely to be physically and sexually abused concurrently, they may be more conditioned to see sex, violence and aggression as inseparable. This may provide us with clues to explain why male victims appear to sexually abuse or assault others more often than females, why their anger and frustration may be more other-directed than girls, why boys appear to develop a stronger external locus of control, and why they appear to possess a diminished sensitivity to the impact of the abuse on their victims.

However, sexual offending is just one possible consequence for male victims. Most do not become sex offenders (Becker, 1988; Condy et al., 1987; Freeman-Longo, 1986; Friedrich et al., 1987; Friedrich and Luecke, 1988; Groth, 1977; Kohan et al., 1987; Petrovich and Templer, 1984). Some males become "sexualized" resulting in increased masturbation or preoccupation with sexual thoughts or use of sexual language. Others develop fetishes (Friedrich et al., 1987; Kohan et al., 1987).

Male victims experience a number of physical symptoms similar to females. Common problems are sleep disturbances, eating disorders, self-mutilation, engaging in unsafe sexual practices, nightmares, agoraphobia, enuresis and encopresis, elevated anxiety and phobias (Adams-Tucker, 1981; Burgess et al., 1981; Dixon et al., 1978; Hunter, 1990; Langsley et al., 1968; Spencer and Dunklee, 1986). Male victims also experience psychosomatic health problems normally associated with experiencing high levels of chronic long-term stress, receive sexually transmitted diseases, and become injured through rough touching, penetration or object insertion or, in extreme cases, are killed. In preschool boys and male infants, failure to thrive, early and compulsive masturbation, hyperactivity, sexual behaviour with pets, sexual touching of other children that re-enacts the abuse and regression in speech or language skills have been found (Hewitt, 1990).

Being sexually abused can leave a young male with an inability to set personal boundaries, a sense of hopelessness and a proclivity to engage in many types of careless or self-destructive behaviours, such as unprotected sex with high-risk partners. It is thus no surprise to find that sexual abuse was also found in 42% of persons with HIV infection (Allers and Benjack, 1991; Allers et al., 1993).

Johnson and Shrier (1987) found that males molested by males were more likely than those molested by females to view themselves as being "gay," a devalued status in North American society. In this same study, female-victimized males reported the impact of the abuse to be more severe, possibly as a consequence of experiencing a reversal of stereotyped gender roles which placed the female in the more powerful role.

One of the reasons why a male might be more affected by sexual abuse is that it calls into question his whole sexual and personal identity "as a man." When a male is victimized, he is more likely to experience confusion about sexual identity (Johnson and Shrier, 1987; Rogers and Terry, 1984; Sebold, 1987). Male anatomy may play a key role in forming this perception. Because male genitalia is external, arousal to direct stimulation is more obvious. Obtaining an erection, experiencing pleasurable sensations or having an orgasm is, to the male victim, physical "evidence" that he is homosexual. It also reinforces the male victim's mistaken belief that he was responsible in some way because he "obviously" enjoyed it. Contrary to popular belief, a male can have an erection and achieve orgasm even when fearful.

Many male victims experience difficulties in intimate relationships as a result of being abused. They have few, if any, close friends, are promiscuous, have difficulty maintaining fidelity with partners, form few secure attachments and often become involved in short-term, abusive and dysfunctional relationships. Many experience few emotionally or physically satisfying sexual relationships and sometimes avoid sex altogether. Others become sexual compulsives, develop sexual dysfunctions or engage in prostitution (Coombs, 1974; Dimock, 1988; Fromuth and Burkhart, 1989; Johnson and Shrier, 1987; Krug, 1989; Lew, 1986; Sarrel and Masters, 1982; Steele and Alexander, 1981; Urquiza, 1993).

Physical Abuse, Corporal Punishment and Neglect

There appears to be some truth to the notion that violence begets violence. Children with a history of physical abuse and corporal punishment are more aggressive, possess fewer internal controls for their behaviour, have higher rates of involvement in crime and violence as adults, and are more likely to abuse siblings or attack parents (Bandura and Walters, 1959; Bryan and Freed, 1982; Eron, 1982; Hirschi, 1969; Sears et al., 1957; Straus et al., 1980; Welsh, 1978; Widom, 1989). Men and women who were physically punished are also more likely to abuse their partners or spouses (Straus, 1991). The highest predictors of involvement in crime and delinquency are: being hit once per week or more at 11 years of age and having a mother, at that age, with strong beliefs in, and a commitment to, corporal punishment (Newson and Newson, 1990).

There is some evidence to suggest that adults hit as adolescents are more likely to develop depression or engage in suicidal ideation than those who are not hit, regardless of sex, socioeconomic status, drinking problems, marital violence or whether children witnessed violence between their parents. In fact, the more one is hit the greater the likelihood that depression will be a consequence (Straus, 1994).

Straus suggests four consequences of corporal punishment. At the immediate level, it leads to escalation, where a resistant child forces the parent to use increasing amounts of force which could cause serious injury. At the developmental level, the more corporal punishment is used, the more it will have to be used because the child will be less likely to develop internalized controls for behaviour. At the macro-cultural level, corporal punishment creates a society that approves of violence to correct wrongdoing. At the inter-generational level, it increases the chance that when the child is an adult he or she will approve of interpersonal violence, be in a violent marriage and be depressed.

Assessing the impact of neglect is difficult, since its effects are likely to be inseparable from problems related to living in a dangerous or high-stress home environment, living in an unsafe neighbourhood or community, living in poverty, poor parental skills, parental mental health problems, parental criminality or substance abuse or addiction, and inter-parental violence. Here, the effects are likely similar for male and female victims. Health problems related to non-organic failure to thrive, dental caries, malnutrition, anemia and low levels of immunity protection could also be expected.

The Consequences of "Male Sexual Licence"

Males, generally, have more permission to be sexual persons in our society. A double standard of morality has been applied to males and female for centuries. The fact that there are no "positive" or flattering terms such as "sowing his wild oats," "boys will be boys" or "ladies man" for females gives vivid illustration to this point. It is generally assumed that having "licence" to be a sexual person is an advantage. Males are seen to get power from obtaining or taking sex, women from withholding sex.

However, sexual licence has serious consequences for male victims. It increases a boy's susceptibility to sexual abuse by promoting or encouraging participation in sexual activities. It promotes secrecy because boys are afraid to report sexual experiences that go wrong for fear they are responsible and blameworthy. It affects our perceptions as professional caregivers, encourages victim blaming and supports minimization of the impact on victims of male-on-male sexual assault or female-perpetrated sexual assault. It causes males to expect female sexual contact. It promotes risk-taking sexual behaviour and creates expectations for males that they must be the initiators of sex and have sexual knowledge and experience.

Chapter 4
Implications

Implications for Research

As one might expect from any new field, the literature regarding male victimization lacks cohesion, particularly in the area of sexual abuse. Samples are wide ranging. Some studies provide no definition of sexual abuse. Some include only hands-on offences. Some apply a definition of abuse only when the age difference between the victim and the perpetrator is five or more years. Some count perpetrators only if they are adults or at least 16 years of age. This would exclude, for example, the sexual abuse of a 10 or 11-year-old boy by a 15-year-old male or female teen. Some subjects were excluded if the male victim admitted to "wanting" or agreed to the sexual activity.

There are still many definitional/conceptual problems in the discourse with respect to what constitutes sexual abuse toward boys and young men. Although definitions of abuse may be spelled out clearly in the law, many of us struggle to see sexual abuse when there is pressured sex between teen male peers; teen girls or adult females expose themselves to boys; adult females use the services of teen males working in prostitution; when women engage in sexualized talk with boys or teen males; or when an adult male or female shows pornography to a boy or teen male. Even if there is agreement about some of these categories when young boys are involved, once a male reaches his teen years, our perceptions readily begin to reflect a double standard.

Imprecision and bias in the selection of research questions greatly affects the findings of studies. For example, terms such as sexual "contact" and sexual "abuse" mean very different things to males who are socialized to expect and enjoy all sexual interactions with females. That is why studies that broaden their definition of sexual abuse and ask males about "sexual experiences" with older teen and adult females yield higher prevalence rates for female offenders. Lower-prevalence-yielding case-report types of studies have shaped most of the professional discourse on child abuse and created an impression of male victimization in the public mind that is largely false and misleading. Applying a double standard when interpreting findings has also affected our perceptions about impact on male victims. It is not uncommon in studies of males abused by females to find claims that they did not see the sexual contact as "abuse" and viewed it as a neutral or positive experience. Anyone reading these studies who accepted these accounts at face value could be led to the erroneous assumption that there was, in reality, no actual negative or harmful impact. When making this assumption, we forget that males are socialized to minimize the impact of being victimized, especially if the abuser was a female, and often hide their fear or discomfort behind "macho posturing."

Accepting these self-assessments at face value reinforces stereotypes about males that have unintended consequences for males and females. They maintain a harmful double standard prevalent in the child abuse field. They give a message that male victims can "take it." They suggest females are not sex offenders but instead "gentle seducers." They encourage some female sex abusers to deny by supporting a view of themselves as teachers/initiators of sex for their male victims. They support the stereotype that boys are "seduced," while girls are "raped" or sexually assaulted. They can affect the attitudes, beliefs and behaviours of police officers, physicians, hospital staff, child welfare authorities or anyone else who examines victims for impact or conducts investigations of incidents involving female abusers and male victims. They can cause these same persons to look only at physical injuries to male victims and overlook or minimize their emotional responses. They suggest that, but for our socialization of males and females, girls would be giving the same kinds of "positive" or "neutral" responses. This is most definitely a message we do not want to be sending to anyone about children or youth.

We owe it to ourselves and to male victims to ask more probing research questions. For example, if we reframed the experience for these male victims and invited them to consider the differences in power between themselves as children and their adult or teen abusers, to search for feelings of confusion or anxiety before, during or after the sexual contact, and to examine in their adult life the quality or quantity of their intimate and sexual relationships, would they be more likely to respond differently? Would we accept without question from a female victim her assessment that her "sexual contact" with a teen or adult male was not sexual abuse or was just part of her learning about sex? Unlikely. We have to ask ourselves why we simply accept this response from males.

The double standard prevalent in the field of child abuse has created a most unfortunate situation for boys and young men. Female abusers must do something severe and obvious before they will be held accountable as perpetrators. Males must be abused in more severe and obvious ways before we will take them seriously as victims.

Serious gaps also exist in the literature. There has been an extraordinary focus on sexual abuse that, relative to the prevalence of other forms of abuse, is out of proportion. It is time for us to focus more time, attention and resources on the study of physical abuse, including corporal punishment, neglect and emotional maltreatment of children. Male victims represent a majority of the victims in these other types of abuse cases.

We also need to investigate the particular needs of visible, cultural and sexual minority male victims. The impact of victimization on a boy or young man, along with our response to his needs and issues, can be greatly affected by his membership in one or more of these categories.

Finally, we have to restore some equity in the allocation of resources spent on research and public education in the area of child abuse and interpersonal violence. Single-gender studies focusing on women's concerns predominate. While this has been an important and worthwhile investment of our resources, a single-gender focus on public education and advocacy is impeding the development of a more inclusive and comprehensive picture of interpersonal violence in Canada. Until we possess a better understanding of male victims' issues, we will continue to fall far behind other Western democracies and compromise the vision of achieving real gender equality.

Implications For Assessment, Treatment, & Program Development

It is generally assumed that approaches to working with female victims will also work with males. Although there is merit in this belief, our current and predominantly female-centred models of victimization fall short in several important areas and may actually be harmful if carelessly applied to male victims.

The silence, denial and resistance that surrounds the issue of child abuse is particularly problematic for males. Because knowledge about male victimization is very limited in the public mind, featured rarely in media stories and under-researched, victims need to know from the outset that they are not the first or only male who has been abused or harmed. Making sure a male victim understands the prevalence of male victimization can be of significant help in ending the sense of isolation and self-loathing that accompanies a common perception that "I am the only one" or "I do not measure up."

Learning to trust a therapist and even one's own thoughts, feelings and perceptions after having been victimized is a major issue for all survivors. Opening up to a therapist can be an extraordinary challenge for male victims who must also cross a barrier with respect to gender-role socialization that instructs males to be stoic and silent, prevents them from wanting to appear vulnerable and encourages them to be self-reliant. The skill and knowledge of the therapist, and experience working with male victims, is of paramount importance in facilitating the development of trust in male victims and getting them past these obstacles. Being able to identify for male victims our gender "blindspots" that end up causing or exacerbating many of their problems will help them build confidence and ultimately greater trust in us.

Therapists working with male victims need to have a thorough knowledge of human development across the lifespan. For example, many of the effects of being abused as a boy do not surface until later years. Understanding how abuse can affect childhood development and what the potential sequelae might be, therapists can be more effective guides for a male victim and an important resource for his caregivers, intimate partners or other persons who are supporting him in his healing work.

Conducting a thorough and comprehensive assessment is imperative when working with male victims. Older boys, and teen and young adult males, often find recollections of sexual abuse experiences fragmented or dream-like. Some of this may be related to the age at which the abuse occurred, the fact that the abuse was well "disguised" in otherwise typical child/adult interactions, or seamlessly blended into everyday interactions in a home "environment" that was sexualized. The permission given to males in their socialization to be sexual persons can also confuse memories and distort interpretations of the experience. Sexual abuse often leaves male victims with a traumatized sexuality that can be internalized or interpreted as being a normal "male" sexual response pattern.

Because males are socialized to take charge, be responsible and take care of themselves, physical abuse and corporal punishment can be interpreted as "deserved" and internalized in a negative self-concept that supports self-blame. It can also support the internalization of anger in the form of drug and alcohol abuse, excessive risk taking, suicide and reckless attempts to reassert a distorted sense of one's own masculinity. All these gender-role-related issues need to be unpacked for male victims.

Another area of special significance to males is in the use of language-intensive and insight-based types of interventions. Boys tend to lag girls in the acquisition and use of language skills (Maccoby and Jacklin, 1974).

Some of this may be related to different patterns of brain development or maturation in males and females. The literature on high-risk violent and aggressive male youth, many of whom are victims, is rich with documentation concerning the predominance of language deficits and other learning difficulties. This lag in language development may be one more reason why boys are less likely than girls to disclose their abuse.

However, rarely discussed is the fact that a lag in language development, or even language deficits, may also be based on differential socialization, family and environmental factors, or abuse and neglect issues. Males, generally, are not encouraged to talk about their feelings or personal thoughts. Consequently, few boys and teen males have much experience exploring or expressing inner states of mind and emotion. They are generally more "action" oriented and thus inclined to dismiss a long process of searching for insight in the interest of just "getting on with life." Using exclusively language-intensive and insight-based types of interventions can push a male victim into a process of therapeutic or healing work that will make him uncomfortable because he is neither able nor prepared to deal with it.

The language of therapy is typically a language about feelings which creates problems for some male victims. Male victims typically struggle with expressions of feeling. This should not be interpreted as a confirmation of biased stereotypes about males as having no feelings or lower levels of "emotional literacy" than females. Males experience the same emotions as females, they are just less likely to be differentiated and articulated. For example, feelings of shame, guilt, humiliation, anxiety, sadness and rage can become bundled together in the form of anger. Since anger is the only "legitimate" feeling they can express, they, and we, often mistake what we are seeing when a male victim expresses anger. Some males are afraid to express any anger at all because of the potential tempest of uncontrollable and jumbled feelings they fear will be unleashed. Some are afraid to express anger because they associate it with violence. Therapists, unaware of these complexities, may invite a male victim to express his anger and end up scaring him off counselling. Conversely, suggestions to a male that he needs to learn techniques to "control" or "manage" his anger can convey a message that it is a "pathology" in need of correction and that his underlying pain and confusion are not legitimate.

That is why it is so important to identify toxic versus righteous anger for male victims. Toxic anger is a maladaptive, unacknowledged, repressed or misdirected rage reaction that can harm male victims and their relationships with others. Righteous anger has the potential to be empowering once it is understood as a normal and healthy response to the harmful restrictions of male gender roles, to being abused and to a biased, unwelcoming and silencing social environment males face when they attempt to disclose their victimization.

"We need to counsel boys and young men that "masculinity" is a social construction that is malleable."

Some male victims become intensely "homophobic," their anger emerging from self-perceptions and doubts about their "masculinity" or about possibly being "gay." It is important to help male victims understand that being abused does not "cause" someone to become gay or bisexual. Helping males to understand that this anger stems from a perceived threat to personal beliefs about their "masculinity" and a cultural context that supports anti-gay prejudice is also important. If we were a gay-positive society, it would be less likely for these homophobic feelings and perceptions to arise. We need to counsel boys and young men that "masculinity" is a social construction that is malleable. Many male victims suffer under the tyranny of a narrowly defined sense of what it means to be a "man." They need help, support, and encouragement to learn to be themselves, outside of rigid gender-role proscriptions.

Some male victims express no emotions like anger at all but become withdrawn, isolated and depressed. Many males hide their emotions in work-a-holism, perfectionism and over-achieving. All these behaviours can be highly resistant to change, considering that they have the effect of deflecting painful feelings and bring monetary rewards, prestige or social status.

Although abuse of power is the fundamental dynamic behind all forms of victimization, many male victims do not report feeling powerless and do not see themselves as "victims." While it is important to respect these victims' points of view, we cannot appear to condone the perpetrator's behaviour or fail to communicate the legal, moral and ethical issues involved in the abuse of boys or young men by older persons. Being older, larger in physical size, more attractive, wealthier, popular, smarter or in a position of authority are all forms of "social power" that can be used by offenders to trap, seduce, harass, harm or abuse victims.

A Repeating Cycle of Violence?

Is there a repeating cycle of violence for male victims? Perspectives vary, and the question defies a simple answer because there are likely many factors that act together to influence a victim's subsequent behaviour.

Many people believe that males who are victimized automatically become offenders. Some critics argue that if a "repeating cycle" model was true, there would be more female than male sex offenders, since more females are sexually abused than males. However, this argument neglects to consider several facts. First, female sex offending is much higher than the case-based research reveals. Second, far more male children are sexually abused than case-based research documents show. In fact, male and female children may be equally likely to be sexually abused, especially within the family. Also forgotten is the fact that, though sexual abuse of males continues into adolescence, reporting drops off dramatically after puberty. Third, many forms of female sex offending are hard to detect because they have the appearance of being "nurturing" behaviour or do not resemble behaviours perpetrated by males. Compulsive genital washing, inappropriate sleeping arrangements, walking in on children when they are using the bathroom or undressing for bed, sexualized talk, or teasing a child about his sexual organs or development are some of the less obvious types of behaviours committed by female sex offenders (Mathews, 1989). Fourth, because we socialize girls to not be sexual persons, female offenders may be more likely to express their anger and frustration in the form of passive neglect of children, corporal punishment or physical abuse, or psychological maltreatment.

Other critics worry about the message we send to male victims through this repeating cycle model. Although some male victims, like abused females, do hurt others, the majority do not. Carelessly asking a male victim if he is offending can establish a self-fulfilling prophecy in the young person. It can create or reinforce feelings about being "no good" or "damaged goods." Critics also worry that male victims exposed to political rhetoric about men being "oppressors" of women may become convinced that offending is their inevitable destiny. We also run the risk of fostering low self-esteem or self-worth by giving a male victim the message that his victimization is less important than the victimization of others.

The arguments of still other critics are puzzling. For example, when women or teen girls offend they consider their abuse background or stressful life situations as the "cause" of the offending behaviour, but not for males. These critics do not acknowledge that trauma experienced by males as a result of previous victimization, stress from being unemployed, gender role expectations that they be the primary providers for their families, or mental or physical health problems might also be part of why some fathers lash out at their children or other family members. Basically, this latter view is a representation of the essentialist position of women as victims, males as perpetrators.

However, these above concerns aside, it is evident that many abused persons, male and female, do harm others. And, while it may be possible to speak in general terms about "gendered" responses to previous victimization, violence and aggression, regardless of their form, are not a single gender "problem." Patterns of intergenerational transmission of violence and aggression from grandparents, to parents, to children have been documented in the literature. Previous victimization has been found in high numbers in the backgrounds of men and women in prisons. A repeating cycle model, while being far from comprehensive, is a valuable conceptual tool that can help us in the search to better understand all forms of abuse and their personal, social and developmental consequences.

Implications for Staff Development and Program Supervision

It is likely that a significant proportion of young offenders, particularly those with a record of crimes involving physical and sexual assault, are victims of abuse in one form or another. Perhaps one of the reasons why we have had such poor success with many of these young people is precisely because we have failed to recognize the abuse and neglect issues that underlie their antisocial behaviour.

Specialized training for professionals in the area of male victimization is woefully inadequate or non-existent. Front-line and supervisory staff of child, youth and family-serving organizations need to become more aware of the large and growing literature on male victimization. Regular and routine staff training in this area must become a standard of practice if we are to better serve male clients and their families.

Because abused boys and young men often struggle with self-concepts about "being a man," all caregivers must be vigilant to how their own behaviour and expectations of male victims reinforce narrow or stereotyped notions of "masculinity." Male workers especially need to understand that they are modelling "masculinity" every moment they are with a male child or teen. And, because boys spend so much of their early formative years in the care of mothers and female teachers, women also need to be vigilant with respect to how their behaviour or comments reinforce these narrow stereotypes.

Professionals and other support workers or caregivers to male victims must have a clear understanding of the salient effects of homophobia and one's own personal view of homosexuality. Personal beliefs of caregivers can and do have a great impact on those whose abuse experiences have left them hypervigilant to the facial cues, body language or affect of others. We all too easily betray our discomfort with same-sex sexual assault or abuse. For a male child or teen victim with a fragile or damaged self-concept, any indication on our part of judgment, revulsion or hypocrisy will only create more woundedness.

"All of us, regardless of our professional role, must stop minimizing the impact of abuse on male victims or assuming they can 'take it.'"

The symptoms of abuse are often invisible for boys. By continuing to apply a double standard to male victims, we are reinforcing and supporting violence toward boys and young men in our schools, communities, homes and institutions.

As provincial governments cut back on expenditures, pressure is falling on child welfare agencies to rationalize their services. Some are choosing to discontinue service in cases of extrafamilial child sexual abuse and turn this responsibility over to the police. One immediate problem with this move is that more of these types of cases typically involve male victims. If police investigators do not possess the training needed to recognize male-specific symptomotology, they may fail to make appropriate referrals or miss important evidence. In intrafamilial cases, child welfare investigators must ask more probing questions so that subtleties such as "sexualized environments" or other less immediately visible factors that impact on a male child's healthy development can be gathered in assessments. The research evidence suggests cases of abuse involving boys are less likely to be founded, male victims are more likely to be blamed for their abuse and sexual abusers of boys are held less responsible for their actions. All of this points to the need for more awareness on the part of police, child welfare investigators and health care professionals.

In cases of child abuse involving male and female co-perpetrators, we can no longer continue making assumptions that it is the male alone who is responsible or the initiator. Failing to hold the female perpetrator fully accountable harms male victims by denying their experience. It also infantilizes women or teen girls, and reinforces stereotypes that only males abuse.

Teachers and education administrators need to become more vigilant with respect to the level of violence toward male children and youth in schools. Anti-violence curriculum in any form that excludes the reality of violence and victimization for males, that minimizes sexual harassment toward them or that singles them out as the perpetrators will only push boys and young men away. Curriculum materials need to apply an equal focus to teaching boys how to avoid becoming victims. We need to teach girls how to avoid becoming perpetrators, given that female students report being most at peril from other girls in schools (Mathews, 1995). And, any curriculum that problematizes only "male gender" without an equal consideration of how female and male gender roles and expectations are interdependent and mutually limiting is biased and alienating for male students. We can no longer tolerate literature about child abuse and neglect that details the stories of female victims and then parenthetically dismisses the experience of males by simply adding that, "It happens to males too." Violence and victimization from a male perspective is not always the same as it is for females and needs to be acknowledged separately.

Many violent and aggressive students bring extraordinary personal and family problems to the school environment. Boisterousness, attention deficits, hyperactivity and learning difficulties can mask underlying abuse issues in male students. Education administrators should ensure that all staff receive regular training in the recognition of signs and symptoms of abuse and neglect as they pertain to males. In cases where boys are exhibiting signs of oppositional defiant disorder, conduct disorder or attention deficit disorder (with or without hyperactivity), we should now be ruling in or out the possibility of current and ongoing victimization or an abuse history.

School sports programs present a special challenge. Many "at-risk" youth feel that organized community and school sports programs are a good way to help them "blow off steam" and keep them out of trouble. While it is important to recognize the beneficial effects of sports, in terms of fitness, learning teamwork and building self-discipline, it is essential for coaches or other supervising personnel to convey in no uncertain terms that violence and unnecessary roughness is unacceptable. School sports program staff also need to understand that many male survivors skip gym class and avoid sports altogether. Their fear is having to undress in locker rooms where, by changing into athletic attire or showering, they have to "expose" themselves.

The Search for a More Inclusive Framework for Analysis

It is important to remember that child abuse is a relatively new field of study and cannot and should not remain static. If the field is to maintain its integrity and develop as an increasingly more disciplined area within the social sciences, it must remain open to new ideas, challenges to status quo assumptions and new voices.

One of the traps we have fallen into in our study of violence and abuse is that we tend to see things from an "essentialist" perspective. When one takes an essentialist position, one assumes all members of a group, gender, class, culture, etc., are alike; what is characteristic of one individual is characteristic of the whole group, regardless of how individual members may see themselves or interpret their behaviour.

Essentialist ways of thinking lead us to use expressions such as "male violence," in spite of the fact that most males are not violent. If one used the expression "minority youth crime," one would see immediately the racism inherent in the statement, since all minority youth would be type cast as a result of the actions of a few. We see the racism in this phrase but the bias in the term "male violence" is invisible. The use of the term "male violence" in the discourse is leading us away from a more comprehensive understanding of interpersonal violence and abuse. Males do appear to be the majority of sexual abuse perpetrators, but women are the primary physical abusers and neglecters of children. Mothers and fathers appear to be equally likely to use corporal punishment. Mothers and fathers can inflict serious and lethal harm on a child. Since more neglect and physical types of violence are perpetrated against children than sexual abuse, we need to take a serious look at how our terms and concepts are blinding us to a large and neglected part of the abuse problem.

What gets missed in an essentialist perspective is the complexity of social problems and interpersonal relationships and dynamics. Essentialist thinking eventually compromises the integrity of any field because its narrow focus on group characteristics fails to account for individual differences and the impact of situational and other variables on behaviour. We are running into this problem in the child abuse field.

Because women were the early advocates in the abuse field, much of the writing in this area reflects a women's point of view and a predominantly gender-based feminist framework for analysis known in general terms as "patriarchy theory" typified in the work of Herman (1981). In this theoretical view, abuse, particularly sexual abuse, is the result of a "patriarchal culture of male power, male prerogative and male inclination to sexualize all relationships" (Hyde, 1990).

Patriarchy theory is compelling at a first glance because it is based on women's lived experience and the very real political, social and economic inequities women encounter every day. It also has the potential to shed light on many aspects of women's lives, including how social inequities can and do affect mental and emotional health. As a general theory based on women's experience "as a group" it has merit. But it also makes some assumptions about men as a group that, upon close scrutiny, are biased. Male victims are beginning to challenge a strictly gender-based view of violence, victimization, and power relations, because their own lived experiences teach them something very different.

For example, one area where this theory begins to weaken is in its interaction with a class and race analysis. In economic and political terms, a wealthy woman has more social power than a poor or homeless man. A female professional person, such as a physician, judge or lawyer, has more power than an unskilled male worker by virtue of her education, earning power and social influence. A Caucasian female has more social power than a visible minority male. The theory also fails to acknowledge the power that women, as adults and in the role of mother, teacher or child care provider, have over male children.

And there are other problems. The embellishment of patriarchy theory evident in the quotation from Hyde is biased in the way it generalizes a negative stereotype of "male sexuality" to all men. Most men are kind, decent, caring husbands, lovers, partners, colleagues, fathers and friends of women. Men's sexuality varies as much as women's.

It is evident from the research highlighted in this report that interpersonal violence is a complex phenomenon that cannot be reduced to any one single theory. Models based solely on a patriarchal model of gender relations, though useful, are limited in their ability to explain the many facets of the violence and abuse story. They have also failed to bring males and females together in a common purpose to end violence.

A strictly applied gender-based model also does not fully account for female sex-offending, most notably the abuse of boys by mothers, adult or older teen women, the seduction of minor-aged males by older female teens and women, mother/daughter incest and the sexual abuse of children by teachers, day care providers, institutional caregivers and other women in positions of power or authority (Mathews, 1995). It is also heterosexist and does not account for sexual abuse, sexual exploitation and battering in lesbian relationships (Renzetti, 1992) or male same-sex relationships. In addition, it does not fully account for female use of corporal punishment, neglect and emotional maltreatment of children. Its greatest weakness is that it is not comprehensive. Its greatest strength lies in the fact that it identifies a "power dynamic" that has wider application to all types of social relations.

There are a number of considerations can be applied to a more comprehensive framework to account for abuse. Most would fit under the categories of behaviour, relationship and power. Crowder (1993) provides a useful starting point, particularly in the area of sexual abuse. She defines sexual abuse as "an overt or covert sexual behaviour between two individuals when the following conditions exist: the nature of the sexual act(s) is developmentally inappropriate for at least one of the participants; the balance of power and authority (meaning psychological power, economic power, role status power, etc.) between the two individuals is unequal; and the two individuals have an established emotional connection (such as between a child and a caregiver, or a child and authority figure)."

A model of abuse that is predicated on power imbalances or the misuse of power is a good starting point in our search for a more comprehensive framework because it encourages us to: hold both male and female abusers accountable for their behaviour; empower victims to take control of their healing process and their lives; recognize and validate the victim's experience; affirm that a victim's self-knowledge is paramount; link the victim's individual struggle to a collective one to transform power relations in our society; and focus on power dynamics in the therapeutic relationship (Mathews, 1995).

What is emerging is that different types of abuse may require different explanatory and theoretical models, alone or in combination. For example, a feminist theory of patriarchal gender relations may provide part of the explanation for father/daughter incest, step-father/step daughter sexual abuse and a father's use of corporal punishment. A power model may more fully explain women's use of physical violence against boys and teen males, women's sexual use of male children and teens, maternal use of corporal punishment, or sibling-on-sibling violence.

A more inclusive theoretical framework is necessary not only for understanding etiology so that better assessment and treatment programs can be developed, but also to eliminate the double standard that tends to be applied to cases involving male victims of abuse. An "abuse of sexuality" model, a variation of the power abuse perspective, applies to both genders, and gives us a more inclusive conceptual framework to apply to cases such as female exposure to males, and the sexual use of male children and teens by older females (Bolton, 1989). Bolton, reflecting the opinion of Finkelhor (1986), Russell (1983) and Brandt and Tisza (1977), advocates for applying multiple levels of conceptualizing abuse to capture things such as "sexualized environments" in families, sexual misuse of a child or any abusive experience that interferes with a child's healthy development. Bolton's "abuse of sexuality" model describes a continuum of environments that range from the promotion of normalized sexual development in males and females to those that eliminate the possibility of normal development.

The evidence suggests that a comprehensive theoretical framework based on an abuse of power model may be more promising. However, we are still far from having all the answers nor have we even asked all the necessary questions. A more complete and comprehensive understanding of child maltreatment and interpersonal violence will likely be found at the intersection points between a number of theoretical or conceptual models. We will need to take a developmental perspective on the impact of abuse. We will need to grapple with the effects or influence of socioeconomic status, ethno-racial background, gender relations, family systems, parenting skills and knowledge, parental mental and physical health, attachment, cultural norms supporting violence and abuse, drug and alcohol abuse and addictions, stress, intellectual functioning, structural inequities, anti-gay/lesbian prejudice and situational factors. We will also need to examine carefully our schools, institutions, therapeutic practices and the preparation and training of youth-serving professionals for the contribution all make to the problem of encouraging or supporting interpersonal violence and abuse.

The Messages We Give to Male Victims

Our minimization and denial of male victimization so permeates our culture that it is in evidence everywhere from nursery rhymes, comic strips, comedy films, television programs and newspaper stories to academic research. We give male victims a message every day of their lives that they risk much by complaining.

Stated succinctly, if a male is victimized he deserved it, asked for it, or is lying. If he is injured, it is his own fault. If he cries or complains, we will not take him seriously or condone his "whining" because he is supposed to "take it like a man." We will laugh at him. We will support him in the minimization of its impact. We will encourage him to accept responsibility for being victimized and teach him to ignore any feelings associated with his abuse. We will guilt and shame him to keep a stiff upper lip so he can "get on with it." When we give a message to boys and young men in any shape or form that their experience of violence and victimization is less important than that of girls and young women, we are teaching them a lesson about their value as persons. We also teach them that the use of violence toward males is legitimate. When we dismiss their pain, we do little to encourage boys and young men to listen to, and take seriously, women's concerns about violence and victimization. When we diminish their experience or fail to hold their male and female abusers fully accountable, we support their continued victimization.

How Would Things Be Different if We Acknowledged Male Victims?

How would our society be different if we recognized and supported male victims?

We would have to acknowledge how gender role conditioning denies boys a rich emotional life and cuts them off from whole parts of their essential selves. We would begin to understand how child-rearing practices in the form of emotional and physical withdrawal from sons "to toughen them up" early in their lives compromises their ability to form secure and nurturing attachments. We would begin to see how male gender itself is a risk factor that can magnify the effects of all forms of abuse and channel it in violent, aggressive and reckless acts directed toward the self or others. We would finally acknowledge the overwhelming research evidence concerning the amount of physical abuse, sexual abuse, psychological maltreatment, neglect and corporal punishment of male children and teens by females, without minimization.

We would have to recognize that if there is a male gender dimension to many forms of overtly expressed violence, its causes need to be linked to the routine and normalized violence toward males prevalent in our society, violence in the form of child abuse and neglect, psychological maltreatment, corporal punishment and male-gender role socialization. We would finally realize that all the forms of violence toward boys and teen males discussed in this document are the common everyday lived experience of most males rather than the exception. We would no longer tolerate humorous or entertaining media images of males or females as victims of violence or biased journalism that fails to report the whole picture of child abuse and neglect and interpersonal, family and community violence.

We would recognize that regardless of our own theoretical starting points, male victims have their own voice, their own meanings for their experiences. If we remain ignorant of, overlook or fail to explore their stories, we will miss much of what we need to engage them in therapy and healing. We will construct for them the origins and courses of their difficulties. We will shape and mold them to the limitations of our own personal and professional world views. We will, through the use of our professional practices, reproduce the same dysfunctional and disempowering patterns of communication and relationship many of these males found in their families of origin or the environments in which they grew up.

We would recognize that solving the complex problem of violence in our society will never be achieved until all the stories and voices of victims of violence are heard, until men and women of good will begin to work side by side, and until the means of our collective struggle toward peace reflect respect, compassion and inclusion as our minimum standard. We will recognize, finally, that means are ends. It is in the selection of our means where we are most conscious and able to make inclusive decisions about our future direction. From a postmodernist perspective, in any inclusive process of consensus building toward some goal, one cannot see the end from the starting point. Thus, if the means we choose toward the creation of a more just society are anything but, we can only arrive back where we started.

Beginning with Ourselves as Adults

Perhaps, the greatest responsibility for the plight of boys and young men lies with adults. We are the ones who conduct single-gender and biased research. We are the ones who present to the media more political opinions about male victimization than provide objective, empirically-based information. We are the ones who help maintain biased stereotypes about boys and young men that keep them trapped in their silence. We are the ones who help reinforce in the public mind an image of strong and resilient male victims who are, in truth, human beings suffering in much pain, isolation and loneliness.

Adults, especially those who work in the child abuse field, are the eyes of Canadian society in this area of human suffering. It is up to us to speak against abuse and injustice, and for compassion and inclusion. If we do not open ourselves to self-criticism, conscientiously and continually reflect on our assumptions, methods and standards of practice, or allow ourselves to become trapped in rhetoric, then it is we who will become the ones who will pose the greatest threat to the credibility of the field.

Finally, we all need to reflect on the simple wisdom that we cannot take others - children, teens, the public or other professionals - past where we are in terms of our own self-awareness and understanding because we do not possess a map for the journey. We cannot pretend to be a community in search of justice while tolerating a double standard, allowing a divisive discourse around violence and abuse, and leaving male victims outside our compassion and caring concern.

Eventually, all victims, male and female, and all Canadians will see our hypocrisy. If we do not speak for all children, all victims, male or female, then we ultimately speak for none.

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The unheard victims

Michelle Lowe and Bob Balfour look at service provision for male sexual abuse survivors

ben's place

SPECIALIST SUPPORT
FOR MALE SEXUAL ABUSE SURVIVORS

Introduction

The underreporting of the sexual abuse of males, and the societal disbelief that still presides over men's experience of sexual violation, means that many males live in fear of reporting their abuse, or do not receive adequate support when they do.

We consider how complex trauma, such as is created by sexual abuse and its aftermath, needs increased specialist services for male survivors.

We argue that although sexual abuse is horrific for every survivor, regardless of who they are, male survivors have a particular set of problems that continue to need to be addressed by service providers and society as a whole.

Last year saw much discussion in *The Psychologist* over gender and mental health. In February, Daniel and Jason Freeman claimed that women are more likely than men to develop a range of mental health disorders.

Their article was countered in the March issue by Martin Seager and colleagues, who (in our view correctly) claimed that mental health problems in men are woefully underreported, resulting in the hidden mental pain of large numbers of men.

We would like to add to this debate by considering one particular issue – the sexual victimisation of men and boys.

We pose some broad questions

- How can service providers improve the effectiveness of services for male survivors?
- What do we currently understand about the needs of male sexual abuse survivors?
- What can service providers offer as potential positive outcomes for males who have experienced sexual abuse across the lifespan?
- And what part does psychology as a profession have to play in helping to support such outcomes?
- What part does psychology play in helping to support effective service provision for male survivors?

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This resource is based on an article in *The Psychologist*, published by the British Psychological Society.

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"Boots and all..."

What we know

Historically, sexual crimes against males were considered impossible or at best rare with the result that service provision for male survivors has been considered unnecessary. Indeed, the publicity that sexual crime received as a feminist issue contributed to the isolation experienced by male survivors (Davies, 2002), although of course Lew (2004) is correct that without women's activism there would be even less support for males than already exists.

In recent years the scarcity of information and lack of publicity about male sexual victimisation has slowly begun to change. In parallel there has been a shift toward increased rates of reporting of sexual offences against males. In 2002, for instance, only 4096 sexual assaults and 852 rapes were recorded as being committed against men in the UK (Davies & Rutland, 2007). In 2010/11, however, whilst police-recorded rapes upon women had increased by five per cent from 2009/10 to 2010/11, recorded rapes committed upon men rose by 12 per cent during the same timescale (Osborne, 2011).

Whilst the above reporting figures may highlight efforts that legal services have taken to increase the recording of sexual crimes against males, we know that reported sexual crimes only scratch the surface of actual offences, and that there are still biases in the way that some crimes are recorded but others are not. The facts are simply that the majority of sexual abuse cases are never reported, and many survivors live with their hidden pain for life, without seeking help or professional support.

Let's look at some figures. In a study of 40 UK male rape survivors, Walker et al. (2005a) showed that only five out of the 40 men had ever reported their rape to the police. Of the five, four claimed their dealings with the police were wholly negative, and only one case out of the five resulted in a conviction. Furthermore, post-rape medical services were utilised by only 14 out of the 40, with only five of the 14 revealing the sexual context of the assault (the others only disclosing their physical injuries). This means that most male rape survivors do not receive testing for sexually transmitted diseases that they may have contracted during their rape, and receive no follow-up support from psychological services to deal with the aftermath of their assault. Even if they do, the support they receive may be inadequate (see Burrowes & Hovarth, 2013; Foster et al., 2012; Lew, 2004; Mathews, 1996; Somerset, 2014).

In a follow-up study, Walker et al. (2005b) investigated the psychological functioning of these 40 male rape survivors compared with 40 matched controls, and found that the rape group experienced lower psychological functioning than the control sample. The average time of assault compared to time of study was 10 years, clearly showing the long-term negative psychological effects of rape upon men. Alarmingly, 19 out of this group of 40 men had attempted suicide after their rape.

Despite these long-lasting and profound psychological effects, men in general find it incredibly difficult to seek support due to their lack of willingness to approach a suitable service, or because the services available are inappropriate. Societal myths and victim-blaming attitudes, prevalent in society (see Davies, 2011, and Davies & Rogers, 2006, for reviews), significantly contribute to the stigma surrounding this type of offence and serve to act as a wall between the survivor and possible help and support.

In a recent Australian investigation O'Leary (2009) and O'Leary and Gould (2009) showed similar findings to Walker et al. (2005a; 2005b), namely that sexually abused men (in this study, men abused as children) suffered a range of mental health difficulties, substance abuse and suicidality. When compared with matched controls, men sexually abused in childhood appeared four times more likely to qualify for a clinical mental health diagnosis, and 10 times more likely to qualify for a diagnosis of post-traumatic stress disorder (PTSD).

For male survivors, societal expectations about the male gender role and the concept of male (hetero-) sexuality impacts significantly on men's understanding of what sexual victimisation means to them. This results in many male survivors questioning their gender identity after sexual abuse (Walker et al., 2005a; see also Davies et al., 2010). Males blame themselves both for not stopping the abuse from happening and for struggling with the aftermath, because 'as men they should be able to cope'. The sense of not living up to the masculine ideal of being strong, tough and able to protect oneself from adversity makes men who have been sexually abused unlikely to seek help due to their fear of ridicule and blame (Dorahi & Clearwater, 2012; Lee & James, 2012; Lisak, 2005).

Complex trauma

Although not officially recognised in diagnostic classification by DSM-5, the term 'complex trauma' as used in this article describes a broad-ranging set of disorders, symptoms and social problems that are not captured by a limited diagnostic category of PTSD. The DSM-5 now notes that PTSD 'may be especially severe or long-lasting when the stressor is interpersonal and intentional (e.g. torture, sexual violence)' (APA, 2013, p.275), which goes some way to describing the complexity of the long-lasting traumas that sexual abuse survivors face. It does not, however, cover the broader issues relating to, for example, long-term social problems that many male survivors contend with. We argue that the blaming and disbelief of the male survivor experience deepens trauma of the original abuse experience, whilst serving to isolate him from the world. Sarbin (1986) posits that self-narratives support human identity, and, without a story that is transparent, survivors experience a sense of detachment from the world around them. In short, he is unheard.

For many survivors, sexual abuse was not just a one-off event. Repeated trauma caused by ongoing sexual abuse, or victimisation experiences that occurred at different times through life, create a prolonged and profound set of problems that readily cause multiple social and mental health issues, such as depression, addictive and self-harming behaviour, substance abuse and dissociative and personality disorders (Wall & Quadara, 2014). Further, re-victimisation is likely to compound the effects of prior abuse experiences (e.g. Briere & Jordan, 2004), the strength and complexity of which is not covered in the PTSD diagnosis.

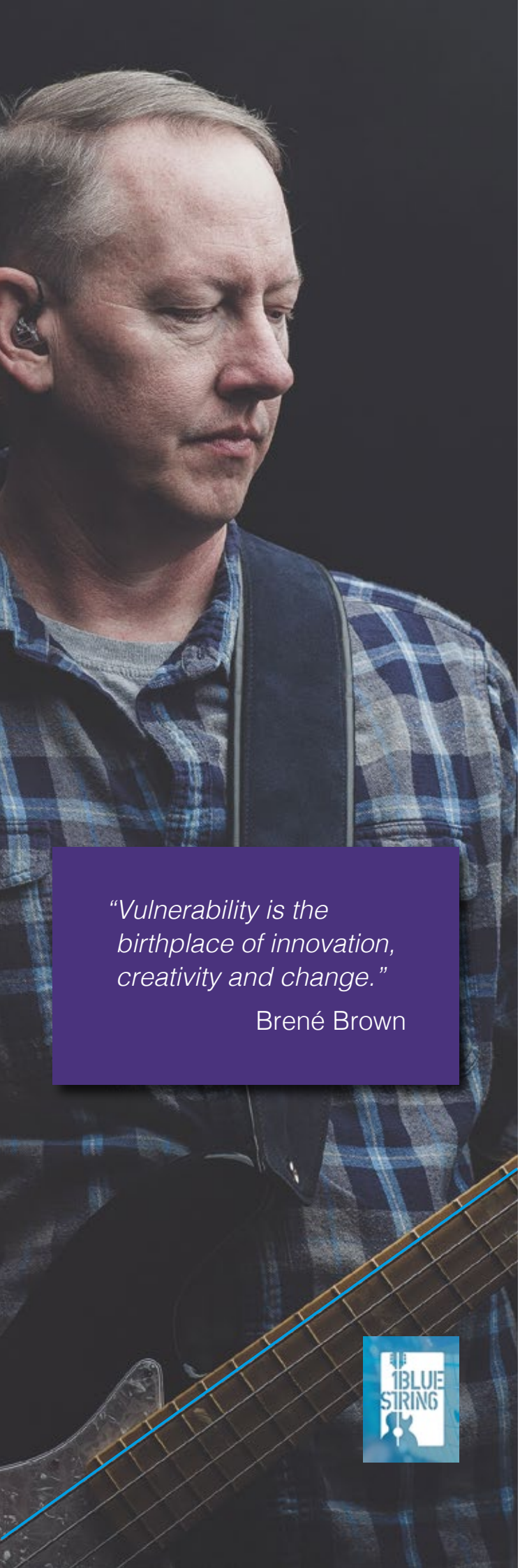
Service provision

Judith Herman, in her seminal work *Trauma and Recovery* (1997), argued that some violations are too terrible to tell; and for many, the 'unspeakable' is still present and impacting upon their mental well-being. We argue that current service provision has largely failed to address the complex needs of male survivors. All sufferers of complex trauma need a multifaceted, varied and specialist approach. Harvey et al. (in McMackin et al., 2013) note that models of complex PTSD and an ecological approach support recovery in trauma survivor populations. The negative effects on mental health that sexual victimisation can cause are readily acknowledged by professionals, but isolated treatment of particular symptoms may not resolve the underlying and deep-seated issues caused by sexual abuse (Wall & Quadara, 2014).

Indeed, some survivors spend years and thousands of pounds in intensive psychotherapy working on issues relating to the complex trauma associated with sexual abuse (Bird, 2014).

Although we know current service provision is not meeting the needs of people with complex trauma, up to now in the UK there has been no consistent approach to guiding services to become more responsive to complex trauma.

Whilst current policy in the UK highlights the importance of integrated services for abuse survivors, there is ongoing debate about how these broad policy objectives can be achieved in practice (see Devaney & Spratt, 2009). Improving the effectiveness of service provision for people with multiple needs would create enormous benefits for survivors and also save in economic terms. Recent Social Return on Investment (SROI) research carried out by the Zurich Community Trust with a male survivor-led agency (Survivors Manchester: see Somerset, 2014) clearly evidenced the possible economic, as well as psychological, outcomes from integrated service models. However, this requires the implementation of person-centred – indeed, survivor-centred – systems that provide the array of services necessary to deal with the social and health aspects of complex trauma. In relation to male sexual abuse survivors, this seamless combination of service provision does not exist at the moment. To enable this, services could build on and adapt existing models used with female survivors.



The elephant in the room – gendering of sexual abuse

We began this article by supporting the argument made by Seager and colleagues (2014) that mental health problems in men are woefully underreported, and their effects often not considered, compared with those of women. We see a similar situation in relation to sexual abuse, such that men's abuse is underreported, underresearched, and underprovisioned. Davies (2002) claimed that research and provision for male sexual abuse was, over a decade ago, many years behind that of female sexual abuse, and today, regrettably, the situation appears much the same in many areas.

Boys are less likely to disclose at the time sexual abuse occurs than girls

We are in no way saying that sexual abuse is worse for men than for women, rather that male responses are often different from female ones. For example:

- in children, boys are less likely to disclose at the time sexual abuse occurs than girls (e.g. O'Leary & Barber, 2008);
- men typically disclose being sexually abused in childhood 10 years later than women – on average 22 years after the assault (O'Leary & Barber, 2008; O'Leary & Gould, 2009);
- men are one-and-a-half times less likely than women to report adult sexual assault to the police (Pino & Meier, 1999; although we have seen recent improvements on this situation in the UK); and
- men make fewer and more selective disclosures than women (Hunter, 2011).

Such differences mean that specific services are needed for men. World Health Organization research (2007) shows that gender-neutral approaches in supporting change in men's health and well-being are less successful than gender-informed ones. Gendered approaches are needed, directly addressing issues relating to men's life, such as how cultural practices influence gender scripts and shape men's and women's experiences.

"Mindfulness not only makes it possible to survey our internal landscape with compassion and curiosity but can also actively steer us in the right direction for self-care."

Bessel A. van der Kolk

The research of Joseph (2012) offers us one possible point to begin psychological debate in how we might support male victims. Joseph describes a model for self-help called THRIVE, part of which we believe is especially important for survivors: 'Re-Authoring'. This refers to listening to the stories the survivor tells himself in order to find new ways of looking at surviving. This model works especially well when male survivors are given support to explore them which hears and honours them as both male and survivor.

In general, fostering better coping in male survivors is the key here. Coping is a dynamic, complex process (O'Leary & Gould, 2010), and what we already know about men's continued well-being could be used to foster better coping along the lines of Joseph's THRIVE model. Specifically, we know the following factors that are correlated with men's enhanced well-being (see also Foster et al., 2012, for further details):

- Practical information and assistance. Working to develop concrete life skills that address the impact of sexual abuse, exploring feelings and learning to tolerate emotional distress (O'Leary & Gould, 2010).
- Talking with someone who is supportive. This may be a work colleague, partner or friend (O'Leary & Gould, 2010).
- Talking with someone who encountered a similar event. Men's well-being is enhanced not just through receiving support but through having the opportunity to support and help others (Kia-Keating et al., 2010; O'Leary, 2009).
- Developing a sense of hope, positive reinterpretation and growth. Practising optimism, self-understanding, viewing survival and life accomplishments in a positive manner (O'Leary & Gould, 2010; Joseph, 2012).

The problems men experience after sexual abuse can manifest in all areas of their lives, in interpersonal relationships, parenting, employment, and social and leisure activities, and at different points throughout the life span (O'Leary & Gould, 2009). Consequently, it is important that services are flexible enough to respond to a wide range of issues, not just focused around mental health and sexual assault services.

"The child survivor forgets and smiles... the adult survivor remembers and grieves."

Bob Balfour

Where we could go

Current service providers struggle to reach out to men. We now need to strengthen existing resources and open up new pathways to encourage and enable male survivors to seek the help that they have denied themselves previously. Academically and practically we can do more to understand men's reluctance to access services that are currently available. The current raft of sexual violence inquiries and trials sparked by 'Operation Yewtree' offer an opportunity to explore what has previously been 'unspoken'.

There is no doubt that delivering services to male survivors is a major challenge, and with a changing economic and structural climate, such challenges often seem insurmountable. But within change is often the opportunity to innovate. For example, the increasing development of the web has allowed platforms like the Big White Wall (http://www.bigwhitewall.com) and Psychology Online (psychologyonline.co.uk) to be explored.

Such platforms could be adapted to deliver support for male survivors, therefore allowing them to avoid having to enter public spaces to receive therapy and support (Craig, 2010). Internet provision can also be combined with group work within the community. For example, Living Well and 1 in 6 Canada (www.livingwell.org.au and www.1in6.ca) will publish a groundbreaking manual on conducting male sexual violence therapy groups this year.

Still underlying the issue of male survivorhood is the cultural belief that men should be strong and resilient and not call out for help – however badly they need it. Psychology is a profession that more than any other holds the possibility in our view of being skilled, open and disciplined enough to focus on supporting sexual violence survivors. The dividends for the profession, society and especially survivors could be profound. But all stories need listeners to make them good ones – the unheard are watching to see if we are ready to hear their stories and help them re-author, not just the endings, but the tone of the story itself.

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Links

West Yorkshire SARC

www.hazlehurstcentre.org

West Yorkshire specialist sexual violence services for male survivors:

Ben's Place

www.survivorswestyorkshire.org.uk

The Blast Project

www.mesmac.co.uk/projects/blast

Breaking The Silence

www.breaking-the-silence.org.uk

KRASACC

www.krasacc.co.uk

West Yorkshire ISVA services for male survivors:

KRASACC

www.krasacc.co.uk

Victim Support West Yorkshire

tinyurl.com/hzevwy2

UK specialist sexual violence services males:

www.malesurvivor.co.uk

Leading international specialist sexual violence services for male survivors:

1in6

www.1in6.org

Living Well

www.livingwell.org.au

Male Survivor

www.malesurvivor.org

Men & Healing

www.menandhealing.ca

MSSAT

www.survivor.org.nz

Specialist services for West Yorkshire and UK female survivors:

Rape Crisis (E&W)

www.rapecrisis.org.uk

Rape Crisis (Scotland)

www.rapecrisisscotland.org.uk

The Survivors Trust

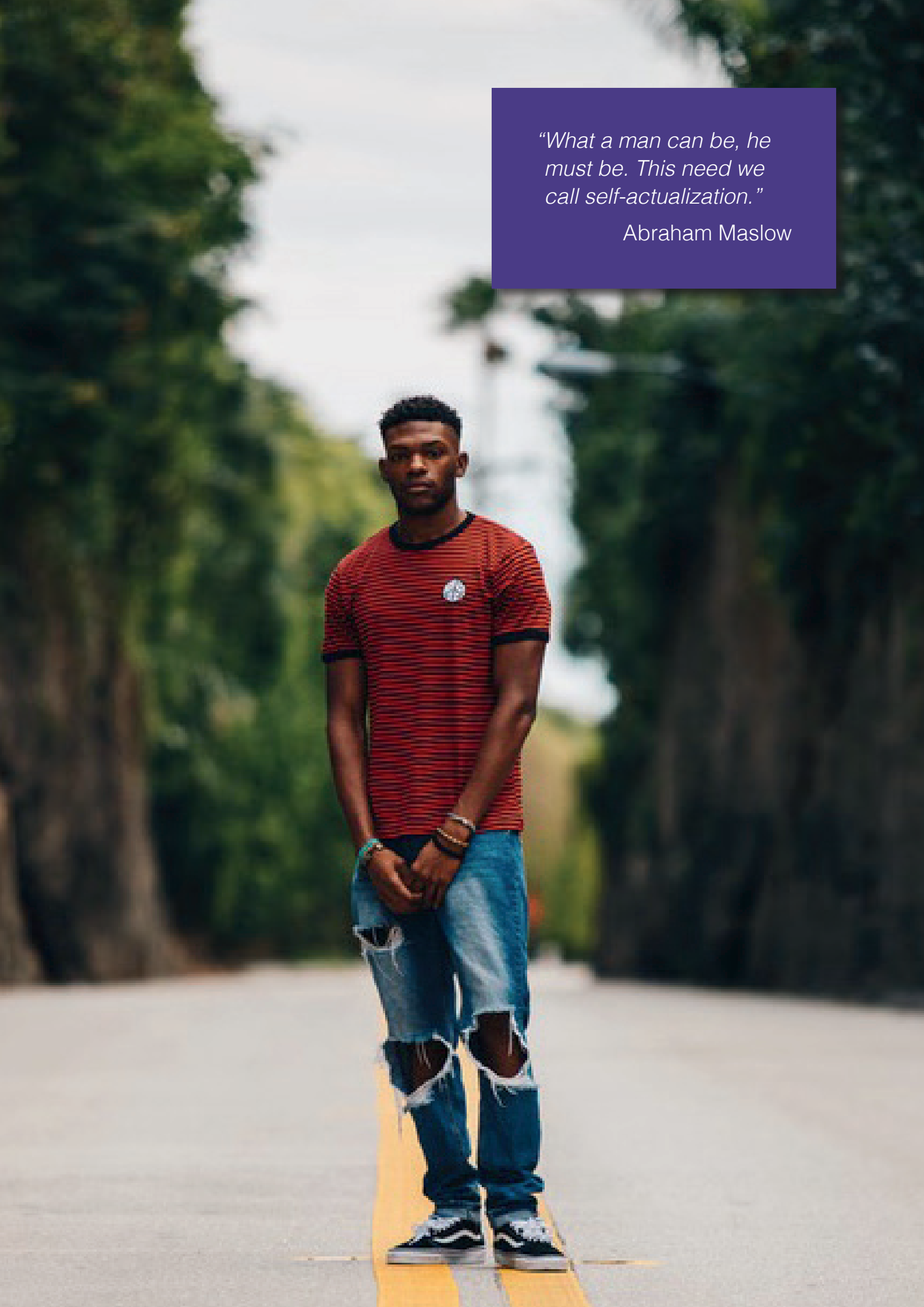
www.thesurvivorstrust.org

Specialist sexual violence consultancy:

www.limeculture.co.uk

Adverse Childhood Experiences (ACE's) consultancy:

www.warrenlarkinassociates.co.uk



"What a man can be, he must be. This need we call self-actualization."

Abraham Maslow

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WEST YORKSHIRE SURVIVORS

"When the Japanese mend broken objects they aggrandize the damage by filling the cracks with gold, because they believe that when something's suffered damage and has a history it becomes more beautiful."

Barbara Bloom

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