

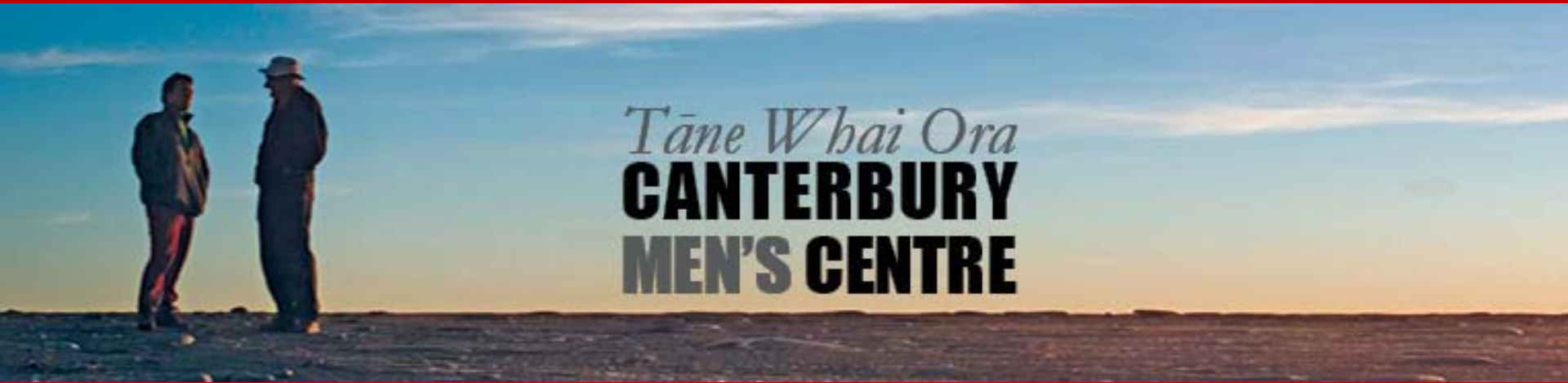
Professional responses to Male Survivors of Sexual Abuse



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The WHY Question...



Male Survivors of Sexual Abuse Trust [MSSAT] questioned current professional approaches to working with male survivors of sexual abuse.

“Should male childhood sexual abuse [MCSA] be a focus when MSSAT clients are referred into the mental health system?”

This literature review set out to consider the evidence for and against addressing MCSA with survivors treated by the mental health system.

After considering the research of four databases debate of this issue was not found.

The FOUNDATION...

Brief background information:

“General population”

- One in four girls and **one in ten boys** fall victim of sexual abuse

(Fieldman & Crespi, 2002, p. 145) .

- **Sixteen per cent of males** and twenty-five per cent of females are victims of sexual abuse (Dube, et al. 2005, p. 430 & 434).

Other estimates:

Some researchers now believe that statistics indicate

half of childhood victims are male!

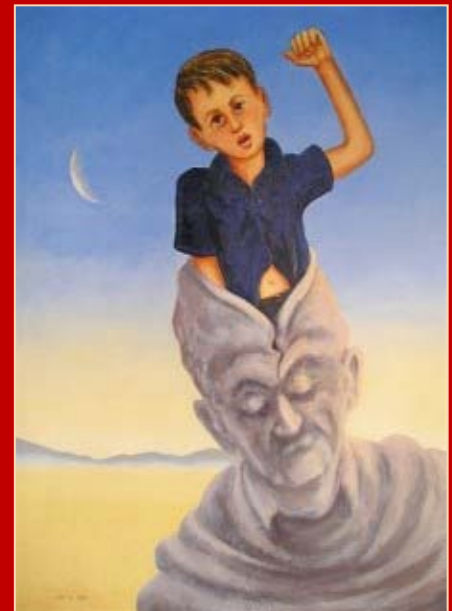
Reasons for discrepancy:

- Underreporting** by male survivors
- Male survivors are **not believed by professionals**



Long and Short term effects:

Recent research suggests that the long term effects of CSA are similar for men and women



Summary of appropriate responses current research suggests:

- Effectiveness of different therapeutic responses is debatable
- A gendered understanding of CSA is limited

Researchers agree:

professional intervention effective and important in recovery of survivors of childhood sexual abuse.

The effects of CSA on men and women are largely similar; there is no evidence suggesting that this should be reflected in their treatment.

- Response should display **awareness of the frequency of MCSA.**
- Disciplines should be aware of **cultural stereotypes** that affect male survivors and **the general public**, preventing disclosure

Current
“professional”
practice:

Holmes and Offen (1996):

Researched if hypothesis of clinical psychiatrists would differ between genders the gender of the patient had been changed in caase studies:

- **21 of 32 females were hypothesised as being CSA survivors**
- **9 of 29 males were given the same prognosis.**

Feigenbaum & De Silva, (2000): Follow up study

Findings:

- Male patients were **either never or infrequently** assessed for a history of CSA.
- Professionals that did enquire about CSA were evaluated as doing so ineffectively and immethodically.

Warne & McAndrew (2005)

Findings:

Despite the fact that a high percentage of mental health patients have a history of CSA, only a minority receive treatment (p. 681).

SOCIAL WORK

Crome (2006)

-Different professions utilised by MSSA failed to record CSA

O'Leary and Gould, (2009)

-Social work responses to MCSA “frequently uneducated and apathetic (p. 953).”

- Refer to Holmes and Offen, pointing out parallels between the results of enquiry into the mental health professions and attitudes held within the social work profession (O'Leary & Gould, 2009, p. 953).

Hetherton and Beardsall (1998)

Social workers and the police:

Findings: CSA offending by females is frequently not taken as seriously as male perpetration of sexual abuse (p. 1265).

Spencer and Tan (cited by O'Leary and Gould, p. 953)

Findings: Social work students were more likely to attribute blame to MSSA than they were to FSSA.



Denov (2003, p. 47)

Findings: Recognition and confirmation of the CSA experiences significantly affect the wellbeing of survivors (p. 47).

- MSSA frequently experience negative experiences when CSA is discussed with professionals. Quotes four of seven male survivors of CSA who have experienced negative responses by professionals when they sought professional help after being victims of female CSA (p. 56-57).

Wood, Orsak, Murphy, & Cross (1996)

Findings:

- The child's gender is one significant aspect that swayed assessments.
- CSA disclosure of girls was more likely to be believed than that of boys (p. 87).

(This pattern was observed even though the disclosures of boys were as detailed as those of girls (p. 89).)

Conclusions

Themes:

- 1) **MCSA remains an underestimated** occurrence among professionals.
- 2) **There is an apparent reluctance to screen for CSA in male clients.**
- 3) **Failure to address the effects of MCSA seems apparent,** commonly identified reasons for this are a lack of training and disbelief that the CSA does affect males as severely as it does males.

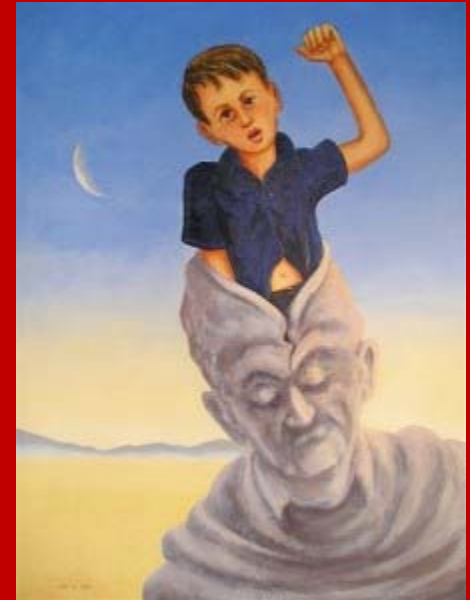
These themes represent a disparity between the researched evidence that is available so far and the practice approaches that are applied by professionals of different fields.

Consequence

- **Therapeutic environment will prevent MSSA from disclosing abuse**
- **Reluctance of male victims** to discuss and accept their abuse is likely to be linked to the **gap between therapist and patient.**
- **Clinicians are apprehensive to discuss MSSA.** Apprehension will **increase the already existing divide** between therapist and client
- **Professionals display a lack of awareness** regarding the issues faced by MSSA, Unawareness acts as a disincentive for male survivors of CSA to reveal a history of CSA and seek treatment (p. 953).

Recommendations:

- THE NEED FOR SCREENING
- THE NEED FOR TRAINING
- THE NEED FOR RESEARCH



WHY YOU & ME?

ETHICAL RESPONSIBILITIES OF PROFESSIONALS ACCOUNTABLE TO THE ANZASW, THE NZPS, NZMA AND THE NZNA

- The importance of understanding a client's circumstances and history associated with problems as an essential requirement in order to facilitate any recovery.
- Professional responsibility to continued professional development.
- Continued commitment to research.
- A responsibility of professional bodies and their members to advocate for clients/patients and to educate society at large about the issues of concern. (Therefore confrontation of dominant discourses without evidence that have been identified by researchers are a further ethical responsibility according to these codes.)

Questions?

An illustration reflecting what seems to have happened:



The customer's explanation



How it was understood



The architect's plan



The way it was drafted



The way the council approved it



The way it was built



The way the job was charged



What would have been needed