

HIDING IN PLAIN SIGHT

Treatment Considerations for Male Survivors of
Child Sexual Abuse



Introductions

Prevalence of CSA

Barriers to Disclosure of CSA

Some of the Long Term Negative Effects of CSA

Response as a Protective Factor Against Long-Term Negative Effects

Treatment Recommendations

AGENDA FOR TODAY



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Work experience is varied, but has
primarily been in working with
individuals with co-occurring mental
health and substance use disorders.
Husband and Father



INTRODUCTIONS

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INTRODUCTIONS

Estimates vary due to the differing definitions of CSA

Official documentation of **REPORTED** CSA of males

Best research indicates: 1 in 6 males before the age of 18
(1 in 4 girls)

27.8% of male children were younger than 10 years old during first occurrence
(12.3% of women were younger than 10)

National Sexual Violence Resource Center [NSVRC], 2015).

PREVALENCE OF CSA

Who is the perpetrator... "The bad guy" myth

- ▶ Gender of the Perpetrator (Artime, McCallum, & Peterson, 2014; Easton, 2013; Geddes, Graham, & McGreal, 2013; Giglio, Wofltech, Gabrenya, & Sohn, 2011). 96% of perpetrators are male (NSVRC, 2015).
- ▶ Incest—the Perpetrator is a family member (incest survivors generally took the longest to disclose. (Artime et al., 2014; Easton, 2013, Giglio et al., 2011). 34% of those who victimize a child are family members (NSVRC, 2015).
- ▶ The perpetrator is a member of the clergy (Easton, 2013).
- ▶ The perpetrator is another child (Giglio et al., 2013).
- ▶ Only 4% of perpetrators are strangers to the child (Lowen, 2014).

BARRIERS TO DISCLOSURE

Emotional Reactions of the Victim

- ▶ Shame (Shepard Payne et al., 2014).
- ▶ Guilt (Shepard Payne et al., 2014).
- ▶ Sense of isolation perpetuated by the narrative that girls are more frequently victimized and the myth that same sex victimization (male on male) is worse than opposite sex victimization
- ▶ Confusion about Responsibility (Easton, 2013).
- ▶ Fear of retaliation (Easton, 2013).
- ▶ Emotional attachment to the abuser (Easton, 2013).

BARRIERS TO DISCLOSURE

Gender Role and Sexual Orientation Confusion

- ▶ Masculine gender identity is associated with being a protector, having strength, never being a “victim” of anything
- ▶ Identifying as a “victim” of sexual abuse is inconsistent with the masculine gender identity
- ▶ The stigma associated with homosexuality
 - ▶ The biological response of sexual stimulation can cause confusion regarding sexual orientation, and men are afraid of being labeled “gay”

BARRIERS TO DISCLOSURE

Conceptualization of the Abuse (Arttime et al., 2014).

- ▶ How does the victim perceive their experience?
- ▶ Many men will identify behaviors which indicate sexual victimization, but do not conceptualize what they experienced as “sexual abuse”
- ▶ Men are more likely to report CSA if it involved the use of force for sexual subjection, but not if the abuse was perpetrated through use of coercion or incapacitation.
- ▶ The biological response of sexual stimulation may be confusing, so that men internalize the idea that they “enjoyed” the abuse or “wanted” the sexual contact.
- ▶ Using other terminology, i.e. “sexual subjection,” rather than “sexual abuse” may help men more easily discuss their experiences until such time as they are able to recognize the nature of the interaction (Hartill, 2014).

BARRIERS TO DISCLOSURE

“Vampire Syndrome” (Price-Robertson, 2012).

- ▶ Victim-to-Offender narrative—“The majority of offenders were once victimized themselves.”
- ▶ While this may be true, the vast majority of victims never become offenders. Consistent identification of offenders as victims reinforces the myth that if a male was victimized, he will become an offender.
- ▶ Interferes with men in their family and professional lives due to
 - ▶ Internalization: fear of intimacy with one’s own children
 - ▶ Cultural suspicion of males who engage in activities with youth

BARRIERS TO DISCLOSURE

Result of these Barriers is that boys are FAR less likely to disclose than girls at the initiation of the abuse, and men delay disclosure far longer into adulthood than women (Easton, 2013).

- ▶ 63% of girls will disclose at the onset of abuse
- ▶ Boys disclosure at onset ranges from 10% to 33%.
- ▶ In a national survey, 42% of males stated they never disclosed having been sexually abused.
- ▶ 44.9% of males waited 20 years or more before disclosing their sexual abuse.

ARRIERS TO DISCLOSURE

Immediate psychosocial and behavioral experiences (Nalvaney, Ryan, & Hinterlong, 2009):

- ▶ Boys tend to externalize their experiences through maladaptive and perhaps deviant behaviors, i.e. drug/alcohol use, truancy, sexually risky behaviors, vandalism, fighting, stealing, and engaging in threatening behaviors, and sometimes will appear through juvenile justice system
- ▶ Boys are more likely to express PTSD and Depression symptoms through angry outbursts, aggressive and hypermasculine behaviors, greater risk taking
- ▶ Boys who have experienced CSA may hide emotions like fear and sadness, in order to make up for the sense of vulnerability they feel, which is inconsistent with the masculine stereotype.

LONG-TERM MENTAL HEALTH ISSUES

Alpha Males/Hyper-masculinity

- ▶ Multiple sexual partners
- ▶ Participation in aggressive and physically demanding sports
- ▶ Military, police officers, fire fighters
- ▶ Increased risk-prone behaviors/attitudes

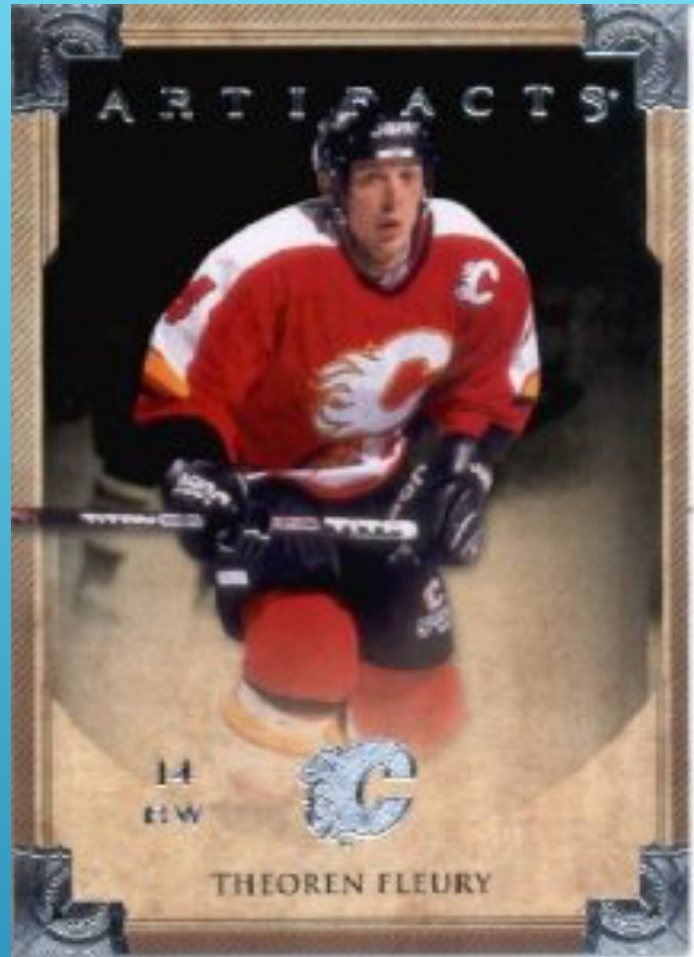
alavany et al., 2009).

LONG-TERM MENTAL HEALTH ISSUES





R. A. DICKEY TORONTO BLUE JAYS



Boys become men (Arttime et al., 2014).

- ▶ Higher rates of alcohol/drug use
- ▶ Higher rates of depression and PTSD
- ▶ Higher risk for suicidality that lasts well into late adulthood
- ▶ Higher incidence of revictimization by a second (or multiple) perpetrators that lasts through adolescence into adulthood

LONG-TERM MENTAL HEALTH ISSUES



Differences in symptom expression by race/ethnic identity (Shepard Payne et al., 2014).

- ▶ Universal experiences include sadness, difficulties with forming and sustaining relationships, and desire “to prove their manhood.”
- ▶ African-American’s with history of CSA more frequently express symptoms through “antisocial” behaviors, increased aggression, substance abuse, hyper-sexualized and other high risk behaviors.
- ▶ Latinos with history of CSA more frequently express symptoms through more recognizable symptoms of PTSD, i.e. anger, hyper-vigilance, flashbacks, communication problems.
- ▶ Whites/Caucasians with history of CSA describe symptoms more consistent with depression, i.e. low self-esteem, self-hatred, belief that they are inherently bad, guilt for having “caused” the abuse, feeling inferior, insignificant, unacceptable, and unlovable, along with experiencing a sense of loneliness and isolation.

LONG-TERM MENTAL HEALTH ISSUES

Suicidality

- ▶ Lifetime suicidal ideation of men with histories of CSA is 2 to 3 times higher than the general population, and can extend well into late adulthood (age 55 years old or more) (Sachs-Ericsson, Corentino, Collins Rushing, & Sheffler, 2013).
- ▶ Lifetime suicidal attempts are 4 to 11 times higher (Easton & Renner, 2013).
- ▶ When CSA was perpetrated by a family member, suicidal ideation is even higher (Easton & Renner, 2013).

LONG-TERM MENTAL HEALTH ISSUES

Response to male children who disclose as opposed to adult
males who disclose

RESPONSE AS A PROTECTIVE FACTOR



The three elements of response to children:

- ▶ Believe
- ▶ Support
- ▶ Protect

The importance of the maternal response

(Aston & Renner, 2013).

RESPONSE TO CHILDREN



The first person to whom adult males normally disclose is a spouse or intimate partner (Easton, 2013).

Interestingly, men report that the initial disclosure and subsequent conversations to a spouse/intimate partner are less helpful than disclosure and subsequent conversations with a mental health professional (Easton, 2013).

Mental Health professionals should be aware of the difficulty of disclosure to spouses/intimate partners, and can help prepare for the disclosure (Easton, 2013).

RESPONSE TO ADULTS



Refrain from showing anger or disgust

Supportive and empathic

Allow the male to self-define the experience initially (don't be in a hurry to call it sexual-abuse).

RESPONSE TO CHILDREN AND ADULTS



Interestingly, treatment recommendations for boys and men are remarkably similar

TREATMENT RECOMMENDATIONS



For boys, one of the most important factors is the response of the mother (believe, support, protect) (Easton & Renner, 2013).

If the perpetrator is a family member, family interventions become paramount as the family learns to adjust and the child may experience retaliation from other family members.

Parent-Child Interaction Therapy can help parents learn how to manage effectively the behavioral and emotional experiences of their child (Nalvany et al., 2009).

FAMILY SYSTEMS INTERVENTION MODELS



For Adults, family interventions become important as spouses/intimate partners learn how to integrate this information and understand the experiences of the adult survivor.

Family interventions can be used to prepare for the disclosure to the family members of the abuse.

Educational material can help family members overcome stigma or bias they may implicitly hold towards the survivor of CSA.

(Malvany et al., 2009).

FAMILY SYSTEMS INTERVENTION MODELS



Trauma Focused CBT and traditional CBT are the most highly researched interventions, and can be used to help reframe and redefine the experiences for children and adults.

E-CBT AND CBT



Groups can help significantly in overcoming the sense of isolation many men experience as a result of CSA.

CBT groups are focused on recognizing and reordering aberrant cognitions and behaviors.

Support groups are simply that, there for support.

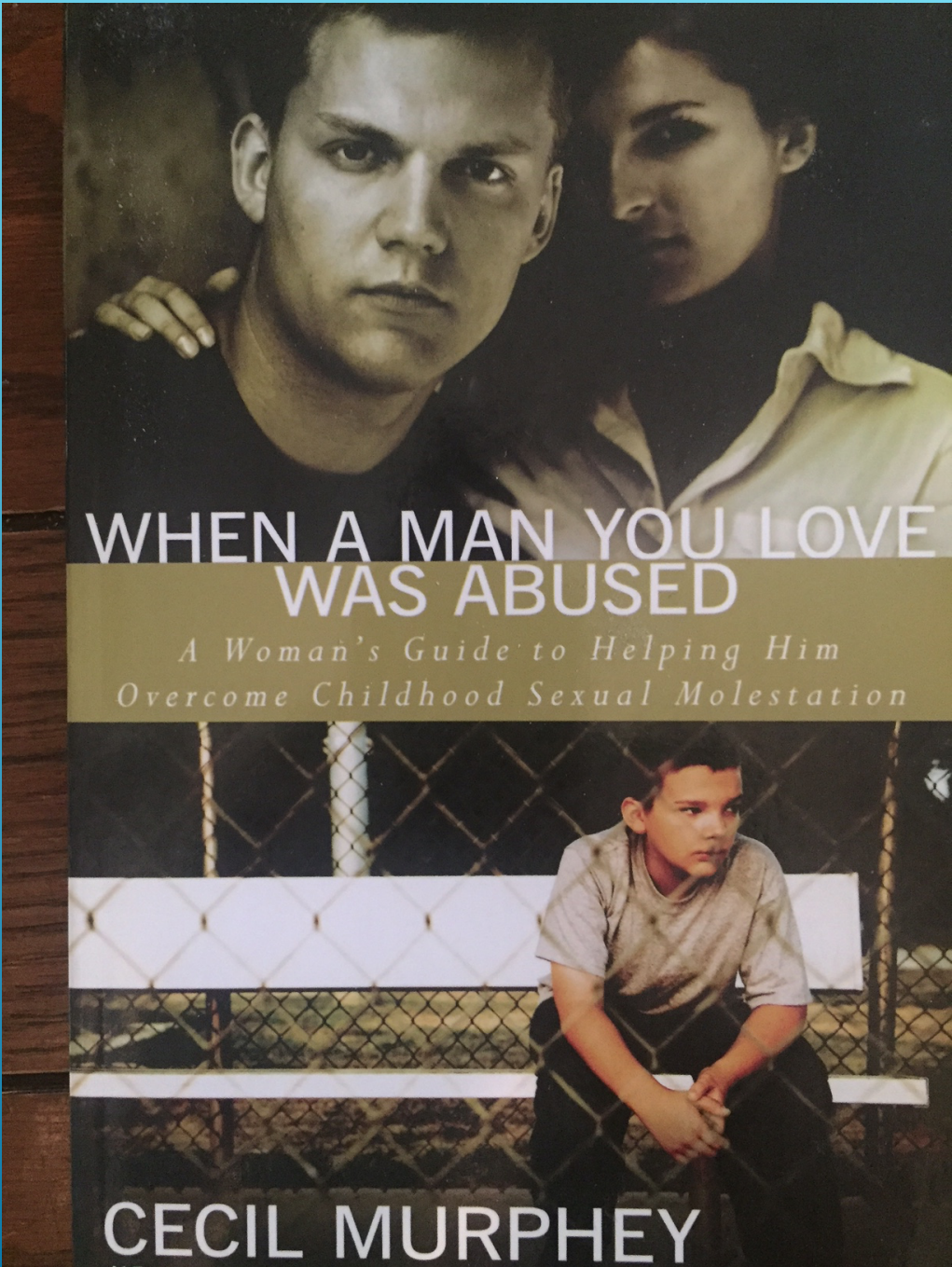
SUPPORT GROUPS AND GROUP THERAPY



Boone Hospital: Columbia, MO

- ▶ Dr. Stephen Weddle
- ▶ 573-815-3740

RESOURCES FOR RECOVERY



**WHEN A MAN YOU LOVE
WAS ABUSED**

*A Woman's Guide to Helping Him
Overcome Childhood Sexual Molestation*

CECIL MURPHEY

MaleSurvivor.org

▶ Weekends of Recovery

RESOURCES FOR RECOVERY

Questions? Comments? Discussion?

FINISHING UP



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