Are you listening?

Giving a voice to male victims of child sexual abuse

Child sexual abuse is an emotive and challenging area for professionals involved in health and social care, but its incidence is disturbingly frequent. Christine Wekerle, Associate Professor at the Department of Paediatrics at McMaster University is working to understand the impact of sexual violence on victims, focusing on the unique needs of boys, who are less likely to report harm. Her work harnesses the power of social media to give a louder voice to children who have experienced child sexual abuse.

Child sexual abuse is a difficult topic for society to confront. Whilst many imagine that this form of abuse happens in rare and tragic cases, the reality is that its prevalence is shockingly high. A working cross partnership involving the United Nations and the World Health Organization – named the Global Partnership to End Violence Against Children – estimates that more than 200 million children worldwide have experienced sexual violence. The NSPCC estimates that 20% of children in the UK have been abused in this way.

CHILD SEXUAL ABUSE – THE ELEPHANT IN THE ROOM

 Sexual violence against children has been defined in various terms that include rape, being forced to engage in sexual activity of any kind and being forced to watch others engage in sexual activity. This form of abuse is not only terrifying and confusing for the child, but its effects can last long into adulthood. Survivors of sexual abuse often have feelings of shame or disgust, poor body image, problems with intimacy and addiction behaviours that can affect them well into adulthood. Long term effects can also mean that many people who have experienced child sexual abuse engage in risky sexual behaviours, putting their mental wellbeing and physical health at risk.

Although all of us are aware that sexual violence against children is a real and desperate issue, it remains a very difficult conversation to approach and many children never vocalise the harm done to them or may wait many years before speaking up. Confiding in trustworthy adults is the most effective way that children can be helped out of a cycle of sexual abuse. In adulthood, support from social and health services is the best way for survivors to be helped to deal with ongoing psychological effects as a result of this violence.

GIVING BOYS A VOICE

Speaking out is a big ask for anyone who has been through sexual trauma and this is especially true for males, who are far less likely to disclose a history of child sexual abuse. Whilst figures show that childhood sexual abuse disproportionately affects girls (a 2011 review indicates that around one in five girls is victim to this abuse compared with one in 13 boys), research shows that male survivors are more reluctant to vocalise their abuse than females. Without support, people who have been abused are at risk of isolation and negative consequences for their health and wellbeing. Whilst female victimisation is undoubtedly more common, male victimisation presents a complex and distinct set of challenges.

Addressing these challenges is a team led by Christine Wekerle, Associate Professor at McMaster University in Canada, who are undertaking an innovative new set of studies in which male survivors of child sexual abuse are put at the fore. By exploring experiences of men and boys who have been victims of this violence, Dr Wekerle hopes to help develop ways to better intervene, and ultimately, prevent sexual violence.

LASTING EFFECTS ON RELATIONSHIPS

In a recent study led by Dr Wekerle and funded by the Canadian Institutes for Health, child sexual abuse was shown to be a common experience of young people who were involved in welfare services in Canada. In the study of almost 300 youths aged 14–17, 38.3% had experienced this type of abuse. All of the young people in this study – the first to evaluate motives for sexual behaviours in young people who have experienced sexual abuse – were sexually active. A history of sexual abuse was more commonly linked to risky sexual behaviours (including multiple partners and unprotected sex) for both genders. Compared with males who had not experienced sexual violence as a child, victims of this abuse were more likely to use sex as a coping mechanism to deal with negative emotions and to seek peer approval, using sex to manage distress. Dr Wekerle argues that this fits with conforming to traditional male stereotypes. The team also focus on resilience: Dr Wekerle is currently involved in development of an app which contains games that might be relevant for male youth who struggle to manage emotions and behaviour.

Instead of acknowledging and dealing with the range of emotions that child sexual abuse can inflict on a young person, males may retreat into anger and cycles of negative and risky sexual behaviours. Together, studies from the Wekerle group show that emotion regulation is key to determining coping strategies and sexual behaviours in adolescence and indicates particular needs of males who have experienced child sexual abuse. Distressingly, the research also highlights that victims of childhood abuse also experience sexual coercion from partners, and that more needs to be done to understand how to help young people avoid re-abuse in future relationships.

Fixed, long-standing cultural stereotypes around strong, alpha males – so-called toxic masculinity – make it difficult for men to admit that they have been abused.
21% of girls and 5% of boys reported experiencing childhood sexual abuse.

ARE WE READY TO LISTEN?

Dr. Wekerle believes that in order to build the necessary support networks around boys that are vital to helping young people cope, we must be ready to listen to males and accept that they too can be victims. As the overwhelming majority of sex abuse is perpetrated by men, she believes that it is more difficult for society to make the disconnect and accept that males can also be the victims. Cultural and societal ideas of masculinity make it more difficult for young men to seek help for emotional issues, which may play a role in the high rates of suicide seen in this demographic and the ten-fold increase in risk in being hospitalised for mental health problems compared with people in the general population. Fixed, long-standing cultural stereotypes around strong, alpha males — so-called toxic masculinity — make it difficult for men to make the disconnect and accept that they too can be the victims. Wekerle argues, and case workers are less likely to note that males have experienced emotional harm as a result of their abuse. This is a disconnect with research showing that many male victims experience symptoms of post-traumatic stress disorder (PTSD) and are 2.3 times more likely to seek treatment for mental health problems than female victims.

Dr. Wekerle, with a background in clinical psychology and more than thirty years’ experience of child welfare research, is undertaking innovative approaches to open the conversation for young men and boys. Harnessing the power of social media, her team have launched a hashtag (#CIHRTeamSV), inviting males to speak up, breaking down stigma barriers and mobilising knowledge.

FUTURE DIRECTION

Dr. Wekerle’s team suggest a number of steps that need to be taken in order for male victimisation to be addressed. These include: acknowledging sex and gender and accepting that males can also be victims; having a trauma-informed healthcare provision; ensuring safety in young people’s relationships; and tackling sexual violence from a public health perspective.

Rates of sexual abuse are shockingly high and difficult to digest, yet the fact is that the actual number of children affected is probably higher than the figures reflect as many children are not enabled to speak out. By bringing male victims of sexual violence to the fore of her research, Dr. Wekerle and her team give hope to boys and men — and those who care for them — that they will find support to cope with their experiences.

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Research Objectives

Christine Wekerle’s research aims to investigate the prevalence of male sexual abuse, its health impacts and implications for resilience and to consider how intervention needs to be developed or adapted to better provide trauma-informed services for boys and young men.

References


Wekerle, C(2017) We must listen to male sexual abuse victims too. The Conversation Canada


https://www.youtube.com/watch?v=V_xGyGWWU4

Personal Response

How can your important research findings effect change in social and health care practices dealing with young men?

We can encourage general health care practitioners and paediatricians to be tracking their male child patients into adolescence, supporting a concept of life-long wellness to counter the tendency of males to forgetful visits. Child welfare practitioners can consider how they are engaging youth in reporting their experiences, if they are long-term clients, as adolescence may be a developmentally sensitive time for victims to figure out how to establish romantic partnerships and discuss sexuality and healthy masculinity.

We need to engage youth actively, and support initiatives for leadership and partnership for male health. As a mother to five young adults, I have been involved in an on-going conversation about sex and gender. Their personal experiences have included supporting and advocating for female victims of work sexual harassment, rape victims as adolescents, and challenging one-sided approaches in education. My youngest son prefers the term “woman supporter” to feminism, and my youngest daughter identifies with the term humanist. Collectively, we need to create an open conversational space for victims of what was once held over them as children, as grave secrets, and to support their recovery of their right to voice, choice, and compassionate action.

Follow updates on this research project on ResearchGate. www.researchgate.net/project/Understanding-health-risks-and-promoting-resilience-in-male-youth-with-sexual-violence-experience-CIHRTeam-Grant-TE3-138302

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Behind the Research Dr Christine Wekerle

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