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# THE IMPACT OF ABUSE ON MALES



by **Duncan Craig**

I founded and now run Survivors Manchester, an organisation that supports boys and men who have suffered any form of sexual crime, such as abuse, exploitation or rape. We help them empower themselves to regain some control over their lives, and to start living based on the present and the future rather than the past: it's about giving hope that they can move forward from the appalling experiences they've had. We have a website and a helpline which people can access anonymously, and then we have formal counselling, psychotherapy, EMDR, emotional support, a peer support group, a psychotherapy group, support with going to the police and going to court, and an Independent Sexual Violence Advisor. As well as the ISVA there are four therapists, including me, and a project worker.

When I was training to be a psychotherapist, my placement was within a primary care mental health team in the NHS. I was the only male on that team, and so whenever the GP referred a patient who wanted to see a man, inevitably that would come to me. I began to notice that although the referral said depression or anxiety, more often than not their underlying issue was either past sexual abuse or physical abuse. We worked together and often uncovered a history of trauma. But after we had had our allotted sessions, often there was nowhere else for me to refer them onto. I did my work with them and then ... nothing.

At the same time, I was beginning to talk to my supervisor and my therapist about some experiences that I'd had growing up.



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I began to realise that when I was 11, it wasn't a 'consensual relationship' that I'd had with a 53-year-old man: it was sexual abuse. That realisation hit me hard, but then I couldn't find anywhere to go with those experiences. So I couldn't find anyone to help me, and I couldn't find anyone for my clients either. That is when I decided that as soon as I had qualified, and as soon as I was personally ready, I would start something for men. That awareness of the need has been borne out because year on year we get busier and busier: where we currently stand, there has been a 45% increase in people using our service from this time last year.

Some of that increase is undoubtedly due to the high profile cases that have been in the media recently. The news has focused on the so-called 'celebrity', and therefore the notoriety of the individual perpetrator. The focus has only rarely been on the victims, and mostly then on the females. Over the next 6-12 months we might see some new high profile cases involving predominantly male victims, and I wonder what the impact of that will be. What most people don't realise with regards to Jimmy Savile and Operation Yewtree is that 40 of those early Savile victims were male. And yet when I say that to people, they are surprised. So there's a whole psychology around that: why don't we remember? Why do we deny it? I really feel that society is not yet ready to accept that males are sexually violated too.



And yet of course boys and men are abused, and the impacts on them are just as devastating as they are for women. For males, abuse seems to attack the very essence of their masculinity, regardless of whether the perpetrator is male or female. It seems to bring into question the victim's identity. I don't just mean their sexual orientation, although that is a factor for some. I mean the questions around 'Who am I? Why am I? Why me?' They are questions that obviously affect female victims too, but for males it is mixed in with society's strong expectations of their gender. Despite evolution, there seems to be something in the public psyche about the macho hunter-gatherer. If a man doesn't feel that, or is confused by that, it makes him ask the question, 'Then what the hell am I?!'

Linked in with that 'defective' sense of masculinity is the sense that 'I should have been able to stop it', 'I should have been able to push them off' - the assumption of power that is inherent to masculinity. Until men understand





the process of grooming and the trickery involved in that, they question themselves and usually take a really hard line with themselves, often more so than women do, in my experience. I think again it's to do with the expectation that society has of 'maleness'. Survivors will say things like, 'I went back and I let that man or that woman do these things to me ...' Their default perspective is that they 'let' the abuse happen - it's an additional layer of self-blame that often feels different and sounds different to women.

Some of the more tangible impacts that I've seen with men is the use of drugs. Statistically speaking, among survivors men are more likely to use drugs whilst women are more likely to use alcohol as a coping mechanism. And in terms of self-harm - this surprises people - young males are more likely to adopt deliberate self-harm like cutting than young females are. From my personal experience I'd say

that's something to do with anger: the way that it is processed and expelled. Every single individual who has ever been violated will sooner or later feel anger, but for a lot of males it gets locked up. When they eventually begin to get in touch with it and start realising, 'That shouldn't have happened!' then the next problem they face is a sense that they can't talk to anyone about it. So that bubble of anger just grows and grows. Some of these angry men then get involved in the criminal justice system, maybe because they are coping with their feelings by using drugs. And in so many ways as a society, we tell these men not to be angry, but they are angry for a very good reason! They have all this stuff that needs dealing with it, they have nowhere to go with it, and then we wonder why they end up in trouble.

As I see it, men do respond slightly differently to women. As a society we still expect females to cry when something bad happens to them, but we expect males to 'man up'. So men have less opportunity to work through their emotions. There is also a significant difference in their biology. For males who have been sexually abused, one of the taboo subjects is that they often experienced erections during the abuse. That's a normal, biological response, but it gets twisted and used by the perpetrator to shift the responsibility and to say, 'See, you must like it.' The boy then internalises that, and at the



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same time as knowing that something really horrible has just happened to him, he has this conflicting information that suggests that he enjoyed it. Females can also experience 'pleasure' during abuse – meaning the stimulation of the nervous system on or near the clitoris, rather than the cognition 'I like this' – and again it's just a biological response that they can do nothing about, and doesn't imply consent or enjoyment or anything like that. But for a male, it's so much more obvious because of the erection, and it's something that is so visible to the perpetrator and can be used as part of the grooming and blame-shifting process. It causes a lot of confusion – around identity and sexual orientation – and a huge amount of self-loathing.

It's always a key issue to talk about when counselling male survivors. I find that whenever I do, the usual response is tears, sadness and relief. There's the utter relief of, 'So that's what that meant ...' On the walls in our counselling rooms we have a diagram of the male reproductive system and we explain what happens when the prostate gland is touched or stimulated, how that can lead to an erection, and how the same thing can happen due to fear. When we explain it, the relief is tangible.

But it's not easy for a man to get to the point of having therapy, of asking for help. Once again, the social expectation on males is that they shouldn't be 'weak', that they shouldn't need help. So that



is an immediate obstacle, and once it is mixed in with the man saying, 'When I was sexually abused as a child, I had an erection' or even, 'I ejaculated, so I must have really liked it' then it makes reaching out for help almost impossible.

As a society, we don't talk about males as victims so we don't know the language: as one client once said to me, 'If you don't have the words to express what you need and what you feel, then silence is the only option.' How can you ask for help if you don't have the vocabulary for it? On top of that, where does a male actually go for help in the UK? Unless you are living in about 3 or 4 areas, you're not really going to have a great chance of getting help. That may sound like a real 'doom and gloom' outlook, but it's the truth. There are a handful of great organisations in the UK who work specifically with males, and there a few more that work with males and females, but there's just not enough support or sufficient services out there. No-one's talking about it, and even if they did there's nowhere to go, so it doesn't empower people to come forward.





Men are held back as well by the myths that abound with regard to male victimisation. The biggest and most dangerous one, which keeps the most people silent, is what has been called the 'vampire syndrome'. It's the idea that if a male has been abused then he will go on to become a sexual offender. To a certain extent, people are quoting statistics when they say that, but they've got them the wrong way around. What we know from evidence and research is that the majority of male perpetrators disclose that they experienced sexual abuse in childhood. But only a tiny proportion of survivors will commit sexual offences: many perpetrators have been sexually abused, but very few abuse victims go on to perpetrate. Actually, in my experience, male victims will go out of their way to avoid being near children – firstly because children trigger them and remind them of their own abuse, and secondly because they have heard the vampire syndrome myth and they are afraid of it. Many survivors that I know have refused to become fathers because of it. It stops them being involved in family life. It isolates them. On a regular basis I hear male survivors who have become fathers saying that they have never changed their kids' nappies – not because they might abuse, but because people think they might, because this myth suggests that it's inevitable that they will abuse if they are given the opportunity. It's incredibly sad.

I do a word association exercise on a lot of the training I deliver to professionals. I say, 'If you think about sexual abuse and females, what is the first thing that comes into your mind?' And the response is usually words like 'rape', 'victim' etc. But if I say, 'If you think about sexual abuse and males, what is the first thing that comes into your mind?' the response is usually words like 'paedophile'. The word 'victim' actually comes down very low on the list. So it's an ingrained societal expectation. The vampire syndrome myth suggests that there is a developmental root to sexual offending. It's saying that the perpetration of sexual abuse is a learned behaviour. I'm not aware of any research proving that it is either learned behaviour or biological. If you look at Finkelhor's precondition theory, it suggests offending as a series of choices or conditions. And we don't talk about adult rape victims like that. We don't say, 'Look out – s/he has been raped, so s/he will probably go on to become a rapist now.'

Working with male survivors is a unique kind of thing and there are a number of pitfalls for professionals. I believe that there is a fascinating dynamic at work when a male therapist is working with male survivors. I can sit with women and talk explicitly about penises and vaginas and use sexual language, and it's been absolutely fine. But it's uncomfortable for men to do the same with other men. I think again it's something to do with



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stereotypes and social norms which mean that men don't tend to talk about those kinds of things with each other, unless they're drunk or high on drugs! They seem to find it much easier to talk at that really emotive, shameful, guilt-inducing level with female counsellors. And so one of the pitfalls for male therapists is colluding with that silencing behaviour. I have to look out for any sense of discomfort around these things, and if it's there in the session then I'll say, 'I've just got this real sense that we're uneasy talking about this stuff, and I'm wondering if that is my stuff or is it just in the room?' And that straightforwardness, that clarity cuts right through it, and it becomes okay.

The other pitfall I've seen when I've been training other therapists is the silent assumption that at some point this male survivor will disclose that he has committed an offence himself. This goes right back to the vampire syndrome myth. It's assumed about male survivors, but not females. People have all sorts of preconceptions working with males,

including the idea that sexual abuse isn't as bad for males – 'At least they can't get pregnant!' and all that kind of nonsense. And the moment we start falling into the pitfalls of having preconceptions about clients, and thinking that we know them and we know their experience, then we're not doing our job properly.

Being a survivor myself, I've also been very aware of the dynamic present in working with other male survivors. We can very easily fall into a drama triangle: into rescuing people, into over-identifying, into improper use of self-disclosure. I have known therapists and supporters working with males who have talked about their own stuff a lot – too much – and then the feeling for the client is that this is all about their therapist, and not about them. And the client can then shift in their frame of reference slightly – they can end up thinking, 'This person's stuff is far worse than mine, and I don't even deserve to be here ...' That's hugely dangerous. All abuse is harmful, and everyone deserves help and support for it.

I try to use self-disclosure as wisely as possible. What is far more helpful is psychoeducation, which I interweave hugely into my therapy and all the services that we provide as an organisation. Partly it came out of a male survivors group I was leading, and the recognition from within that group that society has not taught us as men



to be emotionally intelligent, but it has encouraged us to be 'manual', to know how stuff works. Psychoeducation fits right into that. I just take five minutes to explain to a client, for example, how far inside the rectum the prostate gland is, what the average length of a penis is, and so the inevitable statistic of how likely it is that a male who is being penetrated would have their prostate gland stimulated. I explain the chain reaction that that sets off in the nervous system, with adrenaline, the inflation of the erectile canals, and how that leads to an erection. Just five minutes' psychoeducation can cut through years of shame and stress. It was powerful for me personally. My therapist asked me, 'Do you know how erections work?' and I said, 'Yes, when I really like someone I'll get an erection.' He said, 'No, I mean physiologically?' And I didn't, not really, so he explained it to me, and suddenly years and years of anguish dispersed. That is the power of psychoeducation.

On our therapy wall I also have Carolyn Spring's Grounding Poster showing the three parts of the brain - we use it as a brilliant example of how the three parts of the front brain work in different ways. When I'm talking to people about EMDR, I explain to them about how the brain has become wired to feel scared about a certain thing, so what we need to do is to rewire it. A lot of men can relate to that kind of language, and it helps them become a lot more engaged

in their therapy. I also do it to explain diagnoses. For example with PTSD, I say, 'Let's just drop the 'D' and focus on the 'PTS' - it means stress after you've been traumatised. Do you believe you've been stressed after you've been traumatised?' And they say, 'Of course, yeah!' and suddenly the whole thing becomes clearer to them and less intimidating, less 'dysfunctional'. I feel really strongly that as therapists we should pass on what we know. When I signed up to be an ethical practitioner, I signed up to do no harm to a client. I signed up to do everything I possibly could to benefit that client. So it really angers me when therapists have some element of information that could educate - and liberate! - a client and yet they do nothing with it. That, to me, is not ethical.

Knowledge is power. And in working with the powerlessness of people who have been sexually abused, it is vitally important. We can help to explain their symptoms and enable them to make sense of what has happened to them, which is key on their route to recovery. Somebody once said, 'Recovery is a journey, not a destination' and I think that's very true. The first part of the journey is often a disclosure to yourself, an acknowledgement that you were abused. And then the next step is often a disclosure to somebody else, which starts a process of revealing yourself. To begin with it might all be anonymous - it might be that they have rung a few



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helplines, or looked at some information on the internet, and it has sparked in them the concept that this stuff might relate to them and that there might be help available. So they might ring up, ask for an appointment, have an assessment and then they are in therapy. It's at that point that there is another level to their disclosure, to their self-revealing. It uncovers things that they hadn't recognised as abuse, or things that they've forgotten about. Therapy is a process of exploration – two people sat in a room both wondering what on earth is going on, but both prepared to explore. It's not two people who know it all. It's a shared venture, both starting out from a place of not knowing.

It's hard for a lot of people who have a high level of dissociation, where there may be no awareness or memory of whole chunks of their trauma. But if the

therapy is properly a safe space, they can get to a point where they are ok with not knowing. There are large parts of my trauma that I can't remember, but I'm alright with the not knowing. I sometimes think that I will know, but sometimes I think that I won't. In therapy, I'm ok with the not knowing, but also with the exploration and the possibility that the not knowing might turn into knowing. Clients often say to me, 'But I need to know!' And I say, 'But why?' They say, 'So we can talk about it.' 'Okay, why do you need to talk about it?' 'So you can understand me.' 'But I don't need to know that information to understand you as a person. I'm understanding you as a person as you are now, because you're telling me about you.'

Then there is the issue of 'I don't know how many times I was raped.' I have to think: how will it help me to know? If it was 6 times, if it was 12 times, if it was 100 times, how will it help me to know? If our brain has done that amazing thing where we've shut down to make sure we don't remember – to protect us – then how will it help us to know what our mind says we shouldn't know? I think that's a question that everyone has to work through for themselves.

So recovery is a journey, and people are at different stages of it. A lot of people are beginning to wake up to the realisation that what happened to them as children was abuse, like it was for me,





and some of that awareness is coming through what has been going on in the media since the Jimmy Savile story broke. That is one of the really positive impacts of these recent high-profile cases, that more people are talking about child sexual abuse, and so more people are beginning to come forwards. It's always a balancing act for us as an organisation, to be involved with the media. For just over a year we have been working with the Channel 4 programme Hollyoaks on a male rape storyline. The rape episode was broadcast in February 2014, and we've been working with the cast, the writers and the director on the impact on the character who has been raped. Currently he is a silent survivor, and I wanted them to tell the story of the impact because although rape stories have been told before, no one has ever really focused on the after-effects.

With the Hollyoaks storyline, as with the celebrity cases, there is always a risk that it will be traumatising for survivors. We've wanted the press to report things sensitively and to point towards the support offered by organisations in this field, so that it's balanced and so that people know that there is support and information available. But often when the press report on this subject, they go for sensationalism and in my view some of the newspapers' reporting of Harris and Clifford and others has been wholly irresponsible. It's silenced a lot of people. When victims are attacked on social

media and in the press for 'doing it for the money', it makes people reluctant to come forwards. There has been very little balanced reporting or discussion on the reasons why victims sit silently with their trauma and don't come forwards for years or decades.

Unless we change the way that trials for sexual abuse and assault are conducted, the victim is always going to be traumatised by the court process. We have a system in this country whereby members of the public are jurors, and I think that's right to a large extent, but I do think they need to be properly educated in cases of sexual abuse. Perhaps so that it's fair, there could be in all sexual abuse cases a kind of preamble by an expert witness which doesn't have anything to do with any particular case but which is the same information delivered to all juries – a briefing along the lines of the normal physiological and emotional responses to trauma, and how males and females may react differently. Judges need that same information too. In fact I think the judiciary as a whole really needs to look at how we work with sexual abuse cases and how we handle it in court so that justice really is done, rather than the victim being blamed for 'letting' the abuse happen because they are in a freeze response, and that being interpreted as consent.

There's still a long way to go with the police on this issue as well. I've been



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working with Greater Manchester police for about five years now, in a strategic planning role and also in terms of training officers who deal with male abuse victims. In order to be a Specially Trained Officer (STO) – a ‘Nightingale Officer’ as they are called in Manchester – they have to complete a week’s training, and I take a class in that about male victims. It’s a start, but detectives still need much more continuing professional development, about sexual abuse generally and specifically about the impact on males. When it comes to male victims we’re often the group that trails behind. So when policy is being written and training is being delivered, often there is talk about Child Sexual Exploitation (CSE), and Child Sexual Abuse (CSA) and adult rape and other serious sexual offences, but the voice of male victims is rarely heard.

There are a couple of public enquiries taking place at the moment which I have been involved in and I keep saying, ‘If we’re going to talk about safeguarding children then we should really be engaging with adult survivors.’ They say, ‘Why?’ And I say, ‘Because those are the people we’ve failed. If we could go to them and ask them what would have helped when they were children, we could learn from the past.’ It’s that old saying attributed to George Santayana that ‘Those who cannot learn from history are doomed to repeat it.’ So in all the current debates and inquiries, I feel very strongly that we need to keep adults who have been abused as children – including men – in focus, because they are too often a forgotten population. •

