

Sexual Abuse in Boys and Men: Clinical Considerations

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New England (HHS Region 1)

MHTTC

Mental Health Technology Transfer Center Network

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STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED AND
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS



Dr. Joan Cook is a clinical psychologist and Professor in the Yale School of Medicine, Department of Psychiatry. She has over 100 peer-reviewed publications in the areas of traumatic stress, geriatric mental health and implementation science fields. Dr. Cook has worked clinically with a range of trauma survivors, including combat veterans and former prisoners of war, men and women who have been physically and sexually assaulted in childhood and adulthood, and survivors of the 2001 terrorist attack on the former World Trade Center. She has served as the principal investigator on seven federal grants, was a member of the American Psychological Association (APA) Guideline Development Panel for the Treatment of PTSD and the 2016 President of APA's Division of Trauma Psychology. Since October 2015, she has published over 100 op-eds in places like *CNN*, *TIME*, *Newsweek* and *The Hill*.

Sexual Abuse and Assault of Boys and Men: Prevalence, Effects, and Clinical Considerations

Joan M. Cook, Ph.D.

Yale School of Medicine
Department of Psychiatry



Purpose of the Presentation

- Review prevalence and potential negative consequences of sexual abuse/assault in men
- Discuss reasons why male survivors may not disclose these traumatic experiences or seek related mental health treatment
- Highlight how our team used a community-based participatory framework to partner with male survivors in research
- Discuss clinical considerations when working with male sexual trauma survivors

If this stadium were full of males, approximately how large a segment of the attendees would you estimate had been or will be victims of sexual abuse?



National Intimate Partner and Sexual Violence Survey (NIPSVS)

- Best estimates of prevalence of sexual violence in men.
- **Why?**
 - It's self report via phone survey, not derived from criminal justice reporting. Because sexual violence is the most underreported form of crime, so we can't rely on FBI crime stats to give us accurate picture.
 - The NIPSVS has a much more expansive definition of sexual violence (i.e., not solely rape or being penetrated). It does a better job of capturing male experiences of sexual violence.

How Many Male Survivors?

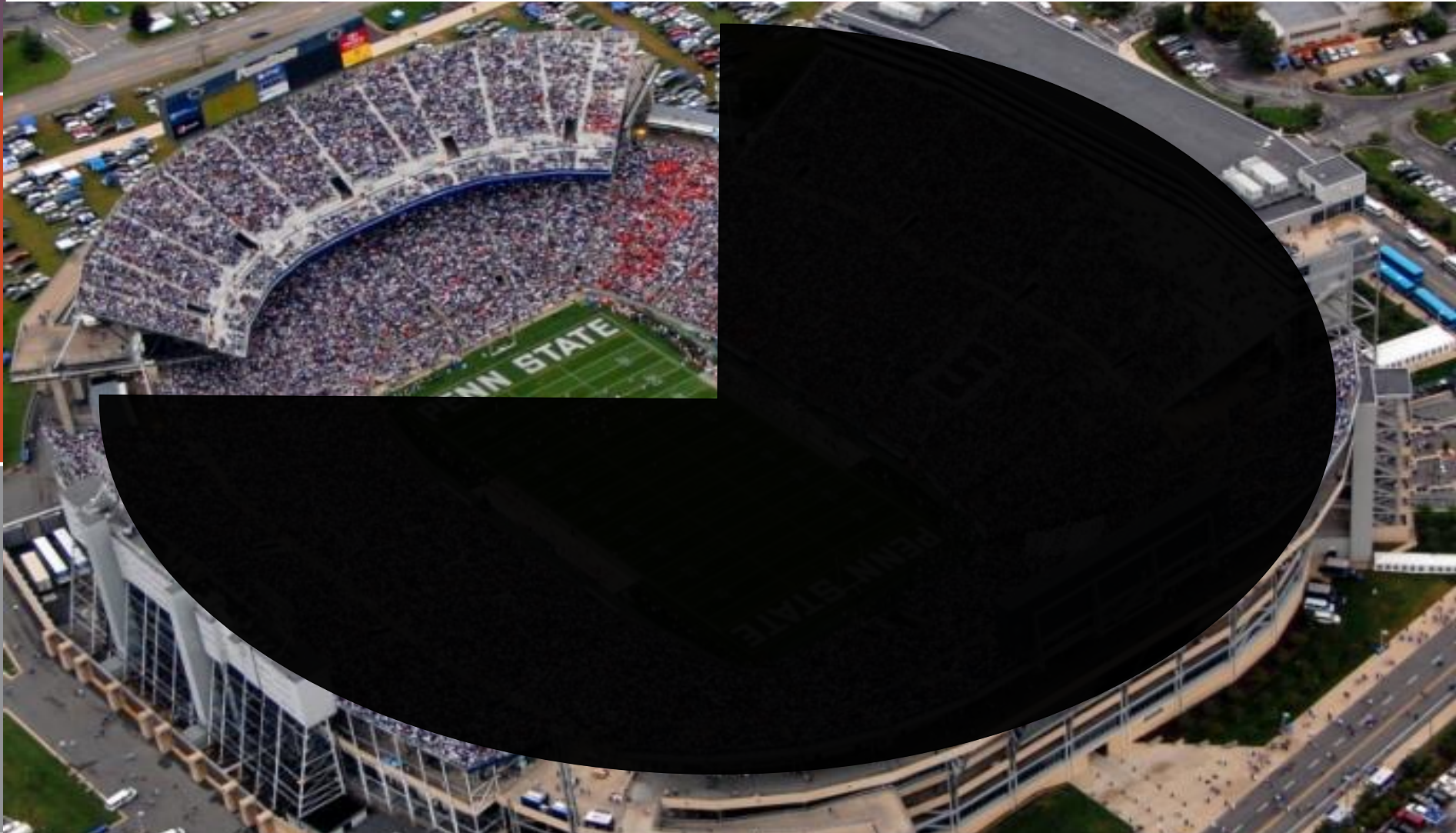
| Prevalence | % | (95% CI) | Estimated number of survivors |
|---|-------------|--------------------|-------------------------------|
| Rape (Lifetime) | 1.7 | (1.3-2.2) | 1,971,000 |
| Completed forced penetration | 0.7 | (0.5-1.1) | 834,000 |
| Attempted forced penetration | --- | --- | --- |
| Completed alcohol- or drug-facilitated penetration | 1.1 | (0.8-1.6) | 1,308,000 |
| Other sexual violence (Lifetime) | 23.4 | (21.8-25.0) | 26,590,000 |
| Made to penetrate | 6.7 | (5.7-7.8) | 7,610,000 |
| Sexual coercion | 5.8 | (4.9-6.7) | 6,558,000 |
| Unwanted sexual contact | 10.8 | (9.6-12.0) | 12,238,000 |
| Noncontact unwanted sexual experience | 13.3 | (12.1-14.7) | 15,150,000 |

Source: CDC 2011 National Intimate Partner and Sexual Violence Survey

How Many Male Survivors?

| | N | % |
|---|------------|------|
| Rape | 1,971,000 | 1.7 |
| Other Sexual Violence | 26,590,000 | 23.4 |
| Estimated # Sexually Abused Males in US (Total) | 28,561,000 | 25.1 |

How Many Male Survivors in this Picture?
(*assuming all males)





FACTS

- 1. Boys and men can be victims of sexual abuse and rape.
- 2. Most sexual abuse of boys is NOT perpetrated by homosexual males.
- 3. A boy or adult male can experience an erection, sexual arousal, and even

FACTS

Facts about Male Sexual Victimization

FACT #1 – Boys and men can be victims of sexual abuse and rape.

It is clear that boys and men experience sexual victimization at much higher rates than is commonly presumed. According to research, at least 1 in 6 boys are sexually abused in childhood and 1 out of every 4 males will experience some form of sexual trauma in their lives :



- Adverse Childhood Experiences Survey data and poly-victimization research indicate that sexual abuse survivors also often experience other forms of trauma and abuse.
- Boys and men who experienced sexual abuse are largely overlooked, stigmatized or shamed by the public, and sometimes by health care professionals.

Male Sexual Trauma Survivors

- At risk for a wide range of medical, psychological, behavioral, and sexual disorders.
 - Posttraumatic stress disorder (PTSD), substance abuse and dependence, depression, anxiety, and suicidal behavior
 - Sexually transmitted infections, risk for human immunodeficiency virus (HIV), and sexual compulsivity
 - Educational, occupational and relationship difficulties



Male Survivors

- Other very prominent psychological symptoms:
 - Intense anger, especially when feeling threatened or betrayed
 - Feeling ashamed, damaged
 - Worried about masculinity or sexual orientation
 - Sexual functioning difficulties, such as low sex drive or erectile problems
 - Risky behaviors or unsafe sex
 - Difficulty trusting others
 - Trouble with sleep, focus, or memory
 - Chronic pain, digestive or urinary problems
 - Eating problems or negative body image



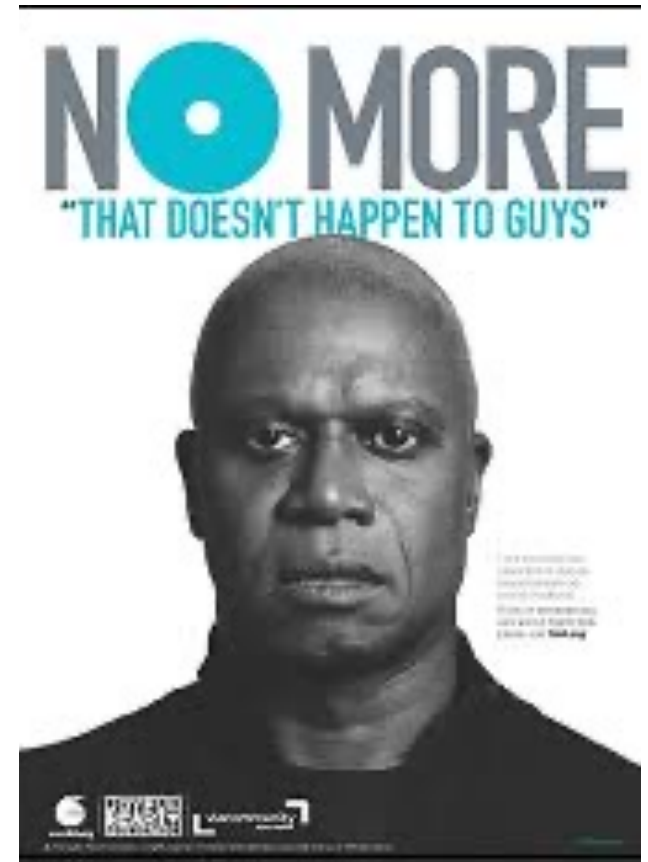
Sexual Abuse in Males

- Male survivors are less likely to
 - disclose or report abuse
 - identify unwanted sexual experiences as abusive
 - seek support/treatment for abusive sexual experiences
- Societal biases in the form of
 - **male rape myths** (e.g., men can't be raped)
 - **toxic masculinity** (e.g., real men don't need help)can lead to an unwillingness to disclose and downplay any connection between abuse and long-term impact.



Male Survivors

- Traditional gender socialization teaches that boys are:
 - Powerful
 - Invulnerable
 - Should never cry or experience sadness
 - Should always welcome sexual activity



Some of the Toxic Messages/Myths about Male Sexual Abuse

- Men can't be raped/assaulted.
- Men are lucky if the perpetrator was female.
- Victim = weak.
- There are no resources for males.
- Men who have been abused will become an abuser and/or gay.



Some of the Toxic Messages Male Survivors Internalize

- The abuse was my fault.
- I'm not worthy of being helped/I'm broken.
- If I tell, no one will believe me/people will hate me/it will shame my family.
- Perpetrator will hurt me/my family.
- "My body betrayed me."



Male Trauma Survivors

- Male survivors' participation in health care seems different, and often far more limited, from that of female survivors.
- We know little about male survivors':
 - Decision to enter and receive mental health services
 - Disclosure of trauma experiences to providers
 - Engagement in research



Yale – Male Survivor Partnership

- MALESURVIVOR
 - Non-profit organization started in 1998
 - Conduct clinical and non-clinical trainings around the world
 - Provide direct support to survivors and loved ones throughout the U.S. and Canada
 - Host most visited online discussion forums and chat rooms for male survivors and loved ones



MALESURVIVOR
Hope. Healing. Support.

Yale – Men Healing Partnership

- Men Healing
 - Non-profit organization provides a wide range of services
 - [Weekend of Recovery](#) (WOR) and [Day of Recovery](#) (DOR) retreats
 - [Beyond Survival: Voices of Healing](#): video series that highlights individual journeys of healing
 - Beyond Survival: Evenings of Hope: community outreach events



Yale-Male Survivor-Men Healing: An Equitable Partnership

- **Community-based participatory research framework**
 - Based on **inclusion** and **empowerment** through a **collaborative** relationship
 - Designed to **minimize power differences** and **share power**
 - **Co-learning process** – learning is **bidirectional**
 - **Cultural humility** emphasizing openness to ideas and exchanges



Partnership Activities

- We engaged in:
 - Focus groups
 - Posed open-ended questions to key Male Survivor (MS) discussion boards
 - Conducted a survey on MS website
 - Discussions at multiple scientific and survivor meetings
- We collaborated on:
 - Creation and dissemination of training materials
 - Two videos
 - One brochure
 - Repository of top-voted research questions



Amy Ellis, Ph.D.



Vanessa Simiola, Psy.D.

What Do Male Survivors Want from Research?

1. What is the impact of sexual abuse on men's emotional functioning, including: is it possible to be happy?
2. What is the impact of sexual abuse on men's sexual functioning?
3. What are the resilience factors among men that help to prevent associated emotional distress or help them heal from sexual trauma?
4. How can male survivors who are struggling alone in the community be reached and find they are not alone?
5. How can male survivors access solid clinical and research information?

What do Male Survivors Want from Research?

6. How are alternative forms of medicine (e.g., meditation and yoga) related to recovery from trauma?
7. What are the methods/tools that work and can help men heal from trauma?
8. What is the impact of sociodemographics (e.g., race; sexual orientation) in terms of male survivors' mental health symptoms, treatment engagement and outcome?
9. In what ways can peer groups be harnessed to promote men's recovery and reduce their isolation?
10. What can be done to prevent sexual abuse of boys and men, including how to identify the perpetrators?

Understanding Men's Mental Health Treatment Engagement

- Male survivors of sexual abuse delay disclosure on average for 20-25 years.
- Low number of men seek psychological services
- Pursuing therapy and disclosure of sexual abuse comes with stigmatization
- Seeking help may, for some, be a contradiction to masculine norms (be strong, don't ask for help)

Understanding Male Survivors' Mental Health Treatment Engagement

- 88 individuals who were members of the MaleSurvivor website
- 60% received psychotherapy in past 90 days
- Majority reported 3-4 Adverse Childhood Experiences
- 56% PTSD
- 82% Mild depression
- Those who were in treatment had statistically significantly higher scores on depression ($d = .56$) compared to those who did not receive treatment

Most and Least Helpful Elements of Treatment

- 53 responded to most helpful elements
 - Peer support
 - Individual therapy and validation
 - Specific interventions (e.g., mindfulness)

65 responded to least helpful elements

- Not having trauma-informed therapists
- Financial or access barriers

Taken Together – PCORI Engagement Award

- One of the most important things was reaching out and helping male survivors sooner.
- The power of peer support and how that was paramount to healing.
- Depression was related to mental health engagement
- There's not enough on underserved/marginalized male survivor populations.



Healing
from Sexual
Trauma
is Possible
at Any Age



Little Research on Treatment

- Meta-analysis: effects of psychotherapy with adults sexually abused in childhood
 - Six out of 44 studies included male participants
 - Of those, the majority were female Taylor and Harvey (2010)
- Male veterans with military sexual trauma were less likely to receive related outpatient services and received less intensity of services in the 12 months after screening than female veterans

(Turchick, Pavao, Hyun, Mark & Kimerling, 2012)

- Study of Cognitive Processing Therapy for veterans who experienced military sexual trauma, veterans experienced symptom reduction over time.
 - But, women improved at a greater rate than men on self- and clinician-reported PTSD symptoms.

(Voelkel, Pukay-Martin, Walter, & Chard, 2015)

Barriers to Disclosure/Help-Seeking for Male Survivors

- Therapists who specialize in the treatment of men who were sexually abused in childhood identified numerous barriers across three broad domains
 - Intrapersonal Experience
 - Social Milieu
 - Health Care Environment

Gruenfeld, Willis, & Easton, 2017



Barriers: Intrapersonal Experience

- **Painful feelings**
 - Often feel complicit with the abuse
 - Perpetrators told them they “wanted it”
 - Tremendous shame and guilt
 - “Why me? Why was this done to me and not to any other boy/man?”
- **Lack of language and self-engagement**
 - Lack of words to describe the abuse and feelings about it
 - Difficulty recognizing link between current difficulties and abuse
 - Denial, minimization, dismissal of links

Barriers: Social Milieu

- **Internalized social stigma**
 - Think they should be like John Wayne and “man up”
 - Vampire theory – think that a boy who is abused will grow up to be an abuser
 - Fears of being viewed as gay keep them silent
- **Negative, adverse or inadequate responses**
 - Previous disclosures of not being believed, shamed or blamed
- **Social loss of judgement**
 - Fear of encountering loss or judgment from others
 - Fear of being seen as weak, vulnerable, hopeless, or losing social credibility
- **Masculinity identity dissonance**
 - For some men, sexual abuse is experienced as a form of “feminization”
 - See self as other than or less than a man

Barriers: Health Care Environment

- **Structural barriers**

- Limited opportunities for successful disclosure
- Services not friendly towards men, particularly those struggling with their own violence or aggression
- Providers may not consider sexual trauma and respond with inadequate treatment

- **Relational challenges with therapists**

- Fear authority figures
- Difficulties with trust, afraid to feel exposed

- **Unhelpful therapeutic strategies**

- Professionals who are unfamiliar or uncomfortable
- Acknowledge trauma but unwilling to engage with trauma material
- Reinforce secrecy and shame

Barriers to Therapeutic Engagement: Listening to Male Survivors

- **“Motivation” to engage in treatment**
 - Stigma
 - Don’t know where to go to access treatment
 - Cost
 - Concerned about the power differential between therapist and themselves
- **Concerned about developing a connection with treatment providers**
 - Fear of being judged or ridiculed
 - Fear of not being accepted or understood
 - Not wanting to be treated like something out of textbook

What Helped the Most - Changing Thinking and Feeling about the Abuse

- Having their story heard, believed and accepted without judgement
- Changed perspective of abuse and/or of themselves through the course of treatment
 - Recognize and understand that they had been abused
 - Recognize that they were not responsible for what had happened
 - That someone else had taken advantage of them
 - The abuse was not their fault (even if there were aspects of the experience/connection, they enjoyed)
 - Understanding the effects of abuse
 - Developing an identity distinct from the experience of abuse

Turning Points for Men with Sexual Abuse Histories

- **Influential relationships**

- **Professional and group support**

- Counseling and therapy (reaching out for help, calling a hotline, scheduling an appointment)
 - Peer groups (being introduced to, getting to know, and interacting with other survivors)

- **Personal relationships**

- Relationship threat or loss (having severe difficulties; other person said, “Get help or I’m leaving”)
 - Positive relationships (strength and support of relationship with spouse, close friend or child)

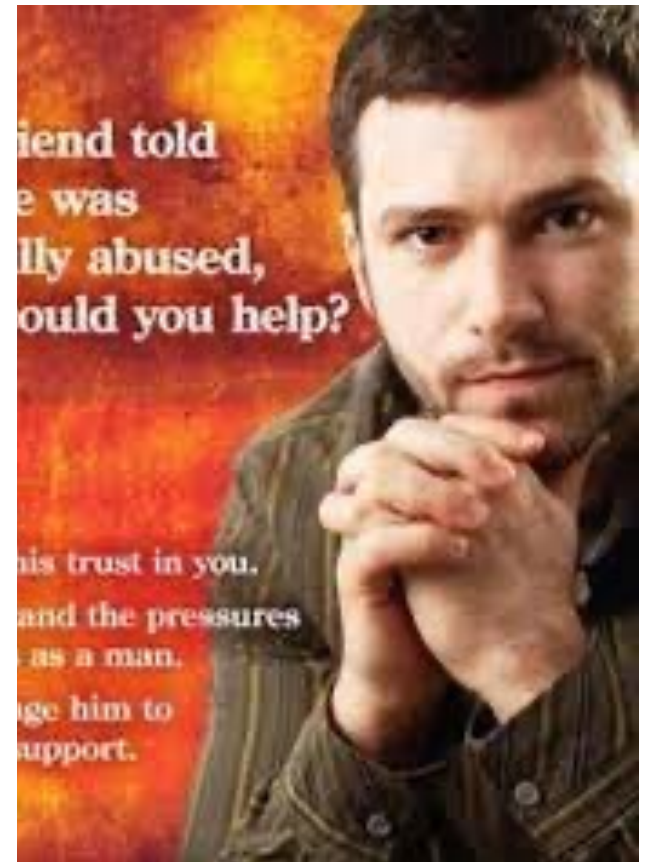
Turning Points for Male Survivors

- **Insights and new meanings**
- **Cognitive realizations**
 - Acknowledgement of the abuse as abuse
 - Made the connection between the difficulties they were having and the abuse
 - Attribution of blame
 - Other male survivors
- **Necessity to change**
 - Tired of living in pain and suffering
 - Hitting rock bottom
 - Getting sober
 - Trauma reactions
 - Facing one's mortality (suicidal ideation, attempts or close calls with death – heart attack, accident)



Turning Points for Male Survivors

- **Action-oriented communication**
- **Disclosure of sexual abuse**
 - Therapists
 - Family and friends
 - Public (advocacy campaigns, news)
- **Pursuit of justice**
 - Official filing and reporting to authorities (district attorney, police, church officials, joining a class action suit or taking part in legal proceedings)
 - Advocating for or helping others
 - Facing an abuser



What Needs to Be Done: A Tall Order

- Increase public awareness
- Facilitate positive disclosure experiences – what are the best ways to respond
- Increase awareness, advocacy and training of professional workforce (health care, law enforcement) about male survivors including the myths and attributions that survivors are subjected to
- Help hospital (urology, internal medicine) and law enforcement with collection of evidence from as well as care to survivors

What Needs to Be Done: A Tall Order

Enhance access, quantity and quality of male centered services and resources

- Outreach and marketing (e.g., gender neutral or male specific literature, materials in waiting room)
- Limited awareness of male survivors needs and access to therapy
- No or few services at places like sexual assault crisis centers; And if have them, need them to be more visible
- Available resources for partners, children of male survivors to help them understand as well as come to terms with own grief and anger

MEN You are not alone in overcoming military sexual trauma

Veterans of all backgrounds have experienced MST, regardless of factors such as physical size, age, race, or sexual orientation.

COMMON STRUGGLES REPORTED BY MEN

- MASCULINITY WORRIES
- SEXUAL CONCERNS
- RELATIONSHIP PROBLEMS
- ANGER
- SHAME
- RECKLESS BEHAVIOR
- SLEEP TROUBLE
- CHRONIC PAIN
- PANIC OR ANXIETY

MST IS NEVER YOUR FAULT

YOU ARE NOT ALONE
Almost half of all Veterans who tell a provider they experienced MST are men.

It takes a lot of **COURAGE** and **STRENGTH** to speak up.

There are many steps you can take to **MOVE FORWARD** after MST.

IT'S NEVER TOO LATE, AND IT'S NEVER TOO SOON

- VA has free MST-related services available for Veterans
- You may be able to receive MST-related services even if you are not eligible for other VA care
- No documentation of the MST experience is needed to get care
- Every VA has an MST Coordinator to help access services and resources
- Contact your local facility and ask to speak to the MST Coordinator for more information

Visit www.mentalhealth.va.gov/msthome.asp to learn more about MST and the recovery programs and services available at VA.

VA | U.S. Department of Veterans Affairs
VA Cares About Military Sexual Trauma
April 2016

Clinical Considerations

- Many male survivors who suffer from trauma reactions do not often associate their symptoms with their trauma experiences, placing them at a disadvantage in assessment and treatment planning.
- Similarly, many professionals to whom male survivors turn for services and relief may not recognize the traumatic origins of symptoms resulting in misunderstanding, misdiagnosis and mistreatment.

Considerations Assessment and Treatment

- Screen comprehensively for potentially traumatic event exposure because many individuals will have experienced more than one type of event and/or more than one event of the same type.
- If we don't ask, they won't tell!



Clinical Considerations

- Establish rapport and trust (e.g., provide emotional safety for patient).
- Provide opportunities for disclosure.
- Remember the goal is NOT for the patient to disclose all the details, but rather to feel safe, develop trust, and ultimately become more functional.
- Relatedly, we can help male survivors plan and manage future disclosures to family members, friends.

Psychotherapy with Male Survivors

- Combine trauma focused treatment to facilitate working through the emotional and cognitive legacies of abuse and assault
- With psychoeducational elements to facilitate analysis of survivors' internalizations of masculinity and male rape myths and how those internalizations might be interacting with legacies of abuse

(Lisak, 1995)



Challenge Myths of Male Sexual Abuse

- ***MYTH: Men cannot be forced to have sex against their will.***
 - FACT: Any individual can be forced to have sex against their will. If someone does not want to have sex, or is not able to give fully informed consent, then they are being forced or coerced into unwanted sexual activity.


- ***MYTH: Men who become sexually aroused or have an erection when assaulted must have wanted it or enjoyed it.***
 - FACT: Many, if not all, male survivors have experienced unwanted or unintentional arousal during a sexual assault. Men often get erections in painful or traumatic situations. Arousal from abuse can be confusing for survivors of assault. But, like our heartbeat or shallow breathing, physiological reactions, like erections, are often outside our control.

Challenge Myths of Male Sexual Abuse

- **MYTH: Men should welcome any opportunity to have sex.**
 - FACT: Every human has the right to consent to or reject any sexual experience. The idea that “real” men should want to accept every sexual experience is also the product of the societal concept of masculinity.
- **MYTH: A man should be able to defend himself against sexual assault.**
 - FACT: Men experience violent crime including sexual assault every day. Perpetrators against men often use violence, threats, take advantage of intoxication, and coercion.

Myths About Male Survivors Seeking Mental Health Support

- **MYTH: Boys and men should not cry or experience sadness**
 - FACT: Sadness is one of our basic human emotions. All humans experience this emotion from time to time.
- **MYTH: Seeking help makes you weak or means that you're crazy**
 - FACT: Seeking help means you recognize areas you want to work on and are willing to do so.



You are not alone.
It was not your fault.
It is possible to heal.
It is not too late.



Thank You for listening!

If you have any questions or want related
resources,

please feel free to reach out:

Joan.Cook@yale.edu

Upcoming Events:

NOV



16

Supporting the Resilience of Young LGBTQA+ Black, Indigenous, and People of Color: A Let's Talk...

Young people with intersecting LGBTQ+ A and BIPOC identities are incredibly resilient. At the same

NOV



17

How Clinicians can Facilitate Positive Change and Post-traumatic Growth Following an Episode of...

This webinar will focus on how clinicians can support positive change and posttraumatic growth among

NOV



22

Art, Brain, and Healing

In this presentation, I will provide an overview of three questions: how the brain processes art and

DEC



01

Early Intervention for Psychosis in Young People: A Lived Experience and School Perspective

Join us for this listening session to gain insight on the early signs and symptoms of psychosis

DEC



07

Compassionate School Practices: Alleviating Stress and Furthering Well-Being - Learning Forward...

/*-->*/ In 2020 and 2021, we have all been impacted by significant stress and collective traumas

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Contact Us

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New England (HHS Region 1)

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