



Men: Disclosure and Coping with the long term effects of childhood sexual abuse: Implications

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Is telling a good thing?

- Intuitively YES
- But then what happens?
- Historically most disclosures at the time are not responded to appropriately or adequately (Easton 2013, O'Leary, Coohey & Easton 2010)
- That is why research indicates that disclosure can be predictive of a severer outcome (Easton 2013 and O'Leary, 2009)
- Second assault phenomena arises from disclosure
- Delayed disclosure or discussion is not only about barriers but also part of exercising judgment about safety to be able tell.
- What does disclosure tell us about coping?



Disclosure

- <http://www.youtube.com/watchv=XM6ZErOn3LE>

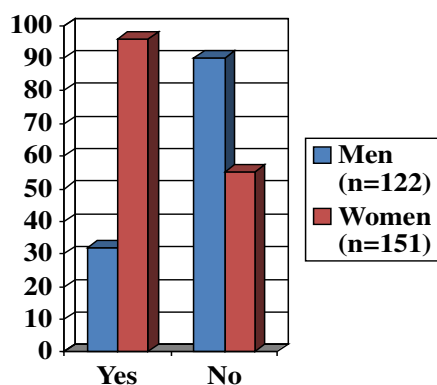
Questions about Disclosure

- Is delayed disclosure changing now? Is it more possible to disclose now than in the past, for both children and adult survivors?
- Is the decision to not disclose not only about barriers, but also so something inherent in the experience?

Disclosure of Child Sexual Abuse

- An important factor that may determine whether early disclosure is helpful is the quality of response that the survivor receives.
- When a child receives a non-supportive, non-believing, or hostile response, this can add to the shame and trauma surrounding the sexual abuse and contribute to mental health problems (Feiring et al. [2002](#)).

Disclosure



- Males are significantly less likely to disclose child sexual abuse at the time.
- This consistent across a wide range of studies
(O' Leary & Barber, 2008: Gender differences in silencing following childhood sexual abuse., Journal of Child Sexual Abuse, 17(2) 133-143)



**For over 20 years
I thought it was
my fault ...**

**living
well**

A Queensland resource
for men who have experienced
child sexual abuse or sexual assault

livingwell.org.au

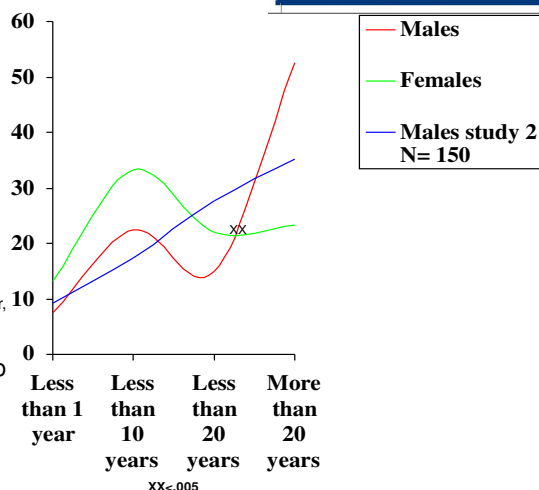
Limited disclosure

Boys are less likely to disclose at the time sexual abuse occurs than girls (Paine and Hansen, 2002; O'Leary and Barber, 2008).

Men typically discuss being sexually abused in childhood 10 years later than women – on average 22 years after the assault (O'Leary and Barber, 2008; O'Leary and Gould, 2009).

Men are one and a half times less likely than women to report a sexual offence to police (Pino and Meier, 1999).

Men are more likely than women to make a selective disclosure. (Hunter, 2011)



Disclosure and Effects

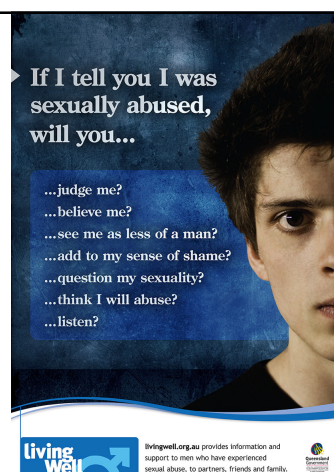
- Male and Female survivors who told at the time were associated with increased psychosexual problems (Easton, Coohy, O'Leary, Zhang & Hua, 20011)
- Abuse severity, telling at the time, and not discussing their experience within one year of the abuse, were associated with poorer mental health outcomes (O'Leary, Coohy, & Easton, 2010)

Disclosure and Men

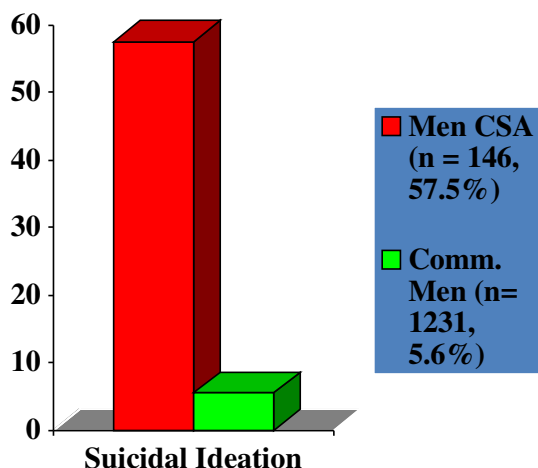
- Most men who told someone about sexual abuse in childhood did not receive an emotionally supportive or protective response (Easton, 2013). Responses to disclosure across the life course were mixed.
- Easton (2013) found that on average men delayed telling anyone about child sexual abuse (mean = 21.38 years) and discussing the experience (mean = 28.23 years)
 - Mental health effects were moderated by the timing of disclosure, quality of response, and support from a spouse or partner

Barriers to disclosure

- Tactics of the Perpetrator to maintain secrecy and silence
- Structures in which sexual abuse occurs
- Confusion, guilt, fear, shame, embarrassment.
- Restrictive ideas of manhood
- Questioning of his sexuality
- Protecting and concern for the impact of disclosure on others
- Suggestions he might become a perpetrator
- Lack of identified services or support



Suicidal Ideation



- Men who were sexually abused as children were **10** times more likely to report suicidal ideation ($\chi^2 = 356.36, d.f. = 1, p < .001$)
- 46% of CSA men had attempted suicide at sometime
- Comparisons of men who were classified or not with a psychiatric diagnosis according to GHQ clinical thresholds were compared with their reports of attempted suicide showed no significant difference between the groups ($\chi^2 = 1.56, d.f. = 1, p = 0.05$).
- **Suggesting that psychiatric diagnosis alone does not account for suicide attempts amongst this group**

Suicidality

Factors influencing increased suicidal thoughts/actions following experiences of sexual violence are:

- Feeling isolated and alone
- Acting violently and aggressively
- Blaming themselves for the abuse
- Feeling fearful and anxious
- Using alcohol and drugs

O'Leary & Gould (2009) 'Men who were sexually abused in childhood and subsequent suicidal ideation: Community comparison, explanations and practice implications' British Journal of Social Work, 39, pp. 950-968.

- Loss of hope Spokas et al 2009

Sex abuse led to 26 suicides says policeman

Nick McKenzie and Richard Baker
July 30, 2011

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AS MANY as 26 Victorians have committed suicide after being abused by two notorious paedophile clergymen, according to information gathered by a senior Victorian detective.

In interviews with a university researcher, Detective Sergeant Kevin Carson of the Ballarat Crimes Investigation Unit has revealed that during his investigations into Father Gerald Risdale and Christian Brother Robert Best - which led to both being convicted - he discovered that up to 24 young men had killed themselves in the years after they were abused by one or both of the men.

Detective Carson has recently learned of two more suicides, bringing his count to 26.



Father Gerald Risdale. Photo: Geoff Argent

Risk factors

Feeling isolated and alone

- My family has isolated me, and that's all of them. I've got fuckin' members of parliament in my family, I've got fuckin' solicitors and barristers and all the rest of it, and they don't want to know about it because that'll harm their image to the people (Participant E1, thirty-two years old).
- Yeah, it's quite a detrimental thing I find in my life. Not on life, I'd never ... stretch of the imagination ... And it's got to the point where, you know, I've even got into these bloody pokies [gambling machines] now because it's just, it takes me away for a certain amount of time. And, you know, it's things that I hate doing because I come out afterwards just feeling like shit (Participant P1, forty-seven years old).

Acting violently or aggressively

- I've spent hours thinking about how I might get at him. I've found out where he lives now and I've parked outside with a knife ready to do it, but I don't end up following through and sometimes that just makes me feel worse like I haven't even got the guts to do it, you know (Participant O1, forty-one years old).
- Everything and anything that I could use, anything, if I could cover it up with whatsoever I'd cover it up—drugs, alcohol, fights, lots and lots of fights, lots of violence, more violence the better, the violence was the main thing that helped me bury it (Participant L2, thirty-one years old).

Factors Associated with Suicide

- Four factors increased the odds of suicide attempts in the last 12 months
 - Duration of abuse
 - Use of force during sexual abuse
 - **High conformity to masculine norms**
 - Depressive symptoms and suicide ideation
- (Easton, Renner & O'Leary, 2013)

Coping

- What coping strategies do men favour?
- What coping strategies account for variance in 'clinical caseness'?
- Many challenges in examining coping strategies...
- What are the subjective meanings and manifestations of coping?

Coping and Resiliency of Men Sexually Abused in Childhood

- Substantial heterogeneity in outcomes, with some adults successfully negating psychiatric diagnoses and living functional lives
- Less known about men and coping
- Research is challenging because of proximal factors and differentiating effects from actual acts of coping
- Few large studies on men and coping strategies

Coping Strategies

Preferred:

- Substance Abuse
- Suppression
- Disengagement

Least Preferred

- Religious
- Humour
- Seeking emotional and social support

Different ways of coping

Unproductive coping

- Suppression, withdrawal, denial, internalisation, anger, acceptance that this is my lot in life' .

Productive coping

- Accessing supportive, relevant, targeted information that assists in reducing sense of isolation and self-blame.
- Practical assistance. Working to develop concrete life skills that address the impact of sexual abuse, learning to tolerate emotional distress.
- Talking with someone who is supportive, worker, partner, friend. O'Leary & Gould, 2010.
- Talking with someone who encountered a similar event. Well being enhanced through supporting and helping others O'Leary & Gould 2010; Grossman, Sorsoli et al, 2006; Kia-Keating, Sorsoli et al., 2010.
- Developing sense of hope, positive re-interpretation and growth. Practicing optimism, self understanding, viewing survival and life accomplishments in a positive manner. O'Leary and Gould, 2010; (Grossman, Cook, Kepkep, & Koenen, 1999; Wolin and Wolin, 1993;

Coping strategies (O'Leary, 2009)

(three logistic regressions; overall model 74.3%, 76.1% & 77.1% - correct)

Positive Outcomes (less likely to have a clinical diagnosis)

- Positive reinterpretation and growth
- Use of instrumental social support

Unhelpful Outcomes (more likely to have a clinical diagnosis)

- Behavioral Disengagement
- Suppression
- Acceptance

Unproductive Coping

I buried it [the sexual abuse]. Every time it reared its ugly head I buried it. I put more trash on top of it [violence and drugs] and stomped it down and buried it.. (Participant E1, 32 years old)

Positive coping

- *In the last 7 years things have changed. I gave up drugs. In the light of the truth of what actually happened, I was helped to see it wasn't my fault. It happened when a guy raped my niece and she confided in me, it all came flooding back to me, and I got help. I wasn't alone. (Participant F2, 46 years old)*

Recovery and resilience

Research on Post Traumatic Growth identifies that post a traumatic event growth can occur leading to a greater appreciation and valuing of life, closer, more intimate relationships, increased personal resilience and sense of strength, re-evaluation of life priorities and possibilities.

Implications for policy and practice

- Practitioners need to understand the 'sleepers' effects' of child sexual abuse and be able to recognise behaviours that may be reactions to child sexual abuse.
- There may be lessons from work relating to post traumatic stress disorder, e.g. screening and structured assessment protocols.
- Suicidal assessment should consider CSA
- Extreme violence is rare but forensic implications need to be considered.

- Coping strategies that are practical and offer positive cognitive reframing offer some protection
- Coping strategies that are focussed on suppression, passivity and disengagement are to be avoided
- Resiliency might be enhanced by safeguarding against isolation and further trauma
- Other possible foci for work – anger management, social isolation, trust.
- Public awareness campaigns to challenge myths

Locating CSA as a Public Health Issue for Males



1 in 6 men are survivors of childhood sexual abuse,
we are your grandfathers, fathers, brothers, sons, partners, cousins, friends...

Listen, believe, make our journey easier...