

CARE AND SUPPORT NEEDS OF MEN WHO SURVIVED CHILDHOOD SEXUAL ABUSE

Executive Summary and Recommendations of a qualitative research project

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EXECUTIVE SUMMARY

Introduction and background

This is a report of a Scottish qualitative research project with adult male survivors of childhood sexual abuse. The aim is to improve male survivors' wellbeing, through establishing their perspectives on their major care, support and intervention need throughout the lifecourse; and by making and disseminating a report with recommendations, to improve services and preventive action across all sectors. It has been a partnership between a voluntary sector mental health agency, *health in mind*, and The University of Edinburgh's Centre for Research on Families and Relationships (CRFR), funded by The Big Lottery (formerly Community Fund). The impetus for this survivor-informed research came from awareness of current gaps in research; from long practice experience of *health in mind* and other support agencies that high levels of need were inadequately addressed; and from a *health in mind* Lothian needs assessment in 2004, when only three of 82 responding agencies thought service provision for male survivors was adequate. The Scottish Government also launched in 2005 a national strategy, SurvivorScotland, to improve the wellbeing of, and services for, adult survivors.

Brief literature review

A brief literature review of what is known so far from research on male survivors examines issues such as known prevalence, disclosure in childhood and adulthood, masculinity issues, nature and characteristics of the abuse and the perpetrators, and the childhood and adult impacts of sexual abuse on males. These include mental and physical ill health, a range of risk behaviours, and damaging effects on personal relationships. Professional and practice attitudes to male survivors, such as a sense of inadequacy and fear of "opening the can of worms", are also discussed.

Methodology and research design

A life history methodology was selected to avoid the risk of making any prior assumptions about pathways into particular life situations, or about when supports or interventions would be most helpful; particularly since less is currently known about male than about female survivors across the lifecourse. "Life grids" were used at many of the first of two interviews to assist recall and improve rapport, and these are also discussed. There were 24 participants recruited, 21 of whom gave two interviews. A subgroup consisted of prisoners. Outside that group, it proved very difficult to recruit any men under 30 as they did not come forward. On equality issues gay men and men with disabilities were well represented, but it was difficult to recruit minority ethnic survivors. The interviews were systematically analysed using the qualitative analysis package NVIVO 7. The Project Advisory Group, with wide representation, met regularly and an active survivor consultation group evolved during the research. Several ethical issues are discussed including support for the survivors and the researchers; access to prisons; and anonymity and confidentiality, including an occasion when we were bound to report concern about a perpetrator still in contact with children.

Survivor outlines

Ages ranged from 18 to mid-60s. One third were prisoners or ex prisoners, mainly under 22. Occupations included armed forces, arts, music, social care, counselling, farming, engineering, skilled craft work, medicine, or unemployed. Great majority had had spells of inability to work through physical or mental ill health. Two-thirds were first abused between age six and 10. Many had additional childhood traumas apart from CSA, especially domestic violence. Most perpetrators were male and from outside the immediate family, e.g. neighbours, care staff, family friends, older boys (only large studies could confirm a general difference here with female survivors).

CHILD SECTION

Grooming and gaining access to children

Survivors described a wide range of reasons, including: they were abused by a parent with total control; abuse and violence were endemic in their family environment; they were violently assaulted; the abuser befriended the victim's family; the child was made to feel special and given privileges; emotional dependence was created; an isolated, stigmatised or already victimised child was targeted; perpetrator(s) used authority and secrecy of a closed institution. "Family friends" had in fact often befriended the family first, in order to abuse the child. Apparent problems emerge of sexual assaults by other boys in residential care.

Telling or not telling as a child

Only a quarter of the survivors had tried to tell directly in childhood. Of these, even the youngest group had poor experiences, such as being disbelieved, laughed at by residential staff or being told nothing could be done; being re-abused; being moved, instead of the abuser.

The other three -quarters had been unable to tell directly throughout their childhood. Reasons for silencing included violence and intimidation; the victim didn't see it as abuse at the time; he thought he would be punished; he blamed himself, full of shame and guilt; fear of being taunted as gay, especially by peers; he wished to protect his family; frightened of his family; felt disillusioned after being disbelieved before; or blocked it from his conscious memory. The assumption that peers and adults would call them "poofs" was especially significant in silencing boys.

Childhood effects: anger, aggression and offending

More than half the survivors had shown aggression or disruptive behaviour at points during school. The prisoner group had more extreme behaviour which often led to a spiral of school exclusion, care, residential school, YOI; but they also had additional problems like neglect, violence or parental rejection. School exclusion only encouraged offending and substance misuse. Some survivors had shoplifted or stolen in the desperate hope that someone would detect the problem, or remove them from home or even into prison to escape the abuser, but nobody did. Exclusion for bad behaviour simply meant they missed more school and found a more dangerous environment on the streets. Most teachers viewed negatively as "attention seeking" the range of often difficult behaviour with which children were trying to seek attention that something was wrong.

Isolation, depression, absconding, substance misuse

Some boys turned violence inwards against themselves, took drink or drugs to blot out the pain or became isolated loners. Feeling safer, losing trust in others, being deliberately isolated by the abuser or their peers, being uprooted from siblings or alternating between home and care were among reasons for isolation.

Absconders were running away literally from problems that seemed insoluble. Five survivors had become long distance runners at school. Most had thought about suicide and some attempted it. One pulled his hair and eyebrows out at school, but this was put down to general anxiety. A quarter of the survivor group became addicted to substances before reaching their teens and a third by their early teens. Worrying questions emerge about how far residential care staff are routinely investigating circumstances of abscondings: two boys in recent years were abducted and raped by gangs of strangers while on the run.

Problems with learning and concentration

Almost everyone suffered problems of learning and concentration at school, with under-achievement or even literacy problems till later in life. Many missed chunks of school through illness, truanting, exclusions, moves in and out of institutional care, or frequent family moves involving many different schools, especially through mother escaping violent partners. They described dissociation, spacing out, numbness, blocking, and inability to concentrate on learning after traumatic abuse. Half of the sample recalled being diagnosed or considered to have ADHD. However, most of the survivors did very well at certain subjects, especially sport, arts, drama or creative work and this sustained some self esteem for their later life and career choices. The effects of trauma on concentration at school and educational achievement appear to be considerable.

Sex, sexuality, masculinity and relationships

These were shaped not just by abusive experiences, but by cultural and religious values within their society, area, religion and family. Most prisoners and several other survivors spent their early life in environments of chaotic or abusive. More than half the survivors witnessed violent, sexually abusive or controlling behaviour against their mothers as children. The biggest issue when respondents discussed the topics of sex, sexuality and gender relationships emerged as homosexuality. Both straight and gay youngsters had feared they were gay, and at that time hoped they were not. For most survivors, except the gay participants, the abuse was the start of a lengthy uncertainty about their sexual identity. Several described sexualised behaviour which was not picked up, including carrying girls' knickers in his pocket at school, or acting out sexually on other children at four, being excluded from nursery. Some became fearful, nervous or avoidant of sexual relationships while some began in their teens a pattern of numerous fleeting sexual encounters which avoided emotional issues.

Unhelpful responses as a child

Survivors wish agencies to note uncaring or inadequate responses in their childhoods and to improve their practices. The most negative memories were of punishing difficult behaviour instead of exploring what was wrong; dismissal of distress as attention seeking; misinterpreting or ignoring sexualised behaviour or heavy substance misuse; not caring about children in tough working class schools; simply returning them home or failing to inquire if they ran away; bullying sarcastic teachers and youth leaders; lack of support on leaving care. However, several survivors admitted that they probably wouldn't have told even a kind and helpful professional about the sexual abuse part of their experience (through shame, guilt, etc). A survivor offers some detailed suggestions about types of questioning of children, which might enable them to tell.

Helpful responses as a child

Recollections were similar to female survivors. They had few good memories; they remembered often ordinary people without advanced qualifications who used human skills and empathy, understanding, respect, perceptiveness. These contacts gave them some self esteem for later life though they largely remained unable to tell about the CSA. They included courageous relatives or teenage friends, a school secretary who kept notes of what was happening, a social worker who tried to help, two major Scottish residential schools, a perceptive boss, and wonderful teachers who never gave up on low-achieving or disruptive pupils. One isolated survivor's world view was completely changed by accessing his childhood care records. He discovered that several people had tried to help him, and began to believe in people again.

ADULT SECTION

Jobs, careers, further and higher education

Most frequent problems were the need to catch up on education as adults, low self esteem, stress-related outbursts at work which affected their careers, workplace bullying, effects of psychiatric medications on memory and concentration, inability to work for periods due to mental breakdown or physical illness, and resulting problems with housing and benefits which may not take CSA trauma into account. Some careers were influenced by abuse, e.g. a quarter had been in the armed forces (mostly trying to escape abuser or family) but they usually found it an unsuitable, macho environment where abuse trauma problems were not understood. Some became “workaholics,” in order constantly to avoid thinking and flashbacks. However, almost everyone wished to do well, many had returned successfully to education as adults while some had achieved successful careers particularly in caring, creative arts and music. Support for adult learning and training appears a major issue for male survivors.

Drug, alcohol and other addictions

Many survivors had resorted to drink or drugs as a “crutch”, to blot out memories and avoid thinking, to try and kill themselves, to dull flashbacks or simply to get some sleep. Effects on work, study, health and relationships had often been serious and lasting, and for the prisoners it had resulted in involvement in sometimes serious crime to pay for drugs. Half the survivor group had experienced other addictions such as gambling, “workaholism”, compulsive eating, addiction to anonymous sex in public places, or compulsive self-harming. Heavy drinking was not recognised early and picked up, because young men are assumed to drink heavily in this culture. Most drug and alcohol programmes appeared still to deal only with symptoms; dismissal from accommodation for substance use also put survivors in vulnerable settings such as hostels and streets. Most of the gay men criticised gay support organisations for insufficiently addressing CSA and the damaging aspects of anonymous sex.

Anger, aggression and offending

Anger or despair made some survivors as adults commit quite serious violence on themselves, on objects, or on other people. They gave examples of punching concrete prison walls or hospital walls, punching through a steel locker and permanently damaging a hand, and banging their heads repeatedly. It was common to “lose the rag” when under stress at work or other daily situations, or when taunted by workplace bullies. Some prisoners had attacked other young men for no apparent reason –the lead-up included invading their personal space when they had enough of that as a child; huge fear that they were going to be sexually assaulted; belief that the man was a paedophile. Survivors also described losing their cool by swearing at officials, workmates or managers, especially when there had been triggers about the abuse, or when especially stressed. Current anger management programmes do not appear to address root causes of aggression or “short fuses”.

Sex, sexuality, masculinity and relationships

These emerged as much bigger issues for men than for women survivors. Nearly all described longing for a close loving relationship with another person: some had achieved this but some had never done so. Relationships had often failed through their insecurity or over-control, feeling less than a man, feeling a failure, feeling very distrustful, indulging in fleeting promiscuous relationships to avoid emotion or rejection, or being afraid to have any relationship. But breakup of a relationship with a woman, or an ultimatum from the woman, proved an important factor in seeking help as adults. Strong relationships for some survivors had been very important in restoring faith in themselves and other people and giving them hopes for the future. Gay men were more secure in their sexual identity.

Most male survivors had experienced lay and professional people including social workers and counsellors telling them abused men become sex abusers –this often silenced them from taking the risk of telling. Nine men had children: these were very important to them, often what had most kept them wanting to stay alive. Some said they had been wary around their children due to the cycle of abuse stereotype or had been over-protective. For some, difficulties in intimate relationships including damaging effects of substance misuse had contributed to breakups with long term partners, and subsequent separations from children. Several men had felt very homophobic in past, blaming all gay men for abuse by men. Experiences of Forces' definitions of masculinity were negative - aggression, hiding or ignoring feelings, being unable to express emotion, containing "crazies" who were violently macho.

Mental health issues, including issues for prisons

The survivors had experienced a wide range of often serious mental health effects, ranging from depression, anxiety, panic attacks, flashbacks and eating disorders to psychotic symptoms with visual and auditory hallucinations of the abusers.

They most often criticised over-medication and multiple medications, with effects like "chemical lobotomy"; bewildering range of diagnoses; being treated and restrained as dangerous and violent; lack of recognition of, or skills in, CSA and repeated failure to ask if it was an issue; basic lack of therapeutic and support services in most areas of Scotland; misinformation, e.g. psychiatrist saying gay men abuse children; lack of support for basic self care and housing support when mentally unwell living in community; lack of understanding or sympathy in Armed Forces for mental ill health, unless related directly to effects of conflict .

What survivors had most valued was very similar to female survivors: including good GPs taking time and referring them to good therapeutic services; statutory or voluntary professionals who were knowledgeable, understanding and empathetic about CSA and its effects; ones who gave them respect, self esteem and confidence; services that were not time limited. Counselling had usually been found very helpful. The concern that men find it too feminised or touchy-feely was not borne out. The young prisoners in particular had all found their counsellor invaluable. They cited respect, confidentiality, lack of pressure to talk about anything they did not want, and someone having trust in them as major factors in enabling them to face up to their problems, and find motivation to change and to trust people again. Males appear to have higher support needs with daily living when suffering depression or PTSD.

RECOMMENDATIONS: CHILDREN

NB. Please note further, more specific action recommendations by survivors for schools and youth settings are found below in Appendix 1.

Grooming and gaining access to children

- 1. Public awareness campaigns against sexual abuse, for communities and parents, need to include specific information about boys' vulnerability to abuse; and without invoking over-suspicion of genuinely caring adults, they need to emphasise the role of "family friends", who may befriend families specifically to gain access to boys.**
- 2. Similar awareness-raising is needed across education settings, care settings and young offender settings.**
- 3. Programmes for children aimed at keeping them safer should also convey this information to boys, in age-appropriate ways. Male survivors should be consulted on what initiatives they would like to contribute to work with pupils in schools.**
- 4. Every opportunity should be taken to build upon children's strengths and self-esteem and to help them understand that they have rights. The positive work already being done, even in nurseries and family centres, on boundaries, body image and gender stereotypes, along with self-protection work in schools by agencies such as 18 and Under, should be extended as far as possible throughout Scotland.**

Telling and not telling as a child

- 5. Children and teenagers need easy access to a range of confidential services in their own right. Both male and female children would benefit from much wider access to independent and confidential counselling in schools, along with measures recommended by survivors in this project including more confidential helplines, more opportunities in schools to express what is happening for them through creative arts, and anonymous means of contacting help.**
- 6. In order to encourage children to report, and not to retract through fear when they do, child protection services need urgently to work out multi-agency strategies for addressing the main fears which children have about reporting sexual abuse.**
- 7. In schools and other institutions, fear among boys of being the target of homophobia is pervasive. This homophobia needs to be challenged, before boys will feel free to report sexual abuse or any other sexual assault.**

Anger, aggression and offending

- 8. Boys are greatly over-represented among children excluded from schools. The continuing search for alternatives to exclusions urgently needs to be pursued, particularly for disruptive and aggressive behaviour, and particularly for this group of vulnerable children and teenagers. Teachers should be aware that exclusions put abused children at even greater risk. Children who require to be removed from mainstream for a period of time require alternative units or "assertive outreach".**
- 9. Awareness-raising of the oblique messages which abused children often send out needs to take place in schools and communities. Adults should be wary of labelling children in the negative sense of attention-seeking, and explore what their need for attention may actually be.**

Isolation, depression, self harm, substance misuse

10. Inquiries into all completed or attempted suicides by schoolchildren, into repeated absconding from home or school and into any repeated substance misuse by children or younger teenagers, should include a child protection investigation.

11. Policymakers and practitioners in the care of looked-after children need to ensure that current rules and practice on investigation of absconding incidents are being followed, and to investigate whether these need to be made more rigorous.

12. Since abused children appear particularly vulnerable to bullying and being deliberately isolated, ways of working with bullied children which are sensitive to the possibility of abuse in their background should be developed.

Problems with learning and concentration

13. More specialists in working with the effects of serious childhood trauma are needed, and both schools and residential care settings need to have access to these across Scotland. Otherwise attempts to improve the educational achievement of, in particular, looked-after children may have limited success.

14. The possible trauma basis of some attention deficit hyperactivity disorder requires more thorough, funded research.

Sex, sexuality, masculinity and relationships

15. Sexualised behaviour in schools and youth settings should always be considered as a possible sign of sexual abuse.

16. Schools and youth settings should take the opportunity to locate the challenging of homophobia within a wider discussion of positive and negative aspects of masculinity.

17. A realistic assessment of the scale of the problem of sexual assaults by some children on others in residential care settings, along with action to create a safer environment, is needed.

18. The effects on boys of witnessing domestic abuse towards their mothers, especially in relation to future attitudes to gender relationships, needs further research and action on recommendations of that research.

Who was helpful to them as a child?

19. The findings of the current national review of public records in Scotland, aimed at improving access, quality of record-keeping and future accountability of institutions and services, should be closely studied for their relevance to improving supported access by adult survivors to childhood records in relation to a range of professional interventions in childhood.

RECOMMENDATIONS: ADULTS

Jobs, careers, further and higher education

20. More independent workplace counsellors and/or helplines are needed, especially in the armed forces and in other workplaces where there are fears of the consequences of revealing the nature of the problem.

21. Employers need training, awareness and advice on the specific effects of post traumatic stress disorder (PTSD). This also raises questions about employee protection.

22. Good-practice models in work with people with special needs, in education or workplace settings, need to be shared and widely adopted across the country.

23. Benefits systems need to find ways of recognising and accommodating the effects of trauma while survivors are improving their ability to work.

24. Better access is needed to free or low-cost therapies addressing childhood sexual abuse.

Drug, alcohol and other addictions

25. Drugs and alcohol programmes, in communities or in settings like prisons, need to address any underlying trauma, or very many clients are likely to revert to substance misuse.

26. Drug and alcohol programme staff need training, confidence-building and awareness-raising to work with trauma; such recommendations in past reports need to be implemented.

27. More supported accommodation and support workers are needed for CSA survivors, especially for young men, as alternatives to hostels or the streets – they require places where they will not be ejected immediately for substance misuse.

Anger, aggression and offending

28. The background to patterns of aggressive behaviour need greater recognition and sensitive inquiry by agencies including criminal justice, social work, homeless agencies, substance misuse. Such investigation is also important to protect and ensure the safety of partners and families of aggressive men.

29. Anger management programmes should address the root causes of the aggression and should be more widely available. Follow-up and evaluation should be routine.

30. Since many aggression and offending patterns are set in childhood, this highlights the need not simply to punish and exclude earlier on, but to explore what might be causing this behaviour- this also helps to protect and ensure the safety of potential victims in the community.

31. Particular care must be taken in all institutional settings not to replicate abusive experiences, through restraint techniques or other practices, and these should be reconsidered and adapted where they exist.

Sex, sexuality, masculinity and relationships

32. Social work, mental health and children's agencies should revisit their theory, practice and training in respect of beliefs about intergenerational "cycles of abuse", which appears to silence many men from revealing their abuse history. They should publicly establish the clear principle that any risks to children which a person presents should always be assessed individually, not prejudged. It should be made clear to anyone who consults them that they will be assessed in this way, without prejudice.

33. Repeated problems or patterns of behaviour in intimate relationships, and in relations with their children, should alert agencies more to the possibility of childhood CSA, and encourage agencies to ask sensitively. This is also needed in order to safeguard the well-being of their partners.

34. Support agencies need to ensure that skilled advice and discussion on issues of sexual identity is available to male survivors.

35. Homophobia and images of positive and negative masculinity need much greater, open discussion among adult men in the community.

36. LGBT support organisations should be encouraged and supported to address issues of childhood sexual abuse, and negative aspects of casual anonymous sex, with greater openness.

Mental health issues, including issues for prisons

37. An increase in therapeutic and support services is urgently needed for male survivors in both voluntary and statutory sectors across Scotland, in both single-sex and mixed settings. These should include opportunities for counselling, groupwork and a range of therapies including safe bodywork: no single therapeutic approach suits, or is appropriate, for everyone, and there need to be choices. These could be a mix of new services and expansion of existing support agencies. Survivor self - help projects require professional support, training support and financial backing. Specialist CSA phone support could be attached to, e.g. telephone lines such as Breathing Space. Funding for services for male survivors should be in addition to, and not competing with, those for female survivors, which are also scarce in most areas of Scotland.

38. There is persuasive provisional evidence from participants in this project and from evaluations of counselling within Scottish prisons that addressing sex offenders' own victimisation before, or while, they take part in routine sex offender "change" programmes enhances victim empathy, and the motivation to change in future. The current reluctance or prohibition in respect of tackling clients' own CSA in accredited sex offender programmes needs seriously to be reconsidered for the sake of current and potential victims.

39. There is also an urgent need for much greater availability of CSA counselling and therapeutic work in male prisons. This work requires regular and sustained funding which to date it has not received. It also requires to be continued for a period on prisoners' release into the community, not abruptly terminated.

40. A needs analysis needs to be carried out in Scottish male prisons of the prevalence of a childhood sexual abuse history among prisoners, and the major needs which they and staff caring for them have in relation to addressing this trauma.

41. There is a considerable need for training and awareness- raising for mental health staff in general on the needs of CSA survivors, but especially of male survivors.

42. The armed forces often appear to be attractive career options for male survivors and hence there is a need for awareness raising and training on survivors' needs for relevant armed forces personnel. There is also a need for independent counsellors in the armed forces, so that they can report with an assurance of confidentiality, and without fearing that it will affect their career prospects.

43. Further research on comparative diagnosis patterns, types and levels of medication, for male and female psychiatric patients, would be valuable.

44. There is an unmet need for more supported accommodation and visiting support workers for male survivors living in the community, using approaches of agencies such as *health in mind*, Pathway and Say Women.

Implementation

45. An implementation plan for these recommendations needs to be agreed by all relevant stakeholders. Given that the Scottish Government has a national strategic approach to improving the lives of adult survivors of childhood sexual abuse through its SurvivorScotland strategy, it would be appropriate for SurvivorScotland to hold discussions with relevant stakeholders and partners at national and local level, to develop an implementation plan which would progress the recommendations of this research.

Copies of *Care and Support Needs of Men who Survived Childhood Sexual Abuse – Report of a qualitative research project* are available both on the CRFR and health in mind websites.

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