

Written evidence from Survivors Manchester (MHM0007)

Thank you for your correspondence of 07.03.22 with regards to the Select Committee follow up work on the mental health of men and boys inviting me, as a previous contributor to the inquiry, to submit further evidence to committee.

I would like to take you up on your invitation and below I have provided comment and evidence on the following categories, as set out by you in the email.

As with the evidence I gave in person in 2019, the following has a 'male victims of sexual violence' angle to it as this is the area of my expertise, as both the CEO and founder of a mental health and advocacy service specially for male survivors; and as a male survivor myself.

1) Research and data to aid understanding of men and boys' mental health issues, including among groups e.g. racial and ethnic minorities and GBT boys and men.

At present, there still remains relatively little research looking at the mental health impact of sexual violence on males or in fact, males as victims of sexual abuse, rape and sexual exploitation.

The relatively small amount of research such as the following continues to state more research is needed, whilst also acknowledging at the same time sexual abuse being a key causal reason for poor mental health...

Sexual and physical abuse and depressive symptoms in the UK Biobank (2021)

Chaplin, Jones & Khandaker

<https://link.springer.com/article/10.1186/s12888-021-03207-0>

Childhood sexual abuse in patients with severe mental illness: Demographic, clinical and functional correlates (2021)

Werbelloff et al

<https://onlinelibrary.wiley.com/doi/full/10.1111/acps.13302>

The influence of emotion on working memory: Exploratory fMRI findings among men with histories of childhood sexual abuse (2021)

Chiasson et al

www.sciencedirect.com/science/article/pii/S0145213421004099

LGBT+ People & Sexual Violence Report (2022)

Moris et al

<https://galop.org.uk/resource/lgbt-people-sexual-violence-report/>

The recent GALOP report evidence that 85% of LGBT+ individuals experienced negative impacts on their mental health as a result of sexual violence, which certainly correlates with our own male specific data.

Our data evidences that at point of referral, 56.3% of adult male survivors indicated suffering from a long and enduring mental health issue, with 97% linking their mental health issues to their experience of sexual abuse as children.

Research needs to focus attention on the root causes of mental ill health, using current insight into ACE (Adverse Childhood Experiences) acknowledging a key ACE being sexual abuse. In understanding the impact on boys, research has often looked at children and young people for the answer, however, it is with the adult

male survivors whom for decades were failed to be seen that the more in-depth knowledge comes from as this population has the gift of hindsight and a longer period of time to see the journey of trauma on mental health.

2) Work to tackle harmful male gender stereotypes, including in educational settings and the media.

One of the key issues that perpetuates and continues to 'confirm' male gender stereotypes is the lack of transparency in the refreshed VAWG strategy (Jul 2021) in referring to male victims' sexual violence as VAWG victims. The Home Office recently released the '*Supporting male victims of crimes considered violence against women and girls*' www.gov.uk/government/publications/supporting-male-victims-of-crimes-considered-violence-against-women-and-girls in which it directly correlates boys and men who have been sexually abused as being female – in the sense that the whole strategy is about women and girls.

If we are to tackle the disproportionate silence of sexual abuse against men and boys; and increase the response to the silence and the deadly mental health impact of this silence, we need to do better at acknowledging men and boys as victims in society and in specific policy.

Specific policy will then open the discussions to tackle these deadly 'men aren't victims' stereotypes and push society into seeing more and safeguarding better, particularly in educational settings – plugging a space for silence to grow before it takes hold.

3) Consideration of a new National Men's Health Strategy, like those implemented in the Republic of Ireland and Australia.

Survivors Manchester actively supports the development of a new National Men's Strategy, which has to either include or dovetail a 'Interpersonal Violence Strategy Against Men and Boys' – all crimes that have a mental health and wellbeing impact. See: www.menandboyscoalition.org.uk/ivamb-strategy/

4) Easy to access, male-friendly mental health services, with improved signposting.

Whilst all mainstream services should be inclusive, there certainly is a need to address the barriers that prevent males from access services to be more 'male friendly', as highlighted in Ian Banks article 'No Man's Land: Men, Illness and the NHS' www.ncbi.nlm.nih.gov/pmc/articles/PMC1121551/.

However, there is also need for health commissioners to attend to specific needs of boys and men, which may mean increasing men's spaces (which must include all males including trans men), such as sexual violence support. Survivors Manchester is one of only 5 organisations across the UK that work specifically to support boys and men, a quantity that hasn't changed in over a decade despite the need for support to boys and men increasing ten-fold following the Football abuse scandal, Stephen Port murders, and what is now the biggest rape case in British Legal History here in Greater Manchester with the Sinaga case.

Whilst there is some increase in support from women's organisations who are now supporting males; there is a dangerous and toxic behaviour growing for funding to push female services into supporting males, instead of letting those organisations continue with their great work focusing on their expertise and better serving males with investment in developing services instead of 'bolting on'.

Boys and men in need should never be an after thought or a 'bolt on'. Male survivors deserve better, boys and men impacted by mental health deserve better.

5) Action to understand the needs of different groups of men and boys and provide tailored mental health services.

In talking about men and boys, they are often homogenised in the same way that females used to be but society and thinking has moved on more in the past decade.

Trans men are a group left out of discussion and understanding for far too long with a focus on trans women.

Men of colour are also a population that often are not represented in the data on mental health and wellbeing, particularly through the lens of sexual violence. In Greater Manchester, with such a large Chinese population, it is a failing of Survivors Manchester in some way that no boys and men from this community have accessed support.

Equally, when the key media messaging on the subject of sexual abuse and Muslim communities arise there is a purposeful and active negating of Muslim males as victims, pushing individuals into silence and poorly managing the impact of this on mental health – silence is a killer.

As Ian Banks said “men do care about health issues but often find it difficult to express their fears”, so if we can only be fearless in tackling this silence, we will win, just like the 970+ men that use Survivors Manchester’s mental health and wellbeing support services do every year!

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