

LET'S TALK ABOUT...

#CIHRTeamSV is the short-title and Twitter handle for Canadian Institutes of Health Research, Team Grant – Boys' and Men's Health (TE3 138302), titled "Understanding health risks and promoting resilience in male youth with sexual violence experience." Principal Investigator: C. Wekerle (wekerle@mcmaster.ca); and Co-investigators: M. Bennett, T. Black, M. Boyle, D. Collin-Vezina, A. Gonzalez, M. Hebert, H. MacMillan, C. Mushquash, A. Rhodes, E. Romano, E. Saewyc, A. Smith, S. Stewart, M. Ungar

Note. The Criminal Code of Canada (1985, s.163.1) defines child sexual abuse (CSA) as any sexual activity occurring before the age of 16. In Canada, there are no statutes of limitations for reporting abuse and neglect suspicions or allegations to child welfare or police authorities.



Canadian Association of Pediatric Health Care Centres Archived #CIHRTeamSV Webinars -CAPHC Presents!

Adolescent Dating Violence & Prevention
By Christine Wekerle

Link:
<http://ken.caphc.org/x-wiki/bin/view/Other/Protecting+Youth+-Mental+Health%3A+Practical+Strategies+for+Violence+Prevention>

Trauma-informed Care: Youth Sexual and Non-Sexual Violence Experiences and the Attachment, Regulation, and Competence (ARC) model
By: Delphine Collin-Vézina & Christine Wekerle

Link:
<http://ken.caphc.org/x-wiki/bin/view/-CAPHC+Presents%21/Trauma-informed+Care%3A+Youth+Sexual+and+Non-Sexual+Violence+Experiences+and+the+Attachment%2C+Regulation%2C+and+Competence+%28ARC%29+model>



Support for male youth: <https://kidhelpphone.ca/brotalk> (1-800-668-6868)

Child sexual abuse (CSA) is a pressing issue; yet, it has yet to be fully recognized as a public health issue. While most victims are female, the prevalence of male victimization is much less well-known. The sexual victimization of boys and young men is an "elephant in the room" that no perpetrator wants known, no victim easily discloses, and few others are prepared to talk about. #CIHRTeamSV has made several important findings to create conversation about this important gender and health matter, because male health and well-being matter to all.

Based on a Quebec high school population survey, about 21% of girls and 5% of boys report CSA (Hébert et al., 2017). These youth were more likely to also report adolescent dating violence in the past year. About one-fifth of dating teens reported sexual coercion from their dating partners. Youth with CSA backgrounds had more elevated risk in dating violence sexual victimization. While adolescents tend to turn to peers first, male victims may be less likely to get help, given the social expectations and myths that males cannot be victims in this way. However, such sexual violence - and the feeling of no where to turn - can be toxic in and of itself to victims.

Comparing a child welfare population with non-system-involved youth data, males with CSA backgrounds were up to 5 times more likely to consult with a physician about mental health, and 10 times more likely to be hospitalized than were matched controls (Daigneault et al., 2017). When we look at Canadian national or provincial incidence data, CSA is less than 5% of cases reported to child welfare agencies (www.crowp.ca). This could be telling us that we are not asking youth the questions to assess their experiences

of sexual violence in specialty service systems, such as child welfare. Indeed, about one-third of youth self-report CSA, using two separate measures, whereas less than 10% of caseworkers surveyed confirmed a history of substantiated CSA (Wekerle et al., 2017). Further, research shows that sexual abuse of boys in the child welfare system is less likely to be noted by caseworkers as having caused emotional harm. Also, when investigated, male CSA cases are less likely to be substantiated (Fallon et al., 2017). It seems as though even experienced, dedicated social service staff are not immune to the social norms that downplay sexual victimization risk for males.

Child welfare-involved youth who have received services over the longer term post-investigation (>6 months) do self-report low to moderate levels of post-traumatic stress symptoms in adolescents. About 11% did report severe symptoms, and this is predicted by a CSA history, as well as experiencing neglect (Gallitto et al., 2017). Greater vigilance for signs and symptoms of trauma, particularly in terms of externalizing behaviours (e.g., aggression and self-harm) is one practical step in support males.

Disclosures happen with "information bits" over time, rather than full bursts. Asking at-risk youth questions about victimization in the service context may be a strategy that recognizes comfort in a relationship is a building process. A trauma-informed perspective recognizes the importance of safe, private connecting. Trauma-informed care models (see sidebar) is an evidence-based training and continuing education approach. The key message is that sexual violence happens to males. A gender-sensitive and trauma-informed approach is essential to their health.

References:

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