

# Victim–Survivor–Warrior–Healer: An autoethnographic account of a male childhood sexual violence survivor’s activist journey

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**Abstract:** It has been argued that stories inform our perceptions of reality and social change is driven by stories (Sarbin, 1986; Bochner, 2012; Frank, 2011/2013). Sexual violence is a complex cultural challenge for societies (Rape Crisis, 2020). Individual survivor identity is formed in that complexity and personal posttraumatic growth (PTG) can be forged in such challenges (Tedeschi & Calhoun, 2004). Activism is one way the survivor can help forge social change both for themselves and the ‘community of interest’ they belong to (Raskovic, 2020; Herman, 1992). This article uses autoethnography to explore one male survivor’s story of childhood sexual violence and his 22-year journey of activism. It adopts a novel approach weaving metaphors taken from episodes of the long-running British television series Doctor Who. It attempts to link social action to PTG in its reflections on meaning and redemption beyond shame via activism and lived experience witnessing (Bruner, 2002). The power of lived experience can powerfully bring the ‘unspeakable’ to society’s conscious awareness (Herman, 1992; Balfour, 2013). By sharing the raw reality of victim blaming when challenging the status quo. The reality of political and professional agents’ resistance to change is evidenced. It uses psychological and other theories, aiming to weave them through the story and illuminate one activist’s journey. Its limitation is its just one story. However, within that lies an authentic strength. It does not claim to be objective. Instead, it knits both the subjective and objective together to allow you to experience something as old as humans, a real story told in a new form (Gottschall, 2012).

**Keywords:** autoethnography; sexual violence; survivor; child abuse

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## **Background literature review**

The literature exploring the processes which drive social change activism is diverse and cuts across academic disciplines. Psychologists often look to reinforce their own explorations using scientific measuring of the effects on students. Activism drivers are not easy to measure via scales or questionnaires. Whilst they may be active in social change, few will have spent decades focused on a single issue like male sexual violence and survivor service improvement.

Given such limitations, there is an opportunity to see activism in a more in-depth way via capturing personal narratives. Stories unpacked by the storyteller themselves. Such story telling may not at first examination offer psychological science the same perceived professional rigor as a statistical analysis of questionnaire responses. Yet, such story unpacking might allow us to make sense of the lived experience of an individual and how they themselves have made sense of their lives and its meanings by seeing the world from their perspective in new in-depth ways (McAdams, 1997; Frank., 2012/2013; Bruner, 2002).

## **Army of ghosts**

Jack London the famous 19<sup>th</sup> century American novelist wrote:

The most beautiful stories always start with wreckage

My activist story begins lost in 'ghosts' and the psychological wreckage of a childhood, which was filled with trauma. I tick all 10 boxes of the current Adverse Childhood Experiences (ACE) survey (Felitti et al., 1998). I was what is now called sexually exploited or at threat of exploitation from the age of six to 17-years old. The initial exploitation took place after I left my place of birth, Wallasey, then part of Cheshire, now part of Merseyside. My early childhood on Merseyside was filled with wonderful adventures around the docks and Wallasey promenade, which was a 10-minute walk from my home.

My early visual landscape was filled with the iconic vista, which is the Liverpool riverfront and the music of the Beatles. Wallasey is on the other side of the river, directly across from the Royal Liver Building. I even helped build the second Mersey tunnel. I was aged 4 or 5 and would hitch lifts on the trucks carrying away the stone and clay being excavated from the emerging tunnel works. I was never abused, just offered sandwiches and cups of tea. I remember the sense of adventure with a smile.

My parents separated when I was aged 6. I found myself living in Bangor, North Wales. It was there I was targeted by several different males and one teenage female

for sex, between the ages of 6 to 9 approximately.

Finally, I was placed into 'looked after care', aged 10. The children's home I found myself in, was part of what was to become one of the largest private sector suppliers to local authorities in the UK. The Bryn Alyn Community was to become a central case study of the North Wales inquiry into 'looked after care,' conducted by the late high court judge Sir Ronald Waterhouse ('Lost In Care', 2000). It's offering was aimed at children who were seen as highly intelligent, but creatively disruptive. It is joked it would have been cheaper to send me to Eton.

There are no official records of my care at the Alyn seemingly. The Alyn's own files were destroyed in a warehouse fire in the 1990s and my local authority file was shredded around the same time. It is not fully clear as the local authority did not keep a record of its shredding. The only evidence that I can find of my existence at the Alyn, was surreally placed onto a YouTube channel. If you go to 2 minutes and approximately 40 seconds in, you can find a clip of me being interviewed as part of a video on leaving care (<https://tinyurl.com/4fejpzdz>). It was 1976. I remember trying to talk like John Lennon. As Butt (2004) suggests, we externalise a projection of ourselves, which we hope will resonate with others and help us locate our identity within a group or community (p.167).

I was amused to find clips of myself within the series of films uploaded. The irony being, I had avoided having my photo taken most of my adult life. Now I looked at those films and wish there were many more of them. Seeing myself in my childhood context, is now important to me as I move forward in my PTG. PTG theory being increasingly seen as a useful way of understanding and evidencing the concept of recovery in male survivors (Lewis et al., 2022. Weetman et al., 2021). Whilst potentially informing new intervention skills, which could enhance recovery outcomes with traumatised populations.

It is important to note that I see myself as more than a number on a survey of human trauma experiences. Though it would also be dishonest to claim my childhood abuse experiences did not create complex behavioural issues, which have been challenging to overcome during the last six decades. Those issues being rooted in mistrust of people and the systems they work within.

My growth journey and the barriers that I have experienced in attempting to forge it, will be discussed as I headline some key experiences and my current reflections on that journey. My PTG has been unfolding since I was first abused,

in relation to emotional and physical abuse that began at birth at the hands of my mother, due to her own trauma responses I suspect. PTG theory posits that growth can take place alongside distress and that certainly has been my experience (Lewis et al., 2022; Weetman et al., 2021).

This paper will not detail my sexual violence experience nor my other ACE's experiences. Rather the focus will be on reflecting on a sample of events during my sexual violence survivor activist journey to date. A more detailed understanding of my childhood abuse can be glimpsed via a short online article for a leading UK

men's health organisation. The article was titled 'How Dr Who Helped me to Dance' (Balfour, 2014). It offers insights into the complexity and duration of my experiences of sexual abuse and the emotionally empty support landscape, which surrounded me as those crimes took place. The article was a simple attempt at using metaphor to illustrate PTG. I was just beginning to explore the theory (Tedeschi & Calhoun, 2004). A theory which is now generating diverse research at the University of Liverpool Department of Clinical Psychology. Its core aim to explore PTG within interpersonal violence survivors, which I contribute to as a teacher and supervisor. The research group's main focus has been male survivors of childhood sexual abuse. It is now generating peer reviewed papers (Lewis et al., 2022; Weetman et al., 2021).

I recently triggered a short discussion video to support the dissemination of the group's research achievements to date (<https://tinyurl.com/2p8be59t>). My hope being it would evidence that you can work positively with survivors and co-produce new opportunities to support people better.

During my BSc Psychology with Counselling undergraduate dissertation (Balfour, 2013), I applied Social Representation Theory (SRT) and used Narrative Inquiry (Sarbin, 1988). My dissertation explored the activist journeys of a range of male and female sexual violence activists, from across the world. SRT argues the stories we tell ourselves, and the world, shape our understandings of ourselves and the complex social environments we traverse, as we live and experience them (Moscovic, 2000). I mentioned 'ghosts' (memories) earlier. They live within and culturally surround sexual violence survivors, often suppressed both internally and culturally, until a trigger releases their emotional force (Herman, 1992; Lew, 2004; Itzin, 2010). At my own disclosure point, I was flooded with the memories of my own 'ghosts', many being the boys I grew up with at the Alyn. The realisation that far too many of them were truly 'ghosts', having taken their own lives as they entered adulthood. I was known as Rob until my 17<sup>th</sup> birthday on which I joined the RAF Regiment to escape the 'looked after care' system. I changed my name slightly to Bob. I remember telling myself by doing so I could escape the 'ACE's' I had experienced. Butt and Burr (2004) remind us that:

Everybody brings to each situation a past that in some way influences what they do.

I now reflect my consciousness both observed and unobserved (Jung, 2015) was creating a small but significant shift in my identity. I hoped by changing my name I was locking away the abuse experience forever, as it would then belong to someone else. Of course, identity is much more complex and such simple shifts are illusions and do not take away lived experience (Butt & Burr, 2004). The shadow of my lost childhood lingered, hidden within my consciousness. Shadows are not so easily escaped (Jung, 2015).

I lived a relatively successful life for the next 20 years. Whilst in the RAF Regiment I had married. The marriage lasted for over 25 years, only ending in

the late 2000s. My ex-wife remains a good friend and has always supported my activism journey. However, it took a toll on the marriage and led to its ending. Many activists have found relationships challenging to maintain, absorbed by their quests as they often are (Polletta, 2006; Eliasoph, 2013; Joss Hands, 2011). Between the 1980s and early 2000s I enjoyed a good circle of friends and had made small steps in obtaining higher educational qualifications. I left The Alyn with five Certificates of Secondary Education (CSE), mostly at Grade 4. I now understand that was a major achievement, as most children in care still obtain few qualifications at any level (Ellis & Johnston, 2020).

I returned to education during the UK miners' strike (1984–1985) to study 'O' Levels at my local college. It was an exciting time to be exploring the subjects of sociology, social and industrial history and the structure of political governance. I obtained four 'O' Levels (two B's and two C's). However, I was delayed from moving on to 'A' levels by a year and it was to be another 15 years before I finally returned to higher education, via the Open University to achieve a Certificate in Higher Education in Social Care.

During this period, I also flirted with revolutionary politics, attending Militant Tenancy meetings. I was categorised by the group leader, as an 'intellectual workerist'. I had to look up the term and still wonder on occasion what the label means in relation to my identity (Raskovic, 2020)? Following my 'O' levels, having left the RAF with the highest discharge grade, I transitioned through many jobs from life guarding, to the director of an international 'audiotext' business during the mid-1980s to early 1990s. Audiotext was more publicly known as 'Chatlines.' I was a partner in what was seen at the time as the biggest chatline company in the world 'Chatterbox UK' (<https://tinyurl.com/yx8hzrpy>).

At Chatterbox's operational height, it owned a range of other companies, both in the UK and Canada, including a PLC, which operated the first recorded information number for British Airways and designed an informational delivery model, which was later adopted by William Hill betting, for their first digital services. Our accountants informed us at one point, that our profit margin was around 96% we were turning over £350,000 per month on average. I was told that on paper I was a millionaire.

The businesses experienced regulatory issues and become mired in legal processes, which cost over a million pounds in legal fees. In many ways audiotext was the forerunner of the Internet and Chatterbox's services mirror the Internet's children - Facebook and Twitter. The regulatory issues we managed well, by not having services for children. However, bill self-control issues could be problematic for a few and 30 years later similar issues around self-control and safeguarding play out across the Internet.

## The Pandora opens

The word 'Pandorica' is used in an episode of Doctor Who (<https://tinyurl.com/yem24tjy>). It describes a prison which has been created to hold the most dangerous threat in the universe. As powerful forces gather outside, the Pandora opens, and the silence falls. Metaphors act as tools to support storytelling (Sarbin, 1984; Crossley, 2000). In my case the trigger for my Pandora opening and my silence ending, was the Waterhouse Inquiry (Lost In Care, 2000).

I have written about the 'cultural prison' of silencing, which surrounds lived experience of sexual violence for 2 decades. Often within a series of reports I commissioned during the mid to late 2000s entitled 'A View From Inside The Box, I' (Survivors West Yorkshire, 2006); 'A View From Inside The Box II, The Matrix' (Survivors West Yorkshire, 2007); 'A View From Inside The Box III' Invisible Boys (Survivors West Yorkshire, 2009); and 'A View From Inside The Box IV; Coming Home' (Survivors West Yorkshire, 2017).

This as part of my activist campaigning via an organisation I created to support survivors; Survivors West Yorkshire ([www.survivorswestyorkshire.org.uk](http://www.survivorswestyorkshire.org.uk)). I warned in one report that if systems did not engage with the issues, then the issues would be engaging with them:

We live in the 21st century and the time to deal with the issue has arrived – otherwise increasingly it will be dealing with us. (A View From Inside The Box II, Matrix: 2007. p4)

The reality of victim blaming and marginalisation of victims of sexual violence (Taylor & Clarence, 2021; Downes, 2017) became very clear to me once the emotional tornado of first disclosure ripped away my psychological barriers. Those barriers had shielded me from the reality of my childhood. I had chosen to contain my pain within an internal story that 'it was all sorted'. As I look back on the 40 years of my life up to that point, it is clear I had not sorted much. My abuse was in many ways the 'backing track' to my life. A backing track which left me feeling never quite at home anywhere. The emotional shadows left locked away, played out across my engagement with the world constantly (Jung, 2015; Sandford, 2000; Herman, 1992).

At this point I had changed career direction, having explored being a police officer via volunteering as a Special Constable for nearly 10 years, receiving an official commendation for services to policing and my community. I initially experienced policing during the mid 1980s when it was still very much what was seen in 'Z Cars' and the early 'The Bill' TV shows. I witnessed the increasing use of body armour and American self defence equipment - side handled batons for example during the 1990s. The transition from raincoats or even Victorian capes and 12-inch truncheons in my force to 'Robo Cop' uniforms, was fascinating. I

passed the full-time Constable Assessment Centre in late 1999. However, I knew 'Lost in Care' was due to be published in early 2000.

My instinct told me that whilst my history as a care leaver might not hinder my career, a complex history of child sexual abuse (CSA) would be a career 'death warrant'. During the final physical fitness test, I chose to give up. I lost heart. I knew a career in policing was not possible. I had dreamed of being a policeman since I was 6 years old. Subsequently, over the following years, I have seen a number of serving police officers' disclose their childhood sexual violence experiences. Every one of them suffered negative career consequences.

My business career in the 1990s included a restaurant project. I was a director in the second restaurant to open in the Leeds Victoria Quarter (<https://tinyurl.com/5fpx3x2p>). We called it 'HG Wells' and it was a disaster, which cost me around £100,000. In parallel via a different company, we built a Laser Quest centre. It was located under the restaurant. It was more successful. However, it was connected to the restaurant and when HG Well's collapsed, it triggered a slow death for the Laser gaming business. One of the amusing memories I have of HG's is I became the first holder of an alcohol license for drinking in a street in Leeds. This outside area can still be frequented within the Victoria Quarter. It is now run by Harvey Nichols more successfully (<https://tinyurl.com/2p9awzx>).

Following these business ventures, I found myself working in one of the first services to explore acquired brain injury rehabilitation (<https://www.thedtgroup.org>). I enjoyed exploring rehabilitation interventions and was allowed to pioneer 'wildness adventures' with clients. They generated increased executive level functioning and general wellbeing, to the amazement of many of my professionally qualified colleagues.

A few months before the publication of 'Lost in Care' in early 2000, I had moved to a new job working for a combined local authority and NHS mental health support service. I was lucky enough to be placed with a very good team leader. I was even encouraged by the unit manager to apply for management training courses, even though I was still finding my feet as a Residential Social Worker (RSW) and normally such courses were only available to workers who had already obtained a team leader role.

## **A good man goes to war**

What I was now about to experience was shameful. On the 15<sup>th</sup> February 2000, the Waterhouse Inquiry published its report ('Lost in Care', 2000). I had corresponded with Sir Ronald Waterhouse directly. I was therefore sent a copy of the report on the morning of its publication. It was an overcast Tuesday and following a quick trip to the local newsagents to pick up a range of daily newspapers, I settled in to

absorb the report's findings. The report is a hefty publication (Lost in Care, 2000). My children's home had its own section, under 'Bryn Alyn Community'. I recall reading its case study first.

It made for sobering reading as the reality of my childhood experience at the Alyn for over 6 years aged 10 to 17, was made publicly transparent. It also triggered the collapse of the psychological barriers, which had suppressed my childhood sexual exploitation distress. I recall sitting in front of my patio doors staring out into the now heavy rain and crying for what seemed hours.

I had recently purchased one of the new generation of Apple computer (iMac). A blue plastic box, not a Time Lord machine unfortunately. However, it was increasingly to become a means to engage with knowledge and decision makers to support my activism. The early 2000s was a time of increasing access to the Internet via dial up accounts. Whilst very slow compared to fast fibre broadband, it was a game changer.

I also searched for specialist support. I found little available. There was the odd telephone number or email address advertised for male survivors of sexual violence. In one case I found a North Wales 'looked after care' survivors helpline number. I rang and left messages on a tape cassette player. I can now imagine a lone survivor setting the helpline up with little idea of how to deal with the calls that would generate. I received no responses to my voice messages. I did receive some replies to emails. However, it soon become clear there was little direct support available outside of London and it was limited and not funded for males outside the capital, even if you could travel.

The situation for female survivors was little better at the beginning of the new millennium. I remember being shocked and angry at such a specialist support vacuum. In parallel to this process, I had disclosed my abuse to a GP and my relationship with the medical profession was to be profoundly impacted by my experience. The ACE research evidences the possibility of many negative health outcomes for survivors of CSA. They go far beyond mental health, evidencing increased cancer risk and other health issues which can generate from childhood trauma (Felitti et al., 1998).

My personal experience is the medical profession is struggling to comes to terms with the ramifications for its current model of engagement with survivors of any trauma. A model which often ignores their abuse history and instead focuses on medicating the unsupported psychological distress. Choosing to see survivors as maladaptive and disordered, rather than presenting normal human responses to abnormal traumatic experiences (Itzin, 2010).

During the weeks following the publication of the report, I attended my GP and disclosed my CSA. He offered no validation and asked no questions about the psychological impact. I remember behind him on the shelf above his desk was a line of photographs. They were lined up in frame size. The images were of the GP's children, descending in age. I was also presenting with a mild kidney infection



and the GP took a urine sample and blood test and asked me questions about my kidneys. I finally had to prompt him about my CSA disclosure and flag my desire to be referred for counselling.

He looked at me and then ripped off a piece of note paper from an A5 pad and wrote on it 'Refer to psychotherapy'. He then asked me to take it the reception and hand it in and return to his office. I was a bit puzzled but did as he requested. The receptionist seemed as puzzled as me when I handed over the scrappy piece of paper. She quickly adapted and said thank you. I returned to the GP, and he told me my results would be ready in a week. In the meantime, he prescribed some antibiotics. He did not mention anything about my CSA disclosure.

I recall feeling anxious about the process. However, I was lost in the complex emotions and feelings generating from my CSA disclosure. A week or so later I received a call to tell me the tests showed a mild infection, and I should make another appointment if the medication had not resolved the issue. I asked about my referral to psychotherapy and was told I would receive a letter directly from them. A month later I had not received any communication and I made a new appointment to see the referring GP. At the appointment the GP said he was surprised I had not been sent an appointment and he would chase it up.

Finally, I was offered an appointment to be assessed for counselling. I attended and was shown into a large room and asked to sit some distance from a woman sitting behind a desk. She asked me why I had requested an assessment. I was a little surprised she did not know and proceeded to disclose my CSA and the cascading emotional impacts I was experiencing. I became increasingly perplexed by the woman's responses.

There was no empathy or validation at all. She just stared at me without any emotion. When I had finished disclosing my experiences and how my emotions were overloading me at times, she finished writing her notes and said she would be in touch soon. Again, there was no empathy. Around a week later I received a letter requesting I attend for a second assessment. I knew that was unusual given my work in mental health services. I queried the need for a second assessment and the response was defensive and avoidant.

This triggered me and I felt unsafe. I made a complaint and requested clarification on how my referral had been dealt with. I also requested my medical notes. Following a resolution meeting, with the unit manager, it became clear that the GP had not referred me at my disclosure point. He had not made the referral until I chased it up. He headlined the referral form 'middle-aged man experiencing anxiety' and did not flag CSA.

The psychologist who assessed me had just returned from a year's sick leave, having been assaulted by a male survivor. I had been allocated to her as a 'safe client' to allow her to start working with males again. She had requested a second assessment, as she felt I was a high risk to others.

As part of the resolution to my complaint I was reassessed by the unit manager,

who found I presented with a normal male survivor response to disclosure, following decades of silence and posed no threat to anybody. I was offered access to long term NHS psychotherapy and received over two years of therapy and attended a male survivor group. I was very lucky; this is still a rare service for survivors in the NHS. The GP I was told was sent on a 'holistic medicine' course and he left the practice. The female psychologist was medically retired I was informed. However, she refused to have her initial assessment removed from my file. I recall the CEO of the NHS Trust writing to me, unprompted, to express his frustration that he could not force the removal of the assessment. It was reinforced the second assessment would be attached to the initial assessment. It is my belief based on my experience over the last 22 years that the only assessment that is read, is the first one.

This is due to a culture of pathologisation of CSA survivors, reinforced by sexual violence victim blaming. For males this is combined with myths around the so called 'cycle of abuse' or 'vampire syndrome,' used to stigmatise them (Lew, 2004). The legacy still plays out daily for me. My medical records were lost twice by the police force that investigated one of my abusers in 2014. One set was only found when my lawyers challenged a senior officer at the Independent Inquiry into Child Sexual Abuse (IICSA). The other set have never been found and I often wonder who might have seen them or shared them without any context and the implications for being 'gaslighted'.

As part of the criminal persecution of my one of my childhood abusers in 2014, I became aware of an internal NHS letter on my file. It warned the psychotherapist, who I was finally assigned to, that I was a potential complaint threat to him. Towards the end of my therapy, he asked if I minded being a case study for an academic paper, he had been asked to write about transference. At the time I had no knowledge of the warning letter, and his paper offers insightful reading into his own process and his view of my own at that point in time (Agass, 2002). As I look back, perhaps the deepest defensiveness lay with the therapists' managers and given the context of my encounters within the system he worked for. Why should those betrayed by systems automatically trust anyone within them?

The great journey for the NHS and other systems that encounter survivors will be to become trauma informed in ways that see beyond psychological defensiveness and look at people's experiences of systems and the professionals who have often re-traumatised them. Given all that, I remember my therapist positively and, in many ways, I still carry him with me today. He succeeded in allowing me to consolidate an inner stability. I still robustly defend myself against stigma and victim blaming. The endless victim blaming micro aggressions, generated within systems, often acted out by professionals is where the real danger lies (Taylor & Clarence, 2021; Corrigan et al., 2014).

## The Day of The Doctor

Judith Herman (Herman, 1992) constructed a trauma response model which explained the behaviours of people. People who had experienced prolonged and constant exposure to psychological trauma. Complex Post Traumatic Stress 'Disorder' (CPTSD) was first termed by her. That seminal work is documented in her book *Trauma and Recovery* (Herman, 1992).

She defines three stages of recovery. 'Establishing safety' being the first and most important stage. It can take days or years depending on the individual. It allows survivors to proactively gift themselves self-care and apply positive emotional regulation. 'Remembrance and mourning' are the second. Here the experience is explored as the survivor feels safe to do so. Often such safety, control and agency are reinforced for the first time in someone's life. The third stage is 'reconnection with ordinary life'. Supporting the confidence to explore trust and intimacy. Some survivors as part of this recovery process, become social change activists or healers themselves (Herman, 1992). Many survivors settle into a life free of the legacies of sexual abuse and feel less fear and find more meaning. They 'come home' (Sandford, 2000).

It is important to note that these stages are not linear and during recovery the survivor often weaves between all the stages and might skip elements, as not needing to explore them in depth. Trauma memories for example. The process of non-linear recovery can be seen in the PTG literature, where though growth may be taking place, the survivor may also be struggling in parallel (Lewis et al., 2022; Weetman et al., 2021). The title of this section is taken again from a Doctor Who episode (<https://tinyurl.com/yckrf3ez>).

The episode explores a secret history that The Doctor has kept hidden from himself. It focuses on a war between the Time Lords and the Daleks - a race of evil machines. The 'Time War' was fought to save The Doctor's home world of Gallifrey. The plot has different incarnations of The Doctor joining forces to save their home world or let it be destroyed.

They are unpacking the outcomes of past events and integrating their knowledge to change the future or end it. In the process they must face their own vulnerabilities and past decisions. In essence the plot allows them to grow beyond the past and link their different selves in a partnership to forge a new pathway into the future.

The metaphor which played out in the episode, still speaks powerfully to me of PTG. I can also see the links to Seligman's notions of human potentiality for change and a positive life (Seligman, 2019; Joseph, 2012). In many ways my own therapy, even within a context of re-traumatisation, allowed me to embark on what is now a 22-year odyssey of social action and PTG.

In 2000, I created an organisation to save Gallifrey metaphorically. I called it Survivors West Yorkshire ([www.survivorswestyorkshire.org.uk](http://www.survivorswestyorkshire.org.uk)). Its aim was and still is, to 'Challenge the Silence'. Whilst the current sexual violence survivor

activist mantra is 'Break the Silence.' I find the phrase reductionist. It positions survivors where they must find the courage to disclose in a cultural desert of positive affirmations to support their courage. They often face many of the re-traumatisation issues I have noted, and which are evidenced by research (Taylor & Clarence, 2021; Downes, 2017). 'Challenging the Silence' situates the issue within society.

I was still working in mental health services as a disclosed survivor using my salary to support my activist work in my spare time. My work shifts allowed me to be flexible. It took time to find funding. Having insight into the often-toxic nature of funding politics in the third sector, I chose not to look for core funding. Instead, I focused on targeted projects with the naive hope of making them visible public awareness events. I also ran a telephone and email advice line in the evenings. I paid for some small leaflets. I personally placed them in libraries and other community information gateways. In the first 10 years I logged over 2000 survivor telephone engagements. I also attended conferences across the world exploring male survivor needs. The public events both for survivors and those who supported them started to find funding. The first being in 2003. The idea was to link to the myth of 'Pandora's Box' and as in the myth, whilst many distressing elements are released, there is one positive one and it is called hope. Hope was the driver behind the initial artwork concept for Survivors West Yorkshire first banner. Even 20 years later, the Phoenix is a powerful PTG metaphor.

My concerns about ethics issues in the specialist sexual violence Third Sector were reinforced when I agreed to allow another male survivor agency to use the artwork. I later learnt that they never acknowledged copyright when using at training events. Stealing ideas and creative material is not unusual in any sector sadly. However, it feels more betraying in the sexual violence sector for obvious reasons. On another occasion I had shared an idea for a smart helpline switching project at one of the first meetings of a national forum I had co-conceived, it was to become The Survivors Trust ([www.thesurvivorstrust.org](http://www.thesurvivorstrust.org)).

The idea was for a national telephone support line using smart technology. It would enable switching between small services on a rota basis. The idea was dismissed at the time, as many of the organisations present felt concerned they could not cope with any increased demand, even if funded to do so. This was around 2001. Currently the Survivors Trust is co-ordinating a collaboration of agencies to in effect, trigger the same concept. Sometimes good ideas take a long time to find their time (Javaid, 2016).

Over the years I created more one-off projects, including a series of weekend retreats for male survivors and those who support them, in partnership with Mike Lew a therapist who wrote one of the first mainstream books aimed at male survivors of sexual violence (Lew, 2004). The workshops were a great success in one case attracting over 50 male survivors and are still talked about internationally. I only stopped organising them when they began to take up lots of time. They were also high risk due to deposits having to be secured with venues.

Also, psychologically they were not good for me. As the organiser I could never fully engage with them as a survivor. However, I am proud they happened. They show what can be created to build community and solidarity within a complex context. I still create the odd event to push social change. The last major one being in 2017, when I organised a half day seminar which explored the science of Adverse Childhood Experiences (Felitti et al., 1998). I had been aware of the ACE research since the early 2000s. The event triggered a conversation, which has now led to a local public health strategy to implement a 'trauma informed' system (<https://tinyurl.com/yckzmnk5>). The strategy even had a launch event. The disappointment was our event which had triggered the process, was not acknowledged. It reinforced the issues I co-wrote about in an academic article for the British Journal of Social Work, and which was selected as the editor's choice. It explored the barriers to co-production with survivors of sexual violence (Fisher et al., 2018). From a positive psychological perspective, it is empowering to know even if unacknowledged, challenging the silence, still has impacts which can create positive change.

## **The Girl in The Fireplace.**

One of most challenging reflections I have after 22 years of sexual violence activism, is whilst I can see evolving trauma-informed intervention conversations, which I hope I have helped move forwards. Activism has hidden costs, which you do not see or deny to yourself when you begin your quest. Personal relationships of all kinds have been lost. Not because you do not value them. More because the quest can become all-consuming, and you avoid and neglect a key element of a positive life balance, non-activist relationships (Polletta, 2006).

However, I see the connection to Frankl's thoughts around the 'will-to-meaning' and find comfort in it (Frankl, 2011), even if it has costs. As Herman reinforces, such a quest for meaning provides many positives for survivors, if they can find the right balances whilst navigating their own individual PTG (Herman, 1992; Sandford, 2000)?

I have also chosen to walk alone, often. I find 'groupthink' difficult to tolerate. Within my children's home, there was lots of 'groupthink' denial. On the surface it was a 'looked after' paradise in many ways. However, every shadow posed the risk of rape by the abuser who owned it. He wielded power over both its child residents and the poorly paid staff (Lost in Care, 2000). In this chapter The Doctor meets a female force of nature, who sees the child within the Time Lord. She reminds him of the little boy inside him - his inner child (Parks, 1998). She reinforces to him the need to learn how to dance and by dance she means enjoy life. Powerfully reminding him there is more to existence than saving the universe (<https://tinyurl.com/mstnszx5>).

Jung (2015) discusses whether increased self-knowledge alone can allow a person

to transcend the limitation of ego and shadow. Shadow being for Jung the child sexual violence survivor's anger and sense of betrayal, which often drives negative responses to the trauma from drug addiction to crime. Such acting out being understandable responses to complex trauma.

I have learnt that personal relationship to oneself is the foundation of healing and rediscovery of one's core self. I call it 'coming home' and the thinking of Carl Rogers (Rogers, 1988), and Maslow (Kaufman, 2021) have helped me understand it. Having loved and lost, not because I did not try, more often because I did not know how to 'become' and find the courage to embrace my *Dasein* as Heidegger explored in *Being and Time* (Heidegger, 2010).

It is challenging to maintain romantic relationships where children are present. The myths which surround male survivors can be reinforcers of a 'spoiled identity' as Goffman (1990) reinforced the transmission of such stigma takes place in quiet whispers, often hidden from conscious awareness. They act as reinforcers of biases. These shared discourses and the method by which we absorb them, is explored by (Moscovici, 2000) in his seminal work which conceptualised SRT. He explained how knowledge, which is unfamiliar, is made familiar by anchoring it to something that is familiar, practical and easy to code. This allows people to master complexity within their lived world (Silvana de Rosa, 2013). In relation to male survivors the belief that once sexually abused we go on to be sexual abusers, a kind of vampire syndrome, is powerful in our society (Lew, 2004; Javaid, 2019a). I have experienced it repeatedly over the last 22 years. I understand why people chose silence rather than disclosure.

The journey of recovery and growth is a dynamic temporal one. One The Doctor would understand well. There have been many losses along the road and many of them were avoidable. I have learnt to look within and be kind and never be cruel or cowardly, not just to others but myself especially. However, it is not an easy path to follow.

The lived reality of societies' representations of survivors is captured in my own undergraduate research (Balfour, 2013). Where a range of sexual violence activists most of whom identified as survivors, shared their activists' experiences. I was able to capture the main themes they shared using Narrative Inquiry (Sarbin, 1988). The themes which emerged focused on a journey of PTG, in line with Herman's CPTS'D' model (Herman, 1992). This within a culture constantly resisting the reality of sexual violence within its communities.

My journey through university was complex. I experienced a short but intense episode of depression. My marriage had just ended, and I was under pressure to leave the family home, so I took a room in the halls of residence at my university. I had enrolled on a Social Work degree. I had resigned from my job because my mental health employer would not support me working part time with fixed days to attend lectures or placement. During my 10 years working there I had seen many of my colleagues supported flexibly for attending courses. So, I left. It was clear I was

not supported, and they had found an opportunity to make that clear.

I was only 3 weeks into my degree when I experienced my depressive episode. I emailed my course leader stating I was depressed, and I felt I was not suitable to continue on the course. Within 6 minutes I received a response which offered no support and notified me I was being taken off the course. The shock of the quick response woke me from my depressive state, and I asked to halt my resignation. I was told by the course leader that could not be done, as I had been deleted from the course roll and could not be reinstated under UCAS rules.

There followed a year of advocacy to be reinstated on the course. I was told I would have to re-apply via UCAS. I was also informed if my application was successful, I would need to complete the assessment centre for the course again even though I had completed it previously. The assessment centre tested a range of skills and ended with a 30-minute interview. I submitted to this process under duress. Following the assessment, I was informed I had failed by one mark.

What profoundly shocked me was professional social workers, including high profile professors, would collude in such a sham process. I was told by someone at the university subsequently, that at my first assessment centre, I had scored the highest mark ever recorded for an applicant. Many of the people involved still proclaim themselves champions of the values which are the foundation of ethical good practice. I see them via a different lens. At the same time, I was resubmitting for the social work degree, I had been advised to also apply for a degree in Psychology.

It is here I took the path, perhaps, less travelled by a fully disclosed male CSA survivor. This has been a positive, if somewhat bumpy road at times. I obtained a good 2.1 and over the years I have found psychology a home, which feels safe and welcoming on the whole. I have been an honorary Teacher and Supervisor of clinical psychology students at the University of Liverpool for over 6 years. I have supported 6 students to complete or nearly complete their professional PhD. I even have a contract and could have a staff ID card if I wished. I have always been treated with respect and kindness. I was recently asked to be part of a PhD supervision process for a sociology student, exploring how language shapes our view of sexual violence survivors. This article has been crafted from my recent MSc dissertation and it seems a long way since that second assessment.

## **Listen**

My work with the University of Liverpool Department of Clinical Psychology, has been a pivotal moment in my recovery. Many people are cynical about my honorary position and the often-tokenistic way survivors are used by agencies. However, I sensed from the beginning, this was different. I was also attracted by the sentimental notion of my grandmother, who was born across the road from the

University of Liverpool. She had experienced deep poverty, especially during the 1930s, when she was a young mother. I could see her smiling at her grandson being an honorary anything at the posh university across the road from the slums she lived in as a young woman. She was the granddaughter of a former slave. I loved my grandmother dearly and believe her love has guided and supported my PTG journey and will sustain it until I explore its final meaning.

The authenticity that I found at Liverpool is captured well in a 60-minute Zoom discussion with many of the students and the supervisory team (<https://youtu.be/qUoHgPmxLD4>), which explored its history and what it has achieved to date.

I again return to the Doctor to help unpack why the experience has been pivotal in my growth. In the episode 'Listen' (<https://www.imdb.com/title/tt3745430/>). The Doctor is found considering a question, are we ever truly alone? Does something lurk unseen beside us? The episode takes the Doctor on a quest to find the answer and in doing so he risks his life. He notes evolution creates perfect hunters and perfect defences. However, across time and space he cannot find a lifeform, which is perfect at hiding. He wonders what such a creature might look like and sets out to find out. There then follows a frantic chase through time and space.

During the chase we discover the Doctor is a 'looked after care' leaver. In one segment the Doctor lands in his children's home barn. Clara his companion is at this stage very worried about the Doctor's mental health. She stops him from leaving his time machine. The Doctor at this stage notes we all fear that there might be something under the bed waiting to grab us. Clara leaves him and enters the barn. She finds a young boy crying in his bed in the hay loft all alone. She is curious and creeps closer to see his face. She wonders if it might be her boyfriend who was brought up in a children's home.

Clara has to hide under the bed as an adult male and female enter the barn and begin talking about the boy. The male asks the female why the boy doesn't want to sleep in the main house. She explains he does not want the other boys to see him crying. The male asks why he cries. She reinforces to him he knows why.

The male states he cannot keep crying if he wants to join the army. The female tells him he does not want to join the army. He wants to enter the Academy and become a Time Lord. The male responds he will never be allowed into the Academy. They leave the barn. Clara realises they have landed in a moment of the Doctor's childhood. Suddenly Clara hears the Doctor calling for her. This makes the boy sit up suddenly and moves to get out of bed. Instinctively Clara reaches out and grabs the boys ankle.

She realises she is acting out the nightmare of what may be hidden under the bed. She speaks to him and tells him it is okay, this is just a dream, and everything will be fine if he lies back down and goes to sleep. The boy obeys but continues to cry. Clara sits beside him and strokes his head and tells him to listen. She tells the young Doctor that very clever people can hear dreams and she knows he is afraid, but fear is a superpower, it can make a person faster, cleverer and stronger.



She remembers that the Doctor will one day return to the barn, to make a choice which will impact the universe (The Day Of The Doctor). She tells him that he will be very afraid, but everything will be okay if he is wise and strong. She states fear does not have to make us cruel or cowardly. It can make us kind. She tells him fear is a constant companion, and we are always afraid. But fear can bring people together and it can lead you home.

Finally leaving him with the message, 'fear make us all companions', Clara returns to the Doctor and orders him to take them from here without him looking outside. He agrees and they depart the barn and the young Time Lord, and Clara hugs the Doctor. Liverpool University is in many ways me finally entering the 'Academy,' metaphorically.

I have always been frightened of what lies under the bed. I hope I have used my fear to be kind on the whole. Knowing my grandmother is smiling at me for becoming an 'honorary' has also brought me 'home' in a profoundly personal way. Which is why I now prefer the name I was known as when a child, 'Rob'. Recovering your inner child Parks argues is possible after complex childhood sexual abuse and I believe it true for me (Parks,1998). Fear is a superpower indeed when you remember to be kind to yourself as well. We are all companions indeed.

## **Hell Bent**

We are approaching the end of this brief overview of my 22 years journey as an activist. Hell Bent was an episode where the Doctor had to face his relationship losses. He refuses to conform to the will of the High Council of the Time Lords (HCTL). They imprison him in a time loop where he is isolated and forced to dig himself out through a wall of diamond with only his bare hands. This whilst he is stalked by death. Each time he dies he is reborn to dig a little more. All he has to do to stop the process, is conform and he will be released. He refuses and keeps on digging. Finally, he succeeds having dug a tunnel through the diamond wall. We learn he has been trapped in the time loop for four and a half billion years. He had endured four and a half billion years to save Clara. As she is trapped in a moment of time, just before death. He believes the HCTLs can change her fate.

Clara confronts the Doctor, why did you endure all that for me? He tells her 'anything can be overcome given time'. She gets angry with him. He replies, 'I had a duty of care'.

The HCTL tell her, we would have released him at any point if he conformed. She turns to the HCTL and tells them, 'You are monsters, and the entire universe hates you'.

I see my own quest in the Doctor's journey through a wall of diamond. In my case it's a cultural wall of denial and resistance to change to support better criminal

justice and psychological outcomes, for victims of sexual violence. Like the Doctor as I reflect on my 22-year journey, I ask why I have endured the brief examples of othering and marginalisation disclosed here. I find his simple response to Clara the most truthful reply. I had a duty of care to myself and secondly to those who could not explore the limitless possibilities of PTG. My childhood ghosts. In a final exchange with the HCTL Clara talks of hope and she is told, 'Hope is a terrible thing on the scaffold'.

I understand the wisdom of that and know it to be true, as the science of ACEs tells us much about the issues survivors can face in relation to their global health needs (Marks, 1998). Yet hope is a doorway to what Maslow explored in the final days of his life, 'transcendence,' which he defined as the transcending of self (Kaufman, 2020). Achieving what Heidegger termed 'Dasein'; or 'Being' (Heidegger, 2010).

It becomes possible when one has found and feels safe within an authentic identity, and you are no longer self-conscious or locked into one's own ego. You feel connected to everyone and everything, but free of the need to conform to meet their needs (Kaufman, 2020).

## **The Doctor Falls**

My activism has brought with it a realisation that values are often lost in ideologies and the people meant to be at the centre of our activism goals, sometimes seem secondary. Ideology is helpful in grounding social action, if you can resist the 'groupthink' that can generate (Polletta, 2006). The danger is one loses the will or forgets to be critically reflective of oneself. One's activism constantly needs to stay true to integrity and the justice being advocated for.

Over the last 22 years, I have worked closely with feminist activists and seen the 'good, the bad and the ugly,' as I have in the so-called men's movement. The feminist activist Alison Phipps (Phipps, 2020) accuses female sexual violence activists of often being white and middle class and not having lived experience of either the crime, or the contexts where most people experience sexual violence.

Stating the term 'me too' is often used by these women as 'not you too' and that mirrors my experience of some women services workers 'not you too' as your male. That experience is supported by other commentators, who have noted the issues that blind ideology can generate within feminist activism (McGarvey, 2018; Varoufakis, 2021).

That is not to say such issues do not present within the diverse male 'movement'. I once found myself sitting next to a male at a conference who was wearing a t-shirt with a slogan stating, 'Feminists Kill Boys'. I asked what evidence he had for that, and he called me an 'agent provocateur'. I would smile at that, but he also told me

he was a qualified counsellor.

So how does the Doctor fit as a metaphor for this final chapter of my story. In this chapter The Doctor is trapped with two incarnations of his arch nemesis, The Master, who is a fellow Time Lord. The Master is the polar opposite of The Doctor. He travels to do harm not good. In this encounter The Doctor is dying and instead of one Master, there are two, a female and male. The Doctor asks the Master and Missy to help him save as many people as possible before he dies. He makes a speech where he states his values and why he does what he does. He tells them he does what he does because its right and its decent. However, above all, its kind.

He reinforces that if we stand and fight more people might be saved. He acknowledges it might be futile but it's the best we can do, and he will stand doing that until he dies. He finally tells them 'Where I stand, is where I fall'.

The Master tells him, 'look at my face'. 'This is the face which did not hear a word you said'. Missy hesitates, but also says 'No' to standing with him. The Psychologist Brené Brown in her book *Braving The Wilderness* (Brown, 2017) tells a story about her encounter with the famous wisdom leader Maya Angelou and her message about standing for your values.

She quotes Angelou:

You only are free when you realize you belong no place — you belong every place — no place at all. The price is high. The reward is great. (Brown, 2017. p5)

Like Brown I have come to understand that standing on your own allows you to push for change in an authentic way, always remaining focused on the people you strive to stand for

## **The Name of The Doctor**

In a seminal special episode, The Doctor's name is explored and of course it is no mystery when you note he can travel across time. We are told we have been missing the obvious. It means healer everywhere you go across the universe and the sound of The Doctor's time machine brings hope to all who hear it. I hope I have brought a little hope to those I have supported during the last 22 years. That was always my intention for them and me. Where I stand is where I fall indeed.

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