

What is known about effective recovery services for men who have been sexually abused ? An evidence review

Summary report

December 2019



**MINISTRY OF SOCIAL
DEVELOPMENT**
TE MANATŪ WHAKAHIATO ORA

Disclaimer

The views and interpretations in this report are those of the researchers and are not the official position of the Ministry of Social Development.

Published

Ministry of Social Development

PO Box 1556

Wellington

www.msd.govt.nz

Published in December 2019

Contents

Introduction	1
The authors reviewed relevant literature and spoke with subject matter experts ...	1
Prevalence and impact of sexual abuse for men	3
Many men have experienced sexual abuse.....	3
The impacts of sexual harm can be severe.....	3
Male survivors face specific barriers to disclosing abuse and accessing support	4
Current service provision.....	5
There is a limited number of services specialising in support for male survivors.....	5
Peer support services offer specialist support to men	5
National bodies provide sector leadership	6
The effectiveness of services	7
A range of therapeutic approaches have been found to reduce the symptoms of psychological harm caused by sexual abuse	7
Peer support has been found to be helpful for a range of mental health issues	7
Telephone and online support services are valued as accessible sources of information and support	7
Coordinated agency responses make accessing support easier for survivors.....	8
Different approaches to recovery are needed for different groups of men	8
Recommendations	9
A range of support options tailored to men’s needs is required	9
Centralised information and campaign messages could help de-bunk myths and encourage men to seek support.....	9
More research and better service evaluations are needed	10

Introduction

This report summarises the main findings from an evidence review conducted by Carswell Consultancy for the Ministry of Social Development.

In 2018 the Ministry of Social Development (MSD) commissioned an evidence review to understand the support needs of male survivors of sexual abuse and the effectiveness of current services aimed to help them in their recovery. The full report is available on the MSD website and the full title is:

Carswell, S.L., Donovan, E.G., Kaiwai, H.M. 2019. *What is known about effective recovery services for men who have been sexually abused – Summary of evidence*. Ministry of Social Development, Wellington.

The review incorporates evidence from a variety of disciplines. The findings of the review will inform the continued development of MSD's services for male survivors; and will, we hope, be useful to other agencies and service providers working in the sexual violence support sector.

This report summarises the findings of the evidence review. It does not cite the original literature sources, which are detailed in the main report. However, to make cross-referencing easier, the relevant chapters and page numbers are highlighted at the start of each section.

This report will detail the authors' approach, before summarising the findings about prevalence and impact of sexual abuse for men; the availability of services for male survivors; and the effectiveness of interventions for men.

The authors reviewed relevant literature and spoke with subject matter experts

The authors conducted a non-systematic literature review using a search strategy developed in consultation with MSD. The search included both published academic literature and grey literature. Evidence was assessed for quality and relevance.

The authors also consulted five experts – two in New Zealand and three international – who all had extensive academic and practitioner experience in the sector. The experts informed the literature search and provided their insights about promising current and emerging approaches to supporting male survivors. The experts were an important source of information, given the present lack of evidence on effective recovery approaches for men.

The experts consulted for the review were:

Philip Chapman (Aotearoa/New Zealand) is the Chair of *Male Survivors Aotearoa* (MSA), Chair of the *Men's Shed* in Nelson-Wakatu and is the founder of the *Male Room*. Philip has more than 30 years' experience working with men and families in the Nelson region.

Alexander Stevens II (Aotearoa/New Zealand) is a practitioner and Kaupapa Māori researcher who has been working in the sector for over 20 years. He has developed a model of practice specifically for Māori men who have been sexually harmed.

Professor Patrick O'Leary (Australia) has worked with the Australian Royal Commission into institutional responses to child abuse for several years and has published extensively on the impact and treatment of sexual abuse of men.

Associate Professor Scott Easton (United States) conducts research on risk and protection factors for mental health outcomes of adults who experienced early life course trauma. In 2010, he conducted the largest study to date on male survivors of child sexual abuse. He has published in the areas of impact and treatment of sexual abuse, especially for men's health.

Rick Goodwin (Canada) is the founder of *Men & Healing*, a service for male survivors of sexual harm. Rick conducts training courses for professionals on male sexual trauma and recovery. He facilitates group trauma treatment programmes for men and has published several seminal works on how to work with male survivors.

The views of these experts provided valuable guidance and contributed to the content of the evidence review. However, the review does not claim to be representative of their views.

Limitations

Although the aim of the review was to understand the support needs of men, much of the literature cited is based on studies about both men *and* women. In some cases, the studies involved only women. This is because of the limited amount of research about male survivors. The review evaluated the relevance of the studies to male survivors.

Most of the evidence cited in the review is from outside New Zealand. Evidence from New Zealand is included where possible and this is stated in the review.

Prevalence and impact of sexual abuse for men

This section summarises the findings from chapter two (pages 24-40) of the evidence review.

Many men have experienced sexual abuse

There has been very little international research on prevalence of sexual abuse of men, but estimates of prevalence for males under the age of 16 range from one in six to one in ten. The review found that sexual abuse of males is a serious issue in New Zealand and has severe impacts on survivors. According to the New Zealand Crime and Victims Survey, around one in eight men (12 percent) have experienced one or more incidents of sexual violence at some point in their lives.

The impacts of sexual harm can be severe

Many of the psychological impacts of sexual abuse for men are similar to those experienced by female survivors and include post-traumatic stress disorder (PTSD), depression, anxiety, self-harm, drug and alcohol misuse, and self-blame. However, gender norms around masculinity that regard men as dominant, tough and sexually driven can have additional impacts on the effects of sexual abuse on men and increase feelings of shame, anger and psychological distress. Male survivors are ten times more likely to have suicidal ideation compared to the general population.

Research into the effects of sexual harm on men has found that the effects can vary depending on the severity of the abuse, the gender of the perpetrator and whether or not the abuse occurred in childhood.

Sexual abuse may affect different groups of men in different ways. For Māori men, sexual harm is considered a violation of mana and is incongruent with Māori values. It is a violation that affects whānau, tīpuna and future generations. It can cause not only physical and psychological distress, but cultural and spiritual distress.

Very little research exists on the impact of sexual abuse on Pasifika men. However, research has found that sexual harm impacts the core of Pacific family and spiritual values. To maintain values of respect and solidarity within families and the community, sexual abuse can become shrouded in secrecy, making it difficult for the survivor to access services.

While there is little evidence on rates of sexual abuse experienced by LGBTQIA men, international evidence suggests that around 50 percent of transgender people experience sexual abuse. Many LGBTQIA survivors cite homophobia or transphobia as the motivation for the abuse they experienced. For transgender men, sexual abuse can increase feelings of body dysphoria and shame. For gay and bisexual men, internalised homophobia and its associated psychological impacts can be intensified following sexual abuse.

Very little data exists on services for disabled male survivors. Disabled people are more vulnerable to sexual assault and face more barriers to reporting their abuse than survivors without disabilities. More research is needed to understand the impacts of sexual harm and the support needs of this population group.

Male survivors face specific barriers to disclosing abuse and accessing support

Men disclose sexual abuse at lower rates than women and often delay disclosing for years or even decades. This is due to not knowing where to get support, fear of how they will be perceived, and ideas about masculinity that influence how men perceive themselves and their experience of sexual harm.

Gender norms that promote an image of masculinity as dominant and stoic make it harder for men to disclose abuse and mean that they are more likely to be viewed as a perpetrator than a survivor/victim.

Barriers to accessing services may be particularly acute for Māori and Pacific men, due to a lack of culturally responsive services and concerns about being treated in a discriminatory or culturally inappropriate way.

Harmful myths exist about sexual harm against men and may further prevent men seeking support. These myths include the idea that sexual abuse of men and boys is not very common, men who have been abused 'must be gay', and men who have been abused go on to be abusers themselves. These myths, although untrue, persist. They can cause distress to male survivors and affects how others respond to them if they disclose their abuse.

A negative response to initial disclosure may be distressing and discourage men from seeking further help. Getting an appropriate response when first disclosing, even to non-specialist services, is essential to men seeking ongoing support. Professionals across the health and social sectors should be able to respond empathetically to disclosures of sexual abuse from men, in a way that is culturally appropriate, supportive and non-judgemental.

Current service provision

This section summarises the key points from chapter three (pages 41-57) of the evidence review. The scope of the review was to look at services for adult men who have experienced sexual abuse either as adults or during childhood. Services for children are therefore not included in the review.

There is a limited number of services specialising in support for male survivors

Most services for survivors of sexual violence are available to the general population rather than specifically for men.

Crisis support services are offered to survivors in crisis situations and include social work support, advocacy and crisis counselling. Many of these services were originally set up for women only, but now offer support to men as well.

Longer-term support for survivors of sexual harm includes counselling provided by ACC, for those who are eligible via the agency's 'sensitive claims' procedure. Fourteen hours of counselling is available without requirement of a mental injury diagnosis. However, for longer-term support, a diagnosis of mental injury causally linked to their experience of sexual harm must be provided.

Accessing ACC support requires contacting a GP, District Health Board or registered service provider. Survivors are not required to have contacted the police or 'prove' what happened to them. The ACC's 'Find Support' website provides information about the specialist expertise and experience of therapists, so survivors looking for a therapist can see who has experience working with men.

Many sexual violence support services in New Zealand offer telephone support helplines, including some of the providers offering peer support for male survivors. *Safe to Talk - Kōrero mai ka* is a national, 24/7 free helpline for anyone affected by sexual harm. It provides confidential service providing information and referrals to other services. In addition to the helpline, support is available via text, email and webchat.

Healthcare agencies provide medical care, medico-legal services such as forensic examinations, and referrals to specialist services. Sexual Assault Assessment and Treatment Services (SAATS) are a collaboration between health services, ACC and New Zealand Police. SAATS clinicians provide medical care after sexual assault. Patients may self-refer or be referred by health or other agency professionals.

There are some kaupapa Māori providers that provide sexual harm support services, but there are not enough culturally appropriate services for Māori, and particularly for Māori men. There are some Pacific social services that provide counselling, but none of these are specifically for male survivors of sexual harm. There is one service specialising in supporting LGBTQIA survivors, but it is only for young people. No services specifically for disabled male survivors were found.

Peer support services offer specialist support to men

Currently in New Zealand, there are peer support services that offer specialist support for male survivors.

Peer support offers person-centred support facilitated by a peer support worker with lived experience. The premise of peer support is that working with someone who has 'walked in their shoes' creates a relationship of trust and empathy, and

empowers survivors to realise there is hope for recovery. MSD-funded peer support for male survivors is currently delivered in seven regions. These services offer one-to-one and group support, and support to friends, family and whānau. They can also help men access other services if needed. Key features of this type of support are that services:

- are available to see men whenever they need support
- can see men in a location where they feel comfortable
- provide a friendly, relaxed environment
- accept men into their services however they are presenting, including if they are showing signs of anger.

National bodies provide sector leadership

Male Survivors Aotearoa (MSA) is a national network of support services for male survivors. MSA is developing good practice guidelines for men's peer support services and is leading a research programme, funded by MSD, to better understand men's experiences of peer support.

Te Ohaakii a Hine – National Network Ending Sexual Violence Together (TOAH-NNEST) is a national body that provides a national voice for sexual violence service providers, help with building the capacity and capability of service providers, specialist advice and training, and a point of access for government consultation with the sector. Their good practice guidelines include guidance on working with male survivors.

The effectiveness of services

The section presents a summary of the findings from chapters four and five (pages 58-93) of the evidence review.

A range of therapeutic approaches have been found to reduce the symptoms of psychological harm caused by sexual abuse

Cognitive and behavioural interventions have been found to decrease symptoms of post-traumatic stress disorder (PTSD), depression, and anxiety in survivors of sexual harm. However, the majority of participants in the reviewed studies were women.

There is some evidence that a phased approach, starting with intensive psycho-educational retreats followed by therapeutic individual and group work, delivered by qualified therapists, is a promising approach for male survivors experiencing PTSD.

The *Men & Healing* therapy programme, in Canada, used a phased approach for men who were sexually abused in childhood. An evaluation of the programme found that completing the initial eight-week phase, followed by eight 10-week cycles of the second phase of individual and group therapy, achieved improvement across all PTSD symptoms that were measured.

Peer support has been found to be helpful for a range of mental health issues

Peer support for people with mental illness has been found to lead to improvement in a range of symptoms. Peer support has been found to significantly improve the symptoms of depression. However, the evidence is limited to peer support for people with severe mental illness; and there were methodological flaws with some of the studies. Nevertheless, the findings are relevant because of the high rates of mental illness among survivors of sexual harm. Peer support has also been found to lead to improvements associated with hope, recovery and empowerment; elements considered important to the recovery of male survivors.

While no studies were identified about peer support services for male survivors of sexual abuse, an MSD-funded study is currently underway which will provide valuable evidence about the male survivors' experiences of peer support.

Telephone and online support services are valued as accessible sources of information and support

Evidence about phone and online services is predominantly based on services for women or for the general population. Nevertheless, the evidence suggests several elements valued by service users are likely to be similarly helpful to male survivors. For example, the accessibility and affordability of the services; non-judgemental and impartial support; being able to remain anonymous; access to accurate information, advice and support; access and referrals to other services; and a sense of social connectedness which may counter the isolation that many male survivors experience.

Emerging evidence suggests that phone helplines and online services are beneficial to service users. However, the nature of the services (which provide anonymous

and confidential support, sometimes on a one-off basis) make evaluating the outcomes and impact of these services difficult.

Data from November 2018 showed that 20 percent of calls to the *Safe to Talk – Kōrero mai ka* were from males. However the data did not specify whether they were survivors, family/whānau/friends of survivors, professionals, or men worried about their own offending.

Coordinated agency responses make accessing support easier for survivors

Sexual Assault Response Teams (SART) represent a coordinated approach to supporting survivors of sexual harm, involving professionals from different agencies sharing information and providing wraparound support.

Evaluations of SART services in the US and the UK have found improvements in service provision and quality of support, including improved communication between service providers and improved professional competencies for working with sexual abuse survivors. This was achieved by sharing learning and good practice with other SART professionals. SART services also led to improved communication between survivors and service providers, and a less traumatic process for survivors due to a more joined-up response from agencies.

While these are promising findings, the majority of the participants of the services included in these studies were women. Further research about how well this type of service response works for men is needed, particularly given the particular barriers men experience to seeking and accessing support and their specific support needs.

Different approaches to recovery are needed for different groups of men

Feedback from experts consulted for the review was that while some men favour psychological therapies, others benefit from more practical approaches like group work and peer support. A mix of approaches, such as group work and individual therapy, may work well. Alternative forms of therapy, such as art therapy, meditation and physical activity has been well received in some cases. However, research into the effectiveness of these approaches is needed.

It is important that services are culturally appropriate for male survivors. Services should consider diversity, by acknowledging and adapting services to men's cultural and sexual identities. The evidence review did not find any literature on effectiveness of services for male survivors of sexual abuse who are Māori, Pacific, disabled or from ethnic communities, LGBTQIA communities.

Some promising approaches have been developed. Alexander Stevens II developed the *Te Ao Mārama* framework and tool for Māori men. The framework is represented by a medicine wheel, designed to support Māori men to find a way through the experience of sexual abuse and life after therapy.

Alongside recovery services, men may require navigator services to help them identify and access the types of support they might need. This may be particularly important for men with complex needs, such as those with mental health issues, disabilities, homelessness, or addiction issues. Support through the justice system may also be important.

Recommendations

This section is a summary of the recommendations described in chapter seven (pages 99-103) of the full evidence review and also incorporates some of the recommendations from the key experts, outlined in chapter six (pages 94-98).

A range of support options tailored to men's needs is required

The review highlights the importance of a range of recovery approaches and service models being available to men that can be tailored to the needs of different groups. Ideally, support offered should be trauma-informed, available long term, and culturally responsive.

Services need to be able to respond to the complexity of men's needs and experiences, and the diversity of men who need support. The development of new services, and additional support for existing services, may be needed to offer effective support for Māori, Pacific, ethnic communities, LGBTQIA communities, and disabled men.

The experts consulted for the evidence review recommended that to encourage men to access support, services should be available that are tailored specifically to men and are advertised as being specifically for men. Services should accept men however they are presenting, offer friendly and relaxed environments, and be available whenever needed.

The experts emphasised the importance of highly trained professionals, including qualified therapists and trained peer support facilitators. The review states that attracting men to work in the specialist sexual harm support sector is a challenge and that more men are needed in the sector if services are to be responsive to male survivors. It also suggests a need for more widespread workforce training so that staff across the health and social sectors know how to respond to disclosures of sexual harm from men.

Centralised information and campaign messages could help de-bunk myths and encourage men to seek support

The review highlights the harmful effects of negative stereotypes and myths about sexual harm of men and boys. A recommendation in the review is for a national campaign to be set up to challenge those myths and stereotypes, and educate the public about prevalence, impact and where men can get help. It would help male survivors realise they are not alone, help is available, and recovery is possible.

The review recommends a national website for male survivors that provides information, self-help resources and links to services. It could also provide information for professionals, as well as family, whānau and friends of survivors.

The review suggests that consideration be given to male survivors of sexual abuse in the *national strategy for eliminating family violence and sexual violence*, because of the specific impacts and support needs they experience. The review also recommends a national centre be set up to coordinate government actions to respond to sexual harm.

More research and better service evaluations are needed

The review highlighted a lack of evidence on the support needs of male survivors and the effectiveness of services for them. More research is needed to understand the prevalence and impact of sexual harm on men, the barriers to accessing support that different groups of men experience, and the effectiveness of different recovery approaches for men. The review recommends developing a research agenda to address these evidence gaps. It also recommends conducting high quality evaluations of current services to build our evidence base about what works in Aotearoa New Zealand.