



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

Male survivors of sexual violence and abuse: Barriers and facilitators to reporting and accessing services

Summary report

Authors

This report summarises the main findings from the following report:

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Disclaimer

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

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Introduction

In 2020, The Ministry of Social Development (MSD) commissioned an exploratory study into the barriers and facilitators to reporting¹ and accessing support services for male survivors² of sexual violence and abuse (SVA). Sexual violence and abuse is used as a broad term to refer to different non-consensual sexual acts that may involve elements of force, coercion and/or power by one person over another for the purpose of sexual gratification and/or control. This can include both contact and non-contact behaviour³. The terms violence and abuse are used to acknowledge that men's experiences of victimisation can range from one isolated incident to many incidents over time.

The research was conducted by a team from across Te Herenga Waka – Victoria University of Wellington, the University of Otago, and the Donald Beasley Institute⁴. This report provides a brief summary of the study, outlining its aims, participants, findings and recommendations for policy and practice. It is important to note that a novel trauma-informed⁵ methodology was used in this research. There is an in-depth discussion on the methodology, research approach and participants in chapters 2 and 3 of the main report, which is available on the MSD website.

Lack of research into male sexual violence and abuse

Sexual violence and abuse (SVA) is most typically presented as a gender-based problem due to the higher prevalence and incidence rates recorded for women. This has led to male victimisation being overlooked in research, practice, and policy, despite international statistics demonstrating that a significant number of men experience SVA across their lifespan^{6,7,8,9}.

Research to ensure services can better support survivors

Services dedicated to male survivors in Aotearoa New Zealand are relatively new and therefore research is needed to inform their ongoing development and address gaps in service provision. This research aimed to understand the barriers and facilitators to reporting and accessing support services with a view to informing the design of services so that male survivors can be better supported. Three questions were addressed by the research:

1. What are the demographic characteristics of the male survivors who took part in the study and how had they sought help?
2. How had the male survivors experienced barriers and facilitators to helpseeking?
3. How do service workers' views on barriers and facilitators to helpseeking compare to the male survivors' experiences?

Experiences of survivors and perspectives of service workers

Fifty-two male survivors, living in the Greater Wellington and Otago regions of Aotearoa New Zealand, took part in interviews about their experiences of the barriers and facilitators to reporting and accessing support services. The male survivors' experiences were considered alongside the perspectives of 13 service workers from the same regions who participated in an anonymous online questionnaire. The findings were shared with 38 stakeholders in a sense-making workshop to promote the quality assurance of the results and recommendations.

Recommendations

This section summarises the key implications of the research and recommendations from chapter 7 in the main report. The findings highlighted the need for a range of practice and policy initiatives that can work to overcome the barriers that male survivors face when reporting and accessing support services to encourage helpseeking.

Gender-inclusive societal education initiatives

The findings revealed there is a need to refute the myths and change social norms about masculinity and what SVA and its outcomes look like to encourage male survivors' disclosure¹⁰ and listeners to respond in a compassionate and knowledgeable manner. It is recommended that SVA be understood as a gender-inclusive problem and a public health issue. Gender-inclusive societal education has great potential to reduce some of the barriers and increase some of the facilitators raised in this study. Initiatives to educate everyone that SVA happens to a diverse group of male survivors are required to achieve change and encourage early intervention.

Gender-inclusive training of service workers

In line with the need to understand SVA as a gender-inclusive public health issue, the findings showed that men come into contact with non-specialist service providers to address a range of issues which provide opportunities for disclosure. However, many opportunities for disclosure are missed due to a lack of understanding or know-how on the part of the service provider. It is recommended that specialist and non-specialist service workers receive an appropriate level of gender-inclusive training on how to understand and respond to male survivors and how to sensitively invite disclosure.

Initiatives to increase social support

The findings highlighted the power of social support when disclosure was received with empathy and compassion. Increasing positive social support will increase reporting and the access of support services. It was evident that formal models of peer support were particularly useful, especially for those men who had little in the way of informal social support. It is recommended that social support be increased for male survivors via government funding of formalised peer support groups for survivors. Also, it is recommended that there are adequate expert support 'navigators' to guide male survivors through the reporting and court process, and provision of ongoing societal education initiatives and campaigns that encourage men to reach out.

Bespoke and accessible service provision

The findings showed that the male survivors wanted access to a choice of service workers from a range of demographic backgrounds, options of treatment modalities, and to have accessible services. It is recommended that bespoke and accessible service provision can be achieved by targeted funding towards support services for male survivors, providing wrap-around and bridging support, ensuring visibility of services and attentive expert support.

Design of trauma-informed services and activities

The male survivors described ideal service design as that which embodies a trauma-informed approach that ensures aspects such as privacy, confidentiality, trust, peer support, collaborative decision making, choice, relaxation and cultural needs are met. It is recommended that policy and support services be designed to ensure male survivors have access to survivor-friendly, male-friendly, transgender-friendly, culturally responsive and trauma-informed services.

It is also recommended that a workforce of trauma-informed services workers is developed. In order to afford agency throughout their journey of healing, opportunities should also be provided for male survivors to connect with other survivors and become change-makers and models for others.

Findings

This section outlines the key findings from this research. Further details can be found in chapters 3, 4 and 5 of the main report.

How men disclosed, reported, and accessed support

The findings revealed that disclosure, reporting and accessing services are interconnected and part of a helpseeking process, with 31 survivors carrying out all three helpseeking actions. Only six survivors performed one of these actions in isolation (two survivors accessed support services only; four disclosed only). Disclosure plays an important role in the helpseeking journey and it was commonly the first helpseeking action for the majority of male survivors.

Survivors take many years to report their sexual victimisation, the average time taken to report was 18 years, and only 34 male survivors reported their sexual victimisation. The most common reasons for reporting were to access financial aid and to prevent harm to others. The majority of participants accessed specialist support services whereas eight had accessed non-specialist support only.

For details of the demographic characteristics of the male survivors who took part in the study and more information on how they sought help, please see chapter 3 of the main report.

Key barriers and facilitators to helpseeking

Five themes emerged that describe the barriers and facilitators to reporting or accessing services from the perspectives of the male survivors. These are summarised in Table 1. See chapter 4 of the main report for a more detailed exploration of the themes.

A set of composite case studies was also developed to showcase typical examples of the male survivors' experiences and bring to life the key barriers and facilitators described by men at different stages of the helpseeking process. These can be found in chapter 6 of the main report.

The five themes identified by the male survivors were endorsed by the service workers. Some additional points were also identified and can be found in chapter 5 of the main report.

Table 1: Summary of thematic findings: The key barriers and facilitators to helpseeking for the male survivors

Theme	Subtheme	Barriers or Facilitators to Helpseeking
Gendered social norms and myths are a barrier for helpseeking	Gender stereotypes are a barrier to helpseeking	BARRIER: The stereotype that sexual violence does not happen to men. <i>"Men should not be victims, and if they are should be stoic and reticent about it" – Participant #16</i>
	Gendered myths about the outcomes of sexual victimisation are a barrier to helpseeking	BARRIER: Stereotypes that male survivors are likely to be gay or transgender or go on to perpetrate violence. <i>"[...] if you are a male and you are sexually abused, it is more dangerous to be the victim than it is to be the perpetrator. The stigma and the isolation, and the constant expectation that you're going to turn out to be someone that's going to be into sexually abusing people" – Participant #37.</i>
	Gender-inclusive public education can raise awareness and facilitate helpseeking	FACILITATOR: The male survivors offered the solution of education to break down the stereotypes. Educating people that anyone, of any gender, can experience SVA was commonly proposed to break down these barriers and facilitate helpseeking. <i>"I think just a greater awareness. Like talk about it. Get it out there. Plaster it everywhere. Bring it out in the open. Shine a big f**k-off torch on it [...] Get it out in the open because nothing can be healed if you don't look at it. If you're denying it. When someone's being denied it can't be fixed" – Participant #8.</i>
The presence and quality of formal and informal social support impacts helpseeking	A lack of informal social support reduces recognition of victimisation and hinders helpseeking	BARRIER: Not having appropriate people available to disclose to reduced opportunities for the male survivors to recognise what constitutes SVA and seek help. <i>"I kind of compartmentalised it through my childhood and just felt like it's only happening to me and I'm not going to talk to anyone about it, and I don't know how to talk about it" – Participant #17.</i>
	Informal and formal social support with trusted others facilitates helpseeking	FACILITATOR: Disclosure was facilitated by trusted friends or family/whānau members, or through peer support work/groups, who could help the male survivor feel safe. <i>"I think the first time I ever spoke to anyone about it, was to my wife [...] I found someone with strength that I could, lay things on in a sense" – Participant #32.</i>

	It's good to talk to caring and compassionate listeners	FACILITATOR: Male survivors found it good to talk to informal and formal supports, including strangers, when the person received their story with compassion and belief. <i>"It made me feel like I'm still human sort of thing, and that I've still got a life to live [...] She basically opened up the door for me, and basically not to give up and have hope in myself" – Participant #13.</i>
	Insensitive responses to informal disclosures or reporting are a barrier to helpseeking	BARRIER: When informal disclosure or reporting was not received positively it could be a barrier to accessing services. <i>"I think more of the damage was actually done by the minimisation and the suggestions by people even in the police that I'd imagined it and dreamt it and seeding that sort of doubt in a child" – Participant #4.</i>
The complex nature of trauma hinders timely helpseeking	The complexity of trauma masked its cause and hindered access to support services	BARRIER: The complex effects of trauma manifested in a range of symptoms across the lifespan. This made it difficult for the male survivors and others to identify the cause, thus acting as a barrier to early intervention via access to support services for SVA. <i>"But I was in such a state that I didn't know what support I actually needed" – Participant #1.</i>
	Coercion and control are a barrier to helpseeking	BARRIER: Helpseeking was delayed for male survivors who felt controlled by perpetrators. <i>"More than often or not he'd tell me that I'll end up in foster care if I told people" – Participant #36.</i>
	Recovery and helpseeking are slow and ongoing processes	BARRIER: The ongoing effects of trauma mean that recovery can be a slow journey for male survivors, with survivors having to feel safe and mentally strong in order to helpseek. <i>"I just felt strong enough to deal with it myself, to actually be able to face it and say it. But probably the most important thing is I felt strong enough to kind of relive it [...] I'm just stoked where I am today compared to where I was" – Participant #17.</i>
Service provision, visibility and design need to be tailored to male survivors	Insufficient and unaffordable specialist service provision are barriers to accessing support services and healing	BARRIER: A lack of appropriate and affordable services for diverse groups of men. Services that can cater for the diversity of male survivors were called for. <i>"I do know, you know, talking to people, the biggest thing that sort of perhaps stops people is the cost. I think I only had to subsidise about twenty dollars. The rest was paid for by ACC" – Participant #50.</i>

to facilitate access	The visibility of services impacts how easily male survivors can access them	FACILITATOR: Access to services was facilitated by visibility and clear messaging about who services were provided for. <i>"I was just walking down the road and I'd seen their poster in the window because I just walked past" – Participant #15.</i>
	A choice of services designed to meet the complex needs of male survivors facilitates access	FACILITATOR: Male survivors described how choice of a range of services, designed to meet their complex needs, was required to enable access. <i>"One of the things a lot of guys have been talking about is having a single service, a joined up, full wrap-around service" – Participant #15</i>
Quality support from service workers can build agency and maintain male survivors' helpseeking	Attentive expert support is crucial throughout the reporting process	FACILITATOR: Appropriate support from trained service workers is particularly important to help the male survivors cope before, during and after reporting. <i>"Just the fact that [peer support worker] said hey, remember you have every right to do this. There's no statute of limitations on reporting historic sexual abuse. They explained a bit about the process and said that they are very understanding [...] and I have confidence in what he was telling me and that empowered me to go" – Participant #8.</i>
	Helpseeking is facilitated by service workers who understand the trauma of male survivors	FACILITATOR: Service workers who are welcoming, knowledgeable, and competent in dealing with trauma facilitate male survivors' ability to helpseek. <i>"You have to make sure that your staff are up to speed on the unique challenges that are faced by men and gender minorities and reporting sexual violence. As well as that trauma, there's those feelings of deep guilt and shame, that inability to talk about it, how it impacts on your sense of self as a sexual being" – Participant #1.</i>
	Building agency facilitates effective helpseeking	FACILITATOR: Male survivors described how important it was for services to work with them in a way that built agency in order to encourage reporting and accessing of services. <i>"It was at that point where I was like I think the greatest thing about accessing help is, for me, it's always been the prospect of being able to give back, that at some point I'll be able to just talk to someone like this" – Participant #17.</i>

Notes

¹ Occurred when a survivor presented to the police; ACC; medical doctors; teachers, employers/universities; faith-based organisations; or Royal Commission of Inquiry into Abuse in State Care, with the goal of receiving some sort of formal action from that service.

² People who identify as or have experience of living or being perceived as male, and who have experienced SVA at some point in their lives.

³ Ministry of Social Development, 2018. Male Survivors of Sexual Abuse Service Guidelines F19. www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/service-guidelines/mssa-service-guidelines-last-updated-june-2018.pdf

⁴ Ethical approval was granted by Te Herenga Waka Victoria University Human Ethics Committee on 13 October 2020 (#28954).

⁵ An approach that recognises the role that trauma may play in an individual's life. A set of principles guide how systems and service providers work to reduce the likelihood of re-traumatising individuals.

⁶ Foster, G., Boyd, C., O'Leary, P., 2012. *Improving policy and practice responses for men sexually abused in childhood*. Melbourne, Australia: Australian Institute of Family Studies. aifs.gov.au/sites/default/files/publication-documents/w12.pdf

⁷ Mejía, X.E. (2005). Gender matters: working with adult male survivors of trauma. *Journal of Counseling and Development*, 83(1), 29-40. doi.org/10.1002/j.1556-6678.2005.tb00577.x

⁸ Porta, C.M., Johnson, E., & Finn, C. (2018). Male help-seeking after sexual assault: A series of case studies informing sexual assault nurse examiner practice. *Journal of Forensic Nursing*, 14(2), 106-111. doi: 10.1097/JFN.0000000000000204.

⁹ Quadara, A., Stathopoulos, M., Carson, C., Kaspiew, R., Bilgic, S., Romaniuk, H., Horsfall, B., & Dunstan, J. (2017). Pathways to support services for victim/survivors of child sexual abuse and their families. Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney. www.childabuseroyalcommission.gov.au/sites/default/files/file-list/research_report_-_pathways_to_support_services_for_victim_survivors_of_child_sexual_abuse-treatment_and_support.pdf

¹⁰ Occurred when survivors told friends, family or whānau, strangers, counsellors, non-specialist helplines (like Lifeline or Victim Support), social workers, and other social supports (e.g., learning disability services, home help, Plunket nurses) who could not initiate a formal process.