



Service Provision for Males who have Experienced Sexual Assault or Childhood Sexual Abuse

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Abstract

Research into the availability and appropriateness of Australian sexual assault and childhood sexual abuse (SA/CSA) services for men remains underdeveloped, despite an increasing awareness of SA/CSA issues. This research aimed to fill this knowledge gap by examining the current nature of service provision in Australia for men who have experienced SA/CSA. Thirty-nine organisations providing sexual assault related services in Australia responded to an on-line survey consisting of open and closed questions. The survey profiled organisations and the nature of their SA/CSA service provision. It was investigated whether services for men who have experienced SA/CSA are contained within a female context, are gender neutral, or are specifically focused for men. The difficulties and barriers associated with SA/CSA service provision for men were also examined. Consistent with recent literature, services were found to be gendered towards female clients, with a lack of recognition of men's needs and experiences. Masculine constructions and what it means to be 'male' were also found to impact on access and disclosure to SA/CSA services by men. A number of barriers to service provision were also identified, including lack of funding, resources, training, and professional supervision and support. Recommendations for improved service delivery are provided, focusing on establishing a formal policy response specifically for men who have experienced SA/CSA.

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Executive Summary

This project has been conducted in partnership with the organisation *Living Well*. *Living Well* is a Queensland resource which offers a range of services specifically designed to assist men who have experienced childhood sexual abuse or sexual assault, their partners, friends and family and service providers. *Living Well* contacted the University of Queensland to request research into the nature of current service provision for men who have experienced sexual assault or childhood sexual abuse (SA/CSA). Specifically, to conduct a mapping into the SA/CSA services currently offered in Australia; to what extent SA/CSA services for men are contained within a female context, are gender-neutral, or are specifically directed at men; and to identify any barriers and areas for enhanced service provision.

While much has been done in recent years to improve service response to female experiences of sexual assault and childhood sexual abuse, men have been largely excluded from these developments. As incidents of SA/CSA predominately occur against women, SA/CSA are largely framed as issues effecting women. However, to define SA/CSA as “female” issues fails to recognise the plethora of different experiences of sexual assault and abuse, resulting in the marginalisation of male experiences. This impacts negatively on the access and disclosure to SA/CSA services by men. As a result their treatment outcomes are restricted.

Collective information about responses to men who have experienced SA/CSA does not yet exist. This is reflected in the underrepresentation of males in SA/CSA statistics, service provision and policy responses. The limited literature which exists suggests that generalist health services often do not know how to respond men who have experienced SA/CSA, with a widespread homogenization of males into female focused sexual assault services. As there is currently no effective way of monitoring quality of service provision, the appropriateness of services and the barriers to service

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provision have not been assessed. This project is designed to address this gap in knowledge by providing basic overview data of the nature of current service provision for men who have experienced SA/CSA in Australia.

To collect the necessary data, an on-line survey containing open and closed questions was constructed. Australian organisations providing sexual assault related services were invited to complete the survey via direct email contact and relevant industry e-newsletters. Data collected from the closed survey questions were analysed via descriptive statistical analysis, while thematic analysis was used to assess the open-ended responses.

In mapping the services which responded to the survey, the majority were not-for-profit, designated sexual assault services. Counselling was the predominant service offered to men who have experienced SA/CSA. Services were found to be largely female-focused, with a clear lack of recognition of males as a specific needs group. Specialist services for key male subgroups were found to be very limited. Moreover, issues surrounding dominant constructions of masculinity were found to impact negatively on male access and disclosure to SA/CSA services.

Organisations were also impeded by a number of difficulties and barriers related to SA/CSA service provision for males. The lack of a policy response was found to be an overarching difficulty affecting all areas of SA/CSA service provision to males. Coinciding with this was practical organisational difficulties including a lack of funding, training, education, and male specific resources. There were also found to be a number of barriers relating to professional development and support, included a lack of internal or external group supervision and a lack of inter- and intra-organisation networking and coordination.

A number of recommendations to improve service provision for men who have experienced SA/CSA have been developed from these findings. The development and implementation of a male specific formal policy response within Australia that recognises SA/CSA as issues affecting men as well as

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women, and acknowledges the distinct needs of this group is needed. This would improve recognition of the issue and aid organisations in developing a framework to provide SA/CSA services to men. It is expected that this would also result in increased funding and grant opportunities for SA/CSA services. Such a policy response would also need to be sensitive to the distinct needs of specific groups of males who have experienced SA/CSA.

Development of male specific resources, and improved education and community awareness is needed to enhance organisational and general community understanding of the issue. This is also expected to aid in improving male access and disclosure to SA/CSA services. More appropriate and affordable training, and enhanced models of professional supervision is needed to better support practitioners in responding to males who have experienced SA/CSA, and to provide more effective intra- and inter-organisational networking, professional development and peer support. Finally, as this project only collected basic overview data, further research into service provision for men who have experienced SA/CSA is needed.

There are two foreseeable limitations that may affect implementation of these recommendations. A lack of partnership and coordination between organisations and policy formation could reduce potency and possibly hinder an appropriate and timely policy implementation. Additionally as a result of the limited literature surrounding this issue there is a lack of information on where funding and resources are required. This could result in a lack of appropriate and targeted funding allocated specifically to each issue and outlining specifically where funding and resources should be directed.

The report begins by introducing the issue of male experiences of SA/CSA, followed by a review of literature relevant to SA/CSA related service provision. This literature provided a basis from which the three key research questions were developed. Following this, the methods used to collect and analyse data addressing these questions are outlined. The key findings flowing from these research questions are then summarised, followed by a discussion of the implications of these results. Conclusions drawn from the research and recommendations for improved service delivery are also

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outlined. Limitations and possible shortcomings of the research are discussed, with recommendations for future research also provided.

1.0 Introduction

While much has been completed in recent years to improve service response to female experiences of sexual assault and childhood sexual abuse (SA/CSA), men have been largely excluded from these developments. A growing body of literature identifies men who have experienced SA/CSA as a significant, yet marginalised, needs group. Male experiences of SA/CSA conflict with dominant societal constructions of SA/CSA as an issue affecting women and children, resulting in the marginalisation of men's experiences. This is evident in the underrepresentation of males in SA/CSA statistics, service provision and policy responses. Moreover, research into the availability and appropriateness of SA/CSA services for men remains largely underdeveloped.

Living Well is an organisation responding to this issue by providing a supportive and accessible service to men who have experienced SA/CSA and their partners, friends, family and service providers. *Living Well* contacted the University of Queensland to request research into the current nature of service provision in Australia for men who have experienced SA/CSA. The research aims to satisfy this request by investigating the current nature of service provision in Australia for men who have experienced SA/CSA. This is achieved firstly through the profiling of sexual assault related services within Australia. The extent to which these services are contained within a female context, are gender neutral, or are specifically focused towards men's needs is then examined. Finally, the appropriateness, difficulties and unmet needs associated with SA/CSA service provision for men are investigated. Recommendations for enhanced service delivery are then provided.

While sexual assault and childhood sexual abuse are recognised as crimes within Australia there is limited consensus on how to define the concepts "sexual assault and childhood sexual abuse" in a clinical and legal sense (Crome 2006). Additionally, the terms "victim" and "survivor" are often

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considered to classify people on the basis of the abuse they have experienced, rather than being seen as individuals (EVAC 2000: ii). Therefore, throughout this study, the term “men who have experienced sexual assault or childhood sexual abuse (SA/CSA)” is used.

The term “men who have experienced sexual assault” is defined as any male who is of or above the age of consent, who has experienced any form of sexual activity that is against their own will or without consent. This can include situations where force, violence or weapons are used, as well as situations where the victim is tricked, under the influence of drink or drugs or too scared to give consent. The term “men who have experienced childhood sexual assault” is defined as any male who, when under the age of consent, has been exposed to inappropriate sexual material or involved in sexual activity with an older, bigger, more knowledgeable or powerful person. The terms “assault” and “abuse” have both been included to ensure the entire range of male experiences is captured.

The report begins with a review of literature relevant to SA/CSA related service provision. This literature provided a basis from which the three key research questions were developed. Following this, the methods used to collect and analyse data addressing these questions are outlined. The key findings flowing from these research questions are then summarised, followed by a discussion of the implications of these results. Conclusions drawn from the research and recommendations for improved service delivery are also outlined. Limitations and possible shortcomings of the research are discussed, with recommendations for future research also provided.

2.0 Literature Review

To develop an understanding of the current nature of SA/CSA service provision and the related issues, literature relevant to the issue was reviewed. From this, three key themes emerged: the nature of service provision; the context of male specific service provision; and the barriers and difficulties organisations face in providing SA/CSA services.

2.1 Nature of Service Provision

A growing body of literature identifies men who have experienced SA/CSA as a significant, yet marginalised, needs group. Estimates of the prevalence of SA/CSA against men in Australia vary greatly depending on the sample and definition used. Most recently, the Australian Personal Safety Survey conducted in 2005 found that 0.6% of men surveyed had experienced sexual assault in the past twelve months, while 5.5% of men reported that they had experienced sexual assault at some point since the age of fifteen years (ABS 2006). Nevertheless, there is a consensus within the literature that male experiences of SA/CSA are much more prevalent in society than is officially recognised (Briggs 2007; Davies 2002; Davies and Rogers 2006; Donnelly and Kenyon 1996; Hodge and Canter 1998). This indicates a need for SA/CSA service provision for males.

Despite the increasing awareness of SA/CSA as issues for men, literature on what services are available for individuals who have experienced SA/CSA are sparse. The range and availability of SA/CSA organisations catering for male clients is largely unknown. This research fills this knowledge gap by investigating the nature of service provision within Australia for men who have experienced SA/CSA. Thus the first research question addressed in this project is:

What is the current nature of service provision for men who have experienced sexual assault or childhood sexual abuse?

2.2 Male Specific Service Provision

The literature which exists on SA/CSA service provision generally demonstrates that services are largely gendered towards women's needs (Boyd 2009; Donnelly & Kenyon 1996). Because incidents of SA/CSA predominately occur against women, SA/CSA are largely constructed as women's issues (Crome 2006). However, to define SA/CSA as "female" issues fails to recognise the plethora of different experiences of sexual assault and abuse (Briggs 2007). This results in the marginalisation of men's experiences of SA/CSA. Such gendered constructions of SA/CSA are reflected in the current policy frameworks and approaches to service delivery within Australia.

No large-scale policy initiative in any Australian jurisdiction recognises male experiences of SA/CSA as a specific issue in need of response (Astbury 2006; Crome 2006; Washington 1999). This is illustrated in that both the National Association of Services Against Sexual Violence Standards, which encompasses an Australian wide set of sexual assault service standards, as well as the Australian National Framework for Sexual Assault Prevention, identify SA/CSA as problems affecting "women and children" while making no mention of men (Dean et al. 1998).

The absence of an established policy framework to respond to male experiences of SA/CSA has also translated into a marginalisation of the issue within service provision. There exists a widespread homogenization of males into female focused sexual assault services, a practice based upon a premise of 'sameness' among genders of people who have experienced SA/CSA and their treatment needs (Astbury 2006; Crome 2006; Washington 1999). Such practice of gender homogenisation is criticised in the literature, with scholars highlighting the heightened efficiency and effectiveness of male specific sexual assault and abuse services (Bavington 2003; Crome 2006; Heenan 2003; Teram et al. 2006). Moreover, certain subgroups exist within the Australian male population which are particularly vulnerable to experiencing SA/CSA and which require specialist service responses. These

include members of Indigenous communities (Stanley et al. 2003), rural and remote communities (Coorey 2001), and men who are incarcerated (Heilpern 1998).

The lack of recognition of male experiences of SA/CSA can be explained in part by dominant stereotypes within Australian society surrounding issues of masculinity and what it means to be 'male' (AGDHA 2008; Donnelly and Kenyon 1996: 445; Fergus and Keel 2005; MacDonnell 2009: 10; Sotiri 2008: 46; Teram *et al* 2006: 510). Such gender stereotypes position males to be sexually aggressive and able to protect themselves – values dichotomous with sexual victimisation and help seeking (Mein et al 2003: 178). As men who experience SA/CSA challenge the stereotype of men as active rather than passive participants in sexual activity, this can impact negatively on the effects on and subsequent treatment of males (Crome 2006; Keel et al. 2005; Graham 2006; Mein et al 2003: 178; Yeager and Fogel 2006).

In providing a mapping of SA/CSA services for men within Australia, it is important to investigate whether current services are gendered towards male or female clients, or are gender neutral. Thus the second research question addressed in this project is:

To what extent are services for men who have experienced SA/CSA contained within a female context, are gender neutral, or are specifically focused for men?

2.3 Difficulties and Barriers to Service Provision for Men

In the absence of a formal government response to men who have experienced SA/CSA, services have developed their own service models and tools to guide service provision. The limited awareness of SA/CSA services for men means that generalist health services often do not know how to respond to the issue, or make appropriate referrals (KPMG 2009). As a result, there are currently no practice standards or quality assurance mechanisms in place for SA/CSA service providers, and no effective way of monitoring quality of service provision (KPMG 2009). This is reflected internationally with very little research being conducted to assess either the effectiveness of specialist sexual

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assault services, or the ability of generalist health services to meet the perceived needs of male service users (Astbury 2006).

Within Australia, very limited data collection on service provision for males who have experienced SA/CSA occurs (KPMG 2009). Collective information about responses to men who have experienced SA/CSA, or a framework for assessing this, does not yet exist, including possible barriers faced by organisations in attempts to provide services to men who have experienced SA/CSA. As such, an investigation into the difficulties and barriers associated with service provision for men who have experienced SA/CSA is necessary. Thus the third research question addressed in this project is:

How appropriate are the services, and what are the difficulties and barriers associated with service provision to males who have experienced sexual assault or childhood sexual abuse?

3.0 Method

The purpose of this study was to explore the nature of service provision for men who have experienced SA/CSA. Given the paucity of knowledge in this domain, basic overview data was collected on current Australian service provision. This information was collected by inviting Australian organisations that provide services to individuals who have experienced SA/CSA to complete an on-line survey. The quantitative data collected from the completed surveys was analysed via descriptive statistical analysis, while the qualitative data was examined via thematic analysis.

3.1 Participants

The unit of analysis in this study is Australian organisations that provide services to individuals who have experienced SA/CSA. As the focus was on the nature and range of service provision by organisations, rather than individual experiences of SA/CSA, service providers were considered to be the most appropriate informants. Moreover, due to ethical and practical considerations, the student team could not approach individual clients.

Organisations which were considered suitable to partake in this study were identified through an on-line search, as well as through the industry partner's established network of contacts within the sector. Initial contact was made by the industry partner via e-mail, inviting relevant organisations to select a practitioner¹ to respond as a representative of the organisation. Organisations were also encouraged to alert other relevant organisations to the study, and invite them to participate. Notices

¹ For the purpose of this study, 'practitioner' is defined as any person who works in a voluntary or paid employment capacity for an organisation and who personally provides services to individuals who have experienced SA/CSA.

alerting organisations to the study were also placed on the industry partner's *Living Well* website, and included in relevant industry e-newsletters.

3.2 Data Collection

Datum was collected using a structured online survey. The survey was developed and maintained on the secure, on-line survey development tool, *Survey Monkey* (<http://www.surveymonkey.com>). A link to the survey was placed on a website run by the project's industry partner, entitled *Living Well* (<http://www.livingwell.org.au>). This website had already been established in the community as a resource designed to assist men who have experienced SA/CSA, as well as their partners, friends, family and service providers. An online survey was chosen as the primary data collection tool due to the low cost of administering the survey and collecting responses throughout Australia, as well as the convenience for participants in accessing, completing and submitting the information.

The survey consisted of three main components (see Appendix I). The first of these explored the nature of the participating organisations and the SA/CSA services they provide. The following section concentrated on the SA/CSA services these organisations provide specifically for males. These two sections of the survey corresponded directly to answering the first research question. The final section of the survey consisted of questions relating to two key areas: whether the services are contained within a female context, are gender neutral, or are specifically focused for men and what are the difficulties and barriers associated with service provision for men who have experienced SA/CSA.

The survey contained mostly closed questions, with some open questions included to support these. Closed questions can be defined as survey questions offering participants a selection of possible answers (Babbie 2004: 244). These were included to enable more directed and detailed analysis of the pre-defined research questions (Bryman 2004: 457; Krosnick 1999: 544). Closed questions were also employed to ensure a uniformity of responses, allowing for quantitative analysis of responses

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(Babbie 2004: 244). Closed questions either allowed respondents to select all appropriate options, or asked respondents to select the single most appropriate option. Each of these forms of closed questions were selected based on the type and depth of information required from each question. Where appropriate, an “other” response option was included with the closed questions for the purpose of ensuring the information provided accurately reflected the respondent’s perspective (Arnon and Reichel 2009: 191).

In addition to these closed questions, several open questions were included in the latter part of the survey. Open questions can be defined as survey questions offering participants the opportunity to put forward their own ideas within an open text box (Babbie 2004: 245). These questions were included with the acknowledgement of the propensity of participants to confine their responses to the answers offered in closed questions (Krosnick 1999: 554). Open questions allow for the generation of qualitative data that may be better related to the respondents’ authentic perceptions and beliefs, and may be deeper than what is obtained through closed questions (Arnon and Reichel 2009: 191-2). This also allows for new insights to be put forward which may not have been captured within the closed question response options. Additionally, the combination of open and closed questions was intended to strengthen the research results, as both the qualitative and quantitative data provide confirmation for the findings of the other (Arnon and Reichel 2009: 191).

The purpose of the study and the key terms used – specifically, “men who have experienced sexual assault”, and “men who have experienced childhood sexual abuse” – were defined at the beginning of the survey to avoid any misunderstandings between participants and the research team (Hutchinson 2004: 295). An open question was also included at the end of the survey inviting participants to leave any additional comments. Before inviting service providers to complete the survey, a pilot test was conducted with two individuals knowledgeable in the area of SA/CSA service provision to assess the readability and validity of the survey. Only minor changes to the wording of the questions were made based on the advice given by these individuals.

The survey was made available to participants on 28 August 2009, and closed on 30 September 2009.

3.3 Ethical Considerations

Full ethical approval was obtained for this research study from the University of Queensland's (St Lucia) internal ethical approval committee.

To ensure full disclosure of all aspects of the research project, participants were required to read an on-line participant information sheet (loaded on the *Living Well* website) at the commencement of the survey. This outlined the nature of the study and the participants' role should they choose to participate. In order to proceed to the survey, participants were also required to read and assent to an on-line participant consent form detailing the terms and conditions of the research. Participants provided consent by clicking the button on the bottom of the online consent form, and could then proceed to the survey page on *Survey Monkey*.

To ensure confidentiality of all information collected, the survey was developed and posted on a secure and security-protected website (Sue and Ritter 2007: 12-13). Furthermore, no identifiable information, relating to either the individual or the organisation they represent, was requested from respondents when completing the survey. The internet protocol (IP) address of the respondent was not recorded. Given that recruitment was conducted by the industry partner, the research team was unable to identify or recognise the specific organisations participating in the survey.

As organisations had been invited to personally select a practitioner to complete the survey on behalf of the organisation, this ensured the identity of the individual participant remained confidential. Given that the identity of respondents and organisations remains unknown, it is not possible to recognise the origins of a specific survey. Therefore, once participants completed the questionnaire, it became logistically impossible for their responses to be withdrawn from the study.

3.4 Data Analysis

The data from the closed questions was analysed via descriptive statistical analysis. This involved calculating frequencies and cross-tabulations using Microsoft Office Excel 2007. Data from the open-ended questions was analysed via thematic analysis. This involved coding the open-ended data manually, then identifying the key themes which emerged. Thematic analysis of open-ended qualitative data is appropriate for this project as it allows for themes to emerge which may not have been considered, or which may be counter-intuitive to the researchers' expectations (Graham 1991: 181). This is particularly pertinent for a study collecting basic overview data.

The coded qualitative data was then compared with the quantitative data to identify any correlations that either reinforce or contradict each other. The identified themes resulting from both quantitative and qualitative responses were then organised according to the research questions, as displayed in the following 'Findings' section.

4.0 Findings

The literature indicates a lack of research into the availability and appropriateness of SA/CSA service provision for men in Australia. In order to build on this knowledge base, this research aims to establish a profile of the nature of SA/CSA service provision for men. In addition to this, the literature suggests that SA/CSA service provision is largely gendered, in that it is focused towards the needs of women. This research aims to build on this finding in investigating to what extent services for men who have experienced SA/CSA are contained within a female context, are gender neutral, or are specifically focused for men. Additionally, the literature points to a lack of research into the difficulties and barriers associated with SA/CSA service provision for men. The research aims to strengthen this by examining the difficulties and barriers associated with SA/CSA service provision for men. The following section outlines the findings relevant to these research questions of the nature, gendered aspects and difficulties and barriers associated with SA/CSA service provision.

4.1 Nature of Service Provision

To better understand the nature of SA/CSA service provision a profile of service provision for both men and women was developed. This involved a mapping of the location, region and key services offered by SA/CSA organisations. An investigation into the nature of SA/CSA service provision specifically for men was then undertaken. This involved a mapping of the funding source and services offered to men who have experienced SA/CSA.

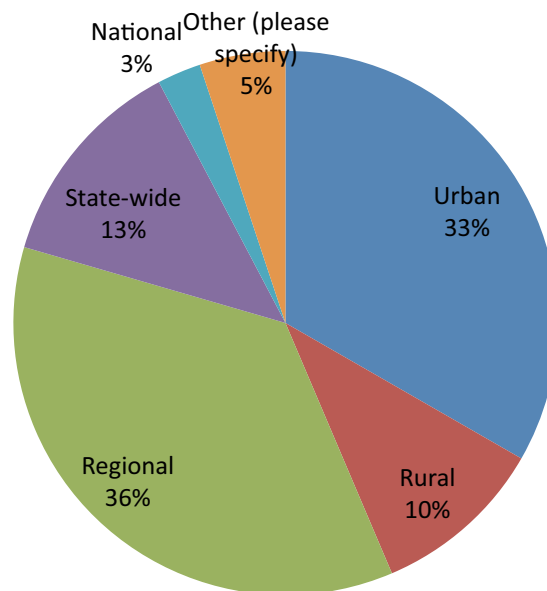
4.1.1 Profile of Service Providers

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A total of 39 responses were collected from around Australia. The majority of these came from Queensland (36%), Victoria (23%) and New South Wales (21%). No responses were collected from Tasmania. Five international responses were also received from Africa, the United Kingdom and Canada. These were omitted from data analysis given the research focus on SA/CSA service provision within Australia.

As Figure 1 indicates, 36% of organisations surveyed provided services within regional Australia, 33% provided services within urban areas of Australia and 13% provided services state-wide.

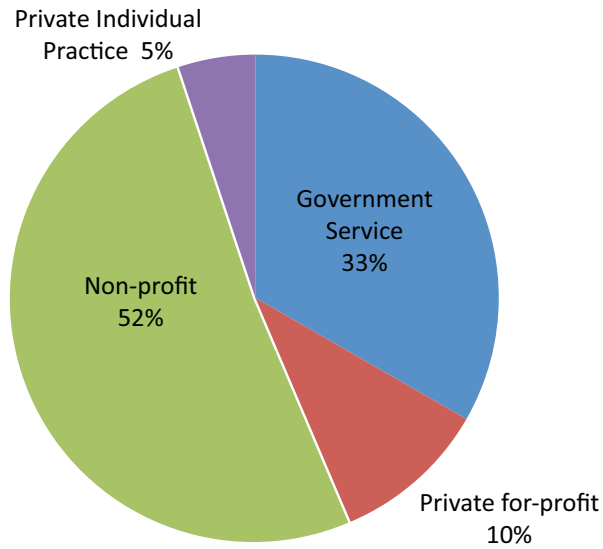
Figure 1: Geographical Area of Service of Organisation



As Figure 2 indicates below, 52% of the organisations which responded to the survey were non-profit organisations while 33% were government agencies.

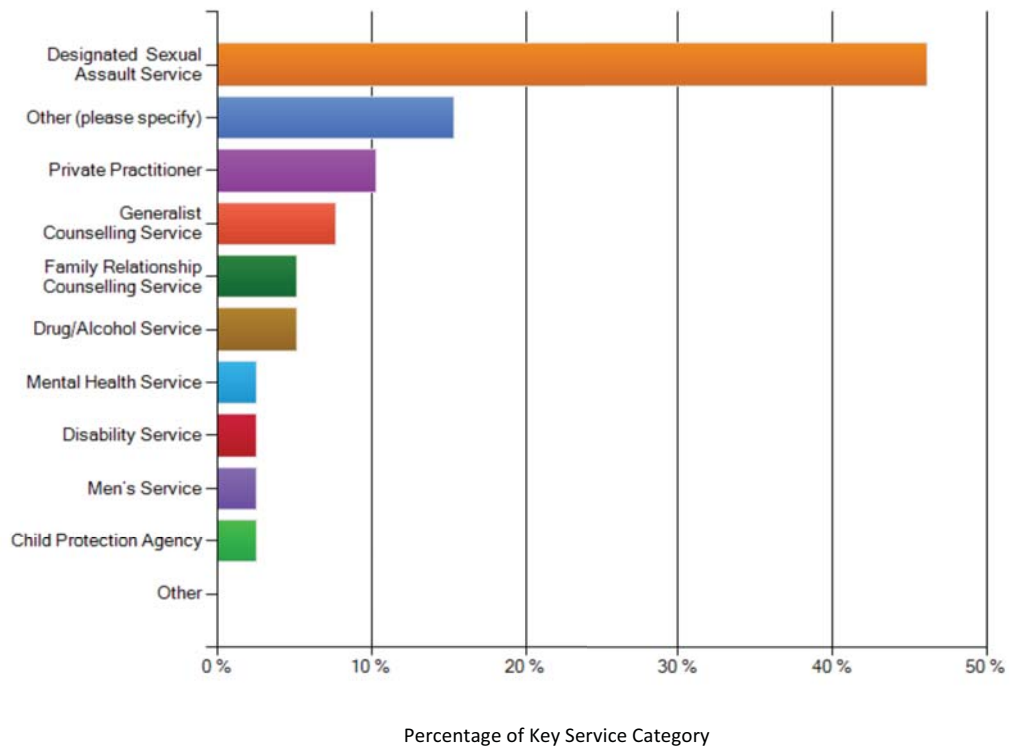
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Figure 2: Type of Organisation



As Figure 3 indicates below, the majority of the organisations which responded to the survey were designated sexual assault services (46%). Other predominate service categories included private practitioner services (10%) and generalist counselling services (8%).

Figure 3: Key Service Category



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As Table 1 indicates, on average approximately one-eighth of SA/CSA service users annually were men.

Table 1: Number of Service Users Over One Year

	<i>Average</i>	<i>Total</i>
Adult Males	50.34	1,460
Adult Females	399.85	10,396
Boys	38.76	659
Girls	129.06	2,065

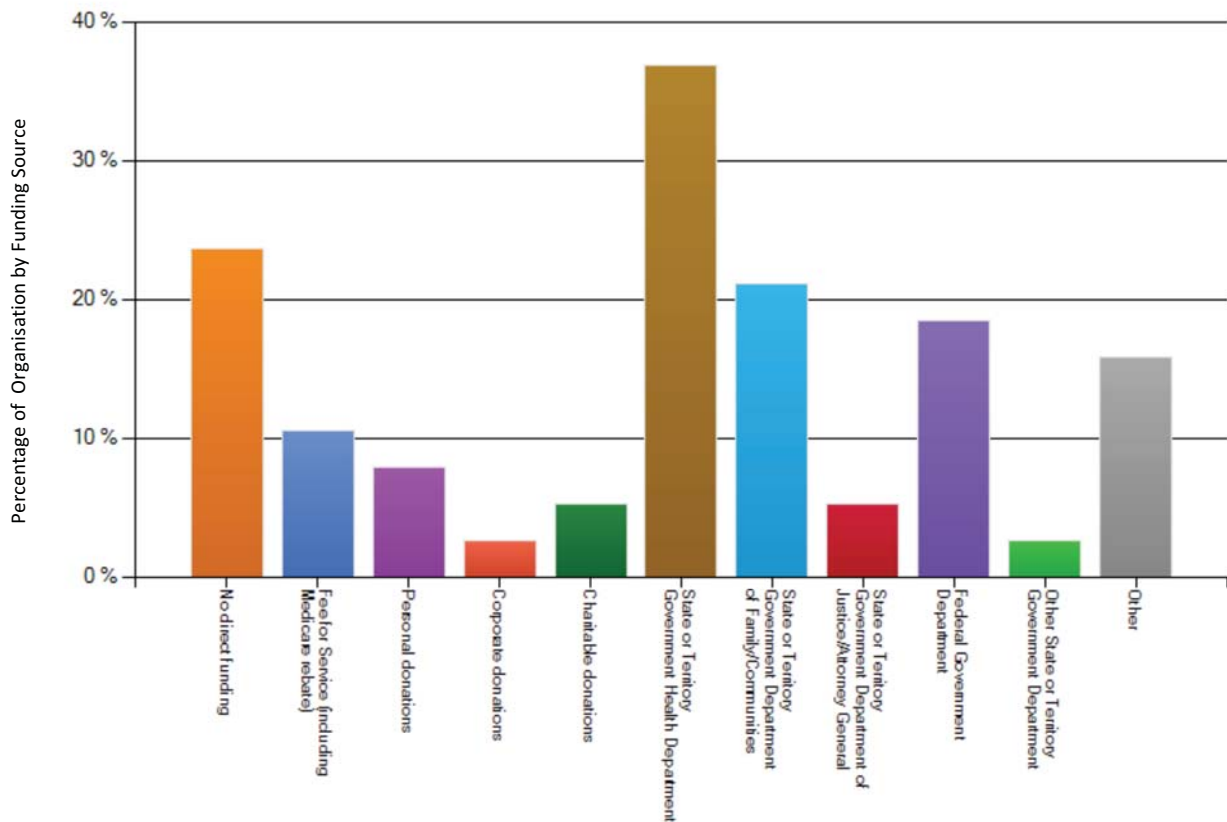
4.1.2 Male Specific Services

Funding for Service Provision to Males

As is evident in Figure 4 below, the majority (66%) of organisations received funding from State or Territory government departments. Of these, health and family and community departments were the primary funding sources. 24% of organisations received no direct funding, while 19% of organisations received funding from Federal Government departments.

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Figure 4: Percentage of Organisations by Funding Source

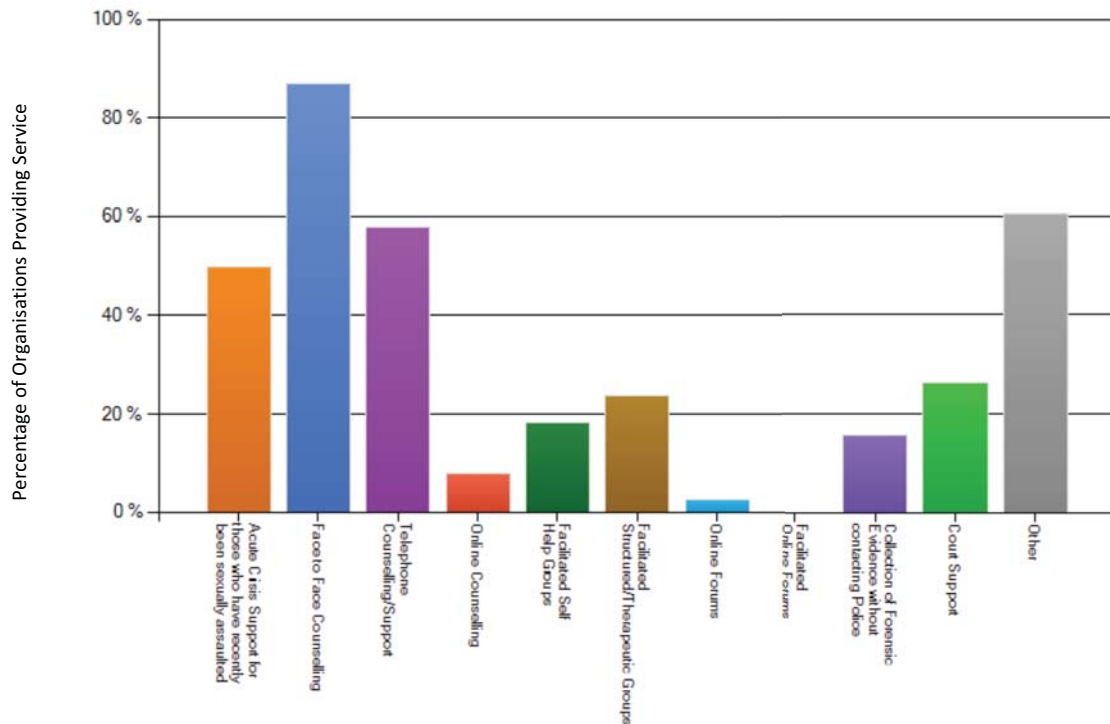


Services Provided to Males

As Figure 5 indicates below, the most prevalent types of services provided to males who have experienced SA/CSA were counselling services in a range of forms including: face to face counselling (87%), counselling to partners, friends and family members (74%) and telephone counselling (60%). Advocacy, community education and acute crisis support were provided by approximately half of the organisations surveyed. A minimal number of organisations provided online forums or online counselling. No organisations provided facilitated online counselling forums.

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Figure 5: Services Provided to Males who have experienced SA/CSA



4.2 Male Specific Service Provision

The literature suggests that SA/CSA services are gendered in that they are focused towards the needs of female clients. This research aims to build on the literature to identify to what extent services for men who have experienced SA/CSA are contained within a female context, are gender neutral, or are specifically focused for men. This was completed through the examination of whether organisations collect data on male clients, develop resources or material specifically for men, or engage in activities to raise community awareness specifically for men who have experienced SA/CSA. Additionally, the gender choice of practitioner available to men by SA/CSA services was investigated, with the literature indicating this choice as beneficial to male treatment outcomes (Crome 2006: 5).

4.2.1 Recognition of Males as a Specific Needs Group

The quantitative data set demonstrated that services are largely gendered. This can be seen in the high percentage of organisations (64%) that did not collect data specifically regarding the needs of men. Additionally, a high percentage of organisations (approximately 61%) had not developed material or information specifically for males. The majority of organisations (59%) also did not engage in activities to create community awareness that men also experience SA/CSA. The qualitative data set supported this, with one respondent stating “I believe that more work needs to go into community education that SA/CSA happens to boys and men and the services that are available”.

It was also indicated in the qualitative data set that there is a framing of SA/CSA as issues affecting women and girls. One respondent stated: “there is a blindness/ attitude of some services ... that men experience SA/CSA too”. Another respondent stated: “for adult males, sexual assault is hardly recognised ... as being a problem”.

Lack of Male Specific Resources

A number of respondents indicated a lack of specific resources for men who have experienced SA/CSA, their family, friends and partners, and practitioners providing services to this group within the qualitative responses. As there is a small number of organisations providing a service to males, this results in less choice for males compared to females seeking similar support.

Unable to Offer Gender Choice of Practitioner

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The closed questions indicated that approximately 55% of organisations surveyed did not offer a gender choice of practitioner. Of these, approximately 30% of respondents specified that they would like to offer a gender choice of practitioner.

The qualitative data set supported these findings. One respondent stated that they felt disappointed “that so few ... services are able/willing to employ male Counsellors/Advocates”. Another respondent stated that there are “no male counsellors in the entire district ... [which is] unfair on males who are seeking [a] male counsellor”.

4.2.2 Lack of Access of Services and Disclosure by Males

While not explicitly addressed by the survey questions, issues surrounding the dominant constructions of masculinity and the influence this has on access and disclosure to SA/CSA services frequently emerged in the open questions.

Lack of Access to Services

A number of respondents indicated a lack of access and disclosure to SA/CSA services by men within the qualitative responses. One respondent stated that there is “not enough reporting or disclosure of male sexual assault”. Another respondent stated that the “shame they carry may limit disclosure”.

Constructions of Masculinity

A number of qualitative responses indicated that men are reluctant to access SA/CSA services as a result of dominant constructions of masculinity. This can be seen in the quotes “men traditionally learn not to express themselves”, “gender stereotypes need to be transcended” and men are reluctant to seek help as a result of “a culture of ‘strong’ masculinity”.

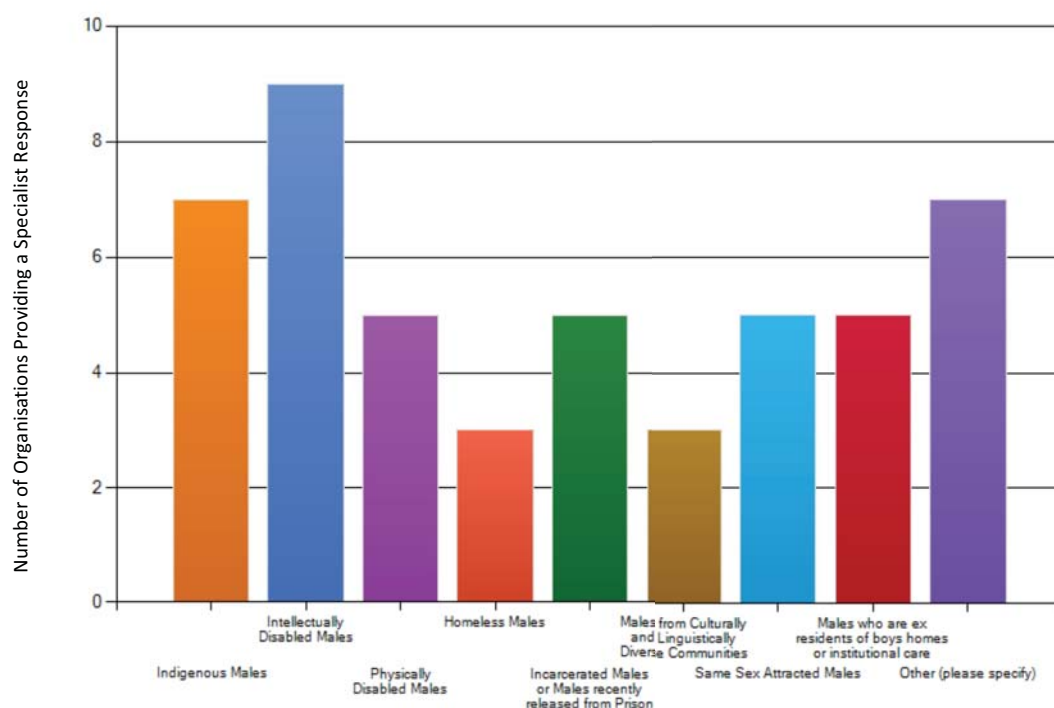
4.2.3 Lack of Specialist Response to Males with Distinct Needs

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The literature suggested that a number of sub populations of men in Australia were particularly vulnerable to experiencing SA/CSA in their lifetimes. From this, it was important to investigate whether services had developed specialist responses to these subpopulations.

The findings indicated a lack of specialist service responses for sub populations of men who have experienced SA/CSA. This was evident in both the quantitative and qualitative responses. As indicated below in Figure 6, approximately one-eighth of the organisations surveyed had developed a specialist service response for men from culturally and linguistically diverse backgrounds. Approximately one-quarter of the organisations surveyed had developed a specialist service response for homeless men.

Figure 6: Development of a Specialist Response



The qualitative responses supported this lack of specialist service responses for sub populations of men who have experienced SA/CSA. A number of respondents indicated that there is a lack of specialist service responses for men who have also committed SA/CSA. One respondent stated there is a lack of “services for survivors who are also abusers and require help for their abusive behaviour”.

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A number of respondents also identified a lack of a specialist service response for transgender males, with one respondent stating: “there is a need for services also for transgender people affected by SA/CSA”. Another respondent stated that there are “no specific transgender counselling or support service available in this region”. The lack of a specialist service response to young males who have experienced SA/CSA was also identified, with one respondent stating: “there's not much support available that is tailored for young males”. The findings also identified drug and alcohol users, professional business men and men with co-morbid mental health issues as further specific groups of males requiring a targeted service response.

4.3 Difficulties and Barriers to Service Provision for Men

In order to enhance service delivery for men who have experienced SA/CSA, the difficulties, unmet needs and appropriateness surrounding this service provision were investigated. Key issues which emerged included practical organisational difficulties and professional development and support.

4.3.1. Practical Organisational Difficulties

Lack of Funding

A key theme which emerged from the qualitative data set was a lack of funding for male specific SA/CSA service provision. One respondent stated: “limited funding effects our work”. Another respondent stated that the “lack of specific funding streams for men” impacts on their ability to cater for male specific needs. A respondent also indicated that “for adult males, sexual assault is hardly recognised (outside prison) as being a problem. Therefore funding and support is sparse”.

Lack of Training and Education

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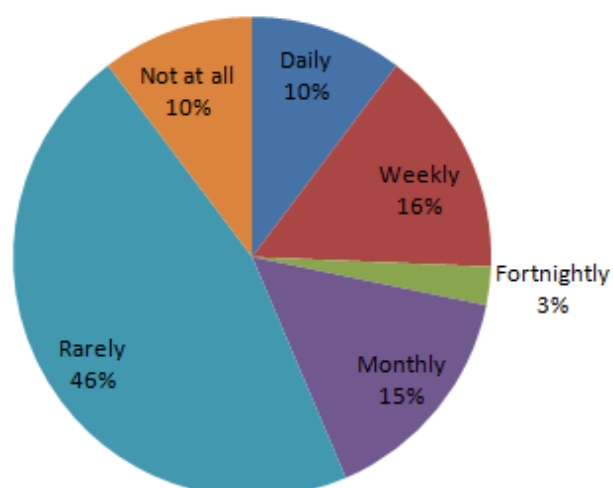
The research also found that there is a lack of appropriate training and education for practitioners providing SA/CSA services. Service providers commented on the scarcity of affordable and available training for staff, as well as the lack of training in specific areas relating to men who have experienced SA/CSA. One respondent commented that many of their organisations staff “are not well trained in understanding or treatment of trauma”.

4.3.2. Professional Development and Support

Lack of Networking among Practitioners

The data set identified networking as a prevalent gap or unmet need in service provision for men who have experienced SA/CSA. As can be seen in Figure 7, over half of the practitioners working with men who have experienced SA/CSA meet rarely or not at all with practitioners providing similar services.

Figure 7: Percentage of how often practitioners meet with other practitioners



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The qualitative data set supported these findings. One respondent stated there is a “lack of a network group specifically for organisations and practitioners working with men who have experienced SA/CSA”.

Lack of Professional Supervision

The majority (46%) of the organisations surveyed provided internal generalist professional supervision. Only a small number of organisations (14%) provided internal issue specific clinical supervision. Just 9% of organisations offered external group supervision funded either by the organisation or from outside sources.

Within the qualitative responses a number of respondents identified peer support and professional supervision as substantial barriers to service provision for males who have experienced SA/CSA. One respondent stated that there is a lack of “adequate professional supervision” and “opportunities for participation in ongoing peer support groups”.

5.0 Discussion

5.1 Nature of Service Provision

This research aimed to provide a profile of SA/CSA service provision within Australia. The organisations surveyed were concentrated largely within the states of Queensland and Victoria. This can be expected, given the propensity of the sampling technique employed to create concentrations of respondents within the same areas (Alreck and Settle 1995:81, Neuman 2003: 179). As the industry partner *Living Well* is based in Queensland this would account for the concentration of responses within Queensland (Living Well 2009). Additionally, the organisations surveyed were concentrated largely within regional and urban areas of Australia. This too can be expected given the higher populations within these areas compared to rural areas of Australia. The findings suggest the need for further research to develop a more extensive mapping of SA/CSA service provision within each state. This would strengthen the data set available on the profile of service provision within Australia.

This research also aimed to provide a profile of male specific service provision within Australia. It was found that only a limited number of organisations provided online services, such as online counselling or forums. No prior research has been completed into the efficacy of online services in enhancing treatment outcomes for males. However the literature suggests the effectiveness of online services in enhancing the treatment outcomes of individuals who have experienced SA/CSA, as a result of the accessibility, anonymity, unidentifiability and cost effectiveness associated with these services (Barak 2007, Leibert & Archer 2006). As this research provides only basic overview datum on service provision for men who have experienced SA/CSA, further research into the efficacy of these services and the appropriateness of online services is needed

5.2 Male Specific Service Provision

The research found that service provision for men who have experienced SA/CSA is gendered. This is evident in a number of key findings. The quantitative data set showed that the majority of organisations did not develop material for men; collect data specifically relating to men; or engage in community awareness activities specific to men's experiences of SA/CSA. The qualitative data also supported this.

The literature supports these findings. Research conducted by Astbury, Crome and Washington found that SA/CSA service provision is largely gendered, with SA/CSA framed as issues effecting only women and children (2006; 2006; 1999). This results in the homogenisation of men into female directed SA/CSA services (Astbury 2006; Crome 2006; Washington 1999). Such a practice is widely criticised, with Bavington, Heenan and Teram *et al.* highlighting the heightened efficiency and effectiveness of male specific SA/CSA services (2003; 2003; 2006). This suggests that a male specific policy response be developed within Australia that recognises SA/CSA as issues effecting men as well as women and acknowledges the distinct needs of this group.

As a result of the gendered nature of service provision there is a lack of recognition and development of specialist services for specific subgroups of men who have experienced SA/CSA. Few organisations provided specialist services for specific subgroups of men. The literature suggests that any appropriate service response to males who have experienced SA/CSA must take into account the diverse needs and backgrounds of specific subgroups of males (Astbury 2006; Davies 2002). This marks the need for a policy response sensitive to the distinct needs of specific subgroups of males who have experienced SA/CSA.

The research also found that as a result of dominant constructions of masculinity many men do not access SA/CSA services. This is evident in the quantitative findings, which showed that men access

services much less frequently than women. These findings correlate with relevant literature on the issue. A number of sources suggest that gender stereotypes position males to be sexually aggressive and able to protect themselves – values dichotomous with sexual victimisation and help seeking (Mein et al 2003: 178). As a result many men are hesitant to disclose to or access SA/CSA services (Astbury 2006). This suggests that these dominant constructions of masculinity need to be taken into consideration when engaging in education and community awareness raising activities and when developing a policy response for men who have experienced SA/CSA.

5.3 Difficulties and Barriers to Service Provision for Men

The research pointed to a number of difficulties and barriers associated with service provision for men who have experienced SA/CSA. These included a lack of funding, education and training, as well as inadequate professional development and support.

These findings support the relevant literature on the issue. No large-scale policy initiative in any Australian jurisdiction addresses male sexual assault as a specific issue in its own right (Crome 2006). As a result there is a lack of targeted funding streams for service provision to men who have experienced SA/CSA (Crome 2006). Funding is vital to enable appropriate service provision to men who have experienced SA/CSA (Crome 2009). This suggests that any policy response to men who have experienced SA/CSA include a targeted funding stream for service provision to this group.

As a result of this limited funding there is a lack of training and education pertinent to service provision to this group. Many of the qualitative responses highlighted the scarcity of affordable and available training to staff. This supports the literature, which highlights the need for affordable training specific to the needs of men who have experienced SA/CSA (Crome 2006). This highlights the need for more appropriate and affordable training specific to the needs of men who have experienced SA/CSA be made available alongside a targeted funding stream.

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The research also indicated a lack of professional development and support for practitioners as a significant barrier to service provision. This corresponds with literature which points to the need for enhanced intra organisational networking and professional supervision for efficient SA/CSA service delivery (Astbury 2006). This suggests that services enhance models of professional supervision to better support practitioners in responding to males who have experienced SA/CSA to provide more effective intra organisational networking and professional development and peer support.

6.0 Conclusion

6.1 Summary

This project aimed to investigate the current nature of service provision in Australia for men who have experienced SA/CSA. This was achieved by first establishing a profile of sexual assault related services in Australia. Furthermore, it sought to investigate to what extent services for men are contained within a female context, are gender-neutral, or are specifically directed at men. Finally, the appropriateness, difficulties and unmet needs associated with SA/CSA service provision for men were examined.

In conducting this research, a mapping of the current SA/CSA related services in Australia was completed. It was found that SA/CSA service provision was largely gendered towards the needs of women. This service response overlooks the role constructions of masculinity have on the lack of access and disclosure to SA/CSA services by men. In particular, specific subgroups of the male population identified by the findings and the literature as vulnerable to experiencing SA/CSA are not adequately addressed within female-directed services. Moreover, it was found that organisations face a number of barriers to SA/CSA service provision. Key issues include a lack of funding, resources, inadequate training and education, and a lack of professional development and support.

6.2 Limitations

6.2.1 Sample

As the findings from this study are based on the sample population of survey respondents, inferences from the research to the wider population cannot be drawn.

6.2.2 Open versus Closed Questions

To generate a mix of quantitative and qualitative data, both open and closed questions were used throughout the survey. The close-ended questions generated measurable statistics, and enabled a more directed analysis of the pre-defined research questions. The open-ended questions allowed for more in-depth answers to the questions that are more reflective of the authentic beliefs of the respondents. As there are inherent limitations to both types of data, both have been utilised to enable a deep yet focused investigation into the research topic

6.2.3 Closed Question Design

The closed questions allowed respondents to either select all of the appropriate options to the questions, or asked respondents to select the single most appropriate option. Each of these forms of closed questions were selected based on the type and depth of information required from each question. While the questions which allowed respondents to select all of the appropriate options were beneficial for collecting a wide range of data, responses could not be ranked. With some questions this limited the ability to better interpret the data.

6.3 Recommendations – Improving Service Provision

From these findings, a number of recommendations have been developed. These include: the development of a formal policy response; a specialist response to male subgroups; the development of male specific resources; and improved education and community awareness.

6.3.1 Policy Response

The development and implementation of a male specific formal policy response within Australia that recognises SA/CSA as issues affecting men as well as women, and acknowledges the distinct needs of

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this group is needed. This would improve recognition of the issue and aid organisations in developing a framework to provide services. It is expected that this would also result in increased funding and grant opportunities for SA/CSA services.

6.3.2 Specialist Services

Specialist services need to be developed to target particularly vulnerable subgroups of men in Australia. These include men who have also committed SA/CSA, transgender individuals, young men, drug and alcohol users, professional businessmen and men with co-morbid mental health conditions who have also experienced SA/CSA. The development of a policy response, as mentioned above, would also need to be sensitive to these distinct needs groups. Specialist services for these subgroups are also expected to provide enhanced treatment outcomes.

6.3.3 Male Specific Resources

The development of male-specific resources for men who have experienced SA/CSA, and their partners, friends, family and service providers is needed. This would aid in improving organisational and general community understanding of the issue. The development of such resources would also support organisations in developing more appropriate treatment strategies for men as a specific needs group.

6.3.4 Education and Community Awareness

Greater education and community awareness of male experiences of SA/CSA is needed to improve understanding of the issue. This would aid in combating issues surrounding masculinity and men's reluctance to access and disclose to SA/CSA services. This could be implemented in conjunction with the development of male specific resources, as mentioned above. The development of a formal policy response would also aid in implementing this recommendation.

6.3.5 Training and Professional Development

Enhanced models of professional supervision are needed to better support practitioners in responding to men who have experienced SA/CSA. This would provide more effective intra organisational networking and professional development and peer support. This needs to be complemented by more accessible and affordable training opportunities for practitioners, to improve their skills and awareness in responding to men who have experienced SA/CSA.

6.4 Recommendations – Further Research

One limitation of this research is that, as it covered a wide range of issues, this did not allow for the in-depth exploration into specific issues. It is therefore recommended that future research focus specifically on the issues identified in this report, to gain a greater depth of knowledge and understanding. In particular, further research must be conducted into better recognising and understanding how gender constructions and dominant constructions of masculinity inform the conception, understanding and framing of service provision for men who have experienced SA/CSA. Moreover, as only basic overview data was collected, further research into developing a more comprehensive mapping of SA/CSA related services in Australia is necessary.

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Appendix I: On-line Questionnaire