

Supporting male victims/survivors accessing a Sexual Assault Referral Centre (SARC)

Good Practice Guide

April 2021



Please be aware that this guide includes offensive terms, myths and stereotypes about male victim/survivors of sexual violence. It is important to include them in order for them to be addressed and challenged by users of this guide. We need to understand the potential negative impact of these myths and stereotypes on those who seek support so that we can ensure the service provided is appropriate and inclusive.

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Contents

3. [What is this guide for?](#)
4. [What is the purpose of this guide?](#)
5. [Understanding male identity](#)
6. [Understanding societal expectations](#)
7. [Masculinity and sexuality - case study #1](#)
8. [Understanding myths and stereotypes](#)
9. [Accessing SARCs: barriers for males](#)
10. [How can SARCs support males?](#)
11. [Promoting SARCs to males](#)
12. [Ensuring males feel welcome](#)
13. [Ensuring a visible male presence](#)
14. [Ensuring staff are trained](#)
15. [Tailor medical examinations](#)
16. [Attending a SARC – case study #2](#)
17. [Aftercare & onward support](#)
18. [The importance of feedback](#)
19. [Male Sexual Assault Support service - case study #3](#)
20. [Further reading](#)

MSP and LimeCulture would like to thank all the male survivors, specialist third sector sexual violence organisations and their consultative lived experience groups who shared their experiences, views and suggestions as part of the development of this Guide. The quotes contained within the Guide are theirs.

We would also like to thank the wide range of SARC staff who were involved in the development of this Guide, including (Male) Crisis Workers, SARC Managers, Administration Assistants and Therapists. Their insights have been invaluable.

Accessibility

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact 0300 311 22 33 or email: england.contactus@nhs.net stating that this document is owned by the National Sexual Assault and Abuse Programme Team at NHS England and NHS Improvement.

For information on meeting the needs of males assaulted in a chemsex context, please refer to the Good Practice Guide supporting LGBT+ victims/survivors accessing a SARC.

What is the purpose of this guide?

Promoting quality care, informed by the needs of lived experience, delivered by a confident and competent workforce is a key priority for NHS England & NHS Improvement as outlined in the [Strategic Direction for Sexual Assault and Abuse Services 2018-2023](#).

The Strategic Direction for Sexual Assault and Abuse Services has a vision to improve access to services for victims and survivors of sexual assault and abuse, and support them to recover, heal and rebuild their lives.

For those who have experienced recent sexual assault and abuse and who are in the immediate aftermath, the strategy outlines the importance of providing highly responsive, personalised services delivered by well-trained doctors, nurses and support workers in settings that respect privacy and that are easy to access. Further, the strategy acknowledges the need to provide therapeutic care that recognises the potentially devastating and lifelong consequences on mental health, physical and emotional wellbeing.

The number of males who access SARCs is very low. Sadly, this means that males are less likely to:

- access specialist medical care after being raped or sexually assaulted
- provide forensic and other evidence to support a criminal investigation
- be supported to recover from trauma
- be referred to longer term support services.

This may also mean that SARC staff have limited experience in supporting males, which can then impact on the confidence and competence of staff to effectively support males when they do seek support.

The purpose of this guide is to educate and guide staff working in SARCs to better enable males, including those from diverse communities, to access the support of a SARC following sexual assault and abuse.

Where males do access support from a SARC, this guide also aims to support SARC staff to deliver high-quality care that is responsive and understanding of the diverse needs of male victims/survivors of sexual assault and abuse.

Equality and health inequalities

Promoting equality and addressing health inequalities are at the heart of NHS England and NHS Improvement values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

About this good practice guide

The guide includes a mix of rationale, evidence and suggested practice to improve male's access to and benefit from SARCs.

This guide is intended as a starting point for learning, to improve understanding, initiate new ways of working, assess the effect and support continuous improvement.

What is male sexual abuse?

Male sexual abuse is any unwanted or non-consensual sexual act performed against a male adult or child at any time in his life.

Who does it happen to?

It can happen to anyone. Any male can be the victim of a sexual offence. Heterosexual, gay and bisexual men and people who identify as non-binary or trans are equally likely to be sexually assaulted.

Being sexually abused has nothing to do with current or future gender identity or sexuality.

Language & terminology

Gender identity refers to whether you see yourself as male, female, both or neither. For the purpose of this good practice guide, individual(s) supported by SARCs will be referred to as male(s).

Why is this guide needed?

It is difficult to know the true prevalence of sexual offences against males. However, it is generally estimated that 1 in 6 males will experience an unwanted or abusive sexual experience in their lifetime.

However, recent research commissioned by ManKind UK in 2021 found even higher prevalence rates with their research showing:

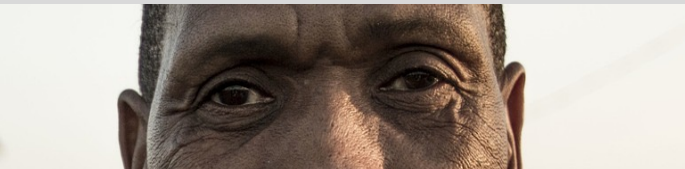
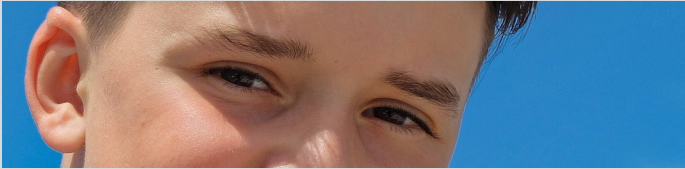
- Half of men had had unwanted sexual experiences.
- 1 in 7 men had been coerced into sex.
- 1 in 10 men had experienced rape or non-consensual penetration.

For the year ending March 2020, the Crime Survey for England and Wales estimated that 155,000 men aged 16 to 74 years experienced sexual assault (including attempts) in the last year.

Despite these shocking statistics, we know that males are more likely to suffer in silence as there are significant and multiple barriers to them seeking help. It is widely accepted that sexual abuse and rape against males is one of the most under-reported crimes. For those males who do disclose, it is important to acknowledge that some come forward immediately, but it is also very common for men not to disclose until decades after the abuse took place. The effect of not disclosing can mean a life damaged by past suffering.

Those working in SARCs have a unique opportunity to demonstrate to males that help is available in their community, to support them at the moment they ask for help and enable them to access further support.

Understanding male identity



It is an important principle that males are not one homogenous group: no two males are the same. While all males face some common social pressures about 'being a man', each man and each boy is a unique individual.

Although gender is an important aspect to the identity of being a male, it is essential to remember that within differing communities, and walks of life, males will have intersectional identities that also shape their experiences and views. For example, in addition to gender, identity may be shaped by race/ethnicity, sexuality, age and/or faith. This means that males with different backgrounds may not respond, engage or access services in the same way, and their identity may present significant barriers to disclosure of a sexual offence against them.

Understanding male identity and the impact this may have on an individual's willingness to seek help following a sexual offence is important for SARC staff. For those males who do seek help, their experience and perception of the support that is provided to them will also be influenced by their own, individual gender and sexual identity, as well as other factors.

It may feel that the obvious answer is to provide a service that appears to be gender-neutral, and therefore accessible and supportive for everyone regardless of gender or background. But it is becoming more widely recognised that a 'gender-neutral' approach to service delivery may not be a suitable approach to meet the distinct needs of different genders. This conclusion is supported by feedback from male victims/survivors and by their apparent reluctance to access SARC support. Instead, service providers, are increasingly recognising the need for a 'gender-inclusive' approach, which includes tailoring services, acknowledging protected characteristics and providing different choices in how services are delivered.

The information that follows aim to serve as a 'roadmap' for SARCs to progress towards providing an inclusive service for males based on an understanding of the social context of sexual violence against males, how this affects the willingness of males to make disclosures and the actions SARC staff can take to build improvements.

Understanding societal expectations

“I thought masculinity meant never asking for help”

Understanding how societal expectations can impact on males who have experienced sexual assault/abuse is essential to the delivery of appropriate and effective support services that meets their needs.

Male victims/survivors report that expectations about masculinity and views on ‘being a man’ are associated with dominance, strength and resilience and can commonly result in feelings of embarrassment and shame when they have an unwanted sexual experience. Male victims/survivors report that these feelings are then exacerbated further by feeling the need to seek help or support.

It is now fairly well understood that sexual assault and abuse is about power and control. The impact of this for males can be significant, particularly when they perceive it impacting on their masculinity.

In addition, male victims/survivors report that an experience of sexual assault can lead to them questioning their own sexual orientation. For example, it is common for males to experience unwanted physical reactions (such as an erection or ejaculating) during a sexual assault, which may lead them to feel uncomfortable or confused about their own sexuality. The impact of this can be significant, and may contribute to their willingness/unwillingness to seek help.

“I’m ashamed that I didn’t punch him or fight him off....but I didn’t do anything like that.”

“Services should be prepared to deal with men who are angry and men who they think are a risk.”

Good practice tips

SARC staff should make sure their practice is underpinned by an understanding of the expectations of male behaviour, including attitudes around masculinity and men’s responses to trauma and seeking help.

Some male victims/survivors report feeling re-traumatised by their engagement with services who did not understand or recognise their responses to trauma and their specific support needs.

SARCs should:

- Provide a trauma informed service that recognises the impact of masculinity & sexuality on male patients.
- Provide male patients with a choice of gender of support worker.
- Ensure all staff receive training on the male response to rape and sexual abuse, including the psychological and physiological reaction to sexual violence.
- Ensure marketing material includes real life stories from males who have used the service, and the positive impact of understanding how males respond to trauma.

Masculinity and sexuality case study #1

Ben contacted the SARC self referral line and disclosed he had been raped in the past by an unknown male whilst visiting London for a sporting event with friends. He was outside the 'forensic window' for a medical examination, however the Crisis Worker had a long discussion with him about his options for ongoing support.

Ben was very distressed and was trying to make sense of what had happened to him. He couldn't understand why he hadn't put up a fight against his abuser. Ben also disclosed he hadn't reported to the police as he was concerned about the effect on his wife and teenage children, as he hadn't disclosed to them what had happened.

The Crisis Worker discussed with Ben telling his wife. He explained they had a good marriage and he felt sure she already knew something was wrong. Ben called back later in the day and disclosed he had told his wife about the assault. The SARC arranged for the forensic medical examiner to speak with Ben and explain the fight/flight response. Ben said it made a lot of sense.

Ben called again and asked if he and his wife could come into the SARC for the examiner to go through the trauma response with him and his wife. This was arranged and the examiner was able to explain the responses to them both. The SARC offered them both counselling to support them going forward.



Understanding myths & stereotypes



Myths and stereotypes about the sexual abuse of males can make it even harder for men & boys to reach out for support

Myth: Men cannot be sexually abused.

Reality: They can. Any man or boy can be sexually assaulted regardless of size, strength, appearance or sexual orientation.

Myth: Only gay men and boys are sexually abused.

Reality: Heterosexual, gay and bisexual men and people who identify as non-binary or trans are equally likely to be sexually abused.

Myth: Sexual abuse makes you gay.

Reality: Sometimes victims/survivors question whether the sexual abuse has had an impact on their sexual orientation. They may be worried they were abused because they were gay, or that the experience will have made them gay. Research suggests sexual abuse has no significant effect on adult sexual orientation.

Myth: Men cannot be sexually abused by women.

Reality: Men and boys can be sexually abused by females.

Myth: Erection or ejaculation during sexual assault or rape must mean there was consent.

Reality: For a victim of sexual violence, erection and ejaculation are unwanted physiological reactions that often occur during sexual violence. This does not indicate anything about the consent or sexual preference of the victim, but has a major impact on the trauma, confusion, guilt and shame often felt by victims.

Myth: A male who discloses sexual abuse is probably a perpetrator.

Reality: The vast majority of men who have experienced sexual abuse do not go on to abuse others.

Myth: Sexual abuse between gay men doesn't happen.

Reality: It does happen. Where one person does not consent, then it will be a sexual offence. The sexuality of the victims or the perpetrator is irrelevant.



There's no typical male survivor of recent or non-recent sexual violence.

Accessing SARCs: barriers for males

Male victims/survivors report that there are a range of barriers that prevent them from seeking support following a sexual assault. These include:

- Fear of not being believed or taken seriously
- Fear of judgement from SARC staff
- Fear of being labelled a perpetrator
- Perception of masculinity – feeling embarrassed or ashamed
- Confusion around sexuality
- Unwillingness to disclose sexuality
- Confusion about whether a crime was committed
- A lack of awareness of SARC services
- Believing that SARCs/specialist SV services are 'women only' services
- SARCs not being welcoming to males
- Concern about the SARC's connection to authorities such as the police
- Perceived lack of understanding of the needs of male victim/survivors by SARC staff

SARCs will need to be aware of these types of barriers, and the perceptions that may be held by males, if they are to become more accessible to male victims/survivors.

“There should be work in schools. Boys aren't taught to see themselves as vulnerable. It should be what they are talking about with their mates.”



“I felt a lot of guilt being in the SARC. I was terrified of coming across a woman and her feeling that this was not a safe space for her.”

“I wasn't well enough to understand where the separation was [between police and NHS] so I asked for less help than I needed.”

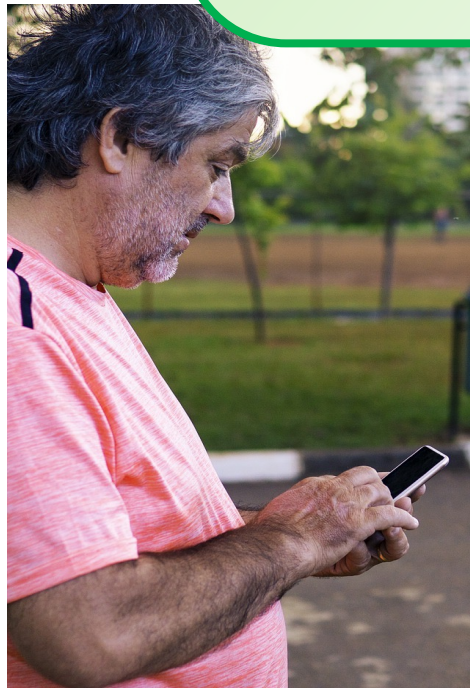
How can SARCs support males?

Male victims/survivors reported that reaching out for support can be hard for a variety of reasons. If they think the service might not be for them, or that they might not be believed or taken seriously, they are unlikely to access the SARC. It is therefore important that SARCs consider what they can do to support male victims/survivors to access the service in the first place.

Research indicates male victims/survivors will typically engage with support services in a different way to female victims/survivors. They may need different levels of support, delivered in different ways, at different intervals or timeframes. Service providers supporting male victims/survivors report they often take longer to decide if a service is right for them before they engage with the support on offer. When asked, males expressed a desire for more flexible support including email/online contact before engaging with the service.

Male victims/survivors reported that the reaction to their disclosure of sexual violence is hugely significant to what action they choose to take next. Research shows that negative responses to disclosure has been associated with increased levels of post traumatic stress symptoms. It is crucial all SARC staff understand the importance of responding appropriately to a disclosure and the potential consequences of this for a male victim/survivor.

“We’re all different, us men. What one wants and needs from a SARC won’t be the same as another man. SARCs absolutely have to understand this. It’s not possible to ‘male-proof’ a SARC. We need to be seen as individuals and SARCs need to be person-centred to each of us.”



“It would be good to be able to communicate by text, WhatsApp or instant message.”

Good practice tips

SARCs should:

- Use a variety of methods for males to make contact with the service (for example phone numbers, email addresses, text chat, online forms – ensuring a timely response to each method).
- Give males space to decide if they want to engage with support by encouraging them to attend the SARC when they are ready.
- Have information available for male clients to take away and consider.
- Ensure there is flexibility to allow males to access the SARC when they want, for example at a specific time.
- Recognise and acknowledge the courage it takes for males to come forward to seek help and understand the impact of a negative response to a disclosure.
- Ask how people identify and don’t use gendered pronouns or titles until they have told you their preference.
- Avoid using any ‘gendered’ language when talking about the SARC.
- Monitor the ethnicity, sexuality and disability of all males who access the service to ensure an understanding of the demographics of male service users.

Promoting SARCs to males

Male victims/survivors reported that they did not access SARC services because they either did not know the service existed, or if they did know, they had very little understanding about the support on offer and did not believe it was for them.

By publicising the service more widely in male dominated spaces, such as barbers, gyms, workplaces (including occupational health), transport hubs and sporting venues, as well as using subtle marketing techniques such as adverts on beer mats, males felt this would increase the awareness of SARCs amongst more males. Additionally, building good working relationships with other professionals/services who come into contact with males and letting them know the service supports all genders significantly increases awareness.

Research suggests engagement with male victims/survivors is more successful if they see themselves represented in the marketing or engagement material for the SARC. All advertising, including website and social media design should explicitly reflect the diverse communities that the SARC supports and is aiming to engage with.

The recruitment of a male Outreach Worker in a number of SARCs has been hugely successful at reaching out to a wide range of services that engage with males. By promoting the SARC at local services team meetings, talking at service user events and running stalls at public events, the presence of the male SARC staff member has led to an increase in male referrals into the SARCs where they have been recruited.

"I struggled to find any information about support for male sexual or domestic violence and when I eventually did it was miles away."

"The SARC has recently employed a male Crisis Worker who is also our Engagement Officer. He has reached out to so many services we had previously been unaware of and it's resulting in an increase in male referrals."

SARC Manager

"I provide awareness training to education establishments, public authorities and support services around our services and the difficulties faced by marginalised communities and men and young boys when it comes to disclosure."

Male Crisis Worker

Good practice tips

SARCs should:

- Promote the SARC in 'male' spaces (such as sports clubs, male toilets).
- Ensure images of males are used in SARC publicity material, including the website so they see themselves represented and know it is a service for them.
- Host a website that is easy to find, provides clear information on how to contact the SARC and the support offered.
- Engage with local organisations that typically see males to tell them about the SARC and ask them to publicise the service.
- Encourage males who have accessed the SARC to share how they found out about the SARC and whether they have views on how to reach more males.
- Consider employing a male Outreach Worker to support the promotion of the SARC amongst males.

Ensuring males feel welcome at the SARC

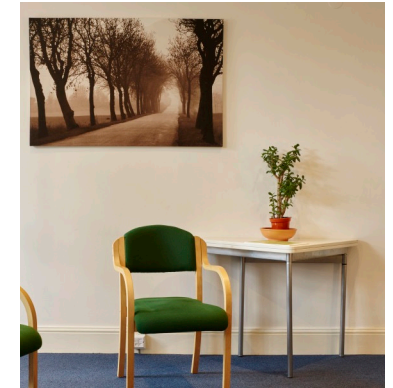
When seeking the availability of support services, males reported they often felt SARCs were not for them. They reported that even the services who had taken care to present as 'gender neutral' did not go far enough to remove the barriers faced by males when accessing the service.

Male victims/survivors reported that a proactive, visible approach is required to promote gender inclusivity, and service delivery that is shaped in ways that respond to the specific needs of all genders is needed. Such approaches include staff representation from all genders, information displays including images of a diverse group of people from all genders, working practices that recognise the diverse needs of all genders and the provision of resources readily available for males (such as care packs and male clothes).

It is important SARCs understand that the specific needs of males differ from the needs of females. To address this, it is essential that SARCs have appropriate policies, procedures and working practices in place to support males. For example, this might include adapting language in assessment questionnaires to ensure they are appropriate for use with male clients, designing male-specific processes for engagement or revising models of working. **These policies must also be sensitive to diversity in the male community.**

“I think that a lot of the spaces to have conversations were gender neutral but I would have benefited sometimes going for a walk and things like that, with someone who was there to be supportive.”

“The physical environment was quite difficult, it feels quite clinical when I go in there. There are large 'inspirational' quotes like 'hope' on the wall or 'perseverance' which can feel really frustrating and insincere.”



Images: Male care packs used at First Light Swindon & Wiltshire SARC; neutral décor at Survivors UK

Good practice tips

SARCs should:

- Have neutral décor that appeals to all genders (but is easily forgettable).
- Ensure appropriate reading material is available for males in waiting areas.
- Display leaflets and posters featuring males, including from diverse backgrounds.
- Make sure appropriate clothing (e.g. large sizes) and male toiletry packs are available after an examination.

Ensuring the SARC has a visible male presence



Male victims/survivors reported that having a male presence at the SARC should be perceived as beneficial for everyone (both male and female). It shows a positive male role within the service and creates a sense this is a support service “for them too” where males are welcome. SARC staff have advised having a male worker who can provide insight into the needs of males and how services can adjust certain aspects of service delivery to better meet the needs of males, has been invaluable.

It is clear from research that while not all males will have a preference of the gender of the professional who supports them, some will have a clear preference. This may be linked to their experience of sexual violence. Research carried out by the Male Survivors Partnership found that 55% males who took part in the research were not given a choice of gender of support worker, and yet 64% reported being offered a choice was important. As such, it is important that males are given a choice of the gender of the professional, and any implications of that choice should be fully explained. For example, if they prefer a male professional but one is not immediately available, then the impact on a delay to a forensic medical examination should be explained.

Good practice tips

SARCs should:

- Have male representation in SARC staff teams.
- Offer all patients a choice of the gender of their support worker.
- Consider having a ‘meet the team’ board with photos of all the staff.
- Employ a male Outreach Worker to play a role in promoting the service externally.

“I had to go into a tiny box room at the SARC and I was not able to see a male support worker, I felt awful in this situation and disempowered.”

“I’ve never been able to trust men as I was abused by a man when I was [young]... I can only open up to a woman.”

“There is shame attached to what I am talking about and I don’t feel a woman can understand as much as a man.”

“My perpetrator was a woman. I should not be pigeon-holed into working with a woman unless I want to.”

Ensuring SARC staff are trained to support males

It is possible that SARC practices have been developed and evolved from supporting females, so consideration should be given to whether these practices are suitable for supporting males. It is an important principle that all staff providing support to males should have the relevant skills and knowledge to appropriately support the specific needs of males. Training should focus on the male response to trauma and societal issues that male victims/survivors experience. Males say they want SARC staff to understand:

Physical impact on males

- ✓ Male victims/survivors are more likely to be threatened by a weapon.
- ✓ A study noted that 45% of male victim/survivors had some type of physical injury (25% soft tissue damage, 20% lacerations).
- ✓ Gay and bisexual male victims/survivors are more likely to sustain serious injury than heterosexuals.

Psychological impact

- ✓ Males have the added burden that society does not believe that rape can happen to men.
- ✓ Males who are sexually assaulted are at increased risk of developing mental health problems including PTSD, depression, alcoholism, suicidal thoughts, relationship difficulties and under achievement in school or work environment.
- ✓ Suicide rates for males who have experienced sexual violence are 14-15% higher than other males.
- ✓ Males have a higher success rate for attempted suicide than females.
- ✓ Male gender roles tend to emphasise greater levels of independence and risk taking behaviours.
- ✓ Reinforcement of these gender roles often prevent males seeking support for depression and suicidal thoughts.

Good practice tips

SARCs should:

- Ensure all staff attend male-specific training that focuses on trauma, how males engage with services and the barriers they have to overcome to access support.
- Carry out regular staff surveys to establish whether staff feel confident and competent to support males and identify gaps.



“Staff need training that men can be victims too! And should be taken seriously.”

“Men in the community I serve avoid engaging with the police. For lots of reasons they’re unlikely to access a SARC.”

“I speak from experience when I say that males might be in a total state of shock when they arrive at a SARC. They might be so traumatised that they don’t make any sense at all. They might not know what is going on and SARCs need to understand this.”

Tailor medical examinations for males

Medical examinations can be difficult for *all* people who need to experience them. However, SARC staff told us that there are a range of things that can be done to make the whole process more comfortable for males.

Male victims/survivors reported that providing clear information about what is going to happen at the SARC and when is helpful for males who like to have a 'plan' and know what is going to happen next. It is also important to explain to them why certain things will happen during an examination and for what purpose.

If demographic details have not been provided, then it is important to ask about sexuality and gender identity. Be clear that you are asking because you want to offer the best service possible.

When asking about recent sexual activity, it can be helpful to explain why you need to ask the questions. Be clear with your questions and listen to the answers. If they, or you, use the word 'partner' be clear what this means. Don't assume the person is heterosexual and / or cisgender. Foster non-judgemental approach by offering reassurance and understanding.

Respectfully ask how the patient would

prefer you to refer to parts of their body during the examination. For some people, having a part of their body labelled in a medical way (penis, vagina etc) can feel deeply dysphoric. If you cannot use the words they prefer on the form (e.g. for medical or legal reasons) explain this is but use their preferred words in your interactions with them.

If the patient is likely to receive any results at home (e.g. STI results) be very clear how they want this to be addressed. Receiving results can be very distressing but also may have the effect of breaking confidentiality about that person to their neighbours or people in their household and may lead males to refuse tests if they are unsure how this will work.

"A patient can still attend the centre outside of the forensic window for a holistic assessment. In these circumstances the SARC may provide sexual health advice, emotional support, make an ISVA referral and document injuries."
A SARC manager

Sam's experience of attending a SARC case study #2

"I reported my rape to the police straight away. They told me about the SARC and I agreed to go for a medical examination. Unfortunately, they couldn't book me into the SARC for another 12 hours. I'm not sure why, nobody told me that. In fact nobody told me very much about the SARC or what would happen there. I had no idea what to expect.

"I was told that I couldn't wash or shower until I had been to the SARC. Again, nobody told me why not and I didn't think to ask. It was bad, I could smell the men who had raped me. For 12 hours, I could smell them.....but I did what I was told without questioning why I couldn't shower. I didn't realise until afterwards that I could have had a choice about this. I just did what I was told.

"With better information, I may well have made the same decisions about the SARC, I mean, I now realise why they asked me not to wash, and I understand that now....but I could have been better informed and felt like I'd had a choice.

"I can't fault the experience I had at the SARC for the examination. I felt supported, I felt they explained everything and I could have stopped the examination at any point. However, with hindsight, I think it would have been better for me if I had been given more information about the SARC before I went there as I'd have had a better idea of what was coming next. For 12 hours, I had no real idea of what was going to happen at the SARC."

After care & onward referral

It is important that the care and support provided by a SARC, including after the medical examination, is tailored to meet the individual needs of each victim/survivor.

Information about support services specifically for males, both locally and nationally, should be readily available and shared with male SARC users, ideally in different formats to ensure accessibility.

SARC staff should research local services and ensure they provide support to males. Male victims/survivors reported the impact of being turned away from a service can be devastating, particularly because it can feel like being told they are not worthy of recognition or help.

Good practice tips

SARCs should:

- Allow males time and a safe space to discuss and consider next steps.
- Check what support he has once he leaves the SARC- where is he going? Has he got support from friends or family?
- Offer a choice of method for any follow up required from the SARC e.g. email, online, phone.
- Create referral pathways with local support services that support male victims/survivors e.g. ISVA, therapy, sexual health, mental health services. Find out if they have male support workers available & create links. Ensure they will accept your referrals.
- Have specific information available for male victims/survivors and maintain links with local groups.

CASE STUDY #2 Sam's Experience of attending a SARC

"I have no idea why I wasn't referred to an ISVA but I wasn't. I was given a leaflet by the SARC for a counselling service provided by a local charity. Turned out they didn't support men.

"I wasn't given any information about a local service that specialises in supporting men. I found out about ISVAs over six months later. In that time, I continued with the investigation without any support. When my case was NFA'ed – I hadn't got a clue what that meant.

"Some really simple things could've meant the experience was so much better. I could have been supported if only the SARC had given me the right information."



malesurvivor.co.uk



0808 800 5005
National male survivors helpline



survivorsuk.org
National male survivors online
web chat service.



1in6.uk
National online resource for male survivors

The importance of feedback

SARCs should encourage all victims/survivors to provide feedback about the support they have received (or are receiving from the service). A range of options should be available to encourage feedback, including face to face, written, text and online feedback.

It is also important that SARCs attempt to gather feedback from those who choose not to proceed with support, as this can identify potential barriers to engagement and assist the development of new types of services or delivery methods.

Providing an opportunity for feedback to be given anonymously will aid honest views, with one SARC reporting that they have found the introduction of a 'feedback box' in the waiting area to be beneficial to collecting the views of service users.

Being able to consult with those who have accessed the SARC is also a useful mechanism to ensure the service is as good as it can be at reaching all those who need it, including males. Developing a facility, such as a service user advisory panel, to discuss ideas and challenges will assist the design and monitoring of services that truly meet the needs of those who access the SARC. Males should be included on such panels to ensure their views, suggestions and experiences are considered and used to improve the SARC.

Good practice tip

SARCs should:

- Seek feedback from males on whether the service met their needs and what their experience of accessing the SARC was like.
- Ask males whether they have any ideas or suggestions for how the SARC might be improved for other males.
- Ensure feedback can be provided in a variety of different ways e.g feedback forms, via the SARC website, comment slips etc.
- Display information on how feedback has shaped the SARC and the improvements made based on suggestions.
- Encourage males to be part of an advisory panel to review and shape how the SARC operates.

“Have service users, including males, on a panel to regularly get their feedback so service users are at the heart of decision making”



Male Sexual Assault Support service (MSAS) - case study #3

Content yet to be received – a case study from a SARC demonstrating the work they have done to engage more males, the benefits of a male engagement/crisis worker and the impact of this work.

Further reading

- *Althouse, S. (2013)* '25 Male Survivors of Sexual Assault Quoting The People Who Attacked Them' BuzzFeed. Available at: <https://goo.gl/QA2evF>
- *Crown Prosecution Service (2017)* 'CPS makes commitment to male victims of sexual and domestic abuse' CPS. Available at: <https://goo.gl/35Vir6>
- *Davies, M. (2002)* 'Male sexual assault victims: a selective review of the literature and implications for support services' *Aggression and Violent Behaviour*, 7, 203- 214.
- *Fisher, N.L. and Pina. A. (2013)* 'An Overview of the Literature on Female Perpetrated Adult Male Sexual Victimization' *Aggression and Violent Behaviour* 18(1): 54-61.
- *Greater London Authority (2015)* Silent Suffering SUPPORTING THE MALE SURVIVORS OF SEXUAL ASSAULT <https://goo.gl/youqBGg>
- *Lowe, Michelle & Rogers, Paul. (2017)*. The scope of male rape: A selective review of research, policy and practice. *Aggression and Violent Behavior*. 35. . 10.1016/
- *Nelson, S (2009)* Care and Support Needs of Men Who Survived Child Sexual Abuse <https://goo.gl/B31MMi>
- *O'Leary, P, and Barber, J. (2008)* Gender Differences in Silencing Following Childhood Sexual Abuse *Journal of Child Sexual Abuse* Vol. 17, 2
- *Sorsoli, L., Kia-Keating, M., & Grossman, F. K. (2008)*. "I keep that hush-hush": Male survivors of sexual abuse and the challenges of disclosure. *Journal of Counseling Psychology*, 55(3), 333-345.
- *Tewksbury, R. (2007)* 'Effects of Sexual Assaults on Men: Physical, Mental and Sexual Consequences' *International Journal of Men's Health* 6(1): 22 – 35.
- *Thompson, S (2017)* 'I'm talking about male rape to encourage other victims of sexual abuse to do the same' BBC 5 Live. Available at: <https://goo.gl/dySTEc>
- *Weare, S. (2017)* 'Forced-to-penetrate cases: Lived experiences of men – Baseline research findings' *Survivors Manchester / Lancaster University*. Available at: <https://goo.gl/eoD1dj>

MSP | MALE SURVIVORS PARTNERSHIP

Male Survivors Partnership (MSP) - founded by Survivors Manchester, Mankind, SurvivorsUK and Safeline is a consortium of UK based male victim/survivor organisations who have formally agreed to work together to:

- Increase society's awareness of male sexual violence
- Highlight and promote the needs of male victims/survivors
- Increase the support for male victims/survivors of sexual violence across the UK

www.malesurvivor.co.uk



LimeCulture Community Interest Company (CIC) is a national sexual violence and safeguarding organisation based in the UK. LimeCulture works with frontline professionals, and their organisations, to improve the response to sexual violence and safeguarding through our range of training and development initiatives, research and specialised consultancy services.

www.limeculture.co.uk