

December
2021



A review of the support needs of male survivors of sexual violence

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Acknowledgements

The authors would like to thank the following individuals for their support and participation in the evaluation:

- Evaluation commissioners; Vicky Green and RASA Merseyside
- Becky Johnston, Sexual Violence Communications and Engagement Manager, working in collaboration with North West Police Crime Commissioners, NHS England, and Sexual Assault & Abuse Services
- Divine Tim Bonghaseh, MSc Public Health student from Liverpool John Moores University
- Colleagues from PHI for supporting study implementation and report production including Charlotte Bigland, Chloe Smith and Charley Wilson
- With a special thank you to all of the individuals who participated in the survey, interviews and focus groups

Executive Summary

Introduction

Whilst evidence suggests that the prevalence of sexual violence falls disproportionately on females, data on male sexual victimisation is emerging, highlighting the need to recognise this key public health and human rights issue for men too. Critically, research points to the need to understand types and patterns of abuse experienced by males, ensure that support is available, accessible and appropriate to their needs, and that negative gender stereotypes towards male survivors are eliminated. Across England and Wales, various steps have been taken at national and local level to promote understanding of male sexual victimisation, increase reporting and support victim/survivor recovery. In 2015, the National Male Survivors Helpline and Online Service was launched providing support to male survivors, and evaluation of the service highlighted some key considerations for service delivery. In 2017, the Crown Prosecution Service published its first public statement recognising male sexual victimisation, including the needs and experiences of male survivors. More recently, the Male Survivors Partnership has developed and published quality standards for services supporting male survivors of sexual violence, including an accreditation and monitoring process. The standards are divided into four core sections covering: leadership and governance, access and engagement, service delivery, and outcomes and evaluation.

The Male Service Standards is a quality assurance framework that enables organisations working with boys and men (aged 18 and over) affected by sexual abuse, rape and sexual exploitation to benchmark their work against an independent evidence base and improve and evidence the quality of service provision to male survivors

Male Survivors Partnership, 2020



Rape & Sexual Abuse (RASA) Centre Merseyside

Rape & Sexual Abuse (RASA) Centre Merseyside is a specialist counselling, advocacy and support service that aims to improve the mental and physical wellbeing of individuals impacted by sexual violence during their lifetime. The service works with women, men and children who can self-refer, or (with their permission) can be referred by a third party (e.g. professionals, friend or family member). The service provides a range of services including counselling and therapeutic work, and an Independent Sexual

Violence Advisor Service (ISVA) and follows the National Service Standards for Sexual Violence Services.

Study aims

In line with the sexual violence service quality standards and the quality standards for male service provision, RASA Merseyside works to review service provision, to ensure it meets the needs of service users. In light of the recent quality standards for male service provision, this study aims to review service provision for male survivors of sexual violence within RASA Merseyside, and critically explore the service needs of male survivors of sexual violence. The key research questions are:

- What are the characteristics and help seeking behaviours of male survivors of sexual violence accessing RASA services?

- What RASA services do male survivors use and engage with, and which factors interact with service use?
- What are male survivors' perceptions of RASA services and what outcomes do they report?
- What are the support needs of male survivors and do RASA services meet these needs?
- Do the quality standards for male service provision reflect the needs of male survivors using RASA services?

Methods



Rapid literature review and mapping of RASA service provision documentation against the Male Survivors Partnership Quality Standards for services supporting male victims/survivors of sexual violence



Two paired interviews and a one-to-one interview with staff members (n=5) from RASA to explore experiences of supporting male victims and survivors of sexual violence



Interviews with victims and survivors (n=8) to explore the needs of individuals, barriers to accessing support, journey experiences and impact of support



Online survey to ask victims and survivors (n=3 respondents) of sexual violence to share their view of support received and barriers to not engaging with support

Learning from the review

It is important to note that findings are derived from speaking with a small cohort of male clients at RASA and comments from staff refer to their own experience of working with male clients, and are not generalised opinions of all males engaging with support at RASA¹.

Characteristics and support needs of male victims and survivors engaging with RASA

Many of the clients engaging with RASA were victims of historical sexual violence and abuse. Regardless of when the incident/s took place, findings from this research suggest that a high proportion of clients had complex needs and had suffered trauma, which did not differ by gender or sex. The majority of male clients taking part in this research had a complex history of systematic abuse, with staff also noting that many of their male clients were more likely to have experienced historical physical and psychological abuse. RASA work within a trauma informed model and staff have all received trauma focused training to recognise and understand trauma and provide appropriate support. Whilst RASA support focuses on recovery techniques, they can tailor sessions to

“I think more could be done, I don’t think that’s a RASA thing. Unfortunately it’s a man thing, that’s why suicide is still the biggest killer of men under the age of 45. It’s down to us individuals to pick up the phone, seek counselling, go online, find a counsellor, speak to a family member. It’s down to us to open up. I don’t know maybe there could be more online things, there could be more adverts, offer of counselling for mental health for men, women and children. I’d like to see, not just at RASA, I’d like to see more men pick up the phone and seek help if they need it” (Client 6)

¹ For quotes used; clients are the male clients (victims and survivors) and stakeholders are the RASA staff members who participated in the research

support a client to address wider abuse issues, deep-rooted trauma and adverse childhood experiences.

Clients participating in the research described their support needs, including support with anxiety, depression, post-traumatic stress disorder and feelings of frustration, shame and anger, and use of coping mechanisms and harmful behaviour. This was echoed by staff who explained that some of the male clients they had supported had been more likely to become involved with the criminal justice pathway, either from entering into unhealthy relationships or from committing violent related offences due to anger and feelings of shame. Barriers to disclosing sexual violence and abuse, and barriers to seeking support included feelings of shame, weakness, fear, difficulties talking to others and a mistrust in services, with many clients sharing experiences of feeling failed by individuals in authority previously. RASA were praised for the factors that they put in place which broke down those barriers and helped facilitate access to support. This included clear and accessible information, established trusted relationships with skilled staff, independent support and someone to advocate for the men. Staff recognised the specific needs of male clients and acknowledged that men may be less likely to engage initially, but if they could support them to make that contact, once in the service, they engaged well. Waiting lists were seen as a barrier to men making that initial contact, recognising that male victims and survivors may take longer to access support following their experience of sexual violence, and it may take several attempts to meaningfully engage with support.

“Traditional views/stereotypes about masculinity and sexuality mean males will struggle on. Males showing their inner most thoughts and fragilities are seen in society as a sign of weakness not strength” (Survey respondent)

The pressures of cultural societal norms and stereotypes and language used in society that perpetuate the belief that men need to be strong was seen as damaging and reduced men’s ability to cope and recover from sexual abuse and violence. This presented a huge barrier to them disclosing the abuse, seeking out, and engaging with support. It was agreed that more should be done amongst professionals and within communities to change attitudes and the culture of gender-based stereotypes. RASA were seen as well placed to create awareness amongst professionals and help promote positive messages to educate and help break down barriers. The support and ethos at RASA was praised for providing men with a safe space to enable them to open up, speak freely and seek the support to help them move forwards with their lives. Males being able to share their story and positive experiences of support was identified as a way for them to have a voice and shape support services, and to provide peer support to help others to engage in support.

“Talking about male sexual violence is important because men have worries about going to the police, worried about talking about stuff. They hold everything in. I think it's more powerful, that if men can talk about it more what's happened to them. Maybe society might understand it better, because it's shut up you're a man. It's so taboo. Because a man doesn't feel empowered, but to know someone has got your back it helps” (Client 2)

More promotion of support for males and knowledge of what this support would actually look like (Survey respondent)

Engagement with RASA

Awareness of RASA

RASA works with other professionals to keep them informed about the service, the referral pathway and promoting the message that the service is fully inclusive to all victims and survivors within Merseyside. RASA have also re-developed their website with a gender neutral logo, and updated promotional materials and social media messaging to ensure all communication is fully inclusive. However, staff reported that professionals were generally unaware that men could access their services. None of the men who were interviewed were aware of RASA before being provided with information from others; which is a common occurrence with more specialist services, however, upon hearing about RASA they did not expect it to be open to males. This suggests that clearer information and further promotion of the fully inclusive services could be in place to encourage self-referrals and improve appropriate professional referrals. Incorporating lived experience stories and men's voices and testimonies was seen as essential to reassure others and provide quality assurance.

"For such a long time, it was a women only service. We changed our logo, we changed that we changed all of our posters. We did invest a lot money into changing everything, all the literature into you know, gender neutral stuff. But even now, people go 'oh do you work with men', even though we're advertising that. It takes clearly a long time to filter through. But yet, there's definitely more advertising that we can do for that" (Stakeholder 2)

Referral process and expectations of support

Referrals were made either by professionals or via self-referrals following signposting from others, highlighting the importance of clear messaging about referral pathways. Access to the Independent Sexual Violence Advisor (ISVA) service is immediate, whereas counselling support has a long waiting list. RASA do have a number of initiatives in place to ensure clients are supported during the wait, including a telephone consultation, downloadable advice and information and access to hypnotherapy. Telephone consultations with a sensitive, caring and consistent member of staff to avoid the client needing to re-tell their story was seen as important in reducing the risk of re-traumatisation. When entering RASA all clients have a consultation assessment and a full risk assessment and a bespoke tailored care plan is developed ensuring clients understand what to expect from the service, and what is expected from them.

"For myself, I found it fine because it has been a couple of years since what had happened. But basically because I knew I was going to do something about it. I personally was fine with that waiting period because in a way I looked forward because I was going to seek the help that I should have years ago" (Client 3)

Clients were not given a choice of worker because of the female only workforce at RASA, whilst all men participating in the research were happy to have a female worker; they would have preferred to have a choice, with one stating they would specifically choose a male worker who they may feel more comfortable speaking with. Staff recognised that there may be previous misconceptions that having more of a male presence on the workforce may make clients, regardless of gender, feel unsafe if the perpetrator of the sexual violence they experienced was male. It was suggested that further consultation work was needed with consistent questions asked within assessments to truly understand whether having a male presence within the workforce would cause any distress.

“I suppose it depends on who it is you actually have for your counsellor like sometimes it's the right personality or the right mix and it works for you. But it's hard to kind of say more than beyond that I have had a good experience of the person I've been working with” (Client 1)

“Support could be improved to help men engage by having a male worker” (Survey respondent)

Support accessed

This research was carried out during the Covid-19 pandemic and some of the clients participating in the research had not yet had an opportunity to visit the RASA premises. For those who had visited in person, they described one location as not ideal as it was based close to a probation service, but described the RASA building as discrete, safe, friendly and welcoming. The waiting room was gender inclusive with gender neutral promotional leaflets and posters. Staff did acknowledge that some men prefer to go straight into the therapy room rather than waiting in reception.

It's a really good service. It's friendly and welcoming and I think that they make males feel welcome” (Client 3)

The clients participating in the research had accessed the ISVA service, counselling and hypnotherapy. Whilst group work is available, the clients had not engaged with the groups or were aware of them and expressed a desire to take part in a peer support group. Staff explained uptake to the male groups was low, suggesting this could be better promoted with male clients. It was agreed that the benefits of bringing male clients together in a therapeutic setting could be beneficial in allowing them to develop support networks.

“Whenever there is a problem I'm having whether it's I can't sleep very well or there is something in general, there has always been a technique that I have been taught to help with those symptoms” (Client 1)

Some of the clients participating in the research were involved with other services such as police and court, and were supported by RASA during this process, benefiting from having someone to advocate for them, chase up information and describe information in a clear and accessible way. They had not been referred to other services for additional or ongoing support, as this was something they did not have an interest in, but were keen to move on with their lives once they were ready. Although, they did benefit from the reassurance that RASA would always be available should they ever need support.

Impact of the Covid-19 pandemic

During the Covid-19 pandemic, RASA were able to adapt in a responsive and flexible way to accommodate remote working to ensure staff and clients were kept safe. Existing clients were provided with the option of continuing with their sessions remotely or waiting until face-to-face support could resume. New clients started their sessions remotely either online or over the telephone. RASA checked in with clients on a weekly basis by email and text. This support was described as invaluable during what was already a difficult time for clients, which was then exacerbated by the impacts of the pandemic, including isolation and limited support networks associated with the national lockdown measures. Whilst many clients were keen to have face-to-face contact, they did find remote support more accessible, reducing travel and allowing them to attend during work hours. RASA were keen to continue to provide a blended offer going forward, giving the clients the option and choice of remote or face-to-face engagement, or a mixture of the two.

“Over the telephone has been fine because I've been in a safe space. I've been in my own space. So it's been I've been comfortable enough to talk about things over the phone. It's, it's not been an issue for me whatsoever” (Client 8)

Impact of support

RASA provides opportunities for feedback on the website and during a closing questionnaire. The clients participating in the research welcomed the opportunity to have an input into the evaluation. The clients were unaware of a service user led group and client consultative panel. Clients would benefit from more information around feedback forums and the opportunity to have a voice in shaping the service.

RASA have key performance indicators and regular service provision and outcome monitoring which is used to inform service planning and is also provided as evidence to commissioners.

Evidence from research carried out by the Male Survivors Partnership identified that often support services struggle to provide evidence of quality of male focused support. Through this research, RASA have been able to demonstrate the impact of the tailored support they provide to clients. At RASA, the assessment, evaluation and performance monitoring could include asking all clients specific questions related to gender, including their preference of worker, and whether promotional materials, the website and premises are gender neutral etc. Regular analysis and review of this data could be used to inform decision making and service provision going forward. RASA collect evaluation data using a closing questionnaire, additional gender specific questions could be included to allow clients to reflect back on their experiences,

“I wanted to deal with things that have gone on because I don't want to be seen as somebody who's been victimised. I want to take control of, of my life, because I don't want it to have a bearing on my future. It had a bearing on my past. It's got a bearing on my present, but not as much as it used to. I think from a male point of view, I think that's a lot of ego and not all about things and shoving them away, and 'it didn't really happen', well it did and it wasn't our fault” (Client 8)

“I think the fact that you always believed... no one forced me to try and justify what happened, or even if I didn't want to talk about the intimate bits that happened. I just felt it feels like a place that's safe to actually go and have those kind of conversations and because of the professionalism, and the speciality” (Client 1)

enabling them to consider whether gender specific support would have enhanced their recovery journey in any way.

The impact of engaging with RASA was clearly demonstrated through the interviews with male clients. The men described the benefit of the emotional and practical support they had received from RASA, and the strong trusted relationship they have built with their ISVA and therapist, and how this contributed to their recovery. They had learnt coping strategies and tools that they felt equipped to use outside of sessions and in the future to help them cope and sustain positive changes moving forward. The support was described as lifesaving and life changing, with clients reporting improvements in anxiety, depression and wellbeing. They also described building resilience which would enable them to cope and recover from the abuse and violence. RASA provided them with a safe space to open up, where they felt believed, listened to, were not judged, and did not have to justify or explain themselves. Engagement with RASA had also contributed to wider impacts, including improved and rebuilt relationships, and for some breaking ties with negative relationships.

Some of the male clients expressed a desire to share their positive experience of engaging with RASA to help break down barriers, and reassure others, and therefore help to make support more accessible for other men. This was also seen as a way to empower males to share their experiences. Others wanted to move on and not revisit their journey, but some were keen to use their lived experience to help others and give 'something back'. With a female only workforce, staff highlighted that currently RASA does not have a pathway for male clients to have an opportunity to go on to volunteer at the service.

"Talking about it helps, it's painful but it's helping and I want to be able, I want to be able to say to other men, it's okay. You can talk about it, it's fine. It doesn't make you any less of a man because it really doesn't. I didn't realise how much it would help, and as painful as it was for the first couple of weeks. I'm so glad I said yes to finally doing it" (Client 8)

"I'd say life changing. When I first started my sessions, like, my, my PTSD score was really high. And now it's much much lower. It doesn't dominate my life anymore. And I've also been able to disclose what happened, to my family and challenge the person that did this to me as well" (Client 1)

"I want to be part of pushing things forward and helping men to talk about things that have happened to them, you know, that they've been abused that, this has happened to them, you know, I want to take charge in my life and help other people, male or female, take charge of their own. I said, you know what, I'm ready to talk about this now. Because I want to talk about it, because I'm not ashamed of it, and I don't think any man should be because I didn't ask for it to happen. And they didn't ask for it to happen" (Client8)

Meeting the quality standards

RASA contributed to the consultation and development of the Male Survivors Partnership Male Service Quality Standards. RASA currently do not have the quality standards accreditation, however, they do work to review service provision, to ensure it meets the needs of service users, to ensure it meets the needs of service users and to ensure that individuals or groups (including male clients) are excluded from receiving support.

“I would recommend it to anybody out there who needs it... for me it’s keep doing what they are doing, and more importantly keep funding it. It was great from start to finish, I’ve not got one bad word to say about it, it was great, the counsellors, the communication, the standards, everything” (Client 6)

RASA use a trauma informed, person centred model and adopt a tailored approach based on risk and need to work with the client to develop a bespoke care plan and tailored package of support. Staff explained that counsellors and ISVAs use their professional skills, flexibility and confidence to adapt and develop a programme of support to best meet the client’s needs to support their recovery. The pathways of support are not based on the sex or gender of the client. Staff at RASA acknowledged here that they believed a tailored approach was the most appropriate model. Whilst they did want the service to be fully inclusive for clients who identify as male, they expressed concerns that streamlining services to develop individual male and female pathways may create gaps in support and contribute to a framework that is not inclusive for all clients. This included being fully inclusive to all clients, including transgender clients and clients identifying as non-binary.

“RASA have been absolutely brilliant. It’s been very painful, but I knew that it would be. It’s helped me massively. So that is definitely, there’s nothing that they can do other than that, because it’s helped me more than I’ll ever be able to thank them for” (Client 8)

RASA have carried out work to re-develop the website to make it more gender neutral and accessible for all. RASA could routinely ask about (and monitor) whether clients have preferences regarding their worker’s gender, ensuring that this data is analysed, findings are considered and action is taken where needed. This will enable RASA to fully understand whether clients (regardless of gender) have safety concerns about having male workers and more of a male presence within RASA (and whether this has previously been a misconception). Whilst the majority of male clients participating in the research were happy to have a female worker, they did recognise the need for choice and that some clients may prefer a male worker.

RASA was traditionally developed for female victims and survivors, and based on need and demand, developed their service to include support for males. It is therefore important that the service continues to understand the needs of their diverse client group. RASA review service provision, engagement data and client satisfaction in order to better understand the needs and adapt and grow to meet the needs of victims and survivors. RASA do not currently meet the full Male Survivors Partnership Male Service Quality Standards, however, they do meet a significant part of the standards (please see appendices for standards). They fall short of the accreditation because they do not have separate pathways of support based on gender, and because the female only workforce means they are currently unable to offer a choice of worker. This research has highlighted that changes may not necessarily be needed at RASA and the current inclusive and tailored model may best suit the individual needs of the clients, stressing the importance of continued review to understand these

needs. The research does highlight some specific needs and requests made by male clients, for RASA to consider, which helped develop the following recommendations:

Recommendations

- RASA provide a tailored bespoke individual support package based on individual need, regardless of gender. Staff and male clients taking part in this review agreed that whilst RASA could factor in male specific aspects for service delivery, there should not be individual pathways based on gender that could potentially exclude other groups of individuals in need of support. RASA should continue to develop individual tailored care plans based on full risk assessment and identified need.
- RASA have built in assessment questions to ask if the client has a preference on the gender of their worker. RASA could ensure this question is more routinely asked and consistently monitored, ensuring the data is analysed, findings are considered, and action is taken where needed. This will enable RASA to fully understand whether clients (regardless of gender) have safety concerns of having male workers and more of a male presence within RASA (and whether this has previously been a misconception). A consultation on understanding client's needs around choice of worker is recommended.
- Whilst the majority of male clients participating in the research were happy to have a female worker, they did recognise the need for choice and that some clients may prefer to have a male worker. If further research deems that a male worker would be beneficial, RASA should consider embedding a role within the service.
- The male clients participating in the research welcomed the opportunity to take part in the research and share their experiences. Whilst there is an opportunity for feedback, RASA should promote this opportunity more loudly and widely, ensuring all clients are aware that there is a platform to have a voice and shape the service, and be encouraged to use it.
- Both staff and clients participating in the research welcomed the opportunity for male volunteers at RASA, recognising that the service could benefit from the experience of male counsellors whilst also providing the opportunity for men with lived experience to help others and be part of the RASA service. Engaging with men with lived experience who had benefited from support was seen as key to breaking down barriers and making support more accessible for other men. If RASA considers changing a workforce structure, volunteering positions for men should be considered.
- Staff and clients agreed that there needs to be a shift in culture to reduce stigma and provide a safe place for men to disclose abuse:
 - RASA could consider engaging men with lived experience to tell their story, help promote positive messages about speaking out and engaging in support and champion support.
 - RASA could tap into local and national campaigns to create awareness.
 - RASA should continue with their collaborative multiagency approach working with other key organisations across Merseyside.
 - RASA should continue with awareness raising and training for other professionals.
- Staff at RASA acknowledged the complex nature of cases, working with clients, both male and female with multiple and complex traumas. RASA utilises a trauma informed model and provides trauma based training which should continue to be delivered, ensuring staff are provided with appropriate and ongoing trauma informed training and support.
- Evidence from wider literature and from this review highlighted the barriers for engaging men in appropriate and accessible support. RASA should work alongside other services supporting men, such as male dedicated and male specific services to learn from them and further inform

service provision and delivery. RASA could also share their stories of supporting men to share best practice and positive ways of working with survivors of sexual violence.

- Staff and clients highlighted limited public and professional awareness of RASA being available to male clients. RASA carry out promotional and awareness raising activities with professionals which should be continued and promoted further to increase partnership working. RASA should also further utilise social media platforms and local campaigns to create better public awareness. This could break down barriers to engaging and improve both professional and self-referrals for men.
- The male clients expressed a desire to be part of a male peer support group. Staff also highlighted the importance of peer support. RASA do provide an eight-week group programme and a hypnotherapy group, which are delivered on demand, and by gender. RASA could better promote these groups to men to encourage take up to ensure they are able to be delivered on a more regular basis. Additional funding could be sought to deliver these groups for smaller numbers when uptake is low.
- Evidence shows that support services struggle to provide evidence of quality of male focused support. Through this research, RASA have been able to demonstrate the impact of the tailored support they provide to clients. RASA could consider implementing gender specific key performance indicators to better evidence this impact and demonstrate evidence of quality for commissioners, to support funding applications. Case studies could also be collected to demonstrate a male survivor's recovery journey with RASA. These messages could also be used to assure men of the successful outcomes for men engaging in support, and provide them with quality assurance. This would also contribute to benchmarking and building an evidence base nationally for support for male survivors.
- RASA provide bespoke trauma informed training for working with all clients, regardless of gender, however they have engaged with the Make Survivors Partnership for male specific training, which should be encouraged to help inform service provision at RASA.
- RASA have carried out work to re-develop the website to make it more gender neutral and accessible for all. This message should continue to be promoted on all promotional materials and policy documentation, to ensure a clear 'service for all' message is promoted and understood.
- Clients praised the strong and trusted relationships they built with highly skilled ISVAs and counsellors, this made a significant difference in supporting them to engage with support and positive experience of support and their ability to cope and recover. It is important that the skills, dedication, professionalism and passion of the staff at RASA are celebrated and supported through ongoing supervision, training and professional development.
- RASA were able to adapt services during the Covid-19 pandemic, with remote access being a lifeline for many clients who could continue to engage. Having an option to access RASA via telephone or online platforms made engagement more accessible for some. RASA are hoping to take a blended model going forward, offering clients an option of face-to-face or remote appointments, and this approach is recommended for more equitable access.

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1. Introduction

1.1 Background

Definitions and prevalence of sexual violence

In the United Kingdom, sexual violence is defined as any kind of unwanted sexual act or activity, that includes rape, sexual assault and sexual abuse (Rape Crisis England and Wales, 2019), and is covered by two critical pieces of legislation: the Sexual Offences Act 1956 and the Sexual Offences Act 2003 (HM Government, 2003). Up until 1994, UK law did not recognise male on male rape as a criminal offence (Spruin & Reilly, 2018).

Data on sexual violence typically comes from the police, health services, third sector/non-governmental organisations and survey research. It is widely acknowledged that official figures are the 'tip of the iceberg'; with a substantial proportion of cases remaining unreported and unquantified (Rape Crisis England and Wales, 2018).

The Crime Survey for England and Wales (CSEW) latest figures for the year ending March 2020, reported that 3.8% of adults aged 16 to 74 years (1.6 million) had experienced sexual assault by rape or penetration (including attempts) since the age of 16 years (7.1% women and 0.5% men). This included 773,000 adults who were victims of sexual assault in the last year. This figure includes almost four times as many women (618,000) reporting sexual violence, compared to 155,000 male victims (ONS, 2021). One in six men living within the UK have experienced sexual violence or abuse (1 in 6, 2021). The Crime Survey also estimated that one in five adults aged 18-74 years (8.5 million) have experienced at least one form of child abuse before the age of 16, this includes sexual (3.1 million), physical, emotional and witnessing domestic abuse (ONS, 2021).

Although statistics show that females are more likely to be victimised than males, it is unlikely that the reported prevalence will accurately reflect the true extent of the problem, as studies have found that many individuals, males and females alike, do not report the incident. More specifically, while it is estimated that only around 15% of women who experience sexual violence choose to report it to the police (ONS, 2013) men are even less likely to report rape, with only around 4% of male victims likely to report rape (Pino & Meier 1999; Spruin & Reilly, 2018).

Many cases of child abuse are hidden and unknown to the criminal justice system; the National Association for People Abused in Childhood's (NAPAC's) helpline reported that one in seven adults using the helpline had not told anyone before (ONS, 2021). According to Survivors UK, it takes on average 26 years for a man to speak out about sexual abuse or rape (Survivors UK, 2021).

Impact and consequences of sexual violence

Sexual violence can have immediate and direct impacts, as well as leading indirectly to other consequences. Common effects of sexual violence include issues related to mental health, social wellbeing as well as physical injuries and health effects of violence itself. Those who have experienced sexual violence are more at risk of re-victimisation (WHO, 2010). The effects are not always easy to deal with, can occur at different points in time and will not affect all individuals to the same extent.

Longer-term problems could include flashbacks, sleeping problems, eating disorders and emotional detachment – symptomologies of post-traumatic stress disorder. Other mental health problems, such as depression and/or anxiety can develop. Unhealthy strategies, such as alcohol and drug misuse, may also be used to cope with distress and trauma (WHO, 2010). Victims and survivors may experience self-harm, suicidal thoughts and suicide attempts. The consequences of sexual violence could also influence relational and social aspects of the victim's life; they could become less trusting of others

and have a fear of intimacy (Rainn, 2021). Whilst women are more at risk than men of experiencing sexual violence, research has shown that male victims report just as many adverse effects as female victims, and that the consequences are just as significant in their lives (Peterson et al., 2011).

Research suggests that underreporting is largely due to the social stigma surrounding males experiencing sexual violence and abuse, which serves as a barrier for victims seeking help. Research has shown that male victims of childhood sexual abuse and/or experiences of sexual violence may struggle with a number of short and long lasting issues including feeling like it was their fault, that they should have told somebody and fear of not being believed (Spurin & Reilly, 2018). The loss of power and feeling unable to protect oneself is a prominent issue for male survivors of sexual violence and abuse (Davies et al., 2010). Research suggests that men are blamed by others when they perceive them as having not fought back against their abuser (Davies & Rogers, 2006). This has been shown to elicit a sense of decreased masculinity among male survivors (Spurin & Reilly, 2018). Male victims and survivors may feel a loss of power, control and confidence and feel they need to 'prove their manhood' by engaging in physically aggressive behaviour and may experience physical and emotional problems with closeness and intimacy (UKsaysnomore, 2021). It is often suggested that some male victims may be reluctant to report their experiences to the police, but often self-report to healthcare or support services, where they believe the advice and support they will receive will be provided in a more sensitive manner. Therefore, it is important that clear male-specific signposting and support pathways exist to aid the male victims and survivors of sexual violence (Badenoch, 2013).

1.2 Improving support standards for male victims and survivors

Research and data on male sexual victimisation is emerging, highlighting the need to recognise this key public health and human rights issue. Critically, to develop understanding of types and patterns of abuse experienced by men, ensure that support is available, accessible and appropriate to their needs, and that negative gender stereotypes towards male survivors are eliminated (CPS, 2017; Lowe and Rogers, 2017). Across England and Wales, various steps have been taken at national and local level to promote understanding of male sexual victimisation, increase reporting and support victim/survivor recovery. In 2015, the National Male Survivors Helpline and Online Service was launched providing support to male survivors, and evaluation of the service highlighted some key considerations for service delivery (Weare et al, 2019). In 2017, the Crown Prosecution Service published its first public statement recognising male sexual victimisation, including the needs and experiences of male survivors (CPS, 2017).

The number of services supporting male victims and survivors of sexual violence has increased over recent years, due to organisations responding to the demand and need of male victims and survivors, and by targeted commissioning of more equitable service provision. The Male Survivors Partnership (MSP), in collaboration with key partners, identified a number of difficulties and barriers that service and support providers face when evidencing the quality of support available for male victims and survivors. Including that service providers struggle to provide appropriate evidence of quality, commissioners lack confidence that funded services are the most appropriate to meet the needs of male victims and survivors, and the male victims and survivors, themselves, are not assured of the quality of support available. The MSP (2019) concluded that as services are further developed to support men, it is crucial that services are able to understand and meet their needs.

The MSP have also argued for a separate specific process on 'tackling violence against men and boys' to ensure crimes against men do not remain hidden and to aid further research on the association between violence against men and other harms such as suicide, homelessness, domestic abuse, mental health, substance use and offending (Male Survivors Partnership, 2021).

Quality standards for services supporting male victims and survivors of sexual violence

The MSP was founded by four specialist sexual violence services; Survivors Manchester, Mankind, Safeline and SurvivorsUK. MSP aims to ensure that appropriate support is available to meet the specific needs of male victims and survivors of sexual violence. MSP commissioned LimeCulture CIC² to develop quality standards for services supporting male survivors of sexual violence, including an accreditation and monitoring process to improve the consistency of service provision for male victims and survivors. The quality standards were published by MSP in 2019 (Male Survivors Partnership, 2019). A range of partners including professionals working with male victims and survivors, services providing support, commissioners, policymakers and male victims and survivors, contributed to the consultation and development of the standards.

The Male Service Standards is a quality assurance framework that enables organisations working with men (aged 18 and over) affected by sexual abuse, rape and sexual exploitation (including statutory and non-statutory services) to benchmark their work against an independent evidence base and improve and evidence the quality of service provision to male survivors. The quality standards aims to create a framework that can be used to develop and improve the quality of service provision to male victims and survivors.

Male Survivors Partnership, 2019

The quality standards aim to share and promote new ways of working, improve quality of services (and commissioning of services), improve monitoring to better evidence quality, and, increase commissioners' confidence that services are funded to best meet the needs of clients. In turn this will ensure male victims and survivors have the best support available and are assured of the quality of what is available to them (Male Survivors Partnership, 2019). The standards are divided into four core sections covering:

- Leadership and Governance – to ensure the service provider is held accountable (including objectives, financial planning, policies and procedures and training)
- Access and engagement – to ensure service providers recognise the specific needs of male clients (including strategies to engage with marginalised groups and communities)
- Service and delivery – to ensure service delivery is based on the risks and needs of individual clients (including a choice about the gender of the person supporting them)
- Outcomes and evaluation – to ensure routine data collection, clinical outcomes, evaluation and feedback are monitored and used for service review to understand clients' needs and the services ability to meet those needs (Male Survivors Partnership, 2019)

1.3 Rape & Sexual Abuse (RASA) Centre Merseyside

Rape & Sexual Abuse (RASA) Centre Merseyside³ is a registered charity and specialist counselling, advocacy and support service, established in 1986, that aims to improve the mental and physical wellbeing of individuals impacted by sexual violence during their lifetime (RASA Merseyside, 2021). RASA receives funding from Merseyside Police and Crime Commissioner and Ministry of Justice, and others. The service works with women, men and children who can self-refer, or (with their permission) can be referred by a third party (e.g. professionals, friend or family member). RASA has centres based in Liverpool, Sefton and Wirral.

RASA aims to create and facilitate a safe place to enable survivors of sexual violence, to support them to work through issues to empower them to help them cope and make positive choices, and begin their journey of healing and recovery

“We will listen without judgement. We will believe you without question. We are here to support you”

RASA, 2021

RASA follows the National Service Standards for Sexual Violence Services (Rape Crisis England & Wales, 2020). The standards are divided into four core sections covering:

- Strong leadership, ensuring services for survivors of sexual violence are inclusive and participatory and delivered to the highest standards.
- Responsive to need, ensuring services are responsive to the diverse needs of survivors and actively work towards ensuring they are relevant, accessible and survivor led.
- Safe practice, expanding the safety and wellbeing of all survivors and working within safe models of practice which facilitate this.
- Effective provision, promoting a culture of empowerment that supports survivors to regain control in their lives and challenge misperceptions and social tolerance of sexual violence.

The service provides a range of services including counselling and therapeutic work, and an Independent Sexual Violence Advisor (ISVA) Service (Box 1).

Following referral, clients have a brief assessment over the phone and are then contacted by a counsellor to arrange their first appointment for specialist person centred and Cognitive behavioural therapy (CBT) counselling.

The ISVA service offers support, information, practical and emotional support. The ISVA supports clients to help them cope and recover, regardless of whether they have reported to the police or not. The service is independent to the criminal justice system, but works alongside the system to support clients through the process. The ISVA service has Lime Culture CIC ISVA service quality standards accreditation.

RASA also provide an eight-week support group for survivors, and separate clinical hypnotherapy (RADS) groups for men and women.

RASA also provide a wide range of counselling and related courses, training and development through RASA Merseyside Education. Some courses are accredited by the Skills and Education Group, or endorsed under The Quality Licence Scheme. RASA also provide volunteering opportunities (including for ex-clients), with full training to enable volunteers to support clients, work on the RASA helpline, become a trustee or committee member, support RASA admin and to raise funds and/or awareness.

1.4 Review aims

In line with the sexual violence service quality standards and the quality standards for male service provision, RASA Merseyside work to review service provision, to ensure it meets the needs of service users. RASA Merseyside were part of the consultation for developing the MSP quality standards. In light of the recent quality standards for male service provision, this study aims to review service

Box 1: Services offered at RASA Merseyside

Counselling and therapeutic work:

- Specialist counselling for people who have experienced rape or sexual abuse including women, men and young people
- Pre-trial counselling
- Group work and group support
- Clinical hypnotherapy groups
- Helpline support
- Children's services (Sunflower Project)

Independent Sexual Violence Advisor Service (ISVA):

- Information about the criminal justice system
- Support and help through the criminal justice system
- Support to apply for criminal injuries compensation
- Information and advice about health and social options
- Emotional support
- Highlighting need and referring onto other, more appropriate, agencies
- Liaising with other agencies involved e.g. Independent Domestic Violence Advocates

provision for male survivors of sexual violence within RASA Merseyside, and critically explore the service needs of male survivors of sexual violence. The key research questions are:

- What are the characteristics and help seeking behaviours of male survivors of sexual violence accessing RASA services?
- What RASA services do male survivors use and engage with, and which factors interact with service use?
- What are male survivor's perceptions of RASA services and what outcomes do they report?
- What are the support needs of male survivors and do RASA services meet male survivors support needs?
- Do the quality standards for male service provision reflect the needs of male survivors using RASA services?

2. Methods

The study received full ethical approval from the Liverpool John Moores Research Ethics Committee (approval reference: 20/PHI/021) and data collection methods were designed in accordance with National Government Covid-19, local Government and RASA and LJMU guidelines.

2.1 Mapping of service level documentation and data

A rapid literature review was carried out to provide an overview of the types and patterns of sexual violence experienced by adult males, prevalence at local and national level, victim and survivor support needs, and evidence of the delivery and outcomes of adult male support services in the UK. A mapping exercise was carried out by collating documentation provided by RASA, relating to service provision for adult male survivors; this was then mapped against the Male Survivors Partnership Quality Standards for services supporting male victims and survivors of sexual violence (Male Survivors Partnership, 2020).

2.2 Engagement with RASA stakeholders

Two paired interviews and one one-to-one interview were carried out online via Microsoft Teams and over the telephone with five staff members from RASA. This included representation from management, counselling ISVA service and volunteers. The interviews provided additional context to the service level documentation and explored the characteristics and help seeking behaviours of male survivors; and, service provision, use and engagement for male survivors of sexual violence within RASA. Interviews also explored staff members views of the services provided and if they currently meet the needs of male survivors; the outcomes for male survivors accessing the service; and views on the quality standards for male service provision and if and how they relate to RASA service provision and perceived needs of male survivors accessing RASA.

2.3 Engagement with male survivors

Eight semi-structured telephone interviews were carried out across 2020 and 2021 with adult male victims and survivors of sexual violence who had engaged with RASA for support. The men participating in the research are referred to as clients within the qualitative analysis. The interviews explored survivors support needs and help seeking behaviours; their use and engagement with RASA services; and factors that support or prevent service utilisation. The interviews also explored clients' perceptions of RASA services, whether it meets their needs and what they think service provision should entail (for them and other male survivors); and the impacts of engagement with RASA service for them (and where appropriate others, including their families). Both staff and client interviews were digitally recorded, transcribed and analysed using thematic analysis.

2.4 Online survey

The engagement with clients at RASA focused on speaking with men who have already sought help and/or been referred to RASA Merseyside. However, many survivors do not report their experience and/or do not access support. Therefore, to provide a broader understanding of the support needs of male survivors across Merseyside, an anonymous online survey was implemented. The survey included questions relating to help-seeking behaviour, barriers to engaging with support, experience of support (if accessed), and opinions on male specific support needs. The survey was promoted through social media by RASA and PHI, and circulated through networks including the Merseyside Sexual Violence group, the Violence Reduction Partnership and via the men's health week sexual violence campaign. The survey was completed by three men, two of whom had previously accessed support (one respondent had previously engaged with RASA).

3. Findings

It is important to note that findings are derived from speaking with a small cohort of male clients at RASA, and comments from staff refer to their own experience of working with male clients and are not generalised opinions of all men engaging with support at RASA⁴.

3.1 Leadership and Governance

RASA structure, policy and procedure

RASA has a professionally trained and skilled team, who work to retain and improve knowledge, training and intelligence in the sexual violence field. RASA is governed by a Board of Trustees (one trustee is male). Staff members and volunteers are supported by the clinical lead and operational managers. Staff roles include Independent Sexual Violence Advisors, Counsellors, Information and Helpline Workers, Service Administrators, Children's Workers, RASA Education Training Team, and Community Engagement Worker. RASA also provide volunteering opportunities, which are also open to ex-clients, 12 months after they have completed their support with RASA. All staff have a Personal Development Plan and monthly line management supervision and monthly external therapeutic supervision.

RASA are an equal opportunities employer, with limitations under the sex discrimination act. Under such legislation they are currently able to employ females only as staff or volunteers, maintaining a woman only workspace. However, regulation is under regular review and should client demand or need demonstrate that a change to the structure was needed, action would be taken. This is discussed in more detail on section 3.3 in relation to client choice of worker.

“We have even at one point discussed having a completely separate male service and what would that look like? But I don't think in this area currently, we've got the need or the demands for that. We do have male specific support groups available, if people want them, and we also have male specific hypnotherapy groups” (Stakeholder 1)

RASA have established professional governance, management and client focussed policies and processes to ensure full and compliant specialist service delivery. The service operates under these strict set of policy and procedural guidelines, to ensure support is delivered in accordance with the National Services Standards for Sexual Violence Services.

The policies and procedures enable RASA to adhere to ethical and safeguarding frameworks. RASA undertake an annual review of the section 11 audit for multiagency safeguarding arrangements, and their own safeguarding policies are endorsed and signed off by local safeguarding boards. The guidance also ensures that survivors are fully aware of what RASA can offer in way of support and in return what is expected of them, and a robust complaints procedure is in place.

RASA has over 150 policies and procedures which are reviewed regularly and available upon request. These include safeguarding adults and children, ISVA protocols, health and safety, abusive or aggressive behaviour, lone working, managing risk, personal safety, drug and alcohol use and abuse, suicide calls, risk-taking, boundaries and good practice, and stress management. There also a number of HR management related policies in place including supervision and review, complaints and disciplinary procedures. RASA are not able to offer support to sexual offenders including those under

⁴ For quotes used; clients are the male clients (victims and survivors) and stakeholders are the RASA staff members who participated in the research

investigation or those that have had allegations made against them, which is made clear within their policies, guidance and on referral forms.

RASA are a genderless and ageless service and do not have separate policies and procedures based on gender or other protected characteristics. RASA use a trauma informed, person centred model and adopt a tailored approach based on risk and need to work with the client to develop a bespoke care plan and tailored package of support. The service model ensures that clients are managed as individuals, acknowledging the need for an individual care package, suited only to them and their experience and situation.

Staff explained that counsellors and ISVAs use their professional skills, flexibility and confidence to adapt and develop a programme of support to best meet the client's needs to support their recovery. The pathways of support are not based on the sex or gender of the client. Staff at RASA acknowledged here that they believed a tailored approach was the most appropriate model. Whilst they did want the service to be fully inclusive for clients who identify as male, they did express concerns that streamlining services to develop individual male and female pathways may create gaps in support and contribute to a framework that is not inclusive for all clients. This included being fully inclusive to all clients, including transgender clients and clients identifying as non-binary.

"It's about working with the individual, and I feel like we do that, well, because we don't make generalisations about men, about women about trans clients, non-binary clients.

it's working with that individual with, we put a lot of efforts into skilling up our workforce, and there's a huge array of expertise and skills within the organisation. We will work with the individual and I think from the outcomes, its showing that it's working, but with any service, there's areas for improvement" (Stakeholder 2)

"We were such a female focused service for years; it was really hard to make those changes, to get people on board. So we felt we've done a great job of becoming more neutral. We feel we are inclusive as we could be really. Then (the standards) are saying, well, actually, now you need to go backwards and become very gender focused" (Stakeholder 1)

RASA has a strong commitment to partnership work, communication and information sharing to ensure victims and survivors of sexual violence are supported. They form part of the Merseyside approach to tackling sexual violence and supporting victims and survivors. They utilise a multiagency approach and work in partnership alongside other key agencies to ensure there are appropriate referral and care pathways in place. This includes statutory and non-statutory services, including Local Safeguarding Boards, RASASC, Merseyside Strategic Domestic Violence Action Group, SafePlace Merseyside, Merseyside Police (including the Unity Team), criminal justice services (including Crown Prosecution Service (CPS)), Adult and Children's Social Services, mental health teams, NHS Services and third sector services across Merseyside. RASA maintain robust policies on data, confidentiality and information sharing, and are signed up to confidential multiagency partnerships including MARAC, MASCE and MASH⁵.

Training

RASA has a training school providing training and professional qualifications in counselling. Staff and volunteers also undertake additional training and ongoing professional development via optional and mandatory training programmes. Training also encompasses trauma, safeguarding, CSE, and suicidal

⁵ MARAC – Multiagency Risk Assessment Conference; MASCE – Multiagency child exploitation; MASH – Multiagency Safeguarding Hub.

ideation. Whilst both male and females can train for qualifications at RASA, the female only workforce allows only for female student placements at RASA. Training and professional development is a standing agenda item at monthly team meetings, which also provides an opportunity for shared learning and good practice.

“They say that you have to assess and work with men differently. But actually, when you attend those sessions, there's no difference really, apart from, in my experience, and my understanding is, if a male client is suicide intent, then they are more likely to make an attempt to end their life. We have that training anyway at RASA, and we respond to it, as we always would anyway whether they were male or female” (Stakeholder 1)

“I don't teach my students with a view to looking at their potential future client's gender. I teach my students to work with the human being that's going to be sitting in front of them. Especially when it comes to counselling, as well, we're all person centred, that's the base, the foundations of our work, our training, so having that as a way of working with an individual is sufficient (Stakeholder 3)

“I think they should have specific training for both men and women. Going on the way I deal with stuff and how difficult it was for me to talk about something, I can see how difficult for other men to try and talk about it. There are some men holding on to it for years like 30 plus years and some men it's happening to now. They are so worried about coming forward and talking about it, it's always pushed down and out the way. I think the training in that case should be to understand men are not going to be able to talk about it” (Client 2)

“Male training, otherwise any female specific training would not be prescriptive to the specific needs of male victims” (Survey respondent)

3.2 Access and engagement

Gender neutral website and marketing materials

Staff members explained that RASA had worked hard to become a gender neutral and fully inclusive service, and this included making changes to the website and promotional material. The logo for RASA used to include the Venus (woman) symbol, so this was changed to ensure the service was not perceived to be for females only. Staff also explained that the colours on the website are gender neutral and the language refers to a service for all and does not list genders/sex.

Staff explained that they often receive questions from professionals asking if RASA supports men. They explained that they carry out promotional work and advertising to the public and professionals to advertise that support is available for all, stressing the importance of strong clear messaging on the website, social media and other promotional materials which are fully inclusive and not gender or person specific.

RASA work with other professionals to keep them informed about the service, the referral pathway and promoting the message that the service is fully inclusive to all victims and survivors within Merseyside. This work included annual reminders about RASA, providing leaflets to GP surgeries and ensuring that leaflets are downloadable from the RASA website. It was acknowledged that it was important that wider services are aware of the pathways and have the information available to hand should a patient/service ask for support or make a disclosure, highlighting the importance of ensuring this information is provided regularly due to changes in staff workforce.

“We’ve worked really hard over the years to become more of a gender neutral service. So all our all our literature is very gender neutral, our websites, and stuff like that. At the time, we weren’t in a position where we could have had male workers, so we felt that we couldn’t go through for the standards at the time. But then I think what we’re interested in is really understanding do we need to? Or are we are we are we okay as we are?” (Stakeholder 1)

Equitable access - marginalised and disadvantaged males and complex needs

RASA provides support to current, recent and non-recent victims and survivors of sexual assault, rape or sexual abuse. They respect the right of the survivor to decline reporting their situation to the police and will support them through the process should they choose to report.

RASA have an equality and diversity policy, to ensure that anyone referred into the service are respected and cared for in the best way for them. RASA supports victims and survivors across the large Merseyside footprint, across a diverse and range of socio-economic groups. Centres are located within communities in suitable locations with transport links and support is offered to disadvantaged and marginalised members of society to reduce barriers and inequalities and to ensure individuals and groups are not excluded.

RASA carry out an annual equality impact assessment, using publicly available demographic statistics as a benchmark to assess the RASA client base to identify any gaps and areas of vulnerability or groups/individuals that are not being reached. Staff are also provided with equality and diversity training to ensure that the workforce is culturally competent and difference is celebrated. RASA aims for the workforce to be representative of all sections of society and clients, however currently it is a female only workforce.

Staff at RASA explained that the majority of clients engaging with support at RASA are female, with approximately over two thirds of referrals being for female clients. They also noted that the majority of clients seek support for historic sexual abuse, and how this was higher for male clients. Staff at RASA agreed that often their clients, male or female had complex needs, which often did not differ by gender. As highlighted previously, RASA work with the individual client to assess their needs and tailor a package of support based on individual need regardless of a person’s gender. Some of the staff agreed that whilst men may be less likely to engage in support, that if you can get them to engage and once they are in the service, that there is no difference. However, they did agree that the long waiting list can have a negative impact on individuals engaging with support.

“I think with any client, if we can get them into the first appointment, we tend to engage them, the problem is getting them in. Because there is such a wait between initial assessments and accessing the service, because we’re looking at eight months, by that time, people have moved, you know, they’ve get buried yet again, or they’ve gone and got our help elsewhere” (Stakeholder 1)

Two of the staff members when prompted, did consider some of the differences between male and female clients that they had supported. This included differing presenting issues, and a different approach to engaging with support. They explained that this was something they had observed in the men that they had worked with, and it was not a generalised observation of all male clients. One example given was that the men that they had supported had experienced a more complex history of abuse, for example in addition to sexual abuse; they were also more likely to have experienced physical and psychological abuse. The staff explained that whilst the support focuses on recovery techniques, they use a trauma informed approach and tailor individual sessions to focus on the wider abuse, deep routed trauma and adverse childhood experiences.

“The level of abuse. Most of the men that I've worked with haven't just experienced sexual abuse, there's been severe neglect, physical abuse, so often that the needs can be more complex. Some may well have entered into domestic violent relationships, and they've been on the criminal pathway, so often, our male clients can often come with complex needs” (Stakeholder 2)

“My dad was in prison, we lived in a squat for a number of months. We fed ourselves from skips, and we stole food. I hold them responsible for how I was looked after and treated by them and the things that happened to all of us. It wasn't a loving family unit. I never let it hold me back. I am proud to say my family unit is a loving, open family unit” (Client 7)

Staff also explained that men who had experienced historic abuse might be more likely to become involved with the criminal justice pathway, either from entering into unhealthy relationships or from committing violent offences. They explained that anger is a major issue for some of the men they have supported and how they worked with them to help process what had happened and to work through the feelings of anger. One member of staff gave an example of a male client that they had supported who had been in prison, but would not have accessed support otherwise, highlighting the importance of early intervention so victims do not end up in the criminal justice system before they are offered the support they need.

“In my experience of working with men, the biggest impact of the abuse is generally the anger and how they deal with that and being very frightened of their own emotions and how they might, you know, react. One client I was working with was due to go to prison (not a perpetrator), the whole reason he came to counselling was because if he felt he went to prison this angry, he might do some serious harm to somebody. If he hadn't have been going to prison, he probably would never have accessed support for the child abuse that he suffered” (Stakeholder 1)

One of the clients interviewed also gave example of arguing with a police officer, which resulted in him losing his job and subsequently, his family home. Another client explained that through not speaking up, the anger would cause them to end up in trouble.

“That's where you probably find that people keep their mouth shut, and they're the ones who then are going to probably ends up assaulting somebody else” (Client 2)

“The catalyst of me getting fired was my behaviour... I had an argument with a police officer... I felt cornered, and I felt like the officer wasn't listening to what I was saying, and judging me and, you know, I probably overreacted. I was totally respectful. But I did raise my voice, I did lose my temper, you know. I ended up losing the job, because of that I lost my income and our home. The real world started to implode... I was in suicidal thought mode... Literally, it was a rebuild from that point... That's when I disclosed, I'd carried that for years” (Client 7)

Referral process

RASA have an established referral process and accept professional referrals and self-referrals, with the referral form collecting information around any challenges/barriers the survivor might have in relation to accessing the service, so additional support can be put in place. The male clients participating in the interviews recalled referring themselves to RASA after receiving information from professionals and family members (often the family members were professionals working in the health and social care field). Those referred by professionals included the police and a GP.

Upon making a self-referral the clients were offered an appointment for a telephone consultation for their assessment. They reported not waiting long for the initial appointment, but did highlight there was significant wait for counselling and therapeutic support (discussed below). The consultation appointment was described as sensitive and caring. One client noted that the person undertaking the assessment had explained that they may not be their counsellor and they could tell them as little or as much as they wanted reassuring the client that that they would not have to re-tell their story. Clients also reported that the staff undertaking the assessment also provided them with clear information and details so that they knew what to expect from RASA, and what was expected from them.

“They were very supportive, informative. They basically told me the whole process, and booked me in for a consultation with one of the advisors. They were dead understanding, dead patient, and said if there was anything that I didn’t want to go into detail, I didn't have to. They were very much supportive in the sense of take your time, express as much as you want, don’t worry about getting upset because obviously when you are making that call, that’s a big step, so you do have, well, I did, a bit of an emotional breakdown over the phone” (Client 3)

Once a client had their initial consultation and assessment, if the ISVA service was required, they were assigned an ISVA and could start engaging with that element of the service immediately. If they required counselling and therapeutic support, they were assessed by need and risk and placed on the waiting list, and both staff and clients commented on the impact of the long waiting lists. Although it was noted that immediate access to the ISVA team was crucial in providing an instant access service. The small team may work with clients for a number of years to support them through long and delayed court cases, this meant that appointments were available less frequently, so for example a client could start straight away but might have monthly appointments, compared to a smaller case load model which could offer weekly appointments.

Staff explained that they had hoped to tackle waiting lists during the pandemic if demand on the service was quieter during local lockdowns, but how referrals had remained consistent, not allowing for this; however all efforts were put into reducing the waiting lists.

One client had been informed the wait would be around six months, but reported being in service within four months. Another reported waiting six months to start counselling. Clients explained that they understood that the service was in demand and the waiting list had been clearly explained to them. One client noted that knowing he had made that initial contact had helped.

“I think I got a text and I came in for an initial assessment. A few weeks later, I got offered a chance to do some hypnotherapy for a few weeks. Then it was about six months when I had my first appointment for counselling” (Client 1)

“They said it would be a long wait because sadly there's a lot of people who've gone through similar things or worse things. So I didn't mind the wait, because I've made my mind up to finally talk about it, because I don't want to hide it away. I don't want to push those things down that happened to me. I want to talk about it because I'm not ashamed of it, and I know it wasn't my fault. None of it was my fault. So I totally understand that now” (Client 8)

It is important to note that support is available for clients whilst on the waiting list, and a vast amount of work is undertaken during this time. Staff described the different elements that clients could engage with including advice and information from the website, signposting for additional support and a clinical hypnotherapy group. Resources are available on the website and tailored resources can be

provided to clients that focus on specific issues, for example they have flashback/nightmare protocols that can be emailed out. The hypnotherapy group is a three-week programme, consisting of two-hour sessions, that focuses on decreasing stress and anxiety and depression. Staff noted that session content can also be used in a one-to-one setting as part of the stabilisation process for therapeutic interventions. Staff reported receiving positive feedback from the group (for female and male clients), and witnessing immediate changes and outcomes, with some clients not requiring further support. Staff explained that feedback is collected but it would be useful to have a more formal monitoring of the group to further evidence impact. Both clients and staff highlighted the importance of having such services available during the wait for counselling, especially during the pandemic. Staff at RASA reported that they were working to introduce a service called single session therapy, for clients to access within 48 hours of referral and attend one session that focused on a specific issue. They explained that they were looking to streamline the service model, so rather than one waiting list, they were hoping to introduce different pathways for hypnotherapy, group therapy and trauma focused therapy, which would provide clients with different choices earlier on and hopefully reduce the waiting list.

Awareness of RASA

None of the men who were interviewed were aware of RASA before receiving information from others about the service. Staff at RASA explained this was common as many clients are not aware of RASA or similar services until they are in need of that type of specialist support.

“I don't think a lot of people have [heard of RASA], I don't know what the answer to that is, but I'll never be able to repay them for how they've helped me in real life” (Client 7)

Both the staff and the male clients who participated in the research commented that often the service is still perceived to be a service for females. The majority of the male clients interviewed presumed the service would be for females only, when they were first told about RASA.

“When I had my interview for my placement at RASA they asked me if I felt comfortable working with men, male survivors. I said, I didn't know you had male clients” (Stakeholder 5)

“If I saw a leaflet and just presumed it was a service for women, then that will be a missed opportunity, a missed opportunity for them to talk about stuff” (Client 2)

Staff also explained that they still often receive questions from professionals looking to refer and signpost to the service who are not aware that the service also supports male victims and survivors. They suggested that was because the service was initially female only. It was noted that RASA work with other professionals to keep them informed about the service, the referral pathway and promoting the message that the service is fully inclusive to all victims and survivors within Merseyside. This work included annual reminders about RASA and what support they provide. The staff acknowledged that professional awareness could be raised around sexual violence and the support pathways available for all clients.

“It's very clear on the website and all the reaching out, the socials and stuff that we support anyone, it's says people, so everyone” (Stakeholder 4)

“I think because it's obviously very advertised for women and stuff like that which it should be, but I also think it should be advertised more out there, more research and evidence into male rape cases because obviously it happens, it's just not as talked about. So to let men know there is support out there and there is nothing to worry about you can just go in and people are going to take you serious” (Client 3)

Some of the men explained that men may find it more difficult to access support and reported that services could be better advertised, making it clearer that the services are also available for men. They noted how they would have never heard about the service without engaging with other services such as the police. This highlights the importance for professionals to have awareness of RASA and have readily available information on the aims of the service, what is offered and the referral pathways. This would ensure reliable and correct information could be provided to the victim or survivor to help reassure them about making that step to engage with RASA.

“Informing, the prison, probation staff, people are informed that there is a service you've got a two pronged attack, they are more informed and can refer in” (Stakeholder 5)

“Absolutely helpful, 100% because my case was so long I would have been pulling my hair out without any counselling and stuff like that. It was a blessing in my eyes, and if it wasn't for the police officer getting me involved, and the counsellors, I wouldn't have heard of them or picked up the phone” (Client 6)

They also suggested that men that have engaged with support could help promote the service, to share their positive experiences of support to reassure other men to engage with RASA and other support services.

“It's about reaching out to the people who are thinking about going and they just need that little push, of people like myself who had not heard of it” (Client 6)

“I want to make sure that no matter what it is that adults and children are safe, because I've opened my mouth, just one person in a mass of voices. I want to open the mouth and say to other men, let's open our mouths, let's not have this anymore, you know, shoving it to one side and hiding away from it. And it didn't happen. It did. And I'm taking control of it. Because it wasn't my fault. And they were they it doesn't give them the right to do what they did to me or to anyone else” (Client 8)

The clients suggested that RASA could advertise the service with use of more leaflets and flyers, noting that social media was also a good way to help promote RASA. Whilst the service is available for all, the clients and one of the stakeholders questioned whether some of the promotion could be more clearly targeted specifically at men.

“It's a wonderful place, maybe it just needs a bit more promotion to get it out there so people can access it and hear it, Facebook, Instagram, I don't know, flyers, anything, adverts in the paper” (Client 6)

“I think that there and I think there is stuff we definitely could do. And that's something that we know with as part of our development, we need to really think about that and how we reach men, whether it's through a campaign” (Stakeholder 1)

One of the stakeholders thought that RASA could target promotion to services that work primarily with men, such as HMP Liverpool, and other services that may have front line engagement and direct contact with men, including probation and mental health services.

Barriers and facilitators to engagement with support

Whilst the majority of the clients participating in the research did not feel that the support provided by RASA could be improved in any way, they did discuss the barriers they faced when first engaging with support and discussed barriers they feel male survivors experience in accessing support. They

also discussed the aspects of RASA that helped breakdown those barriers and make support more accessible to them.

“I’d love to reach out to as many men as possible to seek support, and women, but I know statistically a lot more women speak out than men. So we need to try and reach out to the men who feel ashamed or embarrassed, or all the men that feel they have got to be alpha male and can’t show our emotions or cry and stuff like that” (Client 6)

Barriers for men accessing support included feeling ashamed, embarrassed, guilty and unable to talk about what had happened to them. All of the clients participating in the research explained that since engaging with RASA, they no longer felt this way. Survey respondents also suggested reasons for not sharing or disclosing, including: embarrassment, didn’t have anyone to tell, didn’t think they would be sympathetic, didn’t think anyone would do anything about it, didn’t want the police to become involved, thought it would be humiliating, and didn’t want to go to court.

“Male clients that we’ve had, where it’s something that they buried, they’ve put aside, they just carried on with their life. And then they’ve had a knock on the door one day from the police to say, you know, we are aware that you were in a care home, were you abused? Then all of that stuff has come back. Not only experiencing it yourself, but the amount that witnessed friends getting abused. Which is having such a huge impact... Feeling like, I can’t contain this anymore. Reaching out to access support” (Stakeholder 2)

Both staff and clients discussed the damaging culture and language used which perpetuates the belief that men need to be strong. Staff agreed that this culture is changing amongst professionals, with organisations across Merseyside adapting a trauma informed approach to all elements of work. However, it was agreed that there was a long way to go in changing general and public attitudes and the culture of gender-based stereotypes.

“The main things like social stigma. Not only for, for a bloke going for counselling, ‘what do you want to go and talk about your feelings for’, that type of ridiculous mentality, that still floors me now. And also, the nature of what RASA is. One of the personal barriers, for me was, was a feeling that I shouldn’t really be accessing these services. Because there’s an awful lot of other people in the city who are in more need and more deserving. But it was only when I started to locate low points consistently, that I thought, you know what, I’ve got nothing to lose. And I will try and see if it helps and it did actually massively help” (Client 5)

A number of the clients discussed the pressures of societal norms and stereotypes, which suggested men are weak if they had experienced abuse which exasperated feelings of shame. This had contributed to them not being able to disclose what had happened to them and how they were feeling. This also impacted on changes and barriers for them seeking support. They praised the support at RASA for making them feel safe and enabling them to open up.

“We have a parent protect workshop and a protecting our children course which looks at values and beliefs and how raise our children. With boys for example raising them to be tough, to not walk away from a fight, to not show emotion and stuff like that. Additional pressure for males growing up that you have to be strong, you have to be tough, you keep things in, you don’t talk, you don’t get upset. I feel like that suppression can manifest that, and anger is often a deep sadness, being able to have that safe space to explore that is just huge” (Stakeholder 2)

The fact that men are in the minority in support services was also highlighted as a barrier in itself. The stigma and stereotyping also brought additional barriers of men worrying about people's perceptions of their sexuality. This was raised by both staff and clients as a significant barrier, regardless of their sexuality.

"Shame and guilt is a massive part of an impact of abuse. If you think about, statistically, you know, more women are abused, they're more likely to seek support, because they're more likely to feel a level of understanding so just on that basis alone keeps men quiet and from accessing and support, because they may not come across another man who's experienced the same as that, or something similar" (Stakeholder 1)

"I knew I had to do it and open up more, otherwise I would have been stuck for the rest of my life until I deal with it, so I thought no I'm not going to put up with it anymore. But not all men think like me, but it's good to know there is a service out there for men. Men need it, they go through a different kind of problem. Being abused is not good, but being a man and growing up and not knowing what the hell has gone on with your life is very damaging" (Client 2)

Mistrust in services was also highlighted as a barrier for the clients engaging in the research, with many of them having negative experiences when disclosing what had happened to them. This was more specific to survivors of child sexual abuse who had not been believed after previously disclosing to an adult or someone in authority, or who had disclosed and subsequently felt let down, leading to them not telling another person again for many years.

"When I was a child, I reported that I was being sexually abused. I was five years old. I told school. I told a social worker, I told the court welfare officer, and nobody did anything, what they did is, they spoke to the person that was doing the abuse. I've always known that that happened to me, and it's always made me scared of people" (Client 4)

Others talked about the difficulty of talking about what had happened with their families, either because the abuse was linked to the family, or because it was upsetting for family members to hear, or because parents had not believed them. Clients reported the difficulties they had speaking to loved ones and how it had taken years to disclose to them. One client spoke about his family wanting him to 'bury it' and not 'rock the boat' and how RASA had helped him process and overcome these challenges which had empowered him to speak up and tackle these attitudes. These accounts made it clear that without specialist help, survivors would not have broken the habit of taking responsibility for others' feelings.

"Considering my, my own situation. It's almost like the matriarchal figures that the older women in, in my life, family and relatives and stuff might mock, well they actually did, mock you. Why are you such a snowflake? Why, why do you need to talk about this? And that just drives in a bigger feeling of self-doubt of well I shouldn't be doing this but how else do I feel better about this. The negativity. That's probably the reason why I didn't have any support from anyone else other than RASA at some points. I think people are scared of what might come out, the unknown aspects of counselling and therapy which is a big barrier, not only for the person going for it, but the people around them, not pointing fingers are looking for some to blame, just getting help, so that was a big barrier" (Client 5)

"It's when you are made to feel like you need to minimise your feelings for the comfort of others. if you were suicidal and depressed, and people couldn't handle you talking

about how difficult things were, because it was getting them down, that's just them just suppressing your own wellbeing for their own comfort. But that that might be how it plays out for a lot of men, being family men, say nothing for the sake of stability in the family unit. But actually, it's probably an underlying weight in the family unit, the causes more damage than actually talking about it" (Client 5)

The men who had gone onto engage with RASA, spoke about how talking about their experiences had been extremely painful, but how for some, it was the 'best thing they did'. RASA had believed them straight away, and provided a safe space and emotional support to open up about what had happened and help them start to recover. The aspects of the RASA service that had made support more accessible for the male clients included the professional and friendly staff, the independent nature which was a step removed from their family, the clear information and advice and the ability of the service to advocate for the survivors. Two clients also spoke about how the police had been supportive and non-judgmental when they had reported the sexual violence/abuse to them.

"I was completely ashamed, and even though I knew that I hadn't done anything wrong, that the people that did what they did to me were wrong, I was only a child. I felt ashamed about it. I felt like embarrassed to talk about it to say anything. But with RASA support, I am not ashamed anymore. I didn't do anything wrong. I'll just say to anybody now, you know, I don't need to go into detail about what happened. But something happened to me that should not. And unless people get that support in being able to come forward and speak, your new justice will never be done" (Client 5)

Clients thought that more should be done to create awareness around sexual violence, and to also break down myths and barriers. A number of the men stated that more could be done within schools, and other services young people may access, including youth clubs and community groups. One client noted how many community services had closed which missed an opportunity for engaging with young people. Support for teachers and other staff working with young people (and their parents) was highlighted here, to ensure they are provided with the tools to correctly deal with a disclosure and the pathways available to signpost and refer young people into support. A survey respondent also called for more involvement from employers in supporting men to open up and talk more about their mental health.

"Employers, sporting associations, unions for example, where males work and engage or recreational activities should be engaged to work together to plan and implement strategies to educate their employees/ members of the collective need to get males to open up about what is harming their mental and physical health. These traditionally masculine stakeholders can play an important role in educating and shifting the narrative. Tackling entrenched views of generations on the role of males needs to be done" (Survey respondent)

One client explained how storylines about sexual abuse and violence on the television were triggering and he found them difficult to watch. Another reported that minimisation of abuse and violence by public figures in authority further increased the stigma and made it more difficult for victims and survivors. Whilst another client praised portrayal of sexual abuse and violence in the media, highlighting the role the media can play in educating the public, breaking down myths and breaking down barriers for men to seek support.

"I know, it's fictional, but what happened in coronation street a couple of years ago, was very important for me watching that, because, you know, it was like, okay, dealing with it, I couldn't and watching it was like, well, I can't deal with it. If I just, you know, watch

this and see what he's experienced. They do have a place in the world of representing what people like myself have gone through" (Client 8)

"I think the media, no matter what, no matter what part of the media can do a lot to change things to sort of, stop marginalising people, stereotyping people. educate people... I was part of a generation where oh we don't talk about this. But I think media can change things. And I think they should start to change" (Client 8)

"It's like when Boris Johnson dismissed historical child abuse a while ago, and all the Jimmy Saville stuff that was going on, he put it across bad. I was fuming, because historically people like myself have had this for 30, 40, 50 years and more of being abused and not being able to talk about it. But then to be dismissed historically like 'oh it doesn't really matter'. If people have gone through all their lives and then they are being told 'your just nothing, nothing happened to you, just get over it will you" (Client 2)

They thought RASA could play a role within the bigger picture of this to support a shift in culture, linking in with organisations and schools and promoting positive messages through social media. Staff also talked about the positive parenting training delivered by RASA that promote positive and more gender neutral language. Again, as with promotion of RASA, the clients were keen to share their story to help further break down barriers, act as a role model and reassure male victims and survivors that support is available for them, and the difference it can make to their lives. One of the stakeholders suggested that RASA could learn from other services that provide male specific support, for example James Place which provided support to men who have experiences suicidal thoughts or behaviour. It was also suggested that RASA could also share their best practice with other organisations.

3.3 Service and delivery

First impressions and expectations of the service

RASA have a number of bespoke centres within community-based locations, with anonymous buildings to protect client's anonymity. A small number of the clients who participated in the interviews had been able to attend RASA in person before the pandemic or between lockdown measures. There were mixed views on the location of RASA, with once person describing it as easy to find and low key, whilst another explained it was so low key that they could not find it on their first visit. One client did explain that they found the location daunting, with RASA being located closely to a probation service.

"That's the nature of what they do, it's confidential, its low key, and that was the really nice thing about where they had their premises. I didn't feel like I would be stigmatised if somebody saw me entering into that particular building because it was so low key, there was no external signage or anything. So that was good" (Client 5)

"I remember feeling a bit put off at the time... It's right next door to the probation service... I kept on thinking to myself, I wonder how many people who are going to attend appointment at RASA could accidentally bump into someone that that had perpetrated a crime against them by being there? That wasn't a thing for me but it was just something I noticed" (Client 1)

For clients that had visited RASA in person, they described RASA as welcoming and friendly. They were made to feel welcome by the workers, who explained things well and made sure the clients were comfortable and understood what to expect from the service, and what was expected from them.

"I went in and I don't feel like it's just there for women survivors, I've not felt like it's weird that I am there or anything like that. I just feel welcomed and that they are just there to help me get over it and move on with my life and not have this anxiety. For me it doesn't really need to change anything to welcome males" (Client 3)

The waiting room was described as non-clinical, which made it more comforting. There were leaflets and posters available. The clients reported that the premises and support felt confidential and private.

"For me, it's a lovely environment, you go there and it's quiet, warm and it's for everyone and there is nothing I can find that was wrong with it. When you go in you get welcomed by the receptionists, I take a seat and then my counsellor comes through to get me, and there's lots of little rooms. It's one on one, quite small and cosy and away you go" (Client 6)

"It's very low key. You would have no idea it was even in the neighbourhood, and when you were in there it felt very domestic, like a domestic setting. So it didn't feel like you were accessing a service so much. I think that the fact that it was non clinical and non-corporate, more nurturing, it was quite reassuring and something you could relate to straight away" (Client 5)

"I think it's like quite nice because I don't really know what I expected when I went in. There's like a lot of information around about basically survivors and stuff like that like leaflets that you can take and it's quite an open area. And it seems just very relaxed considering like what people are actually going there for, which I think is obviously good because you don't want to go in somewhere that's daunting when you are about to talk the personal stuff you are going through. So I think it is like quite a nice environment" (Client 3)

One of the clients did highlight that it was daunting being in the waiting room with other victims and survivors. Staff explained that some men prefer to go straight into the counselling rooms and not use the waiting room. One client noted how he had not seen many men waiting, but was pleased to see more men using the service another time he visited.

"I suppose it's always weird when you go somewhere, and you know that everyone else who's going there had a similar experience to you. So if during the waiting room as well, for people there, it's hard not to feel a bit strange" (Client 1)

"I would like to see more men accessing counselling. For the first two years I was there, it might have been my appointments times, but didn't see hardly any men there. I used to say joking am I the only lad here, and they would say no. I did see a couple of men a few times, and for me it was good to see" (Client 6)

"A couple of males that I've worked with in the past. They've had their own insecurities about sitting in the reception area, where you know, there's going to be predominantly females everywhere. And how that looks and what it does to this struggle with validation of them being a male that often happens when they've been abused by another male. As much as we are very compassionate about worried and concerns from our female client group, there are just as strong issues, not the same, but there are still those issues going very much for males when they come into the service as well" (Stakeholder 3)

"On the pre-assessment calls, they can discuss their concerns there and again at allocation and then every counsellor, if anyone does have any worries about somebody

seeing them, they can go through the back door. We haven't really had any asking certain things about reception, more just can we go straight through. There are leaflets for male services already in reception, and when you look around I don't think it's particular girly or feminine, it's quite basic. Leaflets for males, females and children. The colours aren't feminine but again we are a female led workforce so there are a lot of females in the building" (Stakeholder 4)

Choice of worker

RASA was historically a service for female victims and survivors to ensure women had a safe space. As the service has developed, and based on need/demand and more recognition of the support needs of male victims and survivors, the service has expanded to support men too. At present, the RASA workforce is female only, meaning that clients are not provided with a choice of the gender of their worker.

"We do get it even at referral point, a lot of people will call up and ask straight away do you work with males and its always yes obviously, and do you have male workers, no not at the moment, that's all you can say" (Stakeholder 4)

"The support should be tailored around each individual client to identify what measures will best support them towards a better life. They may want to engage with a specific gender due to the trauma/ perpetrators gender or they may be fine with any gender" (Survey respondent)

Staff explained that the more traditional governance of a female led workforce had remained, explaining that if demand or need called for a change to the structure, RASA would review this and take action if and where needed. Questions were asked within the assessment about preference of worker and a need for a male worker was not identified at the time, however it is unknown if this question is still asked or monitored. One staff member highlighted that one of the RASA trustees is male and could link in for support where needed.

"That is something that we did look at because we thought obviously, if there is a need there, then we will have to look to address that. But, you know, our research showed that that wasn't the case" (Stakeholder 1)

Staff explained that there is a traditional perception within services that were traditionally designed for females (such as sexual violence and domestic abuse support services) that a high proportion of perpetrators of sexual and domestic abuse and violence are male, and therefore a male presence within this setting may make clients feel unsafe. Staff noted this in relation to protecting both female and male clients who may have been abused or assaulted by a male perpetrator.

Some of the staff members questioned whether this assumption was now a misconception and may not be an issue for many, and whether it was more damaging for RASA not to have a choice of a male worker which may be a bigger issue. One stakeholder explained that they had never experienced an issue with a female client feeling unsafe using the same waiting areas as a male client and vice versa. They called for the question to be posed to all clients to try and gauge client fears and client needs to better understand what was needed before a decision was made around changing the workforce structure. It was agreed that any changes would need to be carefully managed, given the reasons and risks highlighted above.

"I just think there could be a misconception of how big an issue this actually is compared with the reality of what it actually could do (in terms of providing better support)" (Stakeholder 3)

Having a female only workforce also means there are currently no opportunities for male staff or male volunteers, including ex-clients who want to go on to volunteers to help others. As highlighted earlier, some staff members did highlight the importance of giving men the opportunity to be part of the RASA support team, but expressed concerns about not streamlining the service by gender, as it could make the service less inclusive for others.

“If you identify as male you should be given the opportunity to work and support an organisation that you feel strongly and passionate about. And then on the flip side of that, it's mindfulness of the clients that we do see, because a lot of those people have a bad experience, and I've been like subjected to horrendous abuse from a male identifying person” (Stakeholder 4)

The eight men participating in this research did not have any issues with having a female worker, although they also stated that they would have been equally as happy to work with a male ISVA or counsellor. The clients highlighted that it was less about gender and more about the trusting established relationship that they built with their ISVA, counsellor and other members of staff at RASA.

“Didn't mind it one bit, but that's just me, some people might not be comfortable with it, but it didn't bother me one bit, didn't feel uncomfortable, got on with counsellors perfect. I didn't mind that they were all female. I think men would benefit from speaking to women; maybe some men might not want to open up to other men. That's just my opinion, but my opinion is that having an all female counselling is fine. But then I also would have been fine if it had been all male, I'm just easy going” (Client 6)

“To be honest, it was neither for me at the time, I think I was in such a low ebb I didn't feel like they had the reason to choose between a man or a woman counsellor and didn't feel like there was a negative to having either. It was just all positive. And actually thinking about it. The female counsellors and even female police women who helped me enter into counselling, they've all been absolutely amazing. So I've got no real experience of, of a male counsellor. I've got nothing but good things to say” (Client 5)

One client did express that although he was more than happy with the support he received from his female worker, he would have opted for a male worker if there was a choice and recognised the need for a male member of staff. He explained there were some things he would have felt more comfortable speaking to with another male. Whilst other clients, when considering barriers, did note that some men may feel uncomfortable opening up to another man. However, on the whole they did feel that having a choice of a male worker may encourage some men to engage with support. One client suggested having a male worker on the helpline as a compromise if they could not meet with clients at RASA.

“Although I am really happy and can't say a bad word about them, there's little things that I have not spoken about, because I'm a little bit embarrassed to be honest, that maybe if I was able to say, the same things that I want to talk about, I'd really want to do it with a male” (Client 4)

“The support should be tailored around each individual client to identify what measures will best support them towards a better life. They may want to engage with a specific gender due to the trauma/ perpetrators gender or they may be fine with any gender” (Survey respondent)

“Because if people don't come comfortable coming here they are not going to access the services” (Stakeholder 4)

“You could get a male worker on the helpline because a lot of males do ring it because its anonymous, they don’t have to come into service, they can just get help and what they need in that moment right there and then, and still there is no consideration for that kind of call for clients” (Stakeholder 3)

Experiences of support - engagement with RASA

All of the participants who participated in the interviews had engaged with RASA during the Covid-19 pandemic. Some were already in service and had been attending face-to-face before lockdown restrictions were put into place in March 2020. During this time, RASA offered appointments remotely via telephone and online platforms. The staff agreed that the RASA model was flexible and easily adapted, meaning the complete offer was available remotely.

“I think the important thing is, is that it is a client’s choice. If it’s what’s best for the client, the feedback seems to be really good. So initially, we did have some clients who said absolutely not, I’m not working online, so we had to create a second way and less than those people were then prioritised for face-to-face when we first returned. It gives us a lot more flexibility as well, you know, so if clients and staff to change appointment times and stuff, it’s just easier” (Stakeholder 1)

“It just makes sense if I can take an hour out (of work), find somewhere quiet, to have a chat for half an hour or however long it’s needed. Rather than have to go somewhere and present and travel to and from somewhere. It’s just much more convenient to do over the phone sometimes” (Client 5)

The majority of clients switched to online or telephone appointments, whilst others preferred to pause their sessions and wait until face-to-face provision returned. One client explained that because of the nature of the conversations they would not feel comfortable talking whilst other individuals were present within the household. Another client reported that they had been with RASA for some time before the lockdown measures were announced, and had worked through a lot of what he wanted to, explaining that he did not think there was anything else he would benefit from over the telephone.

“I was offered it but just because of the nature of the kind of conversations and being in a house with other people. We waited until it was able to see face-to-face again” (Client 1)

During this time, clients commented that RASA stayed in touch by sending bi-weekly emails to check in with them and remind them that support was available during this time and that they could call any time; this was described as comforting and reassuring. Clients discussed the negative impact of the pandemic and isolation, stressing the importance of RASA remaining a constant source of support for them during this time.

“Every other week she would send me an email to check up on me and you know, just be like, if you do want to get back in touch, just call and we will sort something out. So even though I took the break I knew they were still there for me. I thought it was really good, it’s showing that they do care, and not forgetting about you, they are making sure you are still aware that they are there for you in case something happens, because something could have triggered me or something like that. so I think it was really good because that way I didn’t have to worry about not having that support if I needed it, to be picked up pretty much straight away again, then it could have been” (Client 3)

A number of clients had initially engaged with RASA during the pandemic lockdown measures, meaning that all support and engagement had been remote (telephone and/or online). For both

existing and new clients, engaging online was accessible for them and safe during the pandemic. Whilst many were happy to engage remotely, they did say they would have preferred face-to-face work where possible.

“The service was really important that I carried on even though we are going through a pandemic and stuff I in the lockdown, you know, when I couldn't see anybody face-to-face I really, really struggled with because as much as you can say things over the phone, it's different saying things to somebody face-to-face. They can't see if you're upset or if you're comfortable speaking about it” (Client 4)

A number commented that it was easier for them to attend appointments remotely during work, as they could take an hour away to log on to a video call or chat over the telephone, rather than needing to take a half day or more away from work to travel to an appointment. They also reported that they built good trusting relationships with counsellors remotely.

“I think some of the feedback we have had as well particularly with domestic abuse clients that they've said that they feel like they've been able to open up more during telephone calls, rather than having to sit with somebody face-to-face because they said if I was sitting with you, I may not have felt able to say these things. So I feel like that's been a massive positive” (Stakeholder 1)

The staff members explained the importance of the service being able to adapt in a responsive and flexible way to accommodate remote working to ensure staff and clients were kept safe during the pandemic. Staff explained that RASA referral rates had remained steady throughout the pandemic. The staff explained that they were working from home for six months, where they could continue with client support effectively, but how this time had impacted on RASA as an organisation; something that staff reported was *‘slowly getting back to normal’*. Staff explained that RASA were keen to continue to provide a blended offer going forward, giving the clients the option and choice of remote or face-to-face engagement, or a mixture of the two.

Resources and support accessed

Some of the clients had previously engaged in support, in particular with other counselling and therapeutic support, however, this was more generic counselling, and within a rape centre or via specialist counselling focused around sexual abuse and violence. One client noted how the support at RASA was unlike previous support, citing this as more open and honest which enabled him to engage more. Another highlighted that they had previously accessed support but at a time when they did not feel ready to process what had happened, which had impacted on their ability to engage fully with support.

During their time at RASA, the male clients discussed accessing the ISVA service, counselling and the RADS hypnotherapy. Clients had a risk assessment and bespoke care plan. They also utilised the advice and information available on the website and or provided by their ISVA or therapist. One person noted that the web form for the self-referral was difficult to use.

“I remember her sitting there and going through quite a lot of stuff but obviously because it was my first time going in, I was a bit anxious as well. But she went through stuff, found out what had happened and was like ‘right we work on this and this and this’ because obviously being raped can have a lot of different effects, for me relationships to social anxiety and stuff like that. So she said we will address this and then we will address this etc. So it was broken down so it was easier for me. I thought it

was really good because it was addressing particular things rather than trying to address too much at once which I think would have been really overwhelming” (Client 3)

The clients explained that they had received a great amount of emotional support, but also practical skills, tools and coping strategies to use between sessions and going forward after they finished working with RASA.

“(PTSD score decreasing) Amazing. One of the biggest techniques we did, like we did loads of stuff on grounding, and stuff like that. But the rewind technique, which we've done a few occasions has had a huge impact... You have to imagine you're in a film theatre, and you're in the audience, and it's just you watching a big screen. And you have to go through the bad memory. I had a problem with flashbacks popping up any time of the day. And then after you've kind of gone through it, you rewind it and you go as fast as you can you go back into yourself and the audience. Sounds like, it wouldn't do a thing, but like, it really does stop those flashbacks” (Client 1)

Two of the staff participating in the research explored differences within their client base, highlighting that the men they had worked with had a different approach to working through their sessions. For example, they were keen to get on with tasks and move forward. The staff explained that women they work with will approach it in a similar way, but how this was something they particularly noticed with their male clients. They explained that their clients put a lot of trust in them and ask them their opinion on what direction to take when moving forward and making decisions, highlighting the importance of RASA being able to develop safe and trusting relationships with victims and survivors of sexual violence, to support their recovery.

“I agree with that, it feels like men come in and it's like, ‘I've got a job to do’ and I'm doing it, and work really, really hard. But I guess that's the difference between men and women. They just want to get this done. A lot of male clients will instantly put a lot of trust in you, where they'll be like, okay, you're the expert. What do you think? What do you think I should do?” (Stakeholder 1)

RASA do offer group work, with staff explaining that the uptake for groups is lower and less well attended by their male clients. Also, groups are run when there are sufficient numbers signed up, meaning that a men's group may not always be available. However, the majority of the men participating in the research had little awareness of the opportunity for group work, with the clients themselves recommending that a male specific group would be helpful. This suggests that the group sessions could be better promoted.

“I've had clients say before can there not be a support group so I can meet other people that have been through it. He said I like the one-to-one work but that would be really good for me and my journey forward basically to meet other people, and what they do what that connection is like healing and growth, it can be. If you look at it, they are already discriminated even coming in here in a way because there is no male workers and there are less male clients” (Stakeholder 4)

“Can you imagine if you were sat in a group with other males and you had an opportunity to discuss and let it out, in that setting, the conversation starts flowing and the validation indirectly that that kind of setting could provide to a male would be so powerful. I do think we need to look at that as a gap that needs filling” (Stakeholder 3)

The clients discussed the benefits they feel they could gain from group work, for example providing a setting for them to share their experiences and feelings with others in similar situations who

understood how they felt and what they had been through, and the opportunity to share advice and support one another. Male peer support groups were seen as really important by staff, for giving male victims and survivors the opportunity to come together, in a safe space to build a support network. This was seen as a helpful way for them to gain validation.

“It’s something I’ve discussed before (peer support). They were looking at getting a male class last year and she asked me if I would like to come in and I said yes. Being a victim of this., it doesn’t discriminate, it doesn’t care who you are. So people seeing me, will look at me, I’m a father, I’ve got a full time job, you can still have a good life. You’ve got to access the support and turn your life round. Don’t let what happened to you destroy your life, and that what the counsellors are there for” (Client 6)

The clients participating in the research praised the ongoing support at RASA. They described the lack of mental health support available, long waiting lists and short package of sessions available for other counselling services, and highlighted the importance of RASA being there to support them for as long as they needed and the support not feeling limited. This was especially important for clients going through the criminal justice process, knowing that they would have support during and afterwards. The clients explained that it took time for them to feel comfortable, build trust and open up, and that their counsellors were patient and gentle with them and they never felt rushed. Sessions were flexible and could vary in length, allowing clients to go off topic and talk about other issues if they needed to. The clients also reported that RASA were always on the other end of the phone and they felt that they could get in touch any time, reporting that RASA would always get back to them. One client did report benefiting from counselling elsewhere which had a different focus which he could not continue with during his court case. Whilst he was able to continue his counselling with RASA, he felt that it would have been indulgent to cover some of the other issues separate to the sexual violence that he would usually cover in the other counselling sessions. This client said he had trust in the process so did stop accessing the other counselling, but did feel he would have benefited from both.

“I wasn’t rushed, the lady was so patient because there were long periods of time where I couldn’t even speak or would be upset” (Client 7)

“Hugely beneficial but without it being overly personal. I think they have got the balance just absolutely spot on in terms of the support. I would say at times it’s been critical just to have somebody to pick the phone up to and to talk to, and someone who is a specialist in the nature of what those calls would be. It’s not overbearing but equally you don’t feel like you are being forgotten about, and if you do need to access services that’s ok to do that” (Client 5)

None of the male clients taking part in the research had been referred elsewhere for support during their time at RASA or at their exit from the service. This was because as the clients described, they had everything they needed at RASA and did not require additional or ongoing support. Some of the clients had involvement with other services including the police and the court process, explaining that RASA fully supported them through this, were able to advocate for them, liaise with services for updates and also help them understand the process by describing information in a clear and accessible way for them. For clients who had reported to the police, they described the communication between the services as excellent, with RASA being able to chase information up quicker than the client could, but how this also offered that other layer of support so they did not feel that they were on their own during the process.

3.4 Outcomes and evaluation

Impacts of the support

The clients discussed the huge impacts of engaging with RASA. They reported that although it had been painful and had involved a lot of work from them, they were now able to open up and talk about what had happened to them. Disclosing the sexual violence and abuse had freed them of something that many of them had been carrying on their own for a number of years. They talked about the relief of being able to talk about it and the impact of this in terms of improved mental health and improved relationships.

“I feel like they're fantastic. They've really supported me. I am a better person than I used to be. Although, you know, I put this to the back of my mind and just lived my life. I feel like I lived a good life. But it was always there, it was always stopping me from doing things that I wanted to do” (Client 4)

“It's been absolutely fantastic, I've turned a corner in my life. As soon as I told somebody it gave me some empowerment to talk about it because I've been going through counselling for such a long time with different things and that's not helped me at all. But since being with RASA I have been opened up a lot and feel a whole lot better for doing so” (Client 2)

The flexible approach and trauma informed support, and the trusted relationships clients built with their ISVAs and counsellors had enabled them to feel comfortable and safe. The independent, professional and specialist advice had provided them with a non-judgmental listening ear, where they were believed, did not have to justify themselves, had somebody on their side and were not on their own. The support gave them recognition and validation.

“The best bit about counselling for me is that they're on your side, they are not there to judge. I think too many people are scared, like myself I was scared to tell my mum and dad and friends and family what had happened to me. Because family members can say something out of turn, or something stupid and it upsets everything. Even to this day if I've got a problem sometimes I'd rather go and tell a stranger in a street than my family. It's their job to sit there and listen to you and be on your side, it's what you want and need” (Client 6)

“They've helped me through a really difficult period in my life. With no additional support. It's helped me get through it. The lady that helps me and my wife is, you know, just at the end of the phone, and then I text her and she checks on me and if I'm feeling a little bit low or whatever, I just give her a call. I've got to be honest, is the best thing ever did was talking about the issue. RASA have been really, really helpful. The lady has been really sensitive about what's going on, I'll be honest with you, I couldn't I couldn't actually speak the first two meetings, couldn't get the words out. It was really difficult, but over a long period of time, I was able to talk about stuff and talk about stuff in general. And, you know, it was it has been and will be very, very helpful over time and in the future” (Client 7)

“They have been a great source of support, really, because without going into detail, the support offered by RASA has been there at times when I've had no support from anybody else for one reason or another. And that's helped unpack things in my own head to the point where I can re-focus and I can deal with and I can get on with my life. And amazingly over time, purely I think because I did have support from RASA, the other

elements in my life, that support has come back. But it did give me that breathing space to deal with it on my own without feeling on my own” (Client 5)

The support during the criminal justice process was also described as invaluable, having somebody there to advocate for them and support them, but also knowing the support would still be there at the end of the case, regardless of outcome, was reassuring for clients. The single point of contact and wraparound support at RASA also meant that clients were not chasing up or trying to liaise with a number of services or having the full responsibility for their care and support on their shoulders, and not having to re-tell their story to different professionals.

“For someone like me who was struggling with a lengthy case, it’s just keeping in touch, the communication was good... I have been there three years and I don’t think I’ve got a negative to say about the place, so it’s hard for me to pick holes. It’s just like little texts to see how I am or if I wanted them to get in touch with the officers about how the case was going, they would do that for me and let me know information” (Client 6)

The support was described as lifesaving. A number of the clients had described previously feeling suicidal. They reported improved wellbeing, with increased confidence and self-esteem. They had built resilience and were now less anxious and depressed. A couple of the clients also talked about being a better person and a better version of themselves. They were no longer using unhealthy coping mechanisms.

“I mean, to put it in a really kind of blunt language, I might not be here, if it wasn’t for RASA. I feel much stronger now. But there were certain points where holding this and keeping it to myself was killing me and equally bringing it forward brought so much pain and disharmony in my support network that it virtually destroyed it overnight and that leaves you with feelings of guilt and all sorts of stuff to the process on your own. And I think if it wasn’t for RASA, I don’t know where I’d be. So I would say they are lifesavers” (Client 5)

“I want to thank RASA so much for having the service in place because it means a lot. Its needed. I’ve needed it, I didn’t realise how much I needed it until I sat down and started talking about things. It’s made a massive difference to me, and it’s helping me to look back in the past, and look forward. So I’m glad about that. And it’s not going to impact on my present anymore. You know, I’m feeling more human about things. I’m taking control again. And that’s what I want to do. Because it’s been in a lot of chaos. The chaos is now beginning to become calm because of talking to RASA” (Client 8)

“I’ve pretty much just learnt what normal anxiety is over normal things. I’ve gone over all of the anxiety with relationships and social settings and everything. So I’ve learnt how to address my anxiety and kind of just do what I need to do really. I don’t really feel like I am smothered with it like I used to be” (Client 3)

“It gave me a lot of clarity about my thought processes, it was okay to feel and think the things I was thinking at the time. If I get upset, don’t panic. But I wasn’t feeling particularly great at the time. And I had been suicidal. And there were times throughout my life. And they, there was an accumulation of things. When I last considered doing something (suicidal) I knew I needed to do something. Because if I didn’t, you know, if I didn’t talk about the issue one, and reports it. I’d just be doing this repeat cycle for the rest of your life” (Client 7)

RASA had also provided support for two client's family members. One client had been able to attend with his wife which had helped them to work together on his recovery, it meant that wife was able to understand what he was going through, but it also helped the client in having support to attend the sessions as well as then feeling more understood at home.

"I think it helped (partner) understand why I was at a loss sometimes, and how, you know, I'd close up and go quiet. She's happy that she came with me, she's obviously heartbroken over the things that she heard me say and talk about. My partner coming in, has really helped me, it's allowed me partner to see what I've been going through. And I know I love my wife, so much for being able to keep up with what I've been like. We've been we've had some really, really difficult times and those difficult times. We lost our house, I lost my job. We, you know, lots of things have happened to us, leading up to today. Today, we're in a completely different situation. We've we own our own house now. We're all healthy. I mean, my life is completely different to what it was. I'm self-employed now and I'm confident" (Client 7)

A number of the clients also discussed how the support had helped them to improve relationships, both in terms of their intimate relationships, but also improved relationships with family members, friends and social networks. A number of the men were now able to talk to their families, some had reconnected with family members, but also one client discussed how the support had helped him move on from negative and unhealthy relationships in in his life.

"You don't realise how much of an impact it will all have on your mental health and your ability and your resilience. I think resilience is a key word here that RASA really helped maintain that level of resilience, it was eroded quite quickly, and quite challenged at certain points, because of family relationships, which has nothing to do with the counsellor or the reason for the counselling directly. But they were there to pick it apart and put back together again" (Client 5)

Opportunity for feedback

RASA is committed to better understanding the needs of their clients, and review service delivery and client experiences of support. There are opportunities provided for clients to leave anonymous feedback and they are also asked to complete an evaluation (exit questionnaire) at discharge from RASA. Clients who had completed their time with RASA reported being asked about the experience at the end of their support, but others reported that they had not yet been informed of the processes for providing formal feedback. Staff explained that they were keen to get clients involved in a service user advisory group, but how uptake was low.

"Every couple of weeks they do a questionnaire to check your moods and see where you are at and assess your level of anxiety and depression and they just kind of work from that to help steer you back in the right direction. I found that helpful because there was one point where I would say I felt on top of the world and had then had a few good weeks where I was a bit of a train wreck. So they could see the difference from the positive to negative and how it had dropped so it got me to look back and talk about stuff, I hadn't even realised was up with me I suppose because I did have a bad habit of burying my head in the sand, so it did make me address it and talk about it" (Client 3)

The clients all explained that they were keen to be involved in the research as it provided them with an opportunity to have a voice in shaping the service, in telling their story, and in breaking down barriers to help other men engage in support. A number of the clients explained how they were

nervous and it was difficult to speak with a stranger, but how the support from RASA has helped them open up and share their story and how they now wanted to use that to help others.

“I didn't hesitate, because I want to share. I want to be able to say that I participated in something to help other people because other people's experiences, sadly, whatever they've gone through, has helped me to deal with what I've gone through” (Client 8)

“I can't tell you how much help they've given me, I'll never be able to repay that. I would say they have stopped me from doing something daft. They have helped me get through some proper big hurdles in my life in relation to what's happened to me. I've now gone from a negative person to positive. Since I've started thinking more positively about things in general, and if anything comes up, because things happen in your life, it's not awful, it's now just a tiny thing now, whereas before it would be a massive. You know, a massive hurdle to get over. Our lives have changed so much now” (Client 7)

Evaluation and monitoring

A full service review is completed annually, alongside the section 11 (safeguarding) audit and the data mapping exercise to identify any gaps in provision. RASA have a bespoke Data Performance Management System (DPMS). The system allows RASA to collect data including referral, demographics, incident details, criminal justice interventions, perpetrator details, linked cases and repeat victimisation, further actions for staff, number of sessions, referral rates, non-engagement and disengagement, case monitoring, outcomes and discharge from service.

Using the DPMS, RASA collect routine data and key performance indicators and outcomes to understand and review client needs and adapt the services to meet the growing and changing needs of victims and survivors. Engagement and disengagement data is also explored for learning on how best to retain client engagement. In terms of outcomes, RASA utilise the Patient Health Questionnaire (PHQ-9) and Generalized Anxiety Disorder (GAD-7) questionnaires, which assess depression and anxiety, at the start and end of a client's time at RASA. These scores have shown a positive improvement in both anxiety and depression for victims and survivors engaging with RASA.

Staff explained that the exit questionnaire asked if clients felt valued in a female only workforce, but were unsure if this informed decision-making, and also highlighted that this question does not necessarily probe enough to fully understand the gendered needs of clients, suggesting more direct and additional questions could be asked at this point. It was also noted that the questionnaire can be completed by workers on the client's behalf, which may not fully or truly capture their thoughts on the female only workforce.

Sustainability

The clients recognised that they now had tools and strategies to move forward with to help sustain and maintain their recovery, but also knew RASA would always be at the other end of the telephone should they every need them in the future. They talked about the relief of being able to talk about it and the impact of this in terms of improved mental health and improved relationships. They also explained that what had happened had severely impacted their past, but was not something they wanted to affect their future, and they talked about how RASA had not only helped them to cope and process, but also to recover, and how they now wanted to move forward with their lives.

“I don't know whether there will be a closure, hopefully there will be at some time. But I want to be able to move on and have a healthy relationship with whoever that is. A lot of things that I've been watching or reading have really helped me, and talking to RASA has been incredibly painful, but incredibly, incredibly helpful” (Client 8)

"I don't want it to take another minute of my life. Because I'd not dealt with it made my life a misery sometimes. So I am 100% appreciative of RASA and, getting it out in the open and just talking about it, you know. But there is going to become a point where I don't want to talk about it anymore. I want to put it behind me and move on with my life" (Client 7)

A number of the clients felt empowered to share their journey to help others. They were keen to become involved in peer support groups and volunteering opportunities. One client explained that he wanted to show people what a victim and survivor looks like, to break down those stereotypes, and another talked about turning something negative into a positive by helping others. Another client suggested giving talks in schools and other settings, highlighting the impact and how powerful the message can be from the voice of a survivor with lived experience.

"I worked with one male and he was fantastic, he was always looking at the leaflets and saying 'what's that, could I go to that, I reckon that when this is all over I'd like to come back and do something'. And at that point I thought what a shame, as we stand right now he wouldn't even be able to come back and do any volunteering work because we are how we are operating with a female only workforce, because he would be such an asset. People have a stereotypical view of what they think a victim looks like, and again perpetuating that myth and he could challenge those assumptions" (Stakeholder 3)

"I want to get involved, I want people to hear my story. People will look at me and go no way has he been abused look at him, he's 6 foot odd, 15 stone, tattoos, goes the gym, alpha male, it doesn't happen. But it did. And I want people to hear my story and think its ok. you've got to knock down the barriers that you've had up since you were a child, knock them down and stop living in guilt and in shame and just speak up, that's all you've got to do, just get the ball rolling. Once you get the ball rolling you will be fine" (Client 6)

Another client also discussed the potential benefit of being supported by a therapist or ISVA with lived experience. A number of the clients were also keen to volunteer at RASA through supporting the facilitation of male peer support group. Staff members commented that with RASA being a female only workforce, there are currently no opportunities for men to volunteer at RASA. The volunteering policy at RASA allows ex-clients to apply for a volunteering position 12 months after they complete their support with RASA, to ensure they are safeguarded. One client noted that it was important that they could stay with RASA as long as they needed to and that the door was left open for them, but how this would affect their ability to volunteer with the service.

"I think if all the services work together, like RASA and the police and the education and NSPCC, all those kind of people. I think I think everybody should be linked as one. If you had a worker, male and female, who have been through the same scenario, and could train with all of these people, then they could be the voice to get it out there. I think that would be a really good thing" (Client 4)

"I also think that having a volunteer, that has been through this and come out on a positive note at the end, is also a good thing to have, because as much as people that work for RASA are fully supportive, and fully trained, and qualified, etc., that hasn't happened to them. And I think when you as much as you can be sympathetic to the situation, unless something has happened to you. You can 100% be understanding situations, even though nobody's situation is ever the same. You know, I think that

would be something good to have a male worker that's been through the, the whole scenario of everything, and if that made sense to you" (Client 4)

The male clients made suggestions for increased promotion, the opportunity of male workers and male peer support groups and volunteering opportunities. They did not have any recommendations about how RASA could improve their support, arguing that the service more than met their needs. They did however express a desire for the support provided by RASA to be ongoing and available for all, with a number of the clients recognising the importance of funding and the need for further investment so RASA can offer their services more widely. Suggestions included having a RASA counsellor based in local community health centres and opportunities for drop in support.

"Maybe expand it, open up another one of two more services, but then again I know it all comes to money. Definitely advertise and expansion but I know that all costs money. I'd love to see a RASA on every street corner, it would be great" (Client 6)

"Maybe moving forward, it might sound mad, but what about walk in counselling. If one day you are feeling pretty low, you can walk in have a conversation with someone, a coffee, for half an hour, come out of there and feel better. Just an idea. We have walk in GPs, walk in centres, nowadays drive by coffees and take-aways so why can't you have a walk in for mental health" (Client 6)

"The benefit I have had from it, its spreading the word more than anything else and with that comes greater funding responsibilities and requirements. So its whether they could have more community based positions, like where you have a polyclinic type of thing, with a GP etc. whether they could do that have counselling in the community in a low key way" (Client 5)

4. Learning from the review

Across England and Wales, steps have been taken at a national and local level to promote understanding of male sexual victimisation, increase reporting and support victim/survivor recovery. Services supporting male victims and survivors of sexual violence have increased; however, services often are not able to evidence the quality of their services and provide assurance of quality in relation to how they support men (Male Survivors Partnership, 2019).

The Male Survivors Partnership (MSP) have developed and published quality standards for services supporting male survivors of sexual violence, in consultation with a range of partners delivering support for men, and with male victims and survivors. The quality standards aim to develop a framework to improve the quality of support services for male victims and survivors of sexual violence (Male Survivors Partnership, 2019).

Rape & Sexual Abuse (RASA) Centre Merseyside is a specialist counselling, advocacy and support service that aims to improve the mental and physical wellbeing of individuals impacted by sexual violence (RASA, 2021). The service works with women, men and children. RASA Merseyside continually work to review service provision, to ensure it meets the needs of service users. In light of the recent quality standards for male service provision, this study aimed to review service provision for male survivors of sexual violence within RASA Merseyside, and explore the service needs of male survivors of sexual violence.

It is important to note that findings are derived from speaking with a small cohort of male clients at RASA and comments from staff refer to their own experience of working with male clients, and are not generalised opinions of all men engaging with support at RASA.

4.1 Characteristics and support needs of male victims and survivors engaging with RASA

Many of the clients engaging with RASA were victims of historical sexual violence and abuse. Regardless of when the incident/s took place, findings from this research suggest that a high proportion of clients had complex needs and had suffered trauma, which did not differ by gender or sex. The majority of male clients taking part in this research had a complex history of systematic abuse, with staff also noting that many of their male clients were more likely to have experienced historical physical and psychological abuse. RASA work within a trauma informed model and have all received trauma focused training to recognise and understand trauma and provide appropriate support. Whilst RASA support focuses on recovery techniques, they can tailor sessions to support a client to address wider abuse issues, deep rooted trauma and adverse childhood experiences.

Clients participating in the research described their support needs, including support with anxiety, depression, post-traumatic stress disorder and feelings of frustration, shame and anger, and use of coping mechanisms and harmful behaviour. This was echoed by staff who explained that some of the male clients that they had supported had been more likely to become involved with the criminal justice pathway, either from entering into unhealthy relationships or from committing violence related offences due to anger and feelings of shame. Barriers to disclosing sexual violence and abuse, and barriers to seeking support included feelings of shame, weakness, fear, difficulties talking to others and mistrust in services, with many clients sharing experiences of feeling failed by individuals in authority previously. RASA were praised for the factors that they put in place, which broke down those barriers and helped facilitate access to support. This included clear and accessible information, established trusted relationships with skilled staff, independent support and someone to advocate for the men. Staff recognised the specific needs of male clients and acknowledged that men may be less likely to engage initially, but if they could support them to make that contact, once in service they

engaged well. Waiting lists were seen as a barrier to men making that initial contact, recognising that male victims and survivors may take longer to access support following their experience of sexual violence, and it may take several attempts to meaningfully engage with support.

The pressures of cultural societal norms and stereotypes, as well as language used in society that perpetuate the belief that men need to be strong, were seen as damaging and reduced men's ability to cope and recover from sexual abuse and violence thus, presenting a huge barrier to them disclosing the abuse and seeking out and engaging with support. It was agreed that more should be done amongst professionals and within communities to change attitudes and the culture of gender based stereotypes. RASA were seen as well placed to create awareness amongst professionals and help promote positive messages to educate and help break down barriers. The support and ethos at RASA was praised for providing men with a safe space to enable them to open up, speak freely and seek support to help them move forwards with their lives. Men being able to share their story and positive experiences of support was identified as a way for them to have a voice and shape support services, and to provide peer support to help others to engage in support.

4.2 Engagement with RASA

RASA works with other professionals to keep them informed about the service, the referral pathway and promoting the message that the service is fully inclusive to all victims and survivors within Merseyside. RASA have also re-developed their website with a gender neutral logo, and updated promotional materials and social media messaging to ensure all communication is fully inclusive. However, staff reported that professionals were generally unaware that men could access their services. None of the men who were interviewed were aware of RASA before being provided with information from others, which is a common occurrence with more specialist services, however, upon hearing about RASA they did not expect it to be open to men. This suggests that clearer information and further promotion of the fully inclusive services could be in place to encourage self-referrals and improve appropriate professional referrals. Incorporating lived experience stories and men's voices and testimonies were seen as essential to reassure others and provide quality assurance.

Referrals were made either by professionals or via self-referrals following signposting from others, highlighting the importance of clear messaging about referral pathways. Access to the Independent Sexual Violence Advisor (ISVA) service is immediate, whereas counselling support has a long waiting list. RASA do have a number of initiatives in place to ensure clients are supported during the wait, including a telephone consultation, downloadable advice and information and access to hypnotherapy. Telephone consultations with a sensitive, caring and consistent member of staff to avoid the client needing to re-tell their story was identified as important in reducing the risk of re-traumatisation. When entering RASA, all clients have a consultation assessment, a full risk assessment and a bespoke tailored care plan is developed, ensuring clients understand what to expect from the service and what is expected from them.

Clients were not given a choice of worker because of the female only workforce at RASA. Whilst all men participating in the research were happy to have a female worker, they would have preferred to have a choice, with one stating they would specifically choose a male worker who they may feel more comfortable speaking with. Staff recognised that there may be previous misconceptions that having more of a male presence in the workforce may make clients, regardless of gender, feel unsafe if the perpetrator of the sexual violence they experienced was male. It was suggested that further consultation work was needed with consistent questions asked within assessments to truly understand whether having a male presence within the workforce would cause any distress.

This research was carried out during the Covid-19 pandemic and some of the clients participating in the research had not yet had an opportunity to visit the RASA premises. For those who had, they described one location as not ideal due to being based close to a probation service, but described the RASA building as safe, discrete, friendly and welcoming. The waiting room was gender inclusive with gender neutral promotional leaflets and posters. Staff did acknowledge that some men prefer to go straight into the therapy room rather than waiting in reception.

The clients participating in the research had accessed the ISVA service, counselling and hypnotherapy. Whilst group work is available, the clients had not engaged with the groups or were aware of them and expressed a desire to take part in a peer support group. Staff explained uptake to the male groups was low, suggesting this could be better promoted with male clients. It was agreed that the benefits of bringing male clients together in a therapeutic setting could be beneficial in allowing them to develop support networks.

Some of the clients participating in the research were involved with other services such as police and court and were supported by RASA during this process. Clients benefitted from having someone to advocate for them, chase up information and describe information in a clear and accessible way. They had not been referred to other services for additional or ongoing support, as this was something they did not have an interest in, but were keen to move on with their lives once they were ready. Although, they did benefit from the reassurance that RASA would always be available should they ever need support.

During the Covid-19 pandemic, RASA were able to adapt responsively and flexibly to accommodate remote working to ensure staff and clients were kept safe. Existing clients were provided with the option of continuing with their sessions remotely or waiting until face-to-face support could resume. New clients started their sessions remotely either online or over the telephone. RASA checked in with clients weekly by email and text. This support was described as invaluable during an already difficult time for clients, which was further exasperated by the impacts of the pandemic and national lockdown measures, including isolation and limited support networks. Whilst many clients were keen to have face-to-face contact, they did find remote support more accessible, reducing travel and allowing them to attend during work hours. RASA were keen to continue to provide a blended offer going forward, giving the clients the option and choice of remote or face-to-face engagement, or a mixture of the two.

4.3 Impact of support

RASA provides opportunities for feedback on the website and through a closing questionnaire. The clients participating in the research welcomed the opportunity to have input into the evaluation. The clients were unaware of a service user led group and client consultative panel. Clients would benefit from more information around feedback forums and the opportunity to have a voice in shaping the service. RASA have key performance indicators and regular service provision and outcome monitoring which is used to inform service planning and is provided as evidence to commissioners.

Evidence from research carried out by the Male Survivors Partnership identified that often, support services struggle to provide evidence of quality of male focused support. Through this research, RASA have been able to demonstrate the impact of the tailored support they provide to clients. At RASA, the assessment, evaluation and performance monitoring could include asking all clients specific questions related to gender, including their preference of worker, and whether promotional materials, the website and premises are gender neutral etc. Regular analysis and review of this data could be used to inform decision making and service provision going forward. RASA collect evaluation data using a closing questionnaire, additional gender specific questions could be included to allow clients

to reflect on their experiences, enabling them to consider whether gender specific support would have enhanced their recovery journey in any way.

The impact of engaging with RASA was clearly demonstrated through the interviews with male clients. The men described the benefit of the emotional and practical support they had received from RASA, and the strong trusted relationship they have built with their ISVA and therapist, and how this contributed to their recovery. They had learnt coping strategies and tools that they felt equipped to use outside of sessions and in the future to help them cope and sustain positive changes moving forward. The support was described as lifesaving and life changing, with clients reporting improvements in anxiety, depression and wellbeing. They also described building resilience which would enable them to cope and recover from the abuse and violence. RASA provided them with a safe space to open up, where they felt believed, listened to, were not judged, and did not have to justify or explain themselves. Engagement with RASA had also contributed to wider impacts, including improved and rebuilt relationships, and for some breaking ties with negative relationships.

Some of the male clients expressed a desire to share their positive experience of engaging with RASA to help break down barriers, and reassure others, and therefore help to make support more accessible for other men. This was also seen as a way to empower men to share their experiences. Others wanted to move on and not revisit their journey, but some were keen to use their lived experience to help others and give 'something back'. With a female only workforce, staff highlighted that currently, RASA does not have a pathway for male clients to have an opportunity to go on to volunteer at the service.

4.4 Meeting the quality standards

RASA contributed to the consultation and development of the Male Survivors Partnership Male Service Quality Standards. RASA currently do not have the quality standards accreditation, however, they do continually work to review service provision, to ensure it meets the needs of service users and to ensure that individuals or groups (including male clients) are excluded from receiving support.

RASA use a trauma informed, person centred model and adopt a tailored approach based on risk and need, in order to work with the client to develop a bespoke care plan and tailored package of support. Staff explained that counsellors and ISVAs use their professional skills, flexibility and confidence to adapt and develop a programme of support to best meet the client's needs to support their recovery. The pathways of support are not based on the sex or gender of the client. Staff at RASA acknowledged that they believed a tailored approach was the most appropriate model. Whilst they did want the service to be fully inclusive for clients who identify as male, they expressed concerns that streamlining the service to develop individual male and female pathways may create gaps in support and contribute to a framework that is not inclusive for all clients. This included being fully inclusive to all clients, including transgender clients and clients identifying as non-binary.

RASA have carried out work to re-develop the website to make it more gender neutral and accessible for all. RASA could routinely ask about (and monitor) whether clients have preferences regarding their worker's gender, ensuring that this data is analysed, findings are considered and action is taken where needed. This will enable RASA to fully understand whether clients (regardless of gender) have safety concerns about having male workers and more of a male presence within RASA (and whether this has previously been a misconception). Whilst the majority of male clients participating in the research were happy to have a female worker, they did recognise the need for choice and that some clients may prefer a male worker.

RASA was traditionally developed for female victims and survivors, and based on need and demand, developed their service to include support for males. It is therefore important that the service continues to understand the needs of their diverse client group. RASA review service provision,

engagement data and client satisfaction to better understand the needs of victims and survivors in order to and adapt and grow as required. RASA do not currently meet the full Male Survivors Partnership Male Service Quality Standards however, they do meet a significant part of the standards (please see appendices for standards). They fall short of the accreditation because they do not have separate pathways of support based on gender, and because the female only workforce means they are currently unable to offer a choice of worker. This research has highlighted that changes may not necessarily be needed at RASA and the current inclusive and tailored model may best suit the individual needs of the clients, stressing the importance of continued review to understand these needs. The research does highlight some specific needs and requests made by male clients for RASA to consider, which helped develop the following recommendations:

4.5 Recommendations

- RASA provide a tailored bespoke individual support package based on individual need, regardless of gender. Staff and male clients taking part in this review agreed that whilst RASA could factor in male specific aspects for service delivery, there should not be individual pathways based on gender that could potentially exclude other groups of individuals in need of support. RASA should continue to develop individual tailored care plans based on full risk assessment and identified need.
- RASA have built in assessment questions to ask if the client has a preference on the gender of their worker. RASA could ensure this question is more routinely asked and consistently monitored, ensuring the data is analysed, findings are considered, and action is taken where needed. This will enable RASA to fully understand whether clients (regardless of gender) have safety concerns of having male workers and more of a male presence within RASA (and whether this has previously been a misconception). A consultation on understanding client's needs around choice of worker is recommended.
- Whilst the majority of male clients participating in the research were happy to have a female worker, they did recognise the need for choice and that some clients may prefer to have a male worker. If further research deems that a male worker would be beneficial, RASA should consider embedding a role within the service
- The male clients participating in the research welcomed the opportunity to take part in the research and share their experiences. Whilst there is an opportunity for feedback, RASA should promote this opportunity more loudly and widely, ensuring all clients are aware that there is a platform to have a voice and shape the service and be encouraged to use it.
- Both staff and clients participating in the research welcomed the opportunity for male volunteers at RASA, recognising that the service could benefit from the experience of male counsellors, which would also provide the opportunity for men with lived experience to help others and be part of the RASA service. Engaging with men with lived experience who had benefited from support was seen as key to breaking down barriers and making support more accessible for other men. If RASA considers changing a workforce structure, volunteering positions for men should be considered.
- Staff and clients agreed that there needs to be a shift in culture to reduce stigma and provide a safe place for men to disclose abuse:
 - RASA could consider engaging men with lived experience to tell their story, help promote positive messages about speaking out and engaging in support and champion support.
 - RASA could tap into local and national campaigns to create awareness.
 - RASA should continue with their collaborative multiagency approach working with other key organisations across Merseyside.
 - RASA should continue with awareness raising and training for other professionals.

- Staff at RASA acknowledged the complex nature of cases, working with clients, both male and female with multiple and complex traumas. RASA utilises a trauma informed model and provides trauma based training which should continue to be delivered, ensuring staff are provided with appropriate and ongoing trauma informed training and support.
 - Evidence from wider literature and this review highlighted the barriers for engaging men in appropriate and accessible support. RASA should work alongside other services supporting men, such as male dedicated and male specific services to learn from them and further inform service provision and delivery. RASA could also share their stories of supporting men to share best practice and positive ways of working with survivors of sexual violence.
 - Staff and clients highlighted limited public and professional awareness of RASA being available to male clients. RASA carry out promotional and awareness raising activities with professionals which should be continued and promoted further to increase partnership working. RASA should also further utilise social media platforms and local campaigns to create better public awareness. This could break down barriers to engaging and improve both professional and self-referrals for men.
 - The male clients expressed a desire to be part of a male peer support group. Staff also highlighted the importance of peer support. RASA do provide an eight-week group programme and a hypnotherapy group, which are delivered on demand, and by gender. RASA could better promote these groups to men to encourage take up to ensure they are able to be delivered on a more regular basis. Additional funding could be sought to deliver these groups for smaller numbers when uptake is low.
 - Evidence shows that support services struggle to provide evidence of quality of male focused support. Through this research, RASA have been able to demonstrate the impact of the tailored support they provide to clients. RASA could consider implementing gender specific key performance indicators to better evidence this impact and demonstrate evidence of quality for commissioners, to support funding applications. Case studies could also be collected to demonstrate a male survivor's recovery journey with RASA. These messages could also be used to assure men of the successful outcomes for men engaging in support, and provide them with quality assurance. This would also contribute to benchmarking and building an evidence base nationally for support for male survivors.
 - RASA provide bespoke trauma informed training for working with all clients, regardless of gender, however, they are hoping to engage with the Make Survivors Partnership for male specific training, which should be encouraged to help inform service provision at RASA.
 - RASA have carried out work to re-develop the website to make it more gender neutral and accessible for all, this message should continue to be promoted on all promotional materials and policy documentation, to ensure a clear 'service for all' message is promoted and understood.
 - Clients praised the strong and trusted relationships they built with highly skilled ISVAs and counsellors. This made a significant difference in assisting them to engage with support and positive experience of support, and their ability to cope and recover. The skills, dedication, professionalism and passion of the staff at RASA must be celebrated and supported through ongoing supervision, training and professional development.
- RASA were able to adapt services during the Covid-19 pandemic, with remote access being a lifeline for many clients who could continue to engage. Having an option to access RASA via telephone or online platforms made engagement more accessible for some. RASA are hoping to take a blended model going forward, offering clients an option of face-to-face or remote appointments, and this approach is recommended for more equitable access.

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6. Appendices

Male Survivors Partnership (2019). Quality standards for services supporting male victims/survivors of sexual violence. Implementation Guidance for Commissioners and Service Providers. Available at: <https://www.malesurvivor.co.uk/male-service-standards/>

6.1 Leadership and Governance

Quality Standard		Rationale	Achieving the quality standard
1.1	Is an incorporated legal entity and has a defined aim and objectives	It is essential that service providers supporting all victims/survivors have a governance structure by which they can be held accountable. The service providers should have a clearly defined aim and objectives that they work to deliver. This should include an appropriate leadership structure with governance and accountability.	<ul style="list-style-type: none"> • Leaders comply with all regulatory and legal obligations on behalf of the service provider and ensure staff do so too • Staff demonstrate an understanding of the service provider's aim and objectives and work with leaders to achieve these • Clients can access the service provider's aim and objectives in a format suitable to them
1.2	Has a strategic plan, which focuses on long term sustainability of service delivery for its clients	The service provider should be sufficiently focused on maintaining and ensuring long term stability of services for all clients and avoid disruption or withdrawal of services. This could include funding/commissioning arrangements for the service, staff recruitment and retention plans and development opportunities etc.	<ul style="list-style-type: none"> • Leaders have written a long-term, strategic plan which is reviewed and updated annually, focusing on long term sustainability for its clients • Staff demonstrate understanding and work towards delivering the strategic plan and are engaged in the review process • Clients can access the service provider's strategic plan in a format suitable to them and are encouraged to engage in the review process
1.3	Has policies and procedures in place specifically for supporting male clients	It is important that service providers understand that the specific needs of male victims/survivors differ from the needs of female victims/survivors. To address this, it is essential that service providers should ensure appropriate policies, procedures and working practices are in place. 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	<ul style="list-style-type: none"> • Leaders have developed policies and procedures specifically for supporting male victims/survivors, which are reviewed regularly and implemented across the organisation • Staff demonstrate an understanding of the service provider's policies and procedures and are engaged in the monitoring and review process • Clients can access the policies and procedures that affect them and are encouraged to engage in the review process

		working. These policies must be sensitive to the diversity in the male community it represents.	
1.4	Has adequate financial controls in place to safeguard funds intended to support male clients	Where a service provider has been commissioned or awarded funds specifically to support male clients, there should be transparency about how these funds have been utilised. Ensuring appropriate financial control and audit practices are in place is essential. Any ring-fenced, restricted or dedicated funds should not be re-directed to support other client groups (unless there is explicit agreement or approval to do so).	<ul style="list-style-type: none"> • Leaders ensure that any funding intended to support male clients is used effectively and exclusively for that purpose and adequate financial controls and audit practices are maintained • Staff involved in commissioning or delivering services should be aware of any ring-fenced or restricted funds for supporting male clients • Clients can access the financial information published by the service provider in a format that is suitable to them
1.5	Ensures staff have appropriate experience, training and/or qualifications to support male clients	All staff assessing and providing support to male clients should have the relevant skills and knowledge to support male victims/survivors appropriately. Training should focus on the specific response to trauma and societal issues that male victims/survivors experience.	<ul style="list-style-type: none"> • Leaders ensure that analysis of staff training needs is conducted annually to include continuous professional development, and have a plan to address any gaps through an appropriate training programme • Staff meet their continuous professional development obligations and commit to advancing their knowledge of gender-specific issues relating to male clients through training made available by the service provider • Male clients can be assured of staff competency and qualifications by being made aware that they can view staff training certificates and accreditation awards if requested
1.6	Demonstrates a culture of inclusivity with a visible male presence across the organisation	Throughout our consultation, professionals and service providers reported that having a male presence across their organisations is beneficial for all clients (both male and female) in showing a positive male role. Male victims/survivors reported that having a male presence across the organisation creates a sense this is a place “for them”, where they are welcome.	<ul style="list-style-type: none"> • Leaders demonstrate their commitment to inclusivity by recognising the importance of a visible male presence across organisation and have implemented a recruitment policy to address this • Staff understand why a visible male presence is important for a service provider that supports male clients and work with the leadership team to achieve this • Clients respond positively to the service provider’s culture of inclusivity and are encouraged to engage in any review process

6.2 Access and engagement

Quality Standard		Rationale	Achieving the quality standard
2.1	Utilises male-specific and culturally sensitive marketing for its services for male victims/survivors, reflecting the diversity of the community it supports	It is clear that engaging with male victims/survivors is more successful if they see themselves represented in the marketing or engagement material. All advertising, including website design should explicitly reflect the communities that the organisation supports and is aiming to engage with. Consideration should be given to ensuring the marketing or engagement material is visible at locations that are known to be used by men, such as gyms, GP surgeries, workplaces including occupational health, transport hubs, sporting venues, barbers and other appropriate venues.	<ul style="list-style-type: none"> • Leaders ensure any marketing material about the services for male victims/ survivors provided by the organisation is gender specific, distributed appropriately and reflect the diversity of the male community the organisation supports • Staff can demonstrate they understand why male victims/survivors are more likely to engage if the marketing is male-specific and highlights messages of recovery, hope and life after accessing services • Male clients respond positively to marketing, report finding it in format and location suitable to them and are encouraged to engage in any feedback review process
2.2	Has a strategy for engaging with marginalised and disadvantaged male victims/survivors in the community it supports	The evidence from the online survey with male victims/survivors showed that those from specific client groups including homeless, gay, bisexual or transsexual, disabled and black and minority ethnic (BAME) communities, reported significant barriers to accessing services. The service provider should consider the needs of a diverse range of male clients, when designing, promoting and delivering equitable services.	<ul style="list-style-type: none"> • Leaders implement a strategy for engaging with male victims/survivors who are marginalised or disadvantaged • Staff understand and work towards the strategy for engaging with male victims/survivors who are marginalised or disadvantaged • Male clients from marginalised or disadvantaged background respond positively to the efforts of the service provider to engage with them and report improved access to services
2.3	Ensures equitable access to all services and premises for all clients, regardless of gender or other protected characteristic	Providing equitable access to the full range of services will ensure that male clients are not disadvantaged by their gender and can access services that meet their needs. Research in the development phase identified a number of services purporting to support males that did not allow or enable male clients to access their full range of services. The online survey showed that these restrictions are not helpful in supporting or encouraging male victims/survivors to access or engage with support services. Male victims/survivors may be made to feel “second class”, “not a priority” or worse, perpetuate the myth that victims go on to become	<ul style="list-style-type: none"> • Leaders do not restrict access to services or premises based on gender or any other protected characteristic • Staff understand the importance of unrestricted access to services & premises for all clients and work with leaders to ensure this is delivered • Male clients seeking support understand their rights and are made aware of the escalation process if they believe access is being restricted without good reason

		perpetrators, which research overwhelmingly indicates is not the case.	
2.4	Ensures its premises are welcoming and accessible to all clients, regardless of gender or other protected characteristic	In considering the delivery of services, it is important to ensure that the premises are welcoming to all those who will be using the service. For example, services should consider the waiting room arrangements, the overall décor (for example, the look and feel of the building or support rooms) and the location of where support will be provided.	<ul style="list-style-type: none"> • Leaders recognise the importance of creating a welcoming and accessible environment for all clients, and are mindful of the needs of male victims/ survivors • Staff recognise the importance of welcoming clients into their premises, creating an accessible environment and are mindful of the needs of male victims/survivors • Male clients report the premises are accessible and welcoming, that their needs are met and are encouraged to engage in any review process

6.3 Service and delivery

Quality Standard		Rationale	Achieving the quality standard
3.1	Ensures leaders and staff understand how males respond to trauma and have developed appropriate services to meet their needs	Awareness of how male victims/ survivors respond to sexual violence is essential to the delivery of appropriate and effective support that meets their needs. Service providers must ensure that support for male victims/survivors is underpinned by an understanding of the impact of how society typically view male behaviour, including attitudes around masculinity, patriarchy and responses to trauma and seeking help. For example, 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.	<ul style="list-style-type: none"> • Leaders have implemented appropriate recruitment and training processes to assure staff working with male victims/survivors can demonstrate they understand male-specific responses to trauma in their work • Staff are trained in working with male-specific responses to trauma and have access to appropriate supervision and resources (if working with clients) to support their work • Male clients report the support they receive has provided them with an understanding of the male-specific response to trauma and how this has informed the support they have received
3.2	Empowers male clients to identify the services they need and adopts a flexible approach to engagement	Service providers should support clients to identify their own support needs i.e. what support do they believe would benefit them personally, or indeed, what support would not work for them. Research indicates male victims/survivors will typically engage with 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 that male victims/survivors often take longer to decide if a service is right for them before they engage with the support on offer. The survey respondents also expressed a desire for more flexible support including email/ online contact before engaging with the service	<ul style="list-style-type: none"> • Leaders acknowledge that male victims/survivors may take longer to engage in support so flexible working practices are in place to allow male victims/ survivors to engage with the service that best suits their needs • Staff implement flexible working practices that encourage male victims/ survivors to engage with the services • Male clients report feeling empowered to choose how they engage with the service
3.3	Ensures staff can identify male clients in need of urgent support or those 'in crisis' and can manage risk accordingly	Professionals, service providers and survey respondents reported that many male victims/survivors seek support following a significant life crisis. Therefore, it is essential that services are able to identify clients in crisis and prioritise their support. Where services operate a waiting list or are not available out of hours, male victims/survivors	<ul style="list-style-type: none"> • Leaders have implemented working practices to identify male clients 'in crisis', identify and manage the risk and refer to immediate external support where necessary • Staff are trained to spot the signs of a male client 'in crisis', identify and manage risk and make referrals to other services where necessary

		should be provided with details of other support organisations who can offer immediate support. For example, details of the National Male Survivor Helpline or National Male Online Support Service could be provided	<ul style="list-style-type: none"> Male clients report the staff responded appropriately to their needs and are encouraged to engage in any review process
3.4	Adheres to all appropriate ethical and regulatory frameworks	Service providers should ensure that each aspect of service delivery adheres to ethical and regulatory frameworks wherever possible to assure the safety and effectiveness of their services. This may be linked to therapeutic delivery or organisational standards e.g. Information Governance, Confidentiality, Information Sharing etc. and may include accrediting bodies, professional standards, statutory guidance and published best practice.	<ul style="list-style-type: none"> Leaders comply with all relevant ethical and regulatory obligations on behalf of the service provider and ensure services delivered are safe Staff are expected to comply with all relevant ethical and regulatory obligations All clients can access information about regulatory and ethical compliance
3.5	Ensures all male clients can choose the gender of the professional(s) supporting them	It is clear from research that not all male victims/survivors will have a preference of the gender of the professional who supports them. Whilst, some will want to be supported by a male professional, others will want a female professional. Therefore, it is important that male victims/ survivors are given a choice. Service providers should monitor that a choice has been offered and how the male victims/survivors needs have been met. Nearly two thirds of survey respondents, (63%) stated a choice of gender of support worker was important, yet more than half of survey respondents (56%) reported that they were not offered the choice of gender of their support worker	<ul style="list-style-type: none"> Leaders acknowledge the importance of ensuring all clients can choose the gender of their support worker and have implemented working practices to ensure this choice is met and respected Staff understand why choice is important for clients accessing services and have implemented working practices to ensure this choice is met and respected All clients report that their choice of gender of support worker has been met and respected
3.6	Ensures that individual risk and needs assessments are carried out with all male clients	Service providers should aim to build a culture of safety that supports clients and staff by ensuring risk and needs assessments are an integral aspect of service provision. Recognising the dynamic nature of an individual's risk and needs, on-going and regular assessment should be routinely conducted in order to identify, monitor and manage the individual risk and needs of each male client.	<ul style="list-style-type: none"> Leaders demonstrate they understand the effects of trauma and work with staff to understand the risks and needs of male clients Staff understand the importance of identifying the individual risk and needs of male clients and carry out appropriate risk and needs assessments Male clients receive an explanation of the purpose of the risk and needs assessment to enable them to participate in the process
3.7	Ensures bespoke support plans are developed for all clients, based	Following the outcome of any risk and need assessments (see standard 3.6), a support plan should be developed. This should form the basis for the support the service will	<ul style="list-style-type: none"> Leaders have implemented a delivery model that incorporates individual support plans for all clients and ensures appropriate supervision and monitoring of caseloads is in place

	on their individual needs	provide to the client. The support plan should be regularly reviewed with the client to identify what actions should be taken either by themselves or the support service in order to meet their needs and mitigate any risks to themselves or others. Support plans may identify the need to engage with other or alternative services to specifically meet the needs of male clients e.g., occupational health teams, mental health teams or men's health organisations (see standard 3.8)	<ul style="list-style-type: none"> • Staff understand the importance of an individual support plan and demonstrate they engage and empower their clients in the development and implementation of the plan • All clients understand their individual support plan and their role in its continued development
3.8	Has established referral pathways to other services that may benefit its male clients	Male clients may have needs that require the support of other or alternative support services. Such services may be different to the types of services that are typically accessed by female clients. Therefore, services supporting male clients may need to undertake a detailed scoping exercise, as well as reviewing individual support plans to identify if there are any trends in services required by male clients. The service should ensure that clear referral pathways are in place to a range of local services. These should be reviewed routinely to ensure they are up to date and arrangements are in place to allow for referral	<ul style="list-style-type: none"> • Leaders have developed appropriate partnerships with other organisations to establish timely and appropriate referral pathways for its male clients • Staff demonstrate an awareness of other services and the referral pathways, as well as competence to identify where new pathways should be established to address the specific needs of male clients • Male clients experience timely and appropriate referrals to other services with appropriate information is shared to support their access
3.9	Is transparent about whether it supports perpetrators of sexual offences and has implemented policies to ensure client safety is maintained at all times	It is important to acknowledge that some male victims/survivors accessing support services may disclose they are (or have previously been) perpetrators of sexual offences. Such disclosures may be made either when first accessing support or during the course of support. Service providers should, therefore, have a clear and open policy regarding whether they will continue to engage with that individual, and provide support to them.	<ul style="list-style-type: none"> • Leaders have implemented a policy of transparency regarding working with perpetrators of sexual offences and have implemented procedures to enable safe working or onward referral • Staff demonstrate an awareness of the Service provider's policies around working with perpetrators of sexual offences and can implement this to work safely with all clients • All clients have access to information on the Service providers policy and procedures on working with perpetrators of sexual offences at the point of referral, assessment and during their support

6.4 Outcomes and evaluation

Quality Standard		Rationale	Achieving the quality standard
4.1	Has a process for encouraging feedback from male clients including those who chose not to proceed with support	Service providers should encourage all clients 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 and online feedback. It is important that service providers also encourage 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	<ul style="list-style-type: none"> • Leaders recognise the importance of feedback from male clients about the support they have received and have implemented processes to facilitate this • Staff encourage their male clients to give feedback about the support they have received and practices are informed and improved as a result • Male clients are made aware of the processes for feedback and are able to engage in this process and have access to the outcomes
4.2	Has a client consultative panel or user group that includes representation from its male clients	Being able to consult with clients will be a useful mechanism to ensure the service is as good as it can be. Developing the facility to discuss ideas and challenges with male victims/survivors will be important in order to design and monitor services that truly meet the needs of those who use the service.	<ul style="list-style-type: none"> • Leaders recognise the importance of engaging with male clients to seek advice about service design, delivery and improvements • Staff can share information with the consultative panel and have access to feedback from the panel where it will benefit their work with male clients • Male clients are made aware of the consultative panel, are able to engage in this process and have access to the outcomes
4.3	Identifies and monitors client outcomes	The identification and monitoring of outcomes for clients is an important aspect of service delivery. Ensuring outcome measures appropriate for male victims/survivors will be key to ensuring the service is continuing to meet the needs of its clients. It is important to recognise that a positive outcome for a male client may not always be the same as the positive outcome for the service or the commissioners. For example, some commissioners may focus criminal justice engagement as a positive outcome while a male client may not wish to pursue this pathway focusing instead on health or social outcomes	<ul style="list-style-type: none"> • Leaders recognise the importance of identifying and monitoring appropriate client outcomes • Staff are trained and experienced to identify and monitor appropriate outcomes and these are used to direct the support provided • Male clients are empowered to identify and report what a positive outcome of the support would be for them
4.4	Collects and analyses outcome data to understand whether it is	It is important to understand how services are changing male client's lives for the better. To this end, data should be collected, monitored and analysed regularly. Where appropriate, data collected by the service should be published in accessible formats	<ul style="list-style-type: none"> • Leaders recognise the importance of data collection to monitor and improve support services

	making a positive impact on the lives of its male clients	to highlight the work of the organisation which might encourage more male victims/survivors to engage with it	<ul style="list-style-type: none"> • Staff recognise the importance of data collection to monitor and improve the service. They are confident discussing why data is collected and how it is used • Male clients can access data collected as well as information on how it is used to improve the service or their individual support. They are empowered to contribute data as an essential element of their support.
4.5	Reviews data, evaluation and feedback from male clients to develop new and innovative services	It is essential that service providers routinely review the data they have collected from supporting male clients, including feedback from clients to inform their service provision and identify any development requirements. This should also be done in the context of wider population needs assessment to determine whether an equitable service is being provided to the community they intend to serve.	<ul style="list-style-type: none"> • Leaders understand that service development should be driven by the needs of male clients (and potential male clients) and are proactive in developing new and innovative services to meet these needs • Staff are able to implement recommendations from evaluation and feedback into their work and contribute to evaluation and feedback processes as well as empowering and enabling their male clients to do so where appropriate • Male clients are regularly consulted about service development and are able to contribute into the design and development of new services

