

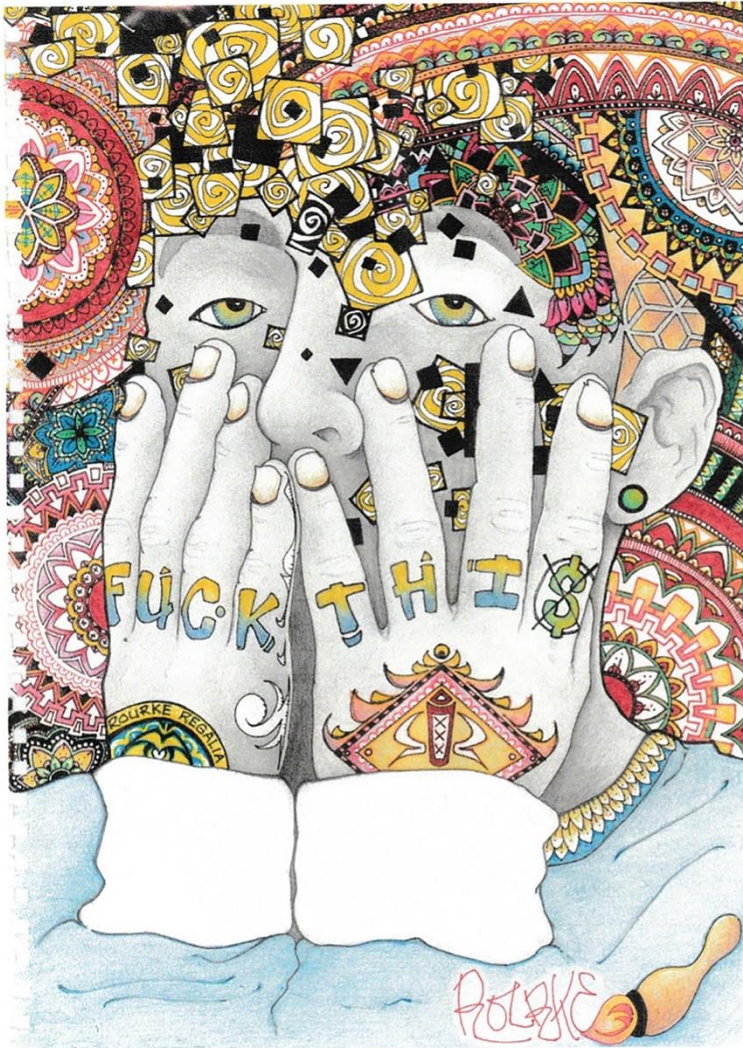


# Living or merely existing?

The experiences of male survivors of historical sexual abuse in Aotearoa/New Zealand.

Male Survivors Aotearoa, 2022

ROURKE



This image has been chosen to front this document to give a clear indication of the extreme despair and turmoil most, if not all, survivors of historical sexual abuse experience for many years. Perhaps throughout their lives. This turmoil is not only experienced by the survivors themselves but also by those around them, their family/whānau.

Research work, with its strong reliance on academic rigor, structure and process generally conveys little, if any, of this turmoil. This risks leaving the reader disconnected from the reality of life for survivors of sexual abuse. This point is true of this document as well hence this attempt to ground the reader in the reality of life for many survivors at the beginning of the document.

**Image drawn by Pierre O'Rourke**

A survivor of sexual abuse

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The 46 men who gave of their time and insight. Their contributions were insightful, informative and generously given.

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Mr Mike Holloway for his critique of the report from a survivor's perspective

## Abstract

### Background.

This report summarises the findings from the first stage of a research project funded through the Ministry of Social Development (MSD) and undertaken by the charitable organisation Male Survivors Aotearoa. The stage detailed in this document generally describes the lived experience of male survivors of sexual abuse in Aotearoa/New Zealand. The second stage of the project will overview survivors' experience of support, particularly in relation to peer support approaches.

The effects of sexual abuse are comprehensively described in the international literature. However, while the experiences of male and female victims are similar, clear differences are evident.

Consequently it is vital to understand these differences in order to provide safe and effectively targeted support for men. These differences are generally related to incidence rates, disclosure patterns as well as myths and stereotypes specifically related to the sexual abuse of males. What is missing however is whether the experiences of survivors in New Zealand differs from elsewhere.

This project was undertaken by a team based at Victoria University of Wellington and aimed to develop an understanding of the experiences and needs of adult male survivors of sexual abuse through an online questionnaire. Survivors were recruited through male peer support services within Aotearoa/New Zealand. Forty-six adult survivors of childhood sexual abuse took part in the project. The questionnaire was developed from several well validated sources.

### Aim

The project aimed to provide knowledge to MSD about the experiences of male survivors of sexual abuse in Aotearoa/New Zealand. More specifically exploring the following questions:

- What are the experiences and effects of sexual abuse for survivors?
- What were the help seeking experiences of survivors presenting to support services?
- Is Aotearoa/New Zealand meeting the service needs of male survivors of sexual abuse?

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## Limitations

Limitations included:

- a. The variation in the number of and degree of detail in the men's responses to each question. Reasons given by the participating survivors were that the questions were seen as repetitive, the large volume of questions overall, and what is best described as survivor fatigue.
- b. The prioritising of the large number of responses into a smaller number of topics invariably compromising an understanding of the breadth of the issues raised.
- c. The nature of the responses being presented in a quantitative format compromising the sense of despair and frustration that was expressed by the men throughout the project.

## Results

Most of what has been surfaced in this report indicates that the experience of survivors in Aotearoa/New Zealand, echoes the experiences of male survivors overseas. However, one area of particular concern in Aotearoa/New Zealand is the experience of and overrepresentation of survivors who identify as Māori. Other areas of concern were:

- a. the repeated observations that the support through services other than MSA was less than satisfactory.
- b. the lack of information about the experience of adults as victims of sexual abuse.
- c. the urgent need to identify factors limiting early disclosure both in children and with adults.

## Recommendations.

From the findings of this report it is recommended that the Ministry of Social Development:

- Prioritise research and development of services for male survivors of sexual abuse that is undertaken by Māori for Māori.
- Support initiatives in identifying factors that hinder/facilitate disclosure with adults and particularly with youth and children.
- Examine the ability of agencies to respond positively and supportively towards the needs of survivors. The preparedness and ability of agency personnel to practice in supporting survivors using a sound evidence base is a vital ingredient here.

- Support research identifying the incidence of sexual abuse with adult males. What work that is being undertaken, especially overseas, indicates this is a significant problem especially in institutions and with vulnerable adults such as the disabled.
- Supporting initiatives that aim to promote community/public awareness in the area of sexual abuse of males. This remains a poorly understood area generally.

## 1. Introduction

This report summarises the findings from the first stage of a research project funded through the Ministry of Social Development (MSD) and undertaken by the charitable organisation Male Survivors Aotearoa. The stage detailed in this document generally describes the lived experience of male survivors of sexual abuse in Aotearoa/New Zealand. The second stage of the project will overview survivors' experience of support, particularly in relation to peer support approaches.

MSA is a national organisation with its head office in Nelson. It comprises 11 member organisations throughout Aotearoa/New Zealand. MSA was established as a charitable organisation in 1997. Today it provides a range of advocacy, policy, strategic, governance and development advice/support to its member organisations. This support includes developing national policies, protocols and practice guidelines, navigating funding options and solutions, developing and hosting educational programmes and hosting a national case management and operational information system. Of particular interest to MSA is the further development of its existing peer support systems.

This stage of the project was undertaken by a team led from Victoria University of Wellington and aimed to develop an understanding of the experiences and needs of adult male survivors of sexual abuse and their support workers through questionnaires and/or interviews. Survivors were recruited through male peer support services within Aotearoa/New Zealand. Forty-six adult survivors of sexual abuse took part in the project. Stage 2 of the project, looking at specific areas of support, will be completed during 2022.

It should be noted that this report is not presented as a formal research paper. Apart from informing MSD the intention is also for the report to be accessible to a wide range of interested people. With this intention in mind, each section will be followed by a summary of the results with academic jargon avoided in the main. This approach also has the aim of presenting the very large amount of data gained through interviews/questionnaire completion into sections for more manageable reading. Where there has been many widely ranging responses, these have been organised into common themes for ease of presentation.



## 2. The background

The nature and effects of sexual abuse with males is comprehensively described in the literature. While the experiences of male and female victims are similar, there are differences. Understandably, it is vital to understand these differences to provide safe and effectively targeted support for men. These differences are generally related to differing incidence rates, disclosure patterns as well as a range of myths and stereotypes related to the sexual abuse of males. These areas are well researched with literature accessible from international sources. What is missing is whether the experiences of survivors in New Zealand differs to what we know internationally especially in relation to:

- The experience of abuse
- Dynamics surrounding disclosure of abuse
- The experience of seeking help
- Service provision

The Royal Commission of Inquiry into Historical Abuse in Care, currently underway in New Zealand is examining “What happened to children, young people and vulnerable adults in State and faith-based care in Aotearoa/New Zealand between the years 1950-99”. More specifically the Enquiry is tasked with “Uncovering why people were taken into care, what abuse happened and why as well as the effects of the abuse” (Abuse in Care: Royal Commission of Enquiry. 2022). As of 12 October 2022, over 2200 personal experiences of survivors have been heard by the Commission, including oral and written submissions. These submissions describe a history of repeated sexual, physical and emotional abuse perpetrated by people in positions of power. Estimates suggest up to 250,000 children, young people and at-risk adults were abused in state and faith-based care between 1950 and 1999. What is abundantly clear is the nature of the abuse. A recent interim report from the Inquiry details the horrific abuse survivors suffered in state and faith-based care. “Much of the abuse in care was criminal. Some of it was torture”, Commission Chairwoman Judge Coral Shaw stated (Cornish & Gay, 2021).

While the activities of the Royal Commission are publicly surfacing the effects of early abuse in State and faith-based care it should not be forgotten that by far the majority of abuse, especially in relation to sexual abuse, occurs within both the immediate and extended family/whānau (Service manager, June 2022).

While in no way ignoring the trauma and suffering of all victims involved in the Enquiry, it is the purpose of this paper to focus on the experiences related by adult males who have suffered historical sexual abuse across varying settings. Highlighting the seriousness of the issues male victims experience is important because while there is a significant amount of international literature regarding sexual abuse, literature on abuse has mostly related to female experiences or gender-neutral studies. Only relatively recently have the experiences of male survivors been explored in any detail (Rodriguez-Srednicki & Twaite, 2006; Nicholls, 2014). It has been estimated that awareness of and support of male victims lags 20 years behind awareness and support for female victims (Davies, 2002). As the bulk of literature continues to explore women's experience of abuse, careful attention needs to be paid to interpreting sources, particularly research literature, where the gender of participants is not clear (Mitchell, 2015).

That abuse of males is common is reflected in the oft stated incidence of 1 in 6 males and 1 in 4 females being victims of sexual abuse. Research conducted by Dube et al (2005) reached this conclusion following a retrospective study of 17337 adults in California. However, these figures should be treated with caution as significant differences are evident due to disparate definitions, methodologies, geographical location and data reporting mechanisms employed in international studies (Russell et al, 2020). However, from an Aotearoa/New Zealand perspective, RespectEd Aotearoa (formerly Sexual Abuse Prevention Network), citing figures from a survey conducted by the Ministry of Justice (2018), identified that with people 15 years and older, 12% of men and 34% of women experienced one or more incidents of sexual assault during their lifetime (RespectEd, nd).

The above figures may well be misleading. Cant (2021), quoting Mathews et al (2017), observed that the figures relating to the incidence of sexual abuse with men and women may indeed be approaching parity. This point was made through the observation that the

reporting of sexual abuse of boys (to the year 2017) was increasing at a greater rate than the increase for girls. Cant (2021) suggests this is due to a 'new sensitisation in the public among institutions and professionals towards child sexual abuse, particularly for boys.' (Ibid).

It should be noted that, as is typical of most studies, Dube et al (2005) explored adult experiences resulting from sexual abuse in childhood. Indeed, the literature generally relates to sexual abuse with children without necessarily acknowledging the incidence with adult victims. Stemple & Meyer (2014) pointed out the issue of sexual abuse of adult males in institutionalised settings such as in prisons and institutions which have not been formally acknowledged.

### 3. Research aims:

Overall, this first stage of the project strives to provide knowledge to MSD about the funding and service provision needs of male survivors of sexual abuse in Aotearoa/New Zealand and how these compare with overseas literature.

This stage of the project examined the following key questions:

- What are the experiences of and subsequent effects of sexual abuse for male survivors?
- What were the help seeking experiences of male survivors presenting to support services?
- Is Aotearoa/New Zealand meeting the service needs of male survivors of sexual abuse?

### 4. Research design

#### Method

An online anonymous questionnaire was completed in a private location of the survivor's choosing. The questionnaire was developed from several sources including the revised

Adverse Childhood Experiences Measure, The WHO Quality of Life Brief and the WHO-5 Well-Being index as well as input from the research team. The questionnaire as presented to survivors involved 6 sections, with a combined total of 76 subsections, each of these having up to 26 items for the survivors to consider.

There were 6 sections to the questionnaire:

- a. The demographics of the survivors
- b. The experience of sexual abuse
- c. The first disclosure of abuse
- d. The personal impacts of the abuse
- e. The experience of seeking help
- f. Thoughts on Ideal support

### Ethical considerations

As the interviews involved asking male survivors of sexual abuse about traumatic experiences in their past, mainly in childhood, ethical approval was sought and gained through the Victoria University of Wellington, Human Ethics Committee.

Of particular concern was the potential for distress of both the survivors and the researchers through the intrusive nature of the questions and the potential rawness of the responses. While survivors had experience in accessing support and discussing their experiences it was acknowledged that this didn't exclude the possibility of retraumatisation. To address this concern survivors were assured of the confidential nature of the interview (survivors were fully aware of the need for the researchers to disclose elsewhere if there was a potential of harm to themselves or others), their choosing of a safe space for the interviews, and that the interview would be suspended if distress was evident. In this event, referral for support would be provided.

## Recruitment of survivors

Survivors were recruited through 6 of the member organisations of MSA. Survivors were to be over 16 years of age, have reported experiencing sexual abuse at some point in their past and have accessed peer support services in New Zealand. Survivors were recruited through the following organisations:

- Better Blokes Auckland.
- Male Support Services Waikato.
- Male Room Nelson.
- Canterbury Men's' Centre.
- MSSAT Otago/Southland
- The Road Forward Trust Wellington.

An email invitation, including Consent Form and Information Sheet, was forwarded to service managers of the above organisations to help recruit male survivors. Additionally, a link to the online questionnaire was included. All survivors were able to have a support person present during the interviews. Many survivors took advantage of this opportunity.

## 5. Results

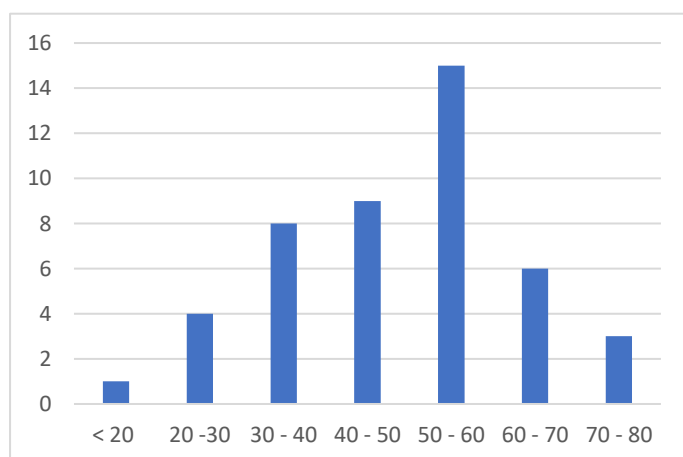
The number of responses per question involved considerable variation. For some questions, survivors were able to submit more than one response. For all questions survivors could elect to respond or not respond at all. Additionally, in several sections, the survey required a written response. These responses varied considerably. To present these responses in an organised and understandable manner, the responses were organised under particular themes.

Owing to the amount of data presented in this paper, the results are followed by a brief discussion. While this approach is not common it is intended to provide a more understandable presentation.

### Section 1: Demographics

Section 1 asked thirteen questions related to the person's current personal, familial and social circumstances.

#### i. What is your age?



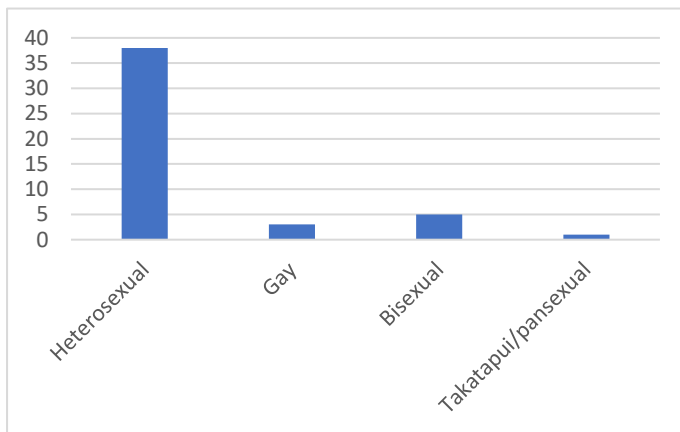
The average age of survivors was 49 years. The youngest survivor was 18 years old and the eldest was 77 years old. Survivor recruitment only attracted a limited number of younger men. Given the

late age of disclosure (discussed later) and that ‘disclosing to non-offending family may be unproductive and potentially harmful for some children’ this is not surprising (Elliot et al, 2022, p1).

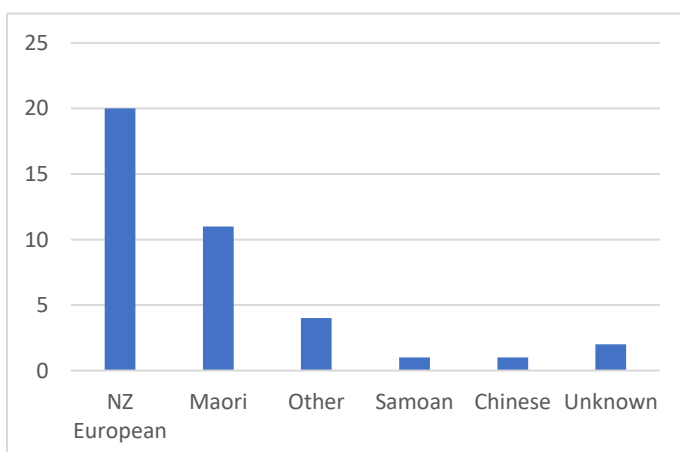
ii. What is your gender identity?

Forty-five survivors selected male, with one selecting transgender man or Tangata Ira Tane.

iii. What is your sexual orientation?

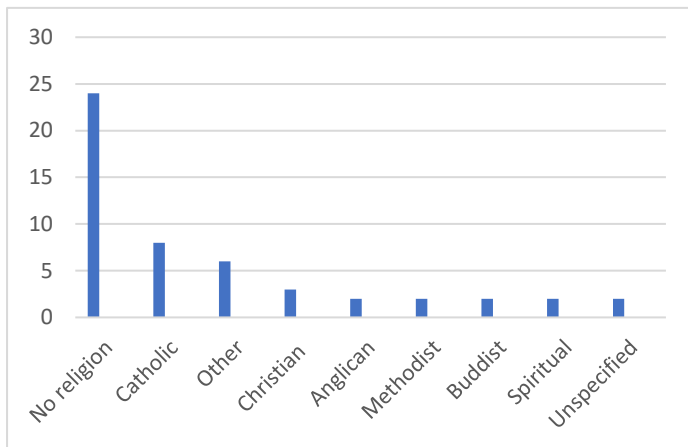


iv. What is your ethnicity?



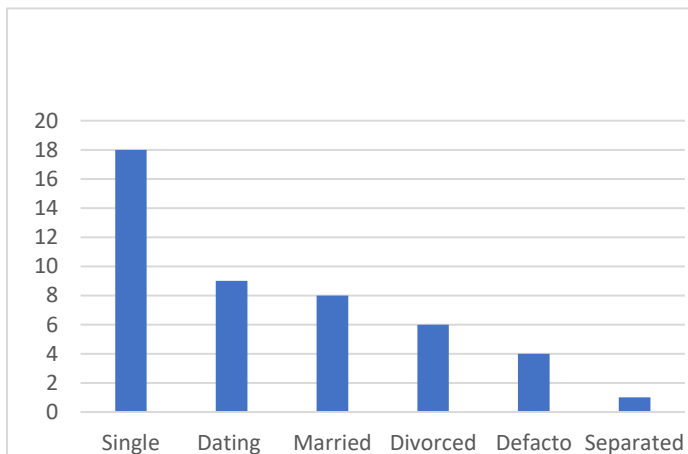
Eleven men identified as Māori. In some regions Māori make up approximately 50% of the men who are supported by MSA. These numbers don't reflect the caution of Māori in responding to many formal organisations due to the result of the ongoing impacts of colonisation and systemic racism.

v. What is your religious affiliation?



This graph should be considered along with the current Royal Commission of Inquiry into Historical Abuse in Care where the high incidence of abuse within religious orders is becoming clear. Whether the survivors are answering for their current affiliation or that of the past is unclear.

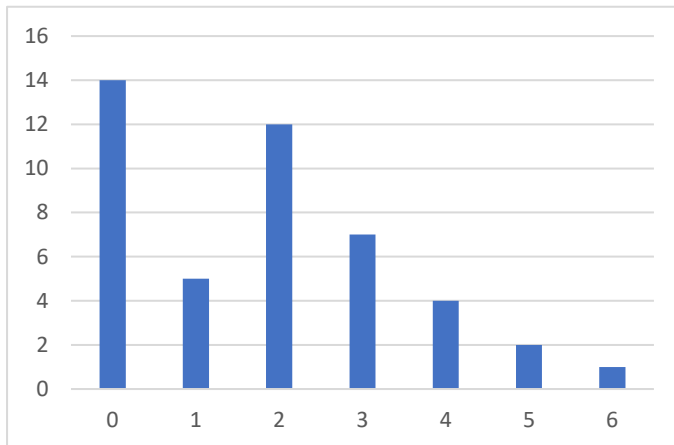
vi. What is your relationship status?



Eighteen men identified as being single. Given the average age of survivors being 33, this figure could be considered high. However this is not surprising given that survivors of child sexual abuse can “face considerable barriers to relational intimacy” (Weetman et al, 2021, p1).



vii. How many children have you?



*Given the difficulties experienced with relationships in survivors of abuse, of the many men I've worked with very few had sustained close relationships with their children.*

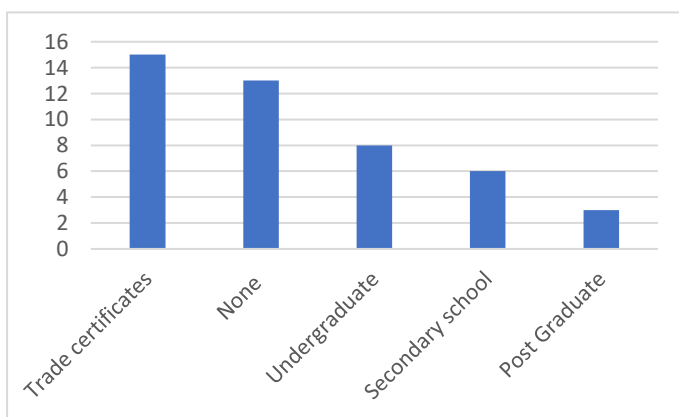
*Peer support worker.*

*[Comparing survivors with [other groups] risks creating a myth that male survivors do not have a close relationship with their children.*

*Peer worker/manager, 2022.*

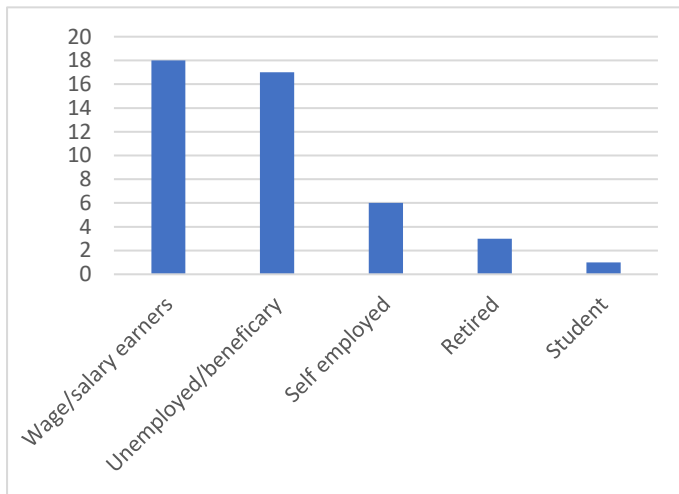
Survivors included biological, step, or adoptive children in their responses. The questionnaire did not ask for the degree of connection with their children. Recent research with the homeless community, many of whom experienced abuse as children, indicated that connection with children and grandchildren was compromised with many reported no connection at all (Mitchell, 2021). All respondents in that project indicated a desire to establish some form of connection, in some manner. However, the danger in comparing the dynamics with differing groups is evident in the quotations above.

viii. What is your highest level of education?



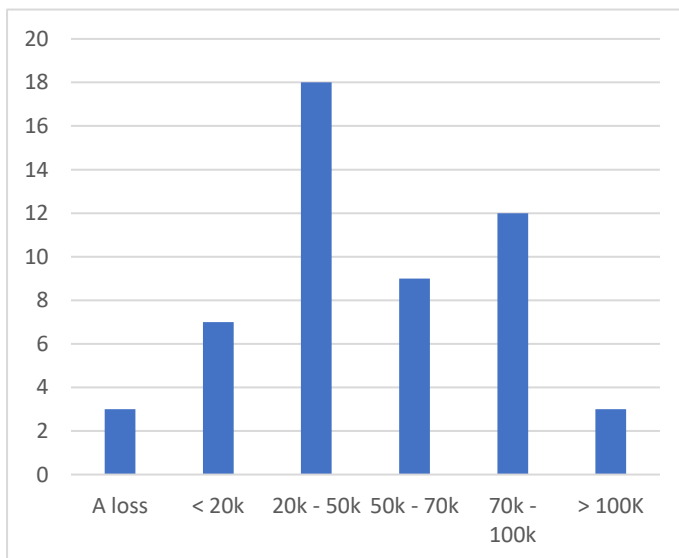
That 13 men stated they had no qualifications is surprising but is supported by the high number of unemployed men in the sample as well as to the low average yearly income. These points are supported by de Jong (2022). Hardner et al (2018) also observed that the “age at onset of abuse are significant predictors of decreased education levels”.

ix. What is your main activity or occupation in the last 12 months?



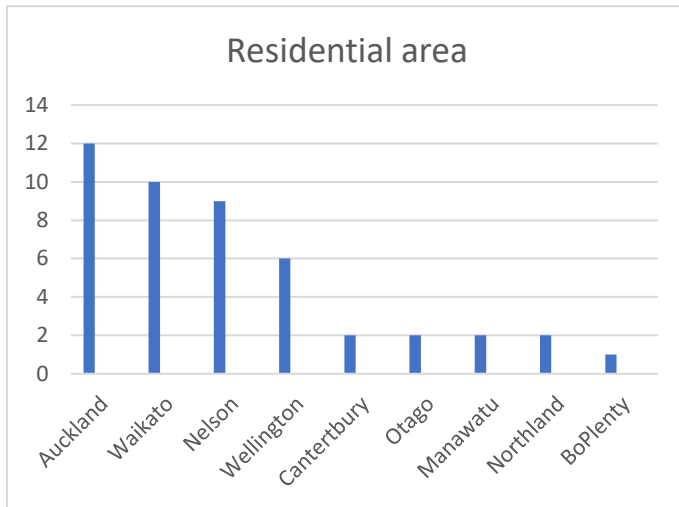
The rate of unemployment does appear high. De Jong (2022) supports this in his PhD thesis but interestingly also observes that this high rate is not significantly different from the victims (non-abused) siblings. This point suggesting that other dynamics may be relevant here.

x. What has been your income for past 12 months?

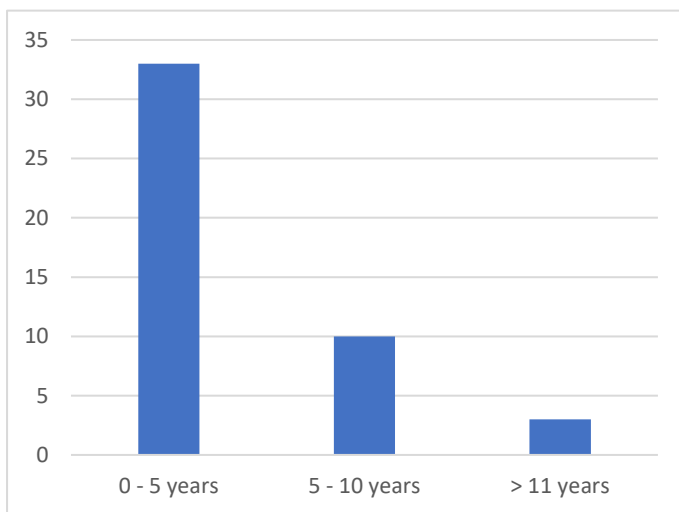


The average wage for Aotearoa/New Zealanders in 2021 is cited as \$56,120 (New Zealand Shores, 2022). The graph above indicates that a significant number of survivors earned below this figure. Considering that the survivors were mainly in the middle age range, arguably at the height of their earning capacity, this point bears consideration.

xi. Current residential region



xii. Length of time receiving peer support



*Many long-term clients of MSA are there not due to ongoing recovery but due to bonds formed in the group environment or peer support.*

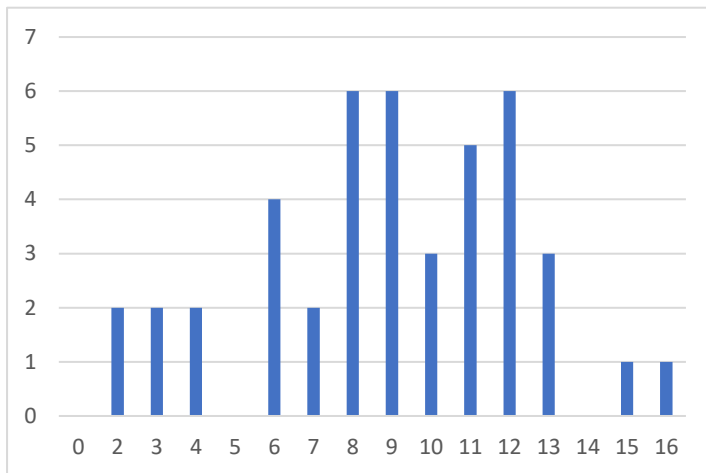
*Peer worker/manager, 2022.*

Seventeen men had received support for less than 1 year whereas 1 man had received support for 24 years. While 24 years could be viewed as excessive and/or a failure of appropriate support this could also be viewed as a success in terms a survivor sustaining a relation with, and perhaps contributing to, an organisation.

## Section 2: The experience of abuse

Section 2 asked eighteen questions looking at factors surrounding the abuse such as age (both victim and perpetrator), family dynamics, the relationships with the perpetrator and the nature of the abuse itself.

i. Your age at the time of the first instance of sexual abuse?



*Gay rape and drug rapes are featuring more prominently with our adult men.*

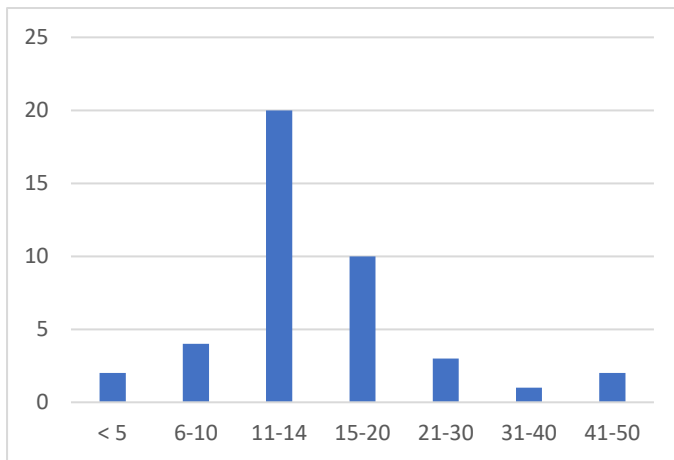
*(Peer worker/manager, 2022)*

The youngest age a male survivor first experienced abuse was at 2 years old, and the eldest age where abuse was experienced was 16 years old.

The figures representing the age of the first experience of abuse are consistent with overseas studies. For example, Farragut et al (2021) observed that the most common age for abuse to commence is from 6 years with the years 6 – 11 years as being the most vulnerable. The authors found these ages common to both male and female victims.

In this project there were very limited reports of being sexually abused as an adult. However, it is apparent that abuse of adults does occur, especially in various institutions. For example, Stemple Meyer (2014) refers to sexual assaults in the adult male prison population. This point can be broadened to other institutions such as defence forces and psychiatric services.

ii. Your age at the time of the last instance of sexual abuse?



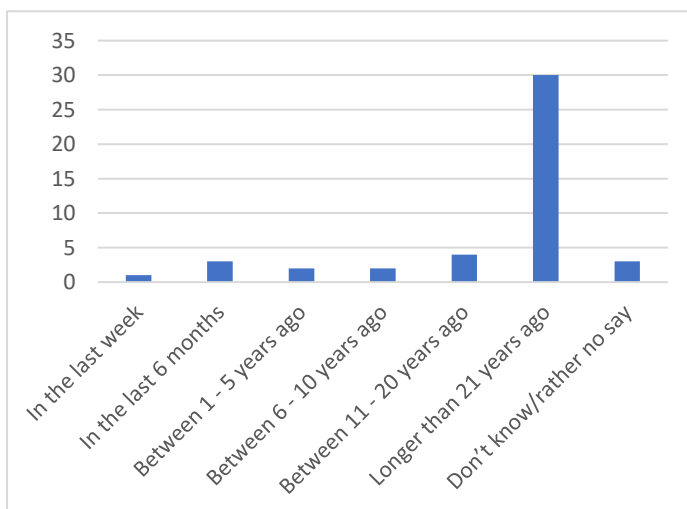
*It would have been extremely valuable to know why the abuse stopped.*

Peer worker/manager, 2022.

The average age of survivors when they were last sexually abused was 15 years.

The youngest age a survivor last experienced abuse was at 3 years old, and the eldest age a survivor experienced abuse was 43 years old.

iii. The time since last incident

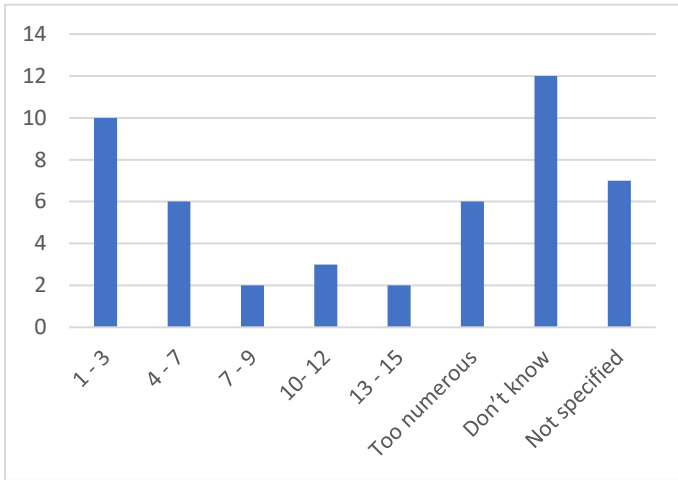


*[Is the answer 'I don't know'] referring to why such a late disclosure. We are finding that disclosure is often brought about through other impacts e.g., relationships, substance abuse, financial etc etc.*

Peer worker/manager, 2022.

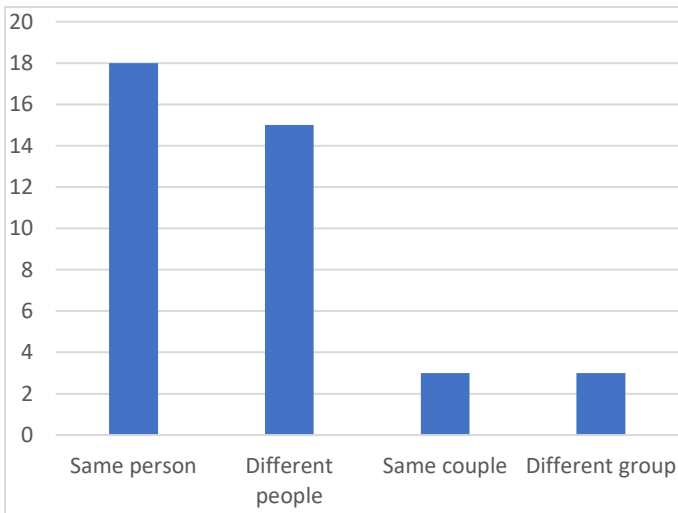
This graph clearly reflects the long delay in disclosure of abuse with male survivors. As one survivor stated, "My abuse was unknown to me until 15 years ago. Hence my depression, an inability to get on with others and asking why I'm here. Looking back on my life, if I had got some help back then I may have had a more meaningful and fulfilling life instead of being ashamed and scared [as I am now]."

iv. The total number of sexual abuse incidents experienced.



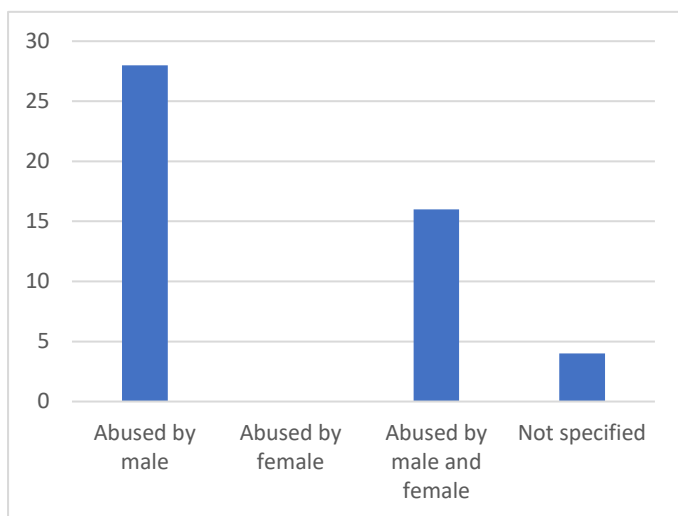
The category of 'too numerous' captured a range of responses including '150 times', 'too many', 'many', 'numerous', 'at least twice a day for five years'.

v. Thinking about all the times when you have been sexually abused, which of the following best described who sexually abused you?



Three survivors said it was a different group of people (3 people or more) involved.

vi. What was the gender of the person/people who sexually abused you?



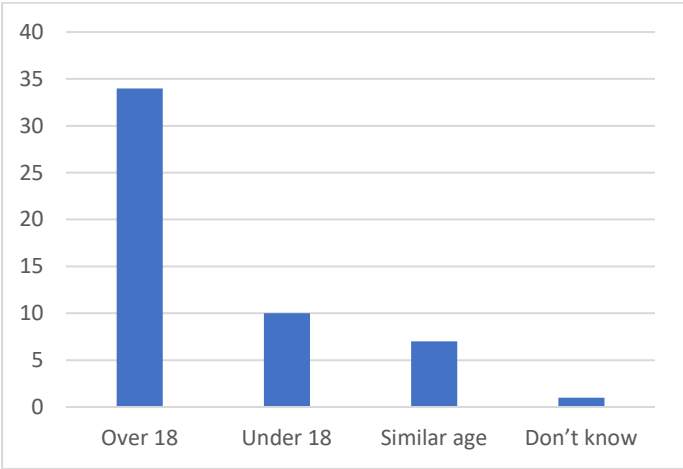
*Women can be rapists as well as men.*

*Peer worker/Manager, 2022.*

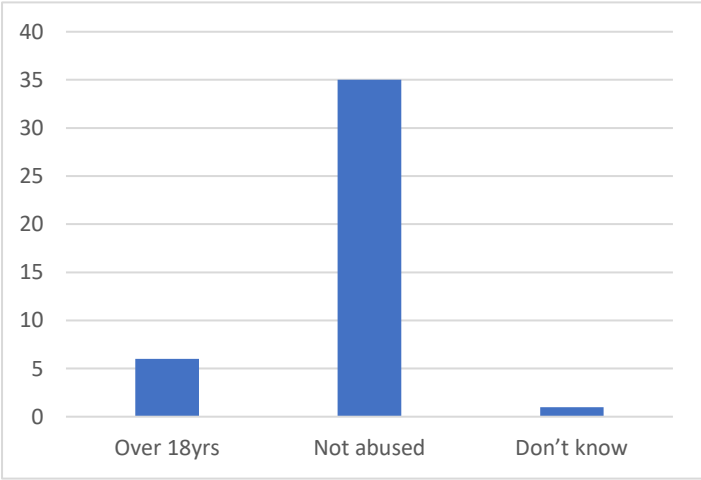
No females were identified as individual perpetrators. However, that female perpetrators exist is well documented, although figures vary widely. For example, Gewirtz-Meydan & Finkelhor (2019) in their study found 54% of boys were abused by females whereas Gerke et al (2019) observed from their survey that the number of female perpetrators is small. However, this point should be tempered in the knowledge that the existence of abuse by females is not well recognised and is often not recognised as abuse by the victims themselves. Indeed Clayton (2018) observed that, compared to male perpetrators, female perpetrators are considerably less likely to be identified.

Sixteen survivors identified that a couple (male and female) were the perpetrators of abuse. Couples guilty of sexual abuse of children is evident in the media and in Court reports in Aotearoa/New Zealand as well as the media internationally. In New Zealand McRae (14 August 2021) reported on a couple who had offended against children over several years. Surprisingly, a search of relevant literature revealed few examples of couples offending, certainly compared with the finding in this survey with 16 survivors reporting being abused by a male and a female together.

vii. How old was the person/people who sexually abused you during your childhood?

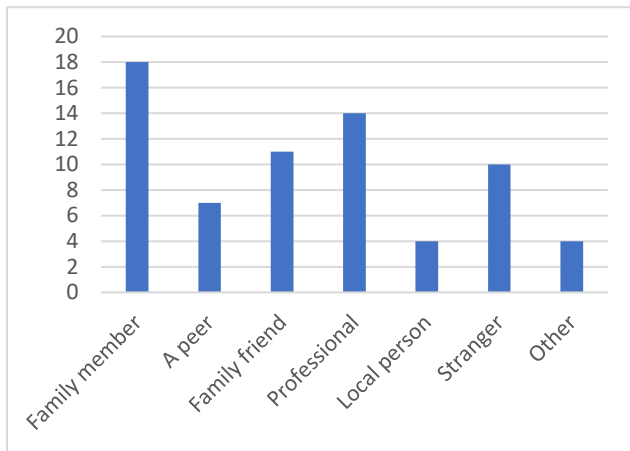


viii. How old was the person/people who sexually abused you when you were an adult (over 18)?



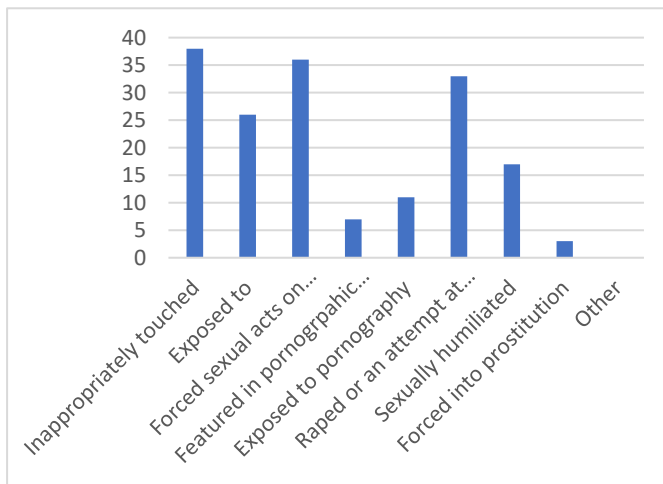


ix. How would you best describe the relationship between you and the person/people who sexually abused you?



Four survivors used the other option to say ‘friends, so called uncle’, ‘older pupil at boarding school’, ‘teachers and orphanage staff’, and ‘two others in a rehabilitation centre’.

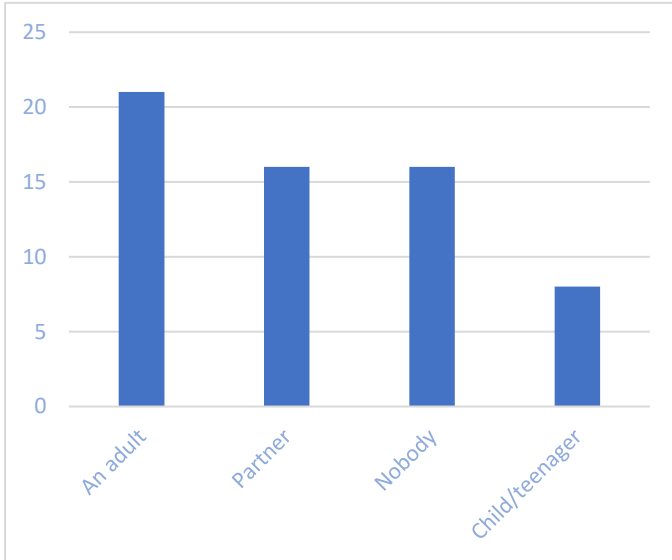
x. What type of sexual abuse have you experienced from the person/people?



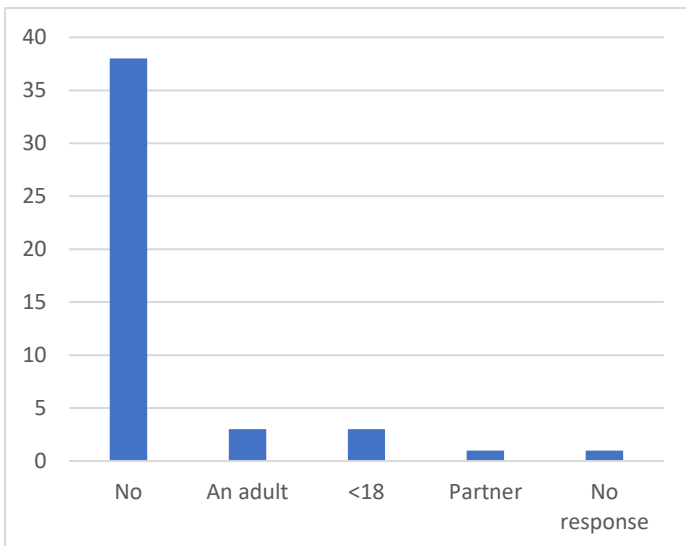
Three survivors used the ‘other’ option to say, ‘bestiality held down and dog put over me’, ‘physical and psychological abuse’ and ‘raped me while I slept’.

It should be noted that this graph gives no indication of the severity of each variable nor the impact on the individual

- xi. Since your 18<sup>th</sup> birthday, have you ever done any of the following to other people: sworn at, insulted, put down, humiliated, acted in a way that made the other person afraid you would physically hurt them, OR, pushed, grabbed, slapped, thrown something at them, OR, ever hit them so hard that you had marks or were injured?



- xii. Since your 18<sup>th</sup> birthday, have you often or very often touched, fondled, or have another person touch your body in a sexual way, OR attempted to have oral, anal, or vaginal intercourse with them to someone under 16 or to someone over 16 who have not provided their consent?

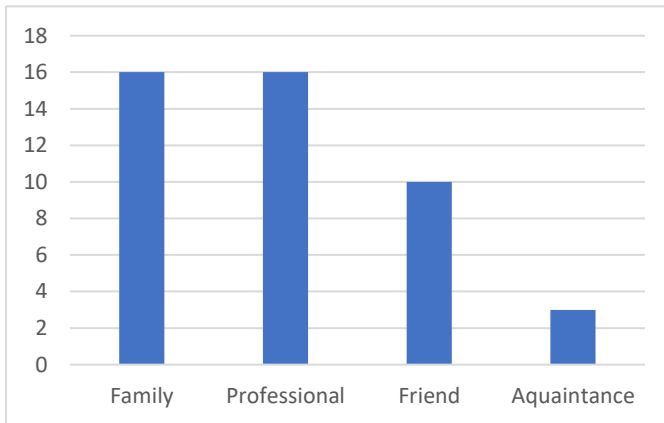


The responses on the graph above are reported by survivors themselves so can be viewed as unreliable. However the belief of victims of sexual abuse moving on to perpetuate abuse is considered largely a myth and consistent with international research (DeKeseredy et al, 2019).

### Section Three: Disclosure of sexual abuse.

Section 3 asked six questions related to the person/agency disclosed to, the time delay before disclosure and the nature of the person’s response.

i. Who was the person you first disclosed sexual abuse to?



*I got to the point where the secret could no longer be contained. I trusted [my friend] enough to speak.*

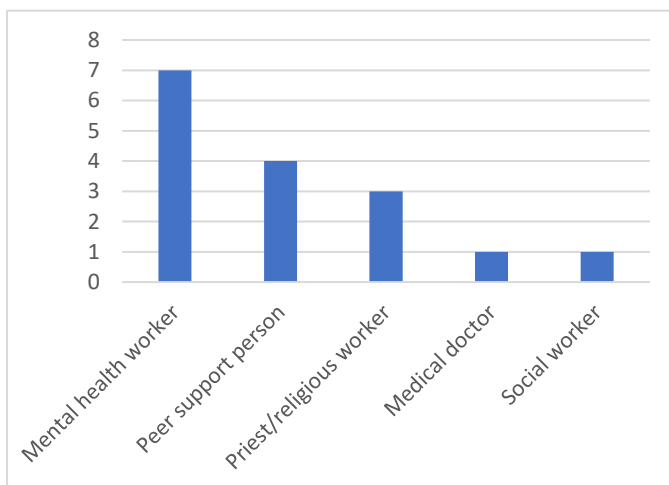
*Survivor*

*We are also finding that disclosure to a friend is to gauge reaction. Bad reaction and the abuse [stays] hidden.*

*Peer worker/manager, 2022.*

If one considers whanau to include both family and friends, disclosing to the wider whanau outweighs disclosing to professionals. This may be due to the date of disclosure. Services aimed at male survivors were not ‘known’ prior to 2000.

ii. With disclosure to agencies, what type of agency was approached?



*[Social worker] as I needed help to pay for counselling.*

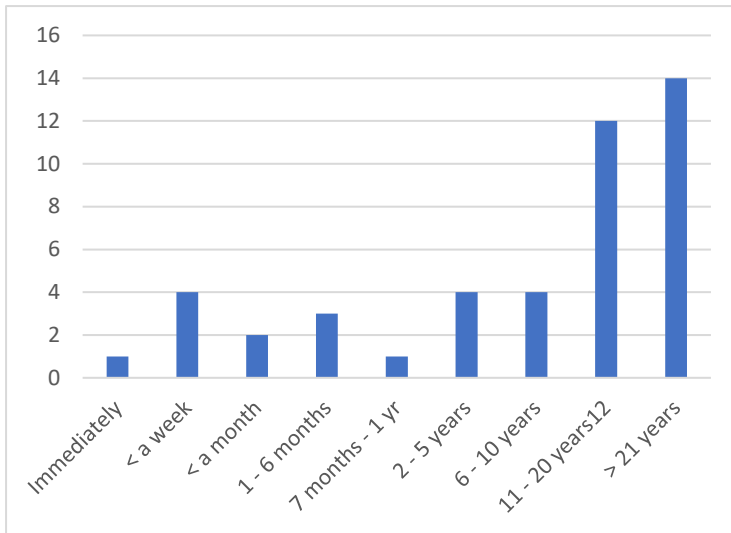
*Survivor*

*I had no one. Don’t believe the hype this country projects. It is a hard and lonely place. The guys at Better Blokes were the only ones who listened. [Others] told me to hold the line, schedule an appointment weeks away or take a pill.*

*Survivor*

Mental health worker includes such roles as psychologist, psychiatrist or counsellor.

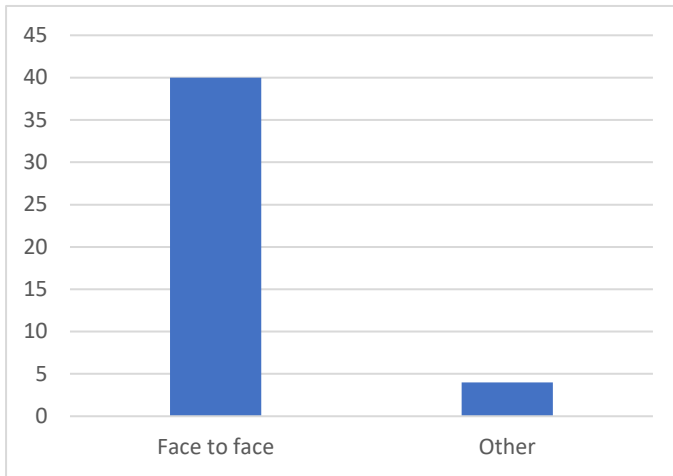
iii. What was the length of time from the initial abuse until the first disclosure?



Of the 14 survivors who took longer than 21 years to first disclose the sexual abuse, their average age at the time of disclosure was 33 years. The youngest in this range was 21 and the eldest was 53.

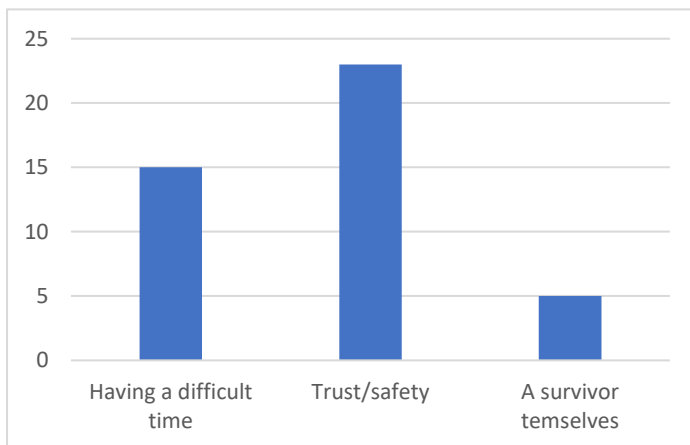
The delay in length of time for disclosure differs in relation to such variables as the age of the child at the time of the abuse, the severity of the abuse and the closeness of the relationship with the abuser (Cassidy et al. 2020). One review of the relevant literature observed that the disclosure rates for males differed markedly (Gewehr et al. 2021) however it is generally accepted that, consistent with the graph above, most men disclose late, even decades after the abuse. For example, Rics et al. (2021, p2) describes previous research that tells of “males deferring disclosure of CSA for 21 years.” However, the delay in disclosure may well be reducing. McGill & McElvaney (2022) suggest that there is now a greater awareness of sexual abuse as a crime.

iv. What was the nature of the disclosure?



Here 'other' includes such areas as online or by landline. Four survivors responded with varied answers, such as 'hospital', 'I googled "child abuse Auckland" ...', 'I wrote a letter on the computer...'.

v. Why was this particular person the first to be told?



*I realised it was still impacting on my life and I hadn't been able to overcome it.*

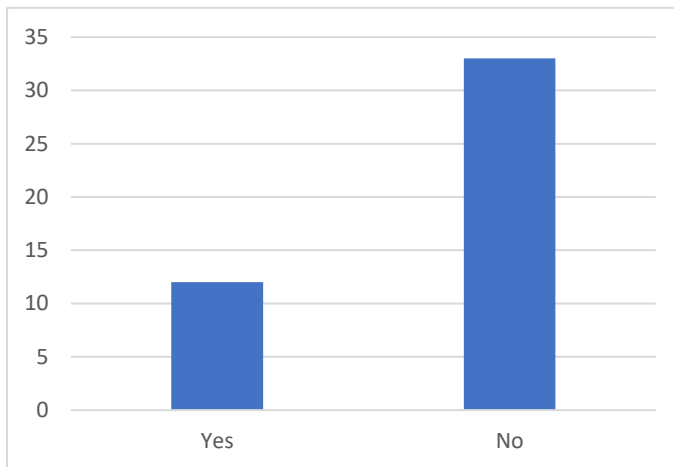
*Survivor*

*I got to the point where the secret could no longer be contained. I trusted him enough to speak*

*Survivor*

The responses here were quite varied so these have been organised into 3 main areas. 'Having a difficult time' is reflected in the quotations beside the graph.

vi. Did the person ask you to elaborate about the abuse?



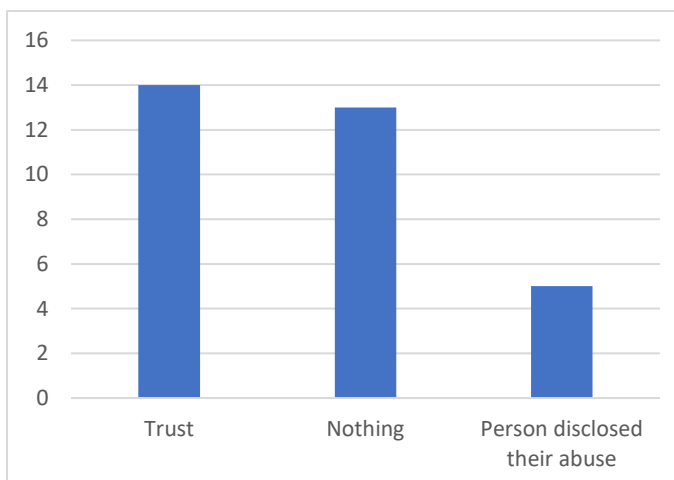
*It's hard enough to speak out without having to explain details or be asked how that made me feel.*

*Survivor*

*It's best practice not to ask the survivor to elaborate on the nature of the abuse in the first meeting. Best to encourage initial disclosure, listen and discuss options.*

*Peer support worker.*

vii. Did anything make it easier for you to tell that person/s compared to other people?



*I felt comfortable with our relationship.*

*No, nothing made it easy.*

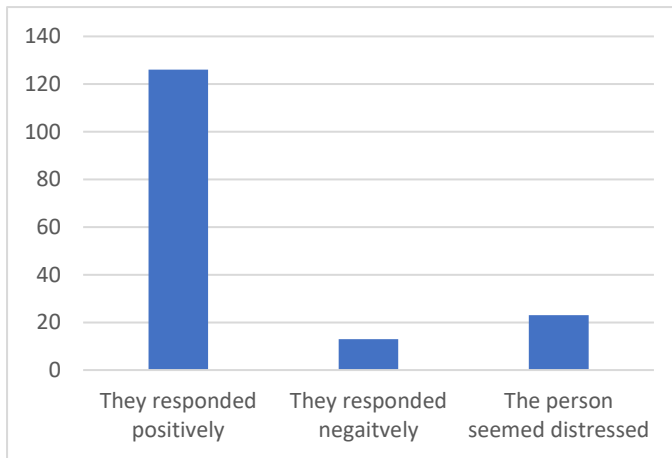
*She discussed with me details of her own abuse.*

*Be real and be friendly. Empathy, not sympathy is what men respond to.*

*Survivor responses*

Again, the responses here were varied so have been organised into 3 main areas. The area of those that were trusted was very broad including family members, strangers, professionals and non-professionals.

viii. How did the person disclosed to respond to you telling them about your sexual abuse?



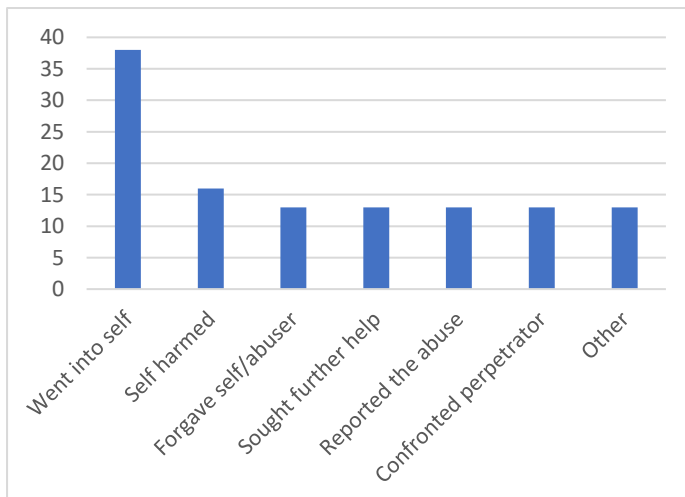
It was good because] they disclosed their childhood sexual abuse to me, and I wanted them to know that I understood.

Survivor

Supportive responses were where the survivors felt the person was empathetic, had a calm response and assured that the abuse wasn't the survivor's fault.

Unsupportive responses included the person expressing their own distress at the disclosure, not believing the survivor, not being interested or concerned and expressing anger towards the survivor.

ix. How did you respond to the persons reaction?



*While this graph may appear to contradict the degree of positivity in the graph above, it may reflect one survivor's observation that it is following the interview, after a period of reflection that the enormity of the situation arises.*

*Peer support worker.*

Six survivors used 'other' to explain that they felt 'worthless', '...had no emotions', 'felt it was my own fault', '... hid the impact, still being affected'.



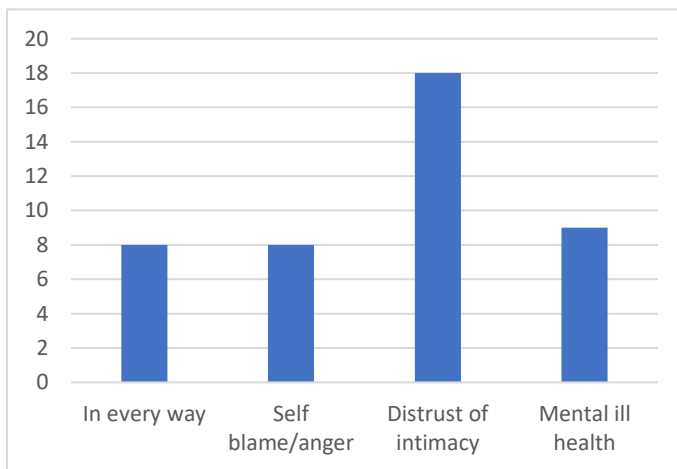
The majority of people disclosed to didn't ask the person to elaborate on the abuse. This should be seen as an appropriate response. As a peer support worker observed, "asking men to initially talk in detail about the abuse is not helpful".

## Section Four: The impact of the abuse.

Section 4 asked four questions about how the abuse affected the men at the time of the abuse as well as the person's current quality of life.

### i. How has the sexual abuse affected you?

Survivors commonly wrote a couple of sentences explaining the impact.



*It fucked my life up completely.*

*Survivor*

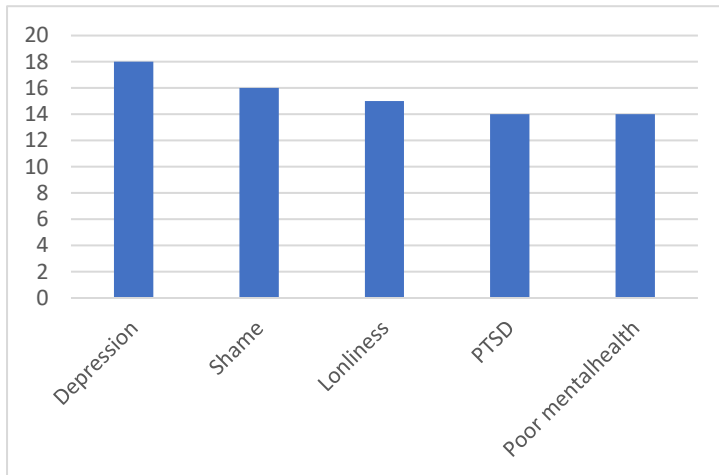
*Inability to trust my own head. I've lived with constant anxiety for 50 years in every way, everything.*

*Survivor*

All but one of the responses were very negative demonstrating the profoundly devastating results of sexual abuse. Again, the responses were varied but have been organised here into 4 main themes.

While the literature points to a wide range of physical, psychological, social, relational and spiritual effects related to child sexual abuse (DeKeseredy et al, 2019), the issues ranked highly by the survivors in this project primarily related to emotional issues or issues with mental health.

ii. What other issues have you had to deal with since the sexual abuse?



*I lost all trust in others. I believe that after the first episode of abuse I sought 'friendship' in others which made me an easy target for other perpetrators. I turned very angry and hostile.*

*Survivor*

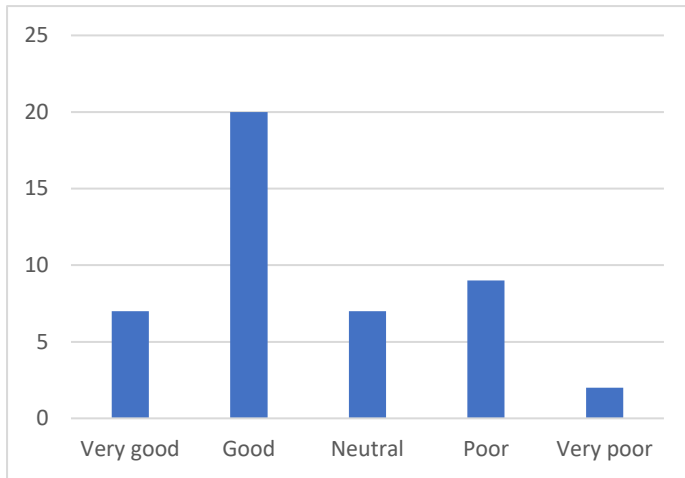
The list of potential issues provided to the men was extensive with 38 items covering physical, psychological, interpersonal, social and legal issues. Most received 5 or less responses. The items responded to more frequently are shown here.

The misuse of alcohol and other drugs is often cited in literature concerning male survivors, usually in relation to depressive experiences (Rics et al, 2021). However, the men here didn't identify this as a problem although they certainly identified depression and associated issues as a major aspect of their lives. This may well be due to the process of 'normalising' alcohol/drug taking as a part of their daily lives over a considerable time.

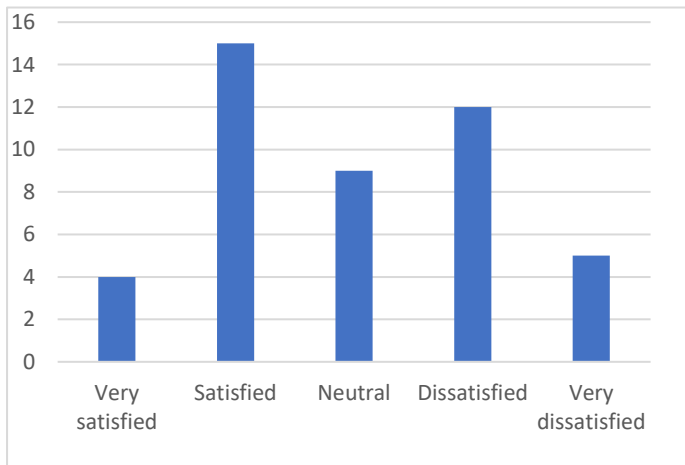
This normalising dynamic is supported by a peer worker/manager who commented, 'I would be a bit dubious about PTSD. PTSD has become the go to acronym used by many ... yet many would not know the symptoms of PTSD. Many also do not know the impacts. They have been living in crisis for many years, but crisis is the normality for them until told otherwise' (personal communication, 2022).

It should be noted that, despite responding to a broad list of 'issues', the survivors identified internal rather than external factors as being most important.

iii. Over the past 2 weeks how would you rate the quality of your life?



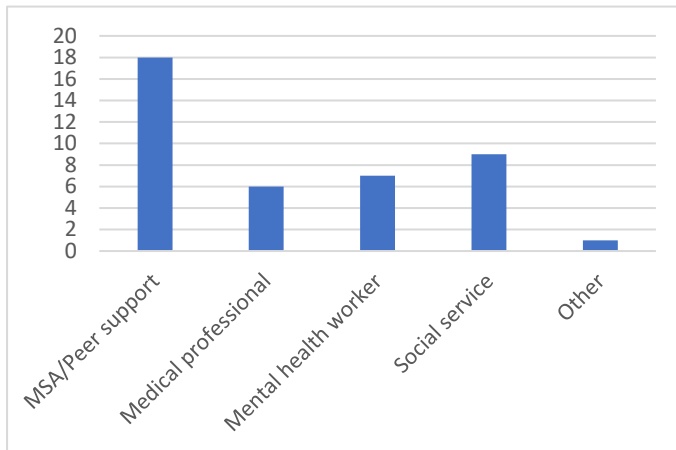
iv. How satisfied are you with your health overall?



## Section Five: Seeking help from services.

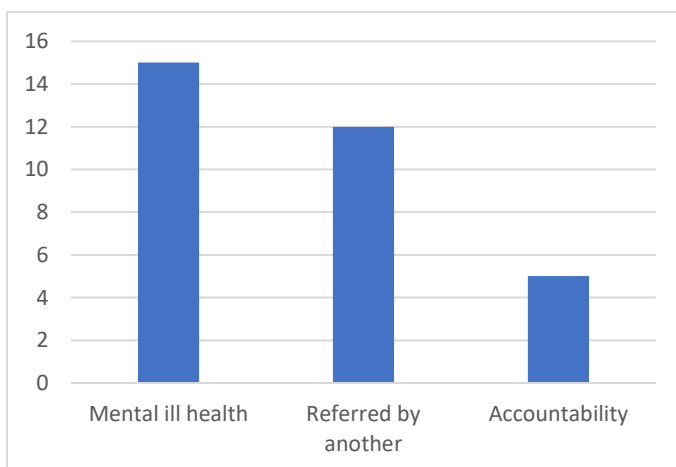
Section 5 asked twenty one questions related to who was approached for help, what were the main issues driving the need for support and what was supportive/unsupportive?

### i. Who did you ask for help, or get help from, first after the sexual abuse?



There were 10 items the survivors could choose from with the 5 most common responses presented here. These figures are skewed somewhat as survivors were being supported by MSA when selected. However, this wasn't the case at the time of the original abuse.

### ii. Why did you ask them first?



*I felt like I was going crazy and couldn't control the voices of loathing in my head.*

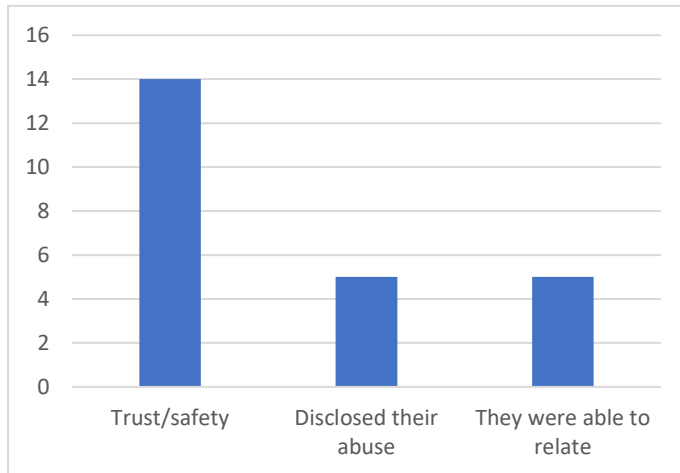
*Because I wanted to talk to somebody who had been through a similar experience.*

*I believed that justice existed. I was naive.*

*Survivor responses*

Responses here were quite varied. The more common themes are included in this graph. Accountability was related to holding the perpetrator(s) accountable.

iii. Did anything make it easier to get help from the service?



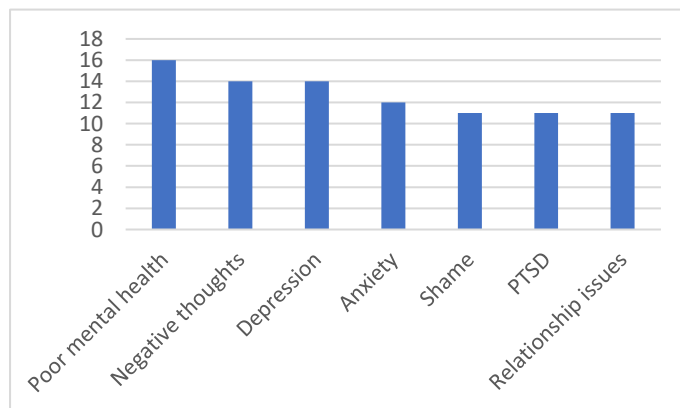
*They were a safe person and somebody who loves me.*

*Being with others who have had a similar experience.*

*Survivor responses*

Several survivors responded with yes or no. Other responses were varied. The 3 main themes are presented here.

iv. What were the main issues you wanted help with from the service/agency?

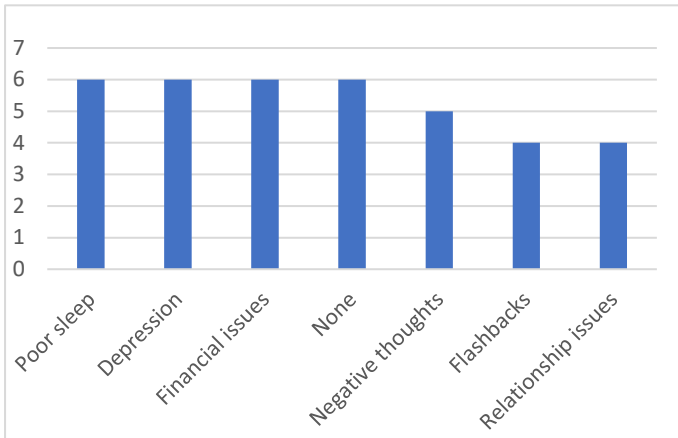


*Most have answered with issues around mental health and yet as mentioned before the majority of clients seem to present with other issues. Anger, drug abuse, relationships issues (this point is a big driver), financial, employment, accommodation, cultural, education. Most have issues with at least 3 of these impacts.*

*Peer worker/manager, 2022.*

The seven most commonly chosen options are presented here. Again, while most responses here could be organised under 'poor mental health' these are the areas felt most important by the survivors.

v. Were there any issues they couldn't help you with?



*This graph shows the complexity of survivor's lives. Support with navigating services is the key.*

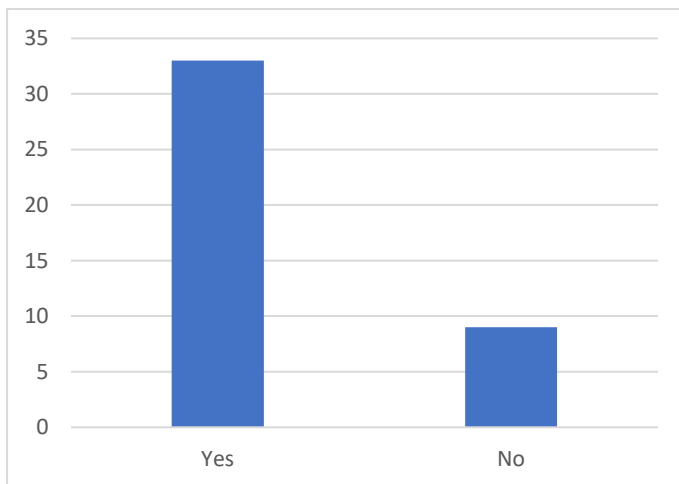
*Peer support worker.*

*This section should somehow emphasise the need for the social [aspects of peer support].*

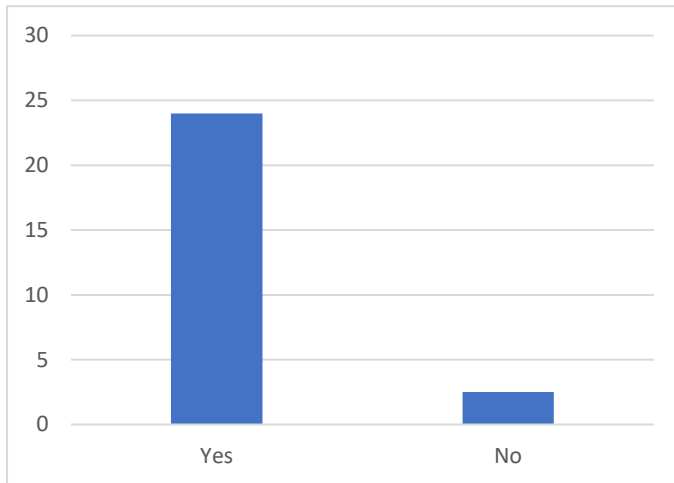
*Peer worker/manager, 2022.*

Again, survivors could choose up to five of 38 options covering physical, psychological, interpersonal, social and legal issues. Most received 5 or less responses. The 7 most chosen are presented here.

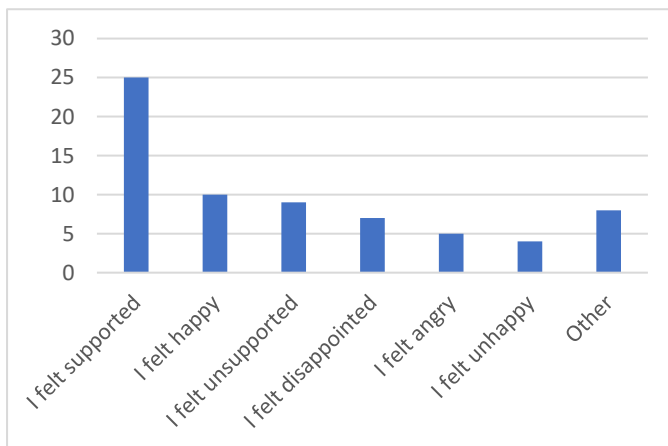
vi. Survivors were asked 'did they provide you with any information about any other agencies/services that could help you with the impact of the sexual abuse?'



- vii. Survivors were also asked ‘Did they refer you to any agencies/services that could help you with the impact of the sexual abuse?’



- viii. How would you rate your experience with this service/agency?



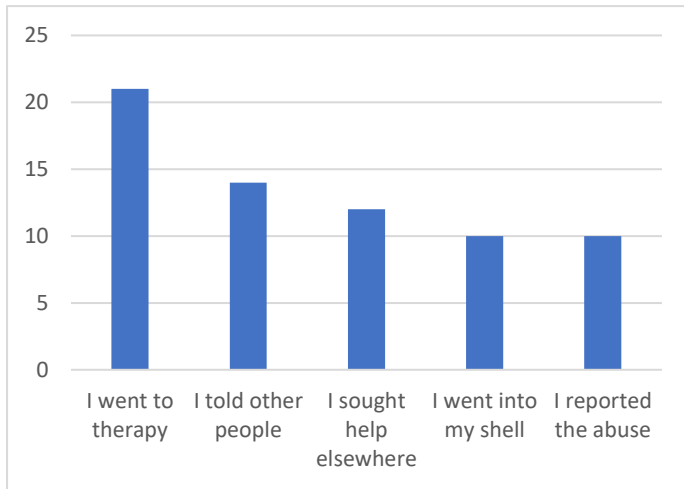
*I can only speak of peer support services, but I can say they’re doing a fantastic job even though they’re running on the smell of an oily rag. I personally think they are the best avenue to reach victims.*

*Survivor*

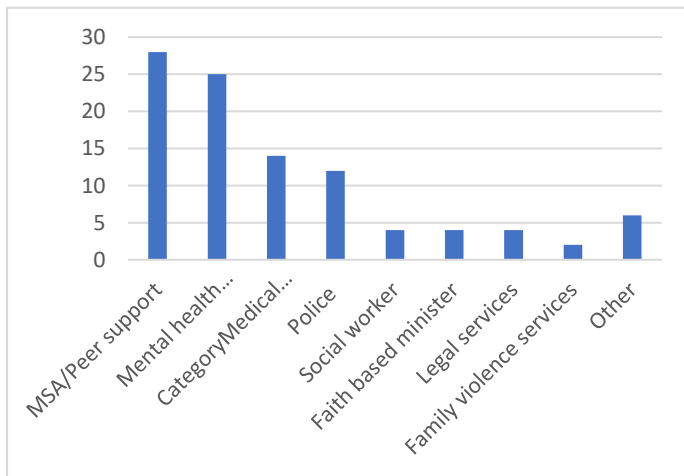
Eight survivors used ‘other’ to explain negative feelings such as ‘and still felt scared’, ‘I did not feel understood’, ‘I was even more suicidal’, and ‘they were a brand-new agency who were struggling to find their feet’. Others made more positive comments such as ‘but a sense of [confidence] was on right track’, and ‘glad it has been dealt with’.



ix. Overall, how did your experience with this service/agency affect what you did next?

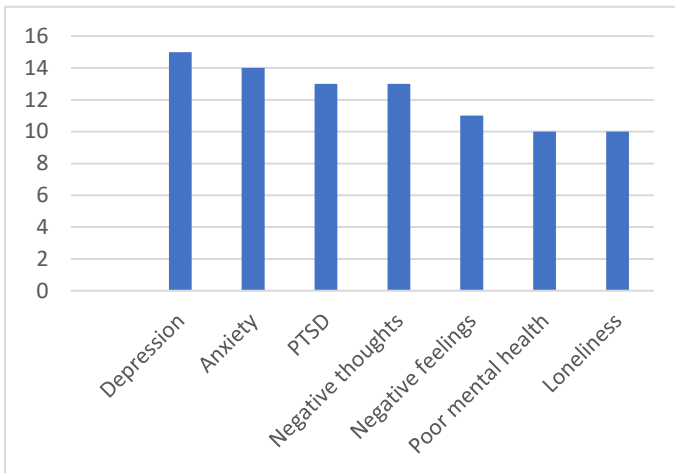


x. Which other services/agencies have you asked for help, or got help from, to support you with the impact of the sexual abuse?



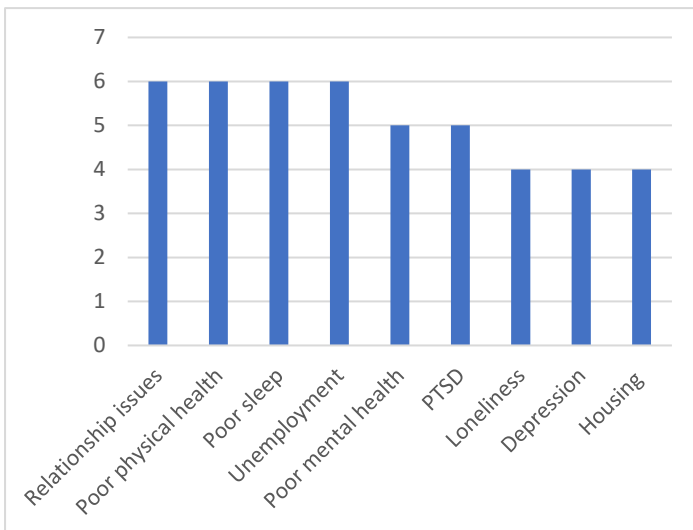
These figures are skewed somewhat as survivors were being supported by MSA when selected for this project. However, this wasn't the case at the time of the original abuse.

xi. What have been the main issues that these other services/agencies have helped you with?



Again, the majority received 5 or less responses. The 7 most chosen areas are presented here.

xii. What the main issues you have not been able to get help with?



*Serious mental health issues that require medication, housing assistance and other poverty related issues.*

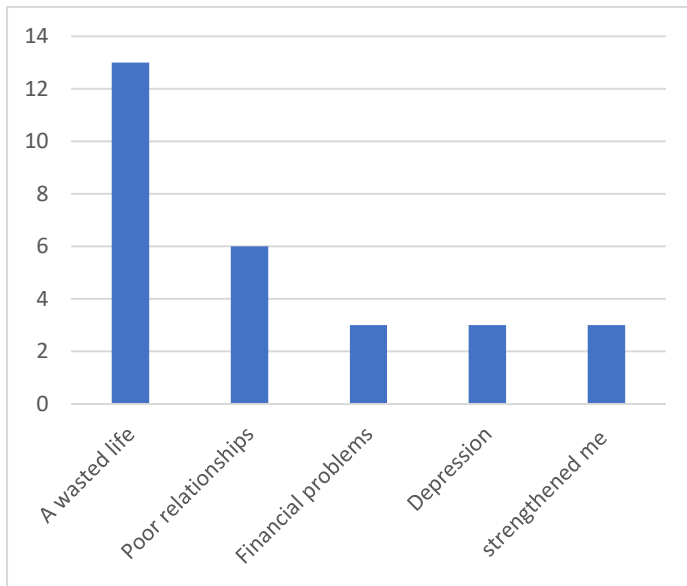
*Don't let us feel revictimized.*

*Inadequate resources to support men when we need it.*

*Survivor responses*

Survivors could choose up to five of 38 options covering physical, psychological, interpersonal, social and legal issues. The 9 most chosen areas are presented here.

xiii. How has not getting help with these particular issues impacted on you?



*A feeling that my whole adult life has been wasted and a feeling that this is as good as it gets for me.*

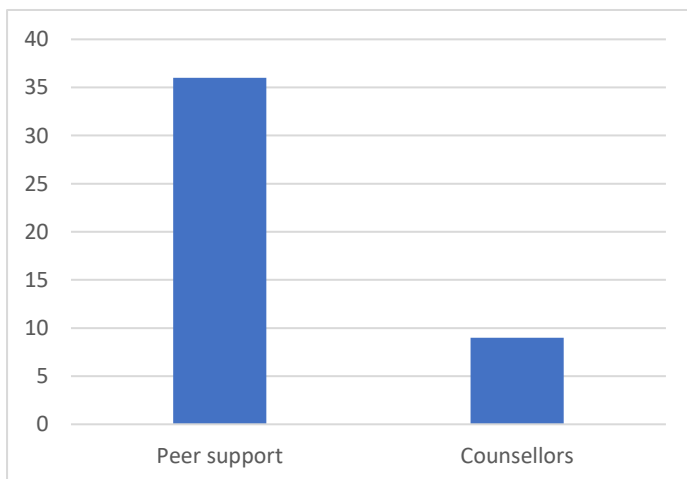
*[It's] made me a solitary person*

*I am optimistic now that a healthy relationship will be a future possibility, although I still deal with doubt and loneliness, and view myself negatively in relation to my sexual habits.*

*Survivor responses*

The negative effects of relationships as an adult clear in the literature (Patterson et al, 2022).

xiv. What services were helpful?



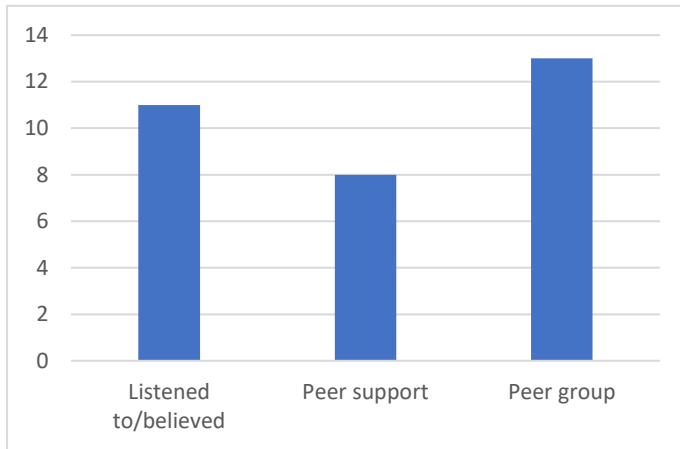
*Sexual abuse counselling on its own is hopeless.*

*I found the peer support services but sat on it for a long time without making contact. My fiancée pushed me to take the next step.*

*Survivor responses*

Peer support can be understood as people using their own experiences to help each other. There are different types of peer support, but they all involve both giving and receiving support. Here the survivors were describing support provided through service centres aligned with Male Survivors Aotearoa. This finding is again skewed somewhat as all survivors were recruited through these organisations.

xv. What did they say or do that helped?

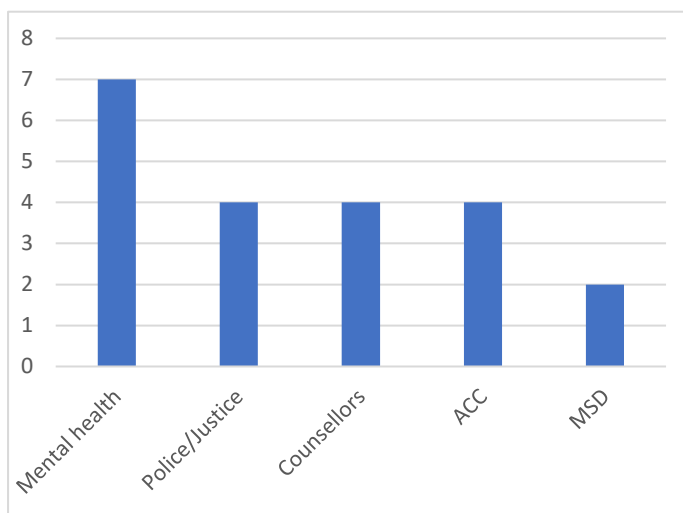


*Treating us as real people, treating us as an equal.*

*Survivor*

Categorising the individual responses proved difficult, but it was clear that these 3 areas were of the utmost value to the survivors.

xvi. Were any of the services or agencies that you sought/got help from particularly unhelpful?



*They just put me on meds.*

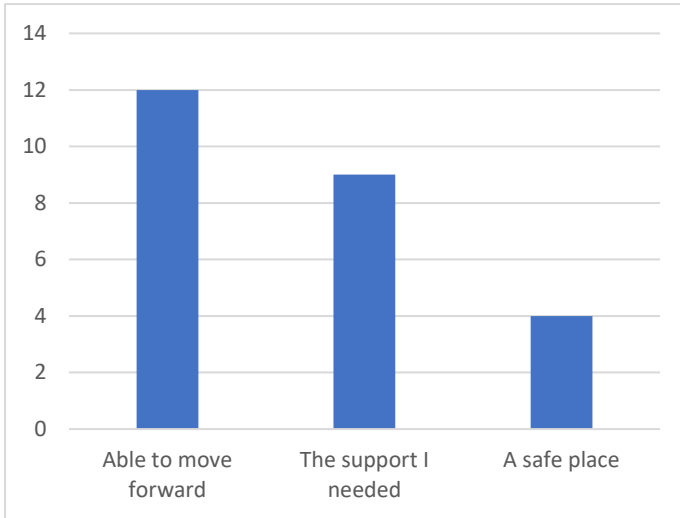
*Saying, 'It happened so long ago you should have got over it by now'.*

*They just didn't understand how this had truly impacted me.*

*Survivor responses*

Fifteen survivors said yes with 27 saying no. The responses were consistent in identifying 5 main services.

xvii. What was the most positive aspect for you?



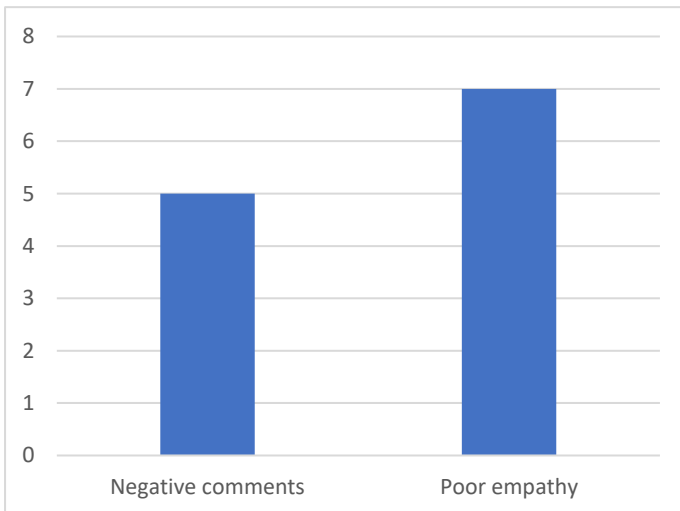
*It enabled me to reflect and move forward with my life.*

*It made me feel better and stronger.*

*I became a freer, happier person.*

*Survivor responses*

xiii. What was said that was unhelpful?



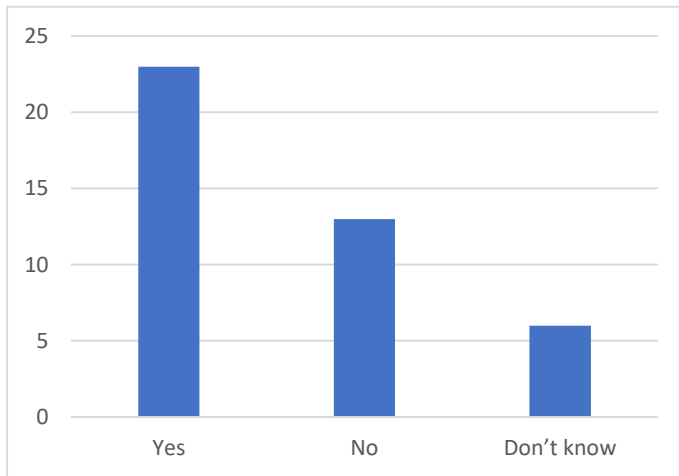
*I gave up! What was the point of seeking any help! I had no future! I was a burden on society and not worth the air I breath.*

*They didn't help which made me more depressed*

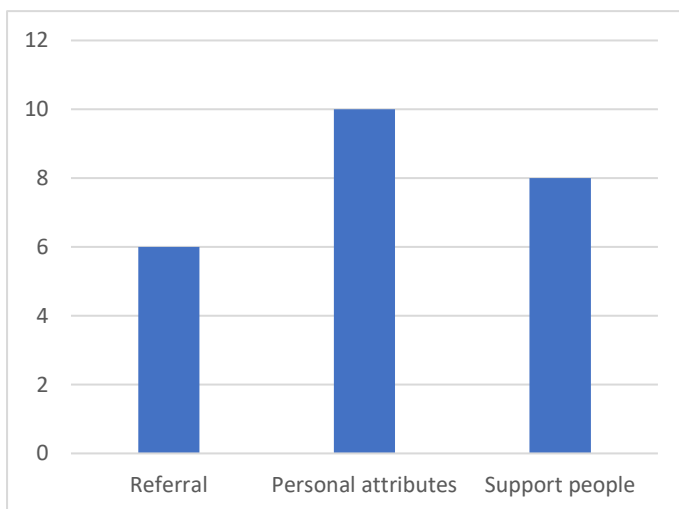
*Survivor responses*

This section was answered by only a few survivors. Generally, the answers settled into 2 themes. All had the effect of essentially retraumatizing the person to some degree.

x. Overall, do you feel that you got the right help at the right time?



xviii. What helped you to get the right help at the right time?



*Being lucky enough to meet the right people on my journey to support and guide me...*

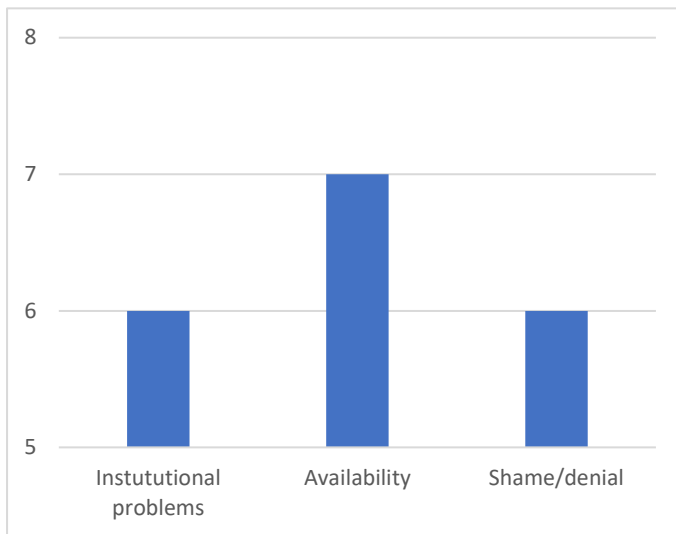
*Being referred immediately to male support [services]*

*self-reflection, reliance and dedication*

*I was proactive and sought out help*

*Survivor responses*

xix. What prevented you from getting the right help at the right time?



*ACC's slow processing times' and 'bullshit bureaucracy'.*

*Probably because there was no help at the right time*

*...there were no alternative sources of therapy available*

*There were no appropriate services available for me in the region*

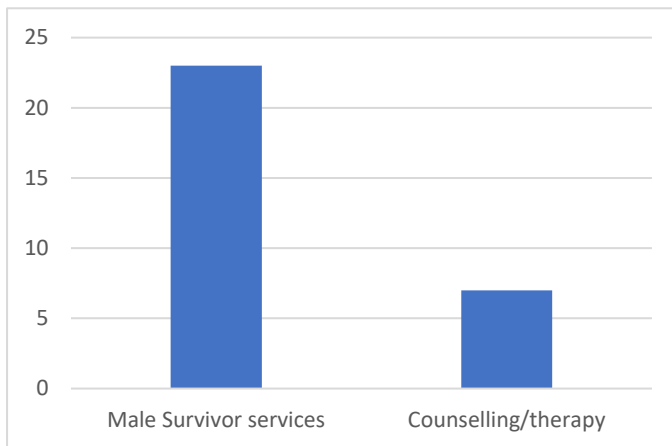
*Just the shame around it all.*

*Survivor responses*

## Section Six: What does ideal support look like?

Section 6 asked seven questions about what services are doing well/not doing well and how services could improve in their support of male survivors of sexual abuse.

- i. What are services/agencies doing well that helps men who have experienced sexual abuse?



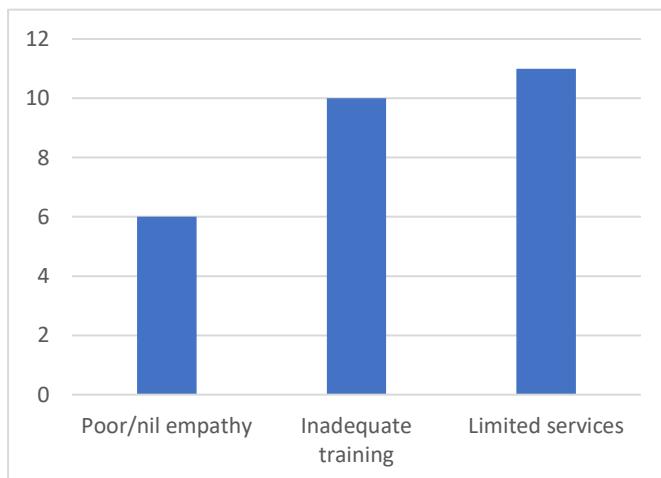
*Ccreating] a positive learning and feeling atmosphere', '[This male service] is great at looking after men using a model of family care. I.e., the blokes who come into the service are treated as complete family members and are made to feel like they belong'*

*Survivor*

Twenty-three survivors mentioned MSA or associated peer support services.

Seven survivors mentioned counselling, listening, empathising, understanding and support.

- ii. What are services/agencies not doing so well for men who have experienced sexual abuse?



*Govt departments need to believe what men say....*

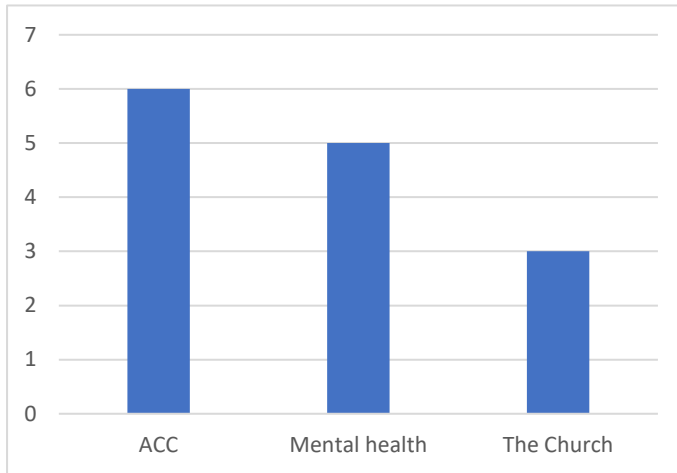
*[They] do nothing for male sexual survivors*

*... therapist with no understanding of men's needs as individuals, men are not their priority*

*Survivors*



iii. Were any services/agencies unavailable or difficult for you to access?

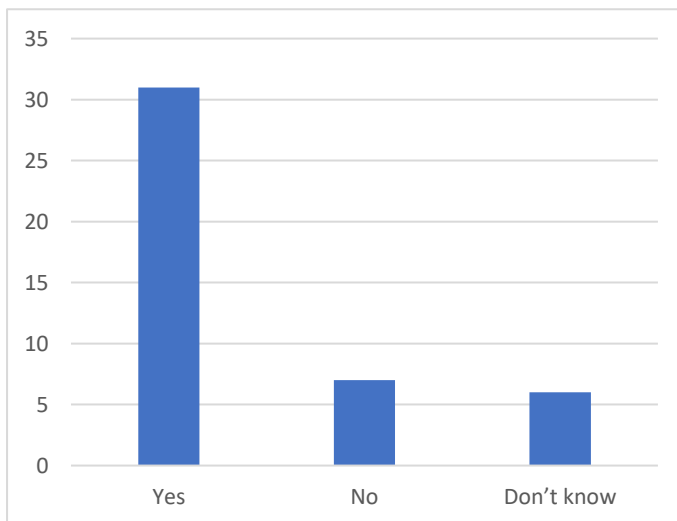


*ACC sensitive claim counsellors. It's very disheartening to be told we can't help you find a counsellor and that you have to troll through a website list of counsellors and contact directly*

*Mental health professionals – hard to get help or to even access areas to help with.*

*Survivors*

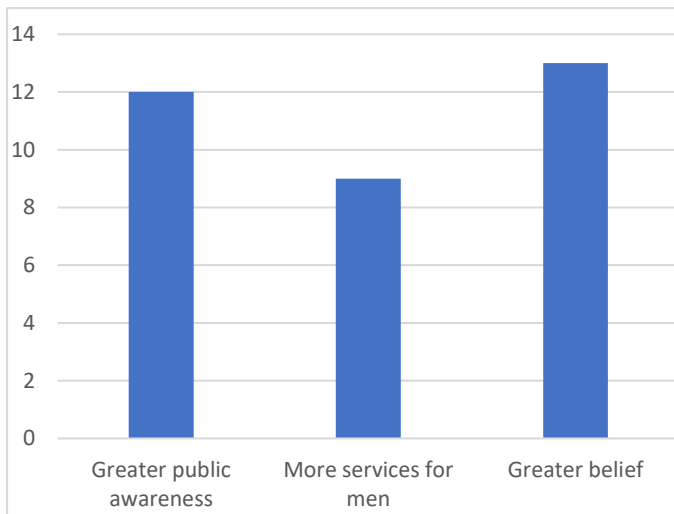
iv. Is there anything that services/agencies could do to make it easier for men to disclose the sexual abuse, or seek help?



*Better support for Māori and other ethnicities.*

*Survivor*

v. What do services need to do differently to facilitate sexual abuse disclosure?



*Advertise a bit more around public',  
'acknowledge that men can be victims of  
abuse',*

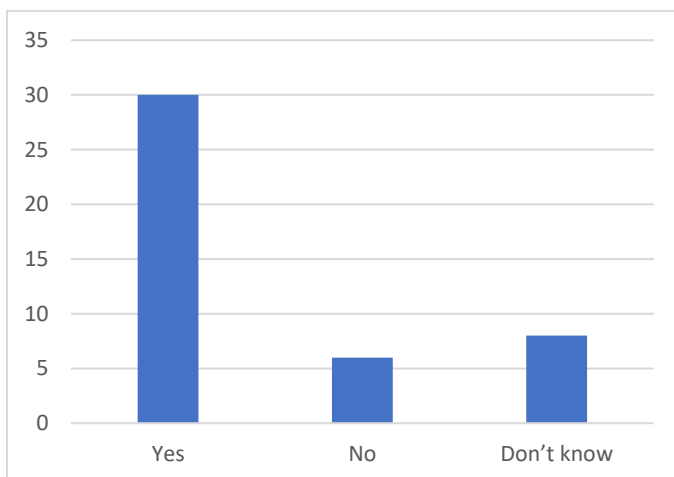
*'have more groups available with life  
coaches to teach how to realign people's  
lives back to normality...'*

*be there, believe them when males are  
saying what has occurred, be easier to  
reach out to*

*Survivors.*

Three main themes were evident in the responses here and they are present in the graph above.

vi. Do services/agencies need to be more male friendly?



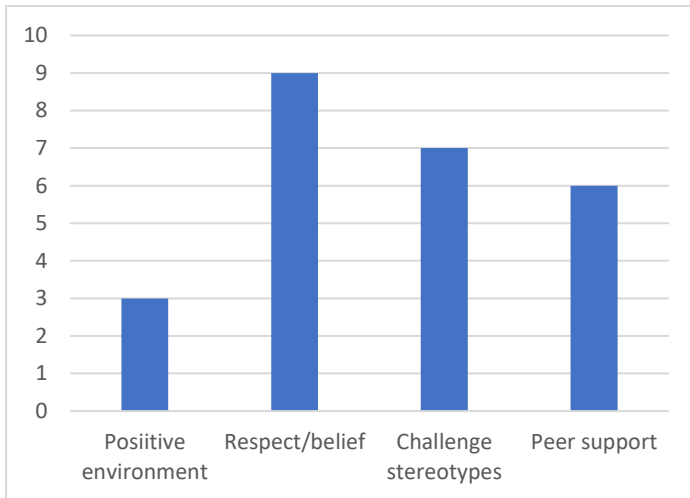
*Be available, listen, believe. Understand  
the needs of men. Be flexible about when  
and where to meet.*

*Have male front line staff that have  
empathy skills.*

*Acknowledge that men can be victims.*

*Survivors*

vii. Please explain how they could be more male friendly.



*Reception areas need to include male related literature. Posters on [what women should do] is not appropriate for services supporting men!*

*When we say we are broken believe us.*

*Many agencies are geared for female survivors and males are looked upon as complainers*

*There is a need for more male peer support staff*

*Survivors responses*

## 6. Limitations

The varied number of responses to each question throughout the survey was noticeable. Reasons given by the men for this included questions being seen as repetitive, the large volume of questions overall, and what is best described as survivor fatigue. That is, fatigue due to a long survey challenging the survivor's ability to concentrate throughout.

Organising responses into a limited number of topics invariably compromises an understanding of the breadth of the issue under consideration.

The nature of the responses being presented in a quantitative format compromised the sense of despair and frustration that was expressed by the survivors in the raw data.

This report is developed from a general overview of the field and lacks and engagement and appreciation of the cultural mix in Aotearoa/New Zealand, particularly in relation to Māori.

## 7. Conclusions

It should be noted that the literature accessed for this report and that which generally underpins the existing knowledge of male survivors of sexual abuse is gained from international literature.

International, in that research and associated information is from areas as diverse as Europe, North and South America, Africa, Asia and Australasia. While this geographical breadth is important in surfacing the nature and implications of sexual abuse, more specific regional issues are not often identified as such.

In exploring the question 'What are the experiences and effects of sexual abuse for survivors?', much of what has been surfaced in this report indicates that the experience of survivors, especially of childhood sexual abuse in Aotearoa/New Zealand, is similar to the overseas experience. However, other areas of particular concern in Aotearoa/New Zealand include the experience of survivors who identify as Māori. This area is certainly being addressed with some urgency through the current National Enquiry as well as development through Male Survivor's Aotearoa's Kia Mārire Te Rōpū Tautoko group.

The area of the help seeking experiences of survivors presenting to support services yielded a mixed response overall in the survey. Generally, specific responses to the questions indicated positive experiences but this experience was often contradicted in later responses. The reasons for this difference are unclear and are not easily explained by the fatigue mentioned in the limitations section.

It may well be, as a peer worker explained, the delay between the initial experience with a support service and the subsequent time taken for the survivor to reflect on this experience may well provide an answer to this. The survey structure didn't provide a way of accommodating this process.

In relation to the question, 'Is Aotearoa/New Zealand meeting the service needs of male survivors of sexual abuse?' There is continued acknowledgement of the support offered through MSA and particularly its peer support service. Given the survivor selection process (via MSA service centres) this is to be expected. However, the experience of other agencies, especially long-established health and social services was deemed to be less than satisfactory and that more work needed to be undertaken in lifting the skills of these agencies in meeting the needs of male survivors of sexual abuse.

One area that is not particularly noticeable in the literature is the experiences of adults as victims of sexual abuse. As mentioned in the body of this report, Stemple & Meyer (2014) pointed out that the issue of sexual abuse of adult males in institutionalised settings such as in prisons and psychiatric services has not been formally acknowledged. The Armed Services and the situation with the disabled community are also areas that require attention.

Another point, mentioned previously, is the profound despair and frustration experienced by many survivors of childhood sexual abuse being absent from much of the literature. While it is acknowledged that being sexually abused frequently defines and controls a person's life, Patterson et al (2022) talk of those victims who move past the abuse, experiencing a degree of personal growth. That is, individuals can create meaning around their abuse experiences and take back control (Ibid, 2022). However, this process was voiced by less than 5 men through their responses in this project.

A further area not identified specifically in this report but is an obvious extension to the findings is the urgent need to identify factors limiting early disclosure both in children and with adults. Addressing this area has the potential to result in reducing the frequent life long and devastating effects of sexual abuse as well as the early identification and apprehension of perpetrators.

## 8. Recommendations.

From the findings of this report it is recommended that the Ministry of Social Development continue their current support but also take a leadership role in:

- Support further research especially that aimed at identifying strategies that facilitate prevention, disclosure/identification of sexual abuse and interventions with children and adolescents. With almost all of the survivors recruited for the project reported here the abuse was initially experienced at this young age. Again, this is consistent with the international literature. It should also be understood that any research with survivors is asking a traumatised group to potentially revisit the original trauma. Many of these men carry the effects of the original trauma throughout their lives, this affecting family/whanau deeply. Additionally, with research activity, the length, wording and construction of data, collection tools and support strategies must recognise these points.
- Prioritising research and development of services for male survivors of sexual abuse who identify as Māori. In particular, research and development that is undertaken by Māori for Māori. This is in the knowledge that in several MSA centres Māori make up over 50% of the men being supported with one Centre reporting over 60%. While the current National Enquiry as well as the development of MSA's Kia Mārire Te Rōpū Tautoko group are important initiatives in this area it is quite evident that more needs to be done in this space.
- Support the development of initiatives in identifying factors that hinder disclosure of sexual abuse with adults. Most literature detailing sexual abuse of males reports on abuse that occurred in childhood. This situation in Aotearoa/New Zealand and internationally is of extreme concern and requires urgent attention as over 10-20 years delay in disclosing historical abuse is commonly reported, this resulting in continued distress over many years. This distress not on affecting the individual but also family/whanau. Attention here needs to be both at community and service delivery levels, especially in relation to education/awareness raising
- Supporting research identifying the incidence of sexual abuse with adult males. What work that is being undertaken, especially overseas, indicates this is a significant problem especially in institutions and with vulnerable adults such as the disabled.

- Examining the ability of agencies to respond positively and supportively towards the needs of survivors. While some agencies are reported as responding positively, there are worrying reports of 'support personnel' lacking in an appropriate evidence base, understanding and empathy, even to the extent of triggering previously experienced anxieties. The preparedness and ability of agency personnel in the many areas where disclosure is likely to be attempted is suspect. The ability to practice in supporting survivors using a sound evidence base is a vital ingredient here. This evidence base should be guided by work that has been carried out in promoting 'male friendly' environments, and the manner in which the experience of male survivors of sexual abuse differs from that of females as well as the communication strategies that may prove to be more effective with traumatised males. Inservice training and undergraduate education programmes need to be examined for their attention to this area.
- Supporting initiatives that aim to promote community/public awareness in the area of sexual abuse of males. This remains a poorly understood area generally.

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