



Prince Edward Island  
rape and sexual assault  

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CENTRE

**Enhancing Services for Male Survivors of  
Sexual Assault/Abuse on PEI**

**September 30, 2013**

Healing. Empowerment. Prevention.

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## Executive Summary

In October 2012, the PEI Rape and Sexual Assault Centre received funding from the Department of Justice Canada to carry out a research project entitled “Enhancing Services for Male Survivors of Sexual Trauma in PEI”. The project is designed to identify the service and support needs of male survivors of sexual trauma in PEI, and determine the best ways to support their needs.

The objectives of the project were:

- To gain a better understanding of the service and support needs of male survivors of sexual assault/abuse in PEI
- To identify the type of program model and support system that would most appropriately address the service and support needs of male survivors of sexual assault/abuse in PEI
- To engage key stakeholders who work with or have an interest in working with male survivors of sexual assault/abuse in the project and work collaboratively with them to move the project forward.

An Advisory Committee was established to help guide the project work. The Advisory Committee consisted of seven members including a male survivor advocate. The mandate of the Advisory Committee was to support the project staff in planning and carrying out the project activities to achieve the desired project outcomes.

The needs assessment was designed to obtain a better understanding of the service/support needs of male survivors of sexual assault/abuse, the types of services/supports currently available to male survivors on PEI, gaps in current services/supports, and barriers that prevent male survivors from accessing help. As part of the needs assessment, data was collected from two key populations: 1) service providers who potentially have contact with male survivors of sexual assault/abuse, and 2) male survivors of sexual assault/abuse aged 16 years or older.

The service provider survey was conducted in January-February 2013. Potential respondents were identified and selected by the Advisory Committee, and a standardized email invitation was sent out. 110 service providers completed the survey. Forty-eight percent of respondents provide service in Queens County, 25% in Prince County, and 6% in Kings County. The majority of respondents provide addiction support, general counselling, mental health counselling, emotional support, or justice services.

Forth-one percent of service providers indicated that they ask clients if they experienced childhood sexual assault/abuse; 18% noted that they do not, and 41% noted that they

sometimes ask. 84% of respondents had a one or more male clients tell them he was a survivor. Of the 84%, 72% indicated that they provided some type of support/treatment designed to specifically help their male client(s) address the trauma of sexual assault/abuse including referral to appropriate services/supports, specialized therapy, supportive counseling and educational materials/information on resources available. Sixty-two percent of respondents who stated they provide some support/ treatment indicate that they are trained and feel comfortable providing support/treatment.

Asking service providers what barriers/challenges they think make it difficult for male survivors to access services and supports, their top four responses included stigma, lack of awareness of services and support availability, perceived confidentiality risk and distance to services or lack of transportation. To address barriers, suggestions included a public awareness campaign to address stigma, increase awareness of existing programs and offer additional gender-specific services. Seventy-three percent of respondents noted that service providers need additional training to support the needs of male survivors including understanding trauma-informed approach in working with survivors.

The male survivor survey was conducted in May 2013. Due to the nature of the population being surveyed, a public approach was used to recruit respondents. The on-line survey link was located on the PEI Rape and Sexual Assault Centre website with detailed information on the research and instructions on how to access and complete the survey online. Participants could call the Sexual Assault Centre and have a researcher read them the survey questions and responses to them.

Thirty-eight male survivors completed the survey. Fifty-five percent of respondents reside in Queens County, 11% in Prince County, and 8% in Kings County; 26% did not reply. The majority of respondents were between the ages of 40 and 64 years. Fifty-eight percent of respondents stated that they have told a service provider and 42% stated that they have not. Of the 58% of respondents who stated that they have, 86% volunteered the information without being asked and 14% had a service provider ask them about their childhood experiences.

Sixty-eight percent of the 58% of respondents who stated that they told a service provider indicated that providers gave them support/treatment to help them address the trauma including general counseling, specialized therapy, and emotional support. Fifty-three percent of respondents who received support/treatment felt it was helpful; 40% felt it was sort of helpful and 7% felt it was not. Suggestions to improve the support/treatment received are to increase the number of counselors available, provide more long-term treatment and supports, and offer completely male-oriented services.

Thirty-six percent of the 58% of respondents who told a service provider that they are a survivor noted that the service provider they told referred them to other services. Of the 36% of survey respondents who were referred to other services, 88% noted that they accessed them. When asked if there are other types of services/supports they would like to have access to on PEI, suggestions included a male only clinic, specialized therapy, and group therapy.

Forty-two percent of survey respondents replied they have not told a service provider they are a survivor of sexual assault/abuse. Only 12% noted that a service provider asked them about their childhood experiences. When asked what stopped them from asking for help, the most common answers were feelings of embarrassment, lack of opportunities to do so, fear, and feelings of shame. Respondents noted that if they were to ask for help, they would most likely ask a PEI Rape and Sexual Assault Centre counselor, a private counselor, and/or a psychologist. The most common types of services/supports they would ask for were general counseling, mental health counseling, and emotional support.

Respondents were asked what the barriers/challenges for male survivors to access services/supports on PEI are and responses included embarrassment/shame/fear/stigma, lack of awareness of what services and supports are available, and lack of male specific services. Respondents shared additional thoughts on services and supports they would like to see on PEI. Ideas include offer services that focus specifically on male survivors; increase awareness of the issues and help remove the stigma; support male survivors in pursuing legal action against their abuser; ensure services and supports are free of charge and decrease wait times; increase awareness of the types of services and supports available to male survivors; and, provide more outreach services and organize peer support groups.

The program review was conducted as an on-line scan of services that provide programming for male survivors in Canada. All information was accessed from websites between May and August, 2013. The program review looked at agencies providing services for male survivors only, so called “stand-alone” centres. Four agencies are reported on located in Ottawa, Montreal, Vancouver and Victoria. In Winnipeg, a service that is administratively affiliated with a women’s centre has been established. In other provinces, services for male survivors of abuse are offered in more broadly based mental health or counselling agencies. Specialized services for survivors of childhood abuse have primarily focused on women; however, many centres also offer programs for men. The program search also led to learning about other initiatives and public awareness campaigns. In recent years there is more growth, awareness and commitment to providing services to male survivors.

The services examined have come into existence since 1997. Most are not-for-profit, charitable funded models with a board of directors. Multi-disciplinary, trained staff conduct a variety of programming. Fees vary but many do have a cost based on a sliding scale. Each site provides a different variety of programming but generally offer individual and group counselling. More established programs also offer training, consulting, public speaking, advocacy, community engagement and workshops. The program review also notes the recent history of major child abuse cases and its impact on government funding and services that have become available to support male victims of sexual violence.

After the research was complete, the Advisory Committee hosted a half-day workshop. The purpose of the workshop was to share the learnings gained from the project research with key partners and stakeholders. The workshop objectives included:

- Sharing survey findings from the service providers and survivors surveys
- Sharing the findings from the program review
- Sharing ideas and feedback on learning and input on direction for moving forward

Information gathered at the workshop was compiled, analyzed and shared with the Advisory Committee to determine the next steps. The Advisory Committee considered the research and workshop findings and there is agreement on the focus of the next steps. The themes resulted in recommendations to focus on the following key areas:

1. Public Awareness – there is a need to raise awareness about the realities of male victimization in order to break down barriers and reduce stigma and shame for men.
2. Capacity Development of Service Providers – there is a need to provide training for service providers to become better informed about male victimization.
3. Direct Programming and Service Delivery – there is a need to develop direct therapeutic services for men in a safe and male friendly environment.

Advisory Committee members are in support of the PEI Rape and Sexual Assault Centre to move forward with this work and explore options to fund next steps through various sources as applicable and available.

## 1. Introduction

The PEI Rape and Sexual Assault Centre (PEIRSAC) is a community-based, non-profit, government funded organization that provides services to adult and youth survivors of recent or historic childhood sexual abuse or sexual assault across PEI. The goal of the PEIRSAC is to support and advocate for survivors of sexual assault and abuse in their healing, and to ensure that all residents of PEI are safe from sexual violence. To achieve this, PEIRSAC works collaboratively with, and in ways that empower, individuals and organizations<sup>1</sup>.

Over the last several years, awareness of the prevalence and impacts of male sexual victimization has grown. Many service providers across PEI who work with male survivors feel it is important to find better ways to support and engage men in dealing with the impacts of sexual assault/abuse on their lives. To help provide well-informed, responsive and effective service, the PEIRSAC applied for and received funding from the Department of Justice Canada to conduct a research project entitled “Enhancing Services for Male Survivors of Sexual Trauma in PEI”.

The objectives of the project were as outlined below:

- To gain a better understanding of the service and support needs of male survivors of sexual assault/abuse in PEI.
- To identify the type of program model and support system that would most appropriately address the service and support needs of male survivors of sexual assault/abuse in PEI.
- To engage key stakeholders who work with or have an interest in working with male survivors of sexual assault/abuse in the project and work collaboratively with them to move the project forward.

The key activities carried out to achieve these objectives included the following:

- Developing collaborative partnerships with relevant service providers, key government sectors and community organizations to establish a project Advisory Committee.
- Conducting a needs assessment with relevant service providers.
- Conducting a needs assessment with male survivors of sexual assault/abuse.
- Conducting a review of program models and support systems that are being used in other locations to support male survivors of sexual assault/abuse.

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<sup>1</sup> Taken from the PEI Rape and Sexual Assault Centre website: <http://peirsac.org>.

- Organizing and hosting a provincial workshop with key stakeholders to share the research findings and determine next steps.

The project work was carried out between October 2012 and September 2013. This report provides a summary of the project process and outcomes using the key activities as a framework.

## 2. Establishing an Advisory Committee

Early on in the project, an Advisory Committee was established to help guide the project work. The Advisory Committee consisted of seven members including a male survivor advocate and a representative from the following government and community organizations:

- Victim Services
- Clinical Services
- Native Council of PEI
- Community and Correctional Affairs
- Community Mental Health
- Mi'kmaq Confederacy of PEI.

The mandate of the Advisory Committee was to support the project staff<sup>2</sup> in planning and carrying out the project activities to achieve the desired project outcomes. A “Terms of Reference” laid out the scope of the Advisory Committee’s responsibilities, which included the following:

- Attending at least two Advisory Committee meetings.
- Preparing for meetings as necessary.
- Receiving communications via email in between meetings.
- Reviewing and responding to communications via email in a timely manner.
- Sharing their experience and expertise in working with male survivors of sexual assault/ abuse.
- Helping develop the service provider and male survivor needs assessment approach and methodology.
- Providing input into the formation and finalization of the needs assessment survey questions for both service providers and male survivors.

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<sup>2</sup> This includes the Project Coordinator and research consultants.

- Identifying and connecting with male survivors of sexual assault/abuse and service providers who support/work with male survivors for the needs assessment research.
- Reviewing and helping interpret the needs assessment findings.
- Helping identify program models and support systems that are being used in other locations to support male survivors of sexual assault/abuse.
- Helping plan the provincial workshop to share the research findings with other key stakeholders and work on determining next steps.
- Contributing to the project evaluation process.

The Advisory Committee met four times throughout the course of the project, and each meeting consisted of a project up-date and group discussion on how to move the work forward. On average, four to five members attended each meeting. In between meetings, email and in-person conversations were used to share information, obtain input into project work, and keep Advisory Committee members up-to-date.

At the end of the project, Advisory Committee members were asked to complete an evaluation survey to collect some feedback on their experience with the project. Four Advisory Committee members completed the survey. All stated that the Advisory Committee meetings were well organized and facilitated, and noted that they felt comfortable taking part in the meetings. Three out of four felt they were clear on their roles and responsibilities as an Advisory Committee member, and all felt the project staff did a good job of keeping them engaged and up-to-date on the project work. They noted that they had plenty of opportunities to share their thoughts and feedback, and always felt their input was heard and respected.

*“Great work. Well facilitated and supported.” (Advisory Committee Survey)*

In regards to achievements, all Advisory Committee members who completed the survey were satisfied with how the project work unfolded and with what was achieved through the project. Three out of four respondents felt it was successful in helping clarify and confirm the service and support needs of male survivors on PEI (one felt it ‘somewhat’ was) and all felt it helped bring the needs of male survivors forward and start the process of exploring better ways to support them. All see value in this work and agreed to support any further work that moves forward.

*“I believe through this, it shows the need for continuing support for male survivors of sexual assault.” (Advisory Committee Survey)*

*“Thank you for giving me the opportunity to participate on the Advisory Committee. I look forward to continuing this important work.” (Advisory Committee Survey)*

In addition, the Project Coordinator was very satisfied with how the Advisory Committee functioned. She noted that they were very dedicated and engaged and provided the project staff with excellent guidance and support - without the expertise and connections of the Advisory Committee, the project would not have been as successful as it was; they went above and beyond what was expected of them.

### **3. Needs Assessment Research**

The needs assessment was designed to obtain a better understanding of the service/support needs of male survivors of sexual assault/abuse, the types of services/supports currently available to male survivors on PEI, gaps in current services/supports, and barriers that prevent male survivors from accessing help. As part of the needs assessment, data was collected from two key populations: 1) service providers who potentially have contact with male survivors of sexual assault/abuse, and 2) male survivors of sexual assault/abuse aged 16 years or older.

The needs assessment approach and methodology were determined by the Advisory Committee, who also provided project staff with extensive guidance in developing the needs assessment data collection tools. The data collection tool used with both service providers and male survivors was an anonymous online survey hosted by Fluid Surveys, a secure Canada-based online survey company. Both surveys were customized to meet the specific needs of each population and ensure the right data was collected (see Appendix A and B for a copy of each survey). The service provider survey was conducted first to test the needs assessment questions and guide the development of the male survivor survey. In addition, a full ethics review was conducted by the Mi'kmaq Confederacy of PEI on the male survivor survey to ensure its appropriateness and integrity.

All numerical (quantitative) data gathered from the surveys was analyzed using descriptive statistics (frequencies, cross-tabs, proportions, etc.). All textual (qualitative) data was collated and analyzed manually for common themes (frequency and intensity of responses). To ensure proper interpretation of the research, Advisory Committee members were given the opportunity to review the needs assessment findings and discuss their interpretation.

### 3.1 Service Provider Survey

The service provider survey was conducted in January-February 2013. Potential respondents were identified and selected by the Advisory Committee, and a standardized email invitation was sent out by both the project staff and Advisory Committee members to those within their respective circles to ensure optimal reach and response. The email invitation provided an overview of the project, the purpose of the research, how the research findings will be used, and detailed instructions on how to access and complete the survey.

Altogether, the survey invitation was emailed to more than 300 services providers, including registered social workers, registered psychologists, community mental health and addiction counselors, private counseling organizations, psychiatrists, nurse practitioners, advanced practice nurses, family physicians, high school guidance counselors, Native Council of PEI staff, Mi'kmaq Confederacy of PEI staff, probations officers, and parole officers. Over a three week time period, 119 service providers started the survey and 110 completed it to a point which could be used in the research.

Forty-eight percent (53/110) of the service providers who completed the survey stated that they provide service in Queens County only, 25% (28/110) in Prince County only, and 6% (7/110) in Kings County only. Fourteen percent (15/110) provide service in all three counties, 4% (4/110) in both Queens and Prince Counties, and 3% (3/110) in both Kings and Queens Counties. Table 1 provides an overview of the types of services and supports respondents provide.

**Table 1: Types of Services and Supports Respondents Provide<sup>3</sup>**

<b>Category</b>	<b>Count</b>	<b>Percent of Responses</b>	<b>Percent of Cases</b>
Addictions Support	41	18%	37%
General Counseling	40	18%	36%
Mental Health Counseling	38	17%	35%
Emotional Support	30	13%	27%
Justice Services	28	12%	25%

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<sup>3</sup> Two sets of percentages are given in this table. The first one is based on the total number of responses (n=225), which adds up to 100%; the second one is based on the total number of valid cases (n=110), in which the sum of percentages is greater than 100% because each respondent was able to choose more than one answer.

Anger Management	17	8%	15%
Medical Treatment	12	5%	11%
Specialized Therapy – i.e. CBT, DBT, PTSR, etc.	5	2%	5%
Legal Support	3	1%	3%
Psychiatric care	3	1%	3%
Psychologist services	2	1%	2%
Trauma Therapy	2	1%	2%
Support	2	1%	2%
Play Therapy	1	1%	1%
School Counseling	1	1%	1%
<b>Totals</b>	<b>225</b>	<b>100%</b>	<b>--</b>

As part of their interaction with clients, 41% (45/110) of service providers indicated that they ask clients if they experienced childhood sexual assault/abuse; 18% (20/110) noted that they do not. The other 41% (45/110) noted that they sometimes ask - it depends on the client and situation. Overall, 84% (92/110) of respondents had a one or more male clients tell them he was survivor of sexual assault/abuse. Of those 84% of respondents, 72% (66/92) indicated that they provided some type of support/treatment designed to specifically help their male client(s) address the trauma of sexual assault/abuse. The most common types of support/treatment provided were as follows:

- Referral to appropriate services/supports – i.e. Richmond Centre, PEI Rape and Sexual Assault Centre, psychologist, counselor, etc. (26 respondents)
- Specialized therapy – i.e. psychotherapy, CBT, PTSD, trauma, etc. (17 respondents)
- Supportive counseling (9 respondents)
- Educational materials/information on resources available (7 respondents)

Sixty-two percent (41/66) of respondents who stated that they provided some type of support/treatment indicated that they are trained to do so, and 62% (41/66) noted that they feel comfortable providing this type of support/treatment.

In addition, 83% of the 84% (76/92) of respondents who had a male client confide in them stated that they referred them to other services to help them with their recovery. Table 2 shows that the most common services referred to were the PEI Rape and Sexual Assault Centre, family physicians, psychologists, and addiction services.

**Table 2: Types of Services Referred To<sup>4</sup>**

<b>Category</b>	<b>Count</b>	<b>Percent of Responses</b>	<b>Percent of Cases</b>
<b>N=76</b>			
PEI Rape and Sexual Assault Centre	36	12%	47%
Family Physician	35	11%	46%
Psychologist	30	10%	39%
Addiction Services	30	10%	39%
Specialist Physician – i.e. Psychiatrist	26	8%	34%
Victim Services	26	8%	34%
Community Mental Health	25	8%	33%
Private Counselor	21	7%	28%
Police	15	5%	20%
Family Services PEI	14	4%	18%
Employee Assistance Program	14	4%	18%
Aboriginal Service Providers	13	4%	17%
Catholic Family Services	13	4%	17%
Canadian Mental Health Association	11	4%	14%
Other	2	1%	3%
<b>Totals</b>	<b>311</b>	<b>100%</b>	<b>--</b>

Only 20% (15/76) of these respondents noted that they received any requests from male survivors for services/supports that are not currently available on PEI. The most common requests were for the following:

- Male specific group therapy (9 respondents)
- Psychotherapy (3 comments)
- Comprehensive inpatient programming for addictions and trauma (3 comments)

<sup>4</sup> Two sets of percentages are given in this table. The first one is based on the total number of responses (n=311), which adds up to 100%; the second one is based on the total number of valid cases (n=76), in which the sum of percentages is greater than 100% because each respondent was able to choose more than one answer.

Of the 16% (18/110) of respondents who noted that a male client has never told them he was a survivor of sexual assault/abuse, 76% (14/18) stated that they would feel comfortable supporting/treating a male survivor if they had to; the other 24% (4/18) stated that they would not.

As part of the survey, service providers were asked what barriers/challenges they think makes it difficult for male survivors to access services and supports on PEI. The most common barriers noted by respondents, as outlined in table 3, were stigma, lack of awareness of what services and supports are available, and perceived confidentiality risks.

**Table 3: Barriers/Challenges<sup>5</sup>**

<b>Category</b>	<b>Count</b>	<b>Percent of Responses</b>	<b>Percent of Cases</b>
<b>N=110</b>			
Stigma	86	23%	82%
Lack of Awareness of Services and Supports Available	70	19%	67%
Perceived Confidentiality Risk	49	13%	47%
Distance/Lack of Transportation	39	11%	37%
Availability of Gender-Suitable Services	36	10%	34%
Availability of Gender-Suitable Service Providers	31	8%	30%
No Services Available in the Region	26	7%	25%
Perceived Cost of Treatment	20	6%	19%
Fear	4	1%	4%
Other	9	2%	9%
<b>Totals</b>	<b>370</b>	<b>100%</b>	<b>--</b>

The two most common “other” barriers/challenges identified were lack of timely services (3 comments) and lack of cultural acceptance of male victims (3 comments).

<sup>5</sup> Two sets of percentages are given in this table. The first one is based on the total number of responses (n=370), which adds up to 100%; the second one is based on the total number of valid cases (n=110), in which the sum of percentages is greater than 100% because each respondent was able to choose more than one answer.

Some suggestions put forward to improve current services/supports offered to male survivors of sexual assault/abuse on PEI include the following:

- To increase public awareness of male sexual assault/abuse and the impact it has on survivors (16 respondents)
- To increase awareness of the types of services and supports available to male survivors on PEI (15 respondents)
- To provide more services designed specifically to meet the needs of male survivors (10 respondents)
- To focus on decreasing the shame and stigma attached to male sexual assault/abuse (6 comments)
- To provide service providers with educational opportunities to increase awareness of and sensitivity toward the issues, and develop the skills needed to identify and address such issues (5 comments)
- To provide more funding to support and enhance the services offered through the PEI Rape and Sexual Assault Centre (3 comments)

Seventy-three percent (80/110) of respondents noted that service providers need additional training to support the needs of male survivors. Table 4 provides an overview of the types of training opportunities that respondents are interested in.

**Table 4: Training Opportunities<sup>6</sup>**

<b>Category</b>	<b>Count</b>	<b>Percent of Responses</b>	<b>Percent of Cases</b>
<b>N=80</b>			
Understanding a trauma-informed approach in working with survivors	62	32%	78%
Working with survivors of sexual trauma	56	29%	70%
Understanding sexual trauma	44	23%	55%
Exploring current research	30	15%	38%
Male specific training	2	1%	2%
<b>Totals</b>	194	100%	--

<sup>6</sup> Two sets of percentages are given in this table. The first one is based on the total number of responses (n=194), which adds up to 100%; the second one is based on the total number of valid cases (n=80), in which the sum of percentages is greater than 100% because each respondent was able to choose more than one answer.

### 3.2 Male Survivor Survey

The male survivor survey was conducted in May 2013. Due to the nature of the population being targeted, the decision was made to take a public approach and use local media, posters, and word-of-mouth to promote the survey and recruit respondents. Local media included an article in The Guardian newspaper, an interview on CBC radio, a notice in the PEI Advisory Council on the Status of Women weekly e-newsletter, and an invitation on the PEI Rape and Sexual Assault Centre website. In addition, a poster was created and circulated to Advisory Committee members, Health PEI, the PEI Medical Society for Primary Care Family Physicians, Nurse Practitioners, and Advanced Practice Nurses for display in public areas. Each of these mediums provided key information on the project, the purpose of the research, how the research will be used, and detailed instructions on how interested male survivors could access the survey, either via the computer or telephone. Project staff and Advisory Committee members also used word-of-mouth, where appropriate, to inform clients or interested members of their community of the research and survey.

The survey link was located on the PEI Rape and Sexual Assault website with detailed information on the research, and instructions on how to access and complete the survey online. In addition, those individuals with low literacy, limited computer skills or no computer access could call the PEI Rape and Sexual Assault Centre and have a researcher read them the survey questions and responses and complete the survey on their behalf. The survey was open to male survivors of sexual assault/abuse aged 16 years or older, and was completely anonymous and voluntary. As part of the survey introduction, respondents were informed that if at any time they wanted to opt out of the survey, all they had to do was hit the 'discard responses and exit' button at the bottom of each page of the survey. They were also encouraged to contact the PEI Rape and Sexual Assault Centre at the end of the survey if they needed some support or someone to talk to.

It is important to note that several factors were taken into consideration when developing the male survivor survey and data collection approach. Great efforts were made to ensure the survey was inclusive, allow male survivors to self-identify, keep the information gathering focused on service needs and not individual stories of abuse, ensure no harm was caused, manage expectations in regards to providing services or creating new services, and ensure respondents had access to immediate support if they needed it.

Altogether, 43 male survivors started the survey and 38 completed it to the extent to which the data could be used; 35 online and three over the telephone. Fifty-five percent (21/38) of respondents reside in Queens County, 11% (4/38) in Prince County, and 8% (3/38) in Kings

County; 26% (10/38) preferred not to share this information. The majority of respondents were between the ages of 40 and 64 years (Table 5).

**Table 5: Age of Respondents in Years**

Category	Count	Percentage
<b>N=38</b>		
16-18	0	0%
19-24	2	5%
25-29	3	8%
30-39	6	16%
40-49	9	24%
50-64	13	34%
65+	2	5%
Prefer Not To Say	3	8%

When asked if they ever told a service provider that they are a survivor of sexual assault/abuse, 58% (22/38) of respondents stated that they have and 42% (16/38) stated that they have not. Of the 58% (22/38) of respondents who stated that they have, 86% (19/22) volunteered the information without being asked and 14% (3/22) had a service provider asked them about their childhood experiences. The following table outlines the types of service providers that male survivors confided in.

**Table 6: Service Providers That Male Survivors Told About Their Experience <sup>7</sup>**

Category	Count	Percent of Responses	Percent of Cases
<b>N=22</b>			
Psychologist	9	17%	41%
Private Counselor	8	15%	36%
Family physician	7	14%	32%
Specialist physician (psychiatrist)	6	12%	27%
Community Mental Health	4	8%	18%

<sup>7</sup> Two sets of percentages are given in this table. The first one is based on the total number of responses (n=51), which adds up to 100%; the second one is based on the total number of valid cases (n=22), in which the sum of percentages is greater than 100% because each respondent was able to choose more than one answer.

Victim Services	4	8%	18%
Police	3	6%	14%
Catholic Family Services	3	6%	14%
Addiction Services	2	4%	9%
PEI Rape and Sexual Assault Centre	2	4%	9%
Canadian Mental Health Association	1	2%	5%
Other	2	4%	9%
<b>Totals</b>	<b>51</b>	<b>100%</b>	<b>--</b>

Sixty-eight percent of the 58% (15/22) of respondents who stated that they told a service provider that they are a survivor of sexual assault/abuse indicated that one or more of the service providers they told provided them with some sort of support/treatment to help them address the trauma they experienced. Table 7 lists the service providers that provided them with support/treatment.

**Table 7: Service Providers that Provided Support/Treatment<sup>8</sup>**

<b>Category</b>	<b>Count</b>	<b>Percent of Responses</b>	<b>Percent of Cases</b>
<b>N=15</b>			
Private Counselor	5	24%	33%
Psychologist	4	19%	27%
Specialist physician (psychiatrist)	3	14%	20%
PEI Rape and Sexual Assault Centre	2	9%	13%
Community Mental Health	2	9%	13%
Police	1	5%	7%
Canadian Mental Health Association	1	5%	7%
Psychiatric Ward at Hospital	1	5%	7%
Family physician	1	5%	7%

<sup>8</sup> Two sets of percentages are given in this table. The first one is based on the total number of responses (n=21), which adds up to 100%; the second one is based on the total number of valid cases (n=15), in which the sum of percentages is greater than 100% because each respondent was able to choose more than one answer.

Addiction Services	1	5%	7%
Victim Services	0	0%	0%
Catholic Family Services	0	0%	0%
Family Services PEI	0	0%	0%
Aboriginal Service Providers	0	0%	0%
Employee Assistance Program	0	0%	0%
<b>Totals</b>	<b>21</b>	<b>100%</b>	<b>--</b>

The most common types of support/treatment provided by service providers were general counseling, specialized therapy, and emotional support (Table 8).

**Table 8: Types of Supports/Treatment Received<sup>9</sup>**

<b>Category</b>	<b>Count</b>	<b>Percent of Responses</b>	<b>Percent of Cases</b>
<b>N=14</b>			
General Counseling	9	29%	64%
Specialized Therapy – i.e. Cognitive Behavioral Therapy, Trauma Therapy, etc.	6	19%	43%
Emotional Support	5	16%	36%
Medical Treatment	3	9%	21%
Mental Health Counseling	2	7%	14%
Anger Management	2	7%	14%
Psychologist Services	2	7%	14%
Psychiatric Care	1	3%	7%
Legal Support	1	3%	7%
<b>Totals</b>	<b>31</b>	<b>100%</b>	<b>--</b>

<sup>9</sup> Two sets of percentages are given in this table. The first one is based on the total number of responses (n=31), which adds up to 100%; the second one is based on the total number of valid cases (n=14), in which the sum of percentages is greater than 100% because each respondent was able to choose more than one answer.

Fifty-three percent (8/15) of survey respondents who received support/treatment felt it was helpful; 40% (6/15) felt it was sort of helpful and 7% (1/15) felt it was not. Some suggestions put forth to improve the support/treatment received are to increase the number of counselors available and provide more long-term treatment and supports (2 comments), offer completely male-oriented services (1 comment), educate the public on the issue of male sexual assault (1 comment), and remove the sign from the door of the PEI Rape and Sexual Assault Centre to reduce stigmatization (1 comment).

Thirty-six percent of the 58% (8/22) of respondents who told a service provider that they are a survivor also noted that the service provider they told referred them to other services to help them with their recovery. The services they were referred to are outlined in Table 9.

**Table 9: Services Referred To<sup>10</sup>**

<b>Category</b>	<b>Count</b>	<b>Percent of Responses</b>	<b>Percent of Cases</b>
<b>N=8</b>			
PEI Rape and Sexual Assault Centre	4	30%	50%
Private Counselor	2	14%	25%
Psychologist	1	8%	12%
Specialist physician (psychiatrist)	1	8%	12%
Police	1	8%	12%
Community Mental Health	1	8%	12%
Canadian Mental Health Association	1	8%	12%
Victim Services	1	8%	12%
Sex Therapist	1	8%	12%
Family physician	0	0%	0%
Addiction Services	0	0%	0%
Catholic Family Services	0	0%	0%
Family Services PEI	0	0%	0%
Aboriginal Service Providers	0	0%	0%

<sup>10</sup> Two sets of percentages are given in this table. The first one is based on the total number of responses (n=13), which adds up to 100%; the second one is based on the total number of valid cases (n=8), in which the sum of percentages is greater than 100% because each respondent was able to choose more than one answer.

Employee Assistance Program	0	0%	0%
<b>Totals</b>	13	100%	--

Of the 36% (8/22) of survey respondents who were referred to other services, 88% (7/8) noted that they accessed them; 12% (1/8) did not.

When asked if there are other types of services/supports they would like to have access to on PEI, all 22 respondents who told a service provider that they are a survivor of sexual assault/abuse made suggestions. The main suggestions put forth included a male only clinic, specialized therapy, and group therapy. See Table 10 for details.

**Table 10: Types of Services/Supports Would Like to Have Access to on PEI<sup>11</sup>**

Category	Count	Percent of Responses	Percent of Cases
<b>N=22</b>			
Male Only Clinic	11	12%	50%
Specialized Therapy – i.e. Cognitive Behavioral Therapy, Trauma Therapy, etc.	10	11%	45%
Group Therapy	10	11%	45%
Emotional Support	9	9%	41%
General Counseling	8	9%	36%
Anger Management	8	9%	36%
Peer Support Group	8	9%	36%
Reading or Print Materials	7	7%	32%
Mental Health Counseling	6	6%	27%
Psychiatric Care	5	5%	13%
Medical Treatment	4	4%	18%
Psychologist Services	4	4%	18%
Residential Treatment Programs	3	3%	14%
Legal Support	1	1%	4%

<sup>11</sup> Two sets of percentages are given in this table. The first one is based on the total number of responses (n=94), which adds up to 100%; the second one is based on the total number of valid cases (n=22), in which the sum of percentages is greater than 100% because each respondent was able to choose more than one answer.

**Totals** 94 100% --

In regards to the 42% (16/38) of survey respondents who noted that they have not told a service provider that they are a survivor of sexual assault/abuse, only 12% (2/16) noted that a service provider asked them about their childhood experiences; the other 88% (14/16) noted that they did not. The three service providers that asked one respondent about his experience were the police, a psychologist, and a Community Mental Health worker; and the one service provider that asked the other respondent was an Employee Assistance Program worker.

When asked what has stopped these 42% (16/38) of survey respondents from asking for help, the most common answers put forth were feelings of embarrassment, lack of opportunities to do so, fear, and feelings of shame (Table 11).

**Table 11: Reasons Why Respondents Have Not Asked for Help<sup>12</sup>**

Category	Count	Percent of Responses	Percent of Cases
<b>N=16</b>			
Feelings of Embarrassment	10	21%	62%
Lack of Opportunities to do so	9	19%	56%
Fear	7	15%	44%
Feelings of Shame	7	15%	44%
Stigma	6	13%	38%
I Didn't Feel I Needed Professional Help	5	11%	31%
Feelings of Blame	3	6%	19%
<b>Totals</b>	<b>47</b>	<b>100%</b>	<b>--</b>

These respondents noted that if they were to ask for help, the service providers they would most likely ask are a PEI Rape and Sexual Assault Centre counselor, a private counselor, and/or a psychologist (Table 12).

<sup>12</sup> Two sets of percentages are given in this table. The first one is based on the total number of responses (n=47), which adds up to 100%; the second one is based on the total number of valid cases (n=16), in which the sum of percentages is greater than 100% because each respondent was able to choose more than one answer.

**Table 12: Who Respondents Would Ask for Help<sup>13</sup>**

<b>Category</b>	<b>Count</b>	<b>Percent of Responses</b>	<b>Percent of Cases</b>
<b>N=16</b>			
PEI Rape and Sexual Assault Centre	5	17%	31%
Private Counselor	5	17%	31%
Psychologist	4	15%	25%
Specialist physician (psychiatrist)	3	11%	19%
Family physician	3	11%	19%
Victim Services	2	7%	12%
Employee Assistance Program	2	7%	12%
Police	1	3%	6%
Community Mental Health	1	3%	6%
Spouse	1	3%	6%
Teacher or Sport Coach	1	3%	6%
Catholic Priest	1	3%	6%
Canadian Mental Health Association	0	0%	0%
Addiction Services	0	0%	0%
Catholic Family Services	0	0%	0%
Family Services PEI	0	0%	0%
Aboriginal Service Providers	0	0%	0%
<b>Totals</b>	<b>29</b>	<b>100%</b>	<b>--</b>

In regards to the types of services/supports they would ask for, the most common responses were general counseling, mental health counseling, and emotional support (Table 13).

<sup>13</sup> Two sets of percentages are given in this table. The first one is based on the total number of responses (n=29), which adds up to 100%; the second one is based on the total number of valid cases (n=16), in which the sum of percentages is greater than 100% because each respondent was able to choose more than one answer.

**Table 13: Types of Services/Supports Would Most Likely Ask For<sup>14</sup>**

<b>Category</b>	<b>Count</b>	<b>Percent of Responses</b>	<b>Percent of Cases</b>
<b>N=16</b>			
General Counseling	9	24%	56%
Mental Health Counseling	6	16%	38%
Emotional Support	5	13%	31%
Anger Management	4	10%	25%
Addictions Counseling	3	8%	19%
Specialized Therapy – i.e. Cognitive Behavioral Therapy, Trauma Therapy, etc.	2	5%	12%
Group Therapy	2	5%	12%
Medical Treatment	2	5%	12%
Psychologist Services	2	5%	12%
Peer Support Group	1	3%	6%
Psychiatric Care	1	3%	6%
Legal Support	1	3%	6%
<b>Totals</b>	<b>38</b>	<b>100%</b>	<b>--</b>

All survey respondents (38/38) were asked what the main barriers/challenges are that make it difficult for male survivors to access services/supports on PEI. The most common barriers/challenges identified, as highlighted in Table 14, are embarrassment/shame/fear/stigma, lack of awareness of what services and supports are available, and lack of male specific services.

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14 Two sets of percentages are given in this table. The first one is based on the total number of responses (n=38), which adds up to 100%; the second one is based on the total number of valid cases (n=16), in which the sum of percentages is greater than 100% because each respondent was able to choose more than one answer.

**Table 14: Barriers/Challenges to Accessing Services/Supports on PEI<sup>15</sup>**

<b>Category</b>	<b>Count</b>	<b>Percent of Responses</b>	<b>Percent of Cases</b>
Embarrassment/Share/Fear/Stigma	26	19%	68%
Lack of Awareness of what Services and Supports are Available	24	18%	63%
Lack of Male Specific Services	22	16%	58%
Confidentiality Issues	16	12%	42%
No Services Available in the Region	13	10%	34%
Gender of the Service Provider	10	8%	26%
Long Wait Times	9	7%	24%
Cost of Treatment	8	6%	21%
Distance/Lack of Transportation	3	2%	8%
Worried Relatives might Hear about it	1	1%	3%
Religious Implications	1	1%	3%
<b>Totals</b>	<b>133</b>	<b>100%</b>	<b>--</b>

In addition, all survey respondents were provided with the opportunity to share any additional thoughts or comments on the types of services and supports they would like to see in place for male survivors. Some of the ideas put forward include the following:

- Offer services that focus specifically on male survivors (5 comments)
- Increase awareness of the issues and help remove the stigma attached to them – it is not only women who are victims of sexual assault/abuse (3 comments)
- Support male survivors in pursuing legal action against their abuser (2 comments)
- Ensure all services and supports are free of charge (1 comment)
- Organize peer support groups (1 comment)

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<sup>15</sup> Two sets of percentages are given in this table. The first one is based on the total number of responses (n=133), which adds up to 100%; the second one is based on the total number of valid cases (n=38), in which the sum of percentages is greater than 100% because each respondent was able to choose more than one answer.

- Increase awareness of the types of services and supports available to male survivors (1 comment)
- Provide more outreach services (1 comment)
- Anger management (1 comment)
- Decrease the waiting time for counseling (1 comment)

## 4. Program Review

The program review was conducted as an on-line scan of services that provide programming for male survivors. For the purposes of this study, the review focused on services in Canada only. Since this review was not a “best practice” search, services are reported regardless of whether they have been evaluated for process or outcomes success. The prerequisite was that the service exists and the program information is posted on-line. Other than organizational contact with the Men’s Project in Ottawa (email follow-up to clarify website details), all information was accessed from websites between May and August 2013.

### 4.1 Services Dedicated To Men Only

The program review began by looking at agencies providing services for male survivors only; called “stand-alone” centres. Four such agencies were discovered. They are located in major cities, including Ottawa, Montreal, Vancouver and Victoria. In Winnipeg, a service that is administratively affiliated with a women’s centre has been established. Although it shares this affiliation, it is housed in a separate location. Detailed information on all five of these centres is listed below, including the following table which provides key information at a glance.

**Table 15: Services Dedicated to Men**

Service/Governance	Mission	Staffing Model	Fee Structure
The Men’s Project (Ottawa) – charitable, not-for-profit founded in 1997	To provide services to men and their families in the areas of childhood trauma recovery, recent sexual assault, emotional integrity, anger management, and other service	Services are provided through a multidisciplinary team of skilled clinicians, male and female; some work is done on a contract basis	There is a fee for service based on a sliding scale

	areas; is also committed to education and advocacy for men through engagement and communication with the wider community		
<b>CRIPHASE (Montreal)</b> – not-for-profit community organization founded in 1997 with a board of directors made up of male survivors, staff, and members of community	To help men over the age of 18 who experienced sexual abuse during their childhood who are trying to improve their lives	Professionally trained, some are survivors	No fee French services only
<b>The British Columbia Society for Male Survivors of Sexual Abuse (Vancouver)</b> - non-profit society	To provide therapeutic services for males who have been sexually abused at some time in their lives	Staff are professionally trained	There is a fee for service. Satellite offices with limited hours in Port Coquitlan, Courtenay, White Rock and Abbotsford
<b>The Men’s Trauma Centre (Victoria)</b> - non-profit society	To provide treatment and support services to adult and late adolescent males who are survivors of physical, emotional or sexual trauma as well as support for their significant others	Staff are professionally trained	There is a fee for service on a sliding scale

<p><b>Men’s Resource Centre (Winnipeg)</b> – founded in 2010, a not-for-profit entity operating under the administrative umbrella of the Laurel Centre. The Laurel Centre is an organization providing counselling services to women who have experienced sexual assault or sexual abuse.</p>	<p>To challenge restraining ideologies based on gender, and supports the role of men in creating a society based on principles of fairness and reciprocity</p>	<p>Professional staff of male and female social workers</p>	<p>Services are free and located in a facility separate from the Laurel Centre</p>
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**The Men’s Project (Ottawa, ON)** (details from their website at <http://www.themensproject.ca>)

The Men’s Project provides innovative counseling and educational services through a male-centered approach that honours and respects the experience of men. The programs are open to straight, gay and bisexual men regardless of race, religion, creed or culture.

- **Counselling Services:**
  - a. Individual, couple and family counseling for childhood abuse recovery, abuse and violence, gender and sexuality, relationship/family conflict, depression and anxiety, loss and grieving, and other issues.
  - b. Men and Healing Group Program:
    - Phase I: Ten session group program designed for male survivors of childhood sexual and/or physical abuse. The purpose of the group is to prepare men for their journey of trauma recovery. This is not a support group, but is facilitated by professional staff. Concurrent individual counseling is recommended. Topics covered in the group include understanding trauma and recovery; the aftermath of trauma; handling stress and crisis; dissociation and grounding; trauma and relationships; trauma and identity; and emotions and trauma.
    - Phase II: Ten session process-oriented group, facilitated by professional staff. Men must have completed Phase 1, and concurrent individual counseling is recommended. Topics covered include containing post-traumatic stress;

managing regression and flashbacks; integrating childhood memories; expressing anger, shame, fear and other feelings safely; addressing the impact of trauma on family relationships; mourning one's losses; taking responsibility for one's behaviour; practicing self-care and curbing self-injury; practicing trust building and developing mutual support; integrating issues of sexuality and sexual expression; and rediscovering fun and joy in life.

c. Other group programming:

- Anger management
- Emotional intelligence,
- Fathering
- Sexual integrity

▪ **Training, Consulting and Public Speaking Services:**

a. Service Provider Training:

- It Happens, It Matters: a one day training program concerning male sexual trauma and the recovery process.
- From Conceptualization to Engagement: a two day training conference on male sexual victimization.
- Re-visioning Men's Violence: a two day training conference on working with men who have issues with anger and rage.
- Trauma and Resiliency: four day training for health professionals working with those who have suffered trauma.
- Group Theory and Practice: a two day training conference for mental health practitioners on group therapy.
- Caring for the Trauma Worker: a two day workshop in vicarious trauma utilizing body based psychotherapy.
- Build it and They Will Come: five day training for organizations/agencies developing intervention services for male survivors of sexual abuse.

b. Public Speaking (keynote speaker, public education, conferences, workshops, media consultation) on a variety of topics including masculinity as a determinant for health; recent sexual assault; men and victimhood; pornography and addictions; all men are sons; re-conceptualizing men's violence, etc.

c. Consulting: custom consulting services to social service agencies, educational organization and government services.

▪ **Advocacy and Community Engagement:**

a. 1in6 Canada is affiliated with 1in6USA and Living Well (Australia). It is a web based knowledge resource designed to connect men who need help with resources.

b. Men of Courage is a community engagement conference looking at men's mental health, well-being and recovery. The conference includes speakers, workshops, films and discussion as well as a dedicated series of psycho educational sessions for men who are survivors of childhood sexual/physical abuse who want to begin their recovery process.

**CRIPHASE (Montreal, QC)** (details from their website at <http://www.criphase.org>)

- **Counselling Programs:** Most activities are held in groups for men over the age of 18 years, and focus on helping reduce the isolation that many survivors experience while giving men access to new perspectives. The program includes the following phases:
  - PHASE 1: Ten week group session which is an entrance door for survivors.
  - PHASE 2: Ten week group session that builds and expands on Phase 1.
  - PHASE INDIVIDUAL: For men who have completed Phase 1 and wish to meet individually with a counsellor
  - PHASE SEXO: Ten sessions of group work on issues around sexuality.
  - PHASE SPOUSES: Ten session support group for spouses of male survivors.
  - PHASE ARTISTIC: Ten session therapeutic art process, including movement, music, relaxation, breathing, painting or other healing activities.
  
- **Workshops and training:** Sessions are offered to other organizations.

**The British Columbia Society for Male Survivors of Sexual Abuse (BC)** (details from their website at <http://bc-malesurvivors.com>)

The purpose of this organization is to:

- Provide treatment and support services to male survivors of sexual abuse and support significant others and relatives of the survivors.
- Acquire and develop educational material concerning sexual abuse of males.
- Gather statistics for dissemination to professionals and the community.
- Assist in establishing within BC new agencies dealing with male survivors of sexual abuse by providing training opportunities.
- Ensure clear, consistent communication in dealing with other involved agencies or professionals in order to guarantee comprehensive case management.
- Consult with communities and government groups in the areas of prevention, treatment, therapy and other matters relating to the sexual abuse of males.

Services are for adult male victims of sexual assault and survivors of childhood physical/sexual abuse. Programs include:

- **Victim Services:** non-clinical help, providing emotional support and information about legal matters. The Victim Service worker can also help set up counselling sessions.
- **Individual therapy:** two short intake sessions are required. The first is to deal with administrative questions and to determine a payment plan. The second is with an assigned therapist to determine if the therapist is a comfortable fit for the client, and to assess the client's needs and personal style.
- **Group Counselling:** is available when there are enough men interested to start a group. Groups run for twelve sessions. It is preferred that men have a few individual counselling sessions first.
- **Training for professionals:** offer training programs for other professionals about sexual trauma and male victimization.
- **Training for students:** accepts students of Counselling Psychology for eight month placements.

**Men's Trauma Centre (Victoria, BC)** (details from their website at <http://www.menstrauma.com>)

This is an off-shoot of the BC Society for Male Survivors of Sexual Abuse with the same mission and services.

**Men's Resource Centre (Winnipeg, MB)** (details from their website at <http://www.mens-resource-centre.ca>)

The services offered through this organization include the following:

- Temporary, emergency shelter for men who are in abusive relationships.
- Individual counseling:
  - Drop in counseling once a week
  - Short term counseling (up to 8 sessions) for those experiencing situational stressors

- Long term counseling (up to one year) for men who have experienced childhood trauma
- Group sessions (usually 7 – 8 weeks) on topics such as:
  - Male survivors of childhood abuse
  - Men and self-awareness
  - Men and communication
  - Men and self-esteem
  - Men and relationships
  - Men who grew up without a father.

## 4.2 Other Services that Include Programming for Men

In other provinces, services for male survivors of abuse are offered in more broadly based mental health or counselling agencies. Specialized services for survivors of childhood abuse, such as those offered by sexual assault centres, have primarily focused on women. However, many centres also offer programs for men. It is not possible to list details about all of these services, although two programs of interest are detailed below.

**The Gate House (Toronto, ON)** (details from their website at <http://www.thegatehouse.org>)

Services include:

- Twenty-four hour, seven day a week interview facilities for investigating reports of child sexual abuse by police and child welfare workers.
- Information and resources for children and parents of children who have been abused.
- Facilitated group programs for adults who were abused in childhood, including 15 week groups for men and women separately, and combined male and female groups focusing on positive coping skills.
- Eight week psycho-educational group for young adults, ages 18-24.

**The Edmonton Sexual Assault Centre (SACE)** (details from their website at <http://www.sace.ab.ca>)

Services include:

- Twenty-four hour crisis line.
- Counselling for children and adolescents, and both men and women over 18 years of age.
- Group sessions that focus on the following:

- AMAC Adults Molested as Children (women)
- SASA - Survivors of Adults Sexual Assault (women)
- Men's Group
- Movement and Expressive Art
- INDIGO, which is education group for male and female survivors of sexual assault and childhood sexual abuse, and their family and friends.
  - I – information on counselling
  - N – neuro-anatomy/biology of trauma and body responses
  - D – definition of and myths about sexual violence
  - I – impacts of sexual violence
  - G – grounding techniques
  - O – on going services offered at SACE
- Diversity and outreach

### 4.3 Other Interesting Initiatives

The program review also brought-to-light some other noteworthy initiatives and public awareness campaigns that have been developed in recent years. Information about some of these is listed below.

#### **Men of Hope**

Established in 2010, Men of Hope is a non-profit organization for survivors of sexual abuse that is committed to raising awareness and resources for survivors of childhood victimization through public education and charity events.

#### **Canadian Society for Male Survivor of Sexual Abuse**

This initiative was started as a Facebook page by a survivor who was a university student. It focuses on helping survivors access counselling as well as hosts fundraising events to award bursaries to help cover counselling costs.

#### **Mount Cashell Orphanage/Canada's Residential School System**

In the late 1980's and early 1990's, stories and memoirs about the physical, sexual and emotional abuse endured by children in the Mount Cashell Orphanage/Canada's Residential School System began to emerge, as well as reports of the systemic cover ups of the allegations by church and state officials. Public inquiries and truth and reconciliation hearings began, followed by apologies from governments and compensation awards to survivors. These events helped the general public become more aware of the realities and consequences of child sexual abuse, and increased levels of concern about the welfare of vulnerable children.

### **The Cornwall Ontario Public Inquiry**

In 2005, a public inquiry was initiated to look into a series of complaints of sexual abuse of children in the Cornwall Ontario area, some going back to the 1950's. It was alleged that there was widespread abuse of young persons (particularly males) by people in positions of trust and authority, and a systemic cover up of these complaints by the local Roman Catholic diocese, police and child welfare authorities. Out of that inquiry, several recommendations were made, including providing treatment for adult survivors of abuse.

### **Province of Ontario, Office of the Attorney General**

In response to recommendations made in the final report of the Cornwall Ontario Public Inquiry, an initiative to provide services for male survivors of childhood sexual abuse was announced in 2011. It is funded by the Office of the Attorney General of Ontario, and aims to provide an integrated, province-wide network of services and support. Forty-five agencies across the province are funded to provide specialized counseling services for male survivors at no cost. All funded organizations were already in existence, but some provided services to women only and some offered only generalized counselling services. This funding allowed them to expand their services to better support male survivors. The agencies are funded on an ongoing basis for crisis and referral service. Lead agencies in each region are:

- Province-wide crisis and referral service: Findhelp Information Services
- Central Ontario: Family Services of Peel
- Eastern Ontario: Catholic Family Services Ottawa
- Western Ontario: Sexual Assault Crisis Centre of Essex County
- Northern Ontario: Thunder Bay Counselling Centre

### **Child Advocacy Centres**

In 2010, the federal government announced funding for establishing child advocacy centres that bring together teams of professionals to help children and families impacted by sexual abuse. These centres will offer wrap around programs, including investigation, treatment, prevention and education about the sexual abuse of children. The aim is to minimize the trauma and confusion for victims, increase the rates of reporting and convictions, and prevent sexual abuse.

Several centres are open or are currently in the process of being set up. In April 2013, a meeting of personnel from existing and developing centres was held to discuss learnings and next steps. One of the more high profile centres opened in Calgary in March 2013 - The Sheldon Kennedy Centre. A pilot project, the Sea Star, is scheduled to open in Halifax, Nova Scotia later this year. There are no other centres in the Maritimes. Although these centres do not provide

services for adult male survivors, it is an initiative worth noting because it is aimed at providing early intervention and prevention.

## 5. Provincial Workshop

On September 20, 2013 a half-day workshop was held with service providers across PEI to share the research findings and explore next steps in moving the work forward. Invitations to the workshop were sent out to service providers through the same networks as the surveys were promoted – i.e. Advisory Committee members, Health PEI, PEI Medical Society, etc. Overall, 21 individuals attended the workshop representing such professions/organizations as social workers, probation officers, police, mental health and addictions, Victim Services, Native Council of PEI, Mi'kmaq Confederacy of PEI, Evangeline Community Consultative Group, PEI Rape and Sexual Assault Centre Board of Directors, and the Advisory Council on the Status of Women. These service providers represented both urban and rural centers as well as both official languages.

The workshop agenda included the following:

- A welcome, introductions and background information on the project
- A presentation on the service provider and male survivor needs assessment findings
- A presentation on the program review findings
- Small group sessions where participants were asked to review the research findings and discuss the following questions:
  - What aspects of the service provider, male survivor and program review findings stood out for them?
  - What did they see as the key findings or learnings?
  - What are some next steps to move the work forward which are realistic, logical, sustainable, and build on opportunities already in place?
- A facilitated large group discussion where each group shared some of their work and further key thoughts were explored
- Evaluation and adjournment

Each small group was led by a facilitator who recorded discussions around each of the three questions asked of participants. In addition, general comments and information shared during the large group discussions were recorded. Below is a summary of the information recorded during both the small and large group discussions using the questions as a framework.

**Question #1 What aspects of the service provider, male survivor and program review findings stood out for them?**

Comments from each small group discussion for each of the research approaches:

Service Provider Survey	Survivor Survey	Program Review
<ul style="list-style-type: none"> <li>▪ Relevance/use of family physicians</li> <li>▪ Appreciated that service providers realize their need for training; they both want and need training</li> </ul>	<ul style="list-style-type: none"> <li>▪ Surprised at the number of male survivors that completed the survey</li> <li>▪ Interesting that men saw such value in group counselling</li> </ul>	<ul style="list-style-type: none"> <li>▪ No programs in the Maritimes</li> <li>▪ Every program is pretty recent</li> <li>▪ Male victimization is becoming less stigmatized, but there is still lots of work to do</li> <li>▪ Holistic approach taken by many programs - programs included women partners/families</li> </ul>
<ul style="list-style-type: none"> <li>▪ Impressed with the number of respondents; it is encouraging</li> <li>▪ Identifies awareness as <u>very</u> important for male survivors</li> <li>▪ Is contrast with family physicians’ referral and family physicians’ “We don’t do that”</li> </ul>	<ul style="list-style-type: none"> <li>▪ Recognize that stigma is a big issue</li> <li>▪ Number of respondents was encouraging</li> <li>▪ 86% got offered support of some type</li> <li>▪ <u>Only</u> 18% received support from Community Mental Health</li> <li>▪ The target group is really the non-reporters – the majority of those who reported noted that they received some helpful support</li> </ul>	
<ul style="list-style-type: none"> <li>▪ Referrals to family</li> </ul>	<ul style="list-style-type: none"> <li>▪ 58% of respondents were</li> </ul>	<ul style="list-style-type: none"> <li>▪ How much of trauma</li> </ul>

<p>physicians is surprising; seems like a disconnect - do family physicians know what to do with these referrals and do they see a role for themselves in the care and support of male survivors</p> <ul style="list-style-type: none"> <li>▪ Surprised that mental health was low in terms of where clients are referred to</li> <li>▪ Question whether or not service providers have the skill set to respond to the needs of male survivors</li> <li>▪ Many service providers might not know where to refer male survivors</li> </ul>	<p>from Queens. Rural areas likely have high rates of concern but there is limited availability of service</p> <ul style="list-style-type: none"> <li>▪ Often males will not come out and say they've been abused – it often comes out as a result of other treatment and support like addictions counselling</li> </ul>	<p>therapy is specialized to sexual assault of men versus overall trauma response therapy for a range of situations (men and women)</p>
<ul style="list-style-type: none"> <li>▪ Low rates of referral to Community Mental Health</li> <li>▪ Stigma identified as a major concern/barrier</li> </ul>	<ul style="list-style-type: none"> <li>▪ Higher stigma concern from service providers than male survivors</li> </ul>	

Comments from large group discussion included:

- Some workshop participants were surprised that only 38 survivors completed the survey, where as other participants were surprised that so many did complete the survey
- The relevance of referrals to family physicians – there is a need for education of family physicians and questions of access to family physicians as a gateway to other services. There is also interest regarding what types of services and supports family physicians provide and who they refer clients to.
- Explore re-opening the survey to help engage more male survivors, increase awareness of the issues, and collect more data.
- Survivors’ voice comes out clearly when they say “wait times and costs” are an issue. Services need to be inclusive and timely.

- Service providers seemed to rate stigma/fear/embarrassment higher than male survivors.
- Some of the programs in the review included women and families – this holistic approach does not seem to happen very often.
- The awareness piece is really important – what types of services are out there and what will happen when survivors ask for support.

**Question #2 What do you see as the key findings or learnings?**

Comments from each small group discussion for each of the research approaches:

Service Provider	Survivors	Program Review
<ul style="list-style-type: none"> <li>▪ Need/desire for further training</li> <li>▪ Role of family physicians in supporting male survivors</li> <li>▪ Strong linkage between survivors and mental health and addictions</li> <li>▪ High percentage of survivors not asked about their childhood experiences</li> </ul>	<ul style="list-style-type: none"> <li>▪ Respondents often didn't feel they had an opening/ space to disclose – disconnect of trust, confidence, stigma</li> <li>▪ Something significant in gendered experience for men</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lack of focus on prevention – difficult to identify solutions to reduction</li> <li>▪ Funding constraints always an issue</li> <li>▪ Programs recognize the importance of separate services designed for men and women</li> </ul>
<ul style="list-style-type: none"> <li>▪ Need for more training</li> <li>▪ The importance of having support and commitment for training from employers/organizations/ professional associations</li> <li>▪ Gender of service provider is very important; should be case-by-case choice</li> </ul>	<ul style="list-style-type: none"> <li>▪ Recognize stigma</li> <li>▪ Number of respondents provided with some type of support - 86%</li> <li>▪ Only 18% of male survivors were referred to Community Mental Health and Addictions</li> <li>▪ The number of referrals to the Rape and Sexual Assault Centre are not being reflected in the</li> </ul>	

	number of male survivors they see	
<ul style="list-style-type: none"> <li>▪ Providers are looking for training</li> <li>▪ Providers are offering some services and making referrals</li> </ul>	<ul style="list-style-type: none"> <li>▪ The number survivors that noted that they did not seek out services and support</li> <li>▪ Concerned about the people who are suffering in silence</li> </ul>	<ul style="list-style-type: none"> <li>▪ There are not many programs in place</li> <li>▪ Long term support is not one year – this is a lifetime journey</li> </ul>
<ul style="list-style-type: none"> <li>▪ Need to look at what not being asked about their childhood experience indicates</li> </ul>	<ul style="list-style-type: none"> <li>▪ Need to know what services and supports exist and how to access them</li> </ul>	<ul style="list-style-type: none"> <li>▪ Need to look at the idea of a male survivor centre versus a male survivor program – what is most realistic and sustainable?</li> </ul>

Comments from large group discussion included:

- We need to explore ways to involve teachers and guidance counsellors.
- Prevention/advocacy was not heavily emphasized. Raise focus, as with all health programs.
- Waiting list for many services is too long.
- Stigma/embarrassment is still a major concern that needs to be addressed.
- We think the target group is those male survivors that did not tell anyone that they are a survivor – 86% of those that did tell someone were offered support and most found it helpful – we need to focus on those who did not tell anyone.
- There seems to be a bit of disconnect between the number of service providers who did ask clients if they experienced any sexual abuse/assault and the number of survivors who said they were asked – context plays a big role in service providers asking about these issues - there needs to be an opportunity as well as proper context
- Thirty percent of survivors who did not tell a service provider they were a survivor were not asked – again, we need to appreciate the context of the situation – if a client went to the family physician for a physical concern then there probably was not an opportunity to bring childhood experiences up – sometimes clients might not be asked because the context was not there to be asked
- A lot of service providers seem to be offering services and referring to others, but suggested a need for more training

**Question #3 What are some next steps to move the work forward which are realistic, logical, sustainable, and build on opportunities already in place?**

Comments from each small group discussion for each of the research approaches:

Service Provider	Survivors	Program Review
<ul style="list-style-type: none"> <li>▪ Training</li> <li>▪ Is there funding for off-Islanders services that are not available or is there a trainer that could come for sessions to PEI?</li> <li>▪ Follow up with family physicians on their roles and need for training</li> </ul>	<ul style="list-style-type: none"> <li>▪ Waiting lists are a huge issue and need to be addressed</li> <li>▪ Resources allocated provincially are a challenge</li> <li>▪ Counsellors/trainers could travel with programs to make them more accessible and inclusive</li> <li>▪ Services need to be visible, available, and assessable</li> </ul>	<ul style="list-style-type: none"> <li>▪ Strengthen PEI Rape and Sexual Assault Centre in terms of resources, counsellors and programs</li> <li>▪ Capitalize/act on the momentum that came out of this project – keep the work going</li> <li>▪ Add to what already exists in PEI</li> <li>▪ Be creative/collaborative and apply for funding/projects to support this work</li> </ul>
<ul style="list-style-type: none"> <li>▪ Address training issues</li> <li>▪ Address gender issues</li> <li>▪ High priority – needing recognition by budget-holders</li> <li>▪ Identify who should be involved in the work and the roles and responsibilities of different organizations – i.e. professional agencies, government, community organizations, etc.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Education/awareness to decrease stigma, shame, and embarrassment</li> <li>▪ Get funding for a male only program, a separate location, and a choice in therapists (male or female)</li> <li>▪ Contract appropriate existing agencies and organizations to offer and support programming</li> <li>▪ Make services mobile so they are inclusive to male survivors living in rural</li> </ul>	<ul style="list-style-type: none"> <li>▪ Explore different strategies to see what works best, but do not re-invent the wheel</li> </ul>

	areas	
<ul style="list-style-type: none"> <li>▪ Awareness raising</li> <li>▪ Training</li> <li>▪ Share the results of this study with family physicians - meet with the PEI Medical Society and get on their agenda to share with physicians</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increase services in rural areas</li> <li>▪ Provide treatment that is visible and available</li> <li>▪ Support a group for male survivors</li> <li>▪ Reduce stigma and raise awareness using social media, inserts at LCC similar to suicide prevention strategy, and print materials</li> <li>▪ Have to make sure survivors have a place to go before we do any promotion and awareness raising</li> </ul>	<ul style="list-style-type: none"> <li>▪ Idea of contract money for service provision (therapy and group work) has merit and might be more sustainable</li> </ul>
<ul style="list-style-type: none"> <li>▪ Need to better promote what services and supports already exist</li> <li>▪ Work with clinicians who are willing to partner</li> <li>▪ More training programs</li> </ul>	<ul style="list-style-type: none"> <li>▪ Need to better promote what services and supports already exist</li> </ul>	<ul style="list-style-type: none"> <li>▪ Link with the new national student initiatives (Senator Kirby) Youth Partners</li> </ul>

Comments from large group discussion included:

- Prevention and awareness need to increase dramatically
- Specific training for service providers an issue
- Pre-disclosure training/preparation for service providers – be prepared for the answer
- Is there any opportunity to re-open the survey to seek more input – launch results of the surveys, seek input, feedback, reactions
- Discussion regarding feasibility of a centre versus a program – most participants prefer the program option
- Promote formal versus informal referral just suggesting is not a referral
- Need public awareness and anti-stigma campaign

At the end of the workshop, an evaluation survey was conducted to collect some feedback from participants on their experience with the workshop. Overall, 15 attendees completed the survey. All respondents noted that the workshop was well organized and facilitated and indicated that they felt comfortable taking part in the workshop.

*“Great to be part of the session, thank you!” (Workshop Survey)*

*“Well done, thanks for all your work in this area.” (Workshop Survey)*

Ninety-three percent of respondents felt the information shared was useful and all noted that they gained a better understanding to some extent of the service and support needs of male survivors on PEI, the challenges that make it difficult for male survivors to access services and supports, and the various programs and models being used in other provinces to meet the service and support needs of male survivors. Ninety-three percent felt they gained a better understanding to some extent of the types of services and supports available to male survivors on PEI and 87% a better understanding of the gaps in current services and supports available to male survivors on PEI; two of the three respondents who noted that they did not gain a better understanding in these areas stated it was because they already had a good sense of the issues and concerns facing male survivors – what the research did was confirm what they already know.

*“There were no real surprises – where I said I didn’t learn anything new, it was because I already basically knew what the issues were – where the research helped was in confirming this stuff for sure, so I certainly felt it was valuable.” (Workshop Survey)*

All respondents stated that there is a need for this work to continue on and 93% feel the workshop helped determine some realistic next steps to move it forward. All noted that they would like to be kept up-to-date on future work in this area.

*“This is a very good foundation document which should help move the work forward.” (Workshop Survey)*

The Advisory Committee met after several days after the workshop, and used the workshop and research findings to discuss and determine the direction that future work should take.

## **6. Conclusions**

The service provider and male survivor needs assessment findings, program review findings, workshop outcomes, and Advisory Committee discussions clearly show a need and interest to

enhance the level of services available on PEI to male survivors of sexual assault/abuse. The project work has led to the following conclusions in regards to the needs of male survivors and important steps that need to be taken to move the work forward:

- The importance of sharing the research findings, and increasing awareness of the work and how the PEI Rape and Sexual Assault Centre hopes to move it forward.
- The need to increase awareness amongst both service providers and male survivors of the types of services and supports available on PEI and how to access them.
- The importance of recognizing the different service and support needs of male survivors and offering separate services specifically designed for them.
- The need to increase access to specialized services – i.e. private counsellors, psychologists, psychiatrists, etc.
- The need for a variety of service delivery methods and options for male survivors – i.e. individualized counselling, choice of a male or female counsellor, group counselling, peer groups, etc.
- The importance of offering services in various communities across PEI; not just centralized services in larger city centres.
- The importance of ensuring that services are inclusive, affordable and accessible.
- The need to decrease wait times for services.
- The importance of using programming, curriculum and training services created by other organizations working with male survivors which have been shown to be successful.
- The need to obtain support and commitment from relevant government/community/professional organizations to move the work forward.
- The importance of building on current services and programs in place on PEI and enhancing collaborative relationships and partnerships with relevant organizations to move the work forward and share the responsibility of meeting the service and support needs of male survivors.
- The need to provide service providers with education/training opportunities to increase awareness of and sensitivity toward the issues male survivors deal with, and develop the skills needed to identify and address such issues.
- The need for public education to de-stigmatize male sexual assault/abuse, dispel some of the popular misconceptions people have about male sexual victimization, and increase awareness of the impact sexual assault/abuse has on male survivors.

These themes resulted in recommendations to focus on the following key areas:

4. Public Awareness – there is a need to raise awareness about the realities of male victimization in order to break down barriers and reduce stigma and shame for men.

5. Capacity Development of Service Providers – there is a need to provide training for service providers to become better informed about male victimization.
6. Direct Programming and Service Delivery – there is a need to develop direct therapeutic services for men in a safe and male friendly environment.

Advisory Committee members are in support of the PEI Rape and Sexual Assault Centre to move forward with this work and explore options to fund next steps through various sources as applicable and available.

## Appendix A: Service Provider Survey Questions

1. What types of services do you generally provide:
  - Addictions Support
  - General Counseling
  - Mental Health Counseling
  - Emotional Support
  - Justice Services
  - Anger Management
  - Medical Treatment
  - Specialized Therapy – i.e. CBT, DBT, PTSR, etc.
  - Legal Support
  - Psychiatric care
  - Psychologist services
  - Trauma Therapy
  - Support
  - Play Therapy
  - School Counseling
  
2. Which region(s) do you provide service:  
Kings      Queens      Prince
  
3. Research shows that adverse childhood experiences may have many long-term impacts. Do you ask your clients if they experiences childhood sexual assault/abuse?  
Yes      Sometimes ask – it depends      No
  
4. Has a male client ever told you he is a survivor of sexual assault/abuse?
  
5. Do you provide the client(s) with any support/treatment designed to specifically help them address the trauma of sexual assault/abuse?
  
6. Would you feel comfortable supporting/treating a male survivor if you had to?
  
7. Are you trained to provide this type of support?
  
8. Do you feel comfortable providing this type of support?
  
9. Have you referred male survivors to other services to help them with their recovery?

10. What types of services:

- PEI Rape and Sexual Assault Centre
- Family Physician
- Psychologist
- Addiction Services
- Specialist Physician – i.e. Psychiatrist
- Victim Services
- Community Mental Health
- Private Counselor
- Police
- Family Services PEI
- Employee Assistance Program
- Aboriginal Service Providers
- Catholic Family Services
- Canadian Mental Health Association
- Other

11. Have you received any requests from male survivors for services or supports that are not currently available on PEI?

12. What barriers/challenges do you think make it difficult for male survivors to access services and supports on PEI?

- Stigma
- Lack of Awareness of Services and Supports Available
- Perceived Confidentiality Risk
- Distance/Lack of Transportation
- Availability of Gender-Suitable Services
- Availability of Gender-Suitable Service Providers
- No Services Available in the Region
- Perceived Cost of Treatment
- Fear
- Other

13. What suggestions do you have to improve the current services and supports offered to male survivors of sexual assault/abuse on PEI?

14. As a service provider, do you feel you need additional training in order to support the needs of male survivors?

Yes      No

15. Are there any specific training opportunities you are interested in?

- Understanding a trauma-informed approach in working with survivors
- Working with survivors of sexual trauma
- Understanding sexual trauma
- Exploring current research
- Male specific training

16. Please share any other thoughts or comments:

## Appendix B: Male Survivor Survey Questions

### Male Survivor Questions:

1. Have you ever told a service provider that you are a survivor of childhood sexual assault/abuse?

**Yes**                      No

2. Which was the case?

- I volunteered the information without being asked
- The service provider asked me about my childhood experience

3. Which service provider(s) did you tell? Please check all that apply:

- Family physician
- Specialist physician (Psychiatrist)
- Psychologist
- Addiction Services
- PEI Rape and Sexual Assault Centre
- Canadian Mental Health Association
- Family Services PEI
- Aboriginal Service Providers
- Police
- Victim Services
- Catholic Family Services
- Private Counselor
- Employee Assistance Program
- Community Mental Health
- Other, please specify
- 

4. Did they provide you with the support or treatment to help you address the trauma that you experienced?

Yes                      No

5. Did they refer you to any other services to help with your recovery?

Yes                      No

6. What services did they refer you to?

- Family physician
- Specialist physician (Psychiatrist)
- Psychologist

- Addiction Services
- PEI Rape and Sexual Assault Centre
- Canadian Mental Health Association
- Family Services PEI
- Aboriginal Service Providers
- Police
- Victim Services
- Catholic Family Services
- Private Counselor
- Employee Assistance Program
- Community Mental Health
- Other, please specify

7. Did you access any of the services you were referred to?

Yes                      No

8. Which service provider(s) provided you with support/treatment?

- Family physician
- Specialist physician (Psychiatrist)
- Psychologist
- Addiction Services
- PEI Rape and Sexual Assault Centre
- Canadian Mental Health Association
- Family Services PEI
- Aboriginal Service Providers
- Police
- Victim Services
- Catholic Family Services
- Private Counselor
- Employee Assistance Program
- Community Mental Health
- Other, please specify

9. What types of services/supports would you most likely ask for? Please check all that apply:

- General counseling
- Mental health counseling
- Emotional support

- Anger management
- Medical treatment
- Specialized therapy (i.e. Cognitive Behavioural Therapy, Trauma Therapy, etc.)
- Psychiatric care
- Psychologist services
- Group therapy
- Peer group support
- Addictions counseling
- Other, please specify

10. Was the support you received helpful?

Yes                      Sort of                      No

11. Do you have any suggestions to improve the treatment/support that you received?

Yes, please specify                      No

12. Are there any particular types of services/supports you would like to have access to in PEI?

- General counseling
- Mental health counseling
- Emotional support
- Anger management
- Medical treatment
- Specialized therapy (i.e. Cognitive Behavioural Therapy, Trauma Therapy, etc.)
- Psychiatric care
- Psychologist services
- Group therapy
- Peer group support
- Male only clinic
- Residential treatment program
- Reading or print material
- Other, please specify

1. Have you ever told a service provider that you are a survivor of childhood sexual assault/abuse?

Yes                      **No**

2. Were you ever asked by a service provider about your childhood experiences?  
Yes                      No

3. Many male survivors wait a long time before asking for help in dealing with their childhood experiences. As a male survivor, what has stopped you from asking for help? Please check all that apply:

- Fear
- Stigma
- Lack of opportunity to do so
- Feelings of shame
- Feelings of blame
- Feelings of embarrassment
- I didn't feel I needed professional help
- Other, please specify

4. If you were to ask for help, who would you most likely ask? Please check all that apply:

- Family physician
- Specialist physician (Psychiatrist)
- Psychologist
- Addiction Services
- PEI Rape and Sexual Assault Centre
- Canadian Mental Health Association
- Family Services PEI
- Aboriginal Service Providers
- Police
- Victim Services
- Catholic Family Services
- Private Counselor
- Employee Assistance Program
- Community Mental Health
- Other, please specify

5. What types of services/supports would you most likely ask for? Please check all that apply:

- General counseling
- Mental health counseling
- Emotional support
- Anger management

- Medical treatment
  - Specialized therapy (i.e. Cognitive Behavioural Therapy, Trauma Therapy, etc.)
  - Psychiatric care
  - Psychologist services
  - Group therapy
  - Peer group support
  - Addictions counseling
  - Other, please specify
- 

**All answered the following questions:**

1. What are some of the barriers/challenges that make it difficult for male survivors to access services/supports on PEI? Please check all that apply:

- No services available in the region
- Distance/lack of transportation
- Long wait times
- Confidentiality issues
- Lack of male specific services
- Cost of treatment
- Lack of awareness of what services and supports are available
- Embarrassment/shame/fear/stigma
- Gender of the service provider
- Other, please specify

2. What county do you live in?

- Kings
- Queens
- Prince
- Prefer not to say

3. What age range are you in?

- 16 – 18
- 19 – 24
- 25 – 29
- 30 – 39
- 40 – 49
- 50 – 64
- 65 +

- Prefer not to say

4. Please share any other thoughts or comments about the types of services and supports you would like to see in place for male survivors of childhood sexual assault/abuse.

**Submit Message:**

If participating in this survey has raised some concerns or questions for you, and you think it may be helpful to talk to someone, please call the PEI Rape and Sexual Assault Centre at 566-1864 or long distance at 1-866-566-1864.