

A REVIEW OF THE NATIONAL MALE SURVIVORS HELPLINE AND ONLINE SERVICE PROJECT REPORT

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Safeline is an independent charity that provides specialist, tailored support for adults and children across Warwickshire affected by sexual abuse and rape, and works to prevent CSE with children and young people at risk. Safeline also provides male specific services across England and Wales that include the National Male Survivors Helpline and Online Service, and professional telephone and online counselling for adult survivors and those supporting or affected by sexual violence.

For more information, please visit www.safeline.org.uk

Follow Safeline on Twitter: @SafelineOrg



The Male Survivors Partnership is the national umbrella agency for organisations working with men and boys affected by sexual violence and abuse. Members and the partnership itself are committed to ensuring that all males, regardless of legal gender status, ethnicity, socio-economic status, sexual orientation, class or other protected characteristic, can access support; and adhere to the ethos of supporting organisations working with women and girls rather than negating them.

For more information, please visit www.malesurvivor.co.uk

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KEY FINDINGS

Between 1st January 2016 and 31st December 2018:

- Safeline's helpline services were contacted a total of 16,319 times regarding a male survivor.
- 45% of contact with Safeline's helpline services regarding a male survivor was via the male telephone service, representing 6,535 calls.
- 95% of contact with the National Male Survivors Helpline & Online Service was via the telephone service.
- There was a 199% increase in the number of communicative calls to the male telephone service.
- 86% of communicative calls to the male telephone service were from male survivors.
- The number of communicative calls from male survivors to the male telephone service increased, on average, by 3.5 calls per month.
- Survivors who were first time callers or calling regarding non-recent abuse were more likely to call the male telephone service than the general telephone service.
- Survivors accessed the telephone service for numerous reasons including, for reassurance, support, signposting to other services, and to talk through suicidal feelings and thoughts.
- Clients provided positive feedback about the National Male Survivors Helpline & Online Service but noted that sometimes they could not access the service when they needed to, for example because of opening hours.
- Helpline staff noted that the biggest challenges they face relate to resourcing and technology, which impacts upon the efficiency and efficacy of the National Male Survivors Helpline & Online Service.

The National Male Survivors Helpline & Online Service

The National Male Survivors Helpline and Online Service (NMSHOS) launched in October 2015. It is run by Safeline, a specialist sexual abuse and rape charity based in Warwickshire that provides support and counselling to survivors of sexual violence and abuse regardless of their age, gender, sexuality, or race. Family members and friends of survivors can also use Safeline's services. Alongside the NMSHOS, Safeline also offer the following services:

- **Specialist Counselling:** Specialist face-to-face, telephone and online counselling and psychotherapy, group work, and creative therapies (art, play, narrative).
- **Prevention interventions:** Personal and social development programmes to help prevent child sexual exploitation and one-to-one support for children and young people who need additional support.
- **Independent Sexual Violence Advisors:** Providing emotional and practical support for anyone who chooses to report abuse to the police, from the point of reporting through to the court case and beyond.
- **Specialist Training Services:** For professionals, teachers, and the public so they can identify the signs and symptoms associated with sexual abuse and have the knowledge and skills to provide support.
- **Other helpline and online services:** A young person's helpline for those under the age of 18, and a general helpline.

The NMSHOS is funded by the Ministry of Justice and has been running for four years. The helpline and online service provides emotional support, advice, and information both to, and regarding, men and boys who have experienced sexual abuse and rape, living in England and Wales. Family members, friends, and professionals concerned about a male survivor can also use the NMSHOS. The aim of the helpline and online service is to provide a listening space for male survivors and those supporting them, and to provide practical and emotional support to help with the emotional, psychological, social, relational, financial, and physical health difficulties that men can experience as a result of sexual victimisation. All staff working on the NMSHOS are specially trained to work with male survivors and receive ongoing management and clinical supervision.

Over the four years that it has been running, the operation of the NMSHOS has changed significantly and is constantly reviewed to ensure it remains accessible to meet the needs of service users. For example, the opening hours have increased from the initial 38 hours per week in 2015, to 44 hours per week from May 2016, to 52 hours per week from August 2018. Currently the NMSHOS is open:

- Monday, Wednesday, and Friday 9am-5pm
- Tuesday and Thursday 8am-8pm
- Saturday 10am-2pm

There has been an increase of 37% in weekly operating hours since the NMSHOS opened.

The services available under the NMSHOS 'umbrella' have also changed over time. Initially, the NMSHOS included telephone, text, instant messenger, and email services. However, in November 2017 the instant messenger service was closed because very few males used this method of contact. The current NMSHOS therefore includes telephone, text, and email services.

As noted above, the NMSHOS is funded by the Ministry of Justice. As part of the funding agreement Safeline are required to collect, and report back, quantitative and qualitative data on the helpline service's usage on a monthly basis. Examples of the sort of data collected include: the method of contact, the nature and duration of phone calls, whether it is a first time or repeat caller, whether the survivor is discussing recent or non-recent abuse, and whether it is their first disclosure. The type of data gathered has changed over the period that the NMSHOS has been running, with additional categories added by both Safeline and the Ministry of Justice, as well as some data categories being taken away. As a result, in some instances full data-sets for all data categories were not available for analysis. Where data is not present for this reason over the time-period being analysed it is flagged within the report.

Referrals to the NMSHOS are received from a number of sources, including other charities, mental health and medical services, and clients' friends and families. This is something that is explored later in the report. If requested, the NMSHOS can signpost people to services in their local area such as independent sexual violence advisors (ISVAs), Sexual Assault Referral Centres (SARCs), and local counselling services, if available.

There is a growing body of research exploring the issue of male sexual victimisation, both in the UK and internationally. This scholarship has explored men's experiences of different forms of victimisation, perpetrated by both male¹ and female² offenders. Research has also looked at the impacts of sexual violence and abuse on male survivors,³ police responses to male sexual victimisation,⁴ and help-seeking behaviours of male survivors.⁵ Outside of academic research, national data has been published on the prevalence of male sexual victimisation through the Crime Survey for England and Wales and police recorded crime data. Whilst useful, this data is limited in that it does not capture all sexual violence perpetrated against men⁶ and is reliant on men reporting their abuse, something which many men choose not to do.

This research study builds upon existing research on male sexual victimisation. It provides novel insights into men's experiences of help-seeking, and the characteristics of male survivors. Important insights into the usage of, and engagement with, the NMSHOS by male survivors are also provided. This is significant because the NMSHOS is the only national support service specifically for male survivors. Analysing the NMSHOS data has enabled an exploration of the use of the NMSHOS over time, how different factors can potentially interact with service use, and men's reasons for accessing the helpline's services. The findings presented in this project report represent the first national picture of men's help-seeking behaviours in the UK.

A note on terminology

As noted above, male survivors can access the NMSHOS in three ways; by telephone, email, and text. When discussing all three of these services, the acronym 'NMSHOS', or the phrase 'the helpline services' will be used interchangeably. When referring specifically to one of the methods of contact, they will be referred to by name, i.e. telephone service, email service, or text service.

¹ See, e.g. Noreen Abdullah-Khan, *Male Rape: The Emergence of a Social and Legal Issue* (Palgrave Macmillan, 2008).

² See, e.g. Siobhan Weare and Joanne Hulley, 'Experiences of men forced-to-penetrate women in the UK: Context, consequences, and engagement with the criminal justice system – Project report' (2019) Lancaster University. Available from: https://eprints.lancs.ac.uk/id/eprint/135755/1/BA_FTP_project_report_2019.pdf

³ See, e.g. Richard Tewksbury, 'Effects of Sexual Assaults on Men: Physical, Mental, and Sexual Consequences' (2007) *International Journal of Men's Health*, 6(1), 22-35.

⁴ See, e.g. Philip Rumney, 'Policing Male Rape and Sexual Assault' (2008) *Journal of Criminal Law*, 72(1), 67-86.

⁵ See, e.g. Martina Delle Donne et al., 'Barriers to and Facilitators of Help-Seeking Behavior Among Men Who Experience Sexual Violence' (2018) *American Journal of Mens Health*, 12(2), 189-201.

⁶ For example, data has not been made publicly available on forced-to-penetrate cases, which are criminalized under section 4 of the Sexual Offences Act 2003 in England and Wales.

Research questions

Four research questions underpinned this project. They were:

1. Who is accessing the NMSHOS, and why are they doing so?
2. What are the non-consensual sexual experiences of male survivors accessing the NMSHOS?
3. What outcomes and feedback are reported by those who access the NMSHOS?
4. Are there factors which impact levels of engagement with the NMSHOS?

Research design and data analysis

In order to address these research questions a mixed methods approach was taken, with analysis of both quantitative and qualitative data.

Quantitative data

This data was provided by Safeline and had been gathered for the purposes of reporting to the Ministry of Justice as per their funding agreement. The data analysed for this project covers a three (calendar) year period from 1st January 2016 to 31st December 2018. To make meaningful comparisons, a range of statistical methods were applied to assure the statistical significance of any results discussed from the quantitative analyses: (1) Associations were tested using the chi-squared test; (2) Differences in call duration were tested using the independent t-test; (3) Trends were analysed with multiple linear regressions, modelling the number of calls per month and the effect of each explanatory variable on both the intercept and on the slope; (4) To compare the characteristics of contact by male survivors with the male telephone service and the general telephone service, a multivariate logistic regression was applied, which controlled for the effects of all factors simultaneously. All quantitative analyses were conducted using the software R version 3.5.1.

All data relating to male survivors was provided by Safeline from all three helpline services; male, young person's, and general. The gender of the survivors was not always known or accurately recorded during contact with Safeline. Safeline estimated that male survivors represented 40% of contact. To ensure that male survivors contacting Safeline were adequately represented, Safeline provided a random sample of 40% of contacts to the general and young person helpline services where the gender of the survivor was unknown. All contact with the male helpline services was assumed to concern a male survivor unless stated. There was a small amount of contact with the male helpline services where the survivor was known to be female.

The date for all contact was derived from the month and year of the datafile, as the data was collected and stored on a monthly basis. Unfortunately, analysis of the specific dates for each contact could not be accurately obtained as dates were recorded in a mixture of formats; namely dd-mm-yyyy and mm-dd-yyyy, with the format used unspecified.

Data cleaning consisted of minor changes, namely the correction of transpose and transitional typing errors, declaring impossible values as missing, and cross-validation with variables not used in the analyses to maximise the amount of data available. Firstly, if the day of the week was unknown and a valid date was available, then the day of the week was drawn from the date. Secondly, there were cases where the method of contact did not correspond with the service contacted. The method of contact provided more detailed information on the type of contact via the telephones services, such as a live call or a voicemail. Therefore, the service contacted was corrected to correspond to the service necessary for the method of contact. Which of the helpline services was contacted; male, general or young person's, remained unaltered.

Qualitative data

Two forms of qualitative data were collected and analysed. The first set of qualitative data came from a group interview that was conducted with four staff members working on the NMSHOS. The aim of conducting the group interview was to gather data that would supplement the quantitative data by providing additional depth and detail. The group interview was semi-structured, allowing flexibility in discussions and capturing a diversity of opinions from participants. The group interview lasted for 75 minutes and explored a range of topics including; the types of sexual violence reported by callers, the impacts of sexual abuse on male survivors, reasons for accessing the NMSHOS, and the role of helpline staff. The interview was recorded and then transcribed verbatim. The transcript was reviewed and key themes drawn out. These themes, along with the project's research questions, were used to inform the initial computer aided coding of the transcript using NVivo. As coding progressed, additional themes (nodes) were identified.

The second set of qualitative data was feedback gathered by Safeline from male clients who had used the NMSHOS. Following engagement with the helpline services, clients were asked to provide feedback using a SurveyMonkey survey. Only a small amount of client feedback was provided (37 responses where the client had agreed to their response being used for research purposes), but it was nevertheless useful to get a sense of the experiences of those accessing the NMSHOS. It also allowed client's voices to be captured within the research project. Similarly to the interview transcripts, this data was reviewed and inputted into NVivo for coding.

Ethical considerations

Ethical approval was gained from the Faculty of Arts and Social Sciences and Management School Research Ethics Committee at Lancaster University. To ensure informed consent, the group interview participants were provided with a detailed information sheet and consent form to complete, prior to the interview taking place. This was also signed by the interviewing researcher. The group interview was recorded and, once transcribed, the audio recording was deleted. All participants were provided with a participant number to maintain their anonymity. Any potentially identifying information that was discussed either about participants themselves, or helpline users, was removed from the transcript. Separately, the qualitative data gathered from feedback provided by NMSHOS users was also cleansed to remove identifying information.

The quantitative data had been gathered by Safeline and related to NMSHOS service users. Service users were made aware that Safeline was collecting data on engagement with the NMSHOS and that this could be used for both research and funding purposes. They were able to opt out of providing any information that they did not want to, as disclosure was wholly voluntary (this may explain some gaps in the data highlighted and discussed later in the report). To ensure anonymity we reviewed and cleansed all of the data prior to analysis. Where numbers less than 10 were reported in data categories there was increased potential for identification of services users. Therefore, where this occurred we have rounded up to 10 when reporting the data to ensure anonymity.

All data associated with the project was stored in encrypted files on password protected computers. The sensitive nature of the topic underpinning the research project meant that support processes were put in place that could be accessed by the research team.

Research findings

The following pages share the findings from this research project. They are grouped into six sections:

1. All contacts to Safeline’s helplines and online support services regarding a male survivor.
2. Contact with the male telephone service by male survivors.
3. Profile of male survivors calling the male telephone service.
4. Probability of male survivors calling the male telephone service vs the general telephone service.
5. Comparing calls from male survivors and non-survivors across all telephone services.
6. Client and staff feedback on the National Male Survivors Helpline and Online Service.

Definitions

When discussing the research findings, please note the following definitions associated with the terminology used:

Survivor	A person who has been a victim of sexual violence or abuse.
Non-survivor	A person who has not identified themselves as being a victim of sexual violence, but who is contacting the NMSHOS regarding a person who is a survivor.
Recent abuse	For the purposes of data captured between October 2015 – April 2018, this was defined as sexual abuse or violence that occurred within the 28 days prior to accessing the NMSHOS. This definition changed in April 2018 to sexual abuse or violence that had occurred within the 12 months prior to contacting the NMSHOS.
Communicative call	A call to the telephone service which was answered and communication occurred with the caller, a voicemail was left by the caller, or Safeline provided a call-back.
Uncommunicative call	A call where communication does not occur, including where the caller hung up without speaking, the caller was silent and the call was ended, or the call was not answered and no voicemail was left by the caller.

1. ALL CONTACTS TO SAFELINE'S HELPLINES AND ONLINE SUPPORT SERVICES REGARDING A MALE SURVIVOR

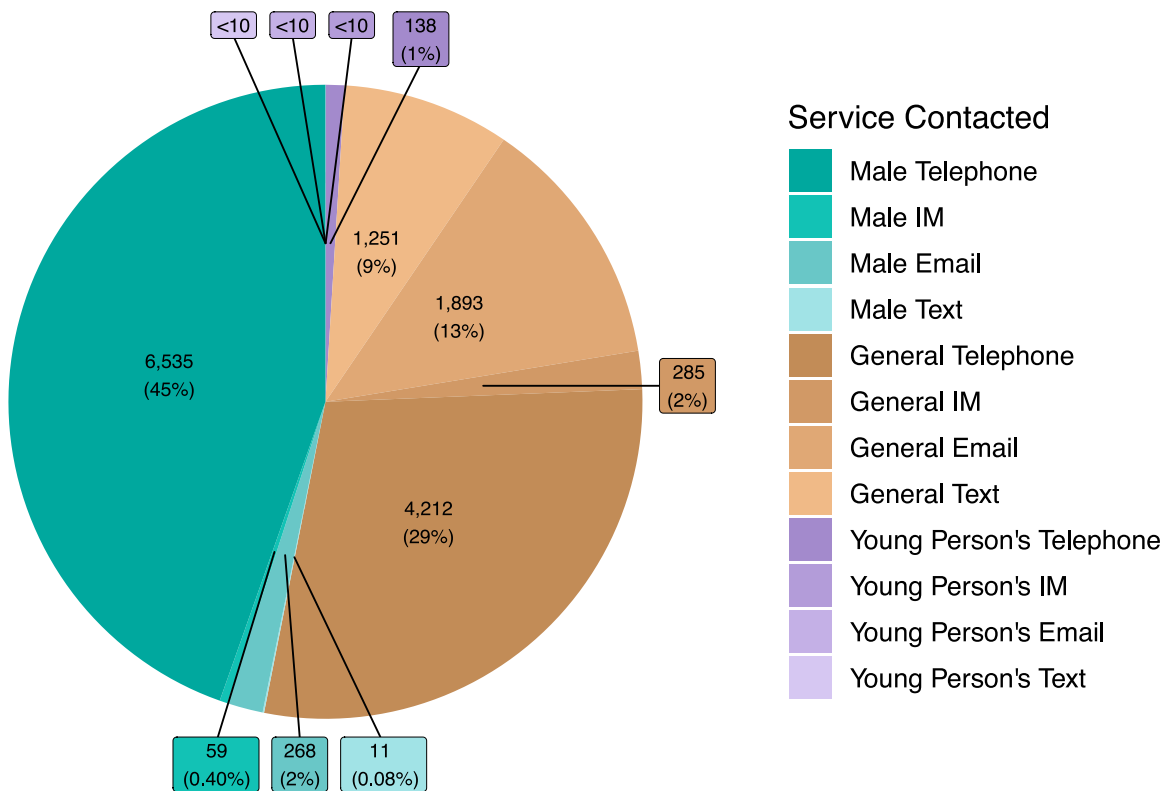
This section of the report provides analysis of all contacts (communicative and uncommunicative) regarding a male survivor to any of Safeline's helpline and online services. The data below therefore represents contact with the NMSHOS, the general helpline and online services, and the young person's helpline and online services over the 3 years between 1st January 2016 and 31st December 2018. This data has been analysed to provide wider context for the usage of the NMSHOS in relation to male survivor contacts, as well as contextualise later discussions on the helpline services.

1.1 Total contacts

Over this time period Safeline was contacted a total of 16,319 times regarding a male survivor.

- 7,641 of these contacts were via the general helpline services.
- 6,873 were via the male helpline services.
- 142 were via the young person's services.
- The point of contact was unknown for the remaining 1,663 contacts.

Figure 1: Total contacts per helpline service and method of contact



As can be seen from Figure 1, contact via the male telephone service represented the most frequent form of contact regarding a male survivor, with 45% of contacts made this way.

1.2 Points of contact – service comparisons

As noted earlier, each service could be contacted via telephone, email, text, and instant messenger (IM) (with the latter for a limited period of time). Figure 2 compares how each service was contacted.

Figure 2: Method of contact by helpline service

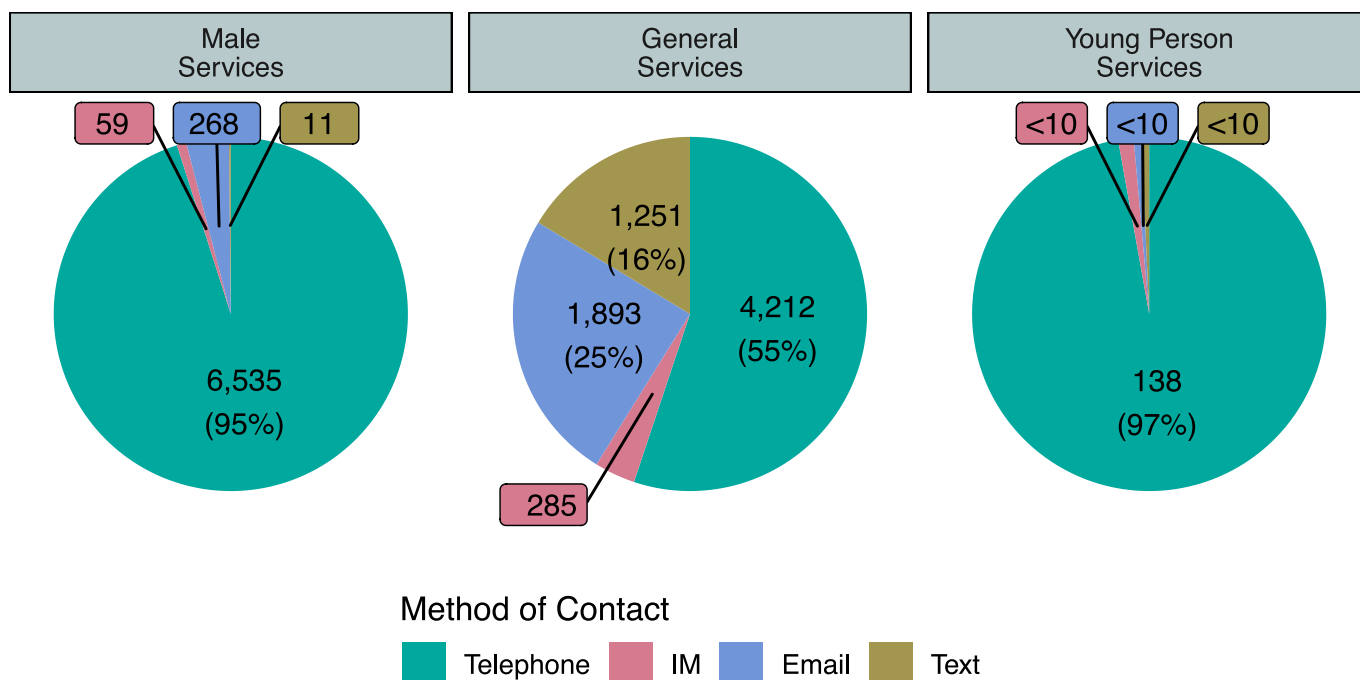


Figure 2 shows that:

- The vast majority of contact with the NMSHOS and young person’s services was via the telephone services – 95% and 97% respectively.
- Points of contact with the general service were more mixed – 55% of contact was via telephone, 25% by email, and 16% by text.
- Instant messenger was the least frequently used point of contact across all three services (NB. In relation to the NMSHOS, the IM service was only available until November 2017).

Specifically in the context of the NMSHOS, the preference to speak on the phone was reiterated within the group interview. The ability to remain anonymous whilst talking to someone on the phone was noted as sometimes helping men to open up about their experience(s) and the impacts it had on them.

This was explained by Interview Participant 4:

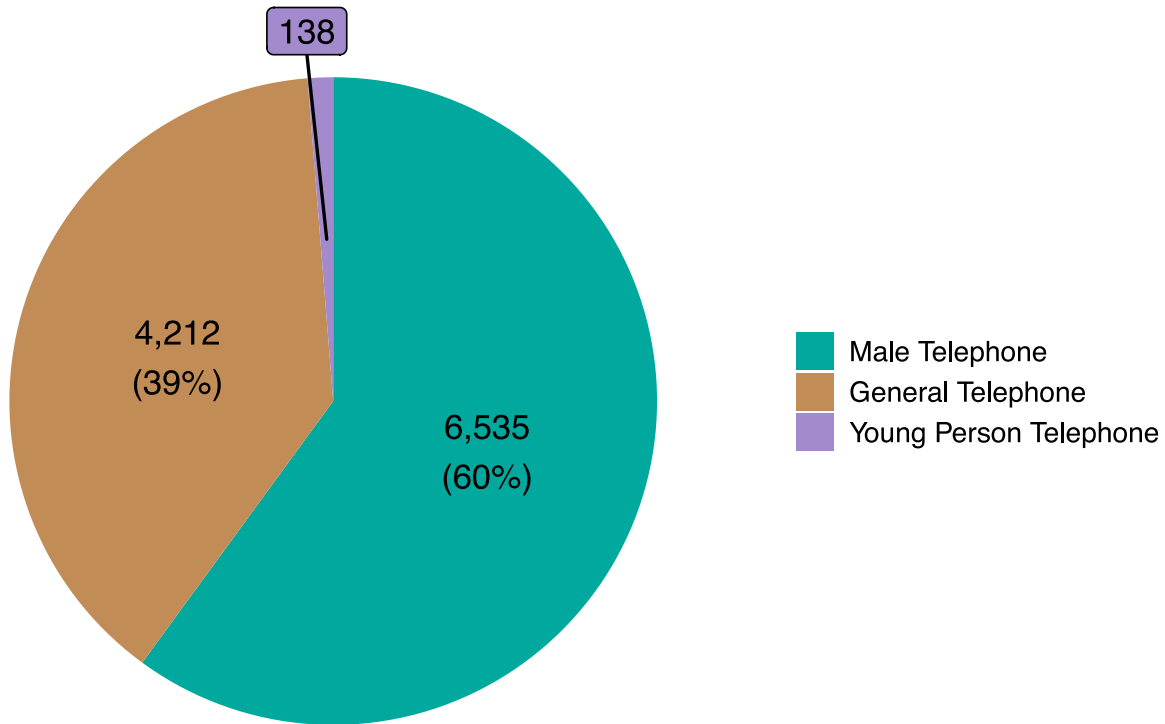
I think it’s useful because of the anonymity of it, talking on the phone rather than face-to-face, I think some people find that easier. Although we offer email and the text service, generally men prefer to talk... rather than online.

This preference for talking on the phone rather than online was also noted in client feedback, with comments on how talking was a lot better than text communication, how you can sense a person’s tone and emotions much better by speaking to them, and how talking on the phone is just one step away from face to face contact.

1.3 Contacts via telephone services

As seen from Figure 2 above, telephone was the most frequent method of engaging with all three services. In terms of telephone engagement, of the three telephone services, the male telephone service was most frequently contacted regarding a male survivor. This is reflected in Figure 3 below.

Figure 3: Contact via Telephone Services

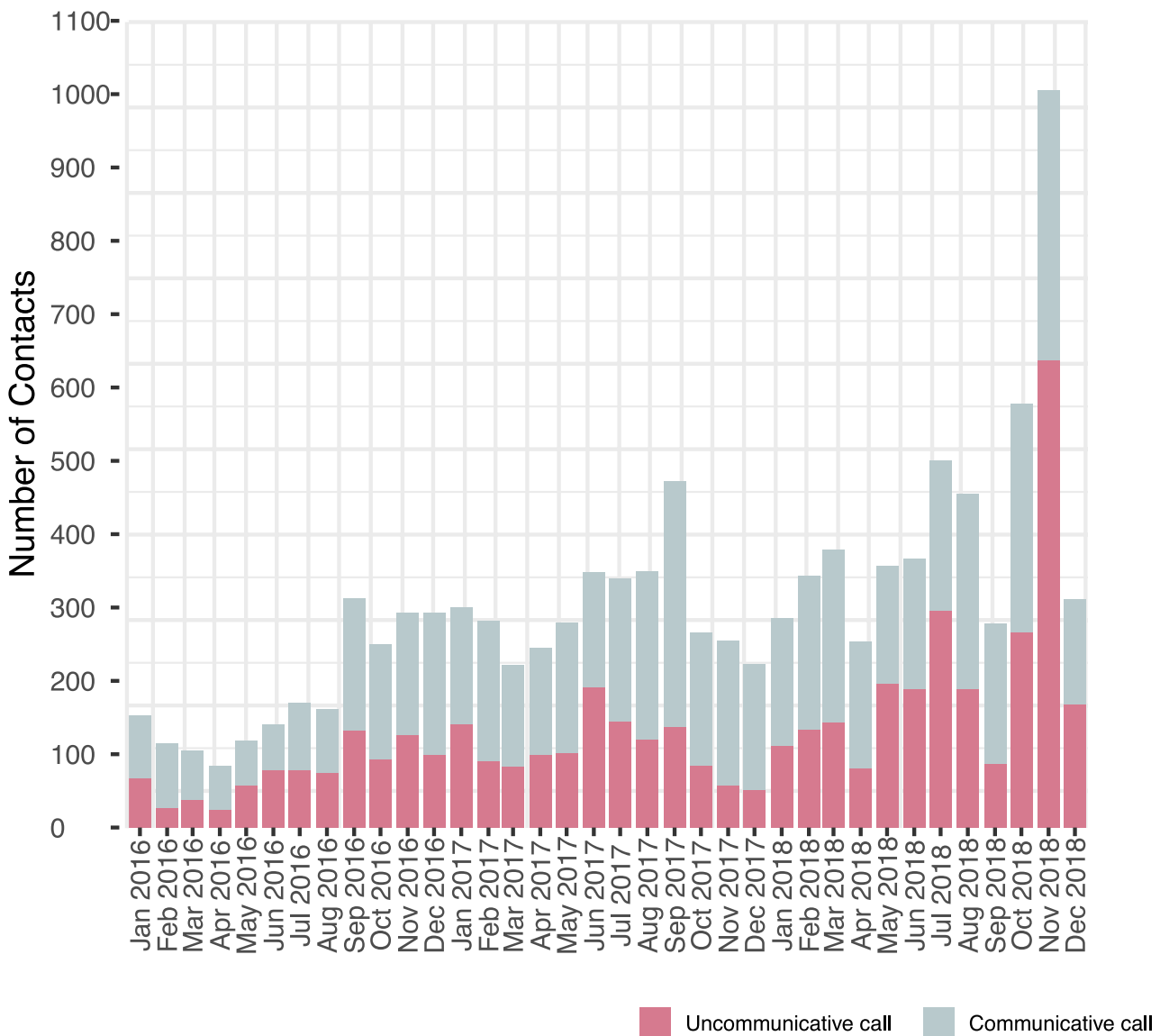


In total there were 6,535 calls made to the male telephone service about a male survivor, while only 4,212 calls were made to the general telephone service, and 138 to the young person's telephone service.

1.3.1 Uncommunicative calls

Of the total contacts made with Safeline’s helpline services regarding a male survivor, a proportion of these were uncommunicative. All three telephone services received a mixture of communicative and uncommunicative calls, to varying degrees, but consistent with the number of calls per month. Figure 4 below shows the total number of communicative vs uncommunicative calls per month across all three telephone services.

Figure 4: Communicative and uncommunicative calls to all telephone services per month



The total number of uncommunicative calls across each helpline service were as follows:

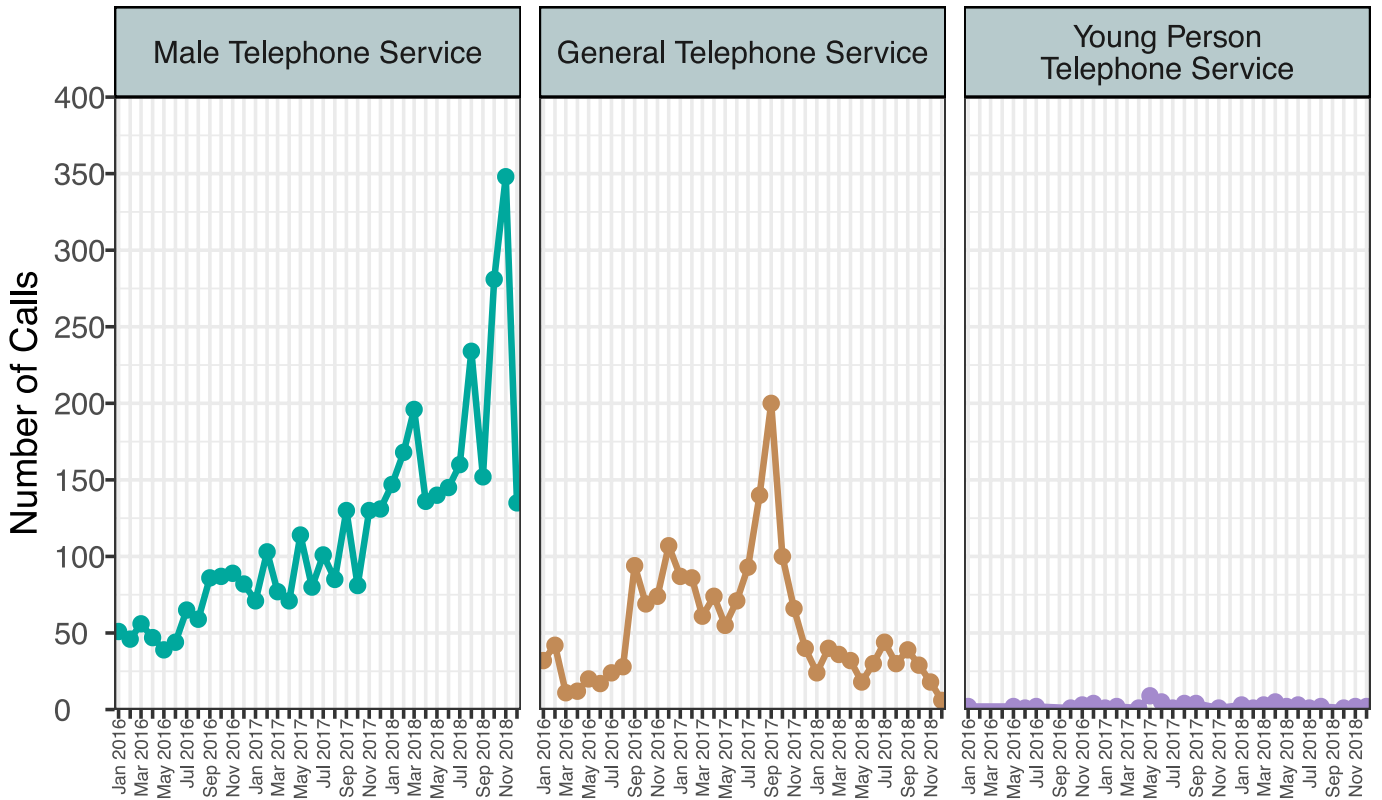
- 2,368 to the male telephone service
- 2,263 to the general telephone service
- 70 to the young persons telephone service

Due to their uncommunicative nature these calls are excluded from the analysis below.

1.4 Contact over time

Usage of the telephone services has changed over time. Figure 5 below shows the number of communicative calls with each telephone service regarding male survivors per month.

Figure 5: Number of communicative calls to each telephone service per month



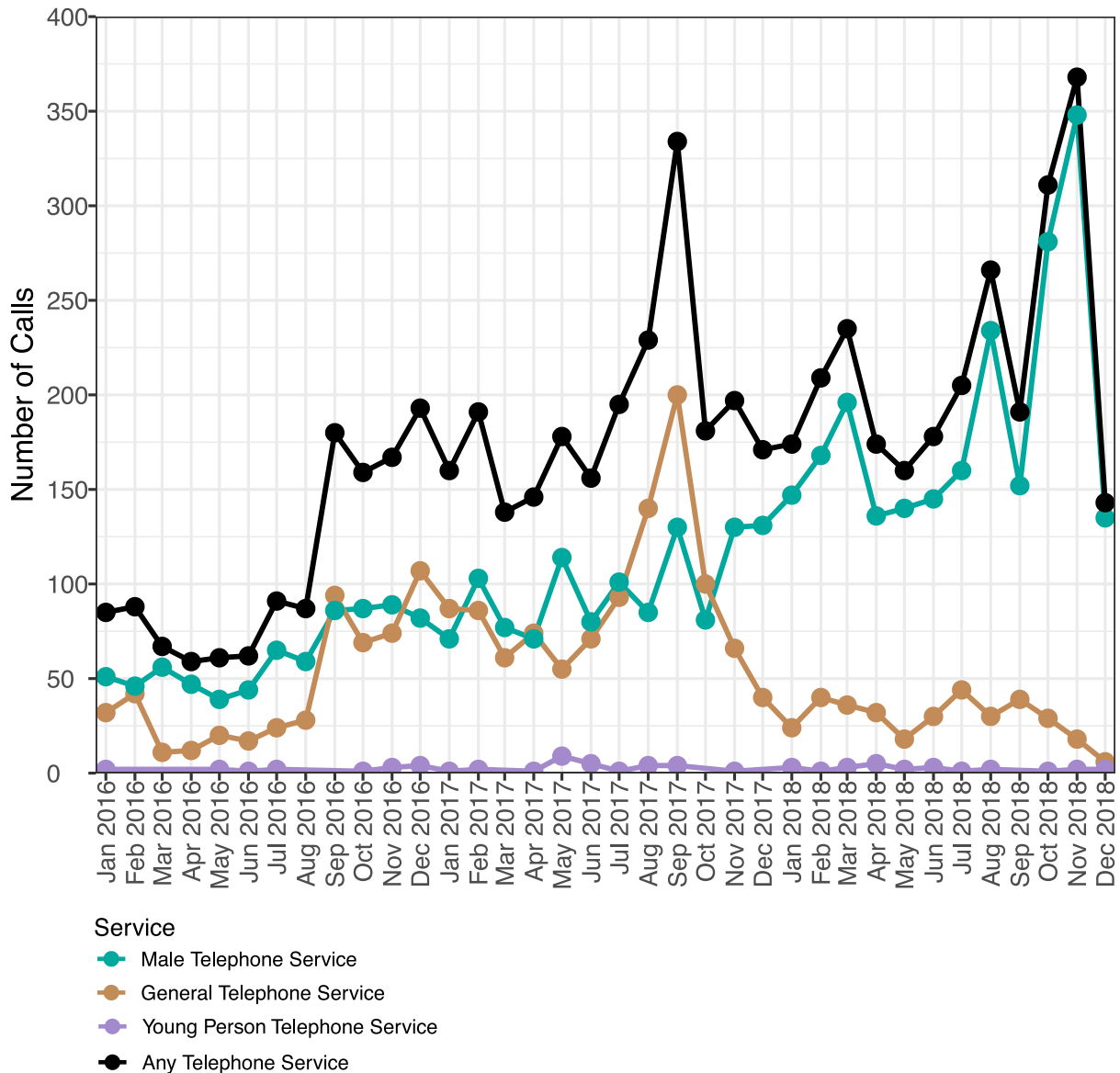


Figure 5 shows how the male telephone service has increased in popularity over time. Indeed, in 2016 the male telephone service received 751 communicative calls. This increased by 56% in 2017, to 1,174 calls. Between 2017 and 2018, there was a further 91% increase to 2,242 communicative calls. Between 2016 and 2018, the telephone helpline saw a 199% increase in communicative calls.

Figure 5 also shows that demand on the telephone services regarding male survivors came principally from those calling the male telephone service from November 2017 onwards.

2. CONTACT WITH THE MALE TELEPHONE SERVICE BY MALE SURVIVORS

As was seen in Figure 2, the telephone service was most frequently used by those contacting the NMSHOS. As such, discussion now moves on to specifically looking at this service.

Over the 3 year period being analysed, of the 4,167 communicative calls received by the male telephone service, the vast majority were from male survivors. The breakdown of calls from survivors vs non-survivors was as follows:

- 3,048 calls from male survivors
- 496 calls from non-survivors (about a male survivor)
- 623 calls where it was unknown whether the caller was a survivor or not.

As male survivors represent the largest number of callers to the telephone service, the following analysis specifically relates to calls from male survivors.

2.1 Trends over time

Figure 6: Overall trend in the number of communicative calls by male survivors to the male telephone service

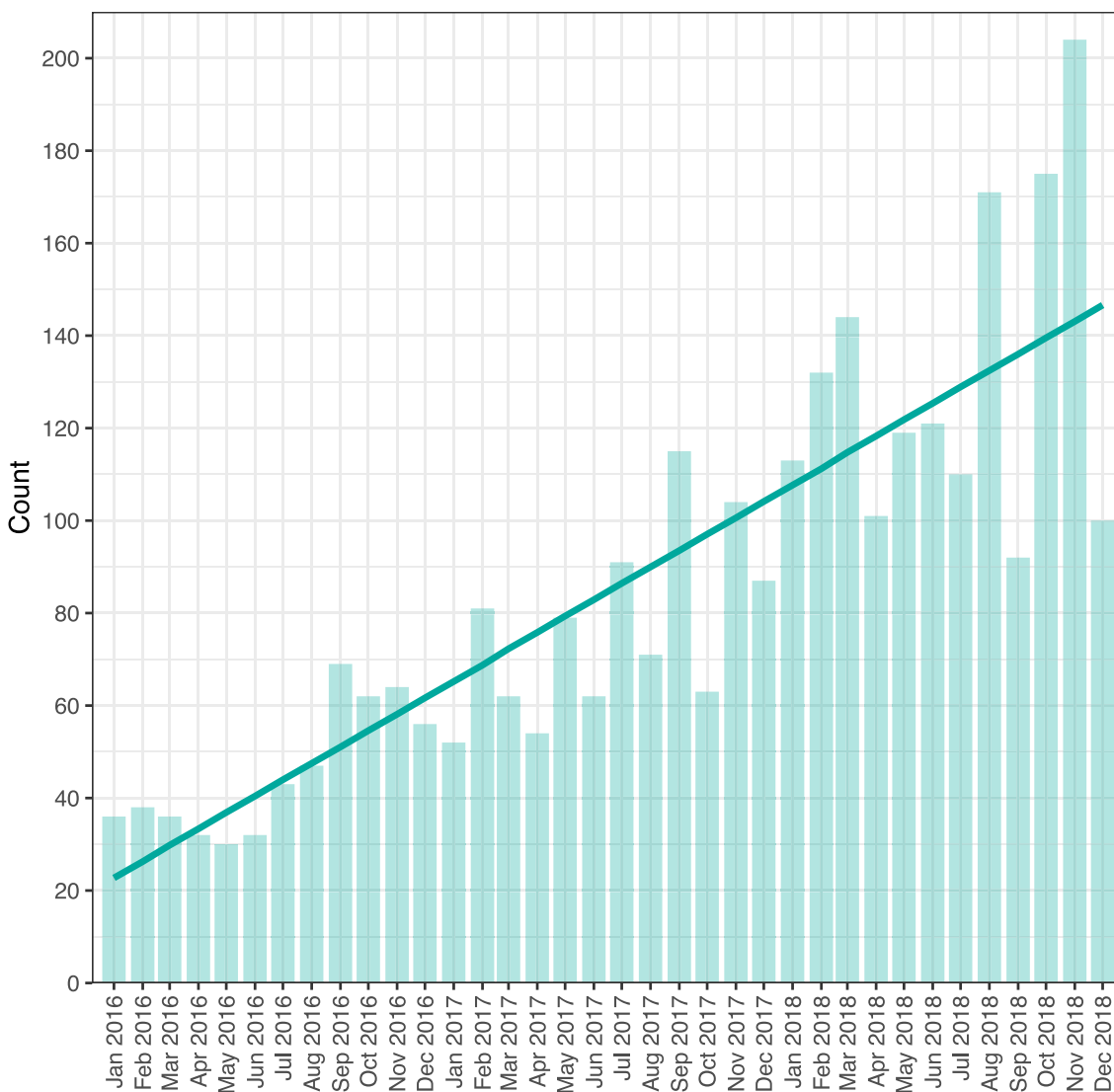


Figure 6 shows that the number of communicative calls by male survivors to the male telephone service increased significantly⁷ by, on average, 3.5 calls per month. If this linear trend continues then it is predicted that the telephone service will receive more than 2,035 communicative calls from male survivors alone in 2019.

⁷ Statistically significant at 5% level, based on linear regression analysis of the number of calls per months.

3. PROFILE OF MALE SURVIVORS CALLING THE MALE TELEPHONE SERVICE

As noted in the previous section, the majority of communicative calls to the male telephone service were from male survivors. Table 1 provides a summary of these calls by survivors to the male telephone service. As can be seen in the table below, not all of the variables had data for 100% of the calls from male survivors. This is because, as noted earlier in the report, survivors could choose not to disclose information. All of the variables within the table had a minimum of a 50% response rate and data collected was over the full three year period being analysed.

Further discussion in relation to several of the bolded subheadings within the table takes place below, including around trends where possible.

Table 1: Summary of calls by male survivors to the male telephone service

		N	%
Total		3,048	
Method of Contact	Live call answered	2,321	(76%)
	Voicemail/Out of hours	373	(12%)
	Callback	344	(11%)
	Unknown	10	
Day of Week	Monday	491	(16%)
	Tuesday	781	(26%)
	Wednesday	467	(15%)
	Thursday	685	(22%)
	Friday	464	(15%)
	Saturday/Sunday	158	(5%)
	Unknown	<10	
First or Repeat Caller	Repeat caller	2,275	(77%)
	First time caller	690	(23%)
	Unknown	83	
Nature of Call	General Reassurance	1,713	(62%)
	Coping strategies and counselling	382	(14%)
	Suicidal/Emergency services	<10	(<0.5%)
	Reporting of abuse	11	(<0.5%)
	Administrative requests/response	552	(20%)
	Other	115	(4%)
	Unknown	267	
Recent or Historic Abuse	Historic abuse	2,562	(94%)
	Recent abuse	154	(6%)
	Unknown	332	
Gender Identity⁸	Male	2,325	(94%)
	Other	143	(6%)
	Unknown	580	

⁸ Note, all survivors calling the male telephone service were assumed to have identified as male at the time of abuse if they do not currently identify as male.

Table 1: Summary of calls by male survivors to the male telephone service

		N	%
Total		3,048	
Method of Contact	Live call answered	2,321	(76%)
	Voicemail/Out of hours	373	(12%)
	Callback	344	(11%)
	Unknown	10	
Age	Under 18	59	(3%)
	18 to 24	219	(11%)
	25 to 34	197	(10%)
	35 to 44	262	(13%)
	45 to 54	761	(37%)
	55 to 64	431	(21%)
	65 plus	114	(6%)
	Unknown	1,005	
Marital Status	Single	1,373	(74%)
	With Partner	170	(9%)
	Married	237	(13%)
	Divorced	56	(3%)
	Widowed	<10	(<0.5%)
	Unknown	1,204	
Disability	No	902	(55%)
	Yes	724	(45%)
	Unknown	1,422	
Ethnic Origin	White British	1,405	(88%)
	Black African/Caribbean/Black British	29	(2%)
	Asian/Asian British	28	(2%)
	White European	13	(1%)
	Multiple Ethnic Groups	<10	(1%)
	Other Ethnic Group	112	(7%)
	Unknown	1,453	

3.1 Method of contact

As noted earlier in the report, communicative calls included live calls that were answered, voicemails/out of hours, and call-backs. Trends in each of these methods of contact are presented in Figure 7 below.

Figure 7: Trends in the number of communicative calls per month and the method of contact

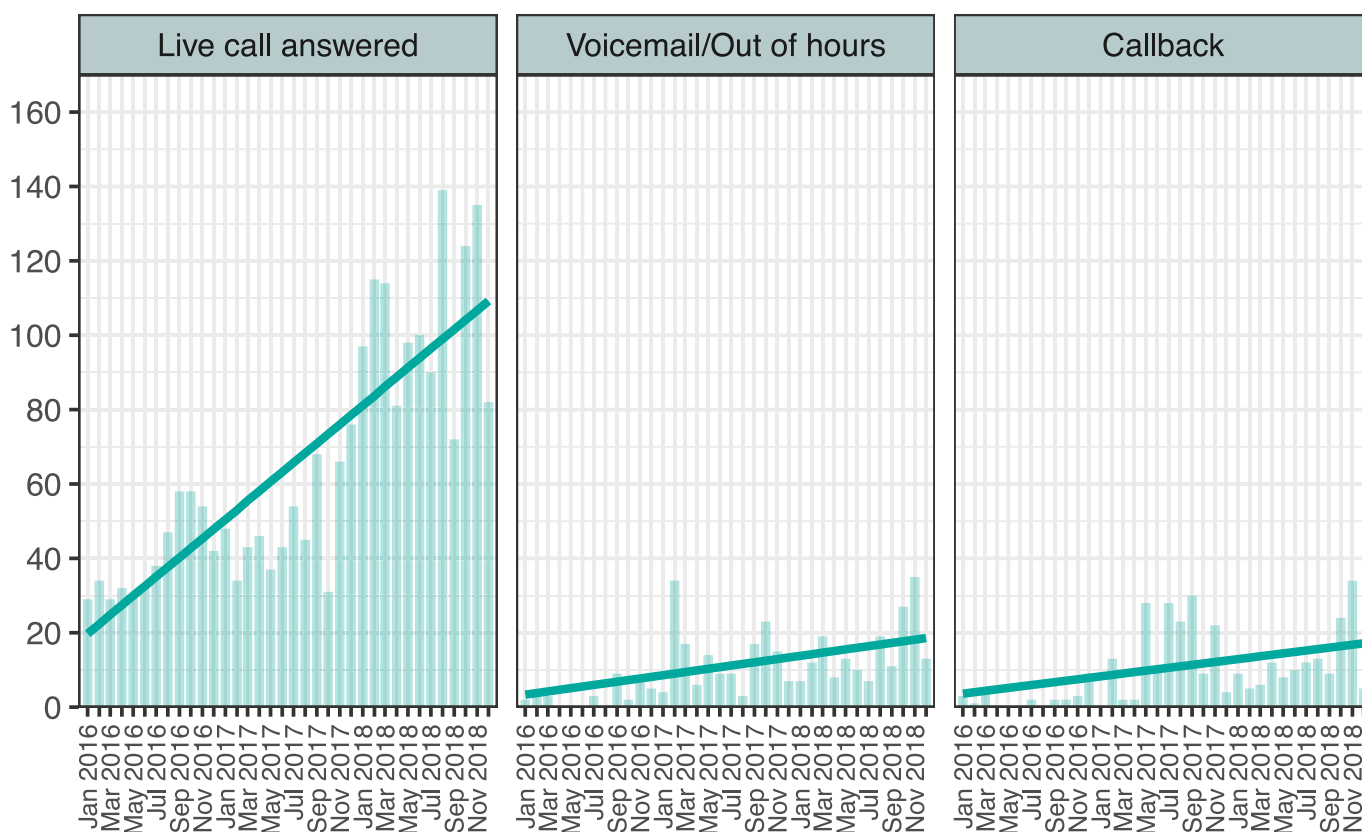


Figure 7 shows that the increased number of communicative calls per month from male survivors (see Figure 6 above) can largely be attributed to a significant⁹ increase in the number of live calls that were answered during Safeline’s opening hours.

Table 2 below provides the estimates for the intercept, which provides the baseline from which the number of calls started, and the average change per month in the number of calls; with indication as to whether the change was statistically significant. It shows that the number of live calls from male survivors that were answered increased on average by 2.6 per month, which was a statistically significant increase. The increase in the number of voicemails received and call-backs made were not.

Table 2: Linear model of the number of calls per month and the method of contact

Method of Contact	Intercept	Change per Month	Significant Change?
Live call answered	19.7	2.6	Yes
Voicemail/Out of hours	3.4	0.4	No
Callback	3.6	0.4	No

The increased number of live calls being answered is likely to be influenced by the increased opening hours of the telephone service. As noted earlier in the report, the opening hours have increased by a total of 37% over the three year period being analysed. Related to this, it is also likely that awareness of the NMSHOS, including its opening hours, has increased since it was launched (something that is discussed in more detail later in the report), so survivors are more likely to call during the hours.

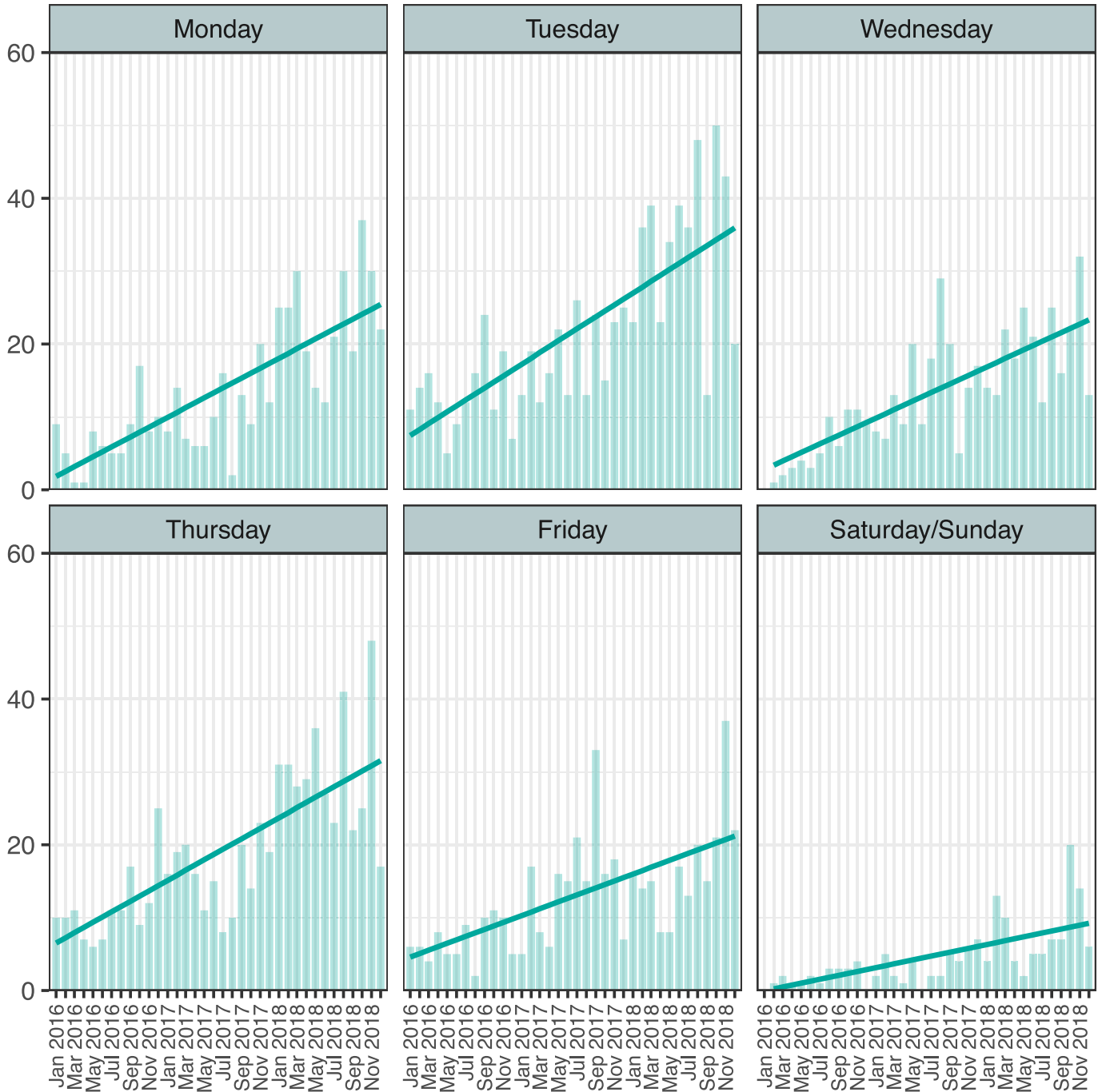
It should be emphasised here that this analysis relates to communicative calls, so does not consider the number of uncommunicative calls (those that were unanswered and did not result in a voicemail being left, or the client receiving a call-back).

⁹ Statistically significant at 5% level from linear regression of the number of calls per month, controlling for the method of contact.

3.2 Days of the week

As can be seen from Figure 8 below, all days of the week have seen a significant¹⁰ increase in the number of communicative calls per month from male survivors over the three-year period.

Figure 8: Trends in the number of calls per day of the week and the month.



¹⁰ Statistically significant at 5% level from linear regression of the number of calls per month, controlling for the day of the week.

Table 3 below shows from the intercepts that there were initially no calls on Saturday's or Sunday's on average, and the highest number of calls were on Tuesdays and Thursdays. This likely reflects the initial opening hours of the telephone service; it was closed at the weekend and open for the longest period on Tuesday's and Thursday's. We then see from the change per month that the largest increases were on Tuesday's and Thursday's, as well as on Monday's and Wednesday's.

Table 3: Linear model of the Number of Calls per Month and the Day of the Week

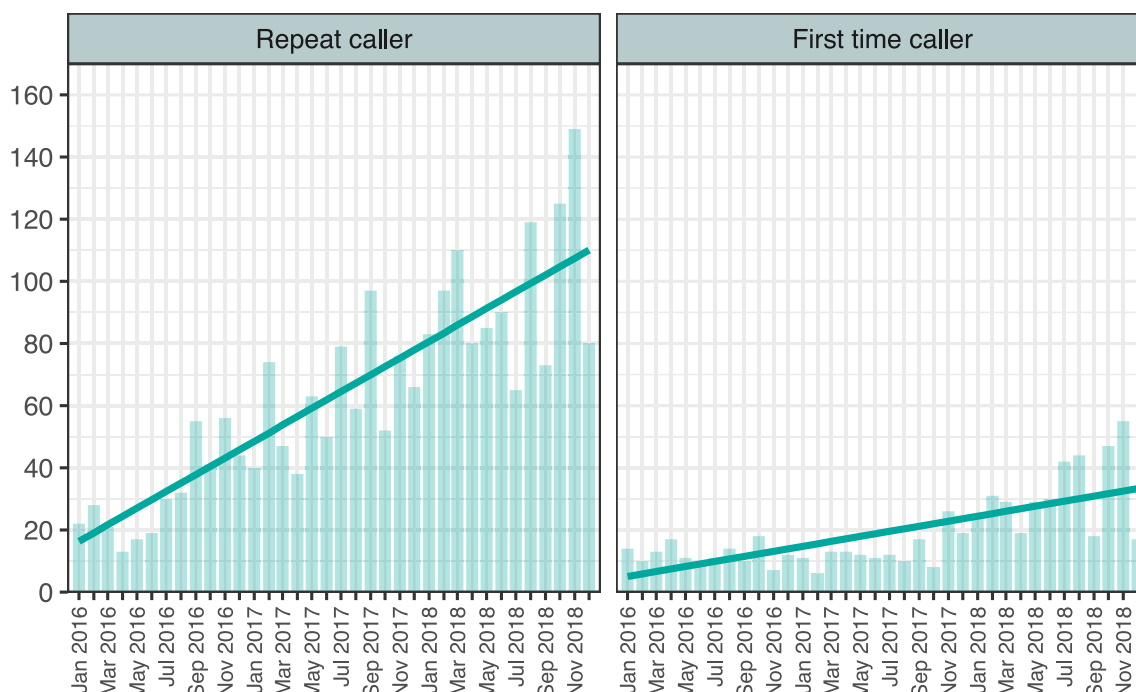
Day of the Week	Intercept	Change per Month	Significant Change?
Monday	1.8	0.7	Yes
Tuesday	7.4	0.8	Yes
Wednesday	2.8	0.6	Yes
Thursday	6.5	0.7	Yes
Friday	4.6	0.5	Yes
Saturday/Sunday	0.0	0.3	Yes

Group interview participants were asked what the busiest days and times were and iterated the findings above. They suggested that Mondays may be busier because of the lack of service availability on Sundays and Saturday afternoons when the NMSHOS is closed. They also noted that Tuesday's and Thursday's are the 'late opening' days, with popular call times on these days being often being from 6pm onwards.

3.3 First time and repeat callers

There were significant¹¹ increases in both the number of first time male survivor callers and repeat callers. As seen in Figure 9 below, the increase was greater for repeat callers. However this could be because one repeat caller can call multiple times.

Figure 9: Trends in the number of calls per month by male survivors for first time or repeat calls.



¹¹ Statistically significant at 5% level from linear regression of the number of calls per month, controlling for whether it was a first time or repeat caller.

The intercept in Table 4 below shows that for every first time call, there were three repeat communicative calls to the male helpline by male survivors. The higher frequency of repeat callers was noted within the group interview, with these callers using the service for 'someone to talk to', and for continued support. The challenges associated with repeat callers were also noted in the group interview, with participants explaining how a 'rule' had been introduced in November 2017 to limit the number of times the same caller could access the telephone service to twice per week, for 45 minutes on each occasion. The aim of this was to keep the telephone lines as free as possible to cope within increased call numbers. The introduction of the two calls a week 'rule' also helped to ensure that survivors did not become over-dependent on the telephone service.

Before that [introduction of the two calls a week 'rule'] we really struggled with boundaries of callers and how long they could call for, whether they could call, and how many times a week they could call – Interview Participant 2.

Whilst the change per month is larger for repeat callers, the increase in first time callers is more noteworthy because it not only demonstrates increasing client numbers, but also that these new clients could in turn place greater demands on the service through repeat calls.

Table 4: Linear model of the number of calls per month for first time or repeat callers

	Intercept	Change per Month	Significant Change?
Repeat caller	16.3	2.7	Yes
First time caller	5.0	0.8	Yes

The increase in the number of first time callers is likely to be attributable to several factors. The profile of the NMSHOS has increased since it was launched, with it being featured in relation to high profile male survivor storylines on TV shows such as Coronation Street and Hollyoaks, as well as in national news coverage, for example research projects involving male survivors. Details of the helpline services have also been shared widely and regularly on social media by MSP, other third sector support services, researchers, and survivors themselves. This is reflected in the fact that media (internet/TV/radio) was the second most frequent way that survivors heard about the NMSHOS (see section 3.7.3 below). The most frequent way in which they heard about the NMSHOS was via charities or other organisations (see section 3.7.3 below). Therefore, the increase in the number of first time callers is also likely to be associated with increased referrals to the helpline services by, for example, other third sector services who may have long waiting lists for counselling.

The high number of repeat callers may reflect the fact that male survivors have a preference for accessing support via the telephone service, and that the support they have received this way has worked well for them. This indicates that the NMSHOS is viewed as an important and effective service in its own right by male survivors. It may also reflect a lack of local provision of face-to-face counselling services or male survivor support in their local area, or long waiting lists to access such services. In these instances, the telephone service may be used by repeat callers as a 'holding' form of support until they are able to access local face-to-face support, or until they access Safeline's National telephone and online counselling service which is available to males across England and Wales. Regardless of the reason behind the increasing number of repeat callers, the fact that male survivors repeatedly access the telephone service highlights its importance and value.

3.4 Nature of the call

In relation to this subheading, over the three years that data was collected both the data categories and definitions for these categories changed substantially. Therefore inconsistencies in how this data was recorded made analysis of trends implausible. However, it is possible to note that until September 2018, the highest percentage (69%) of calls with survivors were regarding general reassurance. However, since September 2018 the recording mechanism changed such that the highest percentage (78%) of calls with survivors were regarding coping strategies and counselling.

Whilst it is difficult to provide an overview of the nature of calls based on the quantitative data, more detail is provided by the qualitative data gathered from the group interview and client feedback. Group interview participants explained that survivors were accessing the service for grounding; to be heard/believed; for signposting to other (local) services; for reassurance; and because they were unsure what to do once they had disclosed. Participants also noted that it was not uncommon for survivors to contact the telephone service in a crisis situation, including needing to talk through suicidal feelings and thoughts.

They can talk about the suicidal thoughts and themes ... they can explore those feelings with us - Interview Participant 3.

Survivors may have disclosed to someone else or to another organisation and not received the support or response they desired, so accessed the telephone service in order to feel supported and reassured. Wanting to be believed and to be listened to was a fundamental reason for survivors to contact the NMSHOS;

Many men think there's such a stigma around it that they, they just feel that they won't be believed - Interview Participant 4.

These reasons for accessing the telephone service were reflected in feedback provided by clients:

Wanted to speak to someone in person who could relate to my experience of childhood sexual abuse and its impact now – anxiety, depression, low self-worth, chronic illness and pain etc.

Helpline available 6 days a week. Am having weekly telephone counselling. Both are invaluable. I have overdosed 3 times in the last 2 years and feel had I not found [the NMSHOS/Safeline] and the Samaritans to talk to, I would be dead.

Some survivors called to disclose their experience(s) of sexual violence and abuse for the first time. Others may have disclosed to other organisations or to family or friends, but were unsure what to do next. This was explained in the group interview:

Very often they will have bottled it up for long then it's like a cork's popped and what do I do with all this now? – Interview Participant 4.

Quite a lot of the time after talking about it, there's a gap in between "well I talked about it ... now what?" and just feeling lost, or stuck in what to do next, not having any idea, going to the GP and trying to sort that out, but not really getting anywhere and there's just a very much like, you know, it's taken so long to talk about it but then there's nothing out there to say what comes after – Interview Participant 2.

Similarly, it was noted that survivors may have initially sought help from other sources but found there was a lengthy waiting list, and they were now struggling to deal with the impacts of their experience(s).

They've took this courage to come out and say what's happened to them, and they're met with "well it's an 8 month waiting list before you get the support you need" and they've just brought out everything they've maybe kept to themselves for the last 25 years and they want that help, like, now. And that's quite frustrating for our callers – Interview Participant 1.

3.5 Recent and non-recent abuse

There was a significant¹² increase in the number of communicative calls from male survivors regarding non-recent abuse, with an average of 2.8 additional calls about non-recent abuse every month. Calls regarding recent abuse have typically been infrequent, as seen in Figure 10 below. However, in April 2018, the definition of “recent abuse” was extended from an event in the last 28 days to one that occurred during the last 12 months. It is clear from Figure 10 that since the introduction of this change in definition there has been a greater number of calls per month that are classified as being about recent abuse.

Figure 10: Trends in the number of calls per month by male survivors regarding recent or non-recent Abuse

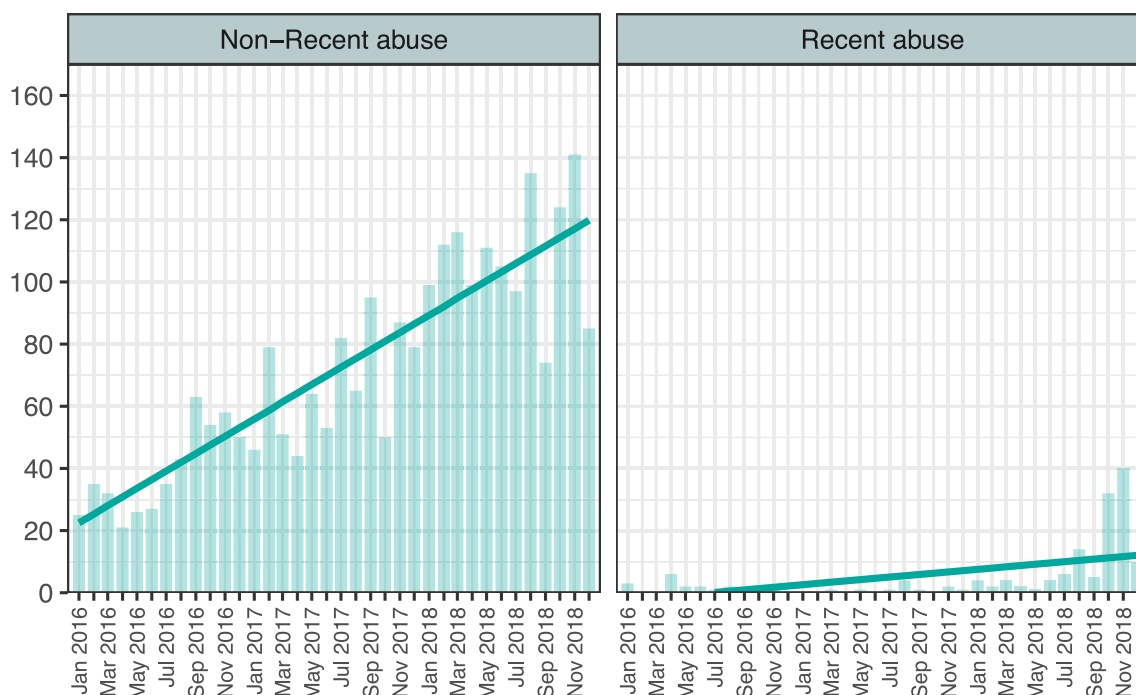


Figure 10 also shows a consistently higher frequency in the number of calls regarding non-recent abuse, than recent abuse. The higher frequency of calls about non-recent abuse was discussed within the group interview. Participants explained that it tends to take male survivors a lengthy period of time to disclose the sexual violence and abuse they have experienced and to seek support. The delay in help-seeking can be for several reasons, for example; they have suppressed the abuse or trauma; they are experiencing feelings of shame, guilt and self-blame; or there has been a lack of support available to them.

They've carried those feelings for a very long time and that's very often what's stopped them talking about it, because... shame – Interview Participant 4.

There was also a concern about the consequences that disclosure and help-seeking would have on their lives more broadly. For example, where perpetrators were relatives, survivors often remained silent about their abuse for years and did not seek help because they were afraid of their family finding out and the impacts this could have. Interview Participant 4 summarised some of the thought processes reported by survivors who have delayed disclosing and help-seeking:

So the family's gonna know and that breakdown is gonna be down essentially to me. It's gonna ruin marriages and relationships with children and what if I'm not believed? And what if I'm not able to see my children? Usually, you know, people keep it to themselves.

¹² Statistically significant at 5% level from linear regression of the number of calls per month, controlling for whether the abuse was recent or non-recent.

3.6 Age

As seen in Table 1, the majority of male survivors who accessed the telephone service were over the age of 45 years old. As men more frequently called the service to discuss non-recent abuse, this is perhaps unsurprising. The older age of survivors accessing the telephone service was reiterated by group interview participants who noted that the majority of calls were from 'older men'. This was explained by Interview Participant 3:

You do get a lot of older males calling ... and they've carried it for a long time and ... something's triggered for them and they need to talk and they've been referred to our service.

3.7 Further male survivor characteristics

Within the data it was possible to identify additional survivor characteristics, not presented in Table 1. These characteristics are presented separately because of the scope and detail of the data collected. All of the variables discussed below had a minimum of a 50% response rate and the data was collected over the full three years being analysed (with the exception of 'how the caller heard about the service', which is missing one month's data from April 2018).

3.7.1 Reporting to other sources

Survivors had typically reported the abuse to other sources, either prior to contacting the male telephone service, or as a result of engaging with the service. In 1,469 communicative calls survivors disclosed that they had reported the abuse to another source. Of these calls, survivors disclosed the source or the 'source type' in 1,464 cases. Survivors may have reported the abuse to multiple sources.

There were a wide range of sources that survivors reported to. Telephone service staff noted down the following sources. They have been grouped by source type:

Criminal Justice Services: case, court, CPS, investigation, lawyer, police, solicitor;

Inquiry: IICSA, Yewtree;

Family or Friend: aunt, colleague, family, friend, wife;

Social services: care coordinator, social service, social worker, support worker;

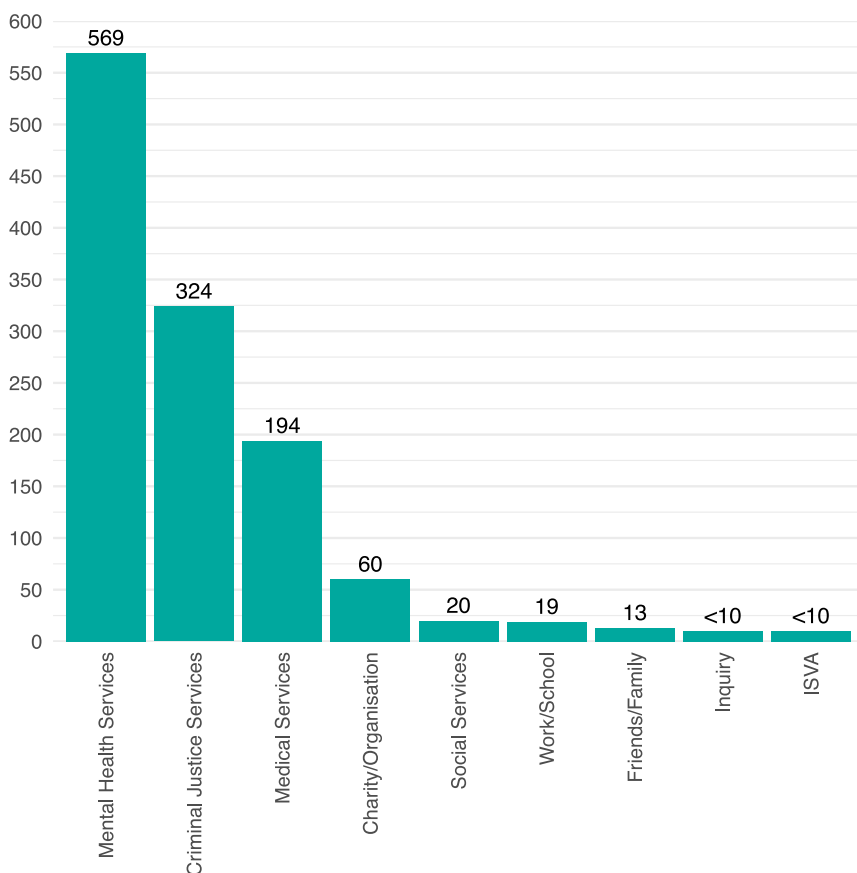
Work or school: school, teacher, university, work;

Mental Health services: counsellor, CPN, CPN psychiatrist, mental health, mental health nurse, mental health service, mental health team, psychiatric nurse, psychiatrist, psychotherapist, therapist, IAPT;

Medical services: doctor, GP, health service, NHS, SARC;

Charity/Organisation: Action Against Elder Abuse, Advocate, Barca, Crasac, Crisis, Mankind, Mind, NAPAC, Rape Crisis, RASAC, Sam, Samaritans, Sex Addict Anonymous, Stop it Now!, Survive, Survivors, Survivors Manchester, Survivors Trust, Survivors UK, Victim Support.

Figure 11: Frequency of other sources that were reported to by male survivors



As can be seen from Figure 11 above, male survivors most frequently reported to mental health services, criminal justice services, and medical services.

From the qualitative data collected via the group interview and client feedback, it seemed that where survivors had disclosed to other sources they often reported having negative experiences. Consequently they often contacted Safeline for support and reassurance. Negative experiences around reporting to the police were particularly highlighted in the group interview.

They've gone to the police and they've spoken about it, they've felt interrogated themselves and the way that it's been handled, they don't feel comfortable speaking about it any longer to anybody else, it's completely drawn them back in to their shell – Interview Participant 1.

There's a lot of regrets from doing it – Interview Participant 2.

They feel almost abused again, really traumatised – Interview Participant 4.

Survivors disclosed that they had not reported the abuse to any other source 531 times, and so when contacting the telephone service it is assumed that this is the first time they had told anyone about their experience(s).

3.7.2 Police and Crime Commissioner area

Survivors were asked the geographic location that they were calling from and this was recorded by helpline staff. We then translated this information into Police and Crime Commissioner (PCC) areas. Table 5 below highlights the ten most frequent PCC areas that callers accessed the telephone service from.

Table 5: Top 10 most frequent PPC areas that survivors called the telephone service from

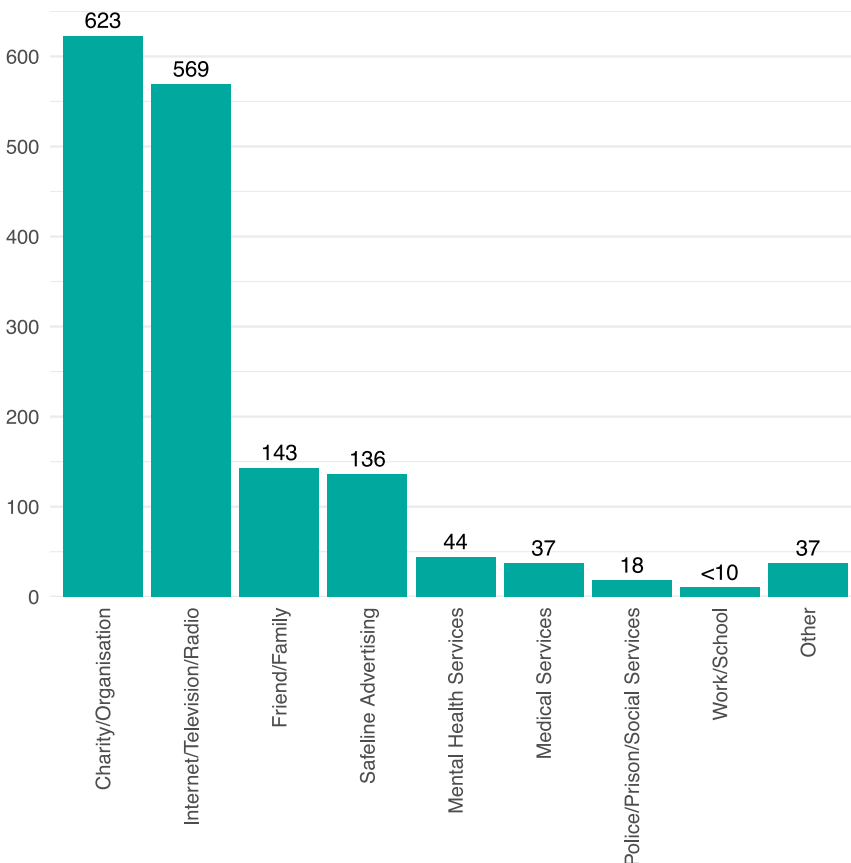
Rank	PCC Area	N
1	Devon and Cornwall Constabulary	408
2	Metropolitan Police Service	149
3	Durham Constabulary	143
4	Warwickshire Police	131
5	Greater Manchester Constabulary	124
6	Suffolk Constabulary	116
7	Lancashire Constabulary	99
8	Hertfordshire Constabulary	85
9	Sussex Police	68
10	West Midlands Police	55

It is difficult to pinpoint exactly why these are the PCC areas that survivors most frequently called from. However, there are numerous possible explanations. For example, within these areas, a small number of individuals could be repeatedly accessing the telephone service for support. Moreover, it may be that survivors wish to remain anonymous and the NMSHOS supports this by providing a national service rather than one that is local and likely to be staffed by local call-handlers. In some PCC areas there may be a lack of male survivor support provision, or long waiting lists for any services that do exist. In specific PCC areas there may have also been high profile local cases involving male survivors that were reported on by the media, which resulted in survivors seeking support via the male telephone service. Finally, PCC areas with high population densities, e.g. the Metropolitan Police and Greater Manchester Police, may be more likely to feature for this reason.

3.7.3 How survivors heard about the service

Survivors were asked how they had heard about the NMSHOS. As shown in Figure 12 below, this was most frequently from other charities or organisations, or via media sources.

Figure 12: Frequency of how survivors heard about the NMSHOS



As noted earlier in the report, the high frequency of charities/ organisations referring survivors to the NMSHOS may reflect long waiting lists for face-to-face specialist support, with these organisations using the helpline services to help ‘hold’ those on their waiting lists. It may also be the case that services cannot or do not offer specialist support for male survivors, e.g. general mental health organisations, and therefore they have referred them to the NMSHOS as a source of national support not dictated by PCC area. Similarly, it is also possible that survivors are receiving support from other charities or organisations and their experiences of sexual violence and abuse have been raised in this process, resulting in them being signposted to the NMSHOS for specialist support.

The high frequency with which media was reported as a source of knowledge about the NMSHOS is likely to reflect the increasing profile of the NMSHOS, the contact details for which have been featured in the national press, and at the end of TV shows which have featured storylines involving male survivors. As noted earlier in section 3.3, details about the telephone service are also frequently posted and shared on social media. MSP, for example, post about the NMSHOS on their social media accounts approximately once a week.

3.8 Characteristics where data was infrequently disclosed by survivors

Sexual identity and religion were disclosed by less than 50% of participants. This may have been because they were not asked for this information during the telephone call or because they were unwilling to disclose this information. As a minority of callers provided this data, it would be misleading to conduct further analysis of the quantitative data associated with these characteristics. These characteristics were not discussed in any substantial detail in the qualitative data.

4. PROBABILITY OF MALE SURVIVORS CALLING THE MALE TELEPHONE SERVICE VS THE GENERAL TELEPHONE SERVICE

To provide insight into the factors that were significant to a survivor’s decision of which telephone service to use, logistic regression was applied to model the likelihood of which telephone service (male vs general) a survivor would call based on the profile of the call. Calls to the young person’s telephone service were excluded from this analysis as the target clientele did not include all male survivors, only those under the age of 18.

Data from 3,492 communicative calls with survivors who had called either the male or general telephone services between 2016 and 2018 was used in the model. These calls were included because data had been collected on all of the following variables; method of contact, the day of the week, whether the caller was a first time or repeat caller, whether the abuse was recent or non-recent, and the duration of the call.

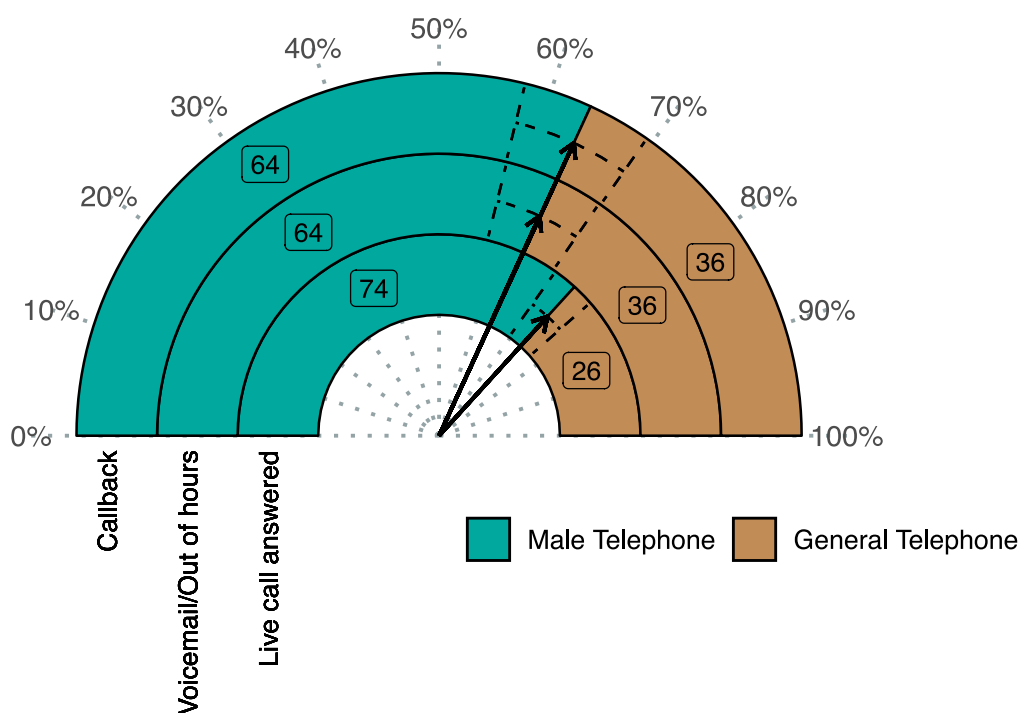
For both the male and general telephone services, the most common profile for a communicative call from a male survivor was; for them to make a live call on a Tuesday, as a repeat caller, regarding non-recent abuse. This profile was used as the reference for comparisons in the results below. Therefore when comparing one variable the others will remain constant. So, for example, when comparing method of contact (live calls, voicemails/out of hours calls, and call-backs), the other variables remain fixed with the call being from a survivor, on a Tuesday, as a repeat caller, regarding non-recent abuse.

A survivor of this reference profile was 2.8 times more likely to call the male telephone service than the general telephone service. As will be seen below, all of the variables were significant¹³ to a survivor’s choice of telephone service.

4.1 Method of contact

Based on the data analysed, male survivors were significantly¹⁴ more likely to call the male telephone service than the general telephone service as a live call than by leaving a voicemail/out of hours, or by receiving a call-back. As seen in Figure 13, there was a 74% probability of a male survivor making a live call to the male telephone service compared to the general telephone service, but only a 64% probability of leaving a voicemail, or receiving a call-back.

Figure 13: Predicted probability of male survivors calling the male vs general telephone service by method of contact¹⁵



¹³ Statistically significant at 5% level from in likelihood ratio test of dropping the one variable from the full multivariate logistic regression.

¹⁴ Statistically significant at 5% level coefficient in the full multivariate logistic regression.

¹⁵ This graphic illustrates the probability of calling the male telephone service in the form of a gauge, via the arrows for each category and directed from left-to-right with the scale around the outside indicating the probability. On the left-hand side of the arrow is the coloured segment to indicate the probability of a male survivor calling the male telephone service, while on the right-hand side the coloured segment shows the probability of a survivor calling the general telephone service. The labels underneath on the left-hand side indicate the category the segments/arrows correspond to. For example, in Figure 13 the probabilities for a “live call answered” are shown on the inner-most bar, which corresponds to the reference profile. It shows that the reference profile had an 74% probability of calling the male telephone service, and 26% probability of calling the general telephone service, as mentioned above. The dotted lines extending on either of each arrow are indications for the certainty of the estimated probability; with a greater distance indicating greater uncertainty. Uncertainty here was due to low frequencies for some of the categories within the variables. In technical terms, the dotted lines show the 95% confidence intervals for the predicted probabilities.

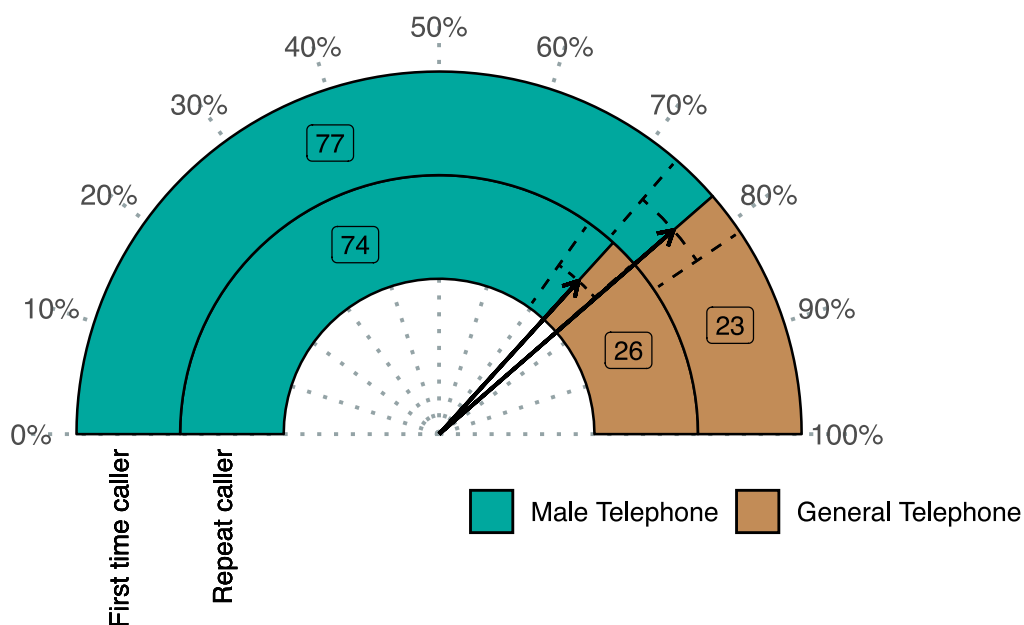
4.2 Day of the week

The day of the week had a significant¹⁶ effect on the probability of a survivor calling the male telephone service rather than the general telephone service. The probability that a survivor would call the male telephone service was significantly¹⁷ higher on a Friday at 82% and a Monday at 78%. The differences between calls made on the other days of the week were not significantly different from Tuesdays, ranging from 74% to 76%. It should be emphasised that what is being discussed here are differences from the reference profile (noted at the beginning of the section) with only the day of the week changing.

4.3 First time or repeat caller

Whether the survivor was a first time or repeat caller was significant¹⁸ to whether they chose to call the male telephone service rather than the general telephone service. A first time caller had a 77% probability of calling the male telephone service, compared to a repeat caller who had the reference 74% probability. This is seen in Figure 14 below.

Figure 14: Predicted probability of male survivors calling the male vs general telephone service by method of contact



¹⁶ Statistically significant at 5% level from in likelihood ratio test of dropping the variable from the full multivariate logistic regression.

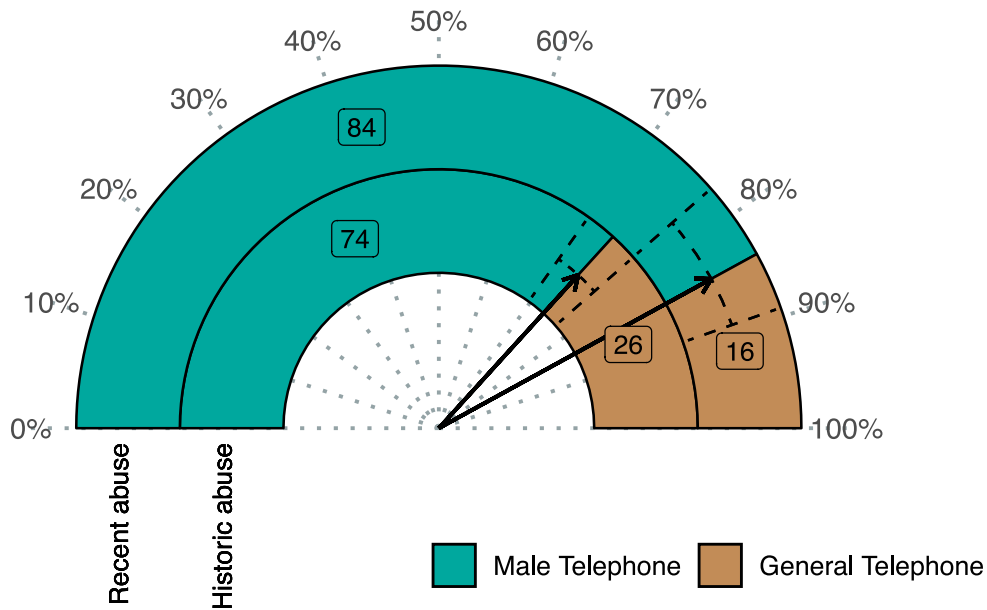
¹⁷ Statistically significant at 5% level coefficient in the full multivariate logistic regression.

¹⁸ Statistically significant at 5% level from in likelihood ratio test of dropping the variable from the full multivariate logistic regression.

4.4 Recent or non-recent abuse

Whether the survivor was calling to discuss recent or non-recent abuse was also significant¹⁹ to whether they chose to call the male telephone service rather than the general one. A survivor calling about recent abuse had a 84% probability of calling the male telephone service, compared to a survivor calling about non-recent abuse who had the reference 74% probability. This is shown in Figure 15 below.

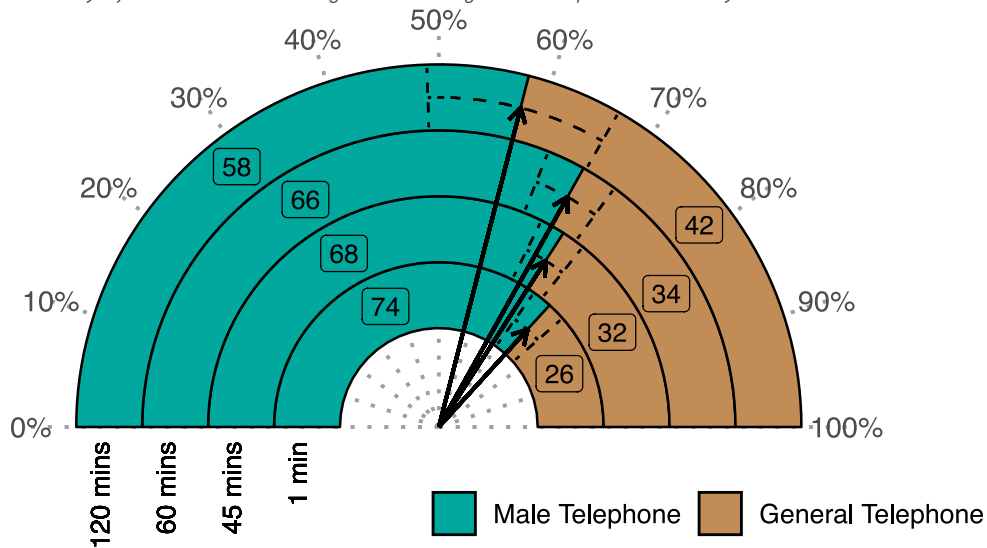
Figure 15: Predicted probability of male survivors calling the male vs general telephone service by recent or non-recent abuse



4.5 Duration of the call

The probability of calling the male telephone service decreased with a longer call duration. As seen in Figure 16, a call of 45 minutes had a 68% chance of being made to the male telephone service. This is perhaps unsurprising given the 45 minute call duration cut-off time introduced in November 2017, which may have a higher impact on the reference profile of repeat callers calling about non-recent abuse.

Figure 16: Predicted probability of male survivors calling the male vs general telephone service by call duration.



¹⁹ Statistically significant at 5% level based on multivariate likelihood ratio test of dropping the variable from the full multivariate logistic regression.

5. COMPARING CALLS FROM MALE SURVIVORS AND NON-SURVIVORS ACROSS ALL TELEPHONE SERVICES

Safeline's telephone services can be accessed by both survivors and non-survivors. The purpose of these calls could be understandably different.

There was a statistically significant²⁰ association between the services contacted by male survivors and non-survivors. As shown in Table 6 below, a greater percentage of male survivors contacted the male telephone service, whilst non-survivors calling about a male survivor generally favoured the general helpline.

Table 6: Summary of Calls by the Type of Caller and the Telephone Service used

	Male		General		Young Person	
	N	%	N	%	N	%
Survivor	3,048	86 %	1,263	81 %	50	83 %
Professional	207	6 %	158	10 %	<10	3 %
Family Member	130	4 %	34	2%	<10	7 %
Friend	28	1 %	24	2 %	<10	2 %
Partner	12	<0.5 %	18	1 %	0	0 %
Other	119	3 %	56	4 %	<10	5 %

Information relating to the survivor or the abuse they had experienced was disclosed in less than 50% of calls with non-survivors. Therefore, a comparison of calls with survivors and non-survivors could only be undertaken in relation to the method of contact, the day of the week, call duration, nature of the call, and whether the caller was a first time or repeat caller.

5.1 Method of contact

There was no significant difference between the method of contact used by survivors and non-survivors across all three telephone services. 75% of calls to the telephone services were live calls answered by Safeline, with 13% of calls leaving a voicemail, and 12% being call backs.

5.2 Day of the week

There was a significant²¹ association between the type of caller and the day of the week. A higher percentage of calls were from survivors (59%) earlier in the week (Monday, Tuesday, or Wednesday). Meanwhile, a higher percentage of calls from non-survivors (43%) were received later in the week (Thursday or Friday).

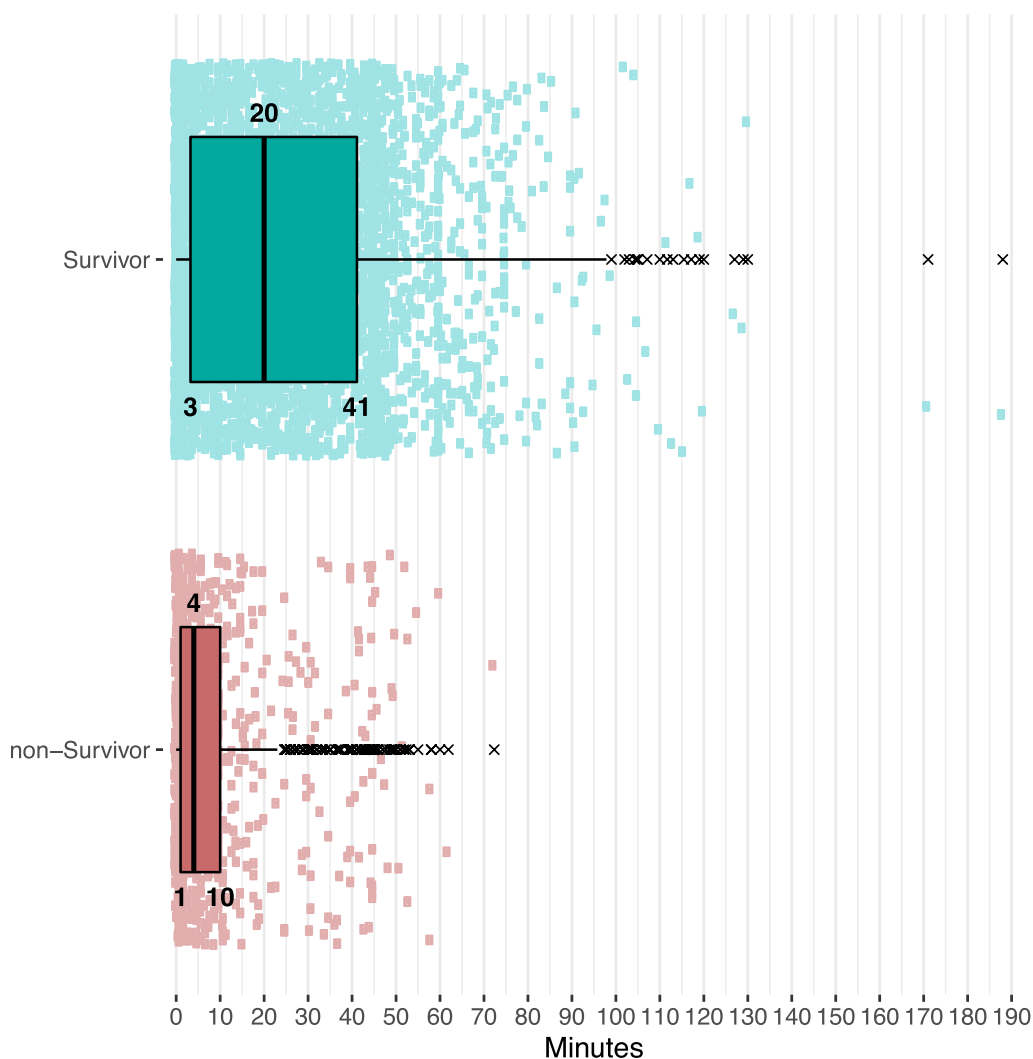
²⁰ Statistically significant from chi-squared test, at 5% level.

²¹ Statistically significant at 5% level coefficient in the full multivariate logistic regression.

5.3 Call duration

Calls with survivors were significantly²² longer in duration than calls with non-survivors. This difference can be seen in Figure 17 below. Figure 17 shows box-plots of the duration of calls with survivors and non-survivors on any of the three helplines. The points behind the box-plots are for illustration purposes only, showing the duration for each call.²³ On average across all of the helplines, calls with survivors were 20 minutes long, which is significantly²⁴ longer than the average call with a non-survivor, of only 4 minutes. Calls with survivors were also more varied in duration, as the majority of calls ranged from 3 to 41 minutes; while calls with non-survivors ranged from 1 to 10 minutes.

Figure 17: Duration of calls with survivors and non-survivors on the telephone services.



The longer average call durations with survivors is perhaps to be expected given the difference in the nature the calls (see section 5.5 below). Indeed, survivors are more likely to be distressed or struggling to discuss their experiences. Moreover, it is likely to be more complex and time-consuming to ‘unpick’ what they are discussing and how they are feeling, when compared to calls from non-survivors.

²² Significance based on a two-sample t-test, at 5% level.

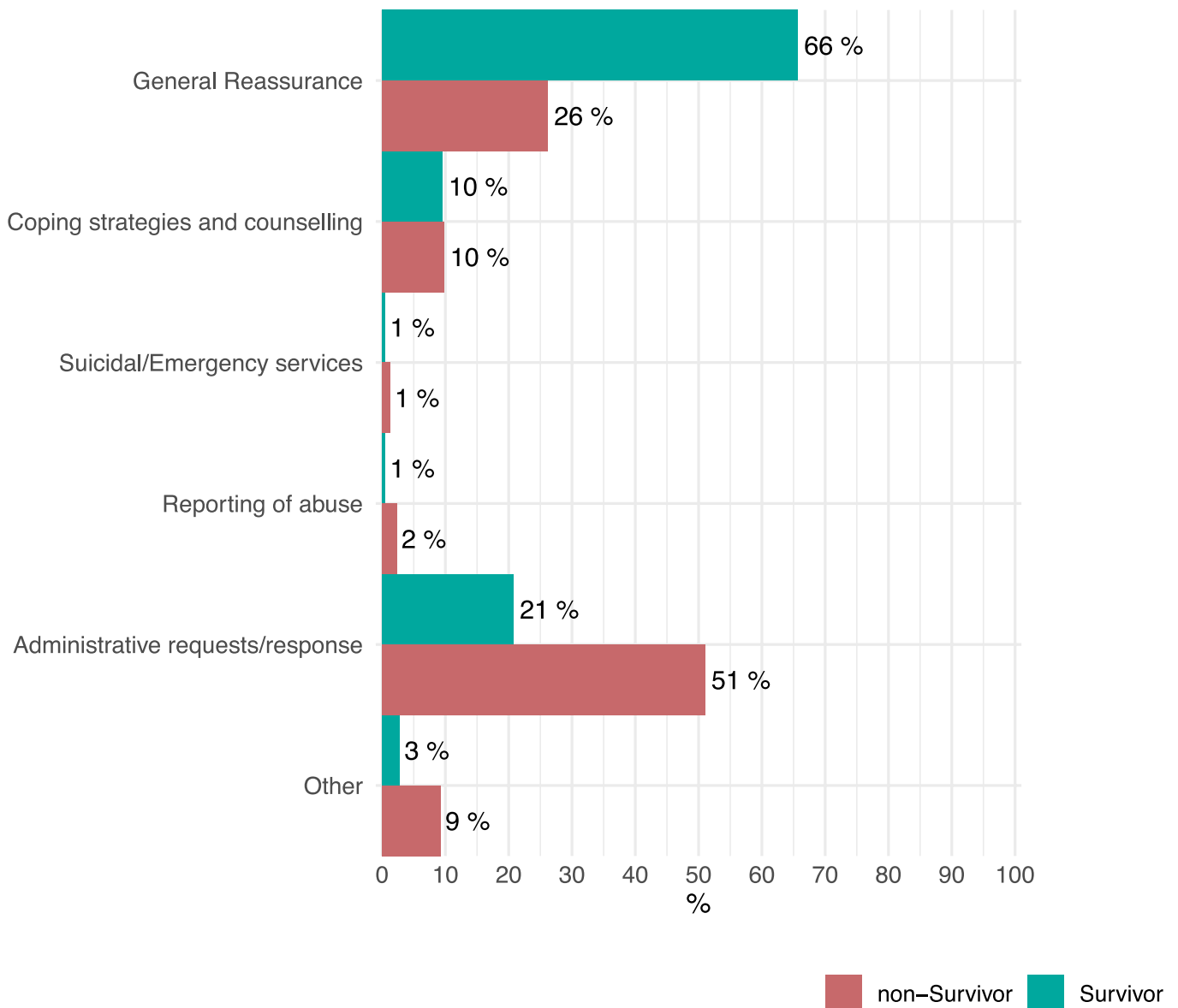
²³ The line in the centre of the box indicates the median call duration, i.e. the middle; where 50% of calls were shorter in duration and 50% were longer. The left-hand and right-hand edges of the box illustrate the inter-quartile range, where 25% of calls were shorter in duration than the left-hand edge and the right-hand edge is where 75% were shorter. This provides a range containing 50% of calls around the median; the middle. The lines and crosses extending out from the boxes represent all the remaining calls outside this range. To assist in this illustration, the box plots have been placed on top of points to illustrate the duration of each call. It can be noticed that the longer call durations cluster around the 15 minute intervals of 30, 45 and 60 minutes.

²⁴ Statistically significant at 5% level from in likelihood ratio test of dropping the one variable from the full multivariate logistic regression.

5.4 Nature of call

The nature of calls with survivors were significantly²⁵ different from calls with non-survivors (see Figure 18 below). For the most part, calls with survivors were for general reassurance,²⁶ whereas calls with non-survivors were for administrative purposes. A higher proportion of calls with non-survivors regarded suicidal ideation, calls to the emergency services, or the reporting of abuse, than of calls with survivors.

Figure 18: Nature of the call for survivors and non-survivors to the telephone services



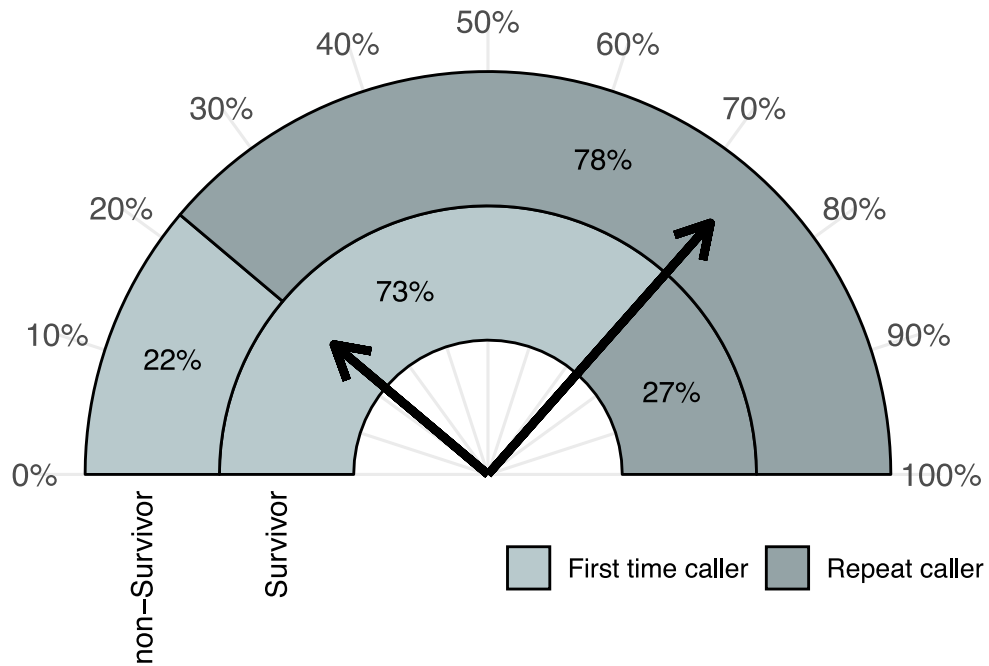
²⁵ Statistically significant from chi-squared test, at 5% level.

²⁶ It should be noted that the recording of Nature of the Call changed in September 2018 so “General reassurance” was no longer recorded and “Coping Strategies and Counselling” was introduced.

5.5 First time/Repeat caller

There was a significantly²⁷ higher number of calls with non-survivors that were with first time callers, accounting for 73% of calls, compared with only 22% of calls with survivors (see Figure 19 below). This reflects earlier findings in the report in relation to the increased number repeat calls to the helpline from male survivors.

Figure 19: Comparison of calls with male survivors or non-survivors and whether they were a first time or repeat caller.



²⁷ Statistically significant at 5% level using a chi-squared test.

6. CLIENT AND STAFF FEEDBACK ON THE NATIONAL MALE SURVIVORS HELPLINE & ONLINE SERVICE

Whilst no quantitative data was gathered in relation to feedback on the NMSHOS, comments were provided by clients (via their feedback) and staff (via the group interview). These are discussed separately below.

6.1 Client feedback

The feedback provided by helpline clients was largely very positive with several survivors commenting on how the NMSHOS had prevented them from self-harming or overdosing. Other clients discussed how engaging with the helpline services helped them to feel more grounded and less stressed. Positive comments related to receiving a quick response; the helpful, reassuring, and non-judgemental helpline staff; and the general view that the helpline services were invaluable for many users. Specific comments from client feedback included:

Feels like I'm talking to good, experienced, articulate people on a similar wavelength who are putting me first, trusting me, and giving me confidence to trust myself and talk about what I need to in my way. Repeatedly excellent service.

People like her [the helpline operator] should be cloned and put in the NHS.

Feel the whole Safeline approach is doing very well; certainly helping to prevent me slipping into a morass of anxiety and fear. The helpline has become a go to, to feel better. Suggestions as to grounding techniques, so helpful.

The advisor was so calm and reassuring ... an angel to me.

Clients were asked if they felt there was anything about the NMSHOS that could be improved. One of the most frequent comments related to client's abilities to access the helpline services when they needed to. This typically related to being unable to get through to chat with someone, or limitations associated with accessing the helpline services due to the opening hours.

There is a lag or delay with getting a response, I understand it can't be helped due to time and cost restraints.

Wish the helpline was able to be open 8am till 8pm every day, but realise fundraising is an issue.

Always busy. I work M-S [Monday to Saturday] 7-5, never open or busy when I get home.

Other suggestions for improvement related to personal preferences around what was discussed in phone calls and the limitations of the service for them. One client raised the specific limitations of the service for those who were deaf; 'Face to face or 1-2-1 chatting to a counsellor is important if one is deaf and cannot hear over the phone and in my case texting or email is too impersonal...'

6.2 Staff feedback

During the group interview, staff provided some useful feedback on the functioning of the NMSHOS. They noted that the helpline staff are part of a close team who work well together.

For me, I personally don't think this role would be what it is without the team... Because, you know, we are all there for each other... you can imagine, it [the work] can be quite oppressive... so, we do keep things light and airy, and obviously if you do need that time and space, it's respected, it's encouraged, you know, take 20 minutes, have a breather... we all understand, you know, that sometimes you need that – Interview Participant 1.

From their discussions it was clear that they felt that the NMSHOS was invaluable to clients, and it was making a real difference to both male survivors and their families. The staff noted that the biggest challenges they face relates to resourcing. They explained how technical problems could impact upon both their efficiency and efficacy. For example, the system does not always tell them when text messages are received, meaning that clients can face a delay in responses (something noted in client feedback above). They aim to respond to text messages on the same day, but sometimes clients end up having to get in touch again the next day to get a response if the message is missed or does not come through. They also commented on issues with the voicemail service which impacted their ability to deliver the best service.

Staff noted that the helpline team is small, which means they can miss calls because there are sometimes not enough staff to answer all of the calls coming through. They note that they would like more staff to join the team, but at the moment this is not possible due to budgetary constraints.

At times it might be that we're just missing calls because, you know, most of the time we have 3 people here and we can see that phone ringing... - Interview Participant 2.

We would like more [staff], but it's budget – Interview Participant 4.

These comments around missed calls and clients being unable to access the NMSHOS echo those from clients themselves (discussed above).

1 The continued growth of the National Male Survivors Helpline and Online Service needs to be supported and funded appropriately

The important role that the NMSHOS plays in supporting male survivors of sexual violence and abuse is clearly outlined in this report. There has been a significant increase in the number of callers, and in particular first-time callers, accessing the telephone service. Between 2016 and 2018, there was a 199% growth in communicative calls to the male telephone service. The majority of callers are male survivors and, as noted earlier in the report, if growth continues at the pace it has been, by the end of 2019 the telephone service will receive over 2000 communicative calls a year just from male survivors. This does not account for non-communicative calls or calls from non-survivors, which also take up time and resources. Nor does this account for time associated with responding to clients who access the text and email services.

As noted, Safeline have engaged in capacity building activity in response to increased demand. Over the time-period for the data analysed, opening hours were increased several times to reflect, and support, increased demand. Operational changes were also implemented to increase call capacity; for example in November 2017 it was decided to restrict callers to two calls per week lasting for no more than 45 minutes each. As noted by the helpline staff who took part in the group interview, there are occasions when they are unable to answer calls coming through because they are all already speaking to clients. This issue is also reflected in client feedback, with several clients commenting that they have been unable to get through to the service during opening hours. This suggests that the service is already at, or very close to, capacity, based on demand, current funding, staff numbers, and infrastructure. Thus, it is reasonable to suggest that a proportion of the number of uncommunicative calls received by the telephone service may be attributable to phone calls being unanswered. Similarly, of the calls where a voicemail is left or a call back is required, a proportion of these is likely to be due to calls not being answered during opening hours. Staff also raised concerns around the infrastructure supporting the NMSHOS, specifically the technology. Staff noted how these technological issues negatively impacted the service delivery for clients.

Based on the findings in this report, we recommend that detailed consideration is given to how the NMSHOS is funded going forwards. As we have suggested, growth is predicted to continue and thus there is a clear argument for increasing funding in order to allow for increased service capacity, and to allow a high quality service to continue to be delivered to clients. Feedback from clients also points towards a desire for increased opening hours, which will require additional investment. We also suggest investment is needed into the infrastructure underpinning the NMSHOS to address staff concerns in relation to the technology being used. Without an increase in funding, it is likely that: 1. Clients, and in particular male survivors as the largest user group, will increasingly find themselves unable to access the service; and/or 2. that the quality of the service delivered is necessarily limited or diminished in some way.

2 Improvements are needed in helpline data collection processes

As noted in the methodology section at the beginning of the report, it was necessary to undertake significant data cleansing before beginning analysis. This was partially due to the variable quality of the data available. There were substantial inconsistencies in the data collection process. For example, the format of call dates was recorded in a mix of DD-MM-YYYY and MM-DD-YYYY, which meant we were unable to determine accurate dates of calls. We were only able to determine the month and year due to the monthly format which the data was provided in, e.g. all data relating to August 2018 was in one datafile. Moreover, there were substantial gaps in the data that was gathered. This was often as a result of changing requirements in relation to data collection.

At present, Safeline use an off-the-shelf database software to gather data from engagement with the NMSHOS. The data that they are gathering however, is too complex and too broad for this to be gathered effectively using such software. This issue is likely to contribute to the problems around data quality and consistency noted above. This is especially the case when considered in the context of how the helpline staff work, i.e. simultaneously speaking to (possibly distressed) callers, and inputting data into the database.

Therefore, we recommend that the NMSHOS would benefit from investment in a bespoke software package that would improve their data gathering capabilities. This software could include form interfaces, multiple choice questions, and drop-down lists, or more complex voice recognition software. It is clear that the data gathered in relation to the use of the NMSHOS is invaluable, not only for Safeline as service providers, and the Ministry of Justice as service funders, but also more broadly in helping to develop understandings of the help-seeking behaviours and profiles of male survivors. Improving the quality and consistency of the data gathered about the NMSHOS should therefore be viewed with great importance. The adoption of any bespoke software package should be in consultation with helpline staff and must take into account the realities of their roles when engaging with clients.

3 Additional data should be gathered to develop understanding about the experiences of male survivors and to ensure that the best support possible is provided to them

Whilst the data currently being collected by helpline staff is extensive, there are a number of data categories that should be added to help provide a more comprehensive picture of male survivors' experiences. These include; the sex of the perpetrator(s); more detailed information on why they are utilising the NMSHOS service vs for example local services; their age at the time of the sexual violence or abuse; and information about the type of abuse experienced, e.g. penetrative vs non-penetrative sexual activity.

If there is investment in data collection processes (as discussed in recommendation 2 above), then collecting this additional data should not be too onerous. This additional data is likely to prove useful in developing a clearer understanding of the experiences of male survivors by adding to the evidence base that exists in this area. Developing understanding in the area will be useful not only to support services, but also to policy-makers and researchers. Indeed, the development of this evidence base is instrumental to informing appropriate responses to male survivors and ensuring that they are provided with the best possible support.

4 There needs to be a national review of male survivors support service provision and increased investment in services where needed

The issue of a lack of male survivor support service provision in certain geographic areas was raised several times in the report. The issue of long waiting lists for services was also discussed. These issues were both raised and discussed by helpline staff during the group interview, who noted that the general lack of support for male survivors, and long waiting lists, were a regular source of distress and frustration for helpline clients. Staff also noted that there were some areas of the country which seemed to lack services offering male specific support to survivors, for example Blackpool in Lancashire. Staff explained that the lack of male support service provision can enhance male survivors' feelings of 'abnormality', self-blame, and guilt, as well as making them feel that they do not 'deserve' to speak about their trauma.

Whilst it is clear that the NMSHOS has a very important role to play in supporting male survivors, it is also clear that other forms of support must be available. A national review of male survivor support provision should be undertaken to identify areas where there is no support and where waiting lists are extensive. If, in conducting this suggested review, areas of additional investment need are identified, this investment should be made. However, we are clear that investing in support in this way should not be at the expense of investing in the NMSHOS. Similarly, we are clear that the same principle applies the other way around; investment in the NMSHOS should not preclude investment in local male support services. There is a clear need for specialist support for male survivors, and they should have options in relation to the type of support they choose to access. One option should not be provided at the expense of others.

In calling for this review of male survivor support service provision and increased investment where needed, we are clear that this should not be done in a way that impacts support for any other survivors of sexual violence, particularly women.

5 More large scale empirical research needs to be conducted into, and involving, male survivors

As noted at the beginning of the report, there is a growing body of empirical research into, and involving, male survivors. However, much of this work has involved small-scale studies covering specific geographic locations or involving specific groups of male survivors. This study is the first to analyse a national data-set which addresses the help-seeking behaviours and experiences of male survivors. More research studies on this scale are needed to develop an evidence-base around the experiences of male survivors. Whilst this study did not involve male survivors themselves (although client feedback provided to Safeline was incorporated), future research should, where possible, include male survivors as participants and co-researchers. Several areas of potential research can be suggested from discussions within this report, for example in relation to national and regional support service provision, the scope and limitations of support service provision, improving police and criminal justice responses to male survivors, and men's help-seeking behaviours and enhancing engagement.

We are clear that in calling for this additional research it should be conducted and used in such a way as to improve responses to, and outcomes, for male survivors where possible. Any research must not be conducted, or used, in a way that attempts to diminish or undermine the experiences of any other survivors, including women.

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