A qualitative investigation of service providers' experiences supporting raped and sexually abused men

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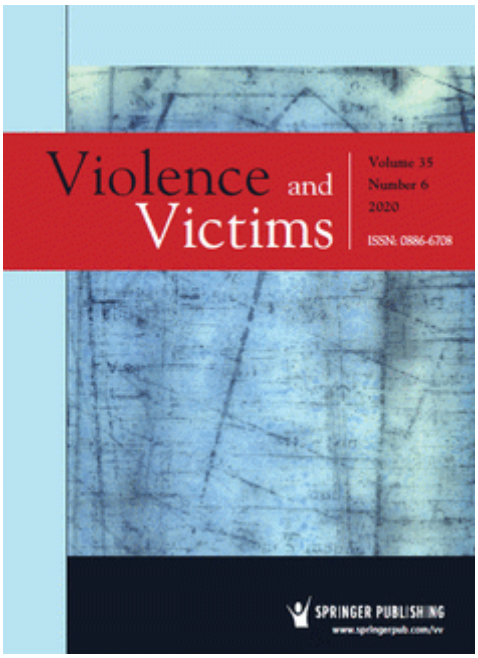

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Abstract

Substantial gaps remain in our understanding of the risks and barriers that exist for men affected by rape and sexual abuse. The present research utilised semi-structured interviews with twelve service providers from specialist organisations in the UK. An interpretative phenomenological analysis (IPA) revealed three superordinate themes: i) survivors' needs for agency, safety, and control as functions of their masculinity, ii) the impact of rape myths and their challenge to therapeutic intervention, and iii) survivors' expectations around reporting and the police. The role of masculinity and social stigma permeated participants' accounts, with negative stereotypes and male rape myths influencing reporting, access to services, and survivors' coping mechanisms. Results are discussed in relation to current service provision within the UK, and avenues for improvement are suggested.

Keywords: rape, men's victimisation, masculinity, rape myths, service providers

Introduction

Historically, research on sexual violence has predominantly focused on the experiences of women, leading to important developments in terms of recognition and awareness of their experiences of sexual victimisation. This is largely the result of feminist approaches which have rightly sought to highlight the pervasive issue of violence towards women and its aetiology (Whisnant, 2009). In contrast, research on men's sexual victimisation is estimated to be 20 years behind that on women (Pearson & Barker, 2018), despite global evidence suggesting that 1 in 4 men (S. G. Smith et al., 2018) and 1 in 6 boys (Dube et al., 2005) have experienced some form of contact sexual violence in their lifetime. In the UK, whilst official figures suggest lower incidence rates for men compared to women (5% versus 20% since the

age of 16), this still equates to approximately 155,000 men being sexually assaulted in 2020 alone (Office for National Statistics, 2021).

However, men's victimisation is gaining increasing recognition, as reflected in the language used to describe this violence. Labelled as 'male rape' or 'male sexual victimisation' in research, policy, and support services, sex-oriented language has begun to explicitly describe men's sexual victimisation as distinct from women's, "rather than lazily labelling it as a subcategory of 'normal' rape", as was previously the case (McLean, 2013, p.41). As such, these newer labels have begun to recognise and validate men's experiences and reject, for example, previously distinct homophobic characterisations, such as "homosexual rape" (Laurent, 1993: Saum et al., 1995). However, it should be noted that, through seeking to and somewhat succeeding in distinctly recognising abused men's experiences, the term 'male' (as sex-oriented language) may not be fully inclusive of transgender and non-binary individuals. Therefore, for the purposes of this paper, we will refer to *men* who have experienced sexual violence, rather than *males*.

This increasing awareness of sexually victimised men has also led to growing recognition as to the gender-specific barriers experienced by this population in relation to disclosure, accessing support, and reporting to the police. For example, it is now recognised that there is a stigma attached to the rape and sexual abuse of men that is likely to negatively influence survivors' willingness to disclose their experiences (Hammond et al., 2017), as well as, incidentally, affecting the reliability of prevalence figures currently available. Men also report a number of anxieties around disclosing sexual victimisation, including fear of not being believed, having their cases dismissed, and being discriminated against by police officers and the criminal justice process (Pearson & Barker, 2018). The intersectional experiences of men have also been explored, with research highlighting difficulties surrounding disclosure for men with marginalised identities (ethnic and/or sexual minority: Donne et al., 2018; Jackson et al.,

2017). For example, studies show that men from non-white backgrounds experience additional cultural pressures to conceal sexual trauma to avoid shaming responses and dishonour their families (Gilbert et al., 2004; Gilligan & Atkar, 2006). Sexual minority men also experience distinct challenges around disclosure, with studies showing gay and bisexual men expecting homophobic reactions to their victimisation and fearing that their sexuality would be used to ridicule or dismiss their experiences as consensual (Survivors UK, 2021; Widanaralalage et al., 2022). Clearly, men's hesitancy around disclosing sexual trauma is a concern, especially when initial disclosure is predictive of further, formal help seeking (Sorsoli et al. 2008; Ullman & Filipas, 2001),

Understanding the experiences of survivors, and why they might be reluctant to disclose their victimisation, is arguably also crucial in determining which rehabilitative pathways may be appropriate when they do engage. For example, men who have been raped often find themselves in need of professional support for depression (Peterson et al., 2011), suicidal thoughts (Struckman-Johnson & Struckman-Johnson, 2006), unhealthy self-blame (Widanaralalage et al., 2022), shame, and low self-esteem (Walker et al.2005), problems with sexual functioning (Peterson et al., 2011) and Post-traumatic Stress Disorder (PTSD; Voller et al., 2015). Indeed, many of these needs are also reflected in work with sexually victimised women, which highlights the similarities in men and women's experiences of sexual violence (Weiss, 2010) and identifies a variety of mental health needs post-incident (Campbell et al., 2004).

However, for men, gender norms representative of so-called 'hegemonic masculinity' typically reject vulnerability (Connell, 2005), and survivors' sense of shame following victimisation seems to be influenced by their perceptions of masculinity as synonymous with power and authority (Widanaralalage et al., 2022), which provide gender-specific barriers to recognising victimisation (Weiss, 2010) and involving support services (McCart et al.2010).

Typically, masculinity scripts and norms portray men as invulnerable, physically and sexually dominant, aggressive, resilient, stoic, and independent (Levant et al., 2010, 2013; Mahalik et al., 2003; McCreary et al., 2005). Therefore, it is unsurprising that studies have shown that sexually victimised use masculinity narratives to justify and rationalise their victimisation. For example, Weiss (2010) found that sexually victimised men described their assaults through narratives that demonstrated masculinity (i.e., being drunk, physically resisting) to rationalise their victimisation and demonstrate their heterosexuality. Indeed, some evidence suggest that men seek medical treatment, or report to the police, only if they are physically injured (Pino & Meier, 1999; Tewksbury, 2007; Weiss, 2010), which is further indication of men's reluctance to disclose the cause of their injuries, unless they can provide physical proof. There exist, therefore, distinct challenges in providing support to abused men, which are informed by gendered expectations.

Alongside and as a function of masculinity norms, rape-myths, or "prejudicial, stereotyped or false beliefs about rape, rape victims and rapists" (Burt, 1980, p.217), are also influential in men's help seeking processes, despite being traditionally used to describe women as victims and men as perpetrators. Turchik and Edwards (2012) postulated that male rape myths[1] are widely found in society and are similarly related to gendered expectations. For men, rape myths describe beliefs around masculinity, sexuality, pleasure, effect, context, and perpetrators (Hine et al., 2021), with examples including: "men are too strong to be raped"; "only gay men are raped"; "a man who has an erection/ejaculate cannot be raped"; "rape is not traumatic for men"; "men are only raped in prisons"; "only men who are big and strong are

[1] The use of the term 'male' here is reflective of the language used within the body of work previously established on this topic. As stated previously in this manuscript, we recognise that this potentially represents a conflation of terms relating to sex (i.e., male) and gender (i.e., men), and that the myths we describe are reflective of beliefs towards men (inclusive for example of transgender men) and not just those identified as male at birth. This is a linguistic issue for this area, and we recognise the need to future discourse on this topic. However, for consistency, we will continue to use the term male rape myths in this piece with limitations recognised.

able to rape other men" (DeJong et al., 2020; Hine et al., 2021; Turchik & Edwards, 2012; Walfield, 2018). Recent research has demonstrated a direct impact of such myths on the disclosure practices of abused men, for example by operating largely to prevent men from recognising their abuse, or in evoking extreme levels of self-stigmatisation (Widanaralalage et al., 2022). Such results support previous assertions that male rape myths are likely inform barriers to disclosure, as men's victimisation is viewed as both unacceptable, taboo, and evocative of other negative attitudes such as homophobia (Sorsoli et al. 2008).

Unhelpfully, survivors' fears around disclosing are often confirmed by encounters with rape myth related attitudes within third sector organisations[2] and the criminal justice system (CJS; Ellis et al., 2020; Jamel et al., 2008; Widanaralalage et al., 2022). Indeed, negative social reactions to sexual assault disclosures have been linked to the development and exacerbation of PTSD symptoms in sexual assault survivors (Ullman & Peter-Hagene, 2014). Moreover, recent evidence suggests that police officers and practitioners' negative responses significantly affect men's willingness to engage with the CJS and recovery programmes (Widanaralalage et al., 2022), with survivors fearing the repercussions on their wellbeing and the psychological 'burden' of engaging with hostile and stigmatising practices. Survivors' experiences with formal organisations are in line with the literature on 'betrayal trauma' (the violation of promises from institutions seen as trustworthy and dependable: Freyd, 1996), whereby negative reactions from support and criminal justice agencies amplify survivors' psychological distress (Smith & Freyd, 2014) and cause 'secondary victimisation' (Campbell & Raja, 1999).

It is worth noting that invalidating narratives towards abused men exist beyond specific institutions, and rather represent damaging discourse at a societal level. For example, recent work by Bogen et al. (2020) on the Twitter dialogue regarding sexual victimisation among men

[2] Third sector organisations' is a term used to describe the range of organisations that are neither public sector nor private sector. It includes voluntary and community organisations (both registered charities and other organisations such as associations, self-help groups and community groups), social enterprises, mutuals and co-operatives.

using the hashtag #UsToo revealed that only 2% of tweets were personal disclosure, with almost one-third of tweets categorised as negative or distracting. Whilst almost two-thirds of the responses were categorised as positive, Bogen et al. nonetheless argued that even within a virtual space designed for men to disclose their sexual victimisation, men were discouraged from disclosing, experienced significant prejudice and abuse related to their victimisation, and were characterised as taking up narrative 'space' that belonged to women. The recent publication of an updated position statement by the UK government demonstrates how such narratives are reflected at the political level, with this document titled "Supporting male victims of crimes considered violence against women and girls" (Home Office, 2022). Contents aside, the title of this piece alone demonstrates how male victims are framed as 'occupying' space within an area exclusive to women and girls. Such positioning is arguably critically invalidating, and likely only exacerbates the masculinity and myth-related barriers described above.

Given then both the complex symptomatology and substantial barriers to disclosure and help seeking discussed above for abused men, support services clearly have a vital role to play in "producing, interpreting, and implementing policy…raise awareness, lobby for change, and delivering particular provisions" (Javaid, 2017, p.3). Indeed, since the establishment of Survivors UK[3] in 1986, there has been a steady increase of specialist services across the UK working specifically with men who have had experiences of sexual violence (both in childhood and as adults; Lowe & Rogers, 2017). These services are designed to meet the unique needs of men, with both individual support and/or group settings available (Survivors UK, 2018). The importance of these services is reflected in the rising number of individual seeking support, with Survivors UK reporting over 2500 calls every year to their helpline. Recently, the UK

[3] Survivors UK is a charity that provides a range of therapeutic and emotional support services for men or boys over the age of 13 who have been raped, sexually assaulted and abused, whether in childhood or as adults.

Ministry of Justice has also recognised the need to provide support to these organisations by pledging a significant increase in the funding available to rape crisis centres, which included specialist organisations supporting men (one of the more positive outcomes of the renewed position statement discussed above).

However, despite renewed political attention and increasing provision, it is argued that the needs of abused men are still not recognised or met across the third sector (Lowe & Rogers, 2017; McLean, 2013). Reports suggest that men are still often placed in waiting lists, with survivors encountering discrimination when both attempting to access and receiving support (Javaid, 2017). Earlier studies indicate the existence of widespread negative beliefs towards sexually victimised men across third sector services and practitioners, whereby the rape of men is believed to be rare, only concerning gay men, or is denied for fear of repercussions to the resources available for women (Donnelly & Kenyon, 1996; Kassing & Prieto, 2003). Indeed, some of these experiences may result from services originally designed for women attempting to now provide support for men but failing to do so in a way that is inclusive and caters for gender-specific needs (a phenomenon observed within the domestic violence literature; Hine, et al., 2022). Part of the challenge of providing effective support for abused men may be a lack of inquiry conducted with service providers themselves on their experiences. For, example, it is still not entirely clear how masculinity norms and/or rape myths influence the ability of professionals to provide support. Exploring this in the context of specialist service provision is therefore particularly important, as such organisations are often responsible for the delivery of victim support and assistance programmes and provide gateways for reporting to justice bodies (Robinson & Hudson, 2011).

It is therefore the case that, despite growing specialist care provision in the UK, research has neglected to investigate the challenges experienced by service providers supporting men affected by rape and sexual violence. Understanding the difficulties encountered by providers

is particularly important due to the genders-specific needs of survivors, which shapes the type of support required and places unique demands on the therapeutic relationship. Moreover, the professional expertise provided by practitioners allows for a unique insight into men's post-incident rape experiences, as well as programs and techniques that can best assist survivors in their recovery. The present study aims to address this important research gap.

Approach and Methods

This qualitative study was conducted with service providers who work closely and on a regular basis with raped and sexually abused men. Following interpretative phenomenological analysis (IPA) frameworks, this study aimed to explore and understand the experiences of service providers working with men, including the challenges of providing therapeutic care and guidance upon disclosure. The study was reviewed and approved by the University Research and Ethics Committee (UREC) at [redacted for peer review].

Participants and Recruitment

Aided by a steering group made up of gateway service-providers, this study utilised purposive sampling. The target population consisted of third-sector service providers; therapists, counsellors, and Independent Sexual Violence Advisors (ISVAs[4]) delivering one-to-one, trauma-informed mental health treatment and support to survivors of rape. Their expertise and knowledge allowed them to provide professional, third-party perspectives on post-abuse experiences[5]. Eligible participants were required to have direct and regular contact with sexually victimised men, either by providing individual support and/or facilitating group

[4] ISVAs are advisors working with victims of rape and sexual assault, providing support irrespective of whether the victims reported to the police. ISVAs provide impartial information regarding a victim's options around reporting, accessing Sexual Assault Referral Centres (SARCs), specialist organisations, pre-trial therapy, or sexual violence counselling. Other services provide by ISVAs include providing information related to services for health, social care, housing, and/or benefits.

[5] One of the participants revealed in the course of the interview stage that they had experiences as a survivor. Therefore, it is recognised that, to some degree, their experiences as a service provider will be shaped by their past experiences of sexual victimisation.

settings. As this study focused specifically on the experiences of those specifically working in supporting roles, participants were not allowed to be part of a specialist criminal justice population (i.e. police officers, prosecutors).

The Male Survivors Partnership (MSP[6]) helped to recruit eligible service providers from different organisations across the UK. In this study, MSP played a mediatory role between the research team and the local organisations that were contacted for this study. The design and interview schedules of this study were developed collaboratively with MSP, to ensure that participants were safeguarded throughout the process, by guaranteeing that support was readily available for providers who decided to take part in the study. The researchers made initial contacts with senior members of five local organisations affiliated to MSP. Three organisations showed interest in the study and informed their practitioners of the opportunity of taking part in the research. Participants who wished to be interviewed communicated their interest to the member of staff in contact with the research team.

A total of 12 service providers were interviewed, aged between 26 and 54 years old (mean age = 43.92, six female). The majority of participants were of White ethnic background, with one participant of Mixed ethnicity (Table 1 outlines the demographic and work-related information for each participant). The final sample consisted of experienced providers and demonstrated broad and varied experience supporting sexually victimised men. Whilst participants' current workload consisted primarily of men who experienced sexual violence in childhood (before the age of 13), all participants also supported several men who were sexually victimised in adulthood. Indeed, on average, participants had 4.5 years of experience supporting sexually victimised men and had worked on more than 400 combined cases (see Table 1). The level of expertise in this sample is ideal and indeed recommended for IPA

[6] The Male Survivors Partnership (MSP) is a national organisation in the UK that functions as an umbrella agency for regional and local organisation that work and support boys and men who experience unwanted sexual contact, sexual abuse and/or rape. https://malesurvivor.co.uk/

analysis (Bernard, 2006), to provide expert accounts of lived experience. To ensure anonymity, participants chose an alias to be used in all forms of dissemination.

[Insert Table 1 About Here]

Materials and Procedure

Participants took part in one-to-one, face-to-face, semi-structured interviews. An interview schedule was designed and used as a guideline, allowing for the natural flow of conversation between the interviewer and the participants (J. A. Smith et al. 2009). The interviews took the form of a discussion on issues surrounding the rape of men, such as: a) attitudes and myths on rape, b) issues faced by survivors, such as disclosing, reporting, and accessing services, and c) the challenges of providing support to these men (see Table 2 for interview schedule with representative questions).

[Insert Table 2 About Here]

Participants were interviewed at the premises of their organisation to ensure familiarity with the environment, with support readily available if needed given the sensitive nature of the interviews. The interviews were also conducted in rooms usually set up for private and confidential conversations, to ensure that participants would feel comfortable to discuss potentially sensitive information (Donalek, 2005; Shaw et al., 2020). Before they began, the researcher obtained informed consent, clearly stating that participation was voluntary. Interviews lasted approximately 1-hour (between 45 minutes and 1 hour and 20 minutes). During the interviews, particular attention was paid to the well-being of the participants. Refreshments and tissues were made available, and, if appropriate, breaks were suggested. Upon completion, participants were fully debriefed on the aims of the study, received information on support available and contact details of the research team for any future questions or clarifications on the study.

Analytic Plan

The analysis followed an IPA framework (Alase, 2017; Pietkiewicz & Smith, 2014). IPA examines how individuals make sense of their lived experiences on a specific topic (J. A. Smith et al., 2009) by placing participants' accounts at the centre of the research process. As a method of analysis IPA is grounded in three main philosophical assumptions: phenomenology, hermeneutics, and idiography (J. A. Smith et al., 2009). IPA is a phenomenological method of qualitative analysis where the singular experience drives the research and interpretation process. As a methodology, the researcher engages in a hermeneutic process of interpreting and deconstructing how participants interpret and rationalise their own experiences, while considering how the researchers' personal constructs inform their interpretation processes. Finally, IPA is an idiographic method of research, where the researchers' endeavours are focused in appreciating the details and uniqueness of each participants' account before constructing broader trends in the data overall.

Following verbatim transcription (conducted by the first and third author of the study) the researcher started the analysis following the four-stage process described by J. A. Smith et al. (2009): i) interpretative reading and annotations, ii) generating codes and emergent themes, iii) seeking relationship and clustering into master themes, iv) comparison of master themes across the sample to identify overarching super-ordinate themes. To ensure the credibility and strength of the findings, all authors were closely involved in the interpretation of the data. The first author and third author separately engaged in the first step and compared and contrasted codes and themes subsequently generated. Upon agreement of representative master themes, these were presented and discussed to the second and fourth author of the study. This process of collaborative discussion led to further interrogation and questioning of the data and to the development of three super-ordinate themes that best described participants' experience.

Results

Three superordinate themes emerged regarding the challenges encountered by providers around managing i) survivors' needs for agency, safety, and control as functions of their masculinity, ii) the impact of rape myths and their challenge to therapeutic intervention, and iii) survivors' expectations around reporting and the police. As previously mentioned, it is important to note that participants' responses mainly related to experiences working with men who experienced childhood sexual victimisation. However, most participants highlighted how and where the barriers and challenges encountered by their clients were shared for both childhood and adult survivors.

Theme I: Masculinity: managing survivors' need for agency, safety, and control

All participants discussed at length the importance of working on their clients' masculine identities and how this affected their therapeutic progress. Providers observed an internal conflict between being a man and being a victim, causing a series of coping strategies such as unhealthy self-blame, aggressiveness, and unhealthy stoicism. Underlying these were three core needs: agency, safety, and control.

Agency: "owning" the victimisation

All participants observed self-blaming tendencies in their clients, motivated by a need to own and "have power" over their victimisation. For example, Kai observed how his clients focused on behaviours that could have prevented the assault:

> "There's like transfer of responsibility...historical or current - it's still similar. So often the survivor will take on unhealthy levels of responsibility for what's happened. It's much easier to feel that they're at fault than it is to believe that somebody else could've had the power or control over them."

Participants observed how shifting responsibility reflected their clients' need, as men, to maintain agency over their lives by denying the power that the perpetrator had over them. By emphasising perceived power relations between survivors and perpetrators, providers seemed to be suggesting that blaming oneself reflected survivors' self-perceptions of failure (to prevent the assault) and subordination (to another powerful man), with important psychological consequences. In this sense, one of the main challenges for providers was to disentangle the layers of shame that characterised their clients' self-blame:

> "...so many ways where shame can layer...it can be very hard to work on because sometimes you feel, and I've been there myself as a client 'I should feel ashamed, that's just right, and as it should be. The shame that I carry...is mine. It's my just deserts.' ...that can be really difficult to shift."

Noel sympathised with survivors' pursuit of accountability both as a man and as someone who had accessed therapeutic support themselves as a victim of sexual violence. Through his personal experiences, Noel understood why his clients viewed their victimisation as appropriate and deserved ("its' my just deserts") by emphasising how men tend to carry their shame because of a need to own and hold themselves accountable for the events in their lives. All participants emphasised how self-blame and shame co-existed, where rationalising the abuse as one's own fault resulted in men being embarrassed and ashamed for not being responsible agents in their lives. This represented a further, important therapeutic challenge for participants, as their clients tended to distort their role in the incident:

> "If you were to say 'This person over here had this happen to them', they would accept and allow the other person to not have any blame... when you turn it back on to them it's 'No, I'm full of shame and guilt'"

Participants often observed survivors' inability to positively view themselves, arguing that it reflected the extreme extent to which survivors of rape internalised their shame. This also

fuelled a cyclic pattern, whereby by seeking agency and ownership, survivors further blamed themselves for not acting "manly" enough, which then generated a more global sense of shame. Participants observed how this shame transformed their clients' blame from behavioural to characterological, suggesting a shift from blaming/being ashamed about specific behaviours to an unforgiving evaluation of their overall (lack of) masculinity. Participants also observed how shame reinforces self-blame in men, with agency playing a compensatory function that allowed their clients to move closer to an ideal of masculinity, by taking responsibility and punishing themselves. Indeed, providers highlighted how survivors' self-blaming tendencies represented a key therapeutic challenge for their clients' recovery, as men's need for agency pushed them further away from recognising and accepting that the perpetrator was to blame for the abuse.

Safety: anger and antisocial behaviour in a dangerous world.

All participants reported experiences supporting men who had debilitating issues with anger and a history of antisocial behaviours. Participants observed that such behaviours (i.e. fights, using drugs) were often attempts to channel and express feelings of frustration and distress. Indeed, the prevalence of antisocial histories was explained by service providers as indicative of unhealthy attempts to cope with the emotional consequences of sexual victimisation. Participants further reflected on how experiences of abuse often left their clients feeling exposed and vulnerable, thus exacerbating the internal conflict arising from experiencing emotions which were not conforming of accepted masculine norms and standards. Providers emphasised how this complex range emotions, and the extent to which their clients internalised gendered expectations, left sexually abused men feeling overwhelmed and confused:

> "...they felt angry for a long time, they just didn't know why. They would fight anybody and anything over any matter, had a reputation as hard men. 'I'm not going to be overpowered again. It's not happening to me again.' Especially if they're heterosexual

men. It's a reinforcement of the male power, society expects this stereotypical conforming, this is what it means to be a man."

Participants observed an association made by survivors between masculinity and safety, whereby clients increased their confidence by enacting compensatory behaviours. In this sense, safety was constructed through the masculine ideals of one being in a state of readiness and having the ability of defending oneself against any threat. Helen went further to suggest that survivors' behaviours were the result of a belief of a dangerous world:

"They've got to look after families and protect their families after what they've experienced. Surrounded with big bad people out there. A lot of them have this protector role, very strong figures, in their psyche"

Helen's clients were drawn to displays of aggressiveness because it allowed them to enhance their sense of safety as well as improving their masculine self-perceptions. Similarly, Craig emphasised how his clients' behaviours were judged superficially as antisocial, overlooking the complexity of these maladaptive behaviours:

"...what's been missed it is his vulnerability...people see hostility triggered by what's upsetting him."

By enacting behaviours that are believed to be gender-appropriate, providers observed how men concealed their vulnerabilities and, in turn, associated aggressiveness with safety from future victimisation.

Control: unhealthy stoicism and the internalisation of trauma.

While some clients' frustrations manifested in aggressiveness and antisocial behaviours, others adhered to masculine expectations of stoicism, associated with denial, suppression, and control of emotions (Wagstaff & Rowledge, 1995). Participants argued that survivors' stoicism shaped the reluctance to seek help and disclose emotional distress:

> "...culturally we unintentionally tell men that they can't speak out, the stiff upper lip 'Just have a pint down the port'. Don't talk to your mates if you feel a bit shit...all those add up to 'I'm just going to hold this to myself'."

The "stiff upper lip" described by Kai prevented his clients from disclosing their abuse. Moreover, participants emphasised that this is both a cultural (i.e., British) *and* gendered ideal which forces survivors to conceal their emotions in order to avoid humiliation from other men. They also noted that to maintain the "real man" image, survivors insulated themselves from external judgement by supressing their emotional distress and expression. Helen argued that this need for emotional control was consciously and actively pursued:

> "'I've got to be strong. I've to hold it together. I'm going to bury my emotions'. Because that's the safest thing 'I can't risk either letting the anger out or letting anyone see how upset and destroyed I am'. Sort of maybe more denial. '...if I push it away, suppress it, I can forget about it.' And that works for a bit, but then something it'll trigger it again."

For Helen, survivors' suppression/denial as motivated by their need to "forget about it" and re-establish that sense of control. In contrast with other accounts, Helen's clients felt inhibited from expressing outwardly their frustration and instead preferred to suppress their emotions, distance themselves from the event and deny is psychological impact. Similarly, Noel observed survivors' minimisations in comparisons with others' experiences:

> "... 'I only had one incident, some people were abused for years'...or they'll say 'In mine there was no violence, am I really as bad as [others]? Should I be here?'".

Theme II: Managing the impact of rape myths and their challenge to therapeutic intervention

Rape myths emerged as key features of participants' accounts, with experiences characterised by internal conflict, self-blame, and a shifting of responsibility from the perpetrator to the victim (Lonsway & Fitzgerald, 1994). Similarly to 'traditional' iterations, male rape myths

placed the character, history, and behaviours of survivors under scrutiny, by survivors themselves and those they had interacted with (Grubb & Turner, 2012). In particular, two narratives emerged: "real men" cannot be raped, and the gay rape myth.

Real men cannot be raped.

All participants relayed clients' experiences of a fundamental scepticism around the authenticity of their own accounts. This is strongly reflective of the myth that men simply cannot be raped and, moreover, if victimisation is accepted as having occurred, that survivors cannot be considered "real" men. This was supported by Lydia who outlined the conflict between being a man and the characterisations of sexual victimisation:

> "If we think someone who's strong, who makes good decisions...how a man that's supposed to be big, masculine...how do you then say, 'Actually, this happened to me.'? That strips away all those labels that society's put on you as a man...So what you're left with, being less of a man?"

Lydia emphasised how social perceptions on masculinity and sexual assault had important implications for her clients' self-image and that the "stripping" of all masculine qualities resulted in the dismissal of men's experiences. Physical strength was the main feature to be questioned because, as Lydia points out, "real men" are supposed to be strong enough to defend themselves. Participants observed how these perceptions of failure often resulted in a number of negative connotations:

> "...victims have a stigma of weakness, so the perception is that they're going to be very weak, vulnerable...perhaps intellectually challenged...I think that they sort of dumb it down a bit 'Oh they must be weak if they can be that easily persuaded'. Sometimes survivors come with that in their heads as well."

Kate observed how men's rape is rationalised as the survivors' fault, whose perceived gullibility precipitated the abuse. Providers described how myths were therefore used to justify

the rape of men by encouraging the questioning of survivors' behaviours during the assault and portraying victims as physically and intellectually deficient. These attitudes encouraged the trivialisation of the event, thus delegitimising the experiences of Kate's clients. Crucially, she noted how these narratives were often endorsed by survivors' themselves, who internalise masculinity myths and narratives and engage with services "with that in their heads", with detrimental consequences for their recovery. Indeed, as masculinity myths perpetuate a social minimisation of men's experiences of sexual violence, Craig described how men feel isolated also in specialised support services, which are seen as spaces 'reserved' for women:

> "...the idea is women get attacked sexually by men and men are perpetrators. And so then for men to access counselling is like you are not just part of a band with lots of women...I think you can feel very isolated in there, like this doesn't happen to men...because society tells it doesn't happen to men..."

Comparisons with women's sexual victimisation were often made by participants as they highlighted discrepancies in terms of sympathy, awareness, and support received. Craig pointed out how survivors accept the real-men-myth because, unlike for women, they cannot identify with "a band" of victims. Therefore, as society does not recognise men's victimisation, survivors try to be "real men" by rejecting the legitimacy of their victimisation and therapeutic needs. Other participants encountered the real-men-myth in healthcare services, including those assisting with mental health:

> "...in my counselling work, even amongst other counsellors assuming that if it's an attack on adult man...by someone of similar size and similar strength...that's it's kind of not as traumatic because they have got the physical capacity...to stop it happening...which is maybe viewed differently when it's a child or a woman."

Emma's experiences with counsellors within services not designed for survivors of sexual violence emphasise the pervasiveness and strength of narratives that question the severity of

the trauma experienced by survivors based on stereotypes on men's physical attributes. As observed by other participants, the belief that men are capable of defending themselves results in unfavourable comparisons of distress with women and children. In this sense, the real-men-myth not only resulted in the questioning of survivors' masculinity but also led to the underestimation of their psychological distress, creating further barriers in disclosing and accessing support.

Only gay men are raped

All participants observed that the rape of men is repeatedly associated with being gay and emphasised how their clients experienced confusion and shame upon victimisation as they questioned their sexuality:

> "...people often think when I say where I work that all the men must be gay... if it's something that's happened in childhood or adulthood, often brings up questions for men about what their sexuality must be...I think the main effect is that men think that it's their fault somehow, they feel ashamed..."

Emma's clients pushed themselves to rationalise their victimisation as the result of some (perceived) ambiguity in their displays of sexuality during the assault. The confusion around sexuality was viewed by providers as survivors' attempt to maintain or regain power, whereby they view their victimisation as the result of their sexual appearance rather than a surrender of their sexual independence. Interestingly, Emma observed that this confusion was common to both childhood and adult victims, whereby beliefs of men's sexual motivation and independence were apparent at all ages, with victim blaming attitudes encountered by Emma's (and other participants) clients, as well as survivors' own tendency to internally question and scrutinise their sexual identity. Providers reported that, as men are expected to be sexually independent, sexuality myths emerged in different aspects of their clients' post-abuse

experiences. For example, Noel reported that some of his heterosexual clients started fearing and distancing themselves from other gay men:

> "...he got some good friends who were a gay couple, but he didn't feel comfortable being with one of them on his own...becoming triggered when they went to a gay pub...having a panic attack because he knew that a gay man is gonna come in...they've got two things going on at once: 'I've got absolutely nothing, no negative views towards homosexuality...but I'm bloody not one.'"

Noel's example suggests that survivors themselves subscribe to the gay-rape-myth, and that they may distance themselves from those labels and gay men as a result. These attitudes, and the associated fears and anxieties, suggest that some heterosexual survivors develop an internalised homophobia as a result of their experiences of sexual violence, which are then further reinforced by both pre-existing and actively experienced societal attitudes towards sexual relationships between men. Participants also observed how physiological reactions during the abuse could be associated with psychological arousal and sexual pleasure:

> "...If the victim has experienced an erection during the rape they have questions around their own sexuality, because it's hard to understand that it's a physiological reaction and not a psychological reaction. And so they can start to question everything about themselves. It's like taking somebody, shaking them all over the face. And then asking them to put everything back together."

While involuntary physiological reactions (i.e. erections and ejaculations) are known to occur in the context of non-consensual anal penetration (Bullock & Beckson, 2011), Kai reported how these can also be seen as indicators of consent, thus delegitimising the abusive nature of the incident in the eyes of survivors and those around them. Participants also argued that survivors' sexual confusion is further evidence of the denial of men being raped and how men are expected to resist unwanted sex, with such physiological reactions then simultaneously

judged as indicators of consent and sexual desire. More broadly, the negative attributions resulting from the equation of physiological reactions as psychological arousal serve to reinforce broader myths of victim-masochism only further, where victims are believed to derive sexual gratification from the abuse.

Theme III: Managing survivors' expectations around reporting and the police

All participants reported that police officers' responses to survivors' complaints were characterised by disbelief and stigmatisation:

> "...there's things around police questioning the sexuality and the integrity of the men that are trying to report...as if they're guilty of something, rather than somebody who's trying to report. And I think that really links into the whole idea of male and masculinity and it's much easier to see men as perpetrators. I don't think it's ever intentional, I don't think the police kind of...just comes from a place of not really understanding and being presented with something that you're not familiar and not even comfortable of."

These responses suggest that officers also adhere to some of the sexuality myths previously discussed in Theme II, with negative consequences on how participants' clients felt about the legitimacy of their victimisation in the eyes of law enforcement. Participants observed that officers' displays of disbelief and incredulity towards survivors reflected traditional masculine stereotypes and a gendered representation of what 'typical' rape cases should look like. These negative behaviours were described by participants as perhaps resulting from a lack of familiarity with cases that do not involve women or child victims, which could then explain officers' inadequacy to effectively address the psychological needs of participants' clients. Importantly, participants reported that survivors perceive the police as existing to serve and support victims of any crime, but that these expectations were often not met, with some officers questioning and undermining the severity of historic cases of rape in particular. Worryingly, participants reported recurrent experiences of scepticism and disbelief by police officers,

which, beyond its immediate psychological impact, affected their clients' decisions around future disclosure:

> "One client tried to report when he was younger...officers didn't pick that up and told him to go home, to not talk about it again...As a child, to be able to disclose to the police when he hadn't disclosed to anybody else...was a huge step and to have that dismissed was the lid on the box 'If I can't even tell a police officer, when he is supposed to protect me then I'm just not gonna tell anybody.' There's a humiliation, they feel like they'll be humiliated, again"

Aurora observed how officers' responses to her client's childhood sexual offence report increased his reluctance to disclose again in the future, with far-reaching effects on his self-esteem and self-blame. She argued that if those few survivors who decide to report are met with doubt and scepticism it raises questions around the number of cases potentially being dismissed by the police. The consequences of these investigative practices were described as concerning, particularly in terms of further victimisation.

Service providers discussed how accessing therapeutic support was a gateway to initiate the process of reporting, with many survivors often being engaged simultaneously with the service and with the police. Participants often regretted that, during reporting, their job was to often manage their clients' expectations, particularly in preparing them for disappointment:

> "...I always start by saying, 'No matter what happens, it's not because you've not been believed.'...these guys carry this abuse with them for so long, for fear of not being believed. And then when they find the strength and courage to disclose for it not to go to court...like they always thought this would happen."

> "...a lot of the work I do is working with the client around the frustration, not feeling that they've been heard, not been taken seriously, having to be proactive, having to constantly ringing them up for updates...supporting them through that process, right to the end,

where often the police say they can't take this any further. And we get to pick up the pieces."

Participants emphasised how reporting is a therapeutic challenge for service provision when officers' responses negatively affected their clients' mental health wellbeing. As mentioned above, survivors engage with the CJS with positive expectations that are often failed by the difficulties around investigating sexual offences. Providers described how the disappointment of unsuccessful police investigations, coupled with officers' unfamiliarity with their clients' support needs, resulted in increased shame, self-blame, and humiliation following reporting. Crucially, participants argued that in their experience, police encounters reinforced some of the barriers that already exist for men to come forward and disclose their victimisation.

Discussion

The aims of this study were to provide an account of the experiences of service providers working closely with sexually abused men, and to explore the challenges of providing therapeutic support and guidance upon disclosure. As a result, this study provides important and unique insight into several therapeutic barriers experienced by service providers who find themselves managing i) survivors' need for agency, safety, and control as functions of their masculinity, ii) the impact of rape myths and their challenge to therapeutic intervention and iii) their clients' expectations around reporting and the police. By placing each individual experience at the centre of the phenomenological enquiry, the accounts presented in this study revealed not only the complexity of supporting a vulnerable, often traumatised population, but also the moving extent to which providers are invested in the therapeutic recovery of their clients.

Participants observed that survivors' awareness of traditional masculine ideals frequently shaped challenges around accepting of themselves as victims of a sexual crime; an identity stereotypically deemed as only associated with women (Fisher & Pina, 2013). These

gender-specific issues then manifested through three core needs: agency, safety, and control. First, men's desire for *agency* reflected biases in self-attributing causality and self-implicating perceptions of avoidability (Davis et al., 1996) commonly reported by victims of intimate-violence (Filipas & Ullman, 2006; O'Neill & Kerig, 2000). Survivors also blamed themselves both behaviourally and characterologically (Janoff-Bulman, 1979) to take away power from the perpetrator. However, accounts also reflected the importance of traditional, hegemonic masculinity (Connell, 2005) as well as the stigma on sexual violence and men's mental health on survivors' lives (Delker et al., 2020; Vogel et al., 2020), and how the desperate seeking of agency within their victimisation was a reflection of clients desires to regain power.

Second and third, in describing survivors need for agency, providers highlighted how men are left with limited avenues for emotional expression, with the choices of either anger or stoicism underpinned by needs around *safety* and *control*. Concerns around safety from future victimisation encapsulated the ways in which men understand and cope with emotional trauma (Widanaralalage et al., 2022) by enacting aggressive and reckless behaviours to address their frustrations and emotional distress in gender-appropriate ways (Berke et al., 2018; Simpson & Stroh, 2004). Alternatively, some providers observed that men exercised control over their emotional distress by engaging in unhealthy stoicism. Crucially, being in control meant avoiding humiliation from other men (Kia-Keating et al., 2005), which resulted in the damaging mechanisms described by providers in terms of suppression, minimisation, and denial of the victimisation. This British "stiff upper lip" (Capstick & Clegg, 2013) highlights the socio-cultural pressures preventing survivors from disclosing and seeking help.

Minimisation and re-allocation of blame was also reflected in findings which demonstrated the pervasiveness and predominance of masculinity and sexuality rape myths (Hine et al., 2021). Participants discussed how victimised men are subjected to narratives that characterise sex as power conquests or surrenders (Chapleau & Oswald, 2010). The physical,

sexual, and psychological characteristics that are stereotypically attributed to men (Mahalik et al., 2003) were seen by providers as reinforcing their clients' sense of inadequacy, as well as exacerbating the psychological conflict between their masculinity and victimisation because of survivors' endorsement of real-men-myths. This denial and minimisation of men's rape was further exacerbated by the homophobic connotations often reported by service providers, who witnessed their clients' various attempts to rationalise their victimisation by accepting classic stereotypes that sexualise incidents (P. Bernard et al., 2015). Together, the "real men" and the "gay men" rape myths shaped the internal challenges that men experience in recognising their victimisation (Widanaralalage et al., 2022), as well as the barriers for effective therapeutic support, with participants reporting the complex ramifications of rape myths on their clients' self-perceptions and confusion over their victimisation.

Finally, participants' accounts explored in detail the relationship between men and the CJS, supporting the existence of bias in how policer officers respond to rape complaints made by men (Javaid, 2015; Rumney, 2008). In this sense, themes II and III were strongly related, as providers noted the impact of rape myths when supporting men who reported to police. They also emphasised how officers' unfamiliarity became apparent through their investigative practices, using extra-legal concepts to determine the authenticity and credibility of their clients' allegations (Doherty & Anderson, 1998; Hine et al., 2021; Hohl & Stanko, 2015). Moreover, providers discussed at length how the process of reporting represented a therapeutic challenge of its own right as their client experienced poor communication and stigmatising attitudes and responses. Taken together, providers' accounts indicated that despite attempts to improve the CJS, the notion of secondary victimisation (Campbell & Raja, 1999; Javaid, 2018) is clearly still true when it comes to sexually victimised men. As such, theme III highlights the importance of examining the effect of adverse social and institutional reactions to disclosures of sexual victimisation on men's on-going recovery programmes. Indeed, providers' accounts

confirmed the deleterious impact of institutional betrayal trauma (Smith & Freyd, 2014) on both adult and childhood survivors. They emphasised how support services in the UK were then left to "pick up the pieces" after men's efforts to access and engage with the CJS. In the context of the literature on social reactions to sexual assault disclosures (see Ullman, 2021), providers' experiences emphasise how negative investigative outcomes are seen by survivors as an institutional invalidation of their experiences of victimisation, with important negative effects on men's recovery and engagement with therapeutic support.

Implications and recommendations

The accounts of service providers provide an insight into the role played by practitioners and specialist organisation in supporting men in their journeys through rehabilitation and recovery. Taken together, the themes identified in this study suggest that gendered narratives on sexual violence are so pervasive that they fundamentally shape the barriers for both specialist providers and service users. The existence of these barriers is yet another clear indication of the current need for wider availability of specialist organisations and services that can cater their support towards men's unique needs within the UK (McLean, 2013). However, it is also clear that services alone cannot overcome the many barriers abused men face. To identify, prevent, and manage sexual victimisation in men it is crucial to increase awareness and expertise in other key sectors, including non-specialised services and the CJS. For example, antisocial behaviours cast a shadow over the psychological motivations behind survivors' actions. Providers clearly indicated that officers (and practitioners) need to be more aware of and attentive in determining the causes of such behaviours and establish if men have histories of sexual victimisation. Similarly, participants also reported the importance of raising awareness of symptoms and indicators within other 'first-contact' services for survivors (e.g. General Practitioners, the NHS and other mental health services), to facilitate the identification and referral of sexually victimised men to specialist organisations. In light of previous research

suggesting that men are likely to seek medical treatment for physical injuries (Tewksbury, 2007) but not disclose their sexually violent causes (Light & Monk-Turner, 2008; Walker et al., 2005), medical services can play a vital role in encouraging and signposting men to reach out to specialist services. Providing more specialised training to other organisations could significantly reduce the delay between victimisation and access to appropriate support, which is crucial to improve and expedite the identification of victimised men and facilitating referrals to specialised services (Hine, 2019).

In addition to increased awareness within services, participants highlighted the importance of breaking down social prejudice and stigma that exists around men's emotional expression and help-seeking, particularly in response to sexual assault. The accounts in this study highlighted that men are emotionally trapped in masculine expectations, where their experiences sit within social views of rape as a female issue (Cohen, 2014), discouraging men from disclosing and, consequently, coming to terms with their vulnerabilities. This study therefore highlights the need for social change in order to challenge the notion that men should not be concerned with sexual victimisation. Additionally, the accounts presented clearly showed that myths and harmful beliefs are rooted deeply in individuals' socialisation (Grubb & Turner, 2012), meaning that education and targeted information among younger generation is needed to create a more informed and welcoming environment for survivors of rape. Gender inclusive discussion on sexual violence across both the public and support services sector can arguably only start by educating the wider community on the complex nature of sexual violence and its victims, perhaps in earlier educational settings, such as schools. By raising awareness around men's sexual assault, and available support services, the gap between victimisation and access to professional support can be significantly decreased.

Crucially, the societal change needed to raise awareness and tackle the stigma surrounding men's sexual victimisation must be led by changes in policy and targeted

strategies. However, despite repeated governmental commitments to increase funding for specialist services (Home Office, 2022; Ministry of Justice, 2019), providers' experiences more greatly reflect previous arguments that the absence of a clear policy strategy in the UK renders service provision to men a "postcode lottery" (Lowe & Rogers, 2017, p.40) where the quality and availability of support is determined by where survivors live in the UK. In light of the experiences presented in this study, it clear that the UK government's position on supporting men and boys who experience sexual violence (Home Office, 2022) underdelivers and does not meet the needs and challenges reported by specialist organisation in the UK. Together with recent evidence on men's lived experiences of rape and sexual abuse (Widanaralalage et al., 2022) and the attrition of male-on-male rape allegations (Hine et al., 2021; MOPAC, 2021), the findings of this study support calls from campaigners, services, and academics for the development of a distinct strategy to tackle Violence Against Men and Boys (VAMB: Weare & Hulley, 2019; Widanaralalage et al. in press), sitting alongside the existing frameworks and strategies to Violence Against Women and Girls (VAWG). A VAMB strategy would recognise the unique needs of men's experiences of sexual, domestic, and interpersonal violence, whilst providing the clarity and leadership needed to fund services across the third sector.

In discussing and examining how policy may respond to the needs of men who experiences sexual violence, it is important to reflect on how the findings of this study may relate to men with marginalised identities. Indeed, issues around masculinity needs and rape myths are likely to be magnified across the many intersections and identities affected by sexual violence (i.e., age, gender, ethnicity, class). For example, men from ethnic minority groups experience increased pressures to display physicality and invulnerability (Fields et al., 2015), which, when experienced in conjunction with sexual trauma, are likely to further marginalise these groups from accessing specialist support or reporting to the police. Furthermore, the myths observed by service providers in how men rationalised and coped with their

victimisation are likely to be intensified for sexual minority men, especially when making decisions around accessing criminal justice services (Abdullah-Khan, 2008; Rumney, 2008; Widanaralalage et al., 2022). Therefore, the findings of this study provide a preliminary understanding of the "base" barriers for men accessing and engaging specialist support and public services. However, it is clear that further research is desperately needed to explore not only how belonging to different marginalised groups affects men's experiences of sexual violence, but also to investigate how specialist provision may differ accordingly.

Limitations

The findings reported in this study are inevitably based on service providers' personal interpretations of their clients' experiences. This is a limitation, and the findings therefore have to be treated with some caution, as survivors' experiences have been somewhat 'filtered' through the subjective interpretation of service providers. Nonetheless, purposive sampling of a target group that have extensive knowledge on the research topic is common practice in IPA research (Palinkas et al., 2015), partly because of their ability to articulate their experiences efficiently and in a reflective way (H. R. Bernard, 2006). In fact, the sample of this study consisted of service providers who had on average 4.5 years of experience and worked on more than 400 cases combined (see Table 1). Given the expertise of the service providers in this study and the professional nature of their relationship with survivors, it can be argued there is significant credibility to these findings. Nevertheless, it is recognised that providers' experiences must be examined in conjunction with survivors' own experiences of gendered narratives, coping, masculinity, and engagement with third and criminal justice organisations (see Widanaralalage et al., 2022).

Throughout the interview and data collection processes, it became clear that there are key features that distinguish adult and childhood survivors of rape. Participants in this study often described fundamental differences in terms of developmental trauma for childhood

sexual abuse survivors, against "one-off" incidents of adult sexual abuse. Some participants were reluctant to comment on the differences between the two groups of survivors, in part because they lacked familiarity and experience of working with adult survivors. As participants reported that adult survivors seem to represent the minority of the clientele that access services, the themes identified in this study should be taken with some caution in relation to adult experiences of rape. Moreover, whilst adult and childhood survivors will share many of the pressures and barriers that naturally exist for men who have been sexually victimised, the impact of when and how victimisation occur is an area that needs to be addressed in future research, which should focus on separating the accounts of service providers based on the typology of clients supported (adult rape versus childhood rape), in order to study sexually victimised men as a diverse and heterogeneous population.

Conclusion

This study gave voice to the experiences of individuals who, on a daily basis, provide specialist support to a 'hidden' victim population. The accounts and identified themes were therefore unsurprisingly reflective of the challenges for service providers to support survivors in spite of the social denial and dismissal of men's experiences of rape and sexual abuse, whereby stigma was described as very much a part of survivors' lived experiences post-abuse. In their supporting role, providers gave insight as to how they guide men through internalised attitudes and beliefs around their victimisation, and the effects of broader issues on victim blaming, homophobia, hypermasculinity, and men's mental health. The findings of this study thus provide a framework to support practitioners working with men (and boys) in exploring their clients' experiences of trauma and the strategies they use to cope both with their unique symptoms and broader socio-culture issues, such as today's rape culture and men's mental health crisis. Specifically, service providers emphasised how men benefit from tailored and specialist support for sexual trauma, whereby survivors' recovery plans are constructed around

their unique masculinity-needs, whilst engaging with survivors' internalised beliefs on their own incidents and rape more broadly. Crucially, the service providers in this study emphasised the critical need for wider availability of specialised services across the UK, as well as awareness-raising on men's sexual victimisation across other key entry points, in order to facilitate referrals to appropriate support pathways. Indeed, the findings of this study call for a nationwide delivery of specialised training across the third sector to encourage and improve the recognition and identification of sexual trauma in men. Most clearly, it appears crucial to challenge the stigma attached to men's mental health more broadly, by developing more gender inclusive approaches across various institutions, with targeted education of support services, the CJS, and the wider public.

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Tables

Table 1: demographic, diversity, and work-related information for the participants in the study

Participant Alias	Age	Ethnicity	Sex	Organisation of affiliation	Years working with men	Role in the organisation	Number of cases worked on	Current caseload (one-to-one sessions)
Kai	37	British White	Male	North-West (England)	6	Client Service Lead, Therapist, ISVA	Unknown	Unknown
Lydia	47	Mixed – White & Black British	Female	North-West (England)	2	ISVA	Unknown	Unknown
Helen	54	British White	Female	North-West (England)	<1	Counsellor/Psychotherapist	Unknown	Unknown
John	41	British White	Male	South East (England)	5	Counsellor/Psychotherapist	100 +*	6
Sam	44	British White	Male	South East (England)	9	Counsellor/Therapist	100 +*	6
George	54	British White	Male	South East (England)	5	Therapist	30 +	6
Emma	44	British White	Female	South East (England)	4	Counsellor	48	6
Craig	46	British White	Male	South East (England)	6	Counsellor	40	6
Noel	45	Irish White	Male	East Anglia (England)	1/2	Trainee-counsellor	7	2
Kate	53	British White	Female	East Anglia (England)	3	Counsellor	20	3
Aurora	36	British White	Female	East Anglia (England)	5	Support worker/Therapist	30 +	7
Sarah	26	British White	Female	East Anglia (England)	3	Support Worker/Therapist	30	0

*Participants conducted both pre-assessments and one-to-one sessions

Table 2: interview schedule with representative questions

Section	Representative questions
Initial Rapport Building	So (alias), how old are you? What are your current circumstances? How did you start working in this role?
Free recall about experiences	Now I would like to ask whether you can tell me anything about the experiences you have with working with men who experienced rape and sexual abuse. This can be talking about the general nature of this work, or about specific experiences with clients.
Beliefs, myths, and stereotypes	I'd like to hear about stereotypes you think survivors and/or society have about the idea of a sexually victimised men. Are there any preconceptions, ideas, thoughts, or beliefs you think exist about male-on-male sexual violence/rape?
Experiences of, and challenges/barriers to, reporting	After the incident, what do you think goes through survivors' minds in relation to who to tell and how? Do you identify any external challenges to disclosing the incident to any persons (e.g., friends) and any particular groups (e.g., the police)?
Challenges faced as service providers	What is it like to be a service provider? What challenges do you encounter?