

1in6 Sexual Assault/Domestic Violence Agency Survey

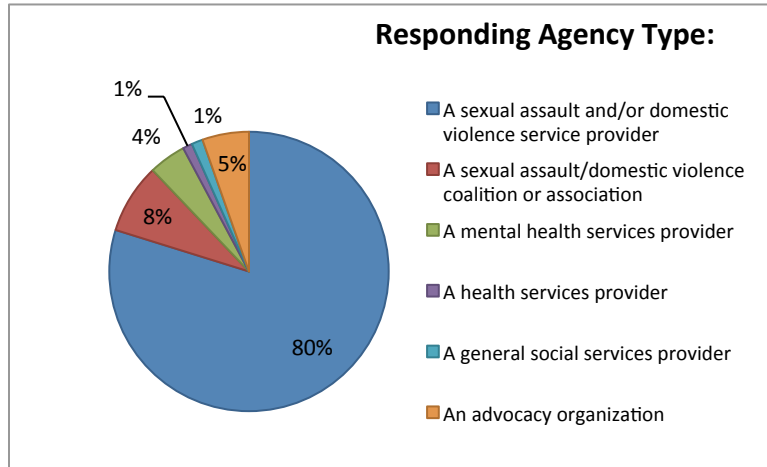
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As of Oct 18, 2012, 411 individuals responded to at least some portion of the 1in6 Sexual Assault/Domestic Violence Agency Survey. These respondents represented 32 states and the District of Columbia, with a large portion of the responses coming from a few states - Pennsylvania (n=64); California (n=38), Florida(n=37); Washington(n=32); Texas(n=31); Oregon(n=30); Minnesota(n=26); and New York(n=23). Most of the remaining states had 4 or more responses each.

Respondent Agency Profile

Eighty percent of those responding represented sexual assault or domestic violence service providers, and 8% were sexual assault coalitions or associations.

Over two-thirds (68%) of respondents were agency directors or managers, 15% were issue advocates, 13% were health, mental health, legal or other type of service providers.



In terms of the type of services that responding agencies provided, community education and outreach services was the most common (91%) but 75% or more of these agencies provided direct/individual advocacy, brief crisis counseling, and telephone hotline services. Counseling beyond six sessions was offered by 64% of responding agencies. The least common service (offered by only 10% of respondents) was online chat or web-based interventions. *Seventy percent of responding agencies said that some of the services mentioned above services in Spanish.*

Three quarters of the programs represented work with both adults and children; 23% work with just adults and 2% work just with children.

Capacity to Serve Men Who Experienced Childhood Sexual Abuse

Among just over half of responding agencies, the share of clients served that were adult men was less than 10% (33% said less than 5%, and 24% said between 5 and 9%, were male clients). Very few (5%) said that adult males made up the majority (60% or more) of their clients.

The majority (71%) also indicated that very few of their staff members (less than 10%) were male. Among the remaining agencies, 18% said men comprised 10 to 19% of their staff, a total of 11% said men made up 20 to 49% of staff, and only 1% said men made up 50% or more of their staff.

Training– One in five (20%) reported that in the

% Served that are male adults		% Staff that are male			
<5	110	33%	0	152	43%
5 to 9	80	24%	1 to 4	56	16%
10 to 19	69	21%	5 to 9	41	12%
20 to 39	37	11%	10 to 19	62	18%
40 to 59	21	6%	20 to 29	21	6%
60 to 79	12	4%	30 to 49	16	5%
80 to 100	3	1%	50+	4	1%
N=	332	100%	% Staff with training on male CSA		100%
			<10%	166	47%
			10 to 40%	90	25%
			40 to 60%	28	8%
			60 to 90%	22	6%
			90%+	48	14%

past two years, 60% or more of agency staff had received at least two hours of specialized training on working with men who experienced childhood sexual abuse (CSA) - only 14% reported that nearly all their staff (90%+) had received such training. Nearly half (47%) responded that fewer than 10% of their agency's staff had received two or more hours of such training.

Services for men—When asked what services their agency offered specifically for men who experienced CSA, advocacy services (86%) and individual counseling (73%) were the most common responses. One in five (20%) agencies also offered male survivor support groups and 11% offered mixed-gender support groups.

Marketing to men—Though nearly half of the respondents skipped the question about marketing services to males, of those that did answer (N=225), fliers or brochures were the most common strategy (80%), followed by mention of male survivors when speaking publicly (49%) and referencing male survivors on their website homepage (46%). Nearly thirty percent of responding agencies also mention male survivors in their Public Service Announcements.

Outside referrals for men – When asked if they provide referrals to men for clinical services to outside their agency, 81% responded in the positive. However, when asked how confident they were that the clinicians to whom they referred men have had specific training about male trauma and sexual abuse, the average rating (using a 5-point scale) was 3.05 indicating a moderate confidence overall (36% reported the highest two levels of confidence, while 34% responded in the lowest two confidence levels).

Resource Needed to Better Serve Men Who Experienced Childhood Sexual Abuse

The survey asked respondents to rate how significant the following barriers are in trying to serve the needs of men who experienced CSA. Using a 5-point scale in which 1 =“not significant at all” and 5=“very significant” the following, the average ratings were as follows (ordered by most to least significant):

Barrier:	Avg Rating
Socialized attitudes among men about seeking help or identifying as being a victim	4.08
Socialized tendency to see men as perpetrators of sexual violence rather than victims of sexual violence	3.88
Socialized attitudes that men’s problems are related to something other than childhood trauma	3.49
Limited clinical resources in your community specifically trained to work with men who were sexually abused	3.35
Level of awareness about the rate of childhood sexual abuse among men among other service providers in the community who might refer men to your organization for services	3.27
Socialized attitudes among women about men seeking help or identifying as being a victim	3.20
Current resources of your organization are geared primarily toward women and/or child victims	2.90
Level of awareness about the rate of childhood sexual abuse among men among clinicians and volunteer staff	2.21
Concerns about providing services to men and women at the same site	2.00

Socialized beliefs and attitudes regarding the role of males in sexual violence were rated as the four of the six most significant barriers to serving male survivors of CSA. In addition, limited clinical resources specifically for male survivors and limited awareness of the prevalence of male CSA among service providers were also rated above the moderate level in terms of posing significant barriers.

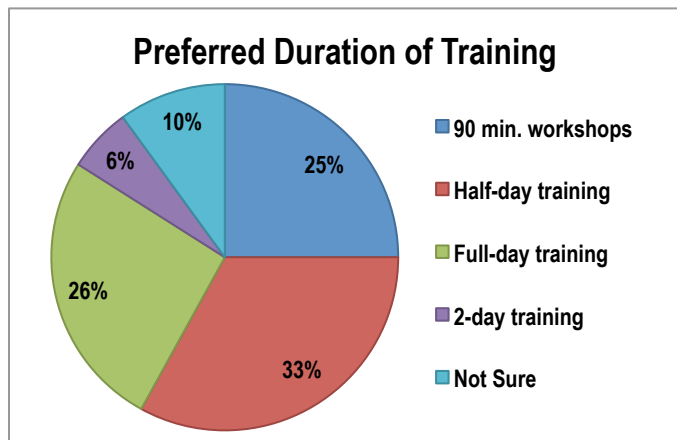
Resources most needed to better serve men – The respondents were also asked to rank how needed the following resources were in their efforts to improve services for men who experienced CSA. Using a 3-point

scale in which 1 = “not needed/already have,” 2 = “needed but less important,” and 3 = “needed/of critical importance” the following, the average ratings were as follows (ordered by most to least needed):

Resource:	Avg Rating
Increased funding for working with male survivors	2.68
Training about ways to reach out to men	2.56
Social marketing campaign to raise awareness about men healing from childhood sexual abuse	2.55
Resources for men about men and childhood sexual abuse	2.53
Community outreach materials to educate service providers and policy makers	2.52
Resources for family members of men who experienced childhood sexual abuse about men and childhood sexual abuse	2.5
Resources for service providers about men and childhood sexual abuse	2.47
Community outreach materials directed at individuals	2.45
Public Service Announcement	2.41
Resources in Spanish about men and childhood sexual abuse	2.39
More clinicians/mental health professionals to refer to who have been specifically trained to work with male survivors	2.39
Intensive clinical training for therapists about working with men and sexual trauma	2.36
Intensive training about counseling men who have experienced sexual trauma	2.34
Training for staff about men and childhood sexual abuse	2.23

At the top of the resources identified as most critical to better serving male survivors of CSA were increased funding to work with men; training on how to outreach to men; and social marketing efforts to raise awareness of the issue. These were followed closely (though not in order) by increased resources – directly for men, for family members and for service providers – about men who experienced CSA. Also in high demand were community outreach materials (including Public Service Announcements) to educate service providers, policy makers and other individuals on the issue.

Respondents were also asked, if a training on serving men who experienced CSA were offered, what duration would work best with their schedule. Half day training was the most preferred (33%), followed by full-day training (26%) and 90-minute workshops (25%).



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