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# MALE SURVIVORS OF SEXUAL ABUSE AND ASSAULT: THEIR EXPERIENCES

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*The views expressed herein are solely those of the authors and do not necessarily reflect those of the Department of Justice Canada.*



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## **Executive Summary**

Over the past three decades, the Canadian criminal law on sexual assault and other sexual offences has changed quite significantly through both the courts and parliament. It is now recognized that males, both as children and as adults, can be victims and survivors of sexual abuse and sexual assault. The majority of victims of sexual assault are female and there is a significant body of research from many disciplines examining the criminal and civil justice system responses, impacts, treatment, etc. The body of research on male victims is much more limited likely due to the smaller numbers and challenges recruiting representative samples. This research study examines the experiences of male survivors of both child sexual abuse (CSA) and adult sexual assault (ASA).

In Canada, statistics come from police-reported and self-reported data. The police-reported data for 2010 show that males accounted for 12% of sexual assault victims (Levels 1, 2 and 3) (Brennan 2012). In nearly half (47%) of police-reported sexual assaults against male victims in 2008, the accused was someone known to the victim (e.g., friend, acquaintance, or current/former dating partner), but was not a family member. In 2009, the self-reported sexual assault victimization rate for males was half the rate for females (15 vs. 34 per 1,000) (Perrault and Brennan 2010, 22) and it is estimated that the majority of sexual assaults against males and females (88%) are not reported to police (Perreault and Brennan 2010, 14).

## **Methodology**

Researchers worked closely with staff at two men's support centres. Staff provided input on the survey tool, helped recruit participants and provided follow-up counseling to participants if requested. Letters of information and consent were provided to participants. Interviewers conducted a total of 59 semi-structured interviews, each interview lasting on average 45 minutes.

The sampling for this research project was purposive and non-random and thus the findings reflect the experiences of the participants and cannot be generalized to all male sexual abuse/assault victims.

## **Findings**

The findings section is organized by themes including demographics of the sample, supports, effects, coping strategies and suggestions.

Of the 59 participants, two thirds were between 36 and 54 years of age and three quarters of the sample were Caucasian. There was a range of different levels of education from having completed elementary to having a graduate degree. A third of the sample reported having a physical disability. And almost half had an annual income of less than \$25,000.

Almost all of the participants (n=57) reported having been sexually abused as a child and almost all of those (n=53) that the perpetrator had been someone they trusted, including family members. A smaller proportion (n=10) reported having been sexually assaulted as an adult with the majority having been victimized multiple times and the majority (n=8) having also been sexually abused as a child.

Participants spoke of how few supports they had as children and how the men's centres were their main source of support today. They were asked to describe the emotional and psychological effects of the sexual abuse/assault. Almost all participants spoke of having suffered depression and some suffered from Post traumatic Stress Disorder. Many contemplated and attempted suicide. Most were distrustful of others and were extremely ashamed of what had happened, feeling guilty as if it were their fault and feeling unworthy of anyone's love.

Participants were also asked to describe their positive and negative coping strategies. Positive strategies included counseling, sports and hobbies, religion, and volunteer work. Negative strategies included disassociation, alcohol and drug, and sexual promiscuity.

Just over a quarter of those who had experienced CSA reported the abuse to police or told another individual who reported it. Two out of the ten men who had experienced ASA reported it to police told another individual who reported it. Many reported the abuse/assault because they felt they needed to take action or it was recommended by a counselor or family member or friend, or they needed to release feelings. The main reasons for not reporting to police included thinking that no one would believe them, feelings of shame, they did not know they could report to police and there was no family support behind them.

The last questions were about suggestions the participants might have. Many urged other survivors to disclose sexual abuse/assault and seek help. They also recommended that government and/or advocates raise awareness about the issue as they believe that professionals working in justice, education, health or child protection and the general public still are not as aware as they could be and there are still a lot of myths about sexual abuse/assault of males, as children and as adults. Along these lines, participants recommended training for all criminal justice professionals on the dynamics of sexual abuse/assault as well as interviewing and investigative techniques. All participants recommended more resources for survivors, particularly male-focused support services.

## **Conclusion**

This research study represents one of the few in Canada to examine the experiences of male CSA and ASA survivors. It will contribute to researchers' and practitioners' understanding of the effects of CSA and ASA, as well as coping strategies and suggestions for other survivors and those working in the criminal justice system.

## 1.0 Background

### 1.1 Legal Reform

Throughout the past three decades, Canada has witnessed dramatic changes to how the criminal justice system responds to sexual assault, through legislative reform, judicial interpretation, policy, programs and training for both criminal justice professionals, as well as professionals in health, social work and education. For the purposes of this study, the most important changes came in 1983, at the time of the Badgely Commission (Badgely 1984), when Bill C-127<sup>1</sup> came into force. Bill C-127 repealed the crimes of rape, attempted rape, sexual intercourse with the feeble-minded and indecent assault, replacing them with three levels of sexual assault gender-neutral offences. The amendments brought fundamental changes to the *Criminal Code* with respect to the substantive, procedural and evidentiary aspects of Canada's rape and indecent assault laws. Importantly, the new provisions clarified that women and men could be victims of sexual assault and that a spouse of a victim could be charged.<sup>2</sup>

### 1.2 Research

In comparison to the body of research on female sexual abuse and assault, there is very little research in Canada on male sexual abuse and assault (see for example, Alaggia and Millington 2008; Fuller and Smith 2008; Godbot and Sauborin 2007; Stermac, del Bove and Addison 2004; Trocmé et al. 2010). While many of the impacts and coping strategies that male victims use are similar to those used by female victims, it remains important to have empirical research focusing on men in Canada.

Statistics in terms of nature and prevalence of male sexual abuse or assault come from the self-report General Social Survey (GSS) on Victimization, which is conducted by Statistics Canada every five years, and from the Incident-Based Uniform Crime Reporting Survey (UCR2), which reflects incidents reported to police. The UCR2 data for 2010 show that males accounted for 12% of sexual assault victims (Levels 1, 2 and 3) (Brennan 2012). Research studies suggest that the majority of the perpetrators are in a position of authority, trust and/or are well-known to victims. In nearly half (47%) of police-reported sexual assaults against male victims in 2008, the accused was someone known to the victim (e.g., friend, acquaintance, or current/former dating partner), but was not a family member. Strangers were the perpetrators in 19% of all police-reported sexual assaults committed against men (Brennan and Taylor-Butts 2010).

Overall, the results from the 2009 GSS show that in that year, rates of self-reported sexual assault remained stable from 2004. In 2009, the self-reported sexual assault victimization rate for males was half the rate for females (15 vs. 34 per 1,000) (Perrault and Brennan 2010, 22). We do know that sexual assault is one of the most underreported crimes. For example, results from the 2009 GSS estimate that 88% of sexual assaults (against males and females) were not reported to the police (Perrault and Brennan 2010, 14).

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<sup>1</sup> Prior to 1983, indecent assault of a male was punishable by a maximum of 10 years imprisonment; indecent assault of a female by only 5 years. *Criminal Code* (1970), sections 149 and 156.

<sup>2</sup> For additional information on the history of sexual assault in Canada and ensuing legal reform, see for example Koshan (2010); McDonald et al. (2006).

As noted in a Statistics Canada release of police-reported crime statistics:

Societal attitudes and perceptions of certain crimes, such as sexual assault or spousal violence, can also affect the number of incidents reported to police. The ease of public reporting and the perception surrounding an incident can impact whether a criminal incident becomes known to police and subsequently reported to Statistics Canada through the UCR Survey (Brennan 2012, 12).

One of the challenges with Canadian data is that where numbers of victims are low, statistics cannot be further disaggregated to better understand the nature of the incidents. One study from the US (Weiss 2010) documents the similarities and differences between male and female sexual assault from the self-report National Crime Victimization Survey (NCVS). By using the NCVS, Weiss (2010) is able to speak about sexual assault in the general male population and she deconstructs what it means to be masculine today in the US. The idea of masculinity includes physical strength, being in control, always wanting and being ready for sex, and being the perpetrator of such assaults, never the victim. Shame appears to play a big role in the decision to report, for both males and females. The negative impact of sexual abuse and assault, regardless of gender, has been well-documented (see Hill 2009 for a summary); Tewksbury (2007) provides a thorough overview of the physical, mental and sexual consequences of male sexual assault.

Tewksbury (2007, 25) begins his overview with a summary of the reasons men do not report assaults, nor seek services. These include: stigma, shame, fear, and having their sexuality questioned. While men may try to find services, they will quickly find that sexual assault/rape crisis centres may only provide services to women or that although they can access services, there are none specifically designed for men. Several years ago, Fuller and Smith (2008) undertook a scan of support services in Canada available to male survivors. At that time, there were only three organizations in the country dedicated to providing services to male survivors.

In terms of physical effects, some research indicates that male sexual assault is more violent with more corollary injuries and weapons tend to be involved when the perpetrator is a stranger. Injuries may also come from being restrained during the assault. Tension headaches, ulcers, nausea and colitis are other frequently cited physical effects (Tewksbury 2007, 26). In one Canadian study, Stermac and colleagues (2004) found that 45% of male survivors in an urban centre who accessed sexual assault centre at a hospital had some type of physical injury (e.g. 25% had a soft tissue injury, 20% had lacerations).

The most common mental health effects include feeling the stigma, shame, embarrassment. Self-harm behaviours and mental health issues are 3.7 times and 2.4 times respectively more likely in survivors of CSA and 2 times and 1.7 times respectively more likely in survivors of ASA (King, Coxell and Mezey 2002). Depression, hostility, sleep difficulties, misuse of alcohol and drugs, as well as suicide attempts are all common mental health effects. These effects are similar to those than women experience. The research, however, does not compare men's and women's responses.

In addition, CSA and ASA can have profound effects on a man's identity and sexual activity. Survivors may wonder whether being sexually assaulted where the perpetrator is male "makes" them gay. Similarly, having been a "victim" of a gendered crime, survivors – and those around them - may question their masculinity (Tewksbury 2007, 30). These and other myths continue to permeate society and "exacerbate the difficulties men have in disclosing the experience of sexual assault and increase their stigma while hindering the development of appropriate services and empirical research." (Stermac et al. 2004, 901-902) There may also be issues around sexual activity (e.g. frequent sexual activity with many partners, sexual dysfunction) (Tewksbury 2007, 30). These effects often go unacknowledged, but can have debilitating consequences for men if ignored.

## **2.0 Methodology**

Researchers worked closely with staff at two men's centres that provide specific services to male survivors of CSA and ASA. Staff provided input on the survey tool, recruited participants to be interviewed and provided follow-up counselling when requested. Interviews were conducted with the male survivors by telephone by contracted female interviewers with experience in working with vulnerable populations. Letters of information and consent were given to the potential participants and reviewed prior to any interview. In particular, participants were assured that their participating or not in the interview would in no way have any impact on their receipt of services from the centres.

A total of 59 interviews were completed in 2009, each lasting on average 45 minutes with the longest interview lasting two hours. The interviews were taped and transcribed and the transcripts were subsequently analyzed by Department of Justice researchers.

The research questions included:

1. What were the experiences of the male survivors of sexual abuse and sexual assault as children and/or as adults? To what extent did participants experience both types of sexual violence?
2. What was the impact of the sexual assault/abuse on the participants? What kind of coping mechanisms did they employ?
3. What factors (i.e.: disclosure of records, seriousness of sexual assault, childhood compared to adult victimization) facilitated and/or impeded reporting to the police?
4. What are the experiences of victims with the criminal justice system in cases where they did report the sexual assault to the police? What is the participant's overall level of confidence with the criminal justice system?
5. What are the main sources of legal information from which victims learn about the criminal justice system? How do they learn and retain this information?
6. What are the main suggestions provided by the participants in terms of obtaining a better understanding of the legal process and possible sentencing outcomes as well as strategies that may increase and encourage reporting practices?

### *Limitations*

Due to the nature of the sampling technique (purposive and non-random) the findings of this study reflect the experiences of the participants, and cannot be generalized to all male sexual/abuse victims; nevertheless, the findings of this study will undoubtedly shed light regarding the perspectives of male victims of sexual abuse/assault.

### **3.0 Findings**

#### **3.1 Demographic Information**

Out of the 59 participants, a third (n=20) were between 46 and 55 years, followed by another third (n=19) between 36 and 45 years of age; 10 men in the sample were respectively in the 26-35 years age group and the 56 years and older age group. More than half of participants (n=34) were not in a relationship at the time of the interviews, either single or separated or divorced. Twenty-five men were in some relationship, either dating or married or common law.

Three quarters of the participants (n=45) were Caucasian. Participants from other ethnic groups included Aboriginal, Black, Hispanic, Filipino and those of mixed-race background. A third of participants (n=19) reported having a physical disability.

The highest level of education completed by the participants ranged from only elementary (n=12), high school (n=7), and some college or university (n=11) to having completed formal post-secondary education: college diploma (n=11), university degree (n=15), and a graduate degree (n=3). Over half of the participants (n=33) were unemployed. Of those who reported their employment status (n=26), seven men had part-time work and 19 had full-time work. Of the 58 participants who reported their income, almost half of the participants (n=27) had an annual income of less than \$25,000 per year, a third (n=20) had income between \$26,000 and \$50,000 and 11 men had an income over \$50,000.

#### **3.2 Child Sexual Abuse (CSA)**

Almost all (n=57) of the participants reported having been sexually abused/assaulted as a child with 51 out of those 57 having experienced multiple incidents of CSA.

Out of those who reported the age when the child sexual abuse began (n=57), participants reported that it began as early as 1 to 3 years old (n=8) and 4 to 5 years of age (n=8). The largest proportion were victimized when they were between the ages of 6 and 10 years (n=28) and between 11 and 14 years (n=12). Only one participant reported being older at 15 years.

Out of those who reported CSA (n=57), almost all (n=53) reported that the perpetrator was someone they trusted or a family member. A considerable number (n=13) were sexually abused by a family member (excluding a mother or father). This was followed by a person in authority such as a teacher, principal, babysitter, or clergy (n=16) or a family friend (n=12). A smaller number were sexually abused by a father (n=8), mother (n=3) or other known person (n=1). Only four men reported having been sexually abused by a stranger.

Although there were no specific questions asking about the gender of the offender, there were four cases in which the offender was a female – namely, the mother and/or sister of the survivor. There is also the possibility that in other cases the offender was a female, such as when the offender was the babysitter, teacher, family friend and/or extended family member.

### 3.3 Adult Sexual Abuse/Assault (ASA)

Ten out of the 59 participants reported that they were sexually assaulted as an adult with the majority of this group having been victimized multiple times. The majority of this sample (8 out of 10) had also been sexually abused/assaulted as a child. Half (n=5) of the participants of this group were sexually assaulted when they were between the ages of 18 and 24, followed by those aged 25-30 years (n=3) and those who were over 30 years of age (n=2). The majority (n=7) of the participants knew the offender, and three of the men were sexually assaulted by a person they did not know or had just met. For those who were victimized by someone they knew, it was by a friend/co-worker (n=3) or a person in authority such as mentor, teacher, or a psychiatrist (n=4).

### 3.4 Supports

Support can be extremely important to survivors of sexual assault/abuse and may help or hinder recovery. Support can come from those immediately around them such as family members and friends; or it can come from professionals such as therapists, doctors, or others. In this study, most participants stated that they did not have a support person during the time the abuse was happening, because they felt they could not disclose the abuse.

*Well, no one knew about it, so I just felt very alone, and I didn't communicate any of that.*

*At the time my parents were separated, my mom was not very nice but my dad was worse. To risk having to go to him was worse than staying with my mom, and I never knew that I might have been able to go to my grandparents, I just didn't know.*

A few participants stated they had support in general during the time they were being victimized:

*I did have an Aunt... I don't know if she knew what was going on or not, but she would try and take me to the boys and girls club or this and that. There was a family friend...and I would go and see him. They were good people. That's about all I can remember.*

*I had a few friends. I don't know if I'd say 'supportive' because it was something I didn't dare tell anyone.*

As adults and having disclosed the abuse, most participants stated that the two centres had been their main source of support:

*(this centre) seems to be the first one where things are clicking. No family or friend support.*

This sentiment was echoed by many participants and seems to highlight the important role that these men-specific services are playing in the healing process of male survivors.

### 3.5 Emotional and Psychological Effects

Participants were asked to describe any emotional and psychological effects of the sexual abuse/assault. Participants spoke of depression, isolation, self-harm and other negative effects of both ASA and CSA; all of these effects are common to survivors of sexual violence, and many can be debilitating (Hill 2009). For many of the survivors of CSA, the effects were ongoing through childhood and into adulthood, lasting even when they started to get help.

In the paragraphs below, the words of participants convey the long lasting, serious impact of the sexual abuse and assault on the men.

### *Depression*

Almost all participants spoke of having suffered depression, but these statements clearly show the complexity of the emotions that can be present in the aftermath of sexual abuse or assault.

*Major isolation, major depression, major anger, sadness, shame, guilt, scared – I always felt I was to blame.*

*I suffer from PTSD, serious sleep deprivation, struggled with a lot of depression, anxiety, suicidal ideations, difficult to relate to peers, socially isolated, withdrawn, introverted, extreme mistrust of people, extreme amount of guilt, disassociation - no safe place.*

### *Suicidal Thoughts and Attempts*

Some participants stated that there were occasions in which they felt so bad that they engaged in self-harming behaviours, including suicide attempts, and/or had suicidal thoughts:

*Well, I mean, I'm forty-one years old, and I've spend my entire life dealing – working with that. You know, lots of flashbacks and issues around self-harm, feelings of suicide, depression...very low self-esteem...*

*For the last twenty-some years, I've contemplated and acted out on killing myself multiple times. I've almost succeeded on about four.*

*...In 2006, I attempted suicide. I was in cardiac arrest when they found me. I was three and a half weeks in a coma, and when I came out, I still wouldn't tell anybody about what happened...what was bothering me.*

### *Distrustful of others*

Most participants stated that the impact of the abuse has made it difficult to trust other people, and had also an impact upon their ability to develop and maintain friendships during their childhood and to develop and maintain a stable long-term relationship with a significant other as an adult:

*And it resulted in me being challenged at building relations, not only with my family members but with anyone else because there was always a part of my life I could never, never, never speak of ...It also destroyed my marriage.*

The statements above and also below illustrate how the effects can pervade so many different areas of survivors' lives, particularly relationships with others.

*Well, it's really given me a lot of issues with trust and a lot of issues with authority...I think that the worst part is not being able to stay with anything (girlfriend, house, job) for more than a couple of years because then I feel like I'm getting too close. I feel vulnerable. I just end up feeling like 'no, this has got to end.'*

#### *Feelings of shame, unworthiness*

Shame was a key theme that ran through every interview and is also much discussed in the literature (Weiss 2010, Tewksbury 2007). Participants felt and in some cases, continue to feel, enormous shame about what happened to them, as if they were responsible. This shame fed many other negative feelings that contributed to low self-esteem and self-confidence.

*It always made me feel dirty...unworthy...different and embarrassed, ashamed...secrets.*

*I didn't know how to voice it. Unfortunately, I didn't get help early enough, so I have a lot of 'bad tapes' in my head.*

### **3.6 Coping strategies**

Coping strategies refer to the techniques that survivors have adopted to get through each day. Most of the participants in the study used both positive and negative coping strategies. While we have chosen to categorize most of the strategies as either positive or negative, there are many strategies that could be seen as both. For example, disassociation could be viewed as a positive technique in the short term to help a survivor through a difficult time or until he could get some professional help, but in the long term it could be seen as a negative technique because it essentially allowed the survivor to avoid addressing the abuse/assault.

#### **3.6.1 Positive Coping Strategies**

##### *Counselling*

Once participants were able to start some kind of therapeutic work – individual or group counselling or programs designed for any of their behaviours – they noted an immediate impact; the impact was not always positive at the outset in that counselling might trigger flashbacks, poor sleep, anxiety and increase the negative feelings as they were being explored. Participants understood that this was part of the processing required and ultimately, these negative feelings would subside.

*I've been in counselling for twenty years and now I'm working as a therapist myself. I mean, I've done a tremendous amount of work, and so has my sister. I mean, we just got lucky because we got connected to the right kind of people who knew a lot about trauma and how to help with flashbacks, and with all the memories and helping to kind of flush those out and process them.*

## *Male Survivors*

*I went to a treatment program when I was younger. I've worked through the twelve-step programs, I continue to do that.*

*With regards to the positive things, seeking therapy, actual psychological therapy.*

### *Touch*

For many participants, being touched could trigger flashbacks and negative emotions, so it is hard to be physically close to others. Participants mentioned different strategies to get used to being touched in a safe environment, such as massage therapy or through the counsellor's light touch on the shoulder:

*I did a lot of massage therapy, which I called 'safe-touch.' Very early on my healing I went to see a therapist that working a lot with trauma, and sometimes she would just put her hands on my back and that was the entire session, and I would just cry for an hour. So being able to start to get accustomed to a touch that wasn't going to hurt me, that kind of thing.*

### *Sports, Hobbies*

Many of the participants spoke about the importance of physical exercise, often through sport, and that this was particularly important as an outlet when psychological counselling was underway.

*Also meditation through yoga, healthy exercise such as walking, reading as well...Also just being more social.*

*I thought skateboarding really, really, really helped because like I said, I was creative and an aggressive outlet was important. I found, you know, going to the gym and hiking and physical stuff like that really helped.*

*Sports. Without having sports in my life, I would not be here. I am almost 100% certain. I've lived my whole life for sports. Any organized sport...I play at least four or five times a week when I am able to.*

### *Other strategies*

At least one participant spoke about the importance of religion in his healing process.

*I have a very good connection with God.*

Others spoke of volunteer work as helping them feel good about themselves again.

*I work for progressive housing doing outreach.*

*Going out and volunteering a lot has helped me and made a difference.*

Or reading . . .

*I read a lot of books just to keep my mind occupied and (out) all the time. I never really gave my mind time to think about anything else...A lot of fantasy, a lot mystery...I wouldn't read anything that was real.*

### 3.6.2 Negative Coping Strategies

#### *Disassociation*

As mentioned in the introduction, disassociation might be seen by a survivor as a positive coping mechanism in the short term.

*The impact on my childhood was that I was...the clinical terms is 'dissociated', so I was sort of just not quite there...I was in this...sort of dopey state all of the time. Nothing really mattered to me.*

*Disassociation, and apparently that's a major coping strategy for abused children, they kind of zone out. Their bodies are there, but they aren't there.*

#### *Alcohol and drugs*

As noted in the literature, the misuse of alcohol and/or drugs is a very common response to both CSA and ASA. Alcohol and drugs allow one to “zone out” so the result is similar to what can be achieved through disassociation, if only temporarily until the effects wear off. The phrasing of this participant paints a vivid image and illustrates that he understands exactly what he was doing:

*I've tried drinking myself to death. I've used...any kind of chemical to kill the thoughts that are in my head.*

Drug use, as in the case of this participant, can start at a young age, which of course can lead to a whole array of other issues (addictions, criminal charges, the commission of additional offences such as theft in order to pay for the drugs). This participant began at a fairly young age.

*Probably around the age of eleven is when I started using drugs to change the way that I felt...I hated what they did to me, but I used drugs for a long time because I knew they would make me stop feeling, or it would change the way I felt.*

#### *Work*

For many men, work is a large part of their masculine identity, for example as the “breadwinner” of the household. Like disassociation, it could be viewed as a positive coping strategy and certainly one that much of society or at least, certain sectors of the working world support. These participants found that work was helpful, not just to avoid the pain, but also because it could provide positive feedback that helped with confidence and self-esteem issues. Here it has been included as a negative coping strategy in that the examples given were extreme (e.g. 16 hour work days, no time for anything else).

*Coping was...immersing myself in work. I would work sixteen hours a day to avoid dealing with real reality, to avoid the pain and suffering.*

*I'm also like a workaholic in one sense because that's where I feel most of my self-esteem issues come from; I feel good about work.*

*Sexually Promiscuous*

Tewksbury (2007, 31) pointed out in his review of the effects of CSA and ASA that effects on sexual activity may often go unacknowledged or ignored by both the survivor as well as professionals. In the words of these participants . . .

*Another effect that it had as a teenager is that I was somewhat sexually promiscuous. It was sort of a way of getting attention to know – to reaffirm myself as a sexual being.*

*It affects you in so many ways, I mean, all of a sudden, you know, I became very sexual...I think what you're looking for is love in the midst of all of this.*

Overall, the coping strategies, both positive and negative, employed by the study participants very much mirrored published research in the area.

**3.7 Reporting to Police**

This section examines whether participants reported the CSA or ASA to police and their reasons for reporting or not.

Table 1 shows that 28% of those who experienced CSA reported it to the police or told another individual who reported it and that only two participants (out of 10 or 20% of the small sample) of those who experienced ASA reported it to the police or told another individual who reported it. It is important to remember that this sample was drawn from those who were engaged with support services and hence might be more likely to consider reporting the incident to police.

**TABLE 1: PERCENTAGE OF PARTICIPANTS REPORTING TO POLICES**

	Yes (%)	No (%)	In the process of considering the option to report (%)
Child sexual abuse (n=57)	16 (28%)	39 (68%)	2 (4%)
Adult sexual assault (n=10)	2 (20%)	7 (70%)	1 (10%)

**3.7.1 Reasons for Reporting**

Table 2 below shows the reasons participants reported the ASA and CSA. More than one-quarter described the need to release repressed feelings. The two participants who reported their adult sexual assault incident to police stated that they did so as they felt they needed to take action, as well as one of the two had a family member who recommended reporting.

**TABLE 2: REASONS FOR REPORTING CHILD SEXUAL ABUSE AND ADULT SEXUAL ASSAULT TO POLICE, MEN'S STUDY**

Reasons	Child Sexual Abuse Incidents	Adult Sexual Assault Incidents
	Number of Incidents (N=16) <sup>3</sup> (%)	Number of Incidents (N=2) (%)
Need to take action	9 (56%)	2 (100%)
Counsellor/therapist/psychologist recommended	8 (53%)	0 (0%)
Family/friend recommended	4 (27%)	1 (50%)
Need to release repressed feelings	4 (27%)	0 (0%)

Some participants felt that they had reached a point in which they felt they were breaking down and needed to unleash repressed feelings, whereas in other cases, it took the support of a counselor to not only face the abuse, but to report it to the police. There were at least two incidents where CSA was reported to police by someone other than the survivor.

*(At sixteen) I was seeing a psychologist for about four months and I finally was able to disclose to him what had happened to me, and legally he had no choice but to report this to the police.*

*...A detective came in to see me and he had said he'd been looking for me for a while – another boy had come forward and named me as a witness. I gave him (police officer) my statement.*

In some jurisdictions, in order for victims to access victim services and/or compensation, which might include counseling services, they need to report the crime to the police.

*I had approached my father (the offender) to pay for my counseling and he had said no... so I knew I had to report it in order to get victims' compensation.*

*There's some money to help you cope... help you deal with it and pay for your counseling and all that stuff. So that's why I decided to report. I wouldn't be able to afford to come to therapy if it wasn't for that.*

### 3.7.2 Reasons for Not Reporting

As can be seen below in Table 3, more than one-third of the participants who experienced CSA stated that they did not report child sexual abuse because they thought they would not be believed, because of feelings of shame and embarrassment, and because they did not know they could report the abuse, or that the abuse was “normal” at the time that it occurred. Many men did not report adult sexual assault because they thought they would not be believed. Other common reasons for not reporting adult sexual assault included a lack of faith in the criminal justice system and the perception that there was a lack of evidence.

<sup>3</sup> Multiple responses so results may not total 100. Respondents may fall into multiple categories.

**TABLE 3: REASONS FOR NOT REPORTING CHILD SEXUAL ABUSE AND ADULT SEXUAL ASSAULT TO POLICE**

Reasons	Child Sexual Abuse Incidents	Adult Sexual Assault Incidents
	Number of Incidents (N=39) <sup>4</sup> (%)	Number of Incidents (N=7) (%)
Nobody would believe me	14 (36%)	5 (71%)
Shame/ embarrassment	14 (36%)	2 (29%)
Did not know could report/ Normal at the time	14 (36%)	0 (0%)
No family support	11 (28%)	0 (0%)
Fear offender	8 (21%)	1 (14%)
No evidence	7 (18%)	3 (43%)
No confidence in CJS	5 (13%)	4 (57%)
Other	2 (5%) <sup>5</sup>	1 (14%) <sup>6</sup>
Previous bad experience	1 (3%)	1 (14%)
For sake of family	1 (3%)	0 (0%)

The top reason for not reporting for both CSA and ASA survivors was thinking that no one would believe their story. Shame was similarly a key reason for more than a third of CSA survivors.

*Too ashamed. Didn't think anyone would believe me. I would blame myself, that maybe it was me.*

*Ashamed – thought it was my fault. Didn't know who to tell, didn't think they would believe .*

*It was basically because I felt that no one would believe me. The fact that my father didn't believe me, the fact that the doctors didn't pick up on it, the fact that we were stopped by the police one time... and I thought you know what? Nobody's going to believe a little kid, and I thought no one would protect me.*

*To hitch-on to the point of not being believed, you see, I am brown-skinned because I am from Jamaican descent, and the fact he was a white male older than me also adds to the fact that I was a visible minority, and also came from a single parent family.*

*Being a very young child, obviously my first impulse wasn't to go the police, it's to go to my family, and that wasn't an option...I guess I felt my parents, themselves, they would either not believe me or they wouldn't do anything about it.*

<sup>4</sup> Multiple responses so results may not total 100. Respondents may fall into multiple categories.

<sup>5</sup> 'Other' reasons for not reporting include that the participant did not want the offender to be in trouble and because the participant did not think reporting was necessary for the healing process.

<sup>6</sup> 'Other' reason includes for the sake of the participant's friendship with the perpetrator.

For adult survivors of CSA, particularly where the abuse occurred decades earlier, there may be very little evidence other than the survivor's word. This can often occur in cases of sexual assault, historical or otherwise, wherein decisions of guilt are based on the credibility of the complainant and defendant.

*If I thought that I could put a credible case together, I would, but there's just no way. It's too far in the past. There's just no evidence.*

More than a third (36%) of adult survivors of CSA spoke of not knowing what to do or there not being any resources available for children. For many, the abuse could have occurred decades ago. Since the 70s (or before), there have been significant improvements in terms of awareness on the part of the public and of professionals who come into contact with children; the mandatory reporting requirements in jurisdictions have also resulted in more training of professionals and understanding about CSA.

*I was too young and I had no way to do that...so I would have to ask for a ride or make a phone call and I just didn't have the skills to do that.*

*As a child – I grew up in the country - no police stations, no police cars around ever.*

*Was not aware it was something I could report it to the police.*

*Who would we tell? At 7 years old I didn't necessarily know it was wrong – but I knew it was a secret.*

*At the time I had no idea it was possible to tell the police.*

*At the time I didn't know what it was that happened. I wouldn't know how to go about telling someone.*

Fear of the offender was mentioned by 21% (n=8) of CSA survivors. Threats to loved ones were common, along with being told that no one would believe them.

*Because I was scared, because he told me no one was going to believe me and you know, they're going to take me away, lock me up and I was never going to see my family again.*

*Fear of harm, to myself and to my family... and the fear that I would be doubted, that no one would believe me.*

*The verbal threat was that if I said anything to my mother, both my mother and my sister would be killed . . .*

*Psychological harm – she used as a threat against me. If I tried to tell, she would tell people that I had mental health issues, I needed psychiatric help. In the end, she actually sent a note to that effect home.*

### 3.8 Records Disclosure and Production

Three of the cases that were reported went to trial and in one of these cases, a third party record was sought by the defence.<sup>7</sup> In this case, it was the video transcription of the participant's interview with the police. The participant did not know if this record was ultimately released to the defence. When asked how he felt about the request for disclosure and production of his records, the one participant stated that this request felt "like it was another assault and that it was an invasion of privacy."

### 3.9 Suggestions

The last section of the survey tool asked participants about what they believed would help other survivors obtain a better understanding of the legal process and possible sentencing outcomes, as well as strategies that may increase and encourage reporting practices. Suggestions clustered around four main themes: suggestions for other survivors; suggestions for addressing myths and raising awareness; suggestions around the criminal justice system; and suggestions for support services.

#### 3.9.1 Other Survivors

Many participants expressed regret at not having spoken out and not having sought help earlier, and as such, they encouraged other survivors to come forward, to seek help, and to not give up.

*The biggest thing for me is that the shame of keeping it inside is far greater than any shame you might feel by talking about it.*

*Don't stay silent. That's the main thing and it's hard to do...If no one believes you, just continue going until someone hears you.*

Should the case go to court, participants suggested that survivors need to have a very thorough understanding of the adversarial nature of the court process and the impact this process may have on a survivor:

*They put the person that has been victimized on trial and it ends up being worse for the victim than it is for the perpetrator.*

In order to achieve this thorough understanding, participants focused on the importance of being fully prepared by: learning as much as possible about the process, taking careful notes, and/or consulting with Crown prosecutors.

*Be prepared for court. More consultation with the prosecution and the psychiatrist about how to prepare yourself for testimony. Make sure you know your own statement backwards and forwards and sideways. And just be ready on that basis.*

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<sup>7</sup> It is not clear from the interview data whether the information sought would be considered a third party record or part of the Crown file as it was part of the investigation.

Most participants believed that seeking recourse through the criminal justice system may not lead to healing. Thus, for many participants their primary focus has been to heal and to be able to cope with the trauma and pain of the abuse. As this participant stated,

*I wouldn't deal with the criminal justice system until healing. The system is not designed to help you deal with the trauma. ...You need therapy before you can handle the pressure of talking about it, cross examination.*

There was one case in which the participant felt that validation from the compensation organization contributed to his healing process and sense of well-being:

*I've got the criminal compensation letter claiming that they believe me and that helps. I read it when times get tough.*

### 3.9.2 Addressing Myths and Raising Awareness

In order to address myths and raise awareness of male CSA and ASA, participants suggested that awareness campaigns may lead to an increased understanding and support within communities to address these issues. Awareness campaigns would also assist survivors so that they are better informed as to where they can go to ask for help and find the necessary support to heal and cope with the trauma.

*Cause once you have more awareness about what's going on, you're better equipped about what you can do.*

A consistent theme among the participants was that there is a need to increase awareness about the nature and extent of male sexual abuse as it is still not acknowledged to the same extent female sexual abuse has been acknowledged:

*Not only women are victimized.*

*More awareness and more outreach for the male gender...overall awareness within the community... a little more gender equality in this aspect.*

As noted in the literature (Tewksbury 2007; Weiss 2010; Stermac et al. 2004), there is a social stigma associated with male victims, and as such, the societal perception and response to male victims is different than for female victims. Based on their experiences, participants also found this to be true.

*Men are supposed to be able to defend themselves. Abuse is abuse, whether you're a male or female . . .*

*There is a societal taboo about men getting help, in general, and also about men being victims, so it's a double-edge sword, and it's very hard.*

*Justice system tends to understand victimhood in a more female centred way. Men present different than women do. I don't think the system is that friendly or engaging with*

## Male Survivors

*men who may present as hyper masculine or may present offending behaviours along with victimization.*

Along with the social stigma, some participants mentioned that there is a need to address the serious misconceptions about only men, and not women, being perpetrators and about male survivors being potential child abusers.

*Trying to change the stigma around sexual abuse survivors being pedophiles...men who are survivors repeating the cycle, all of those kinds of things that we hear, which are actually not even close to the truth.*

*Through my own experience, just the attitudes and misconceptions of a lot of people in the justice system toward sexual abuse victims is still forty years behind the times.*

In terms of the best way to improve society's understanding and to provide information to survivors, participants suggested a number of communication approaches including those associated with awareness campaigns<sup>8</sup> such as television, radio, Internet, posters in public places like bus shelters, and social media.

*Television, like the elder abuse commercial.*

*Internet is a good thing I think. I know myself, I was looking stuff up online before I came here. (the support centre)*

In addition, one of the most common suggestions was to raise awareness amongst children themselves through school programs and ensuring that school counselors have specific training in this area.

*I think it needs to be known and taught to kids that there are places kids can go, and there has to be organizations set up so they feel comfortable going in...*

It is also significant to note that within the school setting, participants believed outreach efforts ought to target even the youngest children:

*They should start talking about sexual abuse in elementary school. Believe it or not, that's when it happens. So I think a lot of people are very naïve. They think, 'oh a ten year old can't be abused'. Well, a ten year old can be abused. A six year old can be abused. I don't think you can start too early...*

Participants also recognized that while it is difficult to approach the topic of sex in schools, it is important to equip children with information. This participant identified the challenges associated with this:

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<sup>8</sup> Several participants referred to recent awareness campaigns by the federal government for elder abuse and victim services.

*It's tough because sex is a topic that gets everyone's attention, but when it's inappropriate everyone turns an awkward cheek. It's too awkward to talk about. We need to have no more secrets and no more embarrassment.*

### 3.9.3 The Criminal Justice System

Those participants who had experience with the criminal justice system had numerous suggestions, starting with that first contact with police. Survivors already feel ashamed of what has happened and it has taken a lot of strength to report the incident to police. Participants believed that officials need to be more sensitive when interviewing survivors; body language, a single comment may make survivors feel that their story is not believed and make them feel re-victimized, ashamed and humiliated.

*Reach out and not make us criminals. Most of them (criminal justice officials) make it sound like we're the ones who instigated it. Making it sound like it's our fault. It's like reliving it again, the way they do it.*

Some participants acknowledged that there has been more education and sensitivity training for criminal justice professionals, but there is still a need to do more:

*You're seeing more lawyers educating themselves and seeking professional advice on these situations. It's starting to happen but it's...they just have to be encouraged to do more.*

*In essence, I don't think enough research and understanding has become commonplace in the judicial system...I don't think police have been taught either at all, or minimally taught effectively in how to deal with something like this.*

*There's a lot of police officers and crown prosecutors, even people in the mental health system that still believe strongly that if a male is abused, that they were either a part of it or they are eventually going to abuse someone themselves.*

In cases where participants did report the CSA or ASA to the police, most stated that they felt the police did not undertake enough efforts to investigate their case and/or did not follow-up with them regarding the outcome of the investigation. These two participants did not have positive experiences with the police.

*After reporting it, in 2000, I phoned the police and they transferred me to their division that's supposed to deal with that...historical assault, and he never called me back...I called again and they...the excuse was they were quite busy.*

*I've never heard another word from them. I sat down for over two and a half hours describing in detail (the abuse), and I've never heard a single word back...nothing.*

Almost a quarter (23%) of the participants suggested that the courts need to give longer sentences to send a strong message to society about the serious impacts of CSA and ASA on the survivors.

*It's important that people who are perpetrators see repercussions in others for the crime because the vast majority are never reported.*

*He stole five years of my life, if not more, especially my childhood. That's the part that I really feel I lost. You know, you see they get two years or three years, and I'm thinking the sentences are often too light, for the person that's been abused.*

Some participants discussed the importance of having support either in the form of an advocate or a support person, such as a counselor, to help them get through what can be a long and very difficult process:

*More people to work with the victims through the court system... To make things easier for the victims and help them through it.*

This participant described this need very clearly:

*I want someone who can go with me and be an ally. Someone who can advocate for me and who can help walk me through the system.*

### **3.9.4 Support Services**

Most participants expressed gratitude for the services of the support centre they were attending. In many cases, participants stated this was their only source of support to cope with the trauma of the sexual assault/abuse. As one participant stated:

*When I came here it was an immense help, right off the bat there was an empathy and a distinct understanding of what I was going through... that would help me deal effectively with the depression, the lack of confidence, going back into the workforce, dealing with my friends, dealing with my family, and dealing with relationships, which has been a very lonely process.*

In addition, participants stated that they received valuable information regarding the criminal justice system. As this participant noted,

*The centre has also been helpful in making me aware of what options there are in the judicial system and so forth. Essentially, without the services that are provided here, I would have been pretty much high and dry as far as any other options....*

The majority of the participants stated that having a safe place (like the two centres) to talk about the abuse had been incredibly helpful. The comment below reflects the need for such safe places.

*Create safe havens where they (survivors) can seek shelter, where they can get the help they need and feel safe and protected.*

Some participants commented on the lack of services for male victims in Canada, suggesting that there should be more.

*I don't understand why every city doesn't have this. Because a lot of these people that are on the street have been sexually abused and there's no place for them to go. They fall right through the cracks and they end up on drugs or with mental illness.*

*More groups throughout Canada – should be at least one group in every province.*

*And so men finally get to a point where they say, okay, I need help, and there's nothing offered – I shouldn't say nothing, but very little.*

It was also suggested that governments provide financial aid to victims who may lack of financial means to pay for counseling services, in particular in cases where victim services and/or compensation are only available to those who report the crime to the police.

*For a lot of people, if they don't want to be involved with victim services because they're scared to be involved with the criminal justice system, they can't afford counselling. So I think there should be some subsidies for these people who don't want to go through the criminal justice system as they still need counselling. You can't heal from something like this without some kind of professional help.*

Overall, participants called for more male-specific support services in each jurisdiction. All participants understood that sexual assault is a gendered crime and that women are 10 times more likely to be a victim of sexual assault than men (Vaillancourt 2010, 10) and hence, why there are more support services for women than men. Yet underlying responses to these questions were feelings of unfairness, that it is important to. . .

*Make sure government provides funding equally to all organizations, both men and women's groups.*

The suggestions provided by participants were thoughtful and based on their own experiences with society's attitudes towards male CSA and ASA, with the criminal justice system and with support services. As well, the participants are well placed to understand the needs of male survivors and what makes a difference for them in order to begin healing.

#### 4.0 Conclusion

This study represents one of the few in Canada to examine in depth the experiences of male CSA and ASA survivors. The debilitating emotional and psychological impacts on the survivors and the important role that support services played in their recovery were both highlighted in the findings; these findings suggest the need to raise awareness and to address myths and stigma in communities so that children of today and tomorrow do not experience the pain and suffering expressed by all of the participants.

Of the participants in this study who experienced CSA, one of the top reasons for not reporting it to police was shame. While the shame and stigma of male CSA and ASA must be addressed with criminal justice professionals and also the public, these must also be addressed with survivors themselves. This is where the “safe haven,” such as a centre dedicated to working with male survivors, can play a pivotal role; men know that even while sitting in the waiting area, everyone understands what they are going through and there is no judgment. There are many models of delivery for support services; participants in this study highlighted the need for more services that are specifically designed for men, taking into consideration their experiences and needs.

Improving survivors’ knowledge regarding the criminal justice system is essential to ensure that individuals know they have options and the possible results from choosing different options. In addition, it is important that survivors have realistic expectations of the criminal justice system; the process can be long with many delays; giving testimony and being cross-examined by defence counsel can be very difficult; an acquittal is one possible outcome of a trial; and if there is a conviction, the sentence may not seem appropriate. Those who did report and went through the entire process should be commended for their strength and perseverance.

This study confirms findings in previous studies in terms of effects of male CSA and ASA, reporting practices, coping strategies and support services. It also adds in-depth insights of the experiences of men who have been able to access support services. All those interviewed were pleased to give their time and hoped that their experiences would make a difference for other boys and men who have had similar experiences. Since these interviews took place, Canadians’ awareness has increased as a result of the Cornwall Inquiry<sup>9</sup> and several high profile cases.<sup>10</sup> There continues to be few services specifically for men across the country,<sup>11</sup> but awareness about the prevalence and nature of male CSA and ASA is increasing in both the public realm, as well as amongst criminal justice professionals, policy and decision makers.<sup>12</sup> More remains to be done and it is hoped that this study has contributed to society’s understanding of male sexual abuse and assault.

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<sup>9</sup> For information about the Cornwall Inquiry and resulting report and recommendations which were released in December 2009, see <http://www.attorneygeneral.jus.gov.on.ca/inquiries/cornwall/en/index.htm> (accessed August 12, 2012).

<sup>10</sup> See for example the case against Graham James, at <http://www.cbc.ca/news/canada/manitoba/story/2012/02/21/mb-graham-james-sentencing-hearing.html> (accessed August 12, 2012).

<sup>11</sup> In 2011, Ontario committed to expanding support services for men. See media release at: <http://www.attorneygeneral.jus.gov.on.ca/english/news/2011/20110413-male-nr.asp> (accessed August 9, 2012)

<sup>12</sup> See *supra*, notes 9-11.

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