



**SURVIVORS
MANCHESTER**

break the silence, it stops with us!

Social Return on Investment



ZURICH[®]

Community Trust

#BreaktheSilence

Acknowledgements

Many thanks to all who contributed to this research and report, including:

- all stakeholders who participated in the study, whether completing an online survey or telephone interview
- Duncan Craig, founder and Service Director of Survivors Manchester
- the team from the Zurich Community Trust, for offering support and advice whenever required, and for sponsoring the report
- further thanks to anyone who has been involved, even if not specifically mentioned above

Note: all quotes included in this document are taken from stakeholders, as provided. All quotes are anonymous.

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Foreword/opening comments



It doesn't seem three years since the Zurich Community Trust 'webinar' on Social Return on Investment and now I'm writing the intro to our very own report.

Zurich Community Trust has been, and remains, an integral part of the Survivors Manchester story – they were the first body to award us money, resulting in us meeting criteria able to register as a charity; they have been the 'critical friend' when needed; and Zurich's UK Head of Corporate Insurance is my business mentor, which gives me the opportunity to ask questions and build my confidence.

Amelia Somerset, Zurich Finance Analyst and great friend of Survivors Manchester, has produced something that will become one of those landmark moments in our history. This report has given us the evidence to prove our financial worth, showing the delivery of our services and work saves the state on average, £26,000 per survivor per year – equating to a staggering saving of over £2.5 million in 2012-13. Compare that to the small level of income we receive and the even smaller level of our expenditure, it's clear that from a purely financial point of view Survivors Manchester is value for money.

But more than that, this report is going to help us continue to prove the impact sexual abuse and rape has on boys and men and that with help they can create positive change for themselves.

Duncan Craig
Founder / Chief Operating Officer
Survivors Manchester



As the Chairman of Survivors Manchester I speak confidently on behalf of the Board of Directors and Trustees in supporting the importance and the development of the work carried out in understanding the impact our organisation has in demonstrating social value and the improved outcomes for our population.

The Social Return on Investment report kindly undertaken by our partners Zurich Community Trust is a very valuable and informative piece of work. As many of us know this area of work can often be treated as a taboo topic and the subject for many people is difficult to understand and even more difficult to discuss and talk about. This challenge is coupled with a difficult socio-economic climate where the 'pinch' of reduced funding, austerity measures in public services, health and social care reforms, more extreme conditions to work and live in and the levels of deprivation increasing, touches nearly all of our lives in one way, shape or form.

The struggle to find funding and maintain funding has never been more difficult, especially for small charities, but if we can clearly demonstrate the value and worth the positive impact our charity has then we can start to present a strong evidence base and a case for change. The SROI document will help and support us to do this and with the ongoing invaluable support of our trusted partners Zurich Community Trust and the joint commitment now and going forward will be essential and a critical element of success.

Craig Harris
Chair
Survivors Manchester



Isaac Newton once said:

.....
“if I have seen further,
it is by standing on the
shoulders of giants”
.....

His thoughts often come to mind when I meet Duncan Craig, whose inspirational personality and brilliant work has helped me to see further. Most importantly, Duncan has also helped the victims of male sexual abuse not only to see further but to make a journey from dreadfully dark times to recovery.

I am, as are my fellow Trustees and all associated with Zurich Community Trust, very proud to have been able to partner with Survivors Manchester.

Our foundation, which is the community arm of Zurich in the UK, gives money, skills and time donated from Zurich together with money and time leveraged from employees of Zurich to help disadvantaged people achieve an independent future for themselves.

The Trust’s primary focus is in disadvantaged local and overseas communities, on issues that are often overlooked and in areas where we can have the biggest impact. We seek to make a difference by:

- Leveraging our financial contribution with the time and skills of Zurich people
- Put an emphasis on long-term sustained results
- Working in partnership with the voluntary sector
- Being innovative
- Measuring and evaluating the difference we're making

In partnership with Survivors Manchester, I believe that we are helping to make the difference we seek. Duncan Craig and his team are doing truly splendid work.

In this excellent study, Amelia Somerset explores and clearly articulates both the social and the financial impact which Survivors Manchester delivers. Amelia’s report inspired me. It helped me to clearly understand the measurable impacts achieved and, at the same time, I felt connected with and deep empathy for the work that this charity undertakes. I hope that the study also inspires you. Thank you, in advance, for the time that you will spend reading about, absorbing and believing in the value being delivered by this outstanding charity.

Tim Culling
Chair of Trustees
Zurich Community Trust Ltd.



Zurich Community Trust has enjoyed a partnership with Survivors Manchester for 3 years, standing alongside the organisation as it has quickly developed into a vital service provider within the Greater Manchester area.

Having personally met some of the service users it was immediately apparent that Survivors Manchester is an organisation that changes lives. The difficulty is being able to evidence this in a tangible way and this is where the Social Return on Investment report plays its part.

Amelia Somerset has worked for over 12 months, researching and developing this report which illustrates the societal benefits that are realised from the great work that Duncan Craig and his team carry out.

Duncan Craig is an inspirational man who is able to connect with male victims of sexual abuse and rape, increasing the number of men and boys within Greater Manchester who are prepared to break their silence.

I am proud of the work that Amelia Somerset has undertaken to produce this report and I sincerely hope that all readers are able to recognise the full value that Survivors Manchester brings to its service users, the local community and society as a whole. It is so powerful.

Matthew Hartigan
UK Head of Corporate Insurance
Commercial Broker
Zurich Insurance PLC
Business Mentor to Duncan Craig

i. Executive Summary and Key Findings

This analysis has been carried out to understand and measure the impact of Survivors Manchester, using the principles and methodology of Social Return on Investment (SROI). A summary of the key findings is below.

1. Survivors Manchester is one of very few services offering support that specifically caters for male survivors of sexual abuse and rape.
2. Demand has been increasing considerably for the services offered – increased media attention and awareness had led to more men coming forward to seek support. This is putting pressure on the resources of Survivors Manchester.
3. Because Survivors Manchester focuses exclusively on male survivors, it can offer specialised support addressing their needs – this then reduces pressure on other local organisations that are unable to offer this level of expertise.
4. The SROI ratio of the work of Survivors Manchester is 177:1, when measuring impacts to stakeholder over two years. This means that for every £1 invested in Survivors Manchester in 2012-13, the organisation generated £177 of value for its stakeholders. This takes into account all stakeholders, and is equivalent to a present value of approximately £137,000 per male survivor supported.
5. In addition to the support of male survivors through its key services, Survivors Manchester also has impacts on other organisations, through support of their activities, provision of training and involvement in offering guidance and support in how these other organisations can also better support male survivors.
6. This report therefore demonstrates that there is not only significant value for the male survivors supported by Survivors Manchester, but also that the work carried out with local professionals and partner organisations has a recognisable benefit. Though a lot of these specific outcomes are harder to quantify, the feedback from these stakeholders has been very positive and reflects the value of these working relationships.
7. The sample size of primary stakeholders used to gather data for this analysis was relatively small, with research and assumptions used to extrapolate the data and calculate the overall impact. As Survivors Manchester continues to support male survivors, further data can be used to monitor outcomes in future and may enable refinement of the findings.
8. Survivors Manchester's work saves the state, on average, £26,000 per survivor, per year, as evidenced in this report.

177:1

.....
Every £1 invested in Survivors Manchester generated £177 of value for its stakeholders.
.....

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1. Introduction

The use of Social Return on Investment (SROI) to measure impact is becoming increasingly popular as a means of understanding and demonstrating the social value generated by an organisation – particularly for third sector organisations (voluntary community and faith sector), irrespective of size and scope.

As a partner of Survivors Manchester, the Zurich Community Trust (ZCT) was approached to offer support in the undertaking of an SROI analysis of the organisation. This study was then carried out by the ZCT on behalf of Survivors Manchester.

As an organisation largely dependent on donations and grants to operate, Survivors Manchester wanted to be able to carry out an analysis of their activities, and to be able to communicate the value of their work. As male sexual abuse and rape becomes ever more prevalent in the media, the demand on the services of Survivors Manchester continues to increase, putting pressure on the limited resources available. Yet the work it does changes lives – and the aim of this report is to demonstrate exactly what this work means for their stakeholders.

Building on the idea of cost-benefit analysis, SROI compares the inputs of an organisation or activity with the value of the outcomes generated, and considers both the financial and the non-financial aspects. For example, the inputs should include the time contributed by volunteers supporting the organisation, and the outcomes should look at all the ways in which the organisation impacts stakeholders. These are then valued, using financial proxies where direct costs are not available. All inputs and outcomes are then consolidated, and an overall SROI ratio produced. This report shows how this has been done for Survivors Manchester, and what value is generated for every £1 invested in the organisation.

Sexual abuse and rape clearly has a high cost – both financial and social. In addition to any immediate cost, legacy impacts may affect a survivor for many years, particularly when they do not get support directly after the event.

The Cross Government Action Plan on Sexual Violence and Abuse April 2007¹ states:

.....
“Home Office research published in 2005 estimated that each adult rape costs over £76,000 in emotional and physical impact, cost to the health services and criminal justice system and lost output... Research by the NSPCC (2004) estimated the immediate cost of childhood sexual abuse to be £20,000 per case, with an estimated long term cost of £60,000. Whilst this long-term figure is speculative, these estimates do demonstrate just how serious the impact of these crimes is.”
.....

This value takes into account drug and alcohol use, but not criminal activity or any human costs, so the true impact arguably could be higher.

This report aims to look at the costs to those stakeholders of Survivors Manchester, some of which will include these costs highlighted above, but will also consider the human cost of the abuse for the survivor, and for their friends and family, and to understand how the support of Survivors Manchester generates change.

.....
1. HM Government Cross Government Action Plan on Sexual Violence and Abuse, April 2007 <http://webarchive.nationalarchives.gov.uk/+/http://www.homeoffice.gov.uk/documents/Sexual-violence-action-plan2835.pdf?view=Binary>

Male sexual abuse & rape in the media

In recent years, the visibility of male sexual abuse and rape has increased. Figure 1 highlights just some of the stories that have been in the media in the past two years.

The increased attention in the media has led to an increase in male survivors approaching Survivors Manchester for support, with a 65% increase in referrals up to December 2013. For example, in some cases, memories of abuse that occurred in childhood can be suppressed entirely, until a news story can trigger these memories, and the survivor will then require support to help deal with the resulting issues. Even when the abuse is not remembered,

the legacy impacts can continue to affect the survivor, with harmful consequences.

Despite the increase in attention, the availability of services for male survivors of sexual abuse and rape continues to lag behind that for women. Even where a service may offer support to both men and women, the needs of male survivors may not be adequately met by the services offered. As the only organisation specifically offering support to male survivors in the Greater Manchester area, and one of only a few in the UK, the services offered by Survivors Manchester play a vital role in the support of male survivors in Manchester.



Figure 1. Recent headlines

2. Survivor Story

.....
“My name is James and I was sexually abused (on two occasions) at school by a music teacher when I was 12 years old.”
.....

support of any family members to talk to, nobody seemed to want to know, although very welcome support from my brother Darren was there on the phone recently (he lives in Australia). At the time, it was too distressing for my girlfriend to handle, and I really needed to talk to someone about the dark and painful memories of what had happened when I was 12.

“I am now 39 years old and because of the events when I was 12, life has been somewhat difficult but I’ve managed to get this far although at times it didn’t seem like I would. Mostly this is thanks to my wonderful girlfriend Emma and Survivors Manchester.

“I called Survivors Manchester and spoke to Duncan Craig, and shortly afterwards came to talk to Duncan for an hour every week. He is one of the best therapists I’ve ever spoken to, and just listened, without judging, week after week. I visited him every week for over half a year. I was not rushed, just given all the time I needed to get through what I needed to talk about. Slowly but surely, this emotional journey ‘unpacked’ the grooming that that paedophile teacher had manipulated me with to a point where I finally felt it was ‘over’. Well, over enough to begin to move forward with my life.

“Over the years I’ve had countless therapy sessions for problems that I was having in life, because at the time I still didn’t understand why I was having such problems. The abuse I’d experienced when I was 12 had been buried so deep inside of me that the memory of what had happened at that age only surfaced 25 years later (3 years ago).

“For me, my healing really began to start when I began going to Survivors Manchester to talk about what I’d been through, and it was a life saver for me. This charity is essential to help people who have been through what I have been through. My healing continues to this day, and I guess perhaps never really ends because that paedophile teacher took so much of my life. People who have been sexually abused as children don’t really live, they survive, and am proud to say I have survived – and have begun to live.

“3 years ago I experienced what psychologists call a spontaneous abreaction where these deeply buried memories suddenly surfaced. When they did, all the emotions of that time long ago surfaced resulting in me phoning the police and reporting what had happened. This unfortunately still hasn’t resulted in the abusers arrest and being charged despite there being circumstantial evidence that he continued seeking out young boys in other schools he went to. Legally I’ve done all I can to protect children from this person by reporting him to the police, and can only hope he faces the full force of the law in the future.

“Before visiting Duncan, I never really felt I could have children, something that bothered me a great deal, I just felt I wasn’t in a place emotionally where I could be a fantastic Dad. Now, thanks to Survivors Manchester, Emma and I are having a baby in 4 weeks – and that’s a seriously BIG thank you.”

“On a very positive note, after reporting this person to the police, shortly afterwards I discovered Survivors Manchester – because I was an emotional wreck. I didn’t have the

3. Existing Research into Sexual Abuse and Rape of Men

There is a degree of uncertainty surrounding the prevalence of male sexual abuse and rape, although it is increasingly being recognised as something that does occur and needs to be addressed. Historically, research has been focused on the impacts of sexual abuse and rape on women²; however, there has been a marked increase in studies relating to men in recent years.

Many studies have attempted to answer the question of “how many men have experienced sexual abuse and rape, whether as a child or as an adult,” with a wide range of answers. These depend on the definition of sexual abuse and rape, the methods of questioning survivors and the scope of the research. A report by David Lisak³ quotes a range of estimates from 3% to 34%. An oft quoted statistic is “1 in 6”, which reflects a common estimate found in studies⁴ for the number of men who

have experienced unwanted sexual contact before the age of 18 – note this excludes adult male survivors.

Determining the prevalence of sexual abuse and rape of men and boys has proved difficult, not least driven by the secrecy surrounding the issue, and the legacy of shame and guilt that can affect survivors. As a result, abuse can be kept secret for long periods of time, with significant consequences for the survivor.

In a study on the effects of rape on adult males⁵, 40 men were surveyed to understand the long-term effects of sexual abuse. Of this sample, only 14 had sought medical treatment for injuries following the assault, and only five had disclosed the sexual nature of the assault. Of the five reported, only one case led to conviction. However, over half of the men sought psychological help at some point after the abuse.

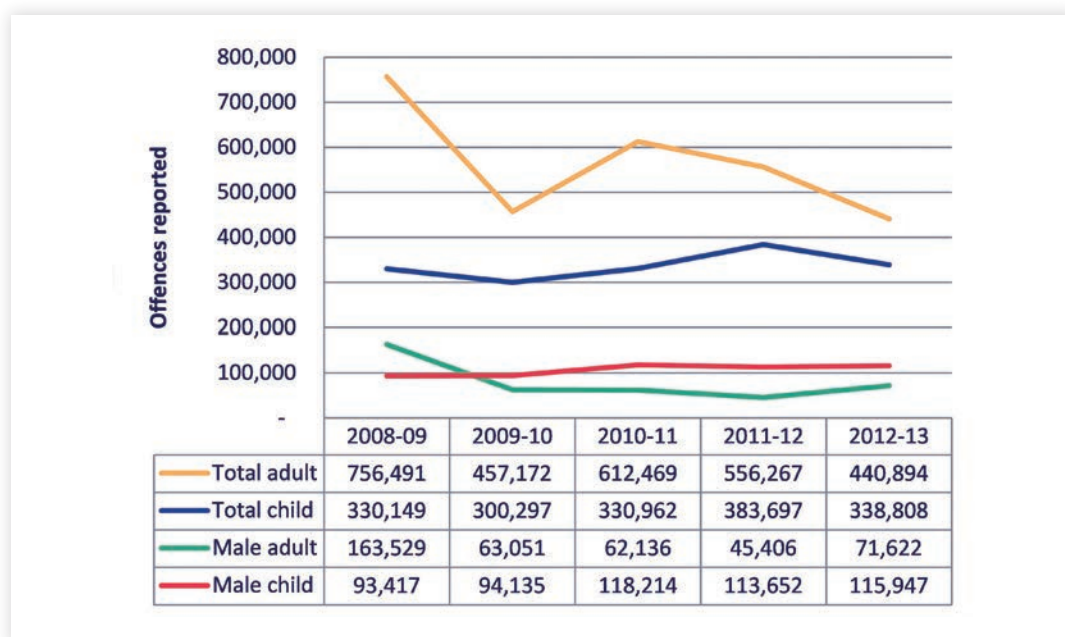


Figure 2. Sexual offences reported 2008–2013

2. “Men who were sexually abused in childhood: Coping strategies and comparisons in psychological functioning” – Patrick J. O’Leary, 2009

3. “The Psychological Impact of Sexual Abuse: Content Analysis of Interviews with Male Survivors” – David Lisak

4. <https://1in6.org/the-1-in-6-statistic/>

5. “Effects of Rape on Men: A Descriptive Analysis” – Jayne Walker, John Archer and Michelle Davies, 2004

Of these, although they found this treatment to be of benefit, they felt that the professionals they interacted with lacked the expertise to deal with the specific issues relating to male sexual abuse.

Taken from Police recorded crime open data tables⁶, in 2012-13, there were over 441,000 sexual offences recorded in England and Wales against adults, and 339,000 against children. Of these, 16% of the adult offences are recorded having male victims⁷, and 34% of child sexual offences are against males. While the overall trend of sexual assault is reducing between 2008 and 2013, the sexual abuse and rape of male children is showing a significant increase. In particular, the number of sexual offences against male children has grown by 34% since 2008. Figure 2 shows the number of offences reported.

However, these numbers are not thought to be the true number of incidences, but an underestimate, owing to the resistance to report on the part of male survivors. This reluctance may be due to anticipation of negative responses, disbelief or blame for their part in the assault. Further, male rape was not legally recognised as an offence by the English and Welsh legal system until 1994. Prior to this, the crime would be punishable under the offence of buggery, which typically carried a less severe penalty.

Literature⁸ surrounding perceptions of victims of sexual abuse compares a number of studies that have been carried out to understand how victims of rape and sexual abuse are perceived. The report highlights that the ways in which male and female victims are viewed differ, with men often being attributed with more blame for their part in the assault, particularly when considered as failing to resist or escape, or for not fighting back – behaviours thought to be more expected of the male gender. Male observers are also

6. <https://www.gov.uk/government/publications/police-recorded-crime-open-data-tables>

7. Note: includes sexual offences where male victim is specifically stated – does not include any potential male victims due to offences where gender/age is not explicit.

8. "Perceptions of male victims in depicted sexual assaults: A review of the literature" – Michelle Davies, Paul Rogers (2006)

more likely to be more critical of the victim (whether male or female), which may indicate why male survivors are less willing to disclose their abuse for fear of recrimination.

There is a substantial amount of research into the impact of sexual abuse and rape, for men and women, looking at both child sexual abuse and the abuse and rape of adults. Some key elements are discussed here, but please see the references for further reading.

The sexual abuse and rape of men has been linked to a wide range of different issues, be they physical, psychological or behavioural. Rape Trauma Syndrome is sometimes used as a medical term to the response of survivors of rape, and is considered to be a form of Post-Traumatic Stress Disorder (PTSD). PTSD is just one identified issue that impacts male survivors. One study² found that the proportion of male survivors suffering from PTSD was ten times greater than that in a comparative community sample.

Sexual abuse and rape has been associated with a wide number of legacy issues, including short and long-term mental health problems. Men have also been identified as reacting with more hostility, anger and depression than females, but also with a tendency to remain in denial, keeping the abuse a secret. These coping strategies can have long-term consequences for survivors.

Walker et al.⁴ identified a number of long term issues that affect male survivors, some of which include:

- depression
- flashbacks of the assault
- anxiety, loss of self-respect
- emotional distancing from others
- guilt and self-blame
- anger
- withdrawal from family and friends
- issues with sexual identity
- damaged masculine identity
- abuse of alcohol

- abuse of drugs
- self-harm
- suicide ideation and attempts

Whilst researching the impact of child sexual abuse on mental health,⁹ Spataro et al. found that when compared with a control population, males were more likely to present with anxiety disorders, personality disorders and childhood mental disorders. Overall, male survivors were significantly more likely to be treated for psychiatric disorders (22.8% compared with 10.2% of women).

As mentioned above, although many of these issues also affect female survivors, it has been recognised that men tend to respond differently to women after experiencing sexual abuse. It is important to note that the highlighting of such differences in response between men and women is not an attempt to apply gender stereotype, but to understand the differences between the ways in which the genders react. There may be a number of factors contributing to this, and it has been recognised that as a result of these different responses, support of male survivors should be tailored to better meet their needs.

In a response to a letter to the Prime Minister by the National Executive Committee members of The Survivors Trust regarding sexual violence, Jeremy Browne MP, then Minister for State, wrote:

.....
 "Furthermore, I recognise that male support services have been historically of lower priority with smaller third sector investment. Male survivors of sexual violence have far less access to services and provisions compared to the level and standard provided for female survivors"¹⁰

For example, men are considered to be more likely to seek support when they perceive an opportunity to reciprocate, and so enabling male survivors to engage in peer group support discussions provides them with this opportunity, and allows this reciprocity to be a core element of the healing process.¹¹

.....
 9. "Impact of child sexual abuse on mental health: Prospective study in males and females" – Josie Spataro, Paul E. Mullen, Philip M. Burgess, David L. Wells and Simon A. Moss, 2004

.....
 10. Source: NHS Business Case, Survivors Manchester, January 2013.

11. "Men, Masculinity and Contexts of Help Seeking" – Michael E. Addis & James R. Mahalik, January 2003

441,000

.....
 In 2012-13, there were over 441,000 sexual offences recorded

4. Survivors Manchester



Survivors Manchester is the only organisation specifically offering support to male survivors of sexual abuse and rape, current and non-current, in the Greater Manchester area, and is one of only seven in the UK (five of which are Survivors Trust members).

Established in 2009 by Duncan Craig, in response to the recognition that there was no specialist support for male survivors of sexual abuse and rape in the area, Survivors Manchester has since helped over 420¹² male survivors. It is a survivor-led/survivor-run organisation that aims to create and facilitate a safe space for male survivors of sexual abuse and rape. With Survivors Manchester, boys and men have the opportunity to work through personal and often painful issues, with a focus on empowering men to make their own positive life choices and begin their own healing journey.

The Survivors Manchester mission statement is:

.....
"To break the silence of the sexual abuse and rape of men in order to empower those affected to defeat the legacy of abuse to move towards positive futures."
.....

Further, the organisation aims are:

- To ensure that no man in Manchester is denied access to Survivors Manchester services, regardless of race, culture, religion, age, ability, sexual orientation or socio-economic class and status.
- To assist male survivors in dealing with

.....
¹². As of December 2013

issues arising from the sexual abuse they have suffered.

- To provide current information to men of the legacy of sexual abuse and rape via such vehicles as a specific website.
- To provide appropriate general advice, support and external referral to male survivors of sexual abuse and rape.
- To facilitate survivor-led weekly support group sessions.
- To provide appropriate and accessible counselling by qualified counsellors and psychotherapists to compliment other services already available in the community.
- To taking a modern and less restrictive approach by working creatively with male survivors to equip them with new skills and facilitate positive growth.
- To provide education, training, and awareness raising campaigns around the issue of the sexual abuse of men of all ages and backgrounds, whilst continuing to learn from our work and respond effectively to new knowledge and identified needs.

Survivors Manchester primarily supports survivors in the Greater Manchester area, although it has recently been approached by men from further afield.



Male survivors can either approach Survivors Manchester directly, or be referred by another organisation. Referrals come from a number of other services, including mental health teams, GPs, social services, or other charitable organisations such as Victim Support and the

Lesbian and Gay Foundation, amongst others. These organisations often do not have the training or expertise to deal with the specific issues related to male sexual abuse and rape, so the ability to refer to an organisation such as Survivors Manchester is invaluable.

During the year in scope (2012-13), 51% of men came through a professional referral, with others coming direct, predominantly via email and telephone. Figure 3 shows the Incoming Referral Pathways to Survivors Manchester during 2012/13. The average length of time that a survivor engages with Survivors Manchester is 12 to 18 months, with some survivors engaging consistently over a period of time, while others will engage on a more intermittent basis.

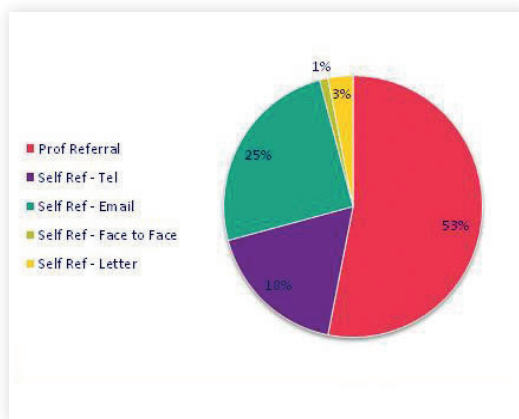


Figure 3a. Incoming Referral Pathways

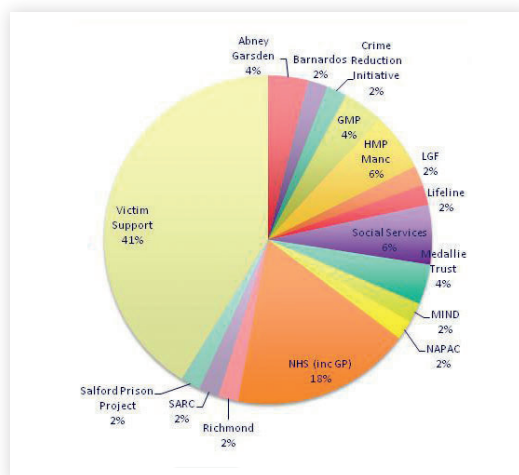
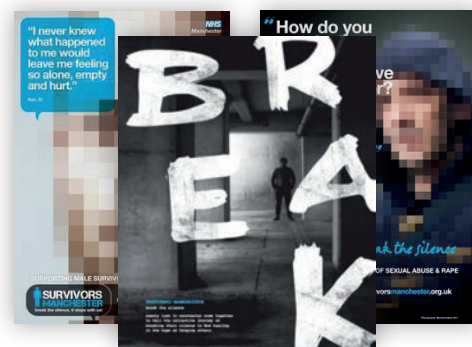


Figure 3b. Professional Referral Sources

Male survivors can engage with Survivors Manchester via a number of different services.

- **Website** – www.survivorsmanchester.org.uk
- **Self-help publications** – Survivors Manchester has recently published the Survivors Guide, a unique self-help guide written by 20 male survivors of sexual abuse and rape, for survivors, with the aim of helping them to break the silence. Survivors Manchester also provides input to publications of other organisations, such as the Lesbian and Gay Foundation. Further to this, they have previously run poster campaigns to help raise awareness and break the silence.



- **Telephone Helpline** – recently reopened, the telephone helpline is open Monday to Friday, offering support. A secure voicemail service ensures that all unanswered calls can be returned within 12 hours.
- **Email Support** – this service is open Monday to Saturday. Emails sent to support@survivorsmanchester.org.uk are received by the Service Director, and addressed by an appropriate member of the team.
- **Community Outreach** – aimed at males selling sex, or at risk of sexual exploitation, this service is co-produced by the Men's Room and Mancunian Way, two other non-profit organisations within the city.
- **Prison In-reach** – service offered to males¹³ in the prison population, including those from whom a Prisoner letter is received, or referrals from HMP Officers.

13. Non-sexual offending

Contact is primarily through letter, unless a legal visit is requested.

- **Emotional Support** – 1:1 emotional support service to males directly or indirectly affected by current or non-current sexual abuse or rape. Sessions are offered on a weekly/fortnightly basis, and can include practical assistance where appropriate.
- **Counselling and Psychotherapy Service** – specialist trauma and abuse counselling and psychotherapy service.
- **EMDR Psychotherapy Service** – Survivors Manchester also offers a specialist EMDR (Eye Movement Desensitization and Reprocessing) Psychotherapy service. This treatment is particularly recommended for the treatment of PTSD by NICE and WHO.
- **Peer Support Group** – The Safe Room – meeting fortnightly, this group enables members to explore the impact of abuse, in a safe space, with peers. The average length of time that a client is involved in the peer support group is 8 months.
- **Police Reporting** – ‘Support to Report’ – offered to males directly affected by current or non-current sexual abuse or rape, Survivors Manchester offer support during the Police reporting process.
- **Health & Well-being activities** – currently includes the Survivors Manchester FC, a football team set up in November 2012. The team is made up of survivors, friends and supporters and staff/volunteers and board members, getting together to play regularly, and entering tournaments to raise money and awareness.



- During 2013, Survivors Manchester worked with Martin Robert Hall, a performance consultant and motivational speaker, to offer ‘The Psychological Edge’ course. Funded by Zurich Community Trust, Martin worked with 12 survivors during 10 sessions, aiming to help them change their state of mind and develop a positive mindset.

Figure 4 shows the proportion of the surveyed population (12 individuals) using each service.

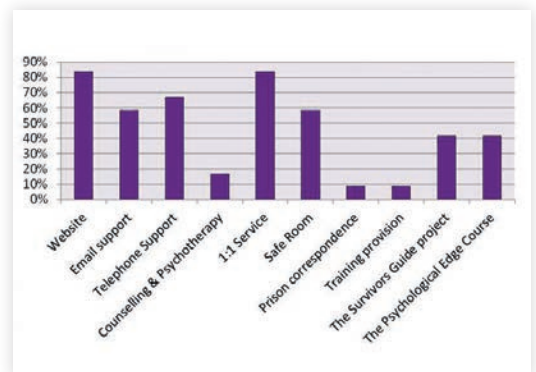


Figure 4. Service Use

In addition to the above, the Service Director of Survivors Manchester is also a member of the St. Mary’s SARC Strategic Partnership Board, Greater Manchester Police Operation Talon (response to improve the support services offered to victims of rape and sexual assault), Home Office UK Sexual Violence Forum and the Manchester City Council Sexual and Domestic Abuse Provider Commissioning Forum. More recently, he has also become a member of the Crown Prosecution Service (CPS) Scrutiny Panel. Through these he continues to support other organisations, offering advice and guidance based on his experience. These roles are also crucial for raising awareness of the issues of male sexual abuse and rape.

5. Social Return on Investment – The Theory

Social Return on Investment (SROI) is a performance measurement framework that attempts to measure social value in financial terms. In particular, this involves understanding the impact of an activity or organisation, putting a value on this impact, and comparing the value to the investment required to obtain a SROI ratio – for example a £3 benefit generated for every £1 invested would give an SROI ratio of 3:1.

Note: the guidance on SROI is taken primarily from “A Guide to Social Return on Investment.”¹⁴

The analysis requires the measurement of impact from the point of view of the stakeholders of the organisation or activity in scope – what changes are experienced by these stakeholders as a consequence of this activity (both positive and negative)? All costs and benefits should be measured, whether these are financial or non-financial in nature.

There are seven overriding principles of SROI:

1. Involve stakeholders
2. Understand what changes
3. Value the things that matter
4. Only include what is material
5. Do not over-claim
6. Be transparent
7. Verify the result

When carrying out an SROI analysis, it is recommended that this is done in the following six stages:

1. Establishing scope and identifying key stakeholders
2. Mapping outcomes

3. Evidencing outcomes and giving them a value
4. Establishing impact
5. Calculating the SROI
6. Reporting, using and embedding

Further information can be found in Appendix 1.

Valuation Techniques

There are a number of techniques available for the valuation of outcomes, and a significant amount of research has been undertaken to evaluate the strengths and weaknesses of these methods. These fall under two main categories:

Cost Valuation

This approach calculates the pure monetary cost of an outcome, rather than attempting to measure the value of the outcome. This is easier to evidence and calculate, so is more reliable. However, the value of an outcome is usually greater than the cost, so this will usually provide a minimum value.

There are several methods which can be used to calculate the financial cost of an impact, two of which include:

- i. **Cost of losses incurred** – for example, the cost of unemployment for an individual earning £13,000 per year in social benefits for three years would be £36,000. Note that this does not include the impact on well-being due to unemployment.
- ii. **Cost prevention** – this method calculates the cost of measures that may be taken to avoid a situation (or worsening of such). For example, the cost of the impact of an iron deficiency for an individual could be measured as the cost of iron supplements, taken each day to reduce the impact of this deficiency.

14. “A Guide to Social Return on Investment” – Cabinet Office, Office of the Third Sector, 2012

Contingent Valuation

This approach attempts to consider the wider impact of an outcome on the stakeholder, achieved by also taking into account non-financial factors. This can be used where there is no attributable direct cost available.

This approach is being used more widely in SROI research, however, the values are often more subjective and so harder to obtain and verify.

Contingent valuations are often classified into one of the following categories: Willingness to Pay (WTP) – what would the individual be willing to pay to receive the benefit; and Willingness to Accept (WTA) – what would the individual be willing to receive as compensation for not having the impact.

The HM Treasury and Department of Work and Pensions (DWP) published a paper “Valuation Techniques for Social Cost Benefit Analysis¹⁵” which compares the three main techniques for the Contingent Valuation approach – Stated Preference, Revealed Preference and Well-being Valuation.

Stated Preference

Individuals surveyed explicitly state their WTP/WTA values for a range of selected non-market goods.

Revealed Preference

The Revealed Preference approach involves the use of market data to derive values for different non-market goods.

For example, to determine the value of access to a local park, one could compare the property values of two houses, which are similar in all characteristics other than distance from the park. The difference between these two properties could then be considered as the value ascribed to this benefit.

15. “Valuation Techniques for Social Cost-Benefit Analysis: ... A Discussion of the Current Issues” – Daniel Fujiwara and Ross Campbell, HM Treasury and DWP, July 2011

Well-being Valuation

This relatively new technique attempts to value the impact on an individual’s welfare, rather than considering preference, so should not be considered as WTP or WTA estimates.

This approach attempts to measure value of non-market goods by considering how they impact well-being, or life satisfaction. This is done by comparing the change in the level of life satisfaction caused by the non-market good in question with the level of income required to bring the same change in satisfaction. This approach is often considered preferable to the preference-based approaches, as preferences may not be true reflections of the impact on welfare of an individual.

For example, if access to a new park built in an urban area had an increase in life satisfaction that was equivalent to an increase in income of £5,000 per year for the residents, the well-being valuation of the impact of the park would be £5,000 per person per year.

The well-being valuation method has been developed to a Three-Stage Well-being Method, which aims to reduce the prevalence of overstated estimates by using a different calculation.¹⁶

Both Cost Valuation and Contingent Valuation have been used in the calculation of outcomes in this report, and have been applied on a case-by-case basis as was considered most appropriate for each individual outcome. Where well-being valuations are used, these tend to give larger values, consistent with the view that they encompass more in the valuation than only the fiscal impact.

16. See “General Method for Valuing Non-Market Goods Using Wellbeing Data: Three-Stage Wellbeing Valuation” – Daniel Fujiwara for more detail.

6. Scope and Stakeholders

Scope

When looking at the organisation of Survivors Manchester, it is difficult to separate and measure each of the services offered individually,¹⁷ as each has a vital role in the healing journey of a male survivor. As such, it was decided to include the full organisation in the study, and consider the impact as a whole.

The time period in scope is the financial year of **March 2012 to February 2013** – this means that the analysis will focus on the activities of Survivors Manchester during this 12 month period.

It is also necessary to decide over what time period the impacts will be measured. As some outcomes may affect a stakeholder for an extended period of time, it is often preferential to consider the impact over a greater period than just the scope of activity. However, typically looking at the longer term impacts is more difficult, and necessarily relies on assumptions.

The decision was made for the purpose of this study to consider the impacts over a two year period. As the average length of engagement for a primary stakeholder with Survivors Manchester is fourteen to eighteen months, measuring the benefits over a two year period will incorporate this phase, and a further four to eight months immediately following the end of the support.

While the impacts are expected to affect the stakeholders for a significant length of time beyond this two year scope, it is not considered practical for the scope of this project to include these projections, given the further data that would be required for this calculation to be carried out accurately.

Stakeholders

There are a number of stakeholders of Survivors Manchester; the key stakeholders identified are as follows:

- 1. **Primary Beneficiaries** – adult male survivors of sexual abuse and rape.
- 2. **Secondary Beneficiaries** – those affected by the sexual abuse and rape of men, including friends and family of survivors.¹⁸
- 3. **Tertiary Beneficiaries** – local professionals who support male survivors of sexual abuse and rape, including counsellors, drug workers and social workers.
- 4. Key partners – organisations with which Survivors Manchester has a working relationship.
- 5. Staff and volunteers of Survivors Manchester.
- 6. Local care providers, including local authority and independent organisations
- 7. National government organisations, including the NHS.

All of the above were included in the scope of this study, although groups 1-5 are those that were directly involved in the stakeholder engagement activity.

Additional stakeholders include the individuals and organisations that contribute financially to the charity. These are considered in the Inputs area of the analysis, although any outcomes for these stakeholders are not considered material for the scope of this report.

The central stakeholder group to be considered is that of the primary stakeholders, i.e. the male survivors of sexual abuse and rape that have engaged with Survivors Manchester during the year in scope. The total number of men

.....
17. Details of services offered can be seen in “Background – Survivors Manchester” above.

.....
18. Survivors Manchester is unable to work with or offer any assistance to those who have convictions for or are under investigation for sexual offences.

approaching Survivors Manchester during this year was 96. Though there was support on-going for men who had approached Survivors Manchester previous to March 2012, and the support of some would continue after February 2013, this total of 96 has been used as the population size for the purposes of this study. Figure 5 shows the number of referrals (96) to Survivors Manchester during the year, shown by month.

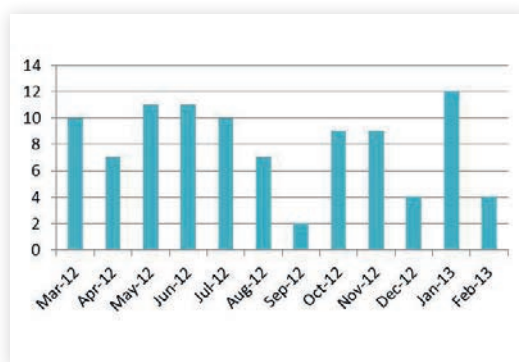


Figure 5. Number of contacts to Survivors Manchester between March 2012 and February 2013.

Data from Survivors Manchester has provided some initial information about the primary stakeholder group population.

Primary Stakeholder Group – Analysis

Survivors Manchester holds some basic information about each survivor that they support, and this can be used to build a simple view of this stakeholder group. The information shown below is based on the 96 stakeholders in scope for this project, being those who first engaged with Survivors Manchester between March 2012 and February 2013.

Figure 6 shows the age of the survivor at the time that the first incident of abuse occurred, and the age at which they first contacted

Survivors Manchester, and highlights the length of time taken for survivors to seek support to deal with their abuse. The average time taken for this group is approximately 28 years¹⁹. Of the 96 stakeholders, 68% experienced childhood sexual abuse, with 14% experiencing rape or sexual abuse over the age of 16 (the remaining 18% is unknown).

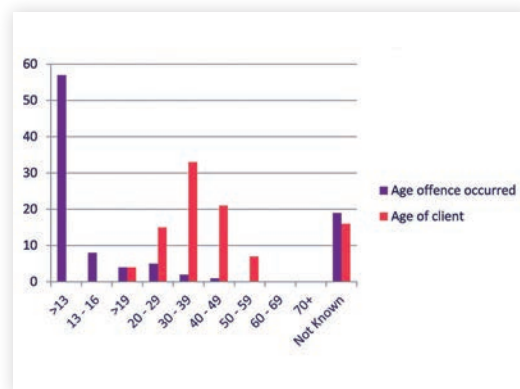


Figure 6. Age of survivor at time of abuse and at time of engagement with Survivors Manchester.

The proportion of men who report abuse to the police is typically relatively lower, with a report²⁰ quoted in chapter 2 showing a proportion of just 13% of men reporting. Of our Primary Stakeholder population, this proportion is higher, with 22% of the population known to have reported to the police. (Note, this could be greater, as a further 21% are unknown.)

Figure 7 shows the employment status of the population – 20% are in full time employment (including self-employed), whereas 50% are not currently working, including both unemployed and due to long-term sickness. While it is not possible to prove a direct correlation between the employment rate and the abuse, this indicates a potential link between the legacy of abuse and the ability to work, which could be due to a number of different reasons.

19. Based on individuals where both the age at engagement and the age at first abuse are known.

20. "Effects of Rape on Men: A Descriptive Analysis" – Jayne Walker et al., 2004.

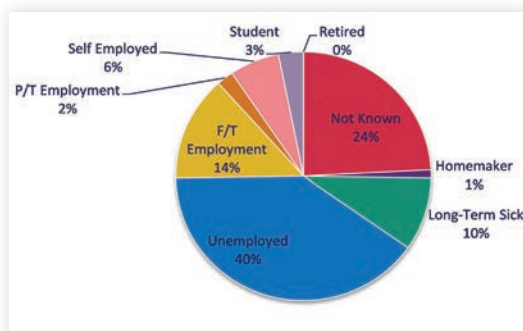


Figure 7. Primary stakeholder – employment status

As discussed in chapter 2, the legacy of sexual abuse and rape can affect a survivor in many ways, including impact on mental and physical health, affecting self-esteem and relationships, as well as the ability to work. These can lead to further self-destructive behaviours, such as increased dependency on alcohol and drugs, and potentially violent or criminal behaviour. This can also be seen within our population – Figure 8 shows the proportion of the population with mental health issues – 85% of the primary stakeholders have an identified mental health issue, which is significantly higher than the general population at 17%.²¹ Figure 9 shows the proportion of the population with drug and/or alcohol issues, and those who have previously been in prison (often due to offences relating to drugs and theft²²), both of which are significant (58% and 42% respectively).

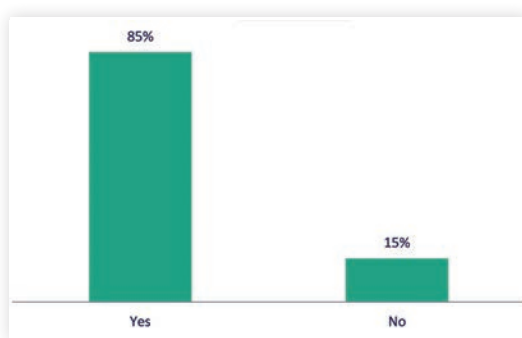


Figure 8. Proportion of population with mental health issues²³

21. "NPC Outcomes Map: Mental Health" – John Copps and Dawn Plimmer, NPC, 2013

22. NHS Survivors Manchester Desktop Review, 2013

23. Excludes population for whom Not Known (21%).

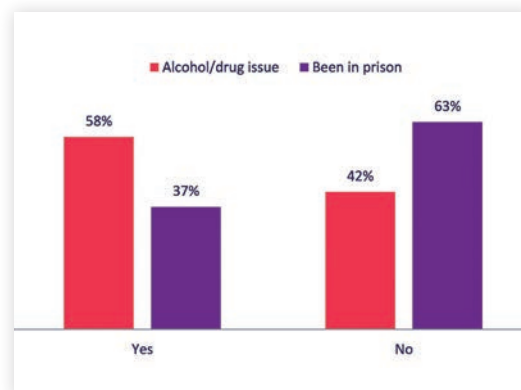


Figure 9. Proportion of population impacted by drug/alcohol and criminal behaviour.²⁴

Note – Survivors Manchester do not support men who have been previously convicted or are undergoing investigation for sexual abuse. These clients who have been to prison have done so for other offences, which could be related to the legacy of their experienced sexual abuse and the way in which they have dealt with the issues.

This basic analysis shows that some of the impacts of sexual abuse and rape seen in research and discussed in chapter 2 can be seen in the Primary Stakeholder population, and highlights some of the ways in which this has affected our stakeholders. This also provides a basis from which we can understand the outcomes for these stakeholders, in the ways in which Survivors Manchester may help change lives.

Stakeholder Engagement

Given the stigma surrounding male sexual abuse and rape, and the legacy of shame and secrecy often experienced by survivors, it can be difficult for the stakeholders to provide the required information about their experiences, and how they have been impacted by Survivors Manchester. Therefore, the decision was made to use anonymous online surveys to collect data, although the number of responses was expected to be relatively small. Promotion of the survey was done using online social media, as well as requests to current clients during group sessions,

24. Excludes stakeholders for whom not known (Alcohol/drug issue 23%, Prison 26%).

though at no point was pressure placed upon the survivors to participate. In total, 12 complete responses were received, which equates to approximately 12% of the total population in scope.

Current research into the impacts of male sexual abuse provided a list of many common key issues that affect male survivors of sexual abuse and rape, whether historic or current. A selection of the highlighted impacts was considered, and used to form the basis of the survey for the Primary Stakeholder group. It was considered necessary to set out questions under the structure of these key issues, as it was expected to be difficult to gain sufficient information for this research without some guidance.

The issues listed in Chapter 2 were analysed, and the following 15 chosen for the survey.

1. Impaired relationships
2. Low levels of self-esteem and self-confidence
3. Issues with sexuality of self and others
4. Mental health
5. Anger
6. Self-harm, including suicide
7. Anxiety and fear
8. Depression
9. Feelings of shame and guilt
10. Loss of power and control over self
11. Increased levels of violent behaviour
12. Criminal behaviour
13. Increased drug and/or alcohol dependency
14. Impacted physical health
15. Financial difficulties

Online surveys were also used to engage the secondary stakeholder group, i.e. the friends, family and partners of male survivors. Unfortunately, the response level for this group was very low, so there is minimal inclusion of this group in the results.

A selection of local professionals (tertiary stakeholders) and key partner agencies were requested to participate in a telephone interview. Those chosen were as follows:

- Greater Manchester Police²⁵
- St. Mary's Sexual Assault Referral Centre (SARC)²⁶
- Lesbian & Gay Foundation²⁷
- BlueSCI²⁸
- National Association for People Abused in Childhood (NAPAC)²⁹
- Dr Mark Holland, Manchester Health & Social Care Trust
- Peter Garsden, Abney Garsden solicitors – specialising in cases of childhood sexual abuse

Each interview focussed on understanding the relationship between the stakeholder and Survivors Manchester, and to identify the impact of this has for the stakeholder in question.

.....
25. Detective Chief Inspector Jill Clarke, Specialist Protective Services

26. Bernie Ryan, Service Manager

27. Lucy Rolfe, Wellbeing manager

28. Diane Russell, Wellbeing worker

29. Sarah Kelly, Training and Development Manager

7. Outcomes and Evidence

Inputs

The main inputs required for Survivors Manchester to provide their services are:

- **Financial** – salary costs, charitable activities, support costs and governance costs.
- **Time** – volunteer time, including counsellors, and other supporting activities (primarily the Trustees of the organisation).
- **Property** – Survivors Manchester relies on office space and counselling rooms (currently provided by Victim Support).

It is common practice in SROI analysis to not include the value of time spent by the beneficiaries of the organisation in calculating the time inputs, and as such this will not be considered in this report.

In SROI reports, volunteer time can be valued using the England minimum wage rate (2012–13 – £6.31 per hour³⁰). However, it was considered more appropriate to use a higher rate of £10 for most of the volunteers, which is deemed to better reflect the value of their contribution. Further, for the Service Director, the average wage of a counsellor³¹ was used to value this input.

Financial	£
Charitable Activities	21,774
Support Costs	2,881
Governance Costs	651
Staff/Volunteer	
Service Director	22,143
Board/Trustees	4,240
Other	840
Property	
Office/Counselling Room	22,000
Total Input Value	74,499

Table 1. Inputs shows a summary of the input values.

30. www.gov.uk/national-minimum-wage-rates

31. £31,000 per year – <http://salary-track.jobs.theguardian.com/salary/Counsellor-title-salary> – assumed 35 hours per week, 48 weeks per year.

While not all of these inputs are directly used to provide the services described in Chapter 4, they contribute to the overall running of Survivors Manchester, and therefore it was considered appropriate to include all inputs.

Outputs

The outputs of an activity are the quantitative summary of that activity, identified for each stakeholder group.

For example, the overarching output for the primary stakeholder group is the support of 96 male survivors of male sexual abuse and rape, which can be broken down into attendance of 1:1 sessions, peer group sessions and use of other services offered.

Outputs are listed in Table 4 in Appendix 3. Stakeholder Engagement

Outcomes

Table 2 shows the summary of the outcomes identified for each stakeholder group.

Outcome	Stakeholder			
	Primary	Secondary	Local professionals & partners	State
Improved relationships with partner/family/friends	✓	✓		
Improved self-esteem/self-confidence	✓			✓
Improvement in attitude on sexuality (self and others)	✓			
Improved state of mental health	✓			✓
Reduced effect of Anger-related behaviours	✓			✓
Reduction in self-harming behaviours, including suicidal thoughts/behaviours	✓			✓
Reduced anxiety and fear	✓			✓
Reduction in level of depression	✓			✓
Reduction of impact of shame and guilt	✓			
Greater sense of power/control over self	✓			
Reduction in levels of violent behaviour, including domestic abuse	✓			✓
Reduction in offensive/criminal behaviour	✓			✓
Reduction in drug / alcohol dependency	✓			✓
Improved state of physical health	✓			✓
Reduced impact of financial problems	✓			✓
Ability to refer clients to Survivors Manchester for specialised services			✓	
Increase in reporting of male rape and sexual abuse (GMP)			✓	✓
Officers better able to support male victims of sexual abuse and rape (GMP)			✓	✓
Staff better able to provide support to clients with experience of male sexual abuse and rape (due to training provided)			✓	
Better service provision due to advice and guidance from Survivors Manchester			✓	
Ability to offer counselling services with more specialised support for male victims of sexual abuse and rape (LGF)			✓	
Provision of literature/documents with information about male sexual abuse and rape (due to input from SM)			✓	
Staff able to provide better support and understanding about the reporting process for male sexual abuse and rape (due to specific training provided).			✓	
Increased ability to support male survivors due to SM role on SARC Strategic Partnership Board.			✓	
Ability to provide training focussed on male survivors of sexual abuse and rape (as part of wider training offered)			✓	
Input on Strategic Partnership Board, SARC – allows input focussed on male survivors of sexual abuse and rape for improvement of service provision.			✓	
Increased referrals from Survivors Manchester to own organisation			✓	

Table 2. Stakeholders and Outcomes

Primary Stakeholders – Outcomes and Financial Proxies

As described in section 6 above, there was a selection of key issues used to form the basis of the survey for Primary Stakeholders. As a result of this structure, these issues form the basis for the outcomes identified for this stakeholder group.

1. Improved relationships with friends/family/partners
2. Improved levels of self-esteem and self-confidence
3. Improvement in attitude on sexuality (of self and others)
4. Improved mental health
5. Reduction in anger-related issues
6. Reduction in self-harming behaviours, including suicidal thoughts/actions
7. Reduced anxiety and fear
8. Reduction in depression
9. Reduced impact of feelings of shame and guilt
10. Reduced feeling of loss of power and control over self
11. Reduced levels of violent behaviour
12. Reduction in offensive/criminal behaviour
13. Reduced drug and/or alcohol dependency
14. Improved physical health
15. Reduced financial difficulties

The levels of improvement indicated for each outcome can be seen in Figure 10.

Some of these will be discussed in more detail below. Where applicable, the value of these outcomes to the state will also be discussed.

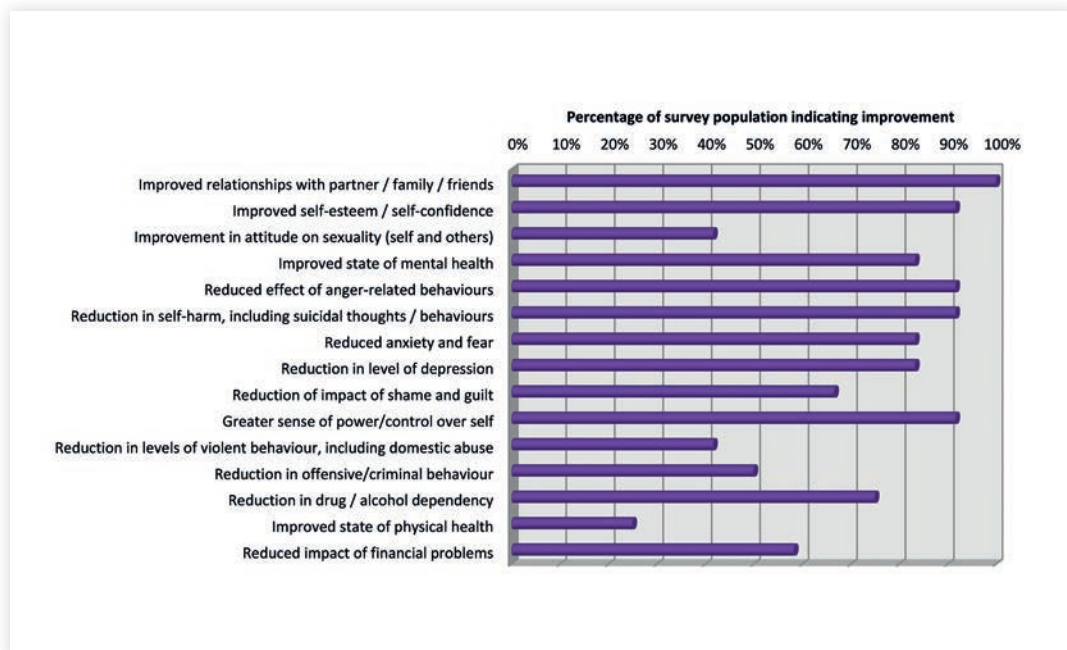


Figure 10. Percentage of population indicating improvement in selected outcomes.

1. Improved Relationships with Friends/Family/Partners

This valuation was taken from the paper "Putting a Price Tag on Friends, Relatives and Neighbours"³², which uses the Well-Being Valuation method (Life Satisfaction approach)³³ to measure the value of various levels of relationships by considering the impact of these relationships on our well-being.

.....
"After rape as an adult every relationship you have is affected adversely from that with friends and family to everyday situations even with complete strangers."
.....

Although the majority of relationships that have been improved are likely to be those with partners, family and friends, as well as a wider circle of relationships, in order to be prudent the valuation used was that relating to meeting friends and relatives, and in particular the value of increasing the meeting with friends and relatives from once/twice per month to once/twice per week, which is quoted to be £12,000 per year. This is in fact the lowest option, and a move from seeing friends/relatives from rarely to once/twice per month is £57,500. The value of living as a couple, or being married, is also considerably higher, so the value of £12,000 is considered to be a cautious estimate whilst still being a significant value.

.....
"All my life I've been terrified of the thought of having children, even being around them made me feel uncomfortable. Before contacting the

.....
32. "Putting a Price Tag on Friends, Relatives, and Neighbours: Using Surveys of Life Satisfaction to Value Social Relationships" – Nattavudh Powdthavee, 2007

33. See page 18 for more information about this approach.

police and seeing Duncan (Survivors Manchester) there is NO WAY I would have even entertained having my own family. Firstly, I felt I didn't deserve a family because of how I felt about myself (worthless, dirty, shit), secondly I now realise that those feelings were because children were triggering things in my subconscious 'reminding' me of what had happened when I was 12, even though at the time I couldn't remember what had happened – the sexual abuse that had been bottled up inside of myself all my life... My lovely girlfriend.. is now 5 months pregnant and we're over the moon, specifically, I'M over the moon to be starting a family. My abuser almost took that magic from me, and can honestly say Survivors Manchester and specifically Duncan, who helped me, have played an enormous role in my healing. I simply can't thank him or Survivors Manchester enough."
.....

2. Improved Levels of Self-Esteem and Self-Confidence

Improvement in self-esteem and self-confidence can result in multiple benefits for an individual. People may have increased feelings of self-worth, increased confidence in themselves and their capabilities, improved resilience and determination, improved emotional well-being and a reduction in mental health problems, including stress and anxiety, increased motivation and activity, increased aspirations about the future, and increased feelings of control over themselves and their ability to make decisions³⁴. As a result, people may have improved physical health, be more likely to enter employment, education or take on voluntary work, have better relationships with friends and family, and have an overall improved enjoyment and quality of life.

.....
"My self-esteem has been boosted by the nature of support I have received from Survivors Manchester. To be believed, listened to and valued as a human being without judgement has been an essential ingredient in building my self-esteem."
.....

Many of these factors have been factored in with other outcomes, including improved relationships with family and friends, reduced anxiety and fear, reduction in depression, etc.

.....
"i ant shame no more coz it want my felt"
.....

To avoid duplication, the well-being valuation of improved self-esteem has not been included under this outcome. Instead, the cost of attending a course on developing self-esteem³⁵ is used as a financial proxy.

An area that has not been included in the valuation of impact is that of a return to employment as a result of an improvement in the levels of self-esteem and self-confidence of an individual. This has not been explicitly included in the survey, though there was a written response in the survey from one individual that stated an improvement in this area.

As at September 2013, three individuals had recently returned to paid employment, five entered further education and six started volunteer work – all of this has been achieved since engaging with Survivors Manchester. This has a significant value, both in fiscal terms (wages earned, reduction in reliance on benefits) and impact on well-being.³⁶

.....
34. "Outcomes Map: Mental Health" – John Copps and Dawn Plimmer, NPC, 2013

.....
35. Cost of "The Psychological Edge" course provided by Martin Robert Hall – market rate of the course offered to Survivors Manchester £15,000, provided for 12 attendees.

36. Value of unemployment using life satisfaction – £143,000 – "Putting a Price Tag on Friends, Relatives, and Neighbours: Using Surveys of Life Satisfaction to Value Social Relationships" – Nattavudh Powdthavee, 2007

3. Improvement in attitude on sexuality (towards self and others)

One of the potential impacts of sexual abuse of males, whether as a child or as an adult, is that the victim can feel confusion or uncertainty about sexuality – this can include fear of homosexuality³⁷ or having issues with their own sexuality.³⁸

Research has also shown³⁶ that the legacy of the abuse can lead to changes in the sexual behaviour of the survivor – some may become promiscuous, while others may avoid sexual contact or have physical problems with sex.

No research has been found to indicate the cost of such issues for the survivor, but these do have significant potential impacts on both physical and mental health.

In order to determine a financial proxy, the cost of counselling is considered – in particular, the cost of Cognitive Behaviour Therapy (CBT), which can help the survivor to understand their issues and help to find a solution. The cost of private CBT sessions is usually £40-£100, and treatment will usually extend over somewhere between five and twenty sessions, depending on the severity of the condition. Therefore, taking an average, the financial value is £840 per person. This is likely to be an understatement, given the potential consequences that may arise as a result of these issues.

37. "The Psychological Impact of Sexual Abuse: Content Analysis of Interviews with Male Survivors" – David Lisak, 1994

38. "Effects of Rape on Men: A Descriptive Analysis" – Walker et al

4. Improved Mental Health

The term "mental health" covers a wide range of issues, ranging from serious long-term conditions to relatively minor everyday anxieties. It is thought that 1 in 4³² adults will experience some kind of mental health issue during their lifetime. These issues can affect many parts of an individual's day-to-day life, impacting relationships, ability to work and physical health.

.....
"I could never accept that I was troubled as a result of being abused; that the experiences in childhood and beyond were indeed traumatic to my vulnerable self. And that's a word I would never have used to describe myself either. But actually, through progressive 1:1, I have come to accept in myself that I was indeed a victim, that my lifelong issues were formulated as a result of my being abused, and that I continue to be a victim if I'm not facing up to the symptoms of PTSD that I've lived with autonomously for over 20 years."
.....

Mental health issues are thought to cost the UK over £30bn in lost output and £21bn in health and social care costs. There is also a significant human cost in the impact on quality of life, both for sufferers and family and friends. This human cost has been estimated at £54bn in 2009/10.³⁹

39. "Economic and social costs of mental health problems" – Centre for Mental Health

Given the fact that many other outcomes identified for the primary stakeholders could be considered as mental health issues, to avoid duplication no direct valuation has been included for this particular outcome. The value of improved mental health for male survivors will be considered as part of other outcomes.

5. Reduction in Anger-Related Issues

Issues with anger can be managed with help from anger management courses, where a counsellor will help the individual learn how to control their anger, and to try to understand the cause.

The cost value used for this impact is the average cost⁴⁰ of a typical anger management course, £270.

.....
 "I could never get angry with the perpetrators of my sexual abuse. But inside, I was a raging bull. And my anger would manifest in other ways, with other outlets – usually causing injury to self both physically and emotionally. Duncan (Survivors Manchester) has helped me to accept my anger as my own; That its an integral part of accepting the abuse as abuse. I have been allowed a safe and secure platform for releasing my anger both in group sessions and in 1:1. I have also been encouraged to spread my creative wings;

.....
 40. This value is based on the calculation of the average cost of a selection of UK anger management courses.

to write, sketch, sing...release anything creatively rather than perform self-damaging acts. This has proven critical in my healing journey. I can't thank Survivors Manchester enough for their encouragement and vital support."

.....

6. Reduction in Self-Harming Behaviours, including Suicidal Thoughts/Actions

.....
 "I now care if I live, hadn't realised that for years I didn't"

.....

According to the World Health Organisation,⁴¹ approximately 14% of deaths in 2011 were caused by suicide, and when comparing genders, this is 22% for males, and 6% for females – inferring that men are nearly four times more likely to die by suicide than women. In the UK, during 2011 there were 6,045 suicides and at least 140,000 attempted suicides.⁴² While women are more likely to attempt suicide, men are more likely to succeed – which explains the increased likelihood of suicidal death for men.

Though individual incidents of self-harm are not as severe as suicide in cost to the state, people who self-harm are more likely to attempt to commit suicide – one study⁴³ found that between 0.5% and 2.0% of people who attend hospital for self-harm are likely

.....
 41. WHO Disease and Injury Regional Mortality Estimates 2000-2011, http://www.who.int/healthinfo/global_burden_disease/estimates_regional/en/index.html

42. NHS Choices <http://www.nhs.uk/Conditions/Suicide/Pages/Causes.aspx>

43. "Fatal and non-fatal repetition of self-harm: Systematic review" – David Owens, Judith Horrocks and Allan House, BJP, 2002

to die from suicide within 1 year, and that this proportion increases to 5% after nine years. Further, suicide risk is significantly higher for those who self-harm than the general population.

.....
 “I know I’m now worth something, no, worth a great deal. I know when I previously got too close to killing myself it was TOO close. I remember how I felt at the time. I felt like NOTHING. Completely worthless, broken, beaten, powerless. I really don’t know what stopped me doing it. It may have been my cat at the time who I adored. Survivors Manchester has changes ALL of that in the help I’ve received.”

Economic costs of self-harm include the direct costs of treatment, and indirect costs associated with lost output and effect on quality of life for individuals and those close to them. There is limited research on the costs of self-harm, but one study⁴⁴ looking at the cost of treatment of self-poisoning found an associated increased in healthcare cost of £1,440 per year. Although this cost relates to a specific treatment, in the absence of more appropriate research, this proxy is used for the cost of self-harm to the state.

.....
 “no need to cut no more”

There is more research available relating to the economic cost of suicide. One report⁴⁵ compared

44. “Self-harm: The NICE Guideline on Longer Term Management” – National Collaborating Centre for Mental Health, 2012

45. “Assessing the Economic and Social Cost of Suicide and Attempted Suicide: Executive Summary” – Neil Johnson, North East Mental Health Development Unit, March 2011

costs in the UK and Ireland, and found that the estimate for the cost of suicide per case in 2009 was £1,450,000. This cost is based on the direct costs (leading up to and after suicide, including medical treatment, funeral costs, court costs, use of emergency services), indirect costs (includes lost output) and human costs (impact on friends and family).

As these were combined in the survey for Primary Stakeholders, a proxy is needed for the combined improvement in self-harm and suicidal thoughts and behaviours. In the year in scope, there were 19 reported incidents of suicide attempts, and 42 men reported self-harm, from the population in scope. Using these statistics, and the research above identifying the likelihood of a repeated (and successful) suicide attempt following self-harm, a weighted average value was calculated using the assumption that the rate of self-harm (including attempted suicide) would be 50% (48 individuals) without the intervention from Survivors Manchester, and that 5% (one individual) of the population would have committed suicide.

7. Reduced Anxiety and Fear

Fear is a strong emotion, which can have a powerful effect on both the mind and the body. Anxiety is a type of fear, and is a natural response when someone feels threatened.

Anxiety can however become a mental health problem when it lasts for a long period of time, and can severely impact day-to-day life. In 2007, the number of people with anxiety disorders was estimated to be 2.3 million.⁴⁶

It is common for people to suffer both anxiety and depression, and together these make up the most common mental disorder in the UK, with almost 9% of people suffering from one or both of these conditions⁴⁷ (2007).

.....
 46. “Paying The Price” The cost of mental health care in England to 2026 – Paul McCrone, Sujith Dhanasiri, Anita Patel, Martin Knapp, Simon Lawton-Smith

47. “The Fundamental Facts – The latest facts and figures on mental health” Mental Health Foundation 2007.

In response to the survey questions regarding anxiety and fear, and depression, the number of stakeholders indicating improvement in these areas was the same (83%).

Research into the well-being valuation of some health issues combines depression and anxiety in one valuation. Fujiwara⁴⁸ applied the well-being valuation method to estimate the cost (per year) at £43,453. This is the financial proxy used for the combined improvement in anxiety and depression for primary stakeholders.

Data has revealed that of the population of individuals affected by anxiety, 49%⁴⁴ are either in contact with services or have been recognised by a GP. The average cost of people in treatment is estimated at £1,104, which includes medication and care/treatment, and the average cost of lost employment is £6,850, giving a total impact of £7,964. This is taken to be the financial proxy for reduced anxiety for the state.

8. Reduction in Depression

Depression is a relatively common mental illness, though it can be experienced in a range of severities, and milder depression can often be undiagnosed. Research indicates that 2.6%⁴⁴ of people suffer from depression, though the average is slightly higher for women than for men.

In survey responses, 83% of the sample population are counted as showing improvement in levels of depression. This includes one individual who actually showed an increase in depression; however, this is considered an improvement in this case, as the recognition/diagnosis of depression enables healing:

.....
 “Although I attribute Survivors Manchester as the cause of my depression, this is by no means a bad thing! Only by allowing

48. “The social impact of housing providers” Daniel Fujiwara www.hact.org

me to explore and unpick my childhood experiences of sexual abuse, has my depression occurred. Originally I denied my depression and lived with a broad range of facade. I no longer feel I need to do that. I’m quite happy that I’m depressed, because I know I’m healing.”

The cost of depression to the primary stakeholder is included in the ‘Reduced fear and anxiety’ outcome – see above.

The total cost of services for depression in 2007 in England was estimated to be around £1.7 billion, and if the cost of lost employment is also considered, the total cost of depression was £7.5 billion⁴⁴. This makes the total average cost per individual of £9,311 per year.

9. Reduced Impact of Feelings of Shame and Guilt

.....
 “I realise now how my abuser instilled guilt in me and how my resentment and fear fostered my shame”

.....
 “learning it wasn’t my fault after all these years is amazing”

Feelings of shame and guilt have been particularly highlighted as affecting male survivors of sexual abuse and rape, for example that they were not able to prevent the assault from occurring, or that they should have been able to fight back. Lisak³⁵ noted that nearly all survivors in his research experienced self-blame, and that feelings of shame and humiliation are “some of the most persistent legacies

of sexual abuse.” These feelings will clearly have a negative impact on the mental health of the survivor.

However, this has not been separately valued for this research, as there is no data available that specifically considers the cost of shame to an individual, and it could be considered that these are an extension of feelings of anxiety and fear discussed above. While treatment for these issues could be gained through cognitive behaviour therapy (CBT), this cost is already considered above under support for improvement in attitudes on sexuality, so is not included again in case of double counting.

10. Reduced Feeling of Loss of Power and Control Over Self

.....
“Duncan (Survivors Manchester) really helped me and see how I was letting power & control strangle my life.”
.....

Lisak³⁵ also identified this impact as affecting male survivors of sexual abuse and rape, using the term “helplessness” to describe the feelings that can affect these individuals. This was clearly an issue that impacted the stakeholders in the scope of this research, with 92% indicating an improvement in the impact of these feelings following engagement with Survivors Manchester.

As with the outcome of reduced impact of shame and guilt, there is no data available that specifically focuses on the impact of loss of power and control over self – rather, they can be considered under the ‘umbrella’ of anxiety and fear.

11. Reduced Levels of Violent Behaviour

Increased mental health issues and issues with ability to control anger can lead to increased levels of violent behaviour for male survivors of sexual abuse and rape.

This is due to the survivor being unwilling or unable to communicate their feelings with others, and so the attempt to ‘bottle up’ these feelings can lead to manifestation in self-destructive behaviours, including violence – expressing their anger in unhealthy ways.

While there is research about the cost of violence towards the victim, there is no evidence available to quantify the impact of violence for the perpetrator. For this reason no specific value will be provided for this outcome, though elements of this will be considered under the reduction of anger-related issues, and criminal behaviour.

The average cost of common assault in 2003/04 was valued at £1,440.⁴⁹ This is the minimum value for violence rated crimes, as the average for ‘violence against the person’ was £10,407 per incident.

Further, the fiscal cost per incident of domestic abuse to the police, Criminal Justice Service and the NHS has been valued at £18,730⁵⁰ – this is an average, encompassing a range of severity of incidents (including homicide). Note that this does not include any economic or social cost.

Therefore, the lower value of £1,440 is considered prudent for inclusion in this report.

.....
^{49.} The economic and social costs of crime against individuals and households 2003/04, Home Office Online Report

^{50.} Troubled Families Cost Database, New Economy Manchester

12. Reduction in Offensive/Criminal Behaviour

The legacy issues that may impact male survivors of sexual abuse and rape may lead to self-destructive behaviours on the part of the survivor, which may include involvement in criminal activity.

Prior to engagement with Survivors Manchester, approximately 37% of the population had previously been in prison (taken from those where previous imprisonment was either yes/no, i.e. excluding unknown).

In total, 50% of the sample population indicated an improvement in this outcome, i.e. a reduction in offending behaviour. Further, looking specifically at survey responses relating to this outcome, for all respondents who have been affected prior to engagement with Survivors Manchester, 100% indicated an improvement. The remaining proportion had not previously been affected by this issue.

The personal cost of this can be significant, not only in terms of time lost in prison, but this will also have an impact on the psychological well-being of the individual, and will impact relationships.

The average custodial sentence in 2008 was 24.5 months.⁵¹ The financial proxy used for this outcome is the opportunity cost of lost earnings while in prison, calculated at the minimum wage. This is calculated at £10,399.20⁵² per year, so for 24.5 months would be equal to £21,231.70. As this value considers only the lost earnings, and no impact on well-being or other non-financial factors, it is considered to be a minimum value.

The average prison cost to the state is £45,171.26 per person per year⁴⁸. This does not take into account cost of arrest, estimated at £2,241 per event, and other criminal justice

51. "Social Trends 40 – Crime and Justice (2010)" – Office of National Statistics, www.statistics.gov.uk

52. £6.19 per hour (2013 minimum wage), at 35 hours per week, 48 weeks per year.

costs, such as court costs. Therefore, using the average custodial sentence length above of 24.5 months, the minimum cost to the state of imprisonment (using only the prison cost) would be £92,224.66 per incident.

13. Reduced Drug and/or Alcohol Dependency

It is widely proven through research that high levels of alcohol and drug dependency can significantly impact the lives of individuals. Alcohol consumption impacts both physical and mental health, and can lead to very serious problems. Similarly, drug use has been linked to many different mental health problems, both short term (anxiety, psychosis) and longer term conditions (depression, bipolar disorder, schizophrenia). Therefore, there are significant social consequences for both the individual and the state of both drug and alcohol dependency.

In order to limit the number of questions in the survey, these were included together as one outcome.

“Wouldn’t have got to AA without the survivors work”

For the Primary Stakeholder group, the life-satisfaction approach has been used to value the impact of drug and/or alcohol dependency. Using data from research on the well-being valuation of various health related issues by Daniel Fujiwara⁴⁶, a value of £24,257 is obtained for the cost of alcohol or drug related problems for each person per year.

For the state, the economic costs of these issues are considered.

An Addaction report written in 2008⁵³ stated that each person dependent on illegal drugs in the UK cost the country £44,000 per year – this includes medical treatment costs, cost of crime, cost to victims, cost of income support and the cost of death (opportunity cost).

53. Addaction Briefing Summary – Financial Costs of Addiction, February 2008.

Regarding alcohol dependency, The State of the Nation⁵⁴ report stated that there are approximately 7.6 million hazardous drinkers in the UK, 2.9 million harmful drinkers and 1.6 million dependent drinkers. Together, these cost the health service £2.7 billion per year, and the cost to society as a whole is £17-£22 billion.

The Cabinet Office also issued a report⁵⁵ which stated that the economic cost of alcohol was approximately £20 billion in 2003. Another report by the National Social Marketing Centre⁵² found the economic cost of alcohol dependency to be as high as £55.1 billion, including the impact on quality of life.

A weighted average of men dependent on alcohol compared with drugs was used to combine these issues into one valuation. This was assumed to be 4:1⁵⁶, giving a value of £10,122 per person.

14. Improved Physical Health

“My physical health has been quite poor all my life as I never felt ‘worth’ anything to eat good nutrition and the like. Were it not for my girlfriends cooking I’m not sure what state I would have got into. These days my physical health is better than ever...”

...(I stopped smoking during the time I was seeing Duncan (Survivors Manchester) after smoking since I was 14, and haven’t smoked since)."

There can be a number of physical symptoms or issues that affect male survivors of sexual abuse, and general levels of poorer physical health. This may be due to impacted self-esteem, or other psychological impacts, as higher levels of mental health and self-esteem can be also linked to physical health.⁵⁷

Participation in sporting activities is often used as a measure for physical health, though improved physical health can be seen in other ways also, such as improved diet. Considering sport, and using the well-being valuation approach, Fujiwara⁴⁶ calculated the value of participation in sport once a month as £428.

Another SROI report⁵⁸ calculated the economic gain (impact on productivity or earning capacity) arising due to improved physical health to be £580, the average for ages 16+, and claim that this is prudent given current costs of obesity and poor health.

Therefore, in this case, the value of £428 per person is considered reasonable.

54. "The state of the nation – facts and figures on England and alcohol" <http://www.alcoholconcern.org.uk/assets/files/PressAndMedia/state.of.the.nation.pdf>

55. "Alcohol misuse – How much does it cost?" – Cabinet Office, September 2003

56. 12.1m categorised as drinking at least "hazardous" levels of alcohol, 3.25m drug users (includes recreational and dependent use).

57. "Self-esteem in a broad-spectrum approach for mental health promotion" – Michal (Michelle) Mann, Clemens M. H. Hosman, Herman P. Schaalma, Nanne K. de Vries, Health Education Research

58. "Social Impact Evaluation of certain projects using Social Return on Investment" – Edinburgh Leisure, January 2012

15. Reduced Financial Difficulties

Male survivors are also recognised as being more likely to experience financial difficulties, potentially as a consequence of the impact of poor self-esteem, mental and/or physical health issues affecting ability to work. This in turn can affect a survivor’s wellbeing, due to increased strain or worry.

Without specific information about the financial situations of the survivors, it is not possible to quantify the true fiscal impact of any financial difficulties, such as cost of debt. However, it is possible to value the impact on wellbeing of the relief from financial debt.

A value for this impact has been calculated using the well-being valuation technique by Fujiwara in “The social impact of housing providers”⁴⁶, and the value obtained is £2,300 per individual.

Regarding the state impact, while it is clear that if a survivor is less dependent on welfare for financial support then there is a benefit to the state in terms of the reduced payment of benefits, and further potential increased tax income. However, without further information, it is not possible to calculate this impact for this report.

Secondary Stakeholders – Outcomes

The main benefit identified for the secondary stakeholders is the improvement in relationship with the survivor. As 100% of Primary Stakeholders indicated an improvement in their relationships, it is assumed that this improvement would also be experienced by those the relationships are with.

The value of this for the secondary stakeholder is determined to be the same for the primary stakeholders, i.e. £12,000 per year³⁰.

The population size is calculated to be 192. This is based on the assumption that there are two secondary stakeholders impacted for every survivor (96 primary stakeholders in scope). This is considered to be the minimum number, and prudent for the use in this analysis.

It is likely that there will be further benefits for the secondary stakeholders, though without evidence this cannot be qualified (or quantified) in the research.

.....
“Survivors has given me reason to believe that with time me and my partner can have a relationship were the abuse is not going to be the 3rd person constantly in the room. I think my partner is a better person to be with and is more willing to open.”
.....

Tertiary Stakeholders – Local Organisations and Partners

As discussed in Chapter 5, the tertiary stakeholders, i.e. the local professionals and organisations that Survivors Manchester has involvement with, were engaged in this research via a series of one-on-one telephone interviews. During these interviews, the stakeholders were questioned about their role or organisation, the nature of their relationship with Survivors Manchester and what impact this has on them and their own stakeholders.

The consistent benefit that was highlighted by all the stakeholders interviewed is the ability to signpost or refer male survivors to Survivors Manchester for specialised support. In enabling this, Survivors Manchester is considered as an essential asset, as these tertiary stakeholders do not have the skills or the experience to deal with the specific issues associated with male sexual abuse and rape.

.....
“As there are very few services
for men, this ability to refer
to Survivors Manchester
is a valuable resource.”
.....

This was also recognised as a benefit for those stakeholders who offer counselling support themselves, as it is clear that the needs of male survivors are different to those of female survivors. While these other organisations can offer counselling, and can help with some of the issues arising due to the abuse (such as drug and alcohol dependency, anger and depression) they admitted to not have the expertise and experience to fully understand the issues and offer the necessary level of support.

.....
“this is a desperately
needed service”
.....

Survivors Manchester has also provided training to some of these stakeholder organisations, including both the Lesbian and Gay Foundation (LGF) and officers from the Greater Manchester Police (GMP).

.....
“There is no alternative
dedicated service or groups
running that support men with
a history of sexual abuse.”
.....

For the GMP, this training has enabled officers to understand the issues surrounding male sexual abuse, so that they can more appropriately respond to the needs of male survivors.

Training has been offered to the staff and volunteers of the LGF at a number of levels – the first workshop being an introductory course to sexual violence for male victims, a second looking into the issues surrounding male sexual abuse in more detail, and the third, specifically aimed at counsellors, explaining the reporting process. In total, training has been offered to more than 65 staff and volunteers at LGF, and the feedback has been very positive, and a number of examples were highlighted of how this has gone on to offer positive impact for LGF and their stakeholders.

In addition to training, Survivors Manchester has also had an advisory role for some of these organisations, offering guidance on how these organisations can better support male survivors. Particular examples include the GMP, LGF, and St Mary’s Sexual Assault Referral Centre (SARC).

GMP also highlighted the role that Survivors Manchester has played in supporting those who report their abuse or rape to the police. Research has recognised that a relatively low proportion of male survivors go on to report their experiences to the police, so the support that Survivors Manchester offers has been recognised as empowering these survivors to report. This is an example of the relationship working in both directions – those who go first to Survivors Manchester can then go on to report, and those who first report to the police can then be referred to Survivors Manchester to receive support.

In total, the following outcomes have been identified:

- Ability to signpost or refer male survivors to Survivors Manchester for support
- Training offered to staff and volunteers of support organisations – better enables these people to offer guidance to male survivors, including increased awareness of issues relating to male sexual abuse and rape for staff and volunteers, and better understanding of criminal reporting process
- Training offered to Greater Manchester Police officers – these officers can better support male victims of sexual abuse and rape
- Advice given by Survivors Manchester enables organisations to better support male survivors
- Duncan Craig, Service Director, offers counseling support to LGF – ability to offer counseling to male survivors without need to refer to Survivors Manchester.
- Input from Survivors Manchester in creation of documents on support for sexual abuse, enables increased awareness and better quality of information available
- Input to Strategic Partnership Board of St Mary's SARC – ensures that discussion includes consideration of male survivors so that they are adequately provided for in the services offered

.....
"Survivors Manchester
is a real resource...
with valuable expertise."
.....

Valuation of most of these outcomes has proved difficult, as there is little research or evidence available to provide a financial proxy.

Referrals have been valued at the average cost of a counsellor to offer the support for each male survivor. Of the total population of 96 survivors in scope, 51 were referrals from another organisation. The average cost of offering support is taken to be £1,800.

The volunteer counselling offered to the LGF has been valued at a higher (specialised) rate, to account for the specialised support offered for male survivors. Using this hourly rate, the value of the hours offered is taken to be £7,920.

For the training, the cost of a similar course was found at a cost of £250 per person (two day course) – note that other courses have also been found at higher cost, so this is considered to be a minimum value. This is the financial proxy used in this research, although this does not take into account the further impacts that the training provides, or the number of people that are then impacted due to the better understanding of the individual who received that training.

8. Impact

Using the results of the surveys and interviews, and the financial proxies used for each outcome, the impact can then be calculated. In particular, the following need be considered: deadweight, attribution, displacement and drop-off.⁵⁹

Figure 10 (page 33) shows the percentage of the sample population that indicated an improvement in each outcome. It is important to understand to what degree this improvement is caused by the work of Survivors Manchester (attribution), and what may have happened without any intervention (deadweight).

Deadweight

As Survivors Manchester is the only organisation in the Greater Manchester area able to offer specialised support specifically to male survivors, and that both wider research and feedback have indicated that the standard levels of support offered are not sufficient to deal with such specialised issues, deadweight is not applicable to some of the outcomes identified, such as ability to refer to Survivors Manchester for specialised support for tertiary stakeholders. Ideally, research would be carried out using a control group to gather comparative information, but this was not considered appropriate or practical in this case. Instead, published data about the general population was used, though for some identified outcomes, the population size has been calculated to take impacts of deadweight into account.

Attribution

It is important to recognise that not all of the outcomes identified are solely attributable to Survivors Manchester, but that other factors influence the level of change. Such examples may include influence of relationships with friends and family, or support from other organisations, such as the AA for dealing with specific alcohol dependency. To measure the attribution, for each outcome in the Primary

Stakeholder survey, the respondent was asked “how much of the change is due to Survivors Manchester?” The level of attribution indicated was then used to approximate a percentage, and the average taken for the impact calculation.

Displacement

Displacement occurs when an impact created by an activity or organisation leads to a knock-on effect elsewhere. There is no displacement considered for this scope.

Drop-off

Drop-off measures the amount in which the impact attributable to Survivors Manchester reduces over time – both because the benefit itself may reduce, or because the influence of other factors may increase as the distance travelled increases.

As the average length of time a survivor engages with Survivors Manchester is between 14 to 18 months, the drop-off for year two is considered to be zero. Therefore, given the two year scope for the analysis,⁶⁰ there is no drop off to calculate.

Impact

Taking all of the above information, Table 5 in Appendix 4, shows the impact calculated by outcome – the total impact nearly £7.5m in the first year.

Looking at this total value in more detail, and considering the impact relating to the support of male survivors (i.e. excluding tertiary value generated), the average impact per survivor is £75,586. Of this value, approximately 64% is related to the impact of the support on the well-being of the survivor and their friends and family, with the remaining amount related to the monetary values of each outcome. Further, the average saving to the state per survivor is £26,000.

59. For more detail see appendix 2.

60. Discussed in section 6.1 Scope.

9. Social Return on Investment – The Calculation

Now the impact has been calculated in the previous chapter, the overall Social Return on Investment can be calculated for the two years in scope. The impact is projected into the future, determining the Year 1 and Year 2 values – these values are then discounted to calculate the present value, using a rate

of 3.5% as recommended by the HM Treasury’s Green Book.⁶¹

The Net Present Value (NPV) can then be calculated, comparing the present value of all outcomes with the value of the inputs, and the SROI ratio obtained. See Table 3 for the results.

61. HM Treasury’s Green Book, Annex 6, 2013.

		Year 1	Year 2	Total
Total value generated		£7,492,210	£6,337,573	£13,829,783
Discount factor		3.50%	3.50%	
Present Value		£7,238,850	£5,916,193	£13,155,043
Inputs	£74,499			
NPV	£13,080,544			
SROI Ratio	177:1			

Table 3. Social Return on Investment calculation

Figure 11 shows the breakdown of the overall value generated by stakeholder group. The value for tertiary stakeholders and key partners appears relatively low, although it should be noted that several outcomes were not able to be valued in this analysis, and so the true value should be greater.

Figure 12 shows the total input and present value created, and highlights the high level of return gained for the investment in Survivors Manchester.

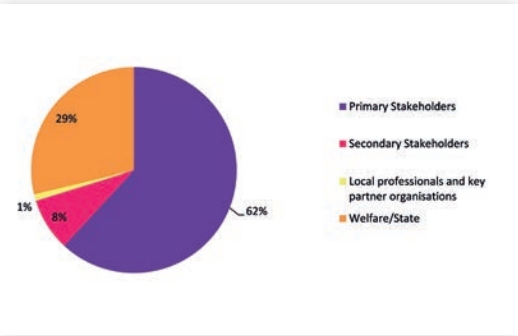


Figure 11. Proportion of overall value by stakeholder

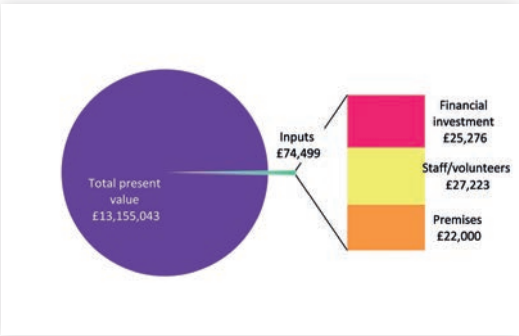


Figure 12. Total investment and present value created

Sensitivity Analysis

Sensitivity analysis can be carried out to test the dependency of the result on the valuations and assumptions within the model. The recommended approach in A Guide to Social Return on Investment⁶² is to calculate how much you need to change each estimate to generate a SROI ratio of 1:1. However, in this particular study, the large SROI ratio makes this approach inappropriate.

Instead, some assumptions were changed to see the effect this would have on the overall result. For example, all valuations derived using the Well Being Valuation method were removed – this gave an overall value generated of £4.4m, a reduction of 68%. The associated SROI ratio is 55:1. This is clearly a significant reduction, and highlights the impact that sexual abuse and rape can have on the well-being of the survivors, and those affected.

Another assumption tested is that of the number of survivors who may have (successfully) committed suicide had they not engaged with Survivors Manchester. The assumption used was that this would be 5% of the population, or one individual. A change in this assumption to zero results in the overall present value reducing by 7% to £12.2m, with a SROI ratio of 164:1. Conversely, increasing by one

additional individual would increase the present value by 7%.

When carrying out the analysis, the decision was made to record any level of improvement as a 100% improvement in the outcome, and applied this to the population as a whole. For example, 83% of the surveyed population indicated some improvement in their level of anxiety and fear. However, this does not take into account degrees of improvement – so a change from ‘most of the time’ to ‘occasionally’ in survey responses leads to the same result as ‘some of the time’ to ‘occasionally.’

An alternative approach would be to take an average amount of improvement into account. Applying this method would result in a lower overall impact, as less value is applied to a ‘lesser’ degree of reduction of an issue (e.g. between ‘most of the time’ to ‘some of the time’ and ‘not at all’). Applying this method, the overall present value reduces by 43% to £7,526,681, and the SROI ratio reduces to 101:1.

Considering each of these possible alternatives, it is clear that despite actions to apply greater conservatism to the model, the overall present value remains consistently high, and the value created by Survivors Manchester remains significant.

62. “A guide to Social Return on Investment” – Cabinet Office, Office of the Third Sector

10. Conclusion

The total present value of the outcomes of the work of Survivors Manchester in scope was £13,155,043 – approximately £137,000 per male survivor.

This considers the impact to these men, both in terms of financial impact and the impact on their well-being, as well as the impact this then has on their friends, family and partners. The results also take into account the impact on local organisations and professionals who work with Survivors Manchester; and the wider state, as survivors have reduced dependency on the state as a consequence of the support they received from Survivors Manchester.

Overall, most of the impact generated is related to the primary stakeholder group, i.e. the male survivors supported – this makes up 62% of the total value. The second largest stakeholder beneficiary is the state, due to the reduction in demand on welfare and state services (including healthcare and criminal justice service costs) as a result of the impact on the male survivors.

The overall study has highlighted that the work of Survivors Manchester has many benefits, not all of which can be valued. For a relatively low level of input, there is a huge value created through this support for all of the stakeholders, which can be demonstrated in the SROI ratio of 177:1.

As the sample size of primary stakeholders was relatively small, the results of this analysis involve necessary extrapolations based upon this data.

Ongoing collection of outcome data may enable more rigorous monitoring of outcomes in future, which could then be used to refine the results of this analysis, and to measure how the impact of Survivors Manchester changes over time.

Although a number of assumptions have been used in this analysis, these are clearly stated throughout, and the use of sensitivity analysis to test these assumptions shows that while the overall impact calculated may vary, dependent upon the assumptions applied, the result consistently shows that Survivors Manchester generates significant impact for its stakeholders.

This is consistent with the feedback from the NHS Business Review²², carried out in 2013, which stated:

.....
This is a highly valued service
that has the potential to do
more with an expanded funding
base and mainstream linkages.
.....

In addition to helping to measure and understand the impact of Survivors Manchester, it is hoped that the results of this report can be used to communicate this impact to other organisations, in part with a view to generating the further funding required for the organisation to continue and grow, enabling it to support more survivors in the future, and to change more lives.

.....
Note: Since completing this report, further data has been made available from the Cabinet Office (ref) which shows revised unit costs for a range of services. Of these, there are differences between the revised values and those included in this report, some being higher, others lower. The report has not been restated for these updated values, though any future evaluations would use updated estimates of outcome values.

£26,000

.....
The work carried out by
Survivors Manchester saves
the state, on average, £26,000
per survivor, per year.
.....

11. Glossary

Assurance – evaluation by an independent reviewer, to confirm that the analysis carried out is in line with the appropriate principles, and that all information is materially accurate and reasonable.

Attribution – proportion of the outcome that is directly caused by the organisation or activity in scope.

Cognitive Behaviour Therapy (CBT) – form of talking therapy, which combines cognitive therapy (helping to change the way an individual thinks) with behavioural therapy (helping to change the way an individual behaves).

Contingent Valuation – technique used for the valuation of non-market inputs or outcomes, where there is no direct market price available, or taking into account non-financial factors.

Cost Valuation – fiscal cost of an input or outcome, i.e. market price.

Current sexual abuse – abuse that occurred within twelve months prior to initial engagement with Survivors Manchester.

Deadweight – measure of how much of an outcome would have taken place had there been no engagement with the organisation or activity in scope.

Discounting – reduction of costs to reflect time value of money, calculating the present day value of future financial values.

Displacement – a measure of how much an outcome has further (negative) consequences elsewhere.

Drop off – the measure of how much an outcome reduces over time, either due to reduction in the outcome itself or a reduction in the level of attribution to the organisation/activity in scope.

Duration – the length of time the outcome will last after the initial engagement.

Eye Movement Desensitisation and Reprocessing (EMDR) – psychotherapy treatment involving stimulation and processing

of (traumatic) memories, by encouraging an individual to recall such memories while experiencing bilateral sensory input, including side-to-side eye movements. This can be used to treat conditions such as Post-Traumatic Stress Disorder (PTSD).

Impact – the change experienced by a stakeholder due to the organisation/activity in scope – this should take into account what would have happened anyway (deadweight), how much this is directly due to the organisation (attribution) and the length of time this will last (duration).

Indicator – a (tangible) measure of an outcome.

Input – contribution made by a stakeholder to enable the organisation/activity to deliver.

Life Satisfaction Approach – alternative term for well-being valuation (see definition below).

Monetisation – assigning a financial value, i.e. to an input or outcome.

Net Present Value (NPV) – the present value of the impact of the organisation/activity, less the value of the inputs required

Non-current sexual abuse – abuse that occurred more than twelve months prior to initial engagement with Survivors Manchester.

Non-market – an input or outcome that is not available in an economic market, and so does not have a directly available market value.

Opportunity cost – cost of a foregone alternative to the chosen scenario, e.g. the opportunity cost of volunteering is the money that could be earned were the time alternatively used for paid employment.

Outcome – change resulting from an organisation/activity, from the perspective of a stakeholder.

Output – direct result of the organisation or activity, e.g. 10 people trained through a training programme.

Partner agency/organisation – organisations with which Survivors

Manchester has a working relationship.

Post-Traumatic Stress Disorder (PTSD) – mental health condition that may develop after an individual experiences one or more traumatic events. Symptoms may include, but are not limited to, anxiety, flashbacks, nightmares and depression.

Present Value – discounted value of future benefits (or costs), to reflect the time-value of money.

Primary stakeholder – adult male survivors of sexual abuse and rape provided they do not hold any convictions or are under investigation for sexual offences.

Proxy – substitute used to obtain a value for an input or outcome, where a direct value is not available.

Prudence – application of caution in assumptions and calculations, to avoid potential understatement of costs and overstatement of benefits.

Reporting (police) – informing police services of a sexual assault or rape.

Scope – activity or organisation that is being analysed, including timescales and boundaries.

Secondary stakeholder – those affected by the sexual abuse and rape of men, including friends and family of survivors, provided they do not hold any convictions or are under investigation for sexual offences.

Sensitivity analysis – calculations to demonstrate the sensitivity of the overall value to changes in specific assumptions or variables.

Sexual Assault Referral Centre (SARC) – specialist organisation that offer medical

and forensic services for any individual who has been raped or sexually assaulted.

Social Return on Investment (SROI) – method for measuring and reporting the social value generated by an activity or organisation, from the perspective of its stakeholders.

Social value – measurement of the value of an activity which takes into account financial and non-financial considerations, i.e. both economic and human costs.

SROI ratio – the present value of the impact divided by the total value of the inputs.

Stakeholder – individuals, groups or organisations that affect, or are affected by, the activity or organisation in scope.

Stated preference – explicitly stated values for individuals, based on Willingness to Pay or Willingness to Avoid valuations.

Tertiary stakeholder – local professionals who support male survivors of sexual abuse and rape, including counsellors, drug workers and social workers.

Well-being valuation – measurement of value which reflects the impact of an outcome on an individual's well being, or life satisfaction. The approach uses data to measure the impact of a good or service and income on self-reported well-being, and uses these estimates to calculate the amount of money that would provide the equivalent impact on well-being.

Willingness to Avoid (WTA) – value an individual would be willing to pay to avoid experiencing a given situation.

Willingness to Pay (WTP) – value an individual would be willing to pay to experience a given situation.

12. Appendices

Appendix 1. Survivors Manchester – Service User Pathway

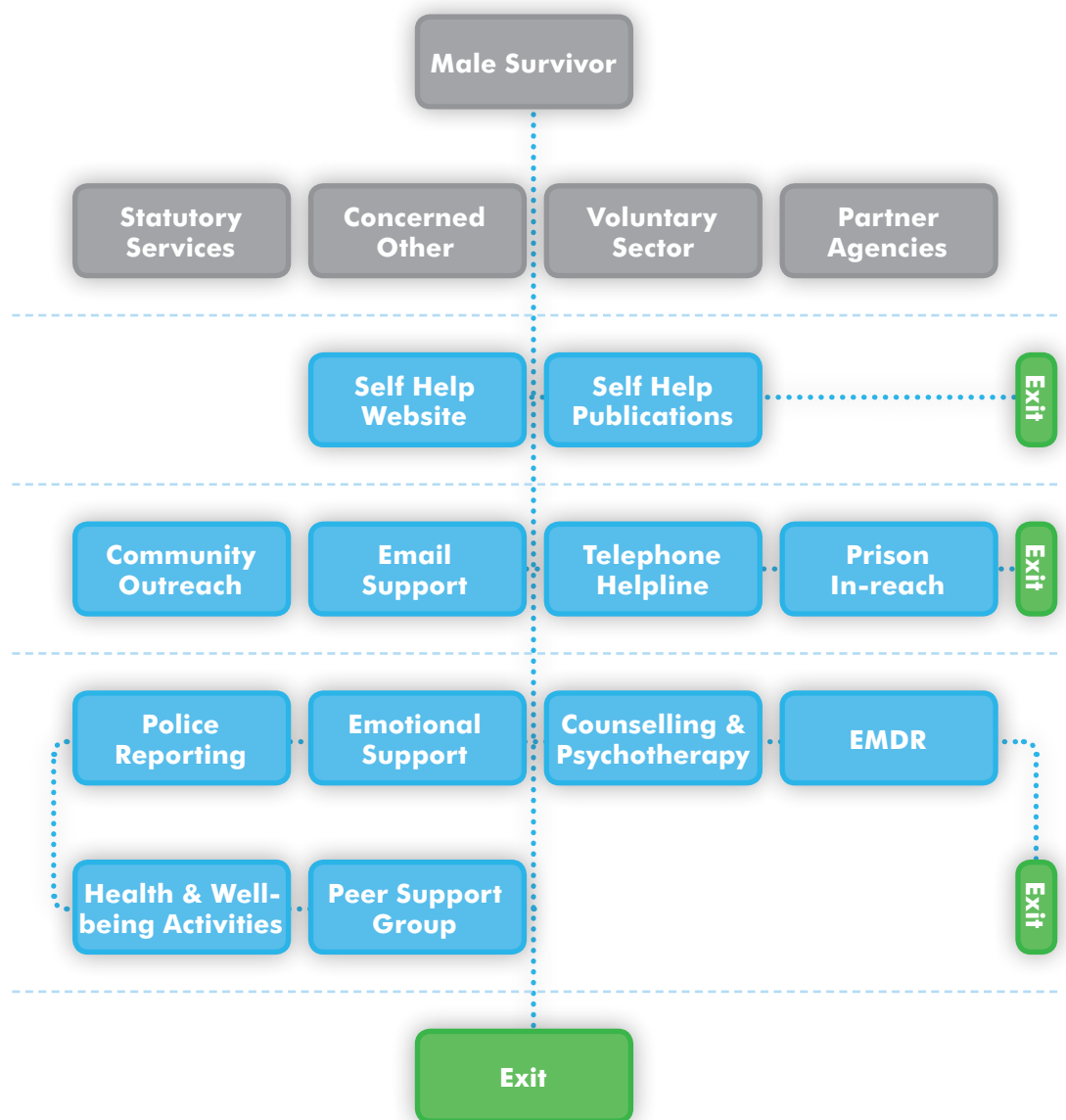


Figure 13. Service User Pathway

Appendix 2. Social Return on Investment – Six Stages of Carrying Out Analysis

1. Establishing scope and identifying key stakeholders

1.1. **Scope** – what is being measured?

To determine the scope, one should consider the purpose of the analysis (measurement of results, planning of activity, etc.), who the analysis is carried out for, what is the timeline over which you wish to measure, what activities are to be reviewed (specific projects or an organisation as a whole) and what resources are available for carrying out this work.
- 1.2. **Stakeholders** – who is impacted, by the activity/organisation in scope? This should include both individual stakeholders and other organisations or entities. Impacts may be positive or negative, intended or unintended. Once these are identified, it should be decided which are material for inclusion in the analysis, and how these stakeholders will be engaged.

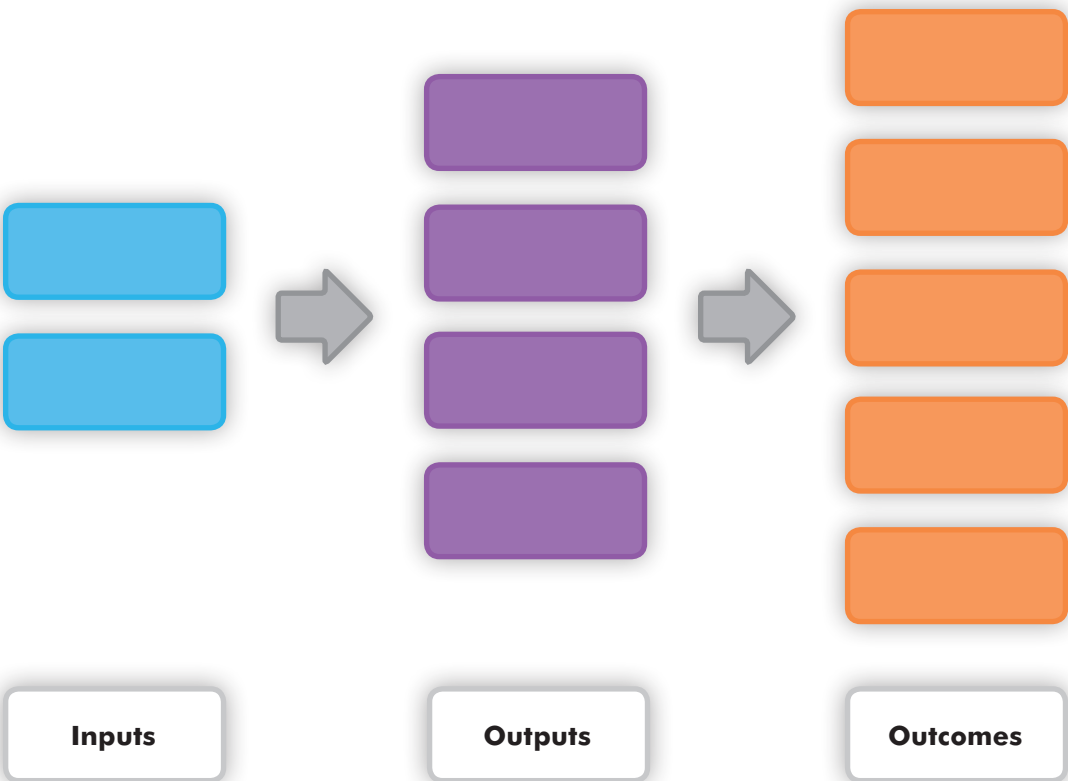


Figure 14. Impact map

2. Mapping Outcomes. Once the scope and stakeholders are determined, an impact map should be drawn up (see Figure 14) – this should describe how the activities in scope use certain resources – known as INPUTS – to deliver activities – the OUTPUTS – which result in OUTCOMES for the stakeholders.

2.1. **Identify inputs** – what are the stakeholders contributing? Inputs will typically be financial, or measured in terms of time (e.g. volunteer hours).

2.2. **Clarify the outputs** – These should be the tangible results, in measurable units. For example – the output of a training course could be “10 people received training.”

2.3. **Describing outcomes** – What has changed for the stakeholders as a result, e.g. after attending training, 8 people gained full-time employment.

3. Evidencing outcomes and giving them a value. Outcomes data needs to be gathered to demonstrate that change has happened, using indicators. Common techniques for gathering data include

- One to one interviews
- Record keeping
- Questionnaires
- Focus groups
- Workshops or seminars

The method used will depend on the information required and the stakeholders in question (including population size and access to stakeholders) – one must consider what is feasible and practical.

Outcomes should then be assessed to determine how long they last – some may only last for the time that the engagement is in progress, whilst others may have longer term impacts for the stakeholder. This is known as the DURATION.

A value must then be placed on these outcomes – this is known as MONETISATION. Financial proxies are used to estimate the social value of the outcomes. See “Valuation Techniques” below for more detail on how to value outcomes. Data can be gathered from a range of sources to support your results and valuations, including direct from stakeholders, government data, research papers, the WIKIVOIS database⁶³ and other reports. All sources and proxies must be credible.

4. Establishing impact. This stage involves calculating to what degree the outcomes identified are a result of the activities in scope – i.e. considering what would have happened without the intervention – known as DEADWEIGHT, and to what degree the outcomes are influenced by other factors – ATTRIBUTION.

It is also necessary to consider whether any of the outcomes have had a knock on effect elsewhere – for example whether a reduction in crime in a neighbourhood has resulted in an increase in crime in another area. This is known as DISPLACEMENT.

DROP-OFF is the amount that an outcome reduces over time (for longer-term outcomes) – this may be because the outcome itself reduces over time or due to an increase in influence from other factors. This is usually a fixed % reduction per year.

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63. WIKIVOIS – SROI network VOIS database of values, indicators and outcomes for stakeholders– www.wikivois.org

5. Calculating the SROI

5.1. Project into the future – Calculate the impact in each year in scope, taking into account the drop-off.

5.2. Calculate the Net Present Value (NPV) – using an appropriate discount factor⁶⁴ discount the future years to reflect the time value of money. The NPV is then calculated as follows:

$$\text{NPV} = \text{Present Value of Benefits} - [\text{Value of investments}]$$

5.3. Calculate the SROI Ratio:

$$\text{SROI Ratio} = \frac{\text{Present Value of Impact}}{\text{Value of Inputs}}$$

5.4. Sensitivity analysis – this can be used to calculate which assumptions have the greatest weight in the model. The standard requirement is to check:

5.4.1 Estimates of deadweight, attribution, drop-off

5.4.2 Financial proxies

5.4.3 The quantity of the outcome

5.4.4 Value of any non-financial inputs. This is done by calculating how much the variable in question needs to be changed to make the SROI ratio 1:1 (i.e. neutral result). In general, a greater change needed implies that the variable is not sensitive.

5.5. Payback period (optional) – how long does it take for the investment to be paid off.

$$\text{Payback Period} = \frac{\text{Investment}}{\text{Annual Impact}/12}$$

6. Reporting, Using and Embedding

6.1. Reporting on the results to stakeholders

6.2. Using the results – this may be for further fundraising, or to make any strategic or operational changes based on the results of the analysis

6.3. Assurance – to demonstrate the credibility of your findings, there should be independent assurance of the report, to verify both the assumptions and data used in the analysis, and that the research complies with the principles of SROI.

64. Recommended rate in HM Treasury Green Book is 3.5%.

Appendix 3. Stakeholder Engagement

Table 4 summarises the stakeholder engagement

	Stakeholder	Number of stakeholders	Inputs	Activity	Outputs	Outcomes	Method of engagement	Sample size
1	Primary – survivors supported by SM	96	Time	Use of website, participation in services offered	96 men receive support, utilising range of services offered by Survivors Manchester (1:1, peer group, website, etc)	Improved relationships with friends / family / partners Improved levels of self-esteem and self-confidence Improvement in attitude on sexuality (of self and others) Improved mental health Reduction in anger-related issues Reduction in self-harming behaviours, including suicidal thoughts / actions Reduced anxiety and fear Reduction in depression Reduced impact of feelings of shame and guilt Reduced feeling of loss of power and control over self Reduced levels of violent behaviour Reduction in offensive/criminal behaviour Reduced drug and/or alcohol dependency Improved physical health Reduced financial difficulties	Online survey	12
2	Secondary – partners & family of primary stakeholders	True number unknown – Assume 96 x 2	Time	Support of primary during support Use of website / services	Indirect support offered to stakeholders	Improved relationships with survivor	Online survey	3
3	Tertiary – local professionals	Approx. 20	Time Expertise Premises	Referral of clients to SM [Participation in training]	51 referrals to Survivors Manchester. Approx 160 people engaged in training.	Ability to refer clients to SM for specialist support. Training on male-specific aspects of sexual abuse for better support of own clients.	Telephone interview	2
4	Key partner organisations							5

	Stakeholder	Number of stakeholders	Inputs	Activity	Outputs	Outcomes	Method of engagement	Sample size
5	Staff & volunteers	12	Time, expertise	Support of survivors through services provided. Trustees support running of Survivors Manchester		Not considered for this study.	Online survey	8-12
Other stakeholders								
6	Government (NHS, Police, Prison Service, etc)	n/a	n/a			Reduced demand on services (includes healthcare costs, social costs, criminal justice costs)	None	n/a
7	Funders (inc grant donors, ZCT, etc)	n/a	Funding			Not considered.	None	n/a

Table 4. Stakeholder engagement

Appendix 4. Impact

	Sample Indicating Improvement	Value	Population Value	Deadweight	Average Distribution	Impact
Improved relationships with partner / family / friends	100%	12,000	1,152,000		69%	792,000
Improved self-esteem / self-confidence	92%	1,250	110,000		66%	72,500
Improvement in attitude on sexuality (self and others)	42%	840	33,600		68%	22,680
Improved state of mental health	83%	–	–		64%	–
Reduced effect of anger-related behaviours	92%	270	23,760		73%	17,280
Reduction in self-harming behaviours, including suicidal thoughts / behaviours	92%	–	–		73%	–
Reduced anxiety and fear	83%	43,453	3,476,240		65%	2,259,556
Reduction in level of depression	83%	–	–		65%	–
Reduction of impact of shame and guilt	67%	–	–		78%	–
Greater sense of power/control over self	92%	–	–		64%	–
Reduction in levels of violent behaviour, including domestic abuse	42%	–	–		60%	–
Reduction in offensive/criminal behaviour	50%	10,399	499,162	91%	60%	26,955
Reduction in drug / alcohol dependency	75%	24,257	1,746,504		58%	1,018,794
Improved state of physical health	25%	428	10,272		50%	5,136
Reduced impact of financial problems	58%	2,300	128,800		50%	64,400
TOTAL PRIMARY VALUE GENERATED						4,279,301
Improved relationships with partner / family / friends	100%	12,000	1,152,000		50%	576,000
TOTAL SECONDARY VALUE GENERATED						576,000
Ability to refer clients to Survivors Manchester for specialised services		1,800	91,800		100%	91,800
Increase in reporting of male rape and sexual abuse (GMP)						–
Officers better able to support male victims of sexual abuse and rape (GMP)		250	24,000		100%	24,000
Staff better able to provide support to clients with experience of male sexual abuse and rape (due to training provided)		250	16,250		100%	16,250
Better service provision due to advice and guidance from Survivors Manchester		–				–
Ability to offer counselling services with more specialised support for male victims of sexual abuse and rape (LGF)		7,920	7,920		100%	7,920
Provision of literature/documents with information about male sexual abuse and rape (due to input from SM)						–
Staff able to provide better support and understanding about the reporting process for male sexual abuse and rape (due to specific training provided).						–
Increased ability to support male survivors due to SM role on SARC Strategic Partnership Board.						–

	Sample Indicating Improvement	Value	Population Value	Deadweight	Average Distribution	Impact
Ability to provide training focussed on male survivors of sexual abuse and rape (as part of wider training offered)						–
Input on Strategic Partnership Board, SARC – allows input focussed on male survivors of sexual abuse and rape for improvement of service provision.						–
Increased referrals from Survivors Manchester to own organisation						–
TOTAL TERTIARY VALUE GENERATED						139,970
Improved self-esteem / self-confidence	92%		–		66%	–
Improvement in attitude on sexuality (self and others)	42%		–			–
Improved state of mental health	83%		–		64%	–
Reduced effect of Anger-related behaviours	92%		–		73%	–
Reduction in self-harming behaviours, including suicidal thoughts / behaviours	92%	15,854	1,395,167		73%	1,014,667
Reduced anxiety and fear	83%	7,964	637,120		65%	414,128
Reduction in level of depression	83%	9,311	744,880		65%	484,172
Reduction of impact of shame and guilt	67%		–		78%	–
Greater sense of power/control over self	92%		–		64%	–
Reduction in levels of violent behaviour, including domestic abuse	42%	1,440	57,600		60%	34,560
Reduction in offensive/criminal behaviour	50%	45,171	2,168,220	91%	60%	117,084
Reduction in drug / alcohol dependency	75%	10,122	728,807		58%	425,137
Improved state of physical health	25%		–		50%	–
Reduced impact of financial problems	58%	257	14,383		50%	7,192
TOTAL WELFARE/ SOCIETAL VALUE GENERATED						2,496,939
TOTAL VALUE GENERATED						7,492,210

Table 5. Impact by Outcome

