



**Bemidji State University**  
**Honors Program**

Jordan Leith

*Male Sexual Victimization: Victim Response,  
Reporting Barriers, and Treatment*

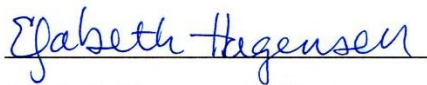
Department of Psychology

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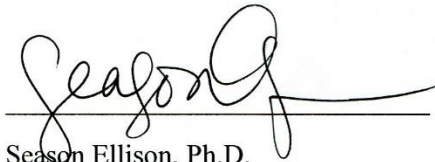


Elizabeth Hagensen, Ph.D.

Chair, Assistant Professor - Criminal Justice Department

Advisor

Date: 24 APR 2017

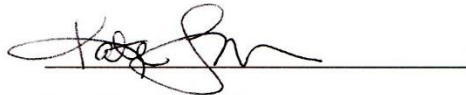


Season Ellison, Ph.D.

Assistant Professor of Interdisciplinary Studies

Director of Honors and Liberal Education Programs

Date: 4/24/2017



Kate Larson, Ph.D.

Assistant Professor - Psychology Department

Reader

Date: 4-24-2017

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### **Abstract**

This thesis provides an overview of the research on victim response, reporting barriers, and treatment in the area of male sexual victimization. Male sexual victimization is an area of study that is roughly 20 years behind the research conducted on sexually victimized females. This thesis advocates for increased research in the area of male sexual victimization to further understand barriers that prevent males from reporting sexual victimization. Existing research on sexually victimized males shows both response similarities and differences to female victims.

*Keywords:* male victims, sexual victimization, sexual assault, reporting barriers

### **Annotated Bibliography**

Allen, C. T., Ridgeway, R., & Swan, S. C. (2015). College Students' Beliefs Regarding Help Seeking for Male and Female Sexual Assault Survivors: Even Less Support for Male Survivors. *Journal of Aggression, Maltreatment & Trauma*, 24(1), 102-115.

doi: 10.1080/10926771.2015.982237

Allen et al. explores college students' perceptions regarding barriers to reporting sexual assault and how helpful they believe campus resources are for survivors. I focus on the section of Allen et al.'s research that evaluates how helpful students believe campus resources are for survivors. The first to student perception of these resources, it shows that all campus resources were deemed more helpful for female survivors than male survivors. This research study serves as direct evidence for why changing existing and creating new treatment services that cater to both male and female survivors is so important. Recommendations for how to expand sexual victimization services to include all victims, and not only females, are examined in the conclusions section of this study and serve as a basic guide for how to begin this transition. This source is also used in my thesis to provide prevalence statistics. The idea that current models of treatment are based on feminist models comes from this source and I explore why female-oriented treatments alone can be detrimental to sexually victimized males.

Anderson, I. (2007). What is a typical rape? Effects of victim and participant gender in female and male rape perception. *British Journal of Social Psychology*, 46(1), 225-245.

doi: 10.1348/014466606X101780

Anderson looked at how female and male rape is socially perceived by University students in England. The study also explores whether the perception of a 'typical' male rape matches the description of an acquaintance rape or a stranger rape. Understanding what society perceives as a 'typical' rape may influence rates of reporting. Males may be less likely to report sexual victimization if it differs from stereotypical male rape because society may not see it as a valid rape. The male participants of the study express their belief that a typical male rape focused more on the assailant's and victim's sexual orientation, the assailant's sexual motivation, and the victim being smaller and less powerful than the assailant. These results point to an idea of male rape that may prevent male victims from reporting their victimization for fear of being ridiculed and told they did not experience a 'real rape'. This source brought to my attention the possibility that research on male sexual victimization lags behind research on female sexual victimization, which I incorporate into my thesis as a reason we need to increase the amount of research conducted on male sexual victimization. This source also provides evidence that rape is perceived amongst both victims and non-victims as a sexual act instead of a violent act, which I discuss in the treatment section of my thesis.

Choudhary, E., Coben, J., & Bossarte, R. M. (2010). Adverse Health Outcomes, Perpetrator Characteristics, and Sexual Violence Victimization Among U.S. Adult Males. *Journal of Interpersonal Violence*, 25(8), 1523-1541. doi: 10.1177/0886260509346063

Choudhary et al. uses a nationally representative sample of U.S. adult males who have experienced attempted or completed sexual victimization in order to explore adverse health outcomes and the relationship between perpetrator and victim. This study concludes that males who experience attempted and/or completed sexual victimization

significantly vary in several adverse health outcomes when compared to males who have not experienced attempted and/or completed sexual assault. This research is beneficial for my thesis because it uses a nationally representative sample whereas the majority of other studies on male sexual victimization use college students or other samples of convenience. My thesis uses this source to provide evidence for the psychological responses and reporting barriers sections. This study demonstrates that there is a difference in symptoms depending on type of victimization. This source accomplished its goal of informing the reader of possible adverse health outcomes and whether males who have experienced attempted and/or completed sexual victimization differ from males who have not experienced attempted and/or completed sexual victimization. This source did bring a question to mind about defining sexual victimization, and whether the varying definitions can cause contradicting numbers between research studies.

Coxell, A.W., & King, M. B. (2010). Adult male rape and sexual assault: prevalence, re-victimisation, and the tonic immobility response. *Sexual & Relationship Therapy*, 25(4), 372-379. doi: 10.1080/14681991003747430

Coxell & King look at the research that has been compiled on 'non-volitional sex' (NVS), which is another term for sexual assault and rape, in many countries. This study provides global statistics of NVS prevalence as evidence that male victimization is a common enough occurrence to warrant further research. The societal concept of a 'real man' is also explored by Coxell & King as a possible barrier to reporting sexual victimization in my thesis. I use this source in my thesis to provide prevalence statistics, possible psychological and physiological responses related to sexual victimization, and to provide evidence that the fear of being judged as gay and the fear of not being believed



are possible reporting barriers for male victims. Coxell & King also touch on why prevalence statistics vary from study to study, which I mention briefly in my thesis. Several times throughout the article they also mention what society expects of a 'real man' and I use this as supporting evidence in why males may not report their sexual victimization. The abstract of this source mentioned that the authors had previously published a research summary on male sexual victimization and its effects, which led me to track the article down and add it to my source list. This article did bring up the question of treatment in relation to the concept of what it is to be a 'real man'. How can treatment be influenced by this societal construct? Can treatment be tailored to directly combat this perception, or does it need to be addressed before sexual victimization even takes place?

Davies, M., Pollard, P., & Archer, J. (2006). Effects of Perpetrator Gender and Victim Sexuality on Blame Toward Male Victims of Sexual Assault. *Journal of Social Psychology, 146*(3), 275-291.

Davies et al. conducted research to investigate how perpetrator gender and victim sexual orientation influence the act of blaming male victims. Overall, the study shows that the heterosexual victim of a female perpetrator receives the most blame, and the heterosexual victim of a male perpetrator receives the least blame. This research study is particularly helpful because it examines how male victims are perceived by a sample whose majority have not experienced any type of sexual victimization. This study allows readers to see how society possibly perceives sexually victimized males. It is clearly evident in the data that gender roles play a part in society's reaction to male victims, which prompts further study of how we can counter the assumptions attributed to gender roles. In my thesis I

use this study to provide evidence for gender roles and sexual orientation as reporting barriers. This study also explores the idea that sexually victimized males experience shock because they are not pre-trained, as females generally are, to be aware of the risk of rape. I use this concept to support my claim that it is important for prevention programs to not only target females, but also males.

Doherty, K., & Anderson, I. (2004). Making sense of male rape: constructions of gender, sexuality and experience of rape victims. *Journal of Community & Applied Social Psychology, 14*(2), 85-103. doi: 10.1002/casp.765

Doherty & Anderson conducted research that explored both men and women's views on incidents of male rape using a newspaper article detailing a specific incident of male rape. Male and female dyads discuss the article alone, and their conversation is recorded and coded. The results of their research reveal that there is a definite focus on sexual orientation in relation to rape, and less sympathy is given to homosexual men who have been raped than there is to heterosexual men who have been raped. The idea of rape a sexual act versus a violent act is also explored in Doherty & Anderson's research, bringing up the question of whether or not society gives perpetrators the opportunity to excuse or even normalize their behavior. Looking at rape as a sexual act versus a violent one is addressed in my thesis in the treatment section. The results of Doherty & Anderson's experiment provide direct evidence for possible psychological responses to sexual victimization, and for the fear of being judged gay and the fear of not being believed as possible reporting barriers. This source was a good choice because it is one of few that uses qualitative research methods instead of quantitative and therefore gives

slightly different results that can be used in conjunction with statistics to provide sound evidence for the different aspects of male sexual victimization.

Graham-Kevan, N. (2007). The Re-Emergence of Male Victims. *International Journal of Men's Health*, 6(1), 3-6. doi: 10.3149/jmh.0601.3

Graham-Kevan gives a brief overview of male victimization, specifically perpetrated by females. When looking at male's aggressive behavior, it is usually viewed in a protecting or victimizing role. Female aggressive behavior is not looked at as being associated with their role, which sparks the question of why they are being aggressive. What is it about a male being sexually victimized by a female that brings more shame and stigma than if a male was sexually victimized by another male? I explore these questions in my thesis, providing evidence for my answers from other sources.

Hartwick, C., Desmarais, S., & Hennig, K. (2007). Characteristics of male and female victims of sexual coercion. *Canadian Journal of Human Sexuality*, 16(1/2), 31-44.

Hartwick et al. studied whether males and females who experience sexual coercion share similar characteristics and explore whether those characteristics have any predictive value for further victimization. This research concludes that men and women show no significant difference in coerced oral sex or coerced intercourse. This study also explores the impact of gender roles on male sexual victimization and is used in the reporting barriers section of my thesis. This source left me with a lot of questions, the most important of which is why they chose to use the phrase sexual coercion. The operationalization of this phrase is not given and they provide no reasoning for why it was chosen, leading me to be hesitant in using the statistical results as evidence in my

thesis. Because of this uncertainty, I used the broader concepts of the study in my thesis and found my statistical evidence to support the concepts elsewhere.

Jamel, J., Bull, R., Sheridan, L. (2008). An investigation of the specialist police service provided to male rape survivors. *International Journal of Police Science & Management*, 10(4), 486-508. doi: 10.1350/ijps.2008.10.4.101

Jamel et al. closely evaluates an investigative technique designed for male rape survivors. This evaluation concludes that the use of ‘Specially Trained Officers’ (STOs) in the United Kingdom and Australia have created positive experiences for both male and female victims of sexual victimization. As a qualitative study, I use this study to supplement my recommendations for changing the treatment services for male victims here in the United States. This source provides a comprehensive overview of current law enforcement practices with regards to sexually victimized males and recommends what the optimal response from law enforcement should be. This article was intriguing and brought up many questions about how STOs can be incorporated into the United States, as well as how the limitations those officers experience can be overcome.

Kassing, L. R., Beesley, D., Frey, L. L. (2005). Gender Role Conflict, Homophobia, Age, and Education as Predictors of Male Rape Myth Acceptance. *Journal of Mental Health Counseling*, 27(4), 311-328.

The research study done by Kassing et al. examines male rape misconceptions as a possible reason for why males do not report their victimization. The theory of gender roles and homophobia are looked at closely in this study to determine whether they can predict the acceptance or rejection of male rape misconceptions. I focus specifically on

the age and education variables in this study because there are minimal if any other studies that look at these demographic characteristics as predictors of male sexual victimization. By knowing which subset of the population, through age and education level, has a generally higher acceptance of male rape misconceptions, information about male sexual victimization can be disseminated to those who may benefit from it most. In my thesis, this source is almost exclusively used in the discussion section as a template to design my own treatment recommendations.

“Male victims of rape and sexual abuse” (2010). *Sexual & Relationship Therapy*, 25(4), 380-391. doi: 10.1080/14681994.2010.518725

In this article, various misconceptions surrounding the sexual assault of men are examined and challenged and how those misconceptions may contribute to the psychological consequences that male victims may experience is explored. The lack of research in the area of male sexual victimization may very well contribute to the continued acceptance of many rape myths and stereotypes. This source provides me with several of the most common rape misconceptions and the statistical evidence that challenges them. With this evidence, effective treatment services may be developed that assist males who are struggling with these misconceptions after being victimized. In my thesis, I use this source to provide evidence in many sections including my introduction, psychological responses, physiological responses, reporting barriers, and treatment sections.

Ng, S. (2014). The Last Taboo: Male Rape and the Effectiveness of Existing Legislation in Afghanistan, Great Britain, and the United States. *Tulane Journal of International & Comparative Law*, 23(1), 227-249.

Ng explores the legislation on sexual victimization laws in three different countries, highlighting unique societal perceptions of sexual victimization, obstacles to progression, and possible solutions. Both Great Britain and the United States have made progress and classify male rape as a crime, but Afghanistan still does not recognize female rape, much less male rape. This overview provides my thesis with evidence that male sexual victimization is a global issue that every country needs to actively combat. Ng also shows how countries can take cues from one another, as Great Britain has become the first country to designate money specifically for services that focus on male victims of sexual assault and rape. This source raises many questions on how male sexual victimization is recognized in other countries, especially those that are underdeveloped or experiencing conflict.

Rumney, P. S. (2008). Policing Male Rape and Sexual Assault. *Journal of Criminal Law*, 72(1), 67-86. doi: 10.1350/jcla.2008.72.1.478

Rumney's article explores how the police treat adult male victims of rape and sexual assault, exposing potential gender biases as evidenced within interviews of male victims who have reported their victimization. This article is one of only a few that examine law enforcement treatment of sexually victimized males, and my thesis uses this article as further evidence for why change is needed in the area of treatment services to include all victims, not just females. This is one of the few qualitative studies in the area of male sexual victimization and is helpful to establish what possible reporting barriers may exist that involve law enforcement. In the treatment section of my thesis, I use this source to explore how we can improve law enforcement response to sexually victimized males to increase reporting rates.

Sable, M. R., Danis, F., Mauzy, D. L., & Gallagher, S. K. (2006). Barriers to Reporting Sexual Assault for Women and Men: Perspectives of College Students. *Journal of American College Health, 55*(3), 157-162.

Sable et al.'s research looks at what males and females perceive as barriers to reporting rape and sexual assault from the perspective of college students. This study concludes that the low reporting rates from sexually victimized males can be at least partially contributed to how the victimization is perceived by society, and how the victim themselves feels about victimization. Both males and females perceive a fear of being judged as being gay as the most important barrier for male victims, which provides strong evidence for my assertion that the fear of being judged gay is a likely reporting barrier. The research by Sable et al. allows me to elaborate on gender differences in reporting sexual victimization, specifically what may prevent male victims from reporting. The importance of reporting sexual victimization is also explored in this research study, which then gives rise to ideas about how we can increase the rate of reporting. This source is used to provide likely reporting barriers and responses in my thesis in the introduction, prevalence, psychological responses, physiological responses, treatment, and conclusion sections. This was the source that prompted my thesis topic and was used as a solid foundation upon which to build my thesis claim.

Stemple, L., & Meyer, I. H. (2014). The Sexual Victimization of Men in America: New Data Challenge Old Assumptions. *American Journal of Public Health, 104*(6), e19-e26.  
doi: 10.2105/AJPH.2014.301946

Stemple & Meyer gather prevalence and incident data on male sexual victimization from 5 different federal surveys. This research helps to identify the factors that perpetuate

misconceptions about male sexual victimization, which creates an opportunity to make changes and progress in the treatment of male victims. Stemple & Meyer also advocate for the inclusion of institutionalized populations in surveys about male sexual victimization. I use this source to provide evidence to support the physiological responses and treatment sections. Stemple & Meyer also bring to my attention the possible biases that could cause variance in prevalence rates. Reporting barriers are also explored in this article, as are the varying definitions of sexual victimization across studies. This source is unique because it pulls statistics from multiple federal surveys while most other studies use results from only one federal survey or from convenience samples, which limits generalizability.

Tewksbury, R. (2007). Effects of sexual assaults on men: physical, mental, and sexual consequences. *International Journal of Men's Health*, 6(1), 22-35.  
doi: 10.3149/jmh.0601.22

Tewksbury reviews the literature that details the physical, mental, and sexual effects that sexual victimization can have on males. Tewksbury also brings up the idea that research in this area lags behind the research on females and is just beginning to be studied in depth. These possible effects have the ability to guide society towards the development of methods for receiving and responding to reports of men's sexual victimization. My thesis looks at these effects as possible victim responses and as barriers to reporting victimization for males, and explores how we can take advantage of this knowledge to create future studies, as well as prevention programs and treatment services. Tewksbury discusses how existing literature mostly emphasizes the documentation and estimation of male sexual victimization before moving toward the public perceptions of, and education



about, male sexual victimization in an effort to devise strategies to prevent victimization before it happens. Because this source is a literature review, it led me to other sources that are beneficial in providing evidence and base concepts for my thesis. I was unable to find some of the studies cited in Tewksbury's literature review and instead pulled them directly from this source, giving credit to both the original source and Tewksbury.

Tsui, V. (2014). Male Victims of Intimate Partner Abuse: Use and Helpfulness of Services.

*Social Work*, 59(2), 121-130. doi: 10.1093/sw/swu007

Tsui focuses on males who were victims of intimate partner abuse, and sexual abuse is only a small subset of the research. However, the results can still be beneficial in looking at what services are preferred the most and the least by victimized males. This source contributes to the discussion section of my thesis because it helps me to explore what treatment services are used more often and which are considered more effective by male victims. This study is unique in that it combines both quantitative and qualitative methods by gathering statistical data and written recommendations for treatment service improvements by participants.

Turchik, J. A. (2012). Sexual victimization among male college students: Assault severity,

sexual functioning, and health risk behaviors. *Psychology of Men & Masculinity*, 13(3), 243-255.

Turchik explores sexual victimization among a male college student population, looking specifically at assault severity, sexual functioning, and health risk behaviors. Turchik's results show a correlation between health risk behaviors and sexual victimization, but sexual functioning is not significantly correlated with health risk behaviors or sexual

victimization. This research study led me to wonder in what direction those correlations may run. Causality is hard to establish, especially in such a newly researched area and, in my thesis, I explore how those correlations can be used to develop effective treatment strategies. The treatment section of this source was beneficial to help me create the outline of what my own treatment section looks like in my thesis.

Vearnals, S., & Campbell, T. (2001). Male victims of male sexual assault: a review of psychological consequences and treatment. *Sexual & Relationship Therapy, 16*(3), 279-286. doi: 10.1080/14681990120064522

Vearnals & Campbell discuss opposing theories about male sexual victimization and how both have biases but also have merit. This source explores male sexual victimization as a sexual act vs. as a violent act, heavily contributing to my own exploration of the concepts in the treatment section of my thesis. The researchers also touch on the subject of services for male victims, positing that most males have no idea to whom or where to report victimization and that professionals who do provide services for male victims have mostly been trained to respond to female sexual victimization. In my thesis I explore why sexually assaulted males receiving treatment services designed for females can be detrimental and cause further problems. This source briefly covers recommendations for treatment services, which provides information for the discussion section of my thesis.

Walsh, R. M., Bruce, S. E. (2014). Reporting Decisions After Sexual Assault: The Impact of Mental Health Variables. *Psychological Trauma: Theory, Research, Practice, and Policy, 6*(6), 691-699.

Walsh & Bruce conducted research that explores the influences of emotional and cognitive variables on the decision to report or not to report sexual assault. The results of this study do not analyze men and women separately but still provide relevant information on possible psychological barriers to reporting. Walsh & Bruce conclude that victims of sexual assault generally experience high rates of severe psychological stress and it could prevent victims from reporting assault to the police. Although males and females are not analyzed separately, I am able to look at the mental health variables used in this study as well as other studies that exclusively study sexually victimized males and see which ones match. This source also brings to my attention that eligibility for both mental health and medical assistance can be impacted by the male's reporting decisions. I explore this concept in the treatment section of my thesis as a reason why we need to increase the reporting rates of sexually victimized males.

## Male Sexual Victimization: Victim Response, Reporting Barriers, and Treatment

By and large, the research on male sexual victimization uses many different terms to refer to sexual victimization including rape, nonvolitional sex, nonconsensual sex, sexual victimization, sexual assault, sexual abuse, and unwanted sexual contact. For clarity and consistency, sexual assault and sexual victimization are used interchangeably in this thesis to encompass all of the above terms.

Estimates say that research in the area of male sexual victimization is approximately 20 years behind the research on female sexual victimization (Jamel, Bull, & Sheridan, 2008). The feminist movement spearheaded rape reform in the 1970s, reducing the “psychological and systems barriers that have discouraged rape and sexual assault victims from reporting the crime” (Sable, Danis, Mauzy, & Gallagher, 2006). The rape reform movement’s focus was almost exclusively on female victims. This focus was beneficial in bringing to light the largely invisible epidemic of sexual assault of women, but did not include much effort to share the experiences of male victims of sexual assault.

Male victims of sexual assault went largely unnoticed until small-scale research began in the 1980s. During this time, researchers began using samples of college students and inmates to explore experiences of male victims of sexual assault, but a dearth of research is still felt (Tewksbury, 2007). Of the research studies that spanned the 1980s to the early 2000s, they were mostly small-scale, non-empirical, and clinical (“Male victims”, 2010). These early studies were limited in generalizability due to design weaknesses, definitional differences, a heavy reliance on self-reporting, and the use of small and convenient samples. Most of the research studies leading

up to the present time focus on the prevalence of male sexual victimization, but lack of reporting causes a wide range of observations. Studies have reported prevalence rates ranging from 3.8% to 22% (Tewksbury, 2007). This variance in observed rates of male victims may be due to differences in likelihood of self-reporting. Low self-reporting rates hinder gathering of information and subsequently impairs the development of program responses.

Currently, sexually victimized males seeking help after their traumatic experience are often confronted with female-oriented programs, some of which explicitly refuse to accept male victims (Tewksbury, 2007). These programs target the fairly well-known responses of sexually victimized females. Existing research about sexually victimized males shows response similarities to female victims, but also shows distinct differences. Research about male sexual victimization can help reduce the barriers to reporting sexual victimization. An increase in reporting rates could provide insight about the distinct features and needs of male victims of sexual assault.

## **Review of Research**

### **Prevalence**

The lifetime prevalence rates of adult male sexual victimization vary from 3.8% to 22% (Tewksbury, 2007). Lifetime prevalence estimates of the risk of sexual victimizations for adult males range from 3% to 10% (Sable et al., 2006). A study done by the National Violence Against Women Survey showed 3% of males experienced some form of sexual victimization in adulthood (2002). Research conducted with college student samples reported rates of male victimization between 1 in 5 and 1 in 11 (Tewksbury, 2007). Also using a college student sample, Banyard and colleagues (2007) found that 8.2% of males and 19.6% of females

experienced some form of sexual victimization in adulthood (as cited in Allen, Ridgeway, & Swan, 2015). Prevalence rates vary widely. Research on this issue needs to continue so we can increase awareness about this issue and develop effective treatment services.

The wide range of prevalence estimates may be due to the reluctance of males to report their sexual victimization or other reporting barriers. According to Coxell & King (2010) sample type, varying definitions, and method of inquiry are possible variables that may affect prevalence estimates. Many existing research studies about male sexual victimization use samples of college students because of easy accessibility. In addition, research has by and large found higher rates of victimization on college campuses when compared to the general population. These higher rates may aid in increasing observations of male victimization. Estimates may vary because there is currently no standard research definition for male sexual victimization, which leads to slightly different variables measured across studies. Laws defining sexual victimization also vary from state to state. The method of inquiry used by researchers, such as in-person surveys and interviews, over-the-phone surveys and interviews, surveys by mail, analysis of police reports, and other methods, can impact how responses are interpreted, and therefore affect prevalence estimates. Participants may prefer some methods of inquiry over others. For example some males may feel their anonymity is more fully protected by certain reporting methods and speaking about their experience may be too uncomfortable if done face-to-face.

### **Victim Response**

Sexually victimized males experience a wide array of psychological and physiological responses. Researchers such as Choudhary, Coben, & Bossarte (2010), Walsh & Bruce (2014), Tewksbury (2007), and others conducted studies focused specifically on male victims' responses to sexual assault. Understanding how to recognize and respond to these responses in sensitive

and effective ways may lead to sexually victimized males being more comfortable reporting their victimization and, therefore, seeking treatment services.

**Psychological responses.** When a male is sexually victimized, the experience can leave behind a sense of disbelief and shock that may lead to denying that victimization occurred, and subsequently, not reporting or seeking treatment services. A “typical” male-victim psychological response fails to exist in the majority of studies (Tewksbury, 2007; Anderson, 2007).

Psychological responses of sexually victimized males range from “apparent calm and composure” to “near complete emotional breakdown” (Tewksbury, 2007, pg. 28). Restricting the male response to sexual victimization to fit a socially constructed model excludes those who experience responses different to those identified in a model. Flexibility is important to understanding how sexually victimized males respond to sexual assault. King, Coxell, & Mezey (2002) reported that sexually victimized adult males are 1.7 times more likely to display psychological disturbances than non-victimized adult males (as cited in Tewksbury, 2007).

These psychological responses may be partly the result of shock, as men are not socialized as society ensures women are to fear and be aware of the risk of rape (Anderson, 2007; Davies, Pollard, & Archer, 2006).

Frequently seen psychological responses in sexually victimized males are feelings of shame, guilt, and embarrassment (Tewksbury, 2007; Choudhary, Coben, & Bossarte, 2010; Sable et al., 2006). These responses may stem from the societal expectation that men are supposedly strong, heterosexual protectors with autonomy and higher levels of sexual aggression than women (Coxell & King, 2010; Doherty & Anderson, 2004). Societal expectations may lead to the implication that sexually victimized males are weak and incapable of defending themselves, and may spur the sexually victimized males to participate in risk-taking behaviors

that “prove” their masculinity. Risk-taking behaviors may be social or sexual, but generally aim to regain the men’s sense of control over their life (Turchik, 2012).

While some sexually victimized males may engage in risk-taking behaviors, others may engage in behaviors that help them avoid social situations in which they feel uncomfortable or unsafe. Social withdrawal and isolation are also observed as responses from sexually victimized males (Tewksbury, 2007; Jamel et al., 2008). Like sexually victimized females, male victims may withdraw from social settings and social contact. Withdrawing from social settings includes skipping school, work, and outings with friends and family. Withdrawing from social contacts includes a decrease in or complete cessation of talking, calling, or texting friends and family, or interacting with friends and family on social media. Feelings of social isolation can come from a “lack of public awareness and scarcity of information regarding” available services for sexually victimized males (Jamel et al., 2008). Male victims may feel alone if their victimization report is not taken seriously, they cannot find viable treatment services, or receive no treatment and support from their friends and family.

Other psychological responses males may have after sexual victimization are depression, anxiety, hostility, anger, self-harm, and suicide (Turchik, 2012; Walsh & Bruce, 2014; “Male Victims”, 2010; Tewksbury, 2007). Sexually victimized men have higher rates of depression than non-victimized males (Tewksbury, 2007). Depressive symptoms can include indecisiveness, guilt, feelings of worthlessness, and difficulties with motivation (Walsh & Bruce, 2014). Sexually victimized males experiencing depression often experience anxiety, and those experiencing anxiety often experience depression, though anxiety and depression are not dependent upon each other. Symptoms of anxiety can appear somatically and include tension headaches, nausea, ulcers, and colitis (Tewksbury, 2007). These psychological responses may



spur male victims to seek treatment services because they can list alternate reasons for their presence and do not have to disclose the sexual assault. Sexually victimized males may not be aware that these psychological responses can be contributed to sexual assault.

Higher levels of hostility and anger are observed in sexually victimized males than non-victimized males and females regardless of whether they have been victimized (Choudhary et al., 2010; Tewksbury, 2007). Male victims may use hostility and anger as a defense and/or coping mechanism. Anger and hostility may prevent others from asking what is wrong. Anger and hostility may be a way to prove masculinity after experiencing such a humiliating and degrading violent crime. Compared with non-victimized men, self-harm is twice as likely to be seen in victimized men (Tewksbury, 2007). Sexually victimized men may be more prone to suicidal ideation and attempts. In a study of 22 men by Mezey & King (1989), two men in the sample attempted suicide and one man committed suicide (as cited in “Male victims”, 2010). A study conducted by Goyer & Eddleman (1984) included a sample of 13 men, five who reported suicidal thoughts and two of which attempted suicide (as cited in “Male victims”, 2010). Given these findings, sexually victimized males may experience some psychological responses more intensely than female victims. Increased intensity of responses and lack of available treatment services may lead to increased risk for self-harm and suicide.

**Physiological responses.** Genital and anal injury can occur during a sexual assault, but males are more likely to also experience other physical injuries. Injuries to the soft tissue can result in bruising, lacerations, and broken bones (Tewksbury, 2007). Most of these injuries come from resisting and being restrained during the assault. Common injury locations include the head, neck, and face (16%); the legs, knees, and feet (10%); and the arms and hands (15%) (Tewksbury, 2007).

Types of injuries vary between male and female sexual assault victims as well: male victims are more likely to have non-genital injuries than female victims (Tewksbury, 2007). Although significant physical injury is more likely to occur during male sexual victimization than female victimization, the majority of male victims do not experience significant physical injury. A Denver-based study reported genital or rectal trauma in 35% of male victims, a NYC hospital study reported 25% of male victims had some form of physical injury, and 45% of male victims in a Canadian hospital-based sexual assault care center present with some type of physical injury at admittance (Tewksbury, 2007). Stemple & Meyer (2014) found that an analysis of the BJS National Crime Victim Survey showed 12.6% of sexually victimized females and 8.5% of sexually victimized males had injuries requiring medical care. While females have higher rates of injury from sexual assault, injuries sustained by male victims tend to be more life-threatening.

Sexually victimized males report overall more negative physical health statuses than non-victimized men (Tewksbury, 2007). Studies show that sexual assault committed against men is more likely to be violent and is accompanied by “more and greater corollary injuries” than sexual assault committed against females (Tewksbury, 2007, pg. 26). Male victims are less likely than females to seek medical attention for physical injuries.

One physiological response that can occur during sexual assault that is specific to male victims is sexual arousal in the form of an erection, although sexual arousal also occurs in females during sexual assault. An erection is a common involuntary response for many men time of intense pain, anxiety, and/or fear (Tewksbury, 2007). This response often leads men to question their “true” sexuality and whether being sexually assaulted “makes” them gay. In a study by Walker et al. (2005), 70% of a sample of sexually victimized males reported long-term

crises with their sexual orientation and 68% with their sense of masculinity (as cited in Tewksbury, 2007). These feelings of confusion over sexual orientation occur regardless of the victim's sexual orientation before the assault ("Male victims", 2010). Male victims may also wonder if something about them leads others to perceive them as gay (Tewksbury, 2007; "Male victims", 2010).

Sexual anxieties, such as dysfunction and impotence, are other possible physiological response from sexually victimized males. These sexual anxieties can often lead to periods of either sexual inactivity or promiscuity (Tewksbury, 2007; Coxell & King, 2010; "Male victims", 2010; Vearnals & Campbell, 2001). Male victims may refrain from participating in sexual activities because it reminds them of their victimization. An increase in sexual activity may signal an attempt by male victims to reassure themselves that they are still in control of their sexuality and sexual responses.

### **Reporting Barriers**

By exploring what prevents males from reporting sexual victimization, we can begin to devise strategies to increase reporting rates among males. Many of the possible barriers preventing males from reporting sexual victimization may stem from both the victim's and society's response to the assault. While some sexually victimized males do report their assault in spite of reporting barriers, the time between the victimization and reporting tends to be lengthy. Walker et al. (2005) reported that 12.5% of victimized males never report their victimization to anyone, and among those who do report, 54% did not do so for at least one year (as cited in Tewksbury, 2007; Choudhary, 2010). According to Sable et al. (2006), in a UK study of 115 sexually victimized men who eventually sought services, only 15% ever reported their assault to the police.

**Gender roles.** The impact gender identity has on sexually victimized males is briefly discussed earlier in this thesis from the perspective of the male victim. The socially constructed perception of men as strong, heterosexual protectors with autonomy and higher levels of sexual aggression than females can lead to viewing male victims as having lost power, control, identity, confidence, and independence (“Male victims”, 2010; Coxell & King, 2010; Doherty & Anderson, 2004). Male victims may decide not to report their sexual victimization because they expect rejection and ridicule by police, friends, and family (Allen et al., 2015; Rumney et al., 2008). The expectation that men should be able to fend off an attack and even protect female victims from attack leads to the assumption that sexually victimized males are failures and are not “men” (Coxell & King, 2010). Males are expected to help prevent females from being sexually assaulted by walking them home or to their car, checking on them at parties and clubs, and by stopping other males from perpetrating (Allen et al., 2015; Stemple & Meyer, 2014). Looking outside socially constructed gender roles will allow society to begin looking at both males and females as possible victim of sexual assault.

**Fear of ridicule.** Two barriers that frequently show up together in the pre-existing research are the fear of being judged gay and the fear of not being believed (Doherty & Anderson, 2004; Sable et al., 2006; Coxell & King, 2010). Male victims may fear that being judged as gay, especially by law enforcement, will lead to their experience not being believed and not being taken seriously. As discussed earlier, male victims may worry that being sexually victimized makes them gay or that there is something about them that leads others to perceive them as gay (Coxell & King, 2010). This fear is so strong that homosexual males who have been sexually victimized will sometimes portray themselves as heterosexual because they believe their report will be taken more seriously (Ng, 2014). This belief may also lead male victims to try and prove

their masculinity, as mentioned in the earlier section on psychological responses, through high-risk behaviors that can be either social or sexual (Turchik, 2012).

### **Treatment**

The feminist movement spearheaded the rape reform movement of the 1970s. Victim services over the following 30 years would be structured in a way that exhibited females only as preventers and victims, and males only as preventers and perpetrators (Stemple & Meyer, 2014). This paradigm of male-female sexual victimization is still used in some sexual assault education curriculum. Males may be led to believe that they have no other role than that of preventer or perpetrator, and so may be given no information on how to report or seek treatment services if they are sexually victimized themselves.

By and large across research, male and female college students have higher rates of sexual victimization than males and females of the same age who are not in college. For many sexually victimized males, a student health center or rape crisis center is their first point of contact for treatment services (Tewksbury, 2007; Sable et al., 2006). Many rape crisis centers explicitly refuse to serve male victims and/or are highly insensitive to their unique needs (Tewksbury, 2007). When treatment services are offered for male victims, only 5% have programs designed specifically for male victims (Tewksbury, 2007). Using treatment services designed for female victims may not be effective for male victims. Female treatment models can be contradictory to society's concept of "maleness", which emphasizes the importance of independence, competence, and power ("Male victims", 2010).

Sexually victimized males tend to wait lengthy periods before seeking treatment services; estimates show between two and 20 years (Tewksbury, 2007). Sable et al. (2006) mentions a

study done in the United Kingdom with a sample of 115 sexually victimized males, all of whom who eventually sought treatment for their victimization. Of the 115 males, 79% sought no treatment immediately after the assault: the mean time that passed before seeking care was 7.3 years. King and Woollett (1997) also studied a sample of 115 sexually victimized males in the community and reported a mean of 16.4 years between victimization and seeking treatment services (as cited in Tewksbury, 2007). Lacey and Roberts (1991) reported that less than one-half of victims report the assault or seek services within 6 months, and 2.5 years on average pass between the assault and seeking treatment services (as cited in Tewksbury, 2007).

### **Discussion**

In most sexual assault education curriculum, males generally take away two themes: all men are potential perpetrators and the only role men have to play in preventing sexual assault is to not perpetrate (Allen et al., 2015). It is important to move away from the framing of sexual victimization as a “woman’s issue” that does not concern men. Education and prevention efforts need to start targeting people of all genders. By drawing male victims into the fold of possible sexual victimization, we heighten awareness of a prevalent issue and move toward effective prevention, reporting, and treatment methods.

Treatment services should look at sexual victimization as a violent act instead of a sexual one. Viewing sexual victimization as a sexual act creates assumptions about the experience and associated trauma. One assumption is that sexual assault perpetration dynamics aligned with the victim’s sexual orientation and normal sexual practices is less traumatic than sexual assault not in line with the victim’s sexual orientation and normal sexual practices (Anderson, 2007). Saying that sexual assault “replicates normative sexual acts” minimizes and denies the status of sexual assault as an act of violence (Doherty & Anderson, 2004, pg. 95).

Research about sexually victimized males shows that men may deny their victimization but seek treatment for the injuries sustained during the assault by stating an alternate cause as a ‘cover’ (Tewksbury, 2007). Treatment service personnel, especially medical professionals, should receive training about recognizing and responding to sexual victimization indicators unique to males. Medical professionals may notice odd behaviors, indicators, in males but they often do not ask males if they have been sexually victimized. It is important to start recognizing that sexual victimization can happen to anyone and begin inquiring about sexual victimization to anyone who shows indicators.

Law enforcement personnel should receive training focused to how to recognize and respond to sexually victimized males. Often times, police contact is the beginning of seeking treatment services for sexually victimized males. The quality of early treatment has a ‘trickledown effect’ on whether the male victim decides to continue seeking treatment services beyond the police (Jamel et al., 2008). Training should focus on proper communication techniques, especially with regards to interrogation. Many sexually victimized males report that questions asked by the police and police officers demeanor make them feel like their account of the assault is not believed or not taken seriously (Jamel et al., 2008). Police officers should also be encouraged not to make assumptions about a male victim’s sexual orientation or sexual history. Assuming a sexually victimized male is homosexual may cause them to feel like their sexual assault is perceived as less traumatic and serious than the sexual assault of a heterosexual male.

Mental health professionals should be aware of how perceptions of male sexual victims are deeply embedded into sociocultural attitudes and beliefs (Kassing, Beesley, & Frey, 2005). They should be aware that they may subconsciously exhibit biases, such as assuming sexual

orientation or blaming the victim, and therefore may inhibit a sexually victimized male's treatment. Constant individual evaluation of perceptions and possible biases are important to providing treatment services to sexually victimized males. Providing relevant, and ongoing, coursework and training focused on understanding the unique issues involved in working with sexually victimized males is essential (Kassing et al., 2005).

The shortage of services dedicated to sexually victimized males means there is little to no evidence-based treatment advice available. However, by studying the responses and reporting barriers for sexually victimized males, we can begin to develop treatment services. For the few current treatment services that are dedicated to male victims, we need observe what is and is not effective and make changes accordingly. An important note to keep in mind is that creating treatment services does not guarantee their use: disseminating information about the treatment service is just as important as the service itself. Treatment services need to collaborate with schools, mental health centers, and medical centers to create a system of dissemination so information regarding available services is easily accessible.

### **Conclusion**

Conducting more research in the area of male sexual victimization is vital to understanding reporting barriers and to developing treatment services. Increasing reporting rates is important if research in this area is to continue and the development of effective treatment services is to occur.

Reporting sexual victimization increases opportunities for victims to receive medical and psychological treatment services through referral. In some instances, reporting the sexual assault to the police is required to receive treatment services (Sable et al., 2006). Some insurance



companies and treatment services require proof that a sexual assault has occurred in the form of a police report. Underreporting may be partially due to sexually assaulted male victims thinking they are alone in their experience because of such a widespread lack of awareness and the exclusion of sexually victimized males from education about sexual victimization. Increasing the reporting rate of sexually victimized males may help to heighten awareness of the crime and its consequences, thus leading to developing effective treatment services for male victims.

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