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Male sexual assault victims: a selective review of the literature and implications for support services

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Abstract

In recent years much has been done to publicize the plight of female rape victims. However, the sexual assault of adult males has received little attention in the research literature or by the public. This paper provides a selective review of the research into the prevalence and effects of male sexual assault victims. Research shows that the effects of sexual assault on adult males are often severe. This paper also outlines findings from experimental studies that have shown that reactions towards male sexual assault victims depend on both the victim's sexual orientation and the perpetrator's gender. Finally, implications for support services are outlined. Victims of both male and female perpetrators are considered, and both gay and heterosexual victims are discussed in relation to the specific needs of these victims. The needs of transgendered victims are also briefly considered, as are the needs of the sexual partners of male sexual assault victims. This paper concludes by offering some suggestions for future research. © 2002 Elsevier Science Ltd. All rights reserved.

Keywords: Male Sexual Assault Victims; Prevalence; Experimental Studies; Support Services

1. Introduction

Since the 1970s, feminists have done much to publicize the plight of rape victims, and many support services have been developed for women who are coming to terms with the effects of rape. Ironically however, the publicity that rape has received as a feminist issue has contributed to the isolation experienced by male victims of sexual assault (Mezey & King, 1989). The sexual assault of adult males had received little attention in the research literature

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or by the public (Stermac, Sheridan, Davidson, & Dunn, 1996), and there is still no clear societal strategy to address this important issue (Rogers, 1998). It is estimated that research, help, and support for male victims is more than 20 years behind that for female victims (Rogers, 1998). The aim of this paper is to provide a selective review of the literature on adult male victims of rape and sexual assault. Studies included in this paper concern the rape and sexual assault of men in the community. Studies that concern institutionalised sexual assault, such as prison rape or the sexual abuse of boys, are not included. This review provides an overview of the current research and makes clear what further research needs to be carried out in this important area. Victims of male and female perpetrators will be considered, and both gay and heterosexual victims will be discussed in relation to the need for specific support services for these different victim groups. The needs of transgendered victims will also be briefly discussed, as will the needs of the sexual partners of male sexual assault victims. This paper, finally, offers some suggestions for future research.

2. Male rape myths and victim blame

Ignorance and disbelief about male sexual assault has perpetuated myths about this phenomenon in psychology, medicine, and the law (Stermac et al., 1996). Male rape myths — prejudicial and false beliefs about male sexual assault victims and the perpetrators of such assaults (Struckman-Johnson & Struckman-Johnson, 1992) — stem from the traditional view of masculinity, which dictates that men should be strong, assertive, sexually dominant, and heterosexual (Herek, 1986). Myths, such as “men cannot be raped” or “sexual assault is not as severe for a man as it is for a woman” minimize the impact of sexual assault on male victims and serve to blame the victim for his assault (Groth & Burgess, 1980). Male victims use male rape myths as a way to blame themselves for their assault. For example, victims may feel that they did something to provoke the assault, or did not do enough to prevent it. Men, before their assault may have never considered that they could become victims of sexual assault:

Because most men have internalized the societal belief that the sexual assault of men is beyond the realm of possibility . . . men may have trouble accepting their rape experience as real, not only because it happened to them, but that it happened at all. (Garnets, Herek, & Levy, 1990)

Some experimental evidence suggests that male rape myths operate more strongly when the perpetrator is female (Struckman-Johnson & Struckman-Johnson, 1992). This adds particular strain to the recovery of male victims of female perpetrators, who may, for example, find it particularly difficult to conceptualise their victimization as a sexual assault and to come to terms with its effects (see later for a full discussion on this point).

In reality, men become the sexual assault victims of other men and women in the same ways that women do (Struckman-Johnson, 1991). Friends, lovers, workmates, acquaintances, and strangers can assault them. Perpetrator tactics range from violent attacks with weapons to deliberate intoxication or verbal coercion (Struckman-Johnson, 1991). It is evident that men who do report sexual assault tend not to be taken seriously by the police (e.g., Mezey & King,

1989) and receive blame from close friends and relatives (Walker, 1998; personal communication). Negative reactions from other individuals and society in general means that male sexual assault victims face multiple levels of victimization (Anderson, 1982). Firstly, they are victimized by their attacker(s). Then as rape victims they are subject to rejection, and stigmatisation from family, friends, and society in general (Coates, Wortman, & Abbey, 1979). Then as men, the myths surrounding male sexual assault serve to victimize them even more. Negative reactions from others and from society reinforce the victim's self-blaming attributions and prevent the victim from recovering from the assault (Coates et al., 1979) (see also later).

Even rape crisis workers are not immune to myths about male sexual assault. An interview study conducted by Donnelly and Kenyon (1996) of 30 rape crisis centers demonstrates the male rape myths that are currently evident among counselors and rape crisis workers. Donnelly and Kenyon found that only nine centers had ever provided help to male rape victims. Ten centers said in theory that they would but had never needed to provide help, and the final 11 said that they did not provide services to men. The majority of workers said that they felt that male rape was not a problem because they never saw male clients (though a few did acknowledge that this might be because they were unresponsive to male victims). Disturbingly, some rape crisis workers interviewed during this study appeared to be very negative towards male rape victims. One stated blatantly, "Honey, we don't do men . . . Men can't be raped." Another said, "Most males that are fondled or sodomized are males that want to be sodomized." Because of such ignorance, the needs of male victims are clearly not met (Sarrel & Masters, 1982). Some male sexual assault victims feel resentful and angry about their experiences with rape crisis organisations. Lisak (1994), in a content analysis of male victims who had been sexually abused from the ages of 4 to 16 years,¹ reported the thoughts of one victim regarding his experience with his local rape crisis service:

For women, you just call your local 800 rape line and you've got everything from a place to stay, food, money . . . I can call up and plead all I want, I can't get a cup of coffee. And that's like one of the biggest, most frustrating things in the world for me. (Lisak, 1994)

3. Prevalence and effects of male sexual assault

Prevalence rates of male sexual assault are very difficult to calculate. Surveys of male sexual assault in the community reveal that incidence is surprisingly common, although very few male sexual assaults appear on police files or other official records. It is unknown how many sexual assaults occur that are never reported. One estimate of the prevalence of sexual assault on men comes from a large household survey conducted by Sorenson, Stein, Siegal, Golding, and Stein (1987). A total of 7.2% of the 1480 men in this survey reported sexual assault, mainly perpetrated by female acquaintances. This figure, however, is most probably an underestimate of the extent of the actual problem. Struckman-Johnson (1988), for example, found that 16% of the males in an undergraduate sample (compared with 22% of

¹ Although this review is focused on adult male victims, the quote from Lisak's (1994) paper was included as it usefully highlights negative feelings from male victims in general, rather than just those abused as boys.

the females in this study) had been pressured or forced to have sex at some point in their adult lives. Most victims were coerced by the use of psychological tactics, though in about a quarter of these cases, physical force was also used. Surprisingly, most of these assaults were carried out by female perpetrators. In a large proportion of these cases, the assault occurred in a dating situation. British data revealed similar figures. Approximately 14% of males (compared with about 24% of females) in a student sample had experienced forced sexual contact or intercourse at least once in their lives (Davies, Pollard & Archer, 2000a).

Despite the fact that the sexual assault of males by female perpetrators exist, most people, including many psychologists, view the sexual assault of men by women as somewhat implausible. Indeed, it is a myth in society that a woman cannot force a man to have sex (Sarrel & Masters, 1982). Because we are socialized to believe that women are sexually passive and men are the sexual initiators, it is difficult to imagine a dominant woman forcing an unwilling man to have sex (Struckman-Johnson, 1988), or for the man to be unwilling at all if the opportunity for sex occurred. It is also difficult to believe that men can become sexually aroused and even ejaculate during a sexual assault, but still report that they did not want the situation to take place, tried to stop it, and felt fear and disgust during and after the assault. However, Sarrel and Masters (1982) reported several cases where sexual assaults of men by women occurred in which, despite the victim's sexual arousal, they reported feeling disgusted, angry, and fearful about the assault. Unpublished data by Davies (1998) demonstrates the strength of negative emotion felt by one man after being sexually assaulted several times in the course of a dating relationship with an abusive woman:

Afterwards I felt very scared, used, and abused . . . the feeling is that you've been used and trespassed upon. It's a very hollow, dirty feeling. (Davies, 1998)

One study by Struckman-Johnson and Struckman-Johnson (1994) investigated the effects of sexual assault by both male and female perpetrators on a sample of heterosexual male victims. They found that a fifth of the victims who had been assaulted by females had very negative post-assault reactions. However, Struckman-Johnson and Struckman-Johnson found that almost all victims who had been sexually assaulted by male perpetrators felt very negatively about their assault. Struckman-Johnson and Struckman-Johnson suggested that the males who reported that they did not have severe negative reactions after being sexually assaulted by females might not actually be reflecting the true impact of their assault. As socialization encourages men to seek and respond to any opportunity to engage in sexual activity with women, sexual coercion by women may be conceptualized as sexual experience (even if that experience is negative) rather than a violation of will. Victims then interpret the assault as being consistent with their masculine identity and the negative emotional reaction to the assault is minimized. However, because sexual experience with a man is inconsistent with the heterosexual male identity, men are more likely to admit to negative reactions in these cases. This does not mean, however, that negative reactions towards sexual assaults by females have not happened. In interviews of some of these men, feelings, such as confusion about wanting to say no to sex with the perpetrator were expressed. Doubts about sexuality, for example, thinking that one must be gay for wanting to say no to a sexual opportunity with a willing woman, were also evident. The men also feared telling others about the assault because they may be disbelieved or have doubts about their sexuality cast against them.

Rape and sexual assault in dating situations are apparent among gay and bisexual men, and while heterosexual men appear to be more likely to be assaulted by females, gay and bisexual men appear to be more likely to be assaulted by male perpetrators. Waterman, Dawson, and Bologna (1989) reported that 12% of gay men in their sample were victims of forced sexual intercourse by a recent male dating partner. In a British study of 930 gay and bisexual men, Hickson et al. (1994) reported that 27.6% of their sample had experienced unwanted sex, the majority of which was from other men. A total of 45.2% of these cases involved anal rape. In 65.4% of the cases, the offender was a dating partner. Krahe, Schutsche, Fritsche, and Waizenhofer (in press), in a German sample of 310 gay men between the ages of 14 and 35 years, found that 16.1% of these men had experienced sexual acts that met the legal definition of rape (defined as penetration of the victim's body by force or exploitation of the victim's incapacitated state). In a considerable proportion of these cases, the perpetrator was a current or ex-dating partner or a friend of the victim. Rape also occurs in long-term, violent gay relationships, as it does in domestic violence in heterosexual partnerships (Island & Letellier, 1991).

It appears, therefore, that both male and female perpetrators of male sexual assault use dating circumstances as situations in which to carry out sexual assaults. However, female perpetrators very rarely carry out brutal sexual assaults on complete strangers. The vast majority of stranger rapes of both female and male victims are perpetrated by males (e.g., King & Woolett, 1997).

Evidence suggests that gay and bisexual men may be more likely to become victims of sexual assault by other men than heterosexual men (Groth & Burgess, 1980). Not only is rape and sexual assault of gay and bisexual men evident in dating situations, but it also appears that gay and bisexual men are vulnerable to sexual assault by strangers. Some gay and bisexual men may be targeted by male rapists because they frequent areas — such as parks or public lavatories — that are known to be places where men go to partake in sexual interactions with other men. Men who want to commit rape on other men may know to go to these areas in order to victimize vulnerable individuals. Sometimes rape is carried out as a form of anti-gay hate crime (Comstock, 1989; Stonewall Report, 1996).

Gay and bisexual men face considerable amounts of anti-gay violence, usually perpetrated by other men (e.g., Comstock, 1989), and some such violence towards gay men occurs in a sexually violent context. Up to 10% of men reporting anti-gay crimes report being raped by their attacker(s) (Comstock, 1989). Rape may be used to humiliate the victim in the course of anti-gay violence (e.g., Garnets et al., 1990). Groth and Burgess (1980) suggested that the rape of a man by a heterosexual attacker is a possible way for the rapist to ward off anxiety about his conflicted sexual orientation, i.e., a way to fulfil the desire to have sex with a male person, but in a way that is acceptable to an extremely homophobic man. Sexual assault may be used to humiliate and “feminize” the victim in the process of anti-gay violence. Language used by (presumably) heterosexual perpetrators during sexual assaults of gay men sometimes denotes a homophobic content to the attack. For example, a survey conducted by Stonewall, a British gay rights group, in 1996 reported several cases of sexual assault of gay men in which perpetrators had used phrases like “AIDS carrier” and “faggot” during the assault. Furthermore, misogynistic verbal abuse is also used during male rapes to further degrade the victim (Scarce, 1997).

After rape, gay and bisexual male victims are often confronted with strong feelings of internalized homophobia, for example, feel that the rape is a punishment for their sexual orientation (Garnets et al., 1990). Meyer (1995) suggested that gay men who have experienced acts of violence, and who have strong feelings of internalized homophobia, “join their aggressors” by agreeing internally with the homophobic attitudes conveyed in the violent act. They then suffer further pain, guilt, and feelings of demoralisation. Although Meyer’s (1995) study did not pertain to male rape, it can be assumed that in rapes against gay men that occur in a homophobic context, or at least if the victim perceived the act to be a homophobic attack, then feelings, such as guilt and demoralisation, would be very much in evidence in the victim post-rape, as previously stated, such as the rape being seen as a punishment for one’s sexual orientation. Additionally, for closeted gay men or men just beginning to come to terms with their homosexual feelings, being sexually assaulted may compound their problems of dealing with their sexual orientation (Anderson, 1982).

Heterosexual men, too, may be victimized by anti-gay crimes, for example, if they are seen to be behaving in a “gay” or “unmanly” fashion (Berrill, 1990). The threat of such victimization means that heterosexual men are forced to conform to societal “macho” gender roles (Herek, 1986). Indeed, despite the fact that gay and bisexual men may be at more threat of rape than heterosexual men, it is a myth that all men who are raped are gay. Because of the operation of this myth, many heterosexual victims question, or become confused about their sexual orientation post-rape. Additionally, after rape, both gay and heterosexual victims may experience severe homophobic reactions towards other men. In extreme cases, fear of being assaulted again may reach levels of paranoia and in extreme cases this can develop into chronic disability, such as agoraphobia (Anderson, 1982). Long-term problems of male victims also include sexual dysfunction, relationship difficulties, and, in the heterosexual victim, a loss of gender identity and, as previously stated, confusion of sexual orientation (Anderson, 1982).

Male victims, regardless of their sexual orientation, find it almost impossible to report rape (McMullen, 1990), and it is thought that very few victims actually report their assault to the police or medical services. King and Woollett (1997) found that only 17 out of 115 men who received help from the UK male rape support group, SURVIVORS, had ever reported their rape to the police. Of these 17 men, eight said that they found police reactions to be positive, while five said that the reactions of the police were decidedly negative. Although reporting to the police in this study is low (15% of the total sample), it must be borne in mind that these men are victims who have reported their rape to someone. Many victims do not, or take many years, to disclose their rape to anyone at all, therefore, actual figures of reporting to the police are likely to be much lower. Studies of both male and female victims that ask respondents to report their victimization anonymously report much higher figures than are actually reported officially. The fear of negative reactions, such as homophobia, disbelief, and blame from the police or medical services, prevents many victims from coming forward (Mezey & King, 1989). This leads the police and medical services to believe that male rape is not a serious problem in the community, and it also means that virtually all male rapists go unpunished.

Hodge and Canter (1998) reported that male victims may only report sexual assaults to the police when the chances of them being believed are maximal — such as when they have severe physical injuries or, to minimize homophobic reactions from the police, when they can prove that they are heterosexual, or, if they are gay or bisexual, when they feel that they can conceal

their true sexual orientation. Frazier (1993), in a study of male and female victims reporting sexual assault in a hospital emergency department, found that male victims had more severe physical injuries and were more likely to be sexually assaulted by more than one attacker than female victims were. It may be that males only report rape or sexual assault to the emergency services and the police when extreme circumstances, such as gang rape occur (and, as previously stated, when the chances that they will be believed are maximal). In some cases, male rape victims approach the medical services for help with physical injuries while concealing the sexual context of their attack (Kaufman, Divasto, Jackson, Voorhees, & Christy, 1980).

Although research and publicity about male sexual assault in general is lacking, there is one specific minority of individuals who have received virtually no publicity or research in relation to sexual assault: transgendered victims. Transgendered people — transvestites, and both male-to-female (MTF) and female-to-male (FTM) transsexuals — are highly likely to be victimized, harassed, and discriminated against by society (Foley, 1994). The law discriminates against transgendered people by “failing to recognise their existence” (Foley, 1994, p. 60). The prejudice that transgendered people face is reinforced by many members of the police force and legal professions. MTF and FTM transsexuals are denied the right under British law to change their legal gender, which causes many problems for transsexuals in their day-to-day lives. In more extreme cases, this means that, if imprisoned, transsexual people are sent to the prison appropriate to their original sex, not their gender identity. MTF transgendered individuals are at particular risk of being raped in male prison environments (Foley, 1994), although the vulnerability that transgendered people face is often ignored by the police and by society at large. FTM transsexuals can also be vulnerable to serious sexual assault, if people find out about their identity. The case of the gang rape and murder of Brandon Teena, a FTM transsexual, in 1993, has been highlighted by the transgender community as a prime example of police negligence and society’s ignorance towards transgendered people. Teena was gang raped after a group of local men discovered that he, despite living and being accepted as a man within his community, was actually a biological female. Teena reported his rape to the police who were very unsympathetic and denied his requests for protection. Several days after the rape, Teena was murdered by the men who had raped him (see e.g., Califia, 1997, for a further discussion of the Brandon Teena case).

4. Experimental studies

Considering the negative reactions towards male sexual assault victims in real world cases, it is important for psychologists to study negative reactions towards these victims experimentally. Experimental studies give an indication of the public’s view of sexual assault and how people react to the victims and perpetrators of such crimes. In experimental research, respondents are generally required to give their opinion to (usually written) scenarios that depict hypothetical, but realistic, sexual assaults. A few experimental studies of this nature have compared reactions towards male rape victims (of male attackers) with those towards female victims. Several consistent findings can be highlighted. Burczyk and Standing (1989) found that less sympathy was attributed to male victims compared with females. Burczyk and Standing interpreted this finding as evidence that rape was considered less serious for males

than it was for females. Male victims are also judged to be more able to fight or escape from the scene than females (Howard, 1984a, 1984b; Perrott & Webber, 1996). Evidence also suggests that gay male victims (of male perpetrators) are blamed more for sexual assault, and the assault is considered less serious, than in cases of sexual assault towards heterosexual victims (Davies et al., 2000a; Davies, Pollard, & Archer, 2000b; Ford, Liwag-McLamb, & Foley, 1998).

Several experimental studies have investigated people's attributions towards male sexual assault victims when the gender of the perpetrator is varied. Smith, Pine, and Hawley (1988), for example, found that victims of sexual assault by female perpetrators were considered more likely to have encouraged the episode and to have derived sexual pleasure from it, than was the case for male victims of other males. This was particularly pronounced for male respondents (47% said that the sexual assault was pleasurable compared with only 9% of the females). In addition, Davies et al. (2000b) found that reactions towards male victims of female perpetrators depended on the sexual orientation of the victim. They found specifically that victims were blamed more when they were assaulted by a perpetrator who was portrayed as a member of the gender that they were normally attracted to: heterosexual victims were blamed more when the perpetrator was female than when male, while gay victims were blamed more when the perpetrator was male than when female.

Much research has investigated attitudinal correlates of blame towards female rape and sexual assault victims (see e.g., Pollard, 1992 for a review). Since most of this research entails feminist assumptions, attitudinal correlates of blame have never previously been discussed in relation to male victims. Investigating the roles of possible attitudinal correlates of victim blame, such as gender role beliefs, male rape myths, and homophobia will extend the current, largely feminist literature on sexual assault to include male victims, and will demonstrate more specifically how negative attributions are developed at the individual and at the societal levels.

5. Implications for support services

There are many issues that need to be addressed in the counseling and treatment of male sexual assault victims (Rogers, 1997). Generating awareness of male sexual assault among counselors is the first step towards developing reliable and useful services for male sexual assault victims. Support services need to be available that are knowledgeable and understanding of the specific needs of male victims. However, more research is needed into what the specific needs of male victims are, so that these victims receive the most appropriate treatment (Perrott & Webber, 1996). These should go above and beyond treatment for victimization generally.

Most research to date on effects of post-rape trauma has focused on female victims, using either characteristics of the victim (e.g., the victim's age) or the assault (e.g., the severity of the assault) as correlates of trauma and recovery (Frazier & Schauben, 1994). Much of this work fails to include attributions made by victims as they try to come to terms with their assault. For example, answering the question "Why did this happen to me?" is important for victims of sudden, traumatic events, such as rape (Frazier & Schauben, 1994). Attributions made by victims also affect how other people respond to them. For example, victims who

blame themselves for their rape are perceived as less well-adjusted and more responsible for the rape (Thornton et al., 1988). In addition, self-blame is associated with poorer long-term recovery in female rape victims: those that blame themselves report more anger, hostility, and less trust of others after rape than those who do not blame themselves (Frazier & Schauben, 1994). Although the findings of Thornton et al. and Frazier and Schauben pertain only to female rape victims, they are also pertinent to the treatment and recovery of male victims. Male victims experience high levels of self blame and other negative attributions after sexual assault, and experimental studies show that male victims are often blamed more than female victims for rape (Davies et al., 2000a; Ford et al., 1998). Future research needs to address these points in relation to treatment provided for male victims.

Specific negative attributions occur in male victims above and beyond those expected in victims of traumatic events, such as rape or sexual assault (Anderson, 1982). Attributions, such as self-blame, depression, anxiety, and post-traumatic stress symptoms are common in both male and female victims of rape (e.g., Frazier, 1993). However, some attributions made by male victims in attempting to come to terms with their assault differ from those made by female victims (Anderson, 1982). Myths about male sexual assault and masculinity serve as ways for males to blame themselves for their assault. For example, a male victim in answering the question “Why did this happen to me?” may question his masculinity or his sexual orientation — attributions that are very specific to male victims. Furthermore, more specific issues are raised in the treatment of male victims depending of factors, such as the gender of the perpetrator or the victim’s sexual orientation. Attributions towards the assault made by a gay victim, for example, may revolve round feelings of internalized homophobia, while those made by victims of female perpetrators may be very different, such as feelings of guilt about not enjoying a sexual interaction with a woman. Additionally, support services must also be aware of transgender issues — although no prior studies have investigated the effects of sexual assault specifically on transgendered populations — so that transgendered victims of sexual assault are treated in accordance with their preferred gender identity rather than their biological sex.

The findings from experimental studies, which indicate that reactions towards male victims differ depending on the characteristics of the victim or the perpetrator — for example, the victim’s sexual orientation, or the perpetrator’s gender (Davies et al., 2000b) — also have implications for the support services of male victims. Support services need to be aware of the different myths and attributions that victims are subject to depending on such characteristics. They need to be aware, for example, that male victims of female perpetrators may minimize the seriousness of their feelings about their assault due to myths about this type of assault, or that gay and bisexual victims of male perpetrators may receive particularly blaming or homophobic reactions from others. Negative reactions from others serve to reinforce the victim’s own negative attributions about the assault, and also serve as secondary victimization (Williams, 1984).

Support services also need to be available to counsel the sexual partners and relations of male sexual assault victims to help them to come to terms with their own grief and anger of the situation. Several studies have investigated the reactions of male partners in heterosexual situations when their partner has been the victim of sexual assault, either immediately after the assault (e.g., Silverman, 1992) or when the woman was a victim of child sexual abuse

(e.g., Bacon & Lein, 1996). These studies indicate the wide range of problems that occur in these relationships, such as the male partners coping with the woman's anger and depression, and sexual problems within the relationship, as well as their own trauma of the situation. How partners of male victims react to the sexual assault has not yet been investigated. Anecdotal evidence suggests, however, that reactions from friends, family, and partners of male victims are sometimes very negative (Walker, 1998; personal communication). Disbelief of the victim may occur, and the partner's own grief may severely interfere with any support that the victim may need at this time (see Coates et al., 1979 for a further discussion on negative reactions to rape victims). It must be remembered, however, that partners of male sexual assault victims should not be treated just as an additional support service for the victim, and should be offered treatment in their own right.

It is important that the police and medical services are prepared for the needs of male sexual assault victims. Referrals from hospital medical services to support groups that are knowledgeable about male victims should be made available to all victims. Male-specific or gender-neutral literature should also be available for male victims who report to medical or other support services (Scarce, 1997). If such goals are to be met, the police, medical, and other support services need to be better educated to be able to deal adequately with male victims. Not all hospitals are prepared, for example, to deal with the collection of evidence from male victims. Adequate training for the sensitive examination of men's bodies is crucial for all medical workers who would be required to examine male rape victims (Scarce, 1997).

In summary, absence of education and attention towards male sexual assault denies the actual reality of this problem for victims. Inclusion of information about the needs of male victims within general rape education programmes is vital (Scarce, 1997). More publicity about the facts of male sexual assault is needed to dispel myths about this phenomenon. In addition, more extensive experimental research is needed on male sexual assault to more closely examine the scope of this problem. Future studies need to investigate how perceptions of blame toward victims are developed and how victim blame can be reduced, so that all victims, regardless of their gender or sexual orientation, can come forward to receive the help that they need without feeling that they will be ridiculed or blamed for their assault.

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