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Secondary Victimization of Sexual Minority Men Following Disclosure of Sexual Assault: “Victimizing Me All Over Again...”

Michelle A. Jackson¹ · Sarah E. Valentine² · Eva N. Woodward^{3,4} · David W. Pantalone⁵

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Abstract The estimated prevalence of adult sexual assault among sexual minority men (SMM) is comparable to published estimates for women. Adult sexual assault is associated with low disclosure rates and poor physical and mental health in SMM. One potential negative consequence of disclosures is *secondary victimization*, whereby victims perceive disclosure recipients’ reactions as victim-blaming or discriminatory and, therefore, retraumatizing. The published literature on secondary victimization among SMM is limited to the reporting of hate crimes and has not been extended to adult sexual assault, despite its high prevalence among SMM. Here, we explored the adult sexual assault disclosure experiences of 18 SMM through qualitative interviews (*M* age = 42.4 years). We observed four themes: (1) secondary victimization behaviors by disclosure recipients; (2) the role of sexual orientation in disclosure experiences; (3) participants’ own emotional, cognitive, and behavioral responses to secondary victimization; and (4) participants’ perceptions about how disclosure influenced their long-term recovery process from adult sexual assault.

Secondary victimization behaviors included dismissal, blaming, and attributing sexual assault to alcohol use or sexual orientation. Disclosure recipients’ responses strongly influenced men’s future disclosures. Future mixed-methods research investigating the impact of secondary victimization on mental and physical health of SMM is warranted.

Keywords Sexual minority men · Sexual assault · Secondary victimization

Secondary Victimization of Sexual Minority Men Following Disclosure of Sexual Assault

The National Intimate Partner and Sexual Violence Survey (NISVS; Black et al. 2011) suggests that lifetime sexual violence, including rape, unwanted sexual contact, sexual coercion, and other unwanted sexual experiences, is quite common among gay (40.2 %) and bisexual (47.4 %) men (referred to as *sexual minority men* or SMM). Another nationally representative sample found that lifetime prevalence of sexual violence among SMM was significantly higher than among heterosexual men (22 %), and was comparable to women (40–50 %). Due to differences in methodology of available studies—and difficulty in recruiting large, representative samples of stigmatized populations (e.g., Abrams 2010)—it is difficult to determine exact rates of sexual assault experienced in adulthood among SMM; however, it seems likely that it is quite common. The best available data suggest that SMM are at greater risk for adult sexual assault compared heterosexual men and women (10 vs. 2 and 7.5 %, respectively; Balsam et al. 2005). SMM (v. heterosexual men) are also more likely to report having experienced coerced intercourse, attempted rape, and completed rape by men (74–100 v. 4.3–25 %; Balsam et al. 2005).

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Disclosure and help-seeking are rare among adult sexual assault victims, regardless of gender or sexual orientation. Data from the National Crime Victimization Survey indicate that only one quarter of victimized men (regardless of sexual orientation) reported adult sexual assault (hereafter referred to as *sexual assault*) to the police (Hart and Rennison 2003). Low disclosure among sexual assault victims have been attributed to (1) structural barriers, such as cost and availability of community services and resources (Bullock and Beckson 2011), and (2) intrapersonal responses, such as self-blame, shame, fear of further violence, ongoing relationship with the offender, internalized “rape myths,” or mislabeling of the event (e.g., Bullock and Beckson 2011; Weiss 2010). SMM may also face additional barriers (e.g., Ellis 2002; Weiss 2010), such as anticipated sexual orientation-related discrimination from disclosure recipients (i.e., those in formal and informal support networks they tell about sexual assault; e.g., Rumney 2009) and lack of support from other SMM (Toppings 2004; Todahl et al. 2009). As a result of these interpersonal barriers, SMM may be even less likely to disclose sexual assault to formal (e.g., medical providers, police, or clergy) and informal supports (e.g., friends or family).

Certainly disclosure of sexual assault has a complex relation with recovery from sexual assault. One potential consequence of disclosure is *secondary victimization*—a multi-dimensional issue involving providers’ victim-blaming attitudes and behaviors, as well as victims’ perceptions of interactions with providers (Campbell et al. 2001), which can perpetuate symptoms of the sexual assault (e.g., Campbell and Raja 2005; Ullman 2000). Secondary victimization has been documented extensively in samples of sexually assaulted women, rape victim advocates, mental health professionals, and legal and medical providers (e.g., Campbell 1998, 2005, 2008). Across studies, sexually assaulted women describe interactions with legal and medical providers as more likely to be hurtful, rather than helpful (e.g., Campbell et al. 2001). Providers’ conscious and unconscious victim-blaming attitudes, denial or omission of key services, and overall demeanor have all been associated with secondary victimization (Campbell 2005). Sexual assault victims describe emotional and cognitive responses to secondary victimization, including feeling violated, self-blame, disappointment, depressed mood, and anxiety (Campbell 2005).

Various responses to sexual assault disclosure have been studied extensively in female sexual assault victims and, generally, responses to disclosure have been shown to predict service utilization (e.g., Paul et al. 2013) and mental health outcomes (e.g., Borja et al. 2006; Ullman and Peter-Hagene 2014). These data have informed public policy related to female sexual assault victims, such as those aspects of the White House’s Task Force to Protect Students from Sexual Assault (2014) which discusses ways to effectively assist sexual assault victims. However, research on disclosure of sexual

assault, and responses to it, has not been extended to SMM. Thus, interventions and policies on crisis response may be limiting for SMM victims

Although secondary victimization has not been explicitly studied in male sexual assault victims, there is some evidence that male victims may anticipate mistreatment during medical or legal assistance. Reluctance to disclose and seek support may be due to perceptions of provider beliefs regarding whether men can, in fact, be legitimate victims of rape (Ellis 2002). Rumney’s (2009) review of studies examining attitudes towards male rape victims noted that some providers denied or minimized male sexual assault, suggesting a gender bias in the perception of who does and does not experience sexual assault. This gender bias may place providers at risk for engaging in secondary victimization behaviors, for example, by dismissing the possibility of sexual assault among men and thus, the impact of sexual assault on men’s health.

Despite the little empirical work on secondary victimization among SMM following sexual assault, Berrill and Herek (1990) presented theoretical work describing secondary victimization among victims of sexual orientation-related hate crimes. These authors posited that sexual minority victims of hate crimes experience both primary victimization, by the perpetrator(s), and secondary victimization (described as socially sanctioned rejection and indifference towards the victims of hate crimes), by family, friends, and formal supports. Thus, it is reasonable to expect that SMM who disclose sexual assault may encounter secondary victimization behaviors from disclosure recipients.

SMM face gender biases regarding sexual assault (e.g., rape myths, victim-blaming), and also unique biases related to societal heterosexism and homophobic attitudes (e.g., Rumney 2009). Given the high prevalence of sexual assault among sexual minority men and poor mental and physical health consequences, it is essential to understand experiences of SMM who have disclosed sexual assault to inform more comprehensive crisis intervention and policy on sexual assault. Further, there has been a call for further research aimed at understanding the shared and unique health needs of sexual minority individuals in order to address health care inequities (Institute of Medicine; 2011)—thus, we hope that our work adds to this literature. In this study, we used qualitative methods for an in-depth exploration of SMM experiences with secondary victimization using participants’ own voices. Our aims were as follows: to use narratives of SMM who experienced sexual assault (1) to explore responses to sexual assault disclosure by disclosure recipients; (2) to identify emotions and behaviors experienced by the men in response to their disclosures and secondary victimization experiences from disclosure recipients; (3) to increase understanding of how discrimination influenced past and future decisions to disclose sexual assault and subsequent

interactions around disclosure; and (4) to explore the men's beliefs about how secondary victimization has influenced sexual assault recovery.

Methods

We used strategies recommended by Morse et al. (2002) throughout data collection and during analysis. We ensured methodological coherence by tailoring recruitment materials, sampling techniques, data collection, and data analysis to be specific to adult cisgender SMM with sexual assault. The Institutional Review Board (IRB) at Suffolk University, Boston, MA, approved all procedures.

Procedures

We utilized a purposive sampling method to recruit cisgender SMM over the age of 19, who had experienced sexual assault when over the age of 18 (but not in the past year, to provide time for acute recovery from sexual assault), and who had told at least one person about this assault. Consistent with our behavioral definition of sexual assault, recruitment materials did not request or require potential participants to label their experiences as sexual assault but, rather, targeted individuals who had “experienced an unwanted or violent sexual experience as an adult.” Additionally, recruitment materials specified self-identification as “sexual minority (e.g., identify as gay, bisexual, queer, etc.)” We recruited through social service and health agencies, as well as websites in the USA and Canada that provided services to sexual assault victims, sexual minority individuals, or both. We used flyers, emails, or social media postings as approved by these various agencies and websites.

Interested potential participants completed an online screener to determine eligibility, as well as to gather preliminary data regarding the nature of the sexual assault, the perpetrator, and disclosure of the sexual assault. Selected items from the Revised Sexual Experiences Survey (R-SES; Koss et al. 2007)—revised to be more behaviorally specific and tailored to male victims of sexual assault—were used to determine the presence of sexual assault. Of the 73 who completed enough of the screening survey to determine eligibility, 35 were ineligible due to not having disclosed the assault to anyone ($n = 21$), sexual assault taking place only before age 19 ($n = 9$), heterosexual sexual orientation ($n = 2$), living outside of the USA or Canada ($n = 2$), not providing contact information to follow-up about the interview ($n = 2$), or being unwilling to complete the interview ($n = 1$). We contacted the remaining 36 potential participants and, of those, four expressed initial willingness to be interviewed but stopped communicating before the interview was scheduled, and the

remaining 14 did not respond to any of our follow-up contact attempts. Thus, our final sample consisted of 18 participants.

Participants completed a 60–90-min Skype audio-recorded voice-only or telephone interview (to enhance their anonymity) with the interviewer. The interviewer was in a private room for all interviews. We developed the interview guide by, first, reviewing existing literature and, second, consulting with experts on secondary victimization, SMM mental health, and sexual assault. In order to improve credible assessment of this topic among SMM, we refined the interview guide with feedback from sexual minority men. The interview followed a semi-structured format with individualized follow-up questions to ensure elaboration and verification of participant responses (see Table 3). At the beginning of the interview, the interviewer provided a behavioral definition of sexual assault (using terms in Koss et al. 2007) and indicated interview questions would use the term “assault” to refer to sexual assault experiences. The interview included questions about participants' specific experiences of disclosing sexual assault to another person(s), impact of disclosure recipients' responses on recovery from sexual assault, and impact of sexual orientation-related discrimination on disclosure experiences. Although the literature typically distinguishes between informal and formal supports, we asked about a collapsed group of “disclosure recipients” and allowed men to determine which disclosure experiences they wished to share to enhance generalizability of results so that they may extend to either/both informal or formal supports.

Data Analysis

We used conventional content analysis to analyze transcribed interviews, wherein no codes were determined a priori (Hsieh and Shannon 2005, p. 1278). In order to maximize the trustworthiness of results (Morse et al. 2002), we used a three-person coding team, made up of three cisgender female advanced doctoral students in clinical psychology with expertise in LGBT psychology and sexual victimization. Theories and frameworks that guided our interpretation were the minority stress model (Meyer 2003), aspects of the culturally inclusive ecological model of sexual assault recovery (Neville and Heppner 1999), and previous research on secondary victimization (Campbell 1998). Initially, each member of the coding team read through the same four transcripts, to develop preliminary codes. After this initial reading, the team met and reviewed each of the four transcripts line by line, discussing and refining the suggested codes, as well as addressing any potentially biased interpretation of the data. The team repeated this process until all agreed on a preliminary coding scheme. The team then coded in an iterative process, in which team members discussed potential new codes and refined the codebook until coding saturation was reached. We verified the results through processes of referring back to our theoretical

knowledge, peer debriefing after coding, and checking back and forth between different participant interviews. Revising the codebook repeatedly, as we did, contributed to better agreement between coders (e.g., Hruschka et al. 2004). Then, for the remaining transcripts, the team used an independent double-coding procedure—the interviewer coded all transcripts with the other two members each coding half of the transcripts. We engaged in peer debriefing after double-coding to process any investigator reactions, ideas, or questions with each other. The team resolved discrepancies in coded transcripts through consensus (Hill et al. 2012), such that all final codes were agreed upon by both coders. We utilized Dedoose, a web-based qualitative data analytic program, to facilitate data management and identify final codes, themes, subthemes, and exemplars.

Findings

Demographic data for the 18 participants is listed in Table 1 and assault characteristics are described in Table 2. While we did not systematically inquire about the sexual orientation of the perpetrator in the interview questions (Table 3), some participants provided this information in the course of discussing their experiences, and it appeared that—when this information was shared—male perpetrators were sexual minorities and female perpetrators were heterosexual. Nearly all of the participants ($n = 15$, 83 %) reported disclosing sexual assault to a friend, yet only one third disclosed to a family member ($n = 5$, 28 %) or romantic partner ($n = 7$, 39 %). The majority of men reported disclosure to a mental health counselor ($n = 16$, 89 %). Disclosure to other formal supports was less frequent—medical personnel ($n = 6$; 33 %); clergy ($n = 4$; 22 %); police officers ($n = 3$; 17 %); and rape crisis centers or advocates ($n = 3$; 17 %).

In the next section, we first discuss the larger context for participants' decisions to disclose. We then report on the four main themes that emerged from respondent's narratives—(1) secondary victimization behaviors by disclosure recipients; (2) the role of sexual orientation in disclosure experiences; (3) participants' own short-term responses to disclosure recipients' responses—including emotions, thoughts, and behaviors; and (4) participants' perceptions about how disclosure influenced their long-term recovery process from sexual assault. Finally, we present men's positive experiences with disclosure. We use thick descriptions to provide sufficient detail about participants' experiences to enhance credibility of our findings.

Demographic and Societal Context for the Men's Decisions to Disclose

Participants' *decisions to disclose* were heavily influenced by their sexual orientation and gender. Participants described ways that (1) past experiences of discrimination related to

Table 1 Characteristics of 18 sexual minority men who experienced adult sexual assault

	<i>n</i> (%)
M age = 42.2 years, (SD = 12.3)	
Sexual orientation	
Gay	14 (78)
Bisexual	3 (17)
Queer	1 (6)
Race/ethnicity	
White, non-Hispanic	18 (100)
Marital status	
Unmarried	10 (56)
Married	3 (17)
Dating exclusively	1 (6)
No answer	4 (22)
Religion	
Agnostic/Atheist/no preference	9 (50)
Christian religion	3 (17)
Non-Christian religion	2 (11)
No answer	4 (22)
Education	
Trade certification	1 (6)
Some college, no degree	4 (22)
Associate's degree	1 (6)
Bachelor's degree	8 (44)
Advanced degree (master's, doctoral, law, medical)	4 (22)
Mental health diagnosis ^a	14 (78)
Multiple diagnoses	9 (50)
Depression	10 (56)
PTSD	7 (39)
Anxiety	5 (28)
Bipolar	3 (17)
Other	2 (11)
Mental health treatment ^a	
Psychotropic medication	9 (50)
Psychotherapy	9 (50)

^a Overlap in results listed above

sexual orientation and (2) awareness of stereotypes about SMM sexual behavior affected their decisions to disclose sexual assault to others. Many participants described early negative experiences with informal and formal supports related to their sexual orientation (e.g., reparative therapy). Due to these negative experiences, some men viewed potential disclosure recipients as people who could not be trusted to treat them with the respect and dignity they deserve. For example, several participants discussed the perception that the SMM community cannot rely on the police, due to the history of differential treatment by police of minority status individuals (e.g., Stonewall riots), which in turn made them reluctant to make formal police reports of sexual assault.

Table 2 Adult sexual assault characteristics among sexual minority men

	<i>n</i> (%)
Assault characteristics ^a	
Isolated incident of ASA	6 (33)
More than one ASA incident	12 (67)
Unwanted fondling	14 (78)
Unwanted oral sex	12 (67)
Unwanted anal sex	13 (72)
Use of force during incident	11 (61)
Being taken advantage of while intoxicated	10 (56)
Perpetrator characteristics ^a	
Acquaintance	9 (50)
Stranger	7 (39)
Friend	5 (28)
Prior sexual partner	3 (17)
Male perpetrator	18 (100)
Female perpetrator	2 (11)

^a Overlap in results listed above

For many participants, the experience of homophobic discriminatory behaviors and attitudes by informal supports (e.g., family, friends, or acquaintances) and strangers made them feel that they had no one they could ask for support following sexual assault. For example, negative experiences after coming out as gay or bisexual or queer—such as disapproving responses, perception of burdening their families—made some men reluctant to disclose sexual assault due to fear that responses to sexual assault disclosure would mirror their coming out experiences. Conversely, men who had positive coming out experiences noted that these experiences made them more comfortable in disclosing sexual assault, often to the same person/people they came out to. Further, participants discussed how prominent sexual behavior stereotypes of SMM (e.g., promiscuity, hypersexuality) led men to anticipate that they would not be believed if they were to disclose sexual assault. For example, this participant discussed his concerns that he would be dismissed due to hypersexuality stereotypes:

I don't think that most heterosexual people would understand how a gay man can be raped. Yeah, because as far as most heterosexual people are concerned, gay men are promiscuous, and have tons of sex. So if a gay guy's gonna have tons of sex, then they're asking for it, quote unquote, is kind of the impression I get from most, especially from heterosexual men. (Age 38, 19 years since last assault)

Participants discussed concerns that they would not be believed if they were to disclose their sexual assault, by virtue of their gender—that is, men do not fit the perception of

Table 3 Summary of interview questions

1. Introduction—Review of informed consent, brief overview of interview procedures, rapport building questions: “Tell me whatever you think are the most important things about you”; “Please tell me about your process of coming out.”
 2. Discussion of sexual assault experiences—Interviewer definition of sexual assault (“A sexual assault is where the person made you do something sexually with them, when you didn't want to”). Participant picks one assault where they told anyone about it. Interviewer what was going on in participant's life at this time (no details of the assault are requested).
 3. Discussion of disclosure experiences
 1. Who did you tell about the assault? Please describe who these people are to you. I'm not asking for names, just your relationship to them. For example, was the person a friend, family member, co-worker, police officer, doctor or nurse or counselor, etc.?
 2. How many of your friends know about the assault? How many of your family members?
 3. Are there other people you would like to tell but haven't? Are there times that people asked that you chose not to tell?
- Questions about interactions with [disclosure recipient type] regarding this assault.
1. How did you decide to tell [disclosure recipient type] or seek a service from them?
 2. How soon after the assault did you tell [disclosure recipient type]?
 3. What was it like—the experience of telling [disclosure recipient type]?
 4. What were [disclosure recipient type] specific responses to your report?
 1. If formal disclosure recipient—What services did they provide you with?
 5. Overall, how did you feel while disclosing to [disclosure recipient type]?
 5. What about afterwards, when you went home? Or in the following days or weeks?
 6. Based on your experience, do you think there are any specific things that [formal disclosure recipient type should be trained on to improve interactions with sexual assault survivors] or [friends, family, romantic partners, can do to support someone through a sexual assault experience]?
 4. Impact of sexual orientation-related discrimination
 1. How do you think discrimination and stigma regarding your sexual orientation may have impacted your decision to disclose the assault?
 2. How do you think discrimination and stigma regarding your sexual orientation influenced how [disclosure recipients] reacted to your disclosure?
 5. Impact of disclosure on recovery
 1. How do you think telling others about the assault(s) may have been helpful in your overall recovery?
 2. How do you think telling others about the assault(s) may have been unhelpful in your overall recovery?

Interview was semi-structured with built-in probes to be use as needed (not included here due to space limitations)

typical sexual assault victims. Some participants noted explicitly the stereotype that men simply cannot be raped which added an extra potential for disbelief or dismissal, above and

beyond sexual orientation. Several of participants had internalized these societal perceptions and, thus, struggled to label their experiences as sexual assault which, in turn, impacted their choice to disclose the experience. Many participants discussed the intersectionality of their dual identities as sexual assault victims who were not heterosexual and not women. These men described their own struggles to come to terms with *double stigma* and how this impacted concerns about disclosing sexual assault to others:

I do feel too that on top of it whether or not I was queer or just being a male, there's a lot of stigma around male survivors, and their experiences in coming forth with that and not being believed and so forth, and then there's this other dimension to it of being also a gay male or queer male and those experiences so it's almost like a double stigma that's going on, and double silencing for sure. (Age 27, 2 years since last assault)

Participants also identified rape myth stereotypes (e.g., rape is a violent act usually with a weapon) that did not apply to their situations, which made them reluctant to label and disclose their sexual assault. Overall, participants' discrimination experiences and awareness of societal perceptions of sexual assault—particularly that men cannot be victims, as well as their recognition of typical rape scripts—influenced the men's decisions to disclose, by increasing their fear of additional judgment, stereotyping, or discrimination.

Theme 1: Secondary Victimization Behaviors by Disclosure Recipients

One major finding was that all men experienced secondary victimization by at least one disclosure recipient. Almost all men described ways that at least one disclosure recipient—either a formal or informal support—attempted to (1) rationalize or dismiss the assault, essentially placing at least some blame on the victim. Other secondary victimization behaviors included the following: (2) asking men to recount the sexual assault in excessive amount of detail, or to repeat the narrative of the incident numerous times; (3) discouraging future disclosure or discussion; and (4) lack of follow-up. Additionally, some men experienced (5) tangible consequences (e.g., losing a job). These results are presented in Table 4.

Disclosure recipients frequently referenced participants' past behavior, poor decision-making, or substance use, in their attempts to explain the incident. Participants generally saw these references as victim-blaming and invalidating of the incident as sexual assault.

When I would tell people and they would start figuring out what happened, where were you drinking, how much did you have to drink, what did this person say to you,

who did you get in a car with, where did you go back to their place? Those questions for me were really irrelevant. But a lot of people when I disclosed that was sort of the initial reaction from my friends. They were trying to figure it out for me, it seemed. I didn't want anybody to figure it out, I just wanted to share the experience of what happened with someone who would say this is a sexual assault and this is a really horrible thing to have to go through. (Age 43, 5 years since last assault)

For some men, disclosure recipients outright dismissed the incident, indicating that they thought the incident was not sexual assault or that the men were lying. Others experienced more traditional victim-blaming. Other disclosure recipients had responses or asked questions that minimized the act of the assault itself. As this man stated of his friend's responses:

One of them said, when I talked about what happened, he actually said "well good for you, that's awesome! You should be proud that you've had all these experiences!" Like, the first time that you had sex with someone you were 17 and this person was in his 40's, and blah, blah, and they were trying to tout it as something that was empowering. (Age 27, 3 years since last assault)

For some, their disclosure recipients asked for numerous details about the sexual assault. One man who reported to the police was asked to repeatedly recount the details of the incident by the officers investigating his case, which he found generally unnecessary and distressing.

I had to go over in such detail and repeatedly what had happened to two different people, and that was kind of hard. I understand that one person was sort of more of the intake person and one was an investigator, but on that closing after a trauma it's kind of hard to keep repeating what had happened with every detail. There may be reason that I just totally don't understand too with police work, maybe they have to check and make sure your story's consistent. (Age 42, 12 years since last assault)

Other men noted that at times their supports—including police and medical providers—did not follow-up on the initial disclosure, and the responsibility of doing so fell entirely on the men. Several men also reported that their attempts to discuss the assault after initial disclosure were dismissed. Others were explicitly discouraged from telling anyone else about the assault or talking about the sexual assault "too much." For some men, the most damaging component of disclosing was experiencing a tangible consequence, including social and professional consequences. One man, who was assaulted by his bunkmate in the military, immediately reported the incident to his commanding officer and was discharged from the

Table 4 Themes and exemplar quotes related to disclosure experiences

Theme Subtheme	Participant endorsement <i>n</i> (%)
Theme 1. Secondary victimization behaviors by disclosure recipients	
Rationalized or dismissed sexual assault—victim-blaming	15 (83)
Asked participant to provide excessive details	6 (33)
Discouraged further discussion/disclosure	5 (28)
Did not follow-up	11 (61)
Resulted in tangible consequences	3 (17)
Theme 2. The role of sexual orientation in disclosure experiences	
Stereotyping and discrimination during/after disclosure	10 (56)
Lack of awareness regarding SMM needs related to sexual assault	3 (17)
Negative responses of the gay community to disclosures	9 (50)
Theme 3. Participants' emotional, cognitive, and behavioral responses to disclosure recipients' responses	
Emotional and cognitive response (e.g., shame, anger, anxiety, fear, betrayal, hurt)	18 (100)
Changed perception of the sexual assault (e.g., labeling)	3 (17)
Feeling "retraumatized"	2 (11)
Decreased/refined future disclosure or service seeking	12 (67)
Isolated or separated from social connections	11 (61)
Theme 4. Overall impact of disclosure on long-term recovery from sexual assault	
Disclosure overall helpful	17 (94)
Disclosure overall unhelpful	1 (6)

Even though a participant did not endorse a specific experience or viewpoint, this does not mean he did not have this experience or hold this viewpoint

military shortly thereafter. Men reported a range of needs and desires regarding disclosure of sexual assault to formal and informal supports. Varied motivations for disclosure led to different interpretation of the responses. For example, several men described problem-solving or tangible aid efforts as unwanted and unhelpful coming from informal supports, but essential and helpful when coming from formal supports.

In sum, the men viewed disclosure recipients' attempts to dismiss or explain the sexual assault as generally invalidating and unsupportive, as were requests for excessive details about the assault and lack of follow-up after disclosure. The men also noted some negative tangible consequences following disclosure of sexual assault. These behaviors by disclosure recipients' can be viewed as acts (intentional or otherwise) of secondary victimization.

Supportive Responses to Disclosure of Sexual Assault

During the interviews, 17 participants reported at least one supportive response by a disclosure recipient, despite study aims to discuss negative disclosure responses. Responses that the men viewed as being more positive and supportive included attempts to understand them, empathic listening, providing encouragement and validation, following-up, and display of some salient knowledge or provision of service. Men consistently

stressed the importance of non-judgmental responses that indicated some appreciation for or attempts to understand their unique circumstances. Almost all of the men described empathic listening as a clear indicator of a supportive response. The men also described instances in which supports went beyond empathic listening, to clearly validate the participant—as non-deserving of the assault, for example—which often allowed them to challenge their perspective of the (e.g., allowing them to accept the label of "victim"). Some men described the importance of following-up or checking in with the participant some time later after their initial disclosure, including encouraging them to share their experiences and seek out additional supports, including seeking medical help or making a police report. In terms of interactions with formal supports, the men generally found the experience to be positive if they perceived providers to have knowledge about sexual orientation, sexual assault, and the interaction of the two, as well as having provided services in a respectful and individualized manner.

The men reported generally positive in-the-moment cognitive and emotional experiences—including empowerment, feelings of comfort, increased social connection, and relief—when the disclosure recipients' responded in a perceived positive or supportive manner. The men also reported that

supportive responses made the men more likely to disclose in the future, including increased willingness to seek services from formal supports.

Theme 2: The Role of Sexual Orientation in Disclosure Experiences

Participants identified ways that they had, in fact, experienced the stereotyping that they had feared—as well as overt discrimination—during and after their disclosures of sexual assault, including jokes, rejection, and ignorance of SMM issues. Further, the men described negative experiences with disclosure within their own SMM community. Participants discussed being rejected or judged by informal supports after disclosing their sexual assault victimization, at least in part due to their sexual orientation—oftentimes within the context of religious beliefs.

Definitely with my brother because, like I said earlier, he thinks to be gay or bisexual is a moral sin, is wrong, all that stuff, he regards it as a lifestyle choice, all of that. So I think it definitely affected his reaction, and changed the dynamic between us, certainly. (Age 42, 12 years since last assault)

For other men, they felt that their disclosure recipients' did not have a good understanding of SMM and their needs related to sexual assault. This idea was reflected in one participant's experience with a therapist who specialized in men's issues but who was not well-versed in sexual minority issues. This participant reported he often found himself in a position of having to "educate" his therapist. As a result, he ended this relationship shortly thereafter and did not seek additional counseling for several years after due to a belief that he would have difficulty finding a therapist who could understand his needs as a gay sexual assault victim.

Negative Response of the Gay Community to Sexual Assault Disclosures Although most participants stated that they felt supported by other SMM in their disclosures, several participants identified that their sexual minority friends (almost always other men) were most likely to dismiss the sexual assault incident as being normative as a gay experience, attempt to explain it based on participant's history and behavior, or simply not label as sexual assault. One participant discussed his perceptions of the normalization of sexual assault within the sexual minority community.

I think when I've mentioned this to some gay men, they say, "Oh yeah, that's just part of being gay." So then it like completely... it's sad, because no! I don't think this is part of being gay. I don't think people have to go through this to be gay. So, I think that's been really hard

in coming out to some people, especially people that are in the community, and have either done this to other people or have experienced it themselves. (Age 26, 3 years since last assault)

Another participant discussed the possibility that internalized homophobia may have driven negative responses he experienced from other gay men.

Homophobia can really become internalized. I know I certainly had a lot of self-loathing at the time, and that could've been part of the motivation for his reaction is that he felt that maybe this is something that was natural, or that maybe it was something that we deserved. It was certainly something that I felt, that I deserved [the sexual assault] because the popular view at the time, and still kind of is with a lot of people, is that gay people are predators. (Age 45, 22 years since last assault)

Although participants reported mostly positive experiences with disclosing sexual assault to other sexual minority individuals—and often expressed a preference to disclose to other SMM—it is clear that some participants also experienced negative responses from members of the sexual minority community possibly due to internalized beliefs and stereotypes about sexual assault that exist across sexual orientations.

Theme 3: Participants' Emotional, Cognitive, and Behavioral Responses to Disclosure Recipients' Responses

Participants described (1) several emotional and cognitive responses to experiencing secondary victimization, including negatively valenced emotions such as shame, guilt, and anger, and thoughts such as betrayal or difficulty processing the disclosure recipient's response.

It made me angry at that point especially, because even though I hadn't really dealt with it and I still didn't 100 % understand my mind frame as the victim in that situation, I had come to terms with the fact that I was a victim and that man did rape me or assault me. And so it made me angry. It hurt me that someone I cared so deeply for would take something that was a big deal to me. (Age 34, 12 years since last assault)

Many men described how disclosure recipient's responses directly influenced how they processed the assault in the immediate and proximal aftermath of the disclosure. Some men described how unsupportive disclosure recipient's responses (2) increased their sense of responsibility for the assault or reduced their ability or willingness to label the incident as assault. For example, one man discussed how his boyfriend's

negative response to his disclosure, nearly a decade after the assault, made him question his own beliefs about the assault:

At the time it was 8 years later, 7 years later, it really upset me. It hurt me, it hurt my feelings, and it made me feel like a liar, when I know I'm not. Even though I'm not lying, it still made me feel that way. And it made me kind of question things all over again. (Age 34, 12 years since last assault)

Other men explicitly described the experience of disclosure as (3) retraumatizing specifically related to disclosure recipients' negative responses. As this man described:

Oh, unhelpful. The negative responses I got, it just felt like I had been violated again. And it just kind of reinforced that sense of shame, and feeling dirty, and feeling like this is something that I need to just keep to myself. (Age 45, 22 years since last assault)

In terms of their behavioral responses, experiencing secondary victimization generally led the men to (4) limit future disclosure, refine their disclosure style, or isolate themselves from both informal and formal social supports. This man described his decision not to seek additional counseling due to past negative experiences with disclosing sexual assault in counseling:

The negative part is he [therapist] didn't run with it. It's something I hadn't dealt with and I kind of didn't even know what to do with it then, and I didn't know to ask for help with it. And that's where I didn't get the support I would've wanted from him and it kind of put me off counseling for a while. (Age 54, 28 years since last assault)

Some men discussed how they changed or refined their disclosure style based on disclosure recipients' responses in an attempt to "soft-pedal" the details and get a sense of how a disclosure recipient may respond.

And I find that if I have somebody in my life who is extremely emotional in that way, that their solutions are usually based on anger, and that swearing up stuff, I usually edit, so I'll choose not to mention names of certain people, or I'll keep the story the same but I'll make up a different individual, it might even be that it didn't happen to me, it happened to someone else, and how they deal. But I find that I edit a lot because of those kinds of reactions. (Age 59, 35 years since last assault)

In addition, unsupportive responses led to participants (5) questioning the relationship with the disclosure recipient or distancing themselves. As this man described:

It makes me re-evaluate my friendship with some of these people and how serious our friendship is. I have really reduced contact with a lot of these people after coming forth to them and putting myself out there and then they just have some really crappy or disrespectful reaction. It really makes me evaluate, okay well why should I continue to be such a close person to whoever this was, and hold them in such high regard as a friend, maybe they aren't really out there for me as much as I thought they were? (Age 27, 3 years since last assault)

Overall, the men's reflections indicate that unsupportive responses by disclosure recipients led to increased shame, guilt, and self-blame—often leaving the men questioning whether the assault, in fact, "counted" as sexual assault or feeling retraumatized which, in turn, had profound influences on the men's behaviors regarding additional disclosure.

Theme 4: Overall Impact of Disclosure on Long-Term Recovery from Sexual Assault

Although many participants acknowledged that disclosure could be both an effective and ineffective tool in long-term recovery from sexual assault, the men generally focused on describing specific ways disclosure of sexual assault was helpful in their recovery from sexual assault responses over time, rather than on how it was unhelpful. In fact, many men identified disclosure as being the number one factor in their recovery. They described disclosure as allowing them to "bounce" ideas off their supports and gain valuable feedback, allowing them to process the incident over time. One man described the importance of disclosure in terms of how not disclosing would have been harmful long term.:

I learned that if I do talk to people, obviously as long as I get a positive response. If you get negative responses it's not gonna help. You gotta pick the right person obviously. I'd say just talking to (names) at that time 'cause, those were the only two people I could discuss it with that I felt comfortable discussing it with, because I couldn't [...] have shouldered that whole thing on my own and never said a word, it would've tormented me. It would almost be like being in the closet all over again. (Age 34, 12 years since last assault)

Many men discussed how disclosure—including through psychotherapy—allowed for positive adaptation over time by ongoing reappraisal and meaning making of the sexual assault, as well as increased self-validation, empowerment, and involvement in advocacy efforts.

I've been able to integrate it into my life, rather than it being this thing on the side that kind of haunts me once

in a while. I think by telling people and trying to be very open about it, I think that's been helpful for me to be like, this happens. It's kind of turned into, at least in my head anyways, into this advocacy thing about being out and about this happened to me. So I think the more I tell people that I'm gay and the more I tell people... I mean I no longer say, "I'm gay and I've experienced this." It used to be like when I came up to people with both things, and now I can separate the two, but I think the more I talk about it, it helps me personally think through what happened and realize that I am in a different place. But it's really hard. (Age 26, 3 years since last assault)

About a year ago I gave testimony to try to reform some of the laws in the state regarding assault. And actually that is a form of disclosure. I didn't think about that. I guess I was thinking that was testimony I didn't really think of that as disclosure but I basically told a room full of people. I just felt like that's kind of helping me now, just trying to be more, focusing on my recovery, but also focusing trying to do some advocacy. (Age 45, 22 years since last assault)

Only one participant considered disclosure as having a uniformly deleterious effect on his recovery from sexual assault—this man experienced only negative responses and tangible consequences associated with disclosure and, thus, he did not find any benefit from disclosing and in fact, found disclosing to be harmful. Overall, however, men described disclosure—as long as they had at least one positive response—as contributing in some adaptive manner to their overall recovery. Most participants reported that psychotherapy and developing adaptive coping strategies were part of their recovery process.

Discussion

In this study, we aimed to develop an understanding of SMM's experiences with secondary victimization following disclosure of sexual assault. Our interviews with 18 SMM are an important contribution to the research literature on SMM mental health and crisis intervention because they provide initial evidence that SMM (1) experience secondary victimization, as well as supportive responses, from disclosure recipients. Participant responses were especially helpful in describing specific positive and negative behaviors of disclosure recipients. Our findings also describe (2) emotions and behaviors experienced by the men in response to secondary victimization experiences; (3) the unique contribution of sexual orientation on decisions to disclose and subsequent secondary victimization; and (4) the strong influence of disclosure recipients' responses on SMM's short- and long-term

recovery from sexual assault, including on future disclosures and service-seeking.

Unfortunately, participants reported that they repeatedly experienced secondary victimization from various disclosure recipients—that is, unsupportive reactions that were distressing, dismissing, minimizing, or blaming. Some men even specifically described these types of reactions as retraumatizing or adding to the sexual assault trauma in such a way that inhibited recovery. Certain aspects of their secondary victimization experiences were similar to those of women (e.g., Campbell et al. 2001). For example, victim-blaming was common: many men were told explicitly or implicitly that their past patterns of behaviors (including, alcohol use and sexual history) were at least in part to blame for the sexual assault. These secondary victimization behaviors seem to reflect certain societal views about sexual assault in general: unless the assault fits well into an established rape stereotype (e.g., sudden violent attack on a woman by a stranger), victims are held at least partially responsible for the assault, especially when the victim has used alcohol (Grubb and Turner 2012). Other men were asked by disclosure recipients to recount the sexual assault repeatedly or in excessive detail outside of trauma-related therapeutic efforts. For example, the men who reported the sexual assault to the police explained that, although they generally understood the necessity of retelling in detail in the context of a police investigation, these detailed retellings still felt unnecessarily invasive and distressing. It appears that the police investigative process, even if conducted by well-meaning officers, places an unspoken burden of responsibility on the victim. That is, the repeated recounting of their story inadvertently places the victim in a similar role as a suspect by having to "prove" themselves in some way—due to societal perception of sexual crime and prevailing rape myths. A particularly salient finding is that the majority of secondary victimization behaviors came from informal supports, such as their families, partners, or other SMM, possibly due to pervasive misconceptions, stereotypes, and socio-culturally normative responses to sexual assault. This finding suggests that it is need to consider broadening the operational definition of secondary victimization to include behavioral responses from both informal as well as formal supports.

Second, the men identified the influence of disclosure recipients' responses on their emotions, cognition, processing, and behaviors—both in the proximal time period following disclosure and longer-term over time. The disclosure recipients' responses generated generally congruent reactions in the men—for example, negatively valenced unsupportive responses, such as blaming words, resulted in the men having negatively valenced emotions or cognitions, such as hurt, betrayal, or disappointment. Often these unsupportive disclosure recipient responses compounded the men's already existing emotions and cognitions. This was seen particularly clearly with self-blame and labeling of the sexual assault. The

majority of men believed they held some sort of responsibility for the incident, or had difficulty labeling it as assault, and unsupportive responses only reinforced these beliefs. In contrast, positively valenced supportive responses frequently reduced self-blame in the men.

A particularly unique contribution to the SMM literature is the influence of the men's sexual orientation on their decisions to disclose sexual assault and, subsequently, on their experiences with disclosure. Given that much work on disclosure and secondary victimization has focused on female victims, this information allows for us to consider the greater social context of SMM victims. First, the majority of participants reported lengthy periods of non-disclosure of sexual assault. The expectation of discrimination greatly influenced the men's decisions about disclosure. Participants reported fear that, if they were to disclose sexual assault, their disclosure recipient(s) would judge them or not believe them because "gay men can't be raped." Although any sexual assault victims may fear not being believed if they disclose sexual assault, it appears that SMM carry a unique and socially based burden in their position as sexual minority sexual assault victims. That is, they may not only be disbelieved for reasons typical for sexual assault victims (e.g., alcohol use prior to the assault, relationship with the perpetrator), but also because of specific stigmas and stereotypes about SMM, such as hypersexuality. The expectation that they would not be believed, due to their status as SMM sexual assault victims, led participants to be vigilant in their selection of how and to whom they disclosed their sexual assault experiences—in some cases, preventing disclosure for decades.

When participants chose to disclose they experienced rejection, discrimination, and being held responsible by others for sexual assault, for many of the reasons they feared disclosing and likely related to their multiple stigmatized statuses (e.g., Diaz et al. 2006). It is possible that SMM may be at particularly high risk for secondary victimization as disclosure recipients may hold certain heterosexist attitudes or stereotypes about SMM (e.g., SMM are promiscuous, therefore they can't be raped) that can lead to unique blaming behaviors towards SMM who disclose sexual assault. Given the potential for secondary victimization (i.e., victimizing and blaming behaviors), as well as the historical context of the relationship between certain formal supports and the sexual minority community (e.g., Stonewall, reparative therapy), it is worth considering whether—and under what circumstances—disclosure to formal supports can be helpful or harmful to SMM.

Some participants reported receiving the most unsupportive or negating responses from other sexual minority men. These responses were often masked as supportive—describing sexual assault as a badge of honor or something to aspire to—but perceived by the men as unsupportive and often as a social norm within the sexual minority community. In general, participants viewed these responses as reflective of

a systemic problem within the sexual minority community. Participants' narratives reflected a willingness to reject both societal and internalized homophobia, and a tendency to see sexual assault against SMM as unacceptable, damaging, and deserving of attention, even when they themselves had difficulty labeling or understanding their sexual assault.

One particularly striking finding was the influence of disclosure recipients' responses on participants' future disclosures. When men experienced supportive responses, they described a tendency towards increased future disclosure, possibly due to a greater sense of agency and empowerment. On the other hand, when men experienced secondary victimization, they either modified their disclosure style (e.g., being more selective in who or what they told) or withheld additional disclosures completely, at least for some period. It appears that secondary victimization had a far-reaching influence—some men reported generalized distrust of formal supports and informal supports and caution about seeking services or sharing information, even about non-sexual assault issues. For example, for some men, they did not seek much-needed additional medical or mental health services due to the experience of negative interactions with providers of these services during previous disclosures of sexual assault. This pattern is particularly concerning given the importance of SMM's involvement in health services and social networks on their overall mental and physical well-being (e.g., Bankoff et al. 2013).

We are encouraged that the majority of participants experienced at least one positive response to their sexual assault disclosure. Positive responses were described as supportive, validating, encouraging, empowering, and empathic. Supportive responses by formal supports possessed these interactional qualities, while also providing services (e.g., medical exam) in a caring and knowledgeable manner and being well-versed in numerous areas of sexual health (including SMM-specific concerns), including sexual assault and sexually transmitted infections. Many of the men reported inaccurate predictions of rejections or disbelief from their supports, and that these predictions were disconfirmed by supportive responses following disclosure. Men also appreciated when supportive individuals provided ongoing support by following-up long after the disclosure. Positive experiences with disclosure encouraged future disclosure and also positively influenced men's recovery. These findings are generally consistent with the work seen in female sexual assault victims—for example, women who were encouraged by informal supports to report rape to the police (vs. those who were not) were more likely to do so (Paul et al. 2013). Supportive responses also played an important role in the men's positive adaptation and processing of the sexual assault, possibly through the men's reduced self-blame, as well as increased self-efficacy and ability to accurately label the assaults as such. In the longer-term,

the men believed disclosure is important for overall recovery, although they also recognize the limits of disclosure; that is, that unsupportive responses can lead to setbacks in recovery.

Limitations

Our study, as with any individual research project, had several limitations. First, the timing and resources available in which to complete this study, as well as anonymity given to participants, did not allow for us to complete member checks—that is, testing the interpretation of the data with original participants with the goal of validating the data (Morse et al. 2002). There is some debate about the benefit of member checks for verifying data, given the potential for participants and researchers to have conflicting interpretations and, thus, the potential for limiting or invalidating the data (Morse et al. 2002); however, the pros and cons should be considered for future qualitative research in this area. Second, our sample was highly educated and racially singular, and also had access to and utilized numerous community resources. Although our sample is a marginalized group, on the basis of their non-heterosexual sexual orientation and sexual assault victim status, we appeared not to have reached other, more marginalized men—that is, racial or ethnic minorities, undereducated or underemployed, or not involved in services. Despite recruiting from agencies that served specifically racial and ethnic minority SMM, less than 15 % of our screening survey respondents identified as non-White, and none were eligible—some due to not disclosing sexual assault, potentially indicating that ethnic minority SMM are often alone in navigating sexual assault experiences. As a result, we likely have not captured the experiences of men who have disclosed to others but may not have had access to our study due to their lack of access to our recruitment sites or may not feel empowered to be involved in research due to multifaceted marginalization (e.g., Abrams 2010). Positively, however, our sample represented a broad range of ages and geographic regions within the USA and Canada. In addition, our sample had a wide range of sexual assault experiences and disclosure experiences.

The use of Skype and telephone technologies for interviews may be a limitation, i.e., the interviewer was unable to assess body language and use that information to target follow-up questions. It is possible that the men may have been more reticent in this “detached” style of interview versus the potential for increased connection through a face-to-face interview. At the same time, it is also possible that this additional anonymity allowed the men to be more forthcoming in their responses. Finally, the nature of qualitative interviews also requires us to draw conclusions based on retrospective reporting which may be limited over time—certainly, some men had difficulty recalling specifics of past experiences, which limited our ability to code all parts of every interviews.

Future Directions

These qualitative results offer numerous avenues for future qualitative and quantitative research. First, future studies should utilize mixed-methods approaches to provide greater breadth and depth about secondary victimization in SMM (e.g., systematic variance in experiences and outcomes, predictor variables). For example, future research should examine other potential predictors of disclosure experiences and secondary victimization, such as socio-cultural factors (e.g., urban v. rural; local, regional, and national attitudes and beliefs; legal protections and policies), the number of experienced sexual assaults, specific relationship with the perpetrator, or perpetrator characteristics (e.g., perpetrator’s sexual orientation). Second, given that the men reported some similar experiences to women, it would be beneficial to replicate research already present in the literature on female sexual assault victims, including more focused examination of disclosure experiences by informal versus formal supports. For example, it may be useful to conduct studies with SMM victim-disclosure recipient pairs to assess the similarities and differences between the dyad members in their perceptions of the disclosure experiences. Campbell’s (2005) work with female sexual assault victim-disclosure recipient dyads found that doctors and police officers rated the frequency of secondary victimization behaviors similarly to their paired female victims; however, they greatly underestimated the impact of these behaviors on women’s emotional and cognitive responses. Similar work in SMM would be beneficial, especially as certain medical processes (e.g., rectal exam vs. vaginal exam) and investigative questions may be unique to SMM (e.g., women commonly asked what they were wearing which may not apply to men). Given the clear relation between secondary victimization and mental health outcomes in women, such as posttraumatic stress and depression, it will be important to examine this relation in SMM—a group already at high risk for poor mental health outcomes. In addition, it will be important to quantify the potential protective and healing role of supportive responses, including when secondary victimization is also present (e.g., how much variance in one’s healing process is accounted for by secondary victimization versus supportive behaviors). Finally, further research is needed to examine the specific role of discrimination as it relates to sexual assault disclosure to physical and mental health following sexual assault and sexual assault disclosure.

Conclusion

Our findings indicate that SMM experience both supportive responses and secondary victimization responses related to their disclosure of sexual assault. We identified specific descriptors of supportive and unsupportive responses to sexual

minority men's sexual assault disclosure which can be used for further scientific study to enhance the comprehensiveness of interventions and policies for sexual assault victims. Further, sexual assault disclosure among sexual minority men is complicated by being a male victim and a sexual minority person, based on societal stereotypes of both groups. Thus, sexual minority stressors may further influence mental and physical recovery following sexual assault.

Compliance with Ethical Standards

Conflict of Interest Michelle A. Jackson declares that she has no conflict of interest. Sarah E. Valentine declares that she has no conflict of interest. Eva N. Woodward declares that she has no conflict of interest. David W. Pantalone declares that he has no conflict of interest.

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Ethical Approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

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