

Big Boys Don't Cry: A Critical Interpretive Synthesis of Male Sexual Victimization

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Abstract

Sexual victimization is typically presented as a gender-based problem involving a female victim and a male offender. Science, policy, and society focus on female victims at the expense of male victims. Male sexual victimization is thus understudied compared with female sexual victimization. By performing a critical interpretive synthesis of research papers, policy documents, and gray literature ($N = 67$) published in four electronic databases from January 2000 through September 2017, this article establishes the prevalence of male sexual victims and the causes that underlie the underrepresentation of this group in existing research and current policy. The prevalence rates of male sexual victims vary considerably, with up to 65% of men reporting sexual victimization. The underrepresentation of male victims was found to be rooted in prevailing gender roles and accepted sexual scripts in society, together with rape myths and stereotypical rape scripts. The former prescribes men as the dominant and sexually active gender. The latter denies male sexual victimization and frames women as “ideal victims.” Combined, these prevailing societal perceptions of men, male sexuality, and sexual victimization prevent men from self-identifying as victims and inhibit them from seeking help to cope with the adverse consequences of sexual victimization. Addressing the gender differences in sexual victimization requires societal and political changes that challenge prevailing stereotypical perceptions of sexual victims. Such changes could result in improved support services for male sexual victims.

Keywords

prevalence, review, rape, sexual assault, ideal victim status, masculinity, gender roles

Sexual victimization encompasses a range of abusive behaviors, including sexual harassment, sexual acts without penetration, and attempted and completed rape. The Centers for Disease Control and Prevention defines sexual victimization as “a sexual act that is committed or attempted by another person without freely given consent of the victim or against someone who is unable to consent or refuse” (Basile & Saltzman, 2002, p. 11). It is a serious public health problem that is of major public, societal, and judicial concern (Basile & Smith, 2011). Preliminary data suggest that over 27% of men and over 32% of women have experienced sexual victimization at some point in their life (Krahé, Tomaszewska, Kuyper, & Vanwesenbeeck, 2014).

The consequences of sexual victimization can be devastating and long lasting. Victimization directly impacts victims' physical and mental health, causing short- and long-term bodily harm, fear, anxiety, depression, post-traumatic stress disorder (PTSD), poor self-esteem, social difficulties, and suicidal ideation (Davies, 2002; Peterson, Voller, Polusny, & Murdoch, 2011). It is also associated with an increased risk of sexual and reproductive health problems, along with other socioeconomic consequences, including being unable to work, dropping out of school, being stigmatized, and being ostracized from their

communities (Abrahams, Jewkes, & Mathews, 2013; Asgary, Emery, & Wong, 2013; Keygnaert, 2014; Macmillan & Hagan, 2004). It is commonly believed that men are less negatively impacted by sexual victimization. However, there is some evidence suggesting that sexual victimization is as psychologically distressing to male victims as it is to female victims and might even be associated with poorer outcomes (Peterson et al., 2011).

The widespread prevalence and numerous negative consequences of female sexual victimization have been well-documented (for reviews, see Koss, 1993b; Resick, 1993). In contrast, the prevalence of sexual victimization among men

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(hereafter, male sexual victims), and the negative consequences they may suffer, has received considerably less scientific attention (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002; Peterson et al., 2011). Theoretically, scientifically, and clinically, sexual victimization is predominantly portrayed as a gendered issue focusing on male offending and female victimization (Spiegel, 2013), despite data suggesting that some men suffer from sexual victimization and some women are sexual perpetrators (Doroszewicz & Forbes, 2008). Thus, there remains a gender-based view in the majority of research (Keygnaert, 2014), leading to substantial under-recognition of male sexual victims in scientific research (Krug et al., 2002; Peterson et al., 2011).

Within this gender-based presumption of research on sexual victimization, the "ideal victim" framework of Christie (1986) is still prevalent. He refers to the ideal victim as one to whom society most readily gives the status of victim. In order to acquire this status, a person must meet five criteria: (1) be weak, (2) be carrying out a respectable activity, (3) while being somewhere that she could not possibly be "blamed" for being, (4) where the offender is big, bad, and (5) unknown to the victim and has no personal relationship with her. This description emphasizes women as victims and men as sexual offenders. In addition, some people believe that rape is used to dominate and control women, a view that denies men the right to identify themselves as a sexual victim (Javaid, 2017b). Yet, male sexual victimization is a significant problem and occurs in a variety of settings, including homes, workplaces, schools, on the streets, in the military and during war, as well as in prisons and police custody (Krug et al., 2002).

Although the prevalence rates of sexual victimization show it is quite common for both men and women, care and treatment are primarily targeted at female victims. For instance, sexual assault referral/care centers are frequently steered by gynecologist and are often located in gynecological or maternity wards, which may create a barrier for men seeking help (Hendriks, Vandenberghe, Peeters, Roelens, & Keygnaert, 2018; Larsen & Hilden, 2016). In addition, some hospitals are not prepared to collect evidence from male victims via intimate examination of their bodies (Davies, 2002). Third, researchers have shown that reactions toward male victims differ depending on the characteristics of the victim and perpetrator (e.g., men who had been sexually victimized by a female perpetrator experienced very negative postassault reactions from others; Davies, 2002). An online survey on help seeking and the needs of male victims of intimate partner violence in Portugal reported that men found the formal sources of support (e.g., victim support services, police, the justice system) unhelpful (Machado, Hines, & Matos, 2016). Finally, the level of knowledge about male sexual victims still falls well below that of women. Most research on the effects of postrape trauma has focused on female victims (Davies, 2002), specific guidelines are constructed for female victims (World Health Organization [WHO], 2003), and many caregivers (within the Belgian context) still underestimate the prevalence of sexual victimization among men and boys (Keygnaert, 2015). The question therefore arises as to what causes

these gender differences in sexual victimization and recognition in research, policies, and treatment centers. More specifically, why are male victims still underrepresented in these formal contexts and in scientific research?

The critical interpretive synthesis (CIS) of male sexual victimization carried out in this study takes a step forward from previous literature reviews by developing a comprehensive and critical framework to ground and interpret gender differences in sexual victimization. Few, if any, previous literature reviews in this field have been interpretive. The majority have been aggregative and focused on summarizing research results. Extant reviews have neither addressed nor interpreted gender differences in sexual victimization and therefore are unable to provide explanations for male underrepresentation in research and policies on sexual victimization. Gaining insight into these issues will shed new light on male sexual victimization, opening the way to innovative research and providing a basis for prevention and treatment measures for male victims.

This article begins with a description of CIS methodology and the literature search. The results of the synthesis are presented, starting with a literature analysis of studies included via systematic search. These findings are then placed in a broader context that considers the implications of study decisions and societal perspectives for the prevalence of sexual victimization, with the aim of providing a more in-depth understanding of male sexual victimization.

Method

CIS

CIS methodology is particularly suited to rigorously and systematically synthesizing a broad and heterogeneous body of research evidence generated by diverse research methodologies. It allows academic and gray literature to be combined in a single interpretive synthesis, including not only research results from quantitative and qualitative empirical studies but also theoretical papers, reviews, and commentaries (Schick-Makaroff, MacDonald, Plummer, Burgess, & Neander, 2016). In addition, CIS addresses some limitations inherent in conventional systematic review techniques (for a detailed discussion and comparison, see Dixon-Woods et al., 2006). While a conventional systematic review is well suited to summarizing findings, it is insufficiently critical to generate theory (Dixon-Woods et al., 2006). Opting for a critical perspective on literature findings may produce new insights into often summarized material through systematic review methods and may also provide new grounds for future research throughout the theories and concepts developed (Dixon-Woods et al., 2006).

In general, CIS methodology built on conventional systematic review methodologies by adding the techniques of qualitative research inquiry (Dixon-Woods et al., 2006). In a conventional systematic review, strict inclusion criteria limit the number of papers in the analysis, whereas Dixon-Woods et al. (2006) suggest that the principles of theoretical sampling

and theoretical saturation can also be used, in order to reduce or extend the body of literature that is considered.

CIS methods have primarily been applied in health equity studies (e.g., Entwistle, Firnigl, Ryan, Francis, & Kinghorn, 2012; Gysels, Evans, & Higginson, 2012; Heaton, Corden, & Parker, 2012), but they may also be suitable for the study of gender differences in sexual victimization and recognition in research and policy. Given the large number of recent conventional systematic reviews of research on sexual victimization, the state of the art of research findings has been well summarized (e.g., inter alia Krahe et al., 2014; Peterson et al., 2011). In contrast, an interpretive approach has thus far, to the best of the authors' knowledge, not been applied, and yet CIS methods may yield new insights and interpretations and help to develop the existing knowledge surrounding gender differences in sexual victimization and male experiences of sexual victimization.

Literature Search

The literature search comprised several phases. We initially identified literature through a systematic search of four academic databases (Google Scholar, PubMed, Web of Science, and PsycINFO) in August and September 2017. Article titles, abstracts, and subject lines were searched using a logical combination of search terms ("sexual violence" or "sexual assault" or "rape" or "male sexual assault" or "sexual aggression" or "female sexual assault" AND "victimization" or "perpetration" AND "prevalence"). Reference lists of selected literature were also searched to identify other potentially relevant sources.

Following the analysis of the relevant literature identified in the first stage, we integrated other gray and academic literature in order to generate explanations for the gender differences in sexual victimization. These sources were derived from the reference lists of studies identified in the first phase, sources received from experts, and a separate literature search based on the principles of theoretical saturation. Several topics that potentially explain male underrepresentation in prevalence rates, research, and policy had been identified from our analysis of the selected literature and expert consultation, and this guided our search of the additional sources. Therefore, the literature that was identified in the second stage of the review does not necessarily have the same inclusion criteria as the first stage. This second stage thus represents the critical interpretive aspect of our literature review, with the first stage functioning as a base for this CIS.

Inclusion and Exclusion Criteria

Peer-reviewed articles and gray documents were selected based on the following eight criteria:

- (1) The literature was published between January 2000 and September 2017.
- (2) Only studies that discussed prevalence rates of sexual victimization were included.

- (3) Due to restrictions in the authors' language proficiency, only information provided in English, Dutch, or French was included.
- (4) To ensure a meaningful comparison between men and women, only studies where men and women were explicitly compared were included.
- (5) In terms of geographical relevance, only studies conducted in the United States, Canada, and Europe were included.
- (6) In order to provide an overview of victimization rates in the general population, only literature focusing on sexual victimization in student or community samples was considered for inclusion, thus excluding specific populations such as prisoners, individuals in mental health institutions, and so on.
- (7) Given our focus on adult sexual victims, studies that exclusively researched child sexual abuse were excluded. This synthesis is therefore limited to studies focusing on sexual victims who were at the legal age of sexual consent or older.
- (8) We excluded studies that did not provide a clear description of the results (e.g., those that gave a general rate that combined sexual victims and victims of physical violence or where no clear comparison was made of the prevalence rates between men and women).

We initially identified 569 potentially relevant studies during the systematic search (first phase), but after applying these selection criteria, we retained 33 studies. Another 34 studies were identified during the second phase of the review (Figure 1). We ultimately included and analyzed 56 peer-reviewed articles and 11 gray literature documents and books.

The following section presents the results of this synthesis, first from the 33 studies included via a systematic search and then from the additional 34 sources.

Results

A Systematic Review of the Prevalence Rates of Sexual Violence

Inconsistencies in research approaches. Reported prevalence rates of sexual victimization across the included literature show considerable variations within and between men and women. These variations are accompanied by substantial differences in the way that sexual victimization is studied. For instance, studies vary in the time period used. We therefore distinguished five different assessment periods (Table 1) as follows:

- (a) lifetime prevalence,
- (b) prevalence since age 18,
- (c) prevalence starting from the age of consent (depending on the country where the study was conducted, this varied between 14, 15, and 16 years of age),
- (d) prevalence in the past 12 months or less, and
- (e) prevalence since entering college.

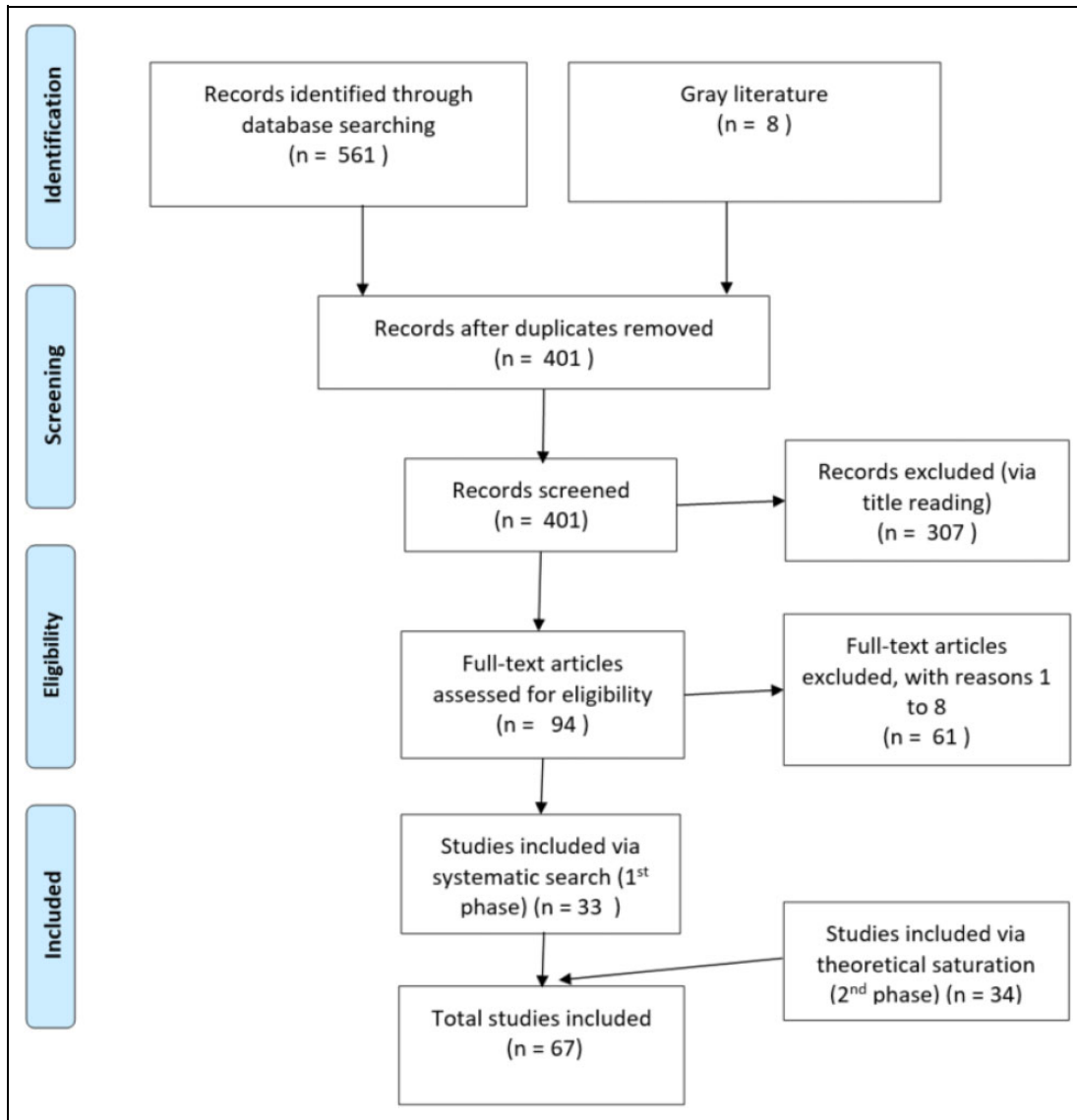


Figure 1. Flow diagram of article selection process for the systematic search.

Contrary to expectations, we found that the highest rates of sexual victimization for both men and women were reported within the assessment period “since age of consent” rather than “lifetime”. With prevalence rates in the “since age of consent” group up to 66.3% for men and 83.9% for women, this was almost double the highest “lifetime” prevalence rates (38.8% for men and 47.9% for women). This surprising finding may be caused by methodological differences in studying sexual victimization.

There are also inconsistencies in the way sexual victimization is defined, ranging from broad to (very) narrow definitions. Broad definitions include several forms of noncontact sexual harassment and verbal manipulation (Elliott, Mok, & Briere, 2004; Krahé et al., 2014; WHO, 2012). Narrow definitions are limited to forms of sexual acts with nonconsent and/or the use of force. This involves sexual acts that include physical contact (Elliott et al., 2004; Krahé et al., 2014; WHO, 2012). A third

approach is the use of a very narrow definition. This definition only includes penetrative acts (i.e., rape). In total, almost three fourths of the 33 studies apply a narrow definition of sexual victimization. Eight studies apply a very narrow definition, mostly within the lifetime assessment period (see Table 1).

Studies also differ in the manner in which the questions are presented to respondents. These questions may include a graphic description of the sexual acts, leaving little room for ambiguity (Fisher, 2009), namely, “behaviorally specific questions (BSQs).” Some studies use more generic terms (e.g., “rape,” “sexual abuse,” “sexual assault”) without further clarification, classified as nonbehaviorally specific questions (non-BSQs). Most of the included studies (three fourths) apply BSQ when asking about sexual victimization, and six studies use non-BSQ (see Table 1).

Thirteen of the 33 studies distinguish between insistence, threat, and physical force as types of coercion. Related to this,

Table 1. Prevalence Rates of Sexual Victimization (SV) in Previous Research, Including Choice of Study Design.

Authors (Date), Sample Size	Publication Type	Assessment Period (Country)	Definition	Question Style	Description	Type of Sexual Violence	Prevalence (%); ♂	Prevalence (%); ♀
Breiding (2014), N = 12,727	Report	Lifetime prevalence (US)	Broad	BSQ	SV included several forms of rape (attempted and completed alcohol- or drug-facilitated penetration) and other types of SV (being made to penetrate, sexual coercion, unwanted sexual contact and noncontact, unwanted sexual experiences).	Total Rape Other types	10.8 1.7 23.4	27.3 19.3 43.9
De Haas (2012), N = 8,000	Research article	Lifetime prevalence (NL)	Broad	BSQ	SV was defined as <i>offensive sexual advances, unwanted touching or forced to do or allow sexual things</i> . Sexual acts ranged from nonphysical sexual contact (e.g., sexual remarks, seeing somebody masturbate) to physical contact (kissing, touching, oral/anal/vaginal sex).	Total Nonphysical SV Physical SV	7.7 15-24y 30.9 25-70y 28.6 15-24y 11.0 25-70y 13.1	33.3 15-24y 54.4 25-70y 52.3 15-24y 31.0 25-70y 42.2
Hellemans and Buysse (2013), N = 182	Book	Lifetime prevalence (BE)	Broad	BSQ	SV was defined as <i>any situation in which a person is forced to undergo or commit sexual act against his/her will</i> . Sexual acts ranged from nonphysical sexual contact (sexual remarks, being forced to be naked and forced to masturbate) to physical contact (being touched sexually, forced to perform or allow oral sex, attempted/completed rape).	Total	-18y 10.7 +18y 2.4	-18y 22.3 +18y 13.8
Johnson and Stahl (2004), N = subset of 490	Research article	Lifetime prevalence and past 12 months or less (US)	Broad	BSQ	SV included unwanted sexual acts during drinking games. Sexual acts ranged from nonphysical sexual contact (sexual remark, felt being taking advantage of) to physical contact (sexual touch, sexual intercourse).	Unwanted sexual acts during drinking games	NT	NT
Kuyper et al. (2010), N = 1,350	Research article	Since age of consent (NL)	Broad	BSQ	SV was defined as sexual acts through the use of verbal manipulation, context-specific abuse (exploitation or intoxication) and sexual force among adolescents. Sexual acts ranged from nonphysical contact (e.g., sexual staring, sexual remarks, masturbating in the presence of other people) to physical contact.	Total Nonphysical SV Physical SV	66.3 53.7 45.7	83.9 75.8 63.1
Mossige et al. (2007), EE: N = 1,667; LT: N = 2,788; NO: N = 4,585; PL: N = 5,162; SE: N = 4,139	Book	Lifetime prevalence (Baltic region)	Broad	BSQ	SV was defined as abusive acts through the use of a degree of force or pressure against the will of the young person. Sexual acts ranged from nonphysical contact (indecent exposure, masturbation) to physical contact (touching, oral/anal and vaginal sex).	Abusive acts (nonphysical and physical)	NT	NT
Pieters, Italiano, Offermans, and Hellemans (2010), N = 2,014	Book	Lifetime prevalence and past 12 months or less (BE)	Broad	Non-BSQ	Lifetime prevalence rates: A minimum of three sexual acts were included: forced sexual touch, attempt to force sexual relations, and forced sexual relations. Rate in the past 12 months: Sexual acts ranged from nonphysical contact (someone undressed themselves in a public space) to physical contact (touching, forced/unwanted sexual relation in a public space).	Lifetime Total Past 12 months 1. Undressed and sexual touch 2. Forced/unwanted sexual relations or touch	-18y 3.2 +18y 0.8	-18y 8.9 +18y 5.6

(continued)

Table 1. (continued)

Authors (Date), Sample Size	Publication Type	Assessment Period (Country)	Definition	Question Style	Description	Type of Sexual Violence	Prevalence (%); δ	Prevalence (%); η
Sundaram, Laursen, and Helweg-Larsen (2008), N = 3,932	Research article	Lifetime prevalence (DK)	Broad	Non-BSQ	SV was defined as forced or attempts at forced sexual activity (ranging from nonphysical actions to completed intercourse) as a child, adolescent, or adult.	Total	2	14
Vanwesenbeeck, Bakker, and Gesell (2010), N = 4,147	Research article	Lifetime prevalence (NL)	Broad	Non-BSQ	SV included being approached sexually in a way that is offensive, unwanted touching, being forced to do sexual things, or being forced to let sexual things be done to oneself.	Total Rape	7 1	39 10
Banyard et al. (2007), N = 651	Research article	Past 12 months or less (US)	Narrow	BSQ	SV was defined as unwanted sexual contact (attempted or actual kissing, fondling, or touching in a sexual or intimate way, excluding intercourse), after in some way communicating you did not want to engage in the sexual experience, or through use of force, intimidation, or incapacitation with alcohol or drugs in the past 6 months.	Total	8.2	19.6
Conley et al. (2017), N = 7,603	Research article	College students (US)	Narrow	Non-BSQ	SV was defined as sexual acts through force or threat of harm ranging from sexual assault (rape, attempted rape, made to perform any type of sexual acts) to other unwanted or uncomfortable sexual experiences.	Sexual assault or other unwanted sexual experiences 1. Prior to college 2. While in college	10.9 11.6	29.3 23.0
Craner, Martinson, Sigmon, and McGillicuddy (2015), N = 954	Research article	Since age of consent (US)	Narrow	Non-BSQ and BSQ	SV was defined as unwanted sex/sexual activities/rape or assault since the age of 16.	Total	8.3	21.5
Elliott, Mok and Briere (2004), N = 941	Research article	Since 18+ (US)	Narrow	BSQ	SV was defined as having sexual contacts (e.g., touching genitals, buttocks, breasts, or oral, anal, or vaginal penetration) with someone (since age 18) because they were being threatened or physically forced.	Total	3.8	22
Fiebert and Osburn (2001), N = 452	Research article	Lifetime prevalence (US)	Narrow	BSQ	SV was defined as sexual acts through the use of coercion (insistence, threats of force, use of force). Types of sexual acts ranged from forced kissing and sexual touching to oral/anal and vaginal sex.	Total	NT	NT
Hartwick et al. (2007), N = 499	Research article	Lifetime prevalence (CAN)	Narrow	BSQ	SV was defined as sexual acts through the use of coercion or threats to use physical force. Types of sexual acts included coerced/forced kissing and fondling, intercourse, and oral sex.	Total	38.8	47.9

(continued)

Table 1. (continued)

Authors (Date), Sample Size	Publication Type	Assessment Period (Country)	Definition	Question Style	Description	Type of Sexual Violence	Prevalence (%); ♂	Prevalence (%); ♀
Krahé and Berger (2013), N = 2,149	Research article	Since age of consent (GR)	Narrow	BSQ	SV was defined as sexual acts (sexual touch, attempted/completed intercourse, other sexual acts [e.g., oral sex]) since age 14, through the use or threat of physical force, exploitation of the victim's inability to resist, or verbal pressure.	Total	19.4	35.9
Krahé et al. (2015), N = 3,480	Research article	Since age of consent (EU)	Narrow	BSQ	SV was defined as sexual acts (sexual touch, attempted/completed intercourse, other sexual acts [e.g., oral sex]) through the use or threat of physical force, exploitation of the victim's inability to resist, or verbal pressure since age of consent.	Austria Belgium Cyprus Greece Lithuania Netherlands Poland Portugal Slovakia Spain Overall	19.9 10.1 49.0 55.8 33.3 15.2 35.4 28.6 29.2 21.9 27.1	/ 20.4 31.7 45.5 19.7 52.2 30.1 24.2 35.8 30.8 32.2
Krebs, Lindquist, Warner, Fisher, and Martin (2007), N = 6,921	Report	College students (US)	Narrow	BSQ	SV was defined as nonconsensual sexual acts involving verbal or physical coercion or exploitation of the incapacitated state of the victim. Both attempted and completed forms were included. Sexual acts included sexual touching and oral, vaginal, or anal penetration.	Before college Since college	3.9 6.1	15.9 19
Melkonian, Ham, Bridges, and Fugitt (2017), N = 225	Research article	Since age of consent (US)	Narrow	BSQ	SV was defined as unwanted sexual contact as a result of force or coercion, since age 14.	Total	14	31
Munoz-Rivas, Grana, O'Leary, and Gonzalez (2009), N = 4,052	Research article	Lifetime prevalence (ES)	Narrow	Non-BSQ	SV was defined as aggression (oral, anal, and vaginal sex) in dating relationships, through negotiation, verbal/psychological aggression, taking advantage of the incapacitated state, threat of force, or physical force.	Total	21.1	25.1
Romito and Grassi (2007), N = 502	Research article	Lifetime prevalence (IT)	Narrow	/	Participants were asked whether, outside the couple relationship, they ever experienced psychological, physical, and/or SV. SV included rape, attempted rape, being fondled without consent, or being forced to touch another person.	Total	10.5	19.9
Schuster et al. (2016), N = 1,593	Research article	Since age of consent (TR)	Narrow	BSQ	SV was defined as sexual acts (sexual touch, attempted/completed intercourse, other sexual acts [e.g., oral sex]) through the use or threat of physical force, exploitation of the victim's inability to resist, or verbal pressure since the age of 15.	Total	65.5	77.6

(continued)

Table 1. (continued)

Authors (Date), Sample Size	Publication Type	Assessment Period (Country)	Definition	Question Style	Description	Type of Sexual Violence	Prevalence (%); δ	Prevalence (%); ζ
Struckman-Johnson et al. (2003), N = 656	Research article	Since age of consent (US)	Narrow	Non-BSQ	SV was defined in terms of postrefusal sexual contact (genital touching, oral sex, or intercourse) with a person (always the opposite sex from the participant) after he or she has refused an initial advance since age 16.	Total	57.8	78.2
Tyler, Schmitz and Adams (2017), N = 704	Research article	Past 12 months or less (US)	Narrow	BSQ	SV was defined as sexual acts (fondle, kiss, sexually touch, oral/anal and vaginal sex, both attempted and completed forms, and penetration with finger or objects) when indicated it was unwanted, through the use of pressure, physical force, or when incapacitated by drugs or alcohol, among college students.	Total	NT	NT
Ybarra, Espelage, Langhinrichsen-Rohling, Korchmaros and Boyd (2016), N = 1,058	Research article	Lifetime prevalence (US)	Narrow	BSQ	SV included forced kissing, touching, attempted/completed sex while knowing their partner didn't want to.	Intimate partner violence	8.3	13.6
Basile, Chen, Black and Saltzman (2007), N = 9,684	Research article	Lifetime prevalence and past 12 months or less (US)	Very narrow and narrow	Non-BSQ and BSQ	SV was defined as forced sex (any type of vaginal, oral, or anal penetration or intercourse) in situations against your will, including situations where the respondent was not able to give consent due to their age, drugs, alcohol, sleep, or mental disability.	Lifetime: Sexual penetration 12 months: Any sexual activity	2.1 0.9	10.6 2.5
Bajos and Bozon (2008), N = 12,364	Research article	Lifetime prevalence (FR)	Very narrow	BSQ	Respondents were asked if during their lifetime they have ever experienced someone forcing them or trying to force them to have sexual intercourse.	Sexual intercourse	5	16
Breiding, Black, and Ryan (2008), N = 70,156	Research article	Lifetime prevalence (US)	Very narrow	BSQ	SV was defined as "putting anything into your vagina (if female), anus or mouth, or making you do these things" without their consent (i.e., the respondent was unable to give consent, said or showed they didn't want to, after threats or punishment after the respondent refused).	Sexual penetration	1.5	10.2

(continued)

Table 1. (continued)

Authors (Date), Sample Size	Publication Type	Assessment Period (Country)	Definition	Question Style	Description	Type of Sexual Violence	Prevalence (%); ♂	Prevalence (%); ♀
Chan et al. (2008), N = 16,000	Research article	Past 12 months or less (worldwide)	Very narrow	BSQ	SV was defined as sexual acts (oral, anal, and vaginal sex) with dating partner through insistence and threats or use of physical force in the past year.	Sexual coercion in dating relationship 1. North America Canada US	27.9 34.0	28.6 30.6
Doroszewicz and Forbes (2008), N = 201	Research article	Past 12 months or less (PL)	Very narrow	BSQ	SV was defined as nonconsensual sexual activities (oral, anal, and vaginal sex) in the past 12 months. The minor category included coercive acts (insisting on sexual activity) that do not involve physical force or the threat of force. The severe category included coercive acts using threats or direct physical force (hitting, holding down, or using a weapon).	Total 1. The minor category 2. The severe category	39.6 38.6 5.9	58.0 57.0 11.0
Hines (2007), N = 7,677	Research article	Past 12 months or less (worldwide)	Very narrow	BSQ	SV was defined as sexual acts with a dating partner through use of verbal coercion (i.e., partner insisted on or used threats to obtain oral, anal, or vaginal sex) or physical force (i.e., partner physically forced oral, anal, or vaginal sex).	Sexual penetration	NT	NT
Marsil and McNamara (2016), N = 1,648	Research article	Lifetime and college students (US)	Very narrow	Non-BSQ and BSQ	SV was defined as rape since being enrolled in college. A distinction was made between self-identification and legal identification as a rape victim.	Since college Lifetime	5.2 4.3	11.1 19.7
Tjaden and Thoennes (2000), N = 16,000	Research article	Lifetime prevalence (US)	Very narrow	BSQ	SV was defined as rape (i.e., penetration of victim's vagina or anus by penis, tongue, fingers, or object, or the victim's mouth by penis). The definition included both completed and attempted rape.	Sexual penetration	0.2	4.5

Note. NT = no total rate provided; BSQ = behaviorally specific question.
 †The bold-faced numbers indicate the age categories used in the study.

Table 2. Studies Including Higher Rates of Male Sexual Victimization in Comparison to Women.

Author(s) (Date)	Sexual acts	Country	Men (%)			Women (%)		
Breiding (2014)	Being made to penetrate	US	6.7			0.6		
Chan et al. (2008)	Overall	US	34.0			30.6		
		DE	44.3			39.6		
		GR	59.5			42.0		
		PT	29.2			22.1		
Fiebert and Osburn (2001)	Forced kissing	US	35			19		
	Forced sexual touching		23			14		
	Sex through insistence		27			23		
	Oral/anal sex through insistence		18			15		
	Sex through threat		10			4		
	Sex through physical force		6			5		
	Oral/anal sex through threat		7			3		
	Oral/anal sex through physical force		5			2		
Hartwick et al. (2007)	Coerced/forced oral sex	CA	5.8			4.2		
Hines (2007)	Overall F = with physical coercion V = with verbal coercion	US	4.6 F			2.6 F		
		BE	2.2 F			0.0 F		
		DE	3.1 F			2.1 F		
		LT	1.9 F			0.9 F		
		PT	1.8 F and 25.5 V			0.8 F and 21.8 V		
		SE	1.3 F and 18.4 V			0.4 F and 14.7 V		
		CH	2.4 F			0.7 F		
Johnson and Stahl (2004)	Took advantage	US	25			21		
	Sexual comment		30			28		
	Touching genitals/breast		33			22		
	Sex while incapacitated		28			15		
Krahé et al. (2015)	Overall	CY	49.0			31.7		
		GR	55.8			45.5		
		LT	33.3			19.7		
		PL	35.4			30.1		
		PT	28.6			24.2		
Mossige et al. (2007)	Someone exposed himself or herself Touching Masturbating Sexual intercourse Oral sex Anal sex	LT, NO, PL	LT	NO	PL	LT	NO	PL
			13.7	14.4	18.6	24.3	24.4	15
			11.4	18.5	21.1	29.8	34.9	20.5
			1.6	5.3	6.8	0.9	2.3	0.9
			21.2	8	20.2	17	12	7.6
			7.1	8	12.2	6.2	8.9	4.4
	3.5	2.4	9.2	1.4	4.3	2.7		

12 studies mention “exploiting the victim’s inability to resist due to alcohol or drug consumption.” Finally, there are differences in the way prevalence rates are reported: While several studies provide a total percentage of sexual victimization, others only provide rates of specific forms of sexual victimization or even combine sexual acts under one category (e.g., anal and/or vaginal intercourse, kissing and/or fondling). Overall, these inconsistencies have a direct bearing on the comparability of the findings and generate differences in prevalence rates between the studies and between sexes.

High rates of male victimization. Even though our findings show that sexual victimization mostly involves a female victim, high rates of male victimization also emerge. Almost one third of the 33 studies (Breiding, 2014; Chan, Straus, Brownridge, Tiwari,

& Leung, 2008; Fiebert & Osburn, 2001; Hartwick, Desmarais, & Hennig, 2007; Hines, 2007; Johnson & Stahl, 2004; Krahé et al., 2015; Mossige, Ainsaar, & Svedin, 2007) report higher prevalence rates for male victims than for female victims (see Table 2). These higher rates are either the total prevalence rate or the rate of specific sexual acts (e.g., kissing, touching, oral/anal sex, being made to penetrate). In addition, 3 of the 33 studies report male victimization rates of more than 57% (Kuyper, de Wit, Adam, Woertman, & van Berlo, 2010; Schuster, Krahe, & Toplu-Demirtas, 2016; Struckman-Johnson, Struckman-Johnson, & Anderson, 2003; see Table 1). These findings contrast with the general presumption that men are less victimized than women and raise the question of whether the current gender-based assumption of sexual victimization is sustainable.

Noticeably, all studies reporting high male victimization rates (11) use BSQs. Nine of these studies also include verbal pressure and/or taking advantage of a person's incapacitated state as a type of coercion.

The research approach may therefore influence the prevalence rates of sexual victimization. In order to gain more insight into whether this is the case, these findings will now be placed within a broader perspective, starting with a review of the impact of study decisions on prevalence rates.

The Impact of Study Decisions on Prevalence Rates

Using a variety of study designs, researchers (e.g., Fisher, 2009; Fisher, Cullen, & Turner, 2000; Koss, 1993a) have shown that the use of BSQ accompanies higher prevalence rates of sexual victimization. For example, Koss (1993a) reviewed the relationship between measurement methods and the level of rape detection and found that the use of multiple behaviorally specific screening questions resulted in higher prevalence rates of rape (Koss, 1993a). Fisher compared how different question wordings resulted in different answering tendencies using a quasi-experimental design (Fisher, 2009; Fisher et al., 2000). Using the U.S. National Crime Victimization Survey (NCVS), Fisher et al. (2000) replaced questions about rape and sexual attack with BSQ. Considerably, more reports of female sexual victimization were found in the modified survey, namely the National College Women Sexual Victimization study, compared with either the NCVS (Fisher et al., 2000) or the National Violence Against College Women study (Fisher, 2009). Fisher et al. (2000) even showed prevalence rates of rape to be 9 times higher, compared to the NCVS. Conversely, the use of more generic questions and terms such as "rape," "sexual abuse," or "assault" (which are non-BSQ) without further clarification yields less disclosure (WHO, 2013).

In addition to the impact of BSQ on sexual victimization rates, researchers have shown that making slight alterations to item wording can produce significant differences in the disclosure of sexual victimization (Abbey, Parkhill, & Koss, 2005; Hamby & Koss, 2003; Rueff & Gross, 2017). For example, Abbey, Parkhill, and Koss (2005) randomly assigned two versions of the same questionnaire (tactics first or type of sex first) to their participants. In the tactics first version, questions began with information about the tactics used rather than the type of sex that was forced. Significantly higher rates of sexual victimization were found when respondents were presented with this version of the questionnaire in comparison to the type-of-sex first questionnaire. This suggests that questions beginning with the tactics stimulate the memories of respondents more effectively than questions that begin with the type of coerced sex (Abbey et al., 2005). In addition, Rueff and Gross (2017) found increased rates of both sexual perpetration and victimization disclosure when using the modified questions of the Sexual Experiences Survey (SES). These modified questions did not ask about the female's degree of wanting the sexual encounter but instead asked about explicit behaviors directly observable by each party. The want-based language in the original SES may

thus leave room for interpretation by both victims and perpetrators and may describe coerced sexual experiences too narrowly, from a victim's perspective. Finally, a qualitative study by Hamby and Koss (2003) on the terms used in sexual victimization surveys found that many of the terms that are used interchangeably (e.g., unwanted, nonvoluntary, forced) have distinct meanings for respondents. The participants asserted that coercion is a complex construct. In their view, using terms such as "forced," "unwanted," or "involuntary" all fall on the continuum of coercion, which ranges from physically forced acts to fully consensual acts. Each word implies a different degree of coercion, with "forced" representing the most extreme (Hamby & Koss, 2003). Therefore, surveys that exclusively include the item "forced" may lead to an underreporting of many incidents that still meet the legal definition of rape (Hamby & Koss, 2003). Moreover, participants reported considerable skepticism regarding the way in which men and women would perceive coercion in sexual encounters. They therefore questioned whether reports of sexual coercion by men and women should be analyzed in the same manner (Hamby & Koss, 2003).

Researchers who focused on male (and female) sexual victimization (Hartwick et al., 2007; Krahe, Scheinberger-Olwig, & Bieneck, 2003), female sexual perpetration (Krahe, Waizenhöfer, & Möller, 2003), and tactics of sexual coercion (Struckman-Johnson et al., 2003) also indicated that coercion strategies are commonly used by female offenders on male victims. Overall, women use gentler or less exploitative tactics against men in comparison to male offenders (Krahe, Waizenhöfer, et al., 2003; Struckman-Johnson et al., 2003). Exploiting a victim's incapacitated state is one such coercion strategy that is frequently reported by female offenders (Hartwick et al., 2007; Krahe, Scheinberger-Olwig, et al., 2003) as is verbal pressure using the tactics of sexual arousal and repeated requests (Hartwick et al., 2007; Krahe, Scheinberger-Olwig, et al., 2003; Krahe, Waizenhöfer, et al., 2003; Struckman-Johnson et al., 2003).

Therefore, deciding whether to use BSQ and include less severe coercion tactics in the research may have a significant impact on the reporting of sexual victimization in both sexes. However, the implications on reported prevalence rates may be even greater regarding male victims. To understand why, we must first consider men's place in society and its influence on sexual victimization.

A Societal View of the Research Findings

Gender roles and sexual scripts as a code of conduct for behavior. Gender stereotypes and sexual scripts prescribe how men and women are supposed to interact with each other and behave in sexual situations (Simon & Gagnon, 1984). Through gender role socialization, men are socialized into strong and sexually dominant roles (Abdullah-Khan, 2008). Their sexual script further implies that they are sexually active and experienced and act as sexual opportunists (i.e., engage in every sexual opportunity; Gupta, 2000). Men are expected to "make the first move" (seduce women), whereas women are expected not to engage in every sexual opportunity and to be "the gatekeepers

of sexual intimacy” (Krahé, Scheinberger-Olwig, & Kolpin, 2000). Women are thus presumed to be sexually passive and inexperienced (Gupta, 2000).

In a study focusing on the characteristics of male and female victims of sexual coercion within a sample of university students, Hartwick, Desmarais, and Hennig (2007) found that a belief in men’s sexual accessibility (i.e., that men are always willing to engage in sexual activity) is predictive for women’s and men’s experiences of sexual victimization (Hartwick et al., 2007). However, this belief may hold a different meaning for each gender. Men who endorse male stereotypes might feel guilty about refusing to engage in sexual activities, making it more difficult for them to offer resistance (Hartwick et al., 2007). Women who endorse similar male stereotypes might believe that resisting a male offender is pointless, given their uncontrollable desire for sex (Hartwick et al., 2007).

Fiebert and Osburn (2001) claim that this “sexual opportunist” frame means that male victims cannot experience negative consequences of sexual victimization. They examined the influence of gender and ethnicity on various levels of sexual coercion among heterosexual partners within a sample of college students. They found that male victims are more likely to report mild, moderate, and severe levels of coercion than women. However, when it comes to reporting the consequences, a higher percentage of women report suffering negative feelings of victimization. Male victims who suffer fewer negative feelings in comparison to female victims might thus be defending a possible threat to their self-image consistent with their sexual script, if they were to admit to such feelings (Fiebert & Osburn, 2001). By contrast, women are able to show emotional suffering caused by sexual victimization because this poses little threat to their self-image and is consistent with the sexual script (Fiebert & Osburn, 2001). However, evidence suggests that sexual victimization is as psychologically distressing to men as it is to women (see Peterson et al., 2011, for a systematic review) and might even be more traumatic for men, given the conflict with sex-role stereotypes (Elliott et al., 2004). Clark (2014) even describes the presence of a sense of “stolen or harmed masculinity” in men who are sexually victimized. This feeling of being “unmasculine” may eventually lead to a fundamental identity crisis in these men (view literature review of Clark, 2014).

Rape myths: Silencing the victims. Along with gender roles, several rape myths are still prevalent in society. In regard to female victims, rape myths may be directed at the victim, for example, where suggestions are made that “the victim is lying, deserved the sexual assault or asked for it because of how she was acting or what the victim was wearing” (Franiuk, Seefelt, & Vandello, 2008, p. 790). Rape myths also excuse the offender or downplay the seriousness of sexual victimization by implying that it was an incidental or even a natural event (Franiuk et al., 2008; Smith & Skinner, 2017). In addition, several male rape myths exist, for example, real men can defend themselves, men cannot be forced to have sex against their will, and men are less

affected by sexual assault than women (Chapleau, Oswald, & Russell, 2008; Turchik & Edwards, 2012).

Both men and women endorse male rape myths, with the proportion ranging between 2.7% and 45.9% of men and 1.5% to 23.4% of women (view literature review of Turchik & Edwards, 2012). These myths may constrain victims from acknowledging their nonconsensual experiences as rape or sexual assault, either because they blame themselves for what happened (Carmody & Washington, 2001) or because these myths cause them to believe their experience does not qualify as sexual victimization (see Peterson et al., 2011, for a systematic review).

These myths obscure the experience of sexual victimization, silencing the victim, and preventing the prosecution and punishment of offenders (Carmody & Washington, 2001). In their study on the acceptance of rape myths among college women, Carmody and Washington (2001) found that prior sexual victimization did not affect women’s attitudes to rape myths. They suggest that this is because women are socialized into female gender roles that expect them to act as “gatekeepers of sexual intimacy.” Rape victims may therefore experience guilt and self-blame and thus be more inclined to accept some rape myths. Male victims may be affected by similar reasoning. Their socialization into male gender roles as sexual opportunists may cause them to feel guilty and “less of a man” when they are victimized. They may therefore be more prone to accept some male rape myths.

Male rape myths largely go unchallenged, causing negative attitudes and responses to male sexual victims by diminishing the seriousness of the victimization and assuming that these incidents are not true offenses (Javaid, 2017a, 2017b). Javaid (2017b) came to this conclusion when conducting interviews with police officers and male rape counselors to capture their beliefs and attitudes about male rape. In addition, in a literature study focusing on gay male rape, Javaid (2017a) finds that, on the whole, the police and society in general believe that “men cannot be raped” and that men should be masculine and dominant. He concludes that male rape is not considered a serious problem in society and that the existence of male victimization remains highly contentious. Overall, it is assumed that men would be able to defend themselves if they did not want the sexual activity to occur, and they would find the experience pleasurable. This may lead to underreporting of male sexual victimization (Clark, 2014; Fisher & Pina, 2013; Javaid, 2017b).

Finally, some people believe that rape is a way to dominate and control women and deny male sexual victimization since they fear that acknowledging males as victims would divert resources away from female victims (view literature review of Bullock & Beckson, 2011). They therefore only recognize female rape myths and refer to male rape myths as “excuses” to shift the blame (Fisher & Pina, 2013; Javaid, 2017b). This is clearly stated in the description of rape by the feminist Brownmiller (1975): “Rape is a conscious process of intimidation by which all men keep all women in a state of fear” (p. 15).

Unacknowledged rape: The differing perspectives of victims. Victims may interpret their nonconsensual sexual experience differently. Some might not label their sexual victimization as rape, even though it meets the legal definition. This is also referred to as “unacknowledged rape” (Kahn, Jackson, Kully, Badger, & Halvorsen, 2003). The prevalence of unacknowledged rape is quite high—up to 60.4% for female victims (view meta-analysis of Wilson & Miller, 2016). An empirical study of how men describe their own victimization of child sexual abuse and adult rape found that only 24% of adult male victims self-label their experience as rape (Artime, McCallum, & Peterson, 2014). Marsil and McNamara (2016), examining the disparity between self-identified versus legally identified rape within a college student sample, show that the use of a legal definition of rape identifies three times as many victims compared with those who self-identify their experience as rape.

With regard to female victims, the likelihood of them labeling their experience as rape is higher when the experience includes the use of force with completed penetration, the victim shows forceful resistance, or when she is too incapacitated to stop the offender (Fisher, Daigle, Cullen, & Turner, 2003; Marsil & McNamara, 2016). Furthermore, in Fisher, Daigle, Cullen, and Turner’s (2003) study focusing on the characteristics of incidents that are likely to be considered as rape among female college students, sustaining an injury and the presence of a weapon increase the likelihood of the experience being acknowledged as rape. Examining the correlates of men’s acknowledgment of victimization shows that the use of physical force and the offender being male lead to men labeling their experience as rape (Artime et al., 2014).

These elements remind us of the stereotypical rape scripts. Such scripts imply that rape occurs between strangers, involving a female victim and male offender, with the use of weapons and extreme force, causing injury to the victim, and where the victim is required to show substantial resistance (Davies, Walker, Archer, & Pollard, 2013; Peterson & Muehlenhard, 2004). Peterson and Muehlenhard (2004) looked at the influence of rape myth acceptance on the acknowledgment of rape among college women. They found that women’s acceptance of various rape myths, showing large similarities with stereotypical rape scripts, means they are less likely to acknowledge their experience as rape. This stereotypical description of rape may thus lead many victims to not conceptualizing their experience as rape or sexual assault, if it does not fit this narrow definition (Peterson & Muehlenhard, 2004). Additionally, many male victims do not fall within the description of the stereotypical rape scripts since these scripts usually involve male-on-female rape (Davies et al., 2013). Therefore, several aspects of the incident may influence victims’ decisions in acknowledging their experience as sexual victimization.

Discussion

Sexual victimization is a major public health problem that involves various physical, mental, socioeconomic, and social consequences. The main focus of research into sexual

victimization has primarily been on women, omitting male victims from the picture. Even though current research still shows that women are sexual victims more often than men, this synthesis came across some high rates of male sexual victimization of up to 66.3%. This leads us to seriously question the prevailing gender-based stance on sexual victimization in most research and policy measures. We posit that the gender differences in prevalence rates of sexual victimization, and in research and policy, may be exacerbated by inconsistencies in how sexual victimization is studied on the one hand and by prevailing societal perspectives on the other. This hypothesis is elaborated below, but further research is needed to evidence it with empirical grounds. Nonetheless, sufficient evidence is already available to require a recognition of male sexual victims in research, policy, treatment, and judicial processes.

As has been described, several research choices may influence the reported prevalence rates of sexual victimization. First, research has shown the significant influence of BSQ on the disclosure of sexual victimization (e.g., Fisher, 2009; Fisher et al., 2000; Koss, 1993a). The use of non-BSQ may therefore cause potential differences not only in the way participants interpret the terms used but also in the way they interpret their own sexually unwanted experiences. Not using BSQ may thus cause lower prevalence rates of sexual victimization, since reports of nonconsensual sex by victims who do not define their own experiences as sexual victimization are not detected (Peterson et al., 2011). Given the fact that many male victims do not label their sexually unwanted experience as rape (i.e., unacknowledged rape), the use of BSQ is highly recommended (Wilson & Miller, 2016). The fact that all studies reporting high(er) rates for male sexual victimization apply BSQ highlights the significant influence of this decision on male victimization research.

Second, researchers have shown that unwanted sexual acts between male victims and female perpetrators often involved “less severe” coercion tactics. Studies that limit their definition to more severe types of coercion (e.g., physical force, use of a weapon) and exclude “gentler tactics” such as exploiting a victim’s incapacitated state and verbal pressure may therefore yield an underreporting of male sexual victims. To illustrate, the study by Johnson and Stahl (2004), focusing on sexual experiences associated with participation in drinking games, showed an overall higher prevalence rate of male sexual victims in comparison to female victims, in respect of all forms of sexual victimization. This confirms that “less severe” coercion tactics need to be included in research in order to ascertain the full scope of male sexual victimization.

By adopting a societal perspective, we identified that a major influence on the prevalence rates of sexual victimization originates in society and its current cultural ideas, social norms, and shared expectations. These existing societal perspectives include prescriptions on how men and women should behave in a social and sexual situation (i.e., gender roles and sexual scripts), along with dominant perceptions of sexual victimization (i.e., rape myths). Society therefore describes what is

commonly considered to be sexual victimization and who may fall victim to it (i.e., rape scripts).

These dominant rape scripts thus represent the prevailing societal perception of sexual victimization and largely overlap with Christie's (1986) ideal victim status. He described the ideal victim as a sort of public status accorded to those who are most readily given the complete status of being a victim. Overall, Christie sums up five attributes that at least need to be present for an individual to be able to acquire the status of "ideal victim" (cf. *supra*), and he paints a vivid picture of the ideal rape victim: "a young virgin on her way home from visiting sick relatives, [who is] severely beaten or threatened before she gives in" (p.19). By underlining the stereotypical rape script in his framework, he therefore deprives men of an ideal victim status.

Dominant perspectives in society may therefore play a vital role in whether or not victims receive this public status. Yet, these shared expectations, social norms, and shared ideas create large gender differences in whether this public status is attained. Prevailing stereotypical gender roles and sexual scripts are in favor of women's ability to acquire (ideal) victim status. However, quite the opposite is true for men who must reject their gender roles and sexual script in order to be considered an (ideal) victim.

Existing expectations shape the way that people perceive sexual victimization and may therefore influence the victim's own perception of their sexually unwanted experiences (see Figure 2). Davies (2002) suggests that men may never have considered that they could become sexual victims since prevailing gender stereotypes cause them to internalize the belief that male sexual victimization is beyond the realm of possibility. If such an event does occur, they may have trouble accepting not only that it happened to them but also that it happened at all. It is often presumed that men are able to defend themselves if they do not want sexual activity to occur and would find the experience pleasurable given their sexual opportunist nature. In addition, given the existing assumption that the presence of an erection is an indication of a pleasurable erotic experience, it is claimed that men are less traumatized in comparison to women (Bullock & Beckson, 2011). Since men often get an erection, ejaculate, or both during an assault (Bullock & Beckson, 2011), many male victims might feel as if they cannot label their experience as sexual victimization. Furthermore, the nature of male-to-male sexual victimization frequently leads to the conclusion that it is a homosexual act, suggesting that the victim must be gay (Davies et al., 2013). Additionally, men who acknowledge their sexually unwanted experience as rape feel as if they have failed to uphold the masculine ideal (Artime et al., 2014), resulting in a sense of "stolen or harmed masculinity." Men may therefore remain silent, to avoid being viewed as unmasculine and gay.

A stereotypical description of rape (i.e., rape scripts) may therefore lead victims to refrain from defining their experience as rape or sexual assault if the rape does not fit into this narrow definition (Peterson & Muehlenhard, 2004). Research has shown that many male victims do not seek help, or wait longer,

because of difficulties in self-identifying as victims (Machado et al., 2016). Machado, Hines, and Matos (2016) state that masculine gender socialization, social stigmatization, and strong endorsement of sociocultural values appear to be the main reasons why male victims do not seek help. This further increases their already high risk of developing PTSD (Larsen & Hilden, 2016), generating even more negative consequences when they do not get the help they need. Overall, these differences in the possibility of being considered a sexual victim will lead many male victims to refrain from reporting their experience or seeking help. Subsequently, this may be reflected in prevalence rates of sexual victimization being generally lower for males in comparison to females.

The Implications of Prevailing Perceptions of Sexual Victimization on Policy, Research, and Practice

The significant consequences of sexual victimization for both sexes indicate the need for effective prevention measures and treatment. Yet, in order to be provided with help, men and women who have been victimized must not only be willing to seek help but also be recognized as victims by help providers and institutions. However, recent studies show that gendered and ideal victim perspectives are still prevalent within several relevant institutions. Javaid (2017b) found that police officers view male rape as "unimportant" and "not serious" and generally hold the assumption that "men cannot be raped." Male sexual victims are thus labeled as "undeserving of a victim status" (Javaid, 2017b, p. 16). Furthermore, Maddox, Lee, and Barker (2012) conceptualized three categories of victim based on police perceptions of female victims: the real victim, the mad victim, and the bad victim. Only those who match the concept of a "real victim" are perceived as truthful. These victims are described by officers as intelligent, well dressed, emotionally distressed, vulnerable, and female, thus showing similarities with the characteristics of the "ideal victim." Victims who are not treated as a "real" or "ideal" victim by police officers may, as a result, experience secondary victimization, worsening the sexual victimization, and causing additional stress and trauma (Campbell & Raja, 1999). Because the police are likely to see the real/ideal victim as female, their recognition of male victims is still far from optimal.

The justice system's recognition of male sexual victims is also inadequate. Many male victims exhibit some form of physical sexual arousal during an assault (i.e., erection and/or ejaculation). This is often incorrectly understood by the justice system, with male arousal interpreted as the consent of the victim (Bullock & Beckson, 2011). This misconception has made courts unwilling to provide legal remedy to male victims (Bullock & Beckson, 2011). However, research has shown that physical sexual arousal, and in some cases ejaculation, can occur when an individual feels anxious or stressed (Bullock & Beckson, 2011; Fisher & Pina, 2013; Fuchs, 2004). Researchers applying an experimental design reported that genital arousal is not necessarily accompanied by subjective sexual arousal (Janssen, 2011). However, this distinction

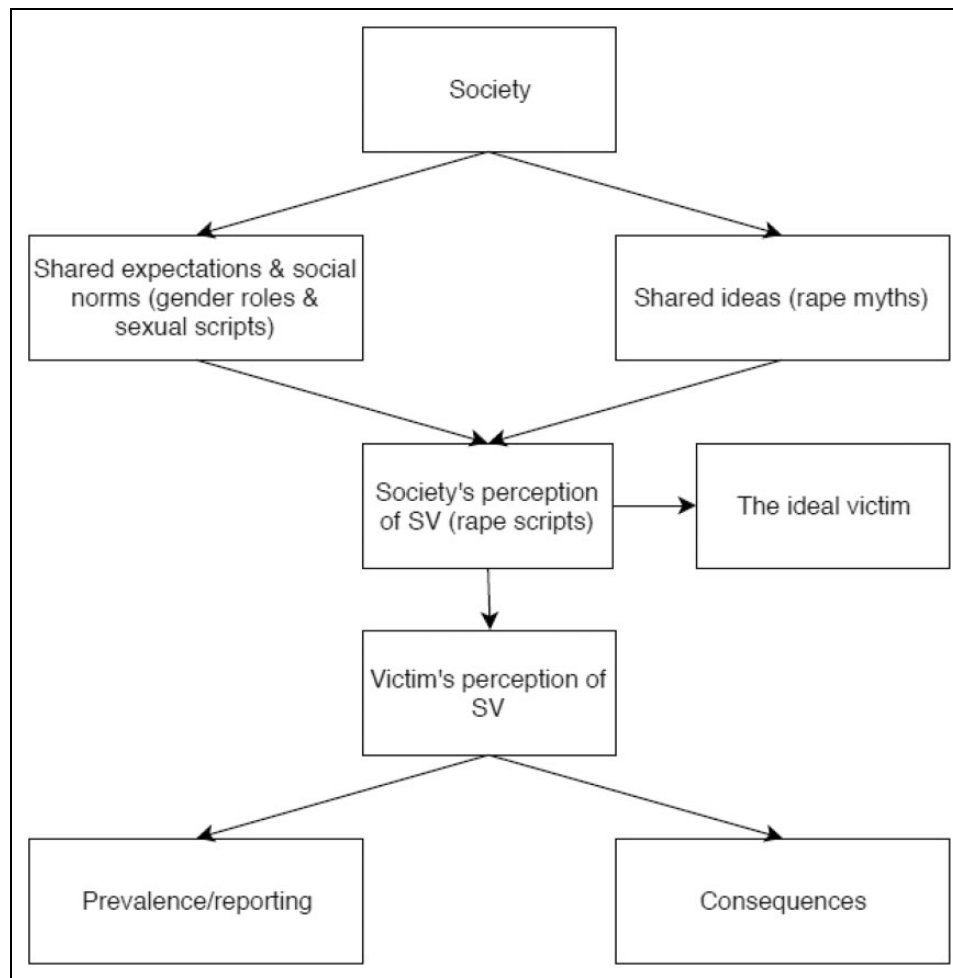


Figure 2. The influence of society on the perception of SV and the gender differences in prevalence rates.

remains underemphasized in the justice system and in society generally. The assumption that genital arousal indicates consent is primarily based on the stereotypical perception that men are sexual opportunist who enjoy every sexual activity. Sex education and courses about sexual victimization should therefore explain the psychophysiological functioning of sexual arousal and its implications for genital response, while refraining from stereotypical gendered perceptions of sexuality.

In the care and treatment of individuals who experience sexual victimization, the focus mainly lies on female victims. Many hospitals and care centers need training and education in collecting evidence from and providing overall support for male victims (Davies, 2002; Hendriks et al., 2018). The reactions of caregivers toward male victims still differ depending on the characteristics of victim and offender (Davies, 2002); several male victims even describe the help received from formal sources as unhelpful (Machado et al., 2016). Care providers may thus generally share the prevailing perceptions about ideal victims. This is also reflected in the overall knowledge about male sexual victims, where specific guidelines are lacking and many caregivers underestimate the prevalence of male sexual victimization (Keygnaert, 2015). The result is that

“research, help and support for male victims is still more than 20 years behind that for female victims” (Davies & Rogers, 2006, p. 2). Yet those providing support need to be aware of and understand the specific needs of male victims if they are to improve both primary and secondary preventive measures in order to make male victims feel safe in coming forward (Larsen & Hilden, 2016). There is therefore a pressing need to conduct research on male victims and induce changes within health-care systems.

The majority of scientific researchers also hold a gender-based view. This impacts policy framework developments, where policy is based on research data (Keygnaert, 2014). Research should therefore be conducted in a way that does not create a gender bias, in order to include male victims within research and policy frameworks. However, research needs funding, and this is often allocated at the political level (Keygnaert, 2014). This creates a vicious circle—if no changes are made at the political level to provide funds for more gender-sensitive research, the gender-based view in the majority of research will not be addressed, leading to consistent under-recognition of male sexual victims (Keygnaert, 2014). Conducting research on male sexual victims may therefore lead

to greater recognition and understanding of male victimization, which in turn will lead to a less threatening climate for male victims to report their traumatic experience and seek support (Abdullah-Khan, 2008).

Changes at the political level could start with a modification of the legal definitions of sexual victimization. Several legal definitions (e.g., in the United Kingdom) still do not recognize that rape can be committed by females (Fisher & Pina, 2013) or they specifically mention that an offense is “committed on a person who does not give consent” (e.g., Belgium; Art. 375 of the penal law). In the latter case, this suggests a victim has a passive role, thereby excluding penetrative victims from the definition. These descriptions of sexual victimization reinforce a gender-based view, limiting the recognition of male victims.

The findings of this review suggest key changes are required in how sexual victimization research is conducted. Given the significant influence of the way questions are presented, it is recommended that future research should consistently use BSQs. In addition, research should not be limited to more severe forms of coercion but should include insistence, incapacity of the victim, and other “gentler” tactics in their definitions, in order to reveal the full scope of male victimization. Finally, research should provide clear ratings of sexual victimization, including specific sexual acts (without combining them) and a total prevalence rate, in order to facilitate a comparison between different studies. Overall, this heterogeneity is a limitation, since no clear conclusions can be made about the scale of the problem (Krahé et al., 2014), both in examining possible trends over time and in determining the magnitude of sexual victimization, when comparing the problem across jurisdictions (Basile & Saltzman, 2002). Therefore, consistency in how sexual victimization is studied could provide a solution to both problems and lead to better comparison between studies.

Limitations and Future Directions

An important limitation of this synthesis involves the main differences between a CIS and conventional systematic review methodology. The entire process of a CIS (e.g., question formulation, searching, selection, critique, synthesis) is characterized as dynamic rather than fixed (Dixon-Woods et al., 2006). It is therefore not strictly reproducible. In its defense, our analysis and critical synthesis is grounded in the literature, offering insights that are consistent with the available evidence. These insights should therefore prevail over the strict reproducibility of the findings. Along with empirically valuable questions that can be formulated for future research, the lack of strict reproducibility may be considered secondary to the insights the review has generated regarding gender differences in sexual victimization and male victims in particular.

As has been said, society’s prevailing ideas and expectations may exert considerable influence on the prevalence and consequences of sexual victimization. However, this remains a hypothesis and further research is needed to provide it with empirical grounds. The influence of gender roles on sexual

victimization, including its risks and consequences, is therefore worthy of further investigation.

Finally, this review only focused on sexual victimization in community populations and student samples. Specific settings for sexual victimization were not considered (e.g., prison settings, mental health institutions, intimate partner violence). Future research could be conducted within these settings, since similar gaps in research, policy, and treatment may be applicable.

Conclusion

In this CIS, we conclude that the gender differences in sexual victimization do not always reflect reality, particularly regarding male victims, but may be due to inconsistencies in how sexual victimization is studied on the one hand and prevailing cultural perspectives and norms in society on the other. Current societal ideas and shared expectation embodied in prevailing gender roles, sexual scripts, and rape myths may thus play a major part in the occurrence, reporting, judicial processing, and consequences of sexual victimization and the help seeking by and effective support of victims. Existing societal perspectives may not only influence prevailing perceptions about sexual victimization among members of society in general but may also influence victims’ own perceptions of their nonconsensual experiences. Overall, this may affect the prevalence rates and reporting of sexual victimization and may lead to even greater consequences for those victims who refrain from seeking help. Because society does not usually see men as (ideal) sexual victims, this process may be even more prevalent for male victims. As a consequence, not addressing prevailing societal perspectives may lead to consistent under-recognition of male victims, excluding them from research, treatment, and policy consideration.

Recommendations for Research, Practice, and Policy

Research

- Provide the total percentage of the prevalence of sexual victimization to ensure comparability between studies.
- Use BSQ and provide clear operational definitions of sexual victimization.
- Include less severe coercion types (e.g., insistence, exploitation of an incapacitated state).
- Conduct research in a way that does not induce a gender-based view.

Practice

- Limit the emphasis on stereotypical ideal victim perspectives of sexual victimization in society by providing education and training for health-care actors.
- Provide sexual education focused on the psychophysiological functioning of sexual arousal and its implications for genital response while refraining from gendered sexual stereotypes.

- Construct specific guidelines regarding the support and treatment of male victims of sexual victimization.

Policy

- Limit the use of ideal victim perspectives by the police and judicial institutions by providing education, training, and insights on male sexual victimization.
- Change current legal definitions to include male victims.
- Place specific emphasis on male victims in policies prescribing the reception, support, and protection of victims by the police and other service providers.

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