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Research paper

Male victims of sexual assault; 10 years' experience from a Danish Assault Center

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ABSTRACT

This study aims to provide descriptive data regarding male victims of sexual assault seen at the Centre for Victims of Sexual Assault in Copenhagen, Denmark. All 55 male victims attending the center in the time period of March 2001 until December 2010 underwent a standardized data collection. Data included information on the victim and the sexual assault. Male victims accounted for less than 2% of the total number of visits to the center in this time period. Fifty three percent were between 15 and 24 years. In all cases the perpetrator was male, and 25% were assaulted by more than one perpetrator. Of the 62% of male victims who gave information on sexual orientation, 36% reported themselves as heterosexuals. A total of 45.5% had an alcohol intake of more than 5 units in the hours before the assault. Forty two percent reported the assault to the police. The male victims differed from female victims in several ways; they were more often assaulted by a stranger; more likely to be assaulted by more than one perpetrator; more likely being victim of drug rape; less likely to have experienced previous sexual abuse and less willing to report their assault to the police. Being victim of a sexual assault by another man is considered a taboo subject and it is likely that the dark figure of men exposed to sexual assault is much higher than it is for women. Strengthening our knowledge regarding male victims of sexual assault is necessary to improve both primary and secondary preventive measures in order to make male victims feel safe in coming forward. Male victims should have equal access to both medical and psychological help as female victims.

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1. Introduction

Most often literature regarding sexual assault considers men only as perpetrators and women as victims. The research regarding male victims has often been restricted to all-male environments. Within these, several groups of males at higher risk of sexual assault has been identified; gay and bisexual men, men in prisons and men in armed conflicts.[1–4] Some studies from sexual assault centers present data from both male and female victims together making deduction for only one gender difficult.

Many have suggested that the real numbers of sexual assaults are much greater than the official numbers reported. Because sexual assault cases are associated with prejudice and taboo it is likely that many are underreported. Perhaps this is even truer for cases regarding male victims of sexual assault and even more in the cases where men are sexually assaulted by a female perpetrator. Previous studies have been conflicting as to the degree of police-involvement in sexual assault cases with male victims. Male victims have been shown to have both identical, and far less, numbers of police reporting compared to female victims.[5–8]

Similarities and differences between female and male victims of sexual assault have previously been highlighted.[5,9,10] Findings from these studies show that underreporting are more pronounced for male victims compared to female victims, often resulting in a lack of aftercare at sexual assault centers for male victims. The male victims that did receive aftercare hesitated longer that the female victims before seeking help. In regards to physical injury the male victims were found to have far less non-genital injuries than the female victims.

Our aim was to provide descriptive data regarding the main characteristics of the male victims seen at the Centre for Victims of Sexual Assault (CVSA) in Copenhagen and the circumstances in which the assault occurred. Information regarding the female victims seen at CVSA has been published elsewhere and the

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characteristics of the male victims will be compared to female victims when possible.[11]

1.1. Setting

In 1999 the Danish Ministry of justice together with the Ministry of health agreed on a national model for an integrated and multidisciplinary approach to victims of sexual assault to improve the medical, legal and psychological assistance to victims of sexual assault. This led to the opening of eight Centers for victims of sexual assault across Denmark and in 2000 the center in Copenhagen opened. The center in Copenhagen is the largest in the country with approximately 300 new visits each year. The center serves the eastern part of Denmark with a background population of approximately three million people. The center is situated in the gynecological department and serves both male and female victims from 12 years of age, providing a free 24-h service independent of police reporting. The staff consists of gynecologists, specialized nurses, trained psychologists, and social workers. The center offers physical examination, medical treatment, social counseling, and psychotherapy.

1.2. Procedure

From March 2001 until December 2010 all men and women seen at CVSA underwent a standardized data collection. This included variables describing the victim and the sexual assault. All victims were seen within 72 h from the time of the assault. Data was registered by the doctors and/or nurses performing the examinations and stored in a database held at CVSA. All analyses presented in this manuscript were retrieved from this database. Data were analyzed by SPSS version 19.

We generated descriptive categories for the different variables as described below.

The perpetrator was defined as being known to the victim if he was a partner or former partner, relative, friend or schoolmate. When the male victims reported brief contact with the perpetrator in the hours before the assault, he was categorized as known <24 h. If the victim had never seen the perpetrator before, he was categorized as unknown.

Men reporting being unemployed or receiving any type of government support, were categorized as receiving welfare.

Previous sexual assault or childhood sexual abuse was categorized as either yes or no. If the male victims attended the center for more than one assault in the 10-year period, each assault was recorded independently.

Police involvement was categorized as yes when the victim reported to the police regardless of when the complaint was filled. If the complaint was not accepted by choice of the police, it was labeled as rejected.

When the place of assault was either the victim or the perpetrators home it was labeled as 'home'. The category 'outside' included streets or parks.

The alcohol intake by the victim was categorized into either five or more or less than five alcoholic units the day of the assault.

From 2004 to 2010 male victims were all asked whether they suspected being drugged in relation to the assault, and this category was based solely on the information given by the victims themselves.

If they presented with any physical signs of violence associated with the assault this was recorded as "yes" to physical injury.

Sexual orientation was not part of the standardized data collection and information regarding this was retrieved from manually going thru the patient records.

1.3. Ethics

As this study used anonymized data from the CVSA database no further ethical approval was necessary. Approval from the Danish Data Protection Agency was granted on 1 May 2010.

2. Results

General characteristics of the male victims are shown in Table 1 and described below. Table 2illustrates differences between male and female victims.

2.1. Victim characteristics

From 2000 to 2010 a total of 55 male victims were seen at CVSA, one of the victims were seen more than once in this time period. The center had 2912 visits in this time period and the male victims therefore constituted 1.9% in this period. The age span varied from 12 to 58 years, the majority (53%) was between 15 and 24 years, and only two men were younger than 15 years. Thirty-three were of Danish nationality (67%) the number of men from developing countries, seen at the center, were slightly higher than the total number in the Danish society according to Statistic Denmark. Twenty-one were employed (40%) and 20 were students (39%) at the time of the assault and eight of the men were on welfare, similar to the general population according to Statistics Denmark (15%). Information regarding sexual orientation was present for 34 men (62%), of these, 23 reported themselves as heterosexuals (68%).

Table 1
General characteristics for male victims seen at CVSA from 2000 to 2010 (N = 55).

Category	n	%
Victims nationality		
• Danish	37	67.3
• Developed countries	5	9.1
• Developing countries	9	16.4
Victim's occupation		
• Employed	21	40.4
• Welfare	8	15.4
• Student	20	38.5
Victim referred by		
• Himself	17	30.9
• Police	16	29.1
• Other hospital	13	23.6
Assault reported to police		
• Yes	26	47.3
• No	23	41.8
• Rejected by police	3	5.5
Victim-perpetrator relationship		
• Known	14	25.5
• Know<24 h	10	18.2
• Unknown	19	34.5
Place of assault		
• Home	24	43.6
• Bar and restaurant	7	12.7
• Outside	13	23.6
Physical injury		
• Yes	21	38.2
• No	34	61.8
Victim's alcohol intake		
• None	18	32.7
• 1–5 units	11	20.0
• More than 5 units	25	45.5
Suspicion of drug rape		
• Yes	16	29.1
• No	29	52.7
Number of perpetrators		
• One	33	60.0
• 2–3	9	16.4
• More than 3	5	9.1

Table 2
Male versus female characteristics for victims seen at CVSA from 2000 to 2010 (N = 2596).

Characteristics	Male victims n total = 55 % (n)	Female victims n = 2541 % (n)
Chronic psychical or mental disorder	24% (12)	29% (730)
Daily intake of any medication	29% (16)	37% (933)
Physical disability	6% (3)	3% (69)
Alcohol abuse	6% (3)	3% (74)
Drug abuse	7% (4)	3% (75)
Physical injury	33% (21)	53% (1347)
More than one perpetrator	25% (14)	14% (365)
Previous sexual victimization	16% (9)	27% (676)

Information on previous sexual victimization was present for 42 men (75%), of these, 9 men said they had been subjected to previous sexual assault (21%). They were asked if they suffered from a chronic somatic and/or psychiatric disorder at the time of assault and 12 answered yes to this (22%). The disorders reported included a wide variety of both psychiatric and somatic disorders such as schizophrenia, anxiety disorders, arthritis, and inflammatory bowel disease. In addition, 16 of the men reported a daily intake of any type of medication (29%) including nine men who reported daily intake of psychotropic drugs (11%).

2.2. Assault characteristics

Twenty-three percent reported their assault to the police (42%), the most common reason for not involving the police was uncertainty regarding the details of the assault, feelings of guilt and wanting to forget. The referral to the center was equally distributed between; other hospitals (n = 13, 24%), arriving with the police (n = 16, 29%), and self-admission (n = 17, 31%). Twenty-nine had no or little previous contact with their perpetrator before the assault (53%). In all cases where information regarding the perpetrator was present the perpetrator was identified as male. In twelve cases (21%) this information was not present most often because the victim had no specific memory or knowledge of the perpetrator due to suspected drug rape. Twenty-one sustained a physical injury during the assault (38%), most often these were hematomas and bruising of the skin. Twenty-five of the men had an alcohol intake of more than 5 units (46%) and 8 men (14.5%) had amnesia for some or all the details regarding the assault due to a high intake of alcohol. In relation to this, 16 of the men suspected that they had been victim of drug-rape (29%).

3. Discussion

This study on male victims seen at a sexual assault center not only show several similarities in characteristics within the group of male victims but also suggest that there are differences between the male and female victims seen at these centers. In this study male victims accounted for less than 2% of the total number of visits at the center. Other data from similar sexual assault centers have shown rates of male victims accounting for 0.3% up to 8.5% of the total number of victims seen at these centers.[1,12–15]

Our study shows that only 42% of the male victims filled a complaint to the police, whereas approximately 70% of female victims reported to the police. One fourth of the men came to the center after being seen at an emergency department, suggesting that perhaps they were more likely to seek help if they were in need of medical attention for injuries related to the assault.[16] Perhaps the fact that most sexual assault centers are located at gynecological departments is also a barrier for the men in seeking help. Our findings also show the male victims compared to females are less likely to sustain non-genital injuries.

Contrary to public perceptions not only homosexual men are at risk of sexual assault.[17–19]

Perhaps this public perception is contributing to the lack of male victims coming forward for fear of being labeled as homosexuals.

Our study found that of the male victims who answered question regarding sexual orientation 36% identified themselves as being heterosexuals. Being sexually assaulted by someone of the same sex can activate questions regarding sexuality in the victim themselves. Studies involving male perpetrators of male sexual assault have shown that the element of power, control and revenge are more dominant than the sexual act itself and the perpetrators also differ in sexuality.[20–22]

We know that some male victims experience involuntary erections and/or ejaculation during the assault and this can increase these thoughts regarding sexuality and perhaps further the trauma of the assault.[17]

When we look at this group of male victims certain assault characteristics emerge. As for the female victims most of the assaults took place at the home of either the victim or the perpetrator, but the male victims were found to have a slightly higher risk of being sexually assaulted by an unknown perpetrator and their assault more often took place at a bar or restaurant.

These finding concurs with a survey from the U.S Department of Justice from 1998 that found that women are more likely to be assaulted by an intimate partner than men.[23]

The male victims had a high alcohol intake as has been found for female victims but our study also found that they were at greater risk of being subjected to a drug rape and being assaulted by more than one perpetrator, concurrent with previous studies.[5,15,18,24]

It is well known that sexual abuse during childhood increases the risk of sexual assault in adulthood. In 1999 a survey of 2474 British men showed rates of non-consensual sex before the age of 16 in 128 men, corresponding to 5.28%.[19] Findings from a recently published Norwegian study found that 3.5% of the men experience sexual assault in childhood compared to 10.2% for women.[25] In total, 16.4% of the men seen at the center reported previous sexual abuse, and even though this is high compared to the survey's, it is only half the reported rate for female victims of sexual assault.[11,12]

Information regarding previous sexual victimization was missing for 26% indicating that, even in our setting, it can be difficult to ask and answer questions regarding sexual abuse.

Previous studies have shown that the male victims appear to report as much, and in some cases, greater symptomatology, than assaulted women and wait longer than women in seeking help for their assault.[5,26,27] One study found a mean time from assault to seeking help of 16.4 years.[7] This could possibly increase the male victims, already high, risk of developing Post Traumatic Stress Disorder.[28,29] One fourth of the male victims in our study reported that they suffered from a chronic illness at the time of the assault and one third had a daily intake of medication. These findings are supported by other studies suggesting a pre-assault vulnerability in some male victims of sexual assault.[15,30] The male victims in our study were also more likely to report a physical disability and a drug or alcohol abuse than the female victims. Factors, that all possibly contributes to an increased risk of being sexually victimized.[31]

Data presented in this study have been collected over a 10-year period according to a standardized questionnaire. We could not control for the clinical evaluations by different examiners, although the nurses and doctors had a similar level of training and experience and were routinely trained and updated on how to fill in the questionnaires. For most of the categories we only had the male victims statement and they were often seen directly after the

assault, in some cases still intoxicated and in shock, which potentially could weaken the validity of the results. Twenty-one percent of the men reported affected memory due to suspected drug rape, factors that all could affect their memory of the assault and result in misclassification. We have tried to compensate for this by going through the data collected again one month after the initial visit and adding any new information that might have emerged since the initial contact. The number of cases involving male victims seen at our center in the 10-year period is too small to prove statistical difference between male and female victims.

4. Conclusion

In general male victims constitute a small part of the victims seen at the center. Male victims differ from female victims in several ways. Men were more often than women assaulted by an unknown perpetrator and by more than one perpetrator. They reported a higher risk of previous sexual abuse than the general male population but less than the female victims. Men were at higher risk than women of being victims of drug rape and less willing to report their assault to the police. Our study show that sexual assault against men is not an issue confined to the gay community. The findings from this study are important to have in mind when establishing an environment where male victims can feel safe in coming forward and receiving both medical and psychological help without prejudice.

Declaration of conflicting interests

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References

1. Hiquet J, Gromb-Monnoyeur S. Men victim of sexual assault of concern into the first emergency medical unit for victims of assaults in France. *J Forensic Leg Med*. 2013;20:836–841.
2. Peterson ZD, Voller EK, Polusny MA, Murdoch M. Prevalence and consequences of adult sexual assault of men: review of empirical findings and state of the literature. *Clin Psychol Rev*. 2011;31:1–24.
3. Balsam KF, Rothblum ED, Beauchaine TP. Victimization over the life span: a comparison of lesbian, gay, bisexual, and heterosexual siblings. *J Consult Clin Psychol*. 2005;73:477–487.
4. Hickson FC, Davies PM, Hunt AJ, Weatherburn P, McManus TJ, Coxon AP. Gay men as victims of nonconsensual sex. *Arch Sex Behav*. 1994;23:281–294.
5. Nesvold H, Worm AM, Vala U, Agnarsdottir G. Different Nordic facilities for victims of sexual assault: a comparative study. *Acta Obstet Gynecol Scand*. 2005;84:177–183.
6. Nesvold H, Friis S, Ormstad K. Sexual assault centers: attendance rates, and differences between early and late presenting cases. *Acta Obstet Gynecol Scand*. 2008;87:707–715.
7. King M, Woollett E. Sexually assaulted males: 115 men consulting a counseling service. *Arch Sex Behav*. 1997;26:579–588.
8. Jones JS, Alexander C, Wynn BN, Rossman L, Dunnuck C. Why women don't report sexual assault to the police: the influence of psychosocial variables and traumatic injury. *J Emerg Med*. 2009;36:417–424.
9. McLean IA. The male victim of sexual assault. *Best Pract Res Clin Obstet Gynaecol*. 2013;27:39–46.
10. Ingemann-Hansen O, Brink O, Sabroe S, Sorensen V, Charles AV. Legal aspects of sexual violence - does forensic evidence make a difference? *Forensic Sci Int*. 2008;180:98–104.
11. Larsen ML, Hilden M, Lidegaard O. Sexual assault: a descriptive study of 2500 female victims over a 10-year period. *BJOG*. 2014, 10–0528.
12. Gisladottir A, Gudmundsdottir B, Gudmundsdottir R, et al. Increased attendance rates and altered characteristics of sexual violence. *Acta Obstet Gynecol Scand*. 2012;91:134–142.
13. Golan A, Dishi-Galitzky M, Barda J, Lurie S. The care of sexual assault victims: the first regional center in Israel–10 years experience. *Isr Med Assoc J*. 2012;14: 658–661.
14. Riggs N, Houry D, Long G, Markovchick V, Feldhaus KM. Analysis of 1,076 cases of sexual assault. *Ann Emerg Med*. 2000;35:358–362.
15. Du MJ, Macdonald S, White M, Turner L. Male victims of sexual assault: a descriptive study of survivors'use of sexual treatment services. *J Interpers Violence*. 2013;28:2676–2694.
16. Light D, Monk-Turner E. Circumstances surrounding male sexual assault and rape: findings from the National Violence against Women Survey. *J Interpers Violence*. 2009;24:1849–1858.
17. Bullock CM, Beckson M. Male victims of sexual assault: phenomenology, psychology, physiology. *J Am Acad Psychiatry Law*. 2011;39:197–205.
18. Hillman RJ, O'Mara N, Taylor-Robinson D, Harris JR. Medical and social aspects of sexual assault of males: a survey of 100 victims. *Br J Gen Pract*. 1990;40: 502–504.
19. Coxell A, King M, Mezey G, Gordon D. Lifetime prevalence, characteristics, and associated problems of non-consensual sex in men: cross sectional survey. *BMJ*. 1999;318:846–850.
20. Groth AN, Burgess W, Holmstrom LL. Rape: power, anger, and sexuality. *Am J Psychiatry*. 1977;134:1239–1243.
21. Groth AN, Burgess AW. Male rape: offenders and victims. *Am J Psychiatry*. 1980;137:806–810.
22. Almond LM, MA, WL. Male-onMale sexual assaults: an analysis of crime scene actions. *J Interpers Violence*. 2014;29:1279–1296.
23. Tjaden Patricia, Thoennes Nancy. *Prevalence, Incidence, and Consequences of Violence against Women: Findings from the National Violence against Women Survey*. 2014. Ref Type: Online Source.
24. Isely PJ. Sexual assault of men: American research supports studies from the UK. *Med Sci Law*. 1998;38:74–80.
25. Thoresen S, Myhre M, Wentzel-Larsen T, Aakvaag HF, Hjemdal OK. Violence against children, later victimisation, and mental health: a cross-sectional study of the general Norwegian population. *Eur J Psychotraumatol*. 2015;6.
26. Elliott DM, Mok DS, Briere J. Adult sexual assault: prevalence, symptomatology, and sex differences in the general population. *J Trauma Stress*. 2004;17: 203–211.
27. Galovski TE, Blain LM, Chappuis C, Fletcher T. Sex differences in recovery from PTSD in male and female interpersonal assault survivors. *Behav Res Ther*. 2013;51:247–255.
28. Walker J, Archer J, Davies M. Effects of male rape on psychological functioning. *Br J Clin Psychol*. 2005;44:445–451.
29. Walker J, Archer J, Davies M. *Eff Rape Men a Descr Anal Arch Sex Behav*. 2005;34: 69–80.
30. Grossin C, Sibille I, Lorin dIG, Banasr A, Brion F, Durigon M. Analysis of 418 cases of sexual assault. *Forensic Sci Int*. 2003;131:125–130.
31. Mitra M, Mouradian VE, Diamond M. Sexual violence victimization against men with disabilities. *Am J Prev Med*. 2011 Nov;41(5):494–497. http://dx.doi.org/10.1016/j.amepre.2011.07.014.