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BRIEF COMMUNICATION

The effects of sexual assault on men: a survey of 22 victims

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SYNOPSIS Twenty-two men, who had been forcibly sexually assaulted, participated in a study to determine the circumstances of the attacks and the effects on the victims. The immediate and long-term responses were very similar to those described in female victims of rape.

INTRODUCTION

Very little work has been done on the effects of forcible sexual assault on men. One possible reason may be that it is not recognized as a distinct entity within the 1976 Sexual Offences (Amendment) Act but is included with other consensual and nonconsensual acts of buggery on both women and men. This has obvious implications in reporting and public awareness (Mezey & King, 1987). The term 'rape' specifies forcible vaginal penetration. Male sexual assault has been regarded as an aberration of institutional life where the sex object of choice is unavailable (Sagarin, 1976). There has been little recognition that it may also be a problem in the wider community.

Contrary to popular belief, rape is predominantly an assertion of power and aggression rather than an expression of sexual need (Groth *et al.* 1977). There is no information in the UK regarding the nature and extent of male sexual assault and the effects on victims. We would hypothesize that men can be forcibly sexually assaulted, that most do not report the crime and that the effects on them may have parallels with the rape trauma syndrome described in female victims (Burgess & Holmstrom, 1974).

METHOD

Several national daily newspapers, and gay periodicals publicized our study, concluding their articles with a request for adult males who had been sexually assaulted, to contact us for the purposes of research. Respondents were asked to complete an extensive questionnaire covering demographic information, circumstances of the assault, post-assault reactions including reporting and past and present psychological health. All subjects were also asked to attend for a semi-structured interview conducted by either G.M. or M.K. The purpose of this interview was to verify and expand on the information already gained by questionnaire. Although respondents were advised that the study was primarily for research purposes, advice on referral and treatment was given where appropriate.

RESULTS

Response to the study

Twenty-eight men from all over the UK contacted us. In addition, we received one anonymous letter and one from a correspondent who described an assault on a friend. The latter two, as well as several miscellaneous letters could not be included in the study.

Of the 28 potential subjects, three had been assaulted under the age of 16 years and thus were excluded from the analysis. Questionnaires were sent to the remaining 25 subjects, three of whom did not reply despite several reminders. Thus, 22 subjects completed the questionnaires and of these eight attended for interview. Fourteen subjects were not interviewed for the following reasons: one had died before interview was possible, four did not reply to our request for interview, and three agreed but then failed to attend. Only six refused interview, of whom in

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Table 1. *Place and time of assault*

Place of attack		Time of attack		
Out of doors	6	Weekday	7 a.m. to 12 midnight	7
Victim's residence	5		12 midnight to 7 a.m	5
Assailant's residence	9	Weekend	7 a.m. to 12 midnight	7
Neutral territory	2		12 midnight to 7 a.m.	3
Total	22	Total		22

two cases their distance from London appeared to be a deterrent factor.

Many of those who were interviewed expressed apprehension that their accounts would not be taken seriously. However, several subjects appeared to derive relief from describing their experiences, in some cases for the first time. The results to be presented concern all subjects (22) completing questionnaires.

Demographic characteristics

All the victims were white and in only one case was the assailant black. Mean age at time of the attack was 26·3 years, with a range of 16–82 years. Almost all victims and assailants were urban dwellers.

Previous assault

Eight men reported previous victimization, including five cases of sexual assault and three of personal assault and one subject who reported both.

Sexuality of victims and assailants

Ten subjects described themselves as homosexual, four as bisexual and eight as heterosexual at the time of the assault. Eleven assailants were described by their victims as homosexual, three as heterosexual and three as bisexual. In five cases, including one gang rape, the sexuality of the assailants was not clear.

Relationship between victim and offender

Four victims were attacked by complete strangers. The level of acquaintance in the remaining 18 consisted of a lover or ex-lover of the victim in three cases, a family member in one, that of a well-established acquaintance in six, a brief acquaintance (a few hours) in five and a sexual 'pick-up' in three. In seven cases the assailant was in a position of trust or authority over the victim. For example, one heterosexual man was assaulted by a priest whom he had viewed as a confidant and one married bisexual man was assaulted by a man who had advertised himself as a counsellor for married homosexual men.

Circumstances of the attack

Place and time of each assault are shown in Table 1. The attack was carried out by more than one assailant in four cases, numbers of assailants ranging from 4 to 8. A weapon (a knife and a tree branch) was used in two cases. In 13 cases victims reported that their assailants had been drinking alcohol prior to the assault. However, in a further five cases use of alcohol by the assailant could not be clearly established. Eight of the victims had used alcohol, although in only one case did this appear to play a major role in incapacitating the victim.

Nature of the attack

Seventeen men were the victims of forced anal intercourse and three of attempted anal intercourse. In addition, 11 victims were subjected to multiple types of assault such as being urinated on and forced to perform fellatio. In five cases assailants masturbated their victims, three of whom ejaculated. These victims expressed profound disgust and confusion at responding in this way.

Five men sought medical help for their injuries. Ten others received injuries but did not seek medical attention. The remaining victims were not physically harmed.

Responses to the attack

During the assault

Twelve subjects believed their lives were in danger during the attack. Only eight were able to offer any active physical resistance although 12 tried to dissuade their assailant. Two subjects

Table 2. *Principal long-term reactions to the assault*

Psychological	Behavioural
Increased sense of vulnerability (5)	Security precautions (5)
Increased anger/irritability (5)	Sexual dysfunction (11)
Conflicted sexual orientation (6)	Rape-related phobias (11)
Loss of self-respect/damaged self-image (7)	
Emotional distancing (8)	

Figures in parentheses refer to number of subjects. Total number = 22.

appeared to offer no resistance at all. Feelings during the attack were predominately those of intense fear, unreality and anger, accompanied by somatic manifestations such as nausea.

Reaction following the assault

Principal reactions to the assault are shown in Table 2. In all cases, the assault was reported as having had a major detrimental effect on their lives. Most men (13) did not report the assault to anyone in the immediate aftermath and six had never disclosed the assault prior to the research. Failure to report was a consequence of the stigma, fear of rejection or disbelief they anticipated. Victims were even more reluctant to report to the police for these reasons as well as out of a perception of the police as anti-homosexual. Only two victims reported to the police and both instances resulted in court proceedings. One was heterosexual and the other concealed his homosexuality despite repeatedly being challenged on this issue by police and the courts.

Sexual dysfunction was almost a universal theme, as was interference in the ability to form close, trusting relationships. Sexual difficulties ranged from that of complete inactivity for long periods to sexual promiscuity (two men) or even difficulties during the sexual act, such as fear of re-creating the assault either as victim or assailant. One heterosexual man commented: 'One fear...was that I might make someone do something against their will, that is become an unintentional rapist'. Several men questioned their sexual orientation or its relevance to the assault. Many subjects referred to the humiliation and stigma involved, often citing this as a barrier to disclosing the attack to others.

There was a wide range of distressing and disabling symptoms often experienced for years afterwards. Of those interviewed (eight), the time since the assault ranged from 2 to 44 years, five of whom had been assaulted within the previous 7 years. None of these men on clinical criteria showed any evidence of a formal psychiatric disorder. Two victims had attempted suicide subsequently and one victim committed suicide two years after the assault. The latter had refused to be interviewed, but was receiving help from a local counsellor. Twelve subjects received psychiatric treatment at some point after the assault, of whom four had also consulted a psychiatrist previously. It would appear that in the two subjects who revealed the assault to their psychiatrist, the response was at best unsympathetic and at worst judgemental, as exemplified in the case of one heterosexual victim: 'I was politely disbelieved and urged to come to terms with the homosexual side of myself'. Behavioural changes, including particularly phobic avoidance and increased consumption of alcohol, were also prominent. Three men increased their use of prescribed drugs, four increased alcohol consumption and a further four men reported an increase in both.

Two subjects reported no psychological after-effects.

DISCUSSION

The greatest difficulty of this study was in persuading men who had been sexually assaulted to come forward. It is possible that those who volunteered were most distressed and most in need of help. In addition, information given in the newspapers on the possible effects of sexual assaults on males may have influenced the reports of the more suggestible subjects. Despite this, our findings indicate that men can be victims of serious sexual assault outside an institutional setting. Many of the characteristics of the victims, their reactions and the nature of the assaults have parallels with those described in female victims (Burgess & Holmstrom, 1974;

Mezey & Taylor, 1988). Ironically, the politicization of rape as a feminist issue may contribute to the isolation and suffering experienced by the male victim.

Failure to report to the police is an even greater problem for male victims of sexual assault than for females. The police are gradually changing their policies towards the investigation and management of female victims. They also need to be aware that male victims exist and that their perceived anti-homosexual public image deters many from coming forward.

In contrast to American reports the majority of assailants were homosexual (Groth & Burgess, 1980). Homosexual or bisexual men also predominated among the victims. Explanations for this pattern might be as follows: first advertising in the gay press for subjects may have led to a sampling bias. Secondly, in some cases homosexual victims had placed themselves at risk by seeking casual sexual encounters (cruising). These victims might fear that their lack of judgement implied responsibility for the attack being placed on them rather than on the assailant. Many female victims are accused of precipitating assaults and their evidence is discredited in a similar manner (Adler, 1987). Thirdly, homosexuals are more vulnerable to personal victimization of all kinds (West, 1985), and it was our impression that in certain cases the sexual assault represented an extension of 'queer bashing'.

As is the case for female victims, only a very few conformed to the stereotype of sudden, unprovoked attack by complete strangers in a public place (Katz & Mazur, 1979). However, unlike rape attacks on women, which mainly take place at weekends between midnight and 7 a.m., the timing of these assaults fitted no particular pattern. The temporal clustering of sexual assaults on women may represent a degree of sexual opportunism in terms of women who are seen out late at night, in social situations and possibly drinking, becoming misidentified as legitimate sexual targets.

In some cases, no overt violence was used but the assailant exploited a position of trust to gain a psychological advantage over his victim. The response of the majority of men was one of helplessness and passive submission to the attack engendered by an overwhelming sense of fear and disbelief. Although it is often assumed that men are able to defend themselves, our findings demonstrate that, like women, men react to extreme personal threat with frozen helplessness (Symonds, 1975). An extreme form of loss of control is demonstrated by those victims who were physiologically aroused while being terrorized. This would accord with other findings which suggest that sexual arousal may be provoked by extreme anxiety (Redmond *et al.* 1983).

These assaults had considerable impact on victims' sexual identity. One heterosexual victim commented: 'something very dirty has happened to you that nobody believes can happen – if you let it happen you must be queer, if you're not a queer it can't have happened'. The fact that a man can be overpowered and penetrated makes him less of a man. This may have already been a point of ambivalence for homosexual victims, and for heterosexual victims, challenged a fundamental belief about their role as active initiators of sexual activity. Interestingly, homophobia was found as a reaction among homosexual as well as heterosexual victims.

Psychiatrists need to be aware of sexual assault as a possible antecedent of psychiatric symptoms in men, as well as patients' reluctance to disclose this spontaneously. Psychiatrists should be asking their patients of either sex about previous sexual assault as part of their routine assessment. Finally, given the prevalence of suicidal ideation together with one completed suicide, the suicidal potential of male victims should not be underestimated.

This study does not provide information on the natural history of men's reaction to sexual assault, which can only be revealed by prospective studies. More definitive epidemiological work needs to be done before the full extent of this problem will be recognized.

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