



**FAMILY SERVICES *of* PEEL**

Since 1971

# **Literature Review: Male Survivors of Sexual Assault**

## **Peel Institute on Violence Prevention**

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## 1. Introduction

Research and understanding of male survivors of sexual assault is said to be up to forty years behind that of female survivors (McDonald & Tijerino, 2013). As such, furthering the understanding, dialogue, and study of this issue is crucial. Sexual victimization is often thought of as a “women’s issue”, yet, as will be demonstrated in this review of the literature, there are indeed many males who also suffer from sexual victimization. In the limited amount of literature that does exist, there is no real consensus on what constitutes sexual assault against men. Definitions can range from verbal persuasion to violent physical force (Peterson, Voller, Polunsky, & Murdoch, 2011). The research and the subsequent data that exists is dependent upon the definition of what constitutes assault, the lack of which results in inconsistent data on the prevalence of this issue. For example, the percentage of men among community samples in the United States when sexual assault was narrowly defined as “anal penetration obtained through physical force perpetrated by a female partner” was 0.2% (Tjaden & Thoennes, 2000). When the definition included: “any sexual contact obtained by a woman using verbal pressure, exploitation of intoxication, or physical force,” the percentage was 30% (Kerbs & Jolly, 2007; Krahe, Scheinberger-Olwig, & Schutze, 2003). Yet, 80% of male sexual assaults is committed by other males (Foster, 2011), while it is also reported that as many as 1 in 6 men experience sexual assault before the age of 18 (The 1 in 6 Statistic, 2013). A universally accepted definition of what constitutes male sexual assault is needed. To

complicate the issue of getting a true sense of the prevalence of male sexual assault: "...men who are sexually assaulted are highly unlikely to report their victimization or to seek medical or mental health services" (Tewksbury, 2007, p. 31). Many crisis centres either explicitly refuse to serve male victims, or are highly insensitive to their needs (Donnelly & Kenyon, 1996). One study of service availability, reports that only five percent of programs that serve male victims have any programs or services specifically designed for men (Washington, 1999). As such, it is not hard to understand why so few men seek support - this represents an area in need of improvement that may be addressed through further research and education, which would be of benefit for both survivors and service providers alike. Family Services of Peel is the lead service provider for male survivors in the Central region of Ontario, with eleven other agencies also providing services for male survivors and with online and telephone counselling also available (Support Services for Male Survivors of Sexual Abuse, 2014; Family Services of Peel, 2014).

There are many myths that exist that make it difficult for males to disclose instances of sexual assault and which perpetuate the stigmatization attached to the topic. For example, due to stereotypical gender expectations, men are expected to be strong at all times. Therefore, they should not be in a situation where they are taken advantage of, with Peterson et al., (2011) reasoning that men may be less likely to report negative consequences as a result of sexual assault due to male gender role expectations.

Emerging data shows that a percentage of men suffer as a result of sexual assault (Peterson et al., 2011). However, myths exist in society which suggest that men cannot be sexually assaulted and if they were, then they must have found the experience pleasurable (e.g., Mitchell, Hirschman, & Hall, 1999; Struckman-Johnson & Struckman-Johnson, 1992). These myths focus on socially constructed gender role expectations, which dictate that men must enjoy all forms of sexual pleasure (Men & Healing, 2009). Many men who have been sexually assaulted by males fear that their sexual orientation will be called into question if they were to disclose their abuse (Walker, Archer, & Davies, 2005). There is a pervasive myth that exists for male survivors of sexual assault, which states that if one is sexually assaulted he is likely destined to become the assaulter in the future (Burrowes & Horvath, 2013). Although factors such as neglect, lack of supervision, and sexual abuse are all associated with an increased risk of perpetrating childhood sexual assault, the vast majority of survivors do not go on to perpetrate abuse themselves (Glasser, Kolvin, Campbell, Glasser, Leithch & Farrelly, 2001; Salter et al., 2003).

All these myths represent barriers to disclosure, healing, and above all, perpetuate suffering alone in silence. Stigma, misinformation, and misunderstanding of the issues surrounding sexual assault are matters which can be overcome through public awareness and social media campaigns, as stigma has shown to be reduced via education (Shih, 2004).

For example, the Ontario Provincial government has funded awareness campaigns on elder abuse and the sexual assault of women, which have proven to be successful (Ontario Taking Action to Stop Elder Abuse, 2014; Scan on Funding and Policy Initiatives to Respond to Violence against Women, 2011). After these campaigns took place, their effectiveness was demonstrated via an increase in phone calls and service utilization for the services which were being publicized (Meeting with Family Services of Peel, 2014). This represents an ideal opportunity to breakdown the significant barriers and stigma that exist, which makes it difficult for male survivors of sexual assault to come forward. This raises the question; exactly how many men are there that would benefit from such efforts? The data that exists on the prevalence is not thought to be truly indicative of how many survivors exist, as so few actually come forward (McLean, Balding, & White, 2005) due to the inherent stigma and shame that can prevent male survivors from disclosing their abuse (Scarce, 1997). Nevertheless, the available data on the prevalence of male survivors of sexual assault is examined below.

## 2. Methodology

This review of the literature is on male adult sexual assault (ASA) and male childhood sexual assault (CSA), and its impacts on fathering that was published between 1982 and 2014. Ideally, only articles that were published in the past 10 years would be used in any review of literature, to ensure that the information is as relevant and up to date as

possible. However, due to the lack of literature that exists on male sexual assault generally, and its impacts on fathering specifically, I was not afforded this luxury. On the subject of sexual assault and its impacts on fathering three such articles were found, one literature review which is peer reviewed and two published articles, neither of which are empirical studies.

Ideally, only peer reviewed articles and empirical studies would be used in a review of literature. However, due to the aforementioned lack of available peer reviewed journal articles these two exceptions were made.

For the review, the following databases were primarily utilized: Academic Search Premier, Scholar Portal eJournal Search, Family and Social Services Worldwide and Google Scholar. These databases and search engines were chosen because they contained the most relevant articles for our topic.

The following inclusion and exclusion criteria were applied to the literature search.

### *Inclusion Criteria*

Studies, reports and articles written in English that focus on the following regions: North America, Great Britain, and Australia. Peer-reviewed articles that explore the issue of ASA, although many of the articles also touched on CSA. A peer reviewed review of the literature on male sexual assault and its impacts on fathering, as well as two non-peer reviewed articles which were used out of necessity because of the aforementioned

dearth of literature that exists on this subject in particular. Reports on domestic violence were included as long as they referred to sexual violence, sexual coercion, sexual assault or rape.

**Search terms:** For this review, articles were selected that contained the following terms:

“men, man or male and sexual abuse or sexual assault or rape”, “men, man, or male and trauma or abuse” “father or fathering and sexual assault or sexual abuse”, “father and sexual abuse”, “father and maltreatment” father and sexual abuse”.

**Time period:** 1982 - 2014

#### Exclusion Criteria

Articles were excluded if they *exclusively* focused on the following: perpetrators, prevention programmes, sexual assault in the military or prison, childhood sexual abuse, adolescents, school based sexual assault, child soldiers, and gender differences between people who hold rape myths. Types of articles that were excluded included book reviews, anything not written in the English language and undergraduate dissertations.

#### Prevalence

The data available on the prevalence of male sexual assault victimization is inconsistent.

Men who have experienced sexual victimization often deny that they have experienced

victimization at all (Men & Healing, 2009). Male survivors of sexual assault are far less likely to report their victimization than female victims (McLean, Balding, & White, 2005). Burrowes and Horvath (2013) found that of those who experience sexual assault, 90% are under the age of 19. Forcible fondling and sodomy were the most prevalent forms of sexual assault, where the number of reported male rape appears to be higher amongst military personnel, prison inmates, and the gay and bisexual community (Burrowes & Horvath, 2013). Some research indicates that one in six men will encounter sexual assault in their lifetime, while some community based studies have suggested that that figure is closer to 3% (The 1 in 6 Statistic, 2013; Desai, Arias, & Thompson, 2002; Pimlott-Kubiak & Cortina, 2003). This leads to an important question: why is there such a large discrepancy between data on the prevalence of male sexual assault? One likely explanation could be a lack of standardization in the studies' criteria, i.e. the definition of what constitutes sexual abuse is either narrow or broad. If the criteria is narrow, sexual abuse will be recognized only in cases where penetration occurred, therefore leading to a smaller percentage of victims; if it is broad, touching or any unwanted sexual contact of coercion would constitute sexual assault, which would correlate to a higher percentage of victims.

What, then, would constitute a proper criteria of sexual assault against men? Historically, the definition of rape was much narrower, only including vaginal penetration with a



penis (Kilpatrick & Ruggiero, 2004) clearly this would result in the complete underrepresentation of the prevalence of male survivors of sexual assault. Many researchers believe that male sexual assault is much underreported, perhaps more so than female victims (Tewksbury, 2007). The underreporting of male survivors of sexual assault can be contributed to many factors. Males experience a great deal of shame following an assault (Scarce, 1997) and gender expectations dictates that men should be strong, and strong men don't let themselves get taken advantage of. Men who have been sexually victimized are concerned that if they were to disclose their abuse, they would have their sexuality questioned (Walker, et al., 2005), which clearly serves as a barrier to disclosure and exacerbates the issue of underreporting. According to The Men's Project (2004, p. 8) there is a "gulf between established women survivor services and fledgling parallel services for males." Male survivors anticipate rejection and authorities not believing them if they should report (Tewksbury, 2007; The Men's Project, 2004). This is likely linked to the idea of what it is to be a man and serves as a barrier to disclosure. Men who are sexually assaulted who do seek mental health support, do not do so for lengthy periods of time and when they do seek support, they tend to do so in a non-linear fashion, with long periods of time passing between the utilization of services (King & Woollett, 1997). According to King and Woollett (1997), of the 115 men sexually assaulted in their survey in the United Kingdom, there was a mean of 16.4 years between the occurrence of the victimization and seeking support. Less

than one-half of victims reported the incident or sought services within 6 months, with an average of approximately 2.5 years having passed between occurrences and seeking of services, this according to Lacey and Roberts (1991). According to Walker et al. (2005), 12.5 percent of victimized men never disclosed their victimization to anyone. Yet, Pesola, Westfal, and Kuffneret (1999) found that male survivors seeking services in a New York City hospital that 94 percent do so within 36 hours. This is another example of the inconsistent prevalence data available on male survivors of sexual assault.

Men who have experienced sexual assault, often deny what they have experienced constitutes assault, or victimization at all (Men & Healing, 2009). It is unclear if this is an attempt to be perceived as more “manly” and that they are “dealing with it as men should”. Clearly, there is no one answer, as men who have experienced unwanted sexual advances are dealing with many unfamiliar and unexpected grey areas. This may further exacerbate the issue of the data that exists on the prevalence of male survivors as being underreported. Lastly, another barrier that may explain why so few men come forward and seek support is that many crisis centres either explicitly refuse to serve male victims, or are highly insensitive to the victims’ needs (Donnelly & Kenyon, 1996). A study on service availability published by Washington (1999) suggests that only 5 percent of programs serving males are specifically designed for them in mind. Thus, the low figures should not come as a surprise.

## Disclosing

Male survivors of sexual assault experience a difficult time in disclosing their abuse, the reasons behind this are examined below. According to a survey done by Sorsoli and Kia-Keating (2008, p. 342) survivors who did disclose, reported that: "... it led to personal growth and an increasing ability to trust others; more often, however, they described reasons for not wanting to reveal their histories and explained that even when they had disclosed they had concealed details or specifics, or had not shared on a deep level." Likely reasons for the apprehension of survivors to disclose their abuse could very well be due to the stereotypes surrounding male identity and the fear of having one's sexuality called into question. Of the 115 men who experienced sexual assault, King and Woollett's (1997) study found an average of 16.4 years between the occurrence of abuse and its admission to support services. According to Lacey and Roberts (1991), fewer than half of victims reported or sought services within six months and it took an average of approximately 2.5 years for victims to come forward and seek support. The data on the period of time that passes between an occurrence of sexual victimization and disclosure varies greatly. According to Walker al., (2005) 12.5 percent of victimized men never disclosed their victimization to anyone. Another barrier to disclosure and seeking services is the fact that some crisis centres either explicitly refuse to serve male victims, or are highly insensitive to their needs (Donnelly & Kenyon, 1996).

## Service Utilization

Service utilization has been hampered by the aforementioned myths, stigma, and shame experienced by male survivors. In instances where survivors of sexual assault do seek support, however, it occurs only after a prolonged period of suffering (King & Woollett, 1997). The typical age that male survivors come forward to seek support is generally between the ages of 45-55 (Meeting with Family Services of Peel, 2014). According to a study done by McDonald & Tijerino (2013), the majority of male survivors had experienced sexual abuse multiple times as well as having also been sexually abused as a child (McDonald & Tijerino, 2013). As noted earlier by King and Woollett (1997), there was an average of 16.4 years between abuse and coming forward to utilize supportive services. Similarly, a study done by Widom & Morris (1997) found that only 16% of the survivors interviewed had disclosed the abuse 20 years after it had taken place. This represents a very long period of time between abuse and coming forward to access services to help to begin the healing process. This lengthy period of time is perhaps indicative of the inherent stigma, shame and stereotypical idea of what it is to be a man preventing survivors from coming forward sooner. One might think that due to the sensitive and hidden reality of male survivors that in person counselling might be the least popular service option. Yet, in person, one-on-one counselling is the most popular option for male survivors within Peel (Meeting with Family Services of Peel, 2014).

One study of service availability reports that only five percent of programs that serve male victims have any programs or services specifically designed for men (Washington, 1999). In Canada, when interviewed, male survivors have pointed to the lack of services available and the lack of gender specific services (McDonald, 2013). Du Mount, Macdonald, White, and Turner (2013), conducted a study which collected information from 29 sexual assault treatment centers in Ontario over a period of 12 months. The Du Mount et al. study indicated that a small minority of the participants reported vulnerabilities such as working as a sex worker, young age, being Aboriginal, transgendered, unemployed and or having a disability. Nearly one third of the participants were documented or identified as having a disability (either psychiatric or developmental delay). According to Du Mount et al.(2013, p. 2677), "All participants accepted at least one service offered; 86% used five or more services, most commonly those related to health care on-site such as crisis counselling, treatment of injuries and referral for follow-up care for supportive counselling, injury re- documentation, and testing for sexually transmitted infections." These findings indicate that male survivors of sexual assault utilization of services is great, as such, it is important to provide access to a wide range of supportive services. Again, this information should be taken with a grain of salt, given the aforementioned reports of low service utilization for male survivors of sexual assault. The discrepancy for this can likely be contributed to the fact that it is

difficult for men to come forward with their abuse, with some services possibly being more appealing than others, hence the discrepancy in data.

### Fathering

Along with the lack of literature available on male survivors of sexual assault, information on the topic of male survivor fathers is even sparser. Three such articles were found, one literature review and two published articles – none of which are empirical studies, however. The literature review, which is the main source of information for the fathering sub-section was done by Price-Robertson (2012) and as such, it, along with the sources it cites, will be referenced in this section extensively. The first of the two articles, written by Tritten (2009), is an editorial which points to the issue of male survivor fathers as being important and argues that the topic needs to be addressed on a wider scale than it has to date. The last article, by Lainsbury (1999), is an autobiographical case study which speaks to the challenges that survivors experience when becoming a father.

In *From Here to Paternity*, Talbot (2005, p. 58) states that “modern fatherhood in Western societies is a paradox of complex and competing images emphasizing the importance of paternal involvement. If Talbot’s general assessment of fathering is accepted, then how much more complicated is the role of a father who has experienced sexual abuse? What impact, if any, does being a survivor of sexual abuse have on a man’s ability and desire to become a father? Not only is little known about the impact of

being a survivor on a man's lived experience, but there is also a lack of research on the correlation between sexual abuse and a man's desire to become a father (Nalavany & Abell, 2004; Sorsoli, Kia-Keating, & Grossman, 2008; Teram, Stalker, Hovey, Schachter, & Laiuk, 2006). According to Tritten (2009, p. 5), "Fathers are such an important part of the parenting equation that we need to begin to form a body of knowledge to understand and help them with this problem." The effects of sexual abuse can impact every aspect of a man's life, especially when they become a father. While some moments of fatherhood prove more challenging than others, the birth of a child can be a time of great healing (Tritten, 2009).

In total, eight studies have investigated the influence of child sexual abuse on a man's perception and experience of fatherhood. These studies were completed by; Denov, 2004; Department of Human Services, 2009, Etherington, 1995a, 1995b, Kia-Keating, Grossman, Sorsoli, & Epstein, 2005; Lainsbury, 1999; Nelson, 2009; Respond SA, 2008.

From these studies Price-Robertson (2012) highlights seven key themes which survivor fathers may experience: 1. fear of becoming abusers of their own children; 2. awareness of the 'victim to offender' discourse; 3. the assertion of moral choice; 4. problems with physical contact and or displays of affection; 5. overprotectiveness; 6. fathering as a healing experience; and 7. fatherhood as a catalyst for the resurfacing of trauma. In the section that follows, these themes will be examined in greater detail.

### Victim-To-Abuser

Factors such as neglect, lack of supervision, and sexual abuse are associated with an increased risk of becoming a perpetrator of childhood sexual assault (CSA), the vast majority of male survivors of CSA do not go on to perpetrate sexual abuse (Glasser et al., 2001; Salter et al., 2003). Unfortunately, the idea that if a man is the victim of abuse, he will surely go on to be the abuser in the future is accepted as fact (Burrowes & Horvath, 2013; Price-Robertson, 2012). This represents a barrier to disclosure, as if a survivor believes that he is destined to go on to be the abuser himself, he will be less inclined to disclose his history, and indeed less likely to be affectionate with his children and less likely to decide to become a father in the first place. One survivor in a study done by Nelson (2009) feared that social acceptance of the survivor-to-offender discourse could have led to his history being used against him in court.

### Fear of Becoming Abusers of their Own Children

In all of the studies reviewed by Price-Robertson (2012), the fear of the survivor father becoming the abuser of his own children was most prevalent. In two studies, men indicated that this fear influenced their decision not to have children (Denov, 2004; Etherington, 1995). Etherington (1995) also noted that he was surprised by how few of the survivor men in his study were fathers. This highlights the need to dispel the myth of the survivor-to-abuser link.



## Moral Choice

Price-Robertson (2012) argues that some survivors make a moral choice not to be like their abuser and that how they can overcome this, is by making a conscious and moral decision to treat their children well. However, this implies that some individuals are pre-disposed to being an abuser, or perhaps due in part to the above described survivor-to-abuser notion. Below is a quote illustrating the point on moral choice, in the words of a survivor:

“The way I see it is that everybody in life, whether you were abused or not, we all have choices in life. Now as an abused person we also have the same choice. I have know what it is was like for me when all these different blokes did me wrong, I hated it. So how the hell can I inflict that on anyone? That’s the way I look at it. I’ve made that choice not to go down that path. You have a choice to offend or not offend and I have chosen not to offend because all you are doing is to continue that cycle.” (Respond, SA, 2008, p.32).

Whatever the reasons behind the assertion of moral choice, if this provides survivors with some level of comfort, reassurance and helps break the cycle of violence, it should be looked at in a positive light.

### Physical contact and the displaying of affection

Many male survivors experience difficulties expressing affection to their children via physical contact. According to a quote by a male survivor in Australia: "While struggling to get close to my own children, I was terrified that any touch could be seen as sexual" (Department of Human Services, 2009, p. 25). The issue of male survivors physically expressing their affection to their children may be due in part to the outdated gender norms which dictate that it is "unmanly" for a man to be physically expressive with his children, and that this is the job of the women (Petroski & Edley, 2006). Additionally, there is an increased public awareness of the issue of the sexual assault of children (Furedi, 2006; Hayes, 2008) which likely further exacerbates the issue of displaying physical affection.

### Overprotectiveness

In three of the articles reviewed by Price-Robertson (2012), the issue of male survivor parents overprotecting their children was clearly demonstrated. Etherington (1995) points out that many men in her study chose not to have children, at least in part because they feared they would be too overprotective of them. It is not difficult to sympathize with male survivors who do not wish for their children to experience the abuse that they had experienced. Yet, it is denying yourself such a great opportunity to be a father, especially so because of the fact that this fear is largely based on a myth.

This, in a way, continues the cycle of abuse, in denying yourself the opportunity to be a father because of the abuse you once experienced.

### Resurfacing of trauma

It stands to reason that if a man was sexually abused as a child and he does not seek help for this abuse, then becomes a father, that the unresolved issues and emotions will resurface as a result of having a child of your own. According to Lainsbury (1999, p. 1):

“After the birth of my children I was forced to reflex on my childhood, which started the process of painful realisation that my memory of the abuse was not going away. My relationship with my wife began to get worse. After several months of psychotherapy, which was unable to uncover these hidden feelings, I took a massive drug overdose and ended up in an intensive care unit of the local hospital on a life support machine.”

As noted by Price-Robertson (2012) more research is needed in order to firmly establish the link between the resurfacing of trauma brought on by becoming a father. Memories of childhood sexual assault can be brought on by a specific life event (Alpert, Brown, & Courtois, 1998; O’Leary & Gould, 2010), the birth of a child for a male survivor of sexual assault may prove to be such a trigger. A study of male survivors of sexual assault is needed to help determine if this is indeed the case.

## Fathering as a healing experience

Becoming a father could prove to be a positive experience for some survivors, serving as a healing experience. This is perhaps more likely to be the case if the man is further along in the healing process, ideally having sought some support for the trauma already. According to two survivors in Australia, having children was a very important factor in recovery from the trauma of their childhood sexual assault:

"I look at my children and I say 'hey this is me, if I stripped back the abuse this is who I am. I am like these kids. I am good. I am positive. I can believe in myself. I can do things. I can explore the world.' I guess that's probably it in that sort of sense. I am lucky to have four great kids and to be able to just be with them and allow them to teach me" (Department of Human Services, 2009, p. 145).

And:

"I think I managed to be the parent to him that I never had. My son is the only thing that really keeps me going" (Nelson, 2009, p. 145).

It is important to also look at becoming a father for the first time as having the potential for a positive healing experience for the father survivor. It represents an opportunity to right a wrong, to treat your child well and to raise him or her to be respecting of others. Fatherhood is most likely to be a healing experience for survivor fathers if they have at least begun to come to terms with their trauma. It is perhaps more likely for fatherhood

to represent a catalyst for the resurfacing of trauma should the father have ignored his trauma for years, as is the case for many (King & Woollett, 1997).

### Physical Consequences of Sexual Assault/Abuse

Sexual assault can result in higher rates of cholesterol, stroke, heart disease, as well as problems with one's immune system (Smith & Breiding, 2011). Research indicates that the sexual assault of men is more likely to result in violence, with greater corollary injuries, than that of sexual assault cases where women are the victims (McDonald, 2013). According to Tewksbury (2007) "when men are raped in almost all instances some form of physical force is used against the victim, and weapons are commonly involved." (p. 5). Weapons are most likely to be involved when men are sexually assaulted by a stranger (Stermac et al., 2004). Men who are sexually assaulted are more likely to receive non-genital injuries than women who have experienced sexual assault and men are less likely than women to seek medical attention unless they experience significant physical injuries (Tewksbury, 2007).

To date the most comprehensive discussion of the consequences of sexual assault for men is that provided by Davies (2002). In this overview, drawing on the research published prior to and including the year 2000, the author shows that community and service providers' reactions to male sexual assault victims are often dependent on the victim's sexual orientation and the perpetrator's gender. Genital or rectal trauma is

reported in 35% of male survivors, with general body trauma occurring more often than genital trauma, with two thirds of victims having some sort of general injury (Riggs et al., 2000). A New York City hospital emergency room reports that 25% of male sexual assault survivors have some form of trauma or physical injury (Pesola et al., 1999). According to a study done by Stermac et al. (2004), done out of an urban Canadian hospital-based sexual assault care centre – 45% of sexual assault victims present with some type of physical injury. According to this report, between 25-45% of male survivors of sexual assault experience some form of physical consequence. However, according to a French report done by Grossin et al. (2003), only 5.6 percent of male sexual assault survivors suffered any type of genital trauma. A report done in the UK by McLean, Balding, and White (2004) report that 66 percent of a sample of 376 cases of male sexual assault victimization are rapes, with 18% of the sample presenting with anal injuries.

As a result of the inconsistent data, it stands to reason that frontline healthcare workers, social workers, etc., have a lack of reliable information to draw from which would serve as a baseline for what to expect and how best to support male survivors of sexual assault. This is likely indicative of the, as discussed previously, deeply ingrained personal and cultural issues that prevent males from coming forward with their abuse. Further, it is possible that when men disclose their abuse to a frontline worker, the male idea of what constitutes serious physical injury may be as such that injuries are going

unreported or under-reported. It is difficult to truly ascertain the huge discrepancies in data that exists in terms of the physical consequences of survivors of male sexual assault, with as mentioned, data varying from 5.6% to 45% of survivors reporting physical consequences. There are likely many factors that contribute to discrepancies, the personal and cultural stigma that results in under-reporting (as well as under-reporting of symptoms if, and when, the male decides to disclose at all). Additionally, the perceived judgment and attitude of the frontline person working with the male survivor, be it a health care or social worker will likely be a factor in terms of what, and how much information is disclosed. Perhaps, more importantly in terms of barriers to disclosing is the overall societal judgment of what it is to be a man and how this out of date notion perpetuates the discussed issues surrounding male survivors of sexual assault.

### Mental Health Consequences of Assault/Abuse

The notion of there being no “typical” physical consequences for male victims of sexual assault is equally true for emotional consequences. According to a study done by Kimerling et al., (2002) male sexual assault survivors are more likely to report acute psychiatric symptoms, with a history of psychiatric disorder and psychiatric hospitalization compared with female survivors. Irrespective of sexual orientation,

sexual assault is associated with serious and long-term psychological consequences for men. This will be examined in detail below.

Responses can range from apparent calm to complete emotional breakdown (Tewksbury, 2007). Unsurprisingly, "men who are sexually victimized are more likely than non-victimized men to display psychological consequences"

(Tewksbury, 2007, p. 28). It should also not be surprising, that male children who are victimized are more likely than male children who are not victimized to display psychological disturbances (Tewksbury, 2007). Not only is victimization related to the later onset of depression, anxiety disorders and substance abuse, but the likelihood of such consequences are greater for men victimized, as children, rather than those first victimized as adults (Tewksbury, 2007). Post-traumatic stress disorder (PTSD) was experienced by many (no specific number was given) of the 59 participants in a Canadian study done by McDonald & Tijerino (2013). According to Elliott et al., (2004) male survivors report higher scores on the Trauma Symptom Inventory for sexually assaulted than women. Elliott et al., (2004) reports that: "on eight of the ten scales of the Inventory, sexually assaulted men report higher levels of distress than sexually assaulted women" (p 31). According to Tewksbury (2007), depression also frequently leads to attempts to self-medicate. Male victims are more likely to exhibit problem behaviours, including aggressive and criminal behaviours, drug and alcohol use, truancy, and suicide attempts (Sorsoli & Kia-Keating, 2008). Men are also more likely than other men to



smoke tobacco following victimization (Du Mount, et al., 2013). As mentioned throughout, "the most common emotional response of men to sexual assault victimization is a sense of stigma, shame, and embarrassment, and, at least in part, because of such perceptions, male sexual assault victims more often than not, "cope" while displaying a "calm, composed and subdued demeanor" (Rentoul & Appleboom, 1997, p. 270). Tewsbury (2007) concludes that: "Clearly, shame is directly tied to frequent expressions of self-blame from victims and importantly serves to inhibit reporting or seeking of medical or mental health services" (p.7). Depression manifests itself for male survivors in terms of shame, questions of one's efficacy in general with a change towards a more negative body image (Tewsbury, 2007). Finally, Rentoul and Appleboom (1997) report that sleep disturbances, thoughts of suicide, heightened levels of anxiety, related to both fears of re-victimization and free-floating, and decreased levels of self-esteem are all common. The fact that boys are not raised to even consider the possibility that they could be abused is troubling. This likely contributes to the negative reactions reported by male survivors as opposed to female survivors. Simply put, we should not be under the illusion that boys and men cannot be sexually victimized as girls and women are. Both boys and girls can and are abused and they should both be aware of this possibility - pretending that it does not exist does not serve anyone well and indeed, likely adds to the trauma experienced by survivors.

Withdrawal from social settings and contacts occur among male sexual assault victims (Walker et al., 2005). Male survivors have also shown to be more ready to acknowledge and express anger and hostility following victimization than female victims (Tewksbury, 2007). This is not surprising, as this is likely thought to be a typical 'manly' reaction to injustice. Male survivors of sexual assault experience a considerable amount of psychological distress, such as: hostility, intrusive thoughts, avoidance, dissociation, sexual concerns, dysfunctional sexual behavior, and impaired self-reference and a greater likelihood of engaging in tension-reduction activities such as self-mutilation, angry outburst, suicide threats, and risk taking behaviors (Du Mount et al., 2013). According to a sample conducted by Walker et al., (2005), 35% of the male survivors reported having sought medical care, and only 58% sought psychological support following the incident. This represents a very low utilization rate of service use, with the same study indicating that lack of psychosocial treatment following sexual assault was strongly associated with attempted suicide. It would be beneficial to dedicate more time to raising awareness of the basic issues that male survivors experience as well as providing more gender specific services for them.

### Effects on Sexuality and Identity

As mentioned throughout, survivors question whether or not being sexually assaulted "makes" them gay. One prevalent theme throughout the examination of the literature is whether or not the man became aroused during the assault, and the impact this has on

his sexual orientation (Tewsbury, 2007; Peterson, et al., 2011). Further to this point: "Erections are a common involuntary response for many men in times of intense pain, anxiety, panic and/or fear" (Redmond, Kosten, & Reiser, 1983). Walker et al. (2005), reports that 70% of a sample of male sexual assault victims report long-term crises with their sexual orientation and 68% with their sense of masculinity, which represents another barrier to disclosure. According to Walker et al. (2005), these reactions may be most acute for men who hold traditional or stereotypical views about sexuality and gender; to be put into a "homosexual" or "feminine" role may lead to questions about whether one is "sufficiently" masculine. Further, males who are victimized by females may question their manhood by being victimized by a "weaker" female. In terms of the physical consequences of the sexual victimization of men: "Sexual identity questions and sexual dysfunction are commonly reported consequences of sexual assault for victimized men" (Tewksbury, 2007).

Being victimized impacts how men think of themselves sexually, thus this has a great impact on their sex lives and self-perception post-victimization. This represents a manifestation of one of the aforementioned myths surrounding male survivors: that their sexuality should somehow be questioned if they are sexually assaulted. This should not be the case. There is a misconception that if a man has an erection or ejaculates, they are a willing participant (Male Survivors of Sexual Abuse, 2014). The reality is that the body reacts to the stimulation and this does not imply consent (Men & Healing,

2009). It is important for service providers to reinforce the fact to male survivors that they did not ask to be assaulted. No one does. This unwanted sexual act does not reflect on themselves as a man or on their sexuality whatsoever.

### Working with Male Survivors of Sexual Assault

It is important for those who are providing supportive services for male victims of sexual assault to remember that males access services in a non-linear fashion. Meaning, a man may seek services at an agency, utilize those services then take a break for an extended period of time. Service providers should not necessarily take this as a reflection of the quality of care. It is more likely indicative of a tough, personal and long journey that the man is navigating. As mentioned throughout, males have to contend with significant barriers to disclosing sexual victimization that make it difficult to come forward with the abuse in the first place, then difficult to continue with the support, post-disclosure. Male survivors of sexual assault must be allowed to access services on their own terms, free of judgment from those that are providing them with support. One might think that the natural solution to the issue of accessing services in a very non-linear manner could be to offer not-in-person services, utilization of support via the internet and telephone. Although, these services are offered and are indeed utilized, in person counselling is the preferred manner of support for many male survivors (Meeting with Family Services of Peel, 2014). Meeting other individuals who have gone through similar traumatic experiences helps to normalize ones reaction to the trauma (Johnson, 2009). Word

choice is also very important when working with male survivors of sexual assault. Men typically do not like to hear that they have been “victimized” or “sexually assaulted”. Clearly, this is a sensitive issue that requires careful word choice in order to ensure that the survivor feels respected. One way to ensure that the survivor may disclose his story in his word and on his own terms is to ask an open-ended question such as: “Have you ever had an unwanted sexual experience?” This is advisable, as opposed to asking: “have you ever been raped, sexually assaulted or sexually victimized?” These terms and choice of words for some may imply something that the male does not necessarily associate with his experience and may negatively trigger the man. These men are going through a very personal experience and are likely vulnerable and on unfamiliar ground. Every step should be taken to ensure the highest level of comfort, respect and understanding as possible for male survivors when seeking supportive services, especially given how difficult it is for them to come forward in the first place.

### Areas for Future Improvement

Gender sensitive rather than female specific approaches to care should be more widely available. This is something that would encourage men to seek support as well as improving the quality of the support. A province wide, or country wide awareness campaign would go a long way in terms of breaking down some of the stigma and barriers that exist for male survivors of sexual assault which prevent them from coming

forward and disclosing. As mentioned, the research, and understanding of the issue of male survivors of sexual assault is said to be up to forty years behind that of female survivors (McDonald & Tijerino, 2013). One of the consequences of the reality that the male survivor movement is so far behind is that there is a lack of literature that exists on the topic. The literature that does exist indicates that certain groups of men are at a higher risk of sexual assault, such as gay, bisexual, veterans, prison inmates (Peterson et al., 2011). More research is needed on why these men seem to be at a greater risk of sexual assault than others. Peterson et al., (2011, p. 21) highlights areas for improvement: "Consistency among operational definitions and standardized instruments for assessment of sexual assault among men are lacking...standard measures of men's experience with ASA are needed in order to allow for comparisons across different studies and different research populations." Tewksbury (2007, p. 10) summarizes the topic of male survivors of sexual assault thusly: "Because of the nature of many male sexual assaults and the socialized expectations for how men manage and cope with victimization(s), this may continue to be both one of the most under-reported and misunderstood forms of violence and health problems in our society." This speaks to the importance of breaking down the currently narrow definition of what constitutes a man, as the current one is narrow and damaging.

## Conclusion

Simply put, the issue of male survivors of sexual assault is a serious issue which needs to be talked about in the open without shame on a societal scale. The only one to feel shame should be the perpetrator of sexual assault, not the survivor of it. The literature that exists on male survivors of sexual assault clearly refutes the myth that men cannot be victims of sexual assault, and if they are, they are somehow not affected by it. As mentioned, the research, and understanding of the issue of male survivors of sexual assault is said to be up to forty years behind that of female survivors (McDonald & Tijerino, 2013). As such, much work is to be done. Further research needs to be done on the impact of male sexual assault on the survivor's friends, family and working life, as well as further research which takes into account the experience of male survivors from specific subgroups of men. Research is also lacking in terms of how and why men choose to disclose their abuse, as well as the relationship (if any) between ethnicity and male sexual assault. Areas for further advancement are dependent upon public awareness of the aforementioned issues. This is undoubtedly a difficult task to tackle, as many of the issues are related to deeply ingrained culturally accepted ideas of what it is to be a man. Nevertheless, if any progress is to be made, it must start with dispelling the unfounded beliefs that men cannot be the victim of sexual assault and that if he is - he is somehow less of a man, or gay. No one asks to be victimized, irrespective of gender. Indeed, it speaks to the content of survivor's character to be able to come forward

about their abuse, and should be recognized as being as deeply, intimately and equally impacted as female survivors of sexual assault.



## Interviews with Survivors

Three interviews were conducted with male survivors of sexual assault. The following is the questions and answers for those interviews.

### First Survivor Interview

- *The term survivor is traditionally used in work with female survivors of violence. Are you comfortable with the word survivor describing men who have experienced abuse?*

No, it doesn't bother me. Victor is more than a survivor. You want to do more than survive.

- *How you would say that being a survivor has shaped your "traditional" male identity?*

It did before therapy. It made me strive to be the stereotypical man. Tried to be more macho. Grew up in the construction industry. The less emotion the better, physically risky behaviour. Alcohol, work non-stop, 70 days straight, gives me a false sense of value, provided what I thought was valued.

- *How do you feel being a survivor impacted your decision to become a father?*

Yes he is father. Impacted my life with my kids. Over protective; didn't touch my kids, stayed away from my kids. Adults don't touch kids, wasn't afraid of other people's thoughts, you just don't do that. Don't view this in black/white anymore, try to be more affectionate now. Consciously change thought pattern, more willing to be physically affectionate with children now.

- *How do you feel being a survivor impacted how affectionate you are with you child(ren)?*

Stereotype of manliness shot this down, men don't touch women. My uncle. Emotions were shut down.

- *How do you feel being a survivor impacted how protective you are with you child(ren)?*

Extremely protective. Drives me insane.

- *What are your thoughts on the supportive services you accessed? How might these services be improved?*

The services have been good. The open groups here have been good, Samantha has been good. Facilitator at gatehouse, they have good training, they know what to say and what not to say. Facilitator needs more training/experience to be detached.

Counsellor is private, open group at FSP, Gatehouse, phase one wallowing, inner child work, phase two working mindfulness. Couples group. Individual counselling first was important. 38 years I didn't tell a single person. I didn't know I had PTSD. My parents were physically/emotionally abusive, wife thought that was the problem, didn't know about what happened. I felt better after disclosing, but I didn't because I actually had to face it now. First couple of months I felt like I was in a wheelchair.

- *If you have a preference at all, do you prefer to work with a man or woman when receiving support?*

Feel more comfortable with a woman. Some men feel more comfortable talking to a man. Women see them as vulnerable.

## Second Survivor Interview

- *The term survivor is traditionally used in work with female survivors of violence. Are you comfortable with the word survivor describing men who have experienced abuse?*

I have no problem letting people know I'm a survivor or with the word survivor either.

- *How do you feel being a survivor impacted your decision to become a father?*

Being a survivor didn't have any bearing on my decision to become a parent but it did have an effect on my parenting. Little things like standing in public washrooms while my little guy would use them. Or being very aware of personal space when playing together.

- *How do you feel being a survivor impacted how affectionate you are with you child(ren)?*

As far as showing affection goes I'm not sure as to what degree it impacted. Being brought up in a tough love environment had a bigger part in that development. I always knew I was a survivor but was lucky enough to not let it run my life. Now that I've gotten help and are more comfortable with it, but that has just been in the last year.

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