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# Clinical Perspectives About Male Sexual Victimization: The Cultural and Historical Context of Gender

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## Abstract

Male victims and survivors of sexual violence are underrepresented in the literature. Research reveals that approximately 1 in 6 males will encounter at least one incident of sexual violence in his lifetime. However, gender bias continues to affect literature, clinical training, and social justice advocacy by focusing predominantly on females as victims and survivors of sexual violence. When males are included, the diversity and spectrum of male experiences are ignored or overlooked. This chapter will focus on a range of contemporary clinical issues that are impacted by considerations of gender and social justice,

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including: (1) integrating greater awareness about the range of diversity within the overall population of male survivors; (2) revealing the historical evolution and progress of identifying and working with male survivors; (3) illuminating the disguised realities of male survivors; (4) challenging how the prevailing mental health paradigms pathologize coping and survival strategies; (5) exploring the prevalence with which critical clinical issues – such as dissociation – are minimized in traditional assessment for male survivors; (6) expanding perspectives about sexuality and gender to be inclusive of nonbinary paradigms for male survivors; (7) incorporating emerging research that exposes the range of sexual and gender fluidity and how this impacts clinical interventions for healing; (8) examining the evolving knowledge base of clinical approaches for effective engagement with male survivors; and (9) advocating that effective healing from sexual violence for male survivors is only possible by addressing the realities of toxic masculinity, by overcoming gender bias, and by integrating considerations of social justice.

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**Keywords**

Male survivor · Male-identified survivor · Male victimization · Sexual trauma · Sexual victimization · Gender victimization · Post-traumatic injury · Trauma treatment · Female perpetrators · Identity dysphoria

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**Introduction and Overview**

Within the past 40 years, there has been increased awareness that males, as well as females, experience sexual violation. Nonetheless, male sexual violation remains largely underreported, services for male survivors remain sparse, and too many male survivors continue to feel isolated and alone.

A grassroots Women's Liberation Movement emerged in the 1970s focused on gender violence and sexual assault. An outpouring of research to understand these issues was accompanied by social justice activism that catalyzed community-based organizing, resulting in innovative services for female survivors. By the mid-1970s, a Men's Liberation Movement began to incorporate emerging research that provided comparative data about male sexual victimization (Kaufman et al. 1980; Groth and Burgess 1980). Literature in the early 1980s focused on boys and men in institutional settings, such as correctional facilities. In 1987, Oprah Winfrey pioneered one of the first-ever national television programs that brought the topic of nonoffending male survivors into greater public awareness.

The amalgamation of these factors provided a context within which progressive and gender inclusive researchers, clinicians, and activists were able to illuminate hidden narratives of male sexual violation (Carnes 1983; Bolton et al. 1989; Gonsiorek et al. 1994). An outpouring of valuable literature has emerged since the late 1980s to provide a solid foundation for a general understanding of this issue. Readers are encouraged to explore the rich library of resources that are now available

from a diverse range of authors, including but not limited to Fradkin (2012), Gartner (2005, 2018a, b), Hunter (1989, 1990a, b). By the 1990s and continuing to the present, allegations of sexual victimization within high-profile social institutions (Catholic Church, Southern Baptist Churches, Penn State University, Boy Scouts, etc.) were exposed by male survivors. Media coverage of explosive and complicated scandals brought abuse of boys and men to the attention of the public but has largely failed to connect the scandals to the everyday occurrence of sexual victimization of males.

The focus of this chapter is to reach beyond a literature review about current research and clinical interventions. Rather, this chapter will explore aspects emanating from the intersectionality of male sexual victimization with matters of gender. Central to this discussion will be an examination of ways that gender bias (a) limits awareness and visibility about male victimization, (b) reinforces norms of toxic masculinity that minimize the extent to which male survivors access resources for healing, and (c) constrains the depth of therapeutic engagement for male survivors.

Four primary questions frame this exploration that will be additive to the accumulated and foundational knowledge already available:

- Are considerations of gender a factor in the lower rate of identification of sexual exploitation of males – by clinicians, law enforcement, and other helping professionals?
- Do gender dynamics contribute to the persistent reluctance of males to disclose their experiences of sexual violation?
- To what degree do variations in gender norms contribute to differences in the experiences of male survivors?
- What is the practical application of a gender-informed perspective when working with male survivors of sexual violation?

The formulation of this chapter is based on current research about male sexual victimization and enhanced by the vast and varied experience of the authors. Each author has over 40 years of clinical contact with male survivors, ranging from individual and group therapy modalities, facilitating multiday healing retreats, conducting consultation and supervision sessions with other professionals, and presenting conference workshops for professionals and lay audiences. Much of the clinical material in this chapter is drawn from personal and professional experience gained from the variety of settings in which the authors have helped male survivors to heal.

The usual and predictable way of crafting a manuscript for publication would be to start with an introduction, elaborate information on the subject, and end with recommendations. To foster the process of change that is a hoped-for outcome for this chapter, the authors will depart from usual protocol. Instead, this chapter will include recommendations for change at the outset, followed by a variety of areas for exploration that relate to these recommendations.

The six recommendations that follow are unapologetically not neutral. Male sexual victimization has existed in the shadows of invisibility and neglect; the

authors seek to plant new seeds in refurbished soil for the possibilities of achieving compassionate and effective healing.

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## Recommendations to Consider

- Move beyond binary paradigms about sexuality and gender; embrace a spectrum of options for delineating personal awareness, expression, and identity. Seek to understand the terminology and language of the individual survivor and seek engagement that is respectful of his choices.
- Challenge Medical Model prototypes that categorize distress resulting from traumatic victimization within a framework of “disorders.” While managing bureaucratic requirements for DSM diagnostic compliance, employ clinical engagement with individual survivors that depathologizes trauma responses and promotes therapeutic values of respect, dignity, compassion, and creative healing.
- Carefully review the sources for trauma-informed protocols that are prescribed for survivors. Assess whether sample populations for such research are inclusive of:
  - Male as well as female survivors
  - Male survivors who are ethnically and/or racially diverse
  - Male survivors who are sexually and gender diverse
- Scrutinize best practice protocols for assessment and treatment to elucidate status quo bias; consider ways to affect clinical adjustments that may be beneficial and responsive to the real-life diversity of male survivors.
- Prioritize therapeutic relationship as a core attribute for successful healing. This may require interrupting linear thinking, hierarchical behavior, and task-driven problem resolution. Humanize the survivor’s engagement in a *collaborative and relational process of healing*.
- Recognize that male survivors are just as likely as females to dissociate to cope with sexual victimization; however, dissociation can be disguised by patterns of coping that reflect toxic masculinity.
- Foster the intersectionalities between healing and social justice to create the most promise for effective change. To move beyond “hamster wheel healing,” survivors, allies, and providers need to direct their attention to changing the circumstances that perpetuate sexual victimization.

A brief elaboration about three aspects of these recommendations may be helpful.

First of all, the paradigm of post-traumatic stress disorder (PTSD) conveys an implied bias that survivors of sexual trauma are “disordered.” This infers dysfunction and pathology, which creates the circumstances for victim-blaming. Frank Ochberg, a psychiatrist who served on the original committee that classified PTSD in 1980, currently advocates a diagnostic change of language to post-traumatic stress injury (Ochberg 2014). The authors of this chapter agree that this simple – but fundamental – adjustment in terminology is a more realistic and compassionate description of the psychological architecture for most sexual trauma. Males, for

whom “masculinity and victim” is an oxymoron, would especially benefit from this shift in language.

In support of this modification in mental health paradigm, it is worth noting that when someone is injured during a violent robbery or horrific automobile accident, they usually are not negatively stigmatized as having a pathology. When this person has fears based on that experience – for instance, is afraid to return to the site of the incident or has flashbacks of reliving the incident – this is usually viewed as a normal trauma response to what happened. To the contrary, when someone is sexually violated it is all too common for survival responses to be pathologized. Understanding and responding to sexual violation as a trauma “injury” would free many survivors from the oppressive stigma of a mental health “disorder.”

This shift in language is a valuable change that might increase safety for male survivors to access mental health resources. Many males fear that reaching out for help will result in judgment from themselves and/or others that they are weak, inadequate, broken, etc. Engagement with mental health professionals is particularly fraught with the risk that emotional distress will be pathologized.

Reaching beyond the diagnostic framework of “disorders” would create opportunities to redefine an array of common trauma responses. Borderline personality *structure* and dissociative *spectrum* are just two specific examples for reframing the classification of mental health consideration when they emerge as survival strategies for coping with traumatic victimization.

While replacing the language of disorder with the terminology of injury depathologizes sexual exploitation, it does not neuter the reality of victimization. An important aspect of stereotypical masculine identity is maintaining an image of being strong and in control. This immediately brings into focus the difficult first step in healing for any male survivor: admitting, that like his female cohorts, he has been victimized - *and in a sexual way*.

Secondly, the authors advocate alertness to gender bias that may be embedded in best practice approaches for trauma-informed assessment and interventions that are grounded in evidence-based research. All too frequently, research data about sexual trauma has been harvested primarily from populations of female survivors. The tendency has been simply to apply this accumulated knowledge to male survivors, with the assumption that gender variability is not a factor. Postulations about the universality of trauma knowledge have disguised potential gender bias. This may be a critical consideration for deconstructing the conundrum regarding the perpetual invisibility of male survivors. Resolving gender bias may also be an important precursor to establishing protocols for more effective engagements with males.

Third, language and terminology often restrict or amplify our ability to understand an issue. In the context of gender considerations, the authors advocate four adjustments to vocabulary.

- The use of the term “male” throughout this chapter is intended to be expansive and nonbinary. Retaining this traditional vernacular is employed with the caveat that this usage is meant to be inclusive of males across the broad spectrum of

identity and expression, from cisgender to questioning to nonconforming to queer to transgender.

- Many male survivors do not view their experience(s) of nonconsenting sex through the lens of abuse, assault, rape, or violence. Too often the language of “abuse” seems to exclude identification of adults as victims of sexual exploitation, while the language of “assault” seems to exclude awareness of children as victims of sexual exploitation. Even the terminology of “victimization” may seem repellant to some, as there is often an undercurrent belief that it is impossible for a male to be victimized. However, to sidestep using this term would only avoid reality and perpetuate gender mythologies. Therefore, the umbrella term “male sexual victimization” will be used in this chapter as being inclusive of a broad spectrum of incidents: childhood abuse, adult assault, exploitation, violence, cruelty, acts of crime, manipulation of love for purposes of exploitation, and any other form of nonconsenting sexual violation.
- It is important to respect the authenticity that many male survivors do not equate “victimization” with “trauma.” Assumptions about the impact of nonconsenting sexual violation are best avoided. Males sometimes perceive the label of “trauma survivor” as a judgment that implies weakness or deficiency, thereby challenging expectations of masculine strength. Therefore, as already advocated in this chapter, exploring victimization within the language of “injury” provides greater latitude for many male survivors to share the genuine consequences of their experience(s). Without minimizing the traumatic impact of sexual victimization, the language used within this chapter seeks to avoid the categorization of male victims of sexual violation as trauma survivors but instead supports a discussion that acknowledges the injurious dynamics of victimization.
- Survivors – as well as bystanders – frequently struggle with matters of complicity in situations of sexual victimization. Offenders effectively communicate blame, both to the victim and in their public defense: “. . .you seemed to enjoy it;” “. . .why didn’t you stop if you didn’t want it;” “. . .you made me do it/you asked for it;” “. . .if you didn’t like it, why did you come back again?” For male survivors, there are assumptions – internal emotional responses as well as external cultural biases – that encase the preconception of collusion with their offender. And sexual responses add to this. Erections, orgasms, and other pleasurable sensations and responses in the course of victimization may confuse the victim and support their sense of complicity. Moreover, males are sometimes forced to perpetrate physical and/or emotional harm toward others or otherwise forced to inflict victimizing behaviors upon others as a proxy for their offender. Accepting blame may allow the survivor a forum to avoid dealing with his own victimization or may imprison him in a false narrative that disguises the truth that his non-consenting offending behaviors constituted an aspect of his victimization. The authors promote the stance that the language of “victimization” can also be inclusive of nonconsenting and reactive deeds that, if unexamined, convey the appearance of offending behavior.

## Shifting the Paradigm

Sexual violation – sometimes perpetrated violently but too often performed within the murky pretext of affection – is embedded in almost all cultures, historically and currently. There are glimmers of hope that our contemporary consciousness is moving into more honest awareness that sexual violation creates personal trauma. Legal protections, social services, and media attention for victims of sexual violation have been exploding in recent years, most recently due to the resurgence of attention to clergy abuse and cover-ups at the highest levels and the repercussions of the “#MeToo” and “TimesUp” movements. However, despite these advancements in public awareness, male survivors of sexual violation too often still remain invisible, underreported, or misunderstood.

Current statistics report that 1 of every 4 females will experience sexual violation of some sort during her lifetime. What many people do not realize is that current statistics also report that 1 of every 6 males will experience sexual violation during his lifetime (Dube et al. 2005). There is no clinical evidence to suggest that the traumatic impact of sexual violation is greater or less for male or female survivors. Many obstacles that divert our attention away from sexual violation and many ways that we minimize the traumatic impacts of such incidents are similar for male and female survivors. However, when viewed through the lens of gender, there are also important differences – some subtle and some more profound – about the experiences of a male survivor.

Identification, assessment, intervention, and healing that is gender-inclusive of all survivors require that providers employ an approach that clearly embodies attention to new principles of gender. Such an approach is grounded in several basic tenets:

- Gender:
  - Is more than the exclusive binary options of masculine and feminine
  - Exists on a spectrum of gradient identities and expressions
  - May reflect fluidity, influenced by developmental stages of life and situational influence
  - Is impacted by expectations that vary by historical and cultural context
  - Is more nonbinary and less rigid when an individual has the safety to embrace personal authenticity
  - Can be variable when an individual has dissociated or disowned parts of their self
  - Identity confusion or gender rigidity is sometimes the result of trauma that occurred during developmental stages

Throughout human history, sexual exploitation has been forced upon females through laws, religious practices, wars, and overt and internalized misogyny. In the context of historical stereotypes about femininity and masculinity, there has been a resulting process of cultural grooming that too easily accepts females as sexual victims and males as incapable of being victimized.

*Stereotypical traits* of “femininity” include weakness, fragility, vulnerability, passivity, and compliance.

In contrast, *stereotypical traits* of “masculinity” include strength, self-protection, stoicism, aggression, dominance/oppression, and ownership. Throughout history, these traditional views of masculinity have created individual and societal blindness to the coexisting reality that males may also be vulnerable to sexual victimization. Contemplating the image of male victim is often antithetical to conventional views of masculinity. As a result, exposing the disguised reality of sexual exploitation involving a male survivor sometimes jeopardizes the implicit norms of masculinity, for the individual victim/survivor and too often also for allies and providers. Gartner (2005) articulately notes “‘Being a man’ means being power, in control. This idea is so deeply embedded in our language that when used as a verb the word man means ‘to be in charge’ (as in ‘Man the Ship!’)” (p. 29).

Many male survivors embrace – or feel obliged to hide within – a bubble of unacknowledged denial or minimization. Boys and young men who have been victims of sexual violation more commonly express their anger and trauma externally, whereas females are more likely to internalize their distress (Gartner 2005; Hunter 1989). Within the context of gender stereotypes and wider societal perceptions, allies and providers too often disown the realities of sexual victimization by employing a “don’t ask, don’t know” approach toward males. This gender bias results in attitudes and interventions toward boys and young men that are often less protective than toward girls (Nicholls et al. 2014). Too often male survivors are labeled as “aggressive,” “violent,” or even as an “offender” in lieu of exploring the possibility of underlying untreated sexual trauma (Gartner 2005; Hunter 1989). Consequently, the male survivor as well as allies and providers engage in tangential interventions that often avoid the core dynamics of victimization. Hunter (1989) advocates that “...men who resist using the words *victim* and *victimization* often don’t believe in their own innocence and still think of themselves as somehow responsible for the abuse.”

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## The Feminization of Sexual Victimization

Sexual victimization is not a random act of nature. Such incidents of personal violation are not impersonal and do not just “happen.” Rather, perpetration behavior is interpersonal and represents a willful and intentional act that is committed by one human being knowingly against another. Sexual violation has traditionally been segregated as an issue that primarily impacts females. This resulting gender bias perpetuates a blindness to the underreported frequency with which this issue also impacts males. A brief overview of historical considerations reveals insights about how sexual violation has evolved into an issue assigned almost exclusively to females.

Exploration of this question takes us far back into antiquity. There seems to be general agreement among historians that in the earliest period of human civilizations reproduction was mysterious, with little awareness about the connection between



sexuality and childbearing. Females seemed to possess magical power that sustained the miracle of childbirth; there was no knowledge that males contributed to the reproductive process (Stone 1976). The mysteries of childbirth were celebrated, which exalted females and fostered Matriarchal relationships (i.e., social structures in which the power of females is greater than that of males).

Struve (1990) summarizes the impact of patrilineage. There is evidence that, beginning approximately 12,000 years ago, civilizations gradually began to shift from nomadic lifestyles to sedentary settlements. The domestication of animals for livestock emerged as people increasingly settled in specific locations for more sustained periods of time. This created the circumstances for insights into the role of males in the process of procreation. The concept of patrilineage emerged from this discovery, which eroded the magical perceptions of female birth. Consequently, females were gradually relegated to the role of being a receptacle or vessel in which the male sperm was planted – a subordinate and subservient status (Struve 1990).

Over a long span of human history, reverence for the feminine diminished and civilizations evolved into social, governmental, religious, and familial forms of organization that were more stratified between male domination and perceived female inferiority. A core tenet of patriarchy is the cultivation, support, and tolerance for defining females as inherently second class. Dominance of females justified sexual exploitation as an acceptable tool for control by males over females.

Two central norms of patriarchy reveal the mechanism by which male governance of sexuality has sustained the circumstances for males to justify their control over women and children (Struve 1990):

- *Chattel property*: Property is based on the concept that females are responsible for management of children, but men have ownership of women and children.
- *Sexual entitlement*: Sex is a privilege for the person who is more powerful in any relationship and an obligation for the person who is less powerful.

These norms embedded two distorted “truths” into the fabric of patriarchal cultures: (1) oppression of women and children is normative and (2) sexual exploitation is an acceptable expression of male supremacy. Over the course of historical time, these “truths” became so deeply entrenched in cultural heritage that sexual mistreatment either vanished into the clouds of societal dissociation or attempted intervention to expose such corruption was wholesale ignored or thwarted by the status quo.

Females and children defined as property of their fathers and husbands became foundational in the embryonic evolution of common law statutes. Rape of a female before marriage was not seen as a crime due to injury of the victim but rather as a violation of the property rights of a father: taking away a daughter’s virginity before marriage lessened her value. Early rape laws essentially resulted from efforts to protect fathers and husbands from the crime of diminishing the property value of their virginal daughters and from preventing wives from becoming tainted as “damaged goods” (Melroy and Miller 2011). Exclusion of marital rape in emerging

criminal codes was commonplace in the United States and most other Western nations. Legal norms did not change in the United States until the late 1970s. It was not until the early 1990s that most US states had criminalized marital rape.

Legal protections to regulate responses to sexual victimization defined rape and sexual assault almost universally within the template of “penile to vaginal penetration,” which affixed the paradigm of male perpetrator and female victim. This further reinforced gender bias that feminized sexual victimization. Gender-based legal statutes stymied prosecution of rape or sexual assault in situations that involved a male as alleged victim and discounted anal penetration. Furthermore, codifying sexual victimization as exclusively a women’s issue disavowed any consideration of male victimization.

Feminist researchers have focused on the sexual victimization of women by men to expose how patriarchal social structures devalue females (Lowe and Rogers 2017; Fisher and Pina 2013). Accompanying the heightened cultural awareness about rape and sexual assault, grassroots Rape Crisis and Counseling Centers began to emerge throughout the United States in the early 1970s: DC, 1970; Oakland, 1970; Philadelphia & Pittsburgh, 1972; Boston, 1973. While a focus on male as offender and female as crime victim created a robust context to support the rise of the anti-rape movement, this feminist analysis reinforced a blind spot that sublimated the coexistence of male sexual victimization.

Manifesting the prevailing gender bias about sexual exploitation, Rape Crisis and Counseling Centers generally provided services exclusively to females. Although feminist advocates rightfully focused on sexual victimization of women, this further segregated the issue by gender (Cohen 2014; Lowe and Balfour 2015). This contributed to the continued isolation experienced by male survivors (Davies 2002; Lowe and Rogers 2017). However, it is correct to surmise that without the passionate bravery of women’s activism there would probably be even less attention to males as survivors of sexual exploitation.

Meanwhile, by the late 1980s advocacy by mental health professionals as well as grassroots activism from survivors of sexual trauma led to the formation of two important national organizations that were invested in promoting services for male survivors. The first known national conference to address the issue of nonoffending male survivors was conducted in St. Paul, MN, in 1988. This provided momentum for a series of follow-up conferences that led to the formation of the National Organization Against the Sexual Victimization of Males in 1995 (now known as MaleSurvivor.org).

Occurring parallel in time, survivors of Catholic clergy abuse formed the Survivors Network of those Abused by Priests (SNAP) in 1989 which contributed greater awareness about male survivors. A National Sexual Assault Hotline was formed in 1994 under the leadership of RAINN (Rape, Abuse, and Incest National Network), which provided gender inclusive services for crisis counseling in the United States. By the 1990s some Rape Crisis Centers expanded their services to be inclusive of males – e.g., the Georgia Council on Child Abuse began to offer support groups for male survivors in the early 1990s and the Boston Area Rape Crisis Center (BARCC) expanded services to males in 1998. Some rape crisis centers changed their

organizational name to accommodate males who refused to seek services at a rape center (e.g., Santa Fe Rape Crisis Center changed its name to Solace Crisis Treatment Center).

Much progress was made in the early years of the 2000s, and it has now become the norm for most rape counseling agencies to provide services for sexual victimization that are gender-inclusive of female and male survivors. A Weekends of Recovery program was launched in 2001 to provide 3-day and single-day healing retreats throughout the United States and Canada exclusively for male survivors. This program continues to conduct healing retreats under the auspices of MenHealing ([www.menhealing.org](http://www.menhealing.org)). Another national organization providing services for male survivors, called "1-in-6, was founded in 2007.

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### **The Impact of Isolation and "Invisible Visibility"**

The collective energies of the thriving organizations cited in the preceding text have fostered a renaissance of resources for male survivors and their allies, as well as for providers who seek to enhance their capacities for effective supportive services. However, despite the dedicated work of these – and other – individuals and organizations, visibility and awareness of male sexual victimization remain limited. The ominous nature of Male Rape Culture illuminates some interesting aspects that help to understand one pillar that fuels the sustained invisibility of male sexual victimization.

"Rape culture" is a term coined by American feminists as recently as the 1970s. However, while unnamed, this has been a feature of almost every society throughout the millennia of human civilization. Rape culture is constructed upon and promotes hatred of females and anything considered feminine. Sexual violence is condoned as an inevitable fact of life for females and victims are often blamed for the circumstances and consequences of their ill treatment.

The authors observe that within this gendered paradigm, the phenomenon of "invisible visibility" is a common repercussion for males as victims. In other words, the ominous danger of male sexual violation is covertly and invisibly woven into the unconscious psyche of toxic masculinity for bystanders as well male victims. However, invisibility quickly becomes more visible by exposing the connection between rampant cultural imagery and male sexual assault – through the iconography of male rape for comedic purposes, the ways in which incarceration is branded for purposes of fear and compliance, and the reality of life within male-dominated associations (McIntosh 2019).

Within the **context of comedy**, scenarios of male sexual assault are used for humorous relief of tension, as parody for gender conflicts, or as a concise vehicle for slapstick wit. However, crafting male rape with the intention of amusement usually requires a scenario that demeans inadequacies of masculinity, humorizes the impact of perpetration by a female (which is identified as seduction and something a male victim should be proud about), and/or implants sexual insecurities and gender shame.

Within the **context of incarceration**, male sexual assault is presented as a looming menace, often effectively conveyed thru the simple imagery of pairing imprisonment with a bar of soap. This is an effective tool for instilling emotional fear within entire populations of males, for purposes of promoting social controls and instilling compliant behavior based in terror of the consequences of non-conforming behaviors (e.g., incarceration). Caricatures abound about male victims and perpetrators (i.e., labeling victims as “girl,” “fem,” or “bitch”).

The **combined impact of these aspects of rape culture** is the highly visible stereotypes about male sexual assault that paradoxically stifle awareness about the truths of male sexual victimization. Patriarchal norms are grounded in the supremacy and dominance of masculinity. Control is reinforced by male dominance over all things feminine or anything other than masculine. These gender dynamics are invisible in many aspects of social construction – but quite visibly apparent upon intentional examination. For example, within the contexts of warfare, hazing rituals, and enforcement of sexual and/or gender identity. In more recent years, there have even been reports (Japan, New Zealand, United States) of males who organize themselves into rape clubs: all-male affiliations with the explicit purpose of targeting someone (female or male) to be the recipient of sexual victimization, to film the event, then post to a social network, usually with no consequences from the media platform nor from law enforcement officials (Sarsfield 2013).

**Warfare** is employed to gain or enforce dominance and control. “Soldier” is an icon for noble masculinity. Military strategy universally requires identification or creation of an enemy, which then must be objectified and portrayed as a threatening “other.” Actual or threatened sexual assault is a common weapon in warfare, used to objectify, intimidate, pacify, or divide opponents and terrify civilian populations. A predictable prize of military conquest is subjugation of the enemy, frequently involving sexual assault of and servitude of girls and women – aka, the spoils of war (Brownmiller 1975).

Contemporary reporting and tools of social media have exposed the degree to which **males are hidden victims of sexual assault in civil and military conflicts**. A 2007 report on “International Human Rights Law and Sexual Violence Against Men in Conflict Zones” (Hennessey and Gerry 2012) exposes the proliferation of sexual assault across the gender spectrum in conflict zones. Homosexuality is criminalized in many of these conflict zones, with huge cultural taboos and sometimes lethal legal consequences for males, even when they have been targeted as civilian casualties. Long-time journalist Will Storr has reported that authorities often process these assaults with the assumption that the victim engaged in consensual homosexual activities, potentially resulting in criminal charges against the survivor. Furthermore, Storr reports that “. . .they will probably be ostracized by friends, rejected by family and turned away by the UN and myriad international NGOs that are equipped, trained and ready to help women” (Storr 2011). As a result, “both perpetrator and victim enter a ‘conspiracy of silence’” (Hennessey and Gerry 2012).

A less visible aspect of military culture is the prevalence of **sexual assault within the internal ranks of uniformed recruits**. In recent years, disclosures from veterans reveal the extent to which males are the target of gender humiliation and sexual

assault. Combat readiness is constructed with careful attention to unit cohesion. Just as military campaigns are built upon the stereotypes of ally and other, solidarity within military units is sometimes created from targeting soldiers who exhibit traits deemed substandard to masculinity. Sanctioned behavior during basic training taunts trainees with accusations about femininity or creates scenarios in which their stereotypic masculinity is tested. The goal is to enhance masculinity and strength and to eradicate any aspects of femininity. The presence of these methods for control and discipline increases the risk for ancillary incidents of interpersonal sexual violence. Effective military units develop an essence of family, so sexual victimization of any members within the unit (by officers or peers) reflects features more akin to incest than stranger assault. This creates an additional level of trauma due to the betrayal dynamics involved (Courtois 2010).

Similar to the dynamics of military culture, **all-male associations** – scouts, sports teams, fraternities, etc. – rely on hazing rituals for inducting new members (= “others”) into their ranks. These institutionalized traditions are usually fabricated to instill strict adherence to traditional masculinity. Hazing rituals are often designed to exorcise any features of gender that are polluted by femininity. Achieving the lofty standards of masculinity usually requires participation in highly sexualized activities, often involving forced nudity, humiliation, simulated or actual sex acts, submission to lewd behavior, showcasing female attire, etc. Bonding among current members is enhanced by sexual domination over the inductees who must earn their way into the inner ranks of full membership by enduring these sexualized rituals. If appropriately compliant with the hazing rituals, inductees enter their exclusive club and thereby earn the privilege to exercise domination over the next batch of “others.” It is rare that participants or bystanders view hazing rituals as sexual victimization, although recently some have and many of those so victimized have internalized the dissociated residue from these sometime traumatic experiences.

**Individuals who are identified as sexually and/or gender diverse** risk the consequences of being targeted as an “other.” Individuals who are or who are perceived to be sexually or gender nonconforming are at risk for sexual bullying or assault. Violence and acts of aggression are common tools that are used to reprimand gender nonconforming “misbehavior,” with the intention to instill fear about noncompliance regarding socially acceptable masculine behavior. Hate crimes or attacks against nonbinary sexual and/or gender identity presentation “are frequently perpetrated with the intent to disgrace or obliterate the personal and cultural identity of the victim(s)” (Struve et al. 2018).

The intersectionality of sexual victimization and identity trauma is a prevalent feature in the experience of many **transgender individuals**. For those who are or are perceived to be sexually or gender diverse, the sexual victimization component of any incident(s) may be overshadowed by power dynamics of “identity trauma” (Courtois and Ford 2009). Transgender is easily viewed as an “other” identity, fitting well outside the boundaries of a binary construction of sexuality and gender: Where does a transgender fit in the schema of male/female, masculine/feminine, gay/straight? Transgender individuals become a target for rage by those who cannot conceptualize human identity beyond the binary options:

Sexual assault by its very nature is physically invasive and often involves genitals or parts of our body we perceive as centrally connected to our trans identity. For many, our genitals and/or secondary sex characteristics may feel incongruent with our gender identities (or may even be charged with feelings of shame). People may have used our genitals against us to oppose, deny, or try to destroy our gender identity or self-esteem. For those who have had gender confirming surgery, the attack on our genitals may feel like an attack on everything we are. It may be hard enough to expose and talk about our bodies under typical circumstances. (Munson and Cook-Daniels 2015, p. 45)

The degree to which male survivors remain a hidden population or ways in which male victimization is distorted within paradigms of dysfunctional masculinity has itself become a core issue that must be addressed. In real life, invisibility is often experienced through the lived experience of isolation and a belief of being “the only one.” There is a layered aspect to isolation as exhibited by male survivors. Stereotypical norms of masculinity predict that males commonly disconnect and isolate themselves as an accepted way of life. When faced with distress, males frequently undertake the task of attempting to resolve problems by themselves. Revealing distress or asking for help may activate self-judgment – too often also reinforced by others – as a sign of weakness or incompetence. Within this context of normative masculinity, male survivors often employ socially accepted avenues of behavior to limit or avoid emotional intimacy. “Acceptable” male behavior may disguise an underlying motivation to limit the depth of relationships even when interacting with close friends or family. For example, a male survivor may become absorbed in a job that requires or allows long work hours, personal hobbies that are time consuming, or athletic pursuits that are demanding of commitment and energy. Displays of stereotypical masculine stoicism may mask intentional isolation to protect the secret of sexual victimization

A more insidious layer of isolation is revealed thru the lens of marginalization and chronic social exclusion. Because sexual violation has been so predominantly gendered as a female issue, male survivors are rarely exposed to images of their own experiences. Although there have been outbursts of public awareness about male victimization (e.g., Catholic Clergy Abuse, Penn State Athletic Program, Ohio State Wrestling Team, etc.), there has been almost no capacity for sustained public awareness about the prevalence of sexual exploitation for males. As soon as the news media shifts attention to other matters, awareness about male sexual victimization returns to the shadows of invisibility. Thus far, even the emergence of the powerful #MeToo movement has only peripherally incorporated the voices of male survivors.

The systemic omission of male survivors from the public discourse about sexual victimization has contributed to male survivors individually believing they are uniquely alone. Currently, media are more actively exposing incidents of male sexual victimization; books, movies, and television more frequently address themes or subthemes that touch upon this topic; and research data now identifies that 1 of every 6 males is a survivor. However, it is fascinating that even in the midst of this context of expanded awareness, most male survivors continue to verbalize some variation of the mantra “I thought I was the only one.” It remains quite common for male survivors to report that before they reached out for help, they lived with a long

and persistent experience of feeling like something in their life was wrong or not working correctly. Lacking any identifiable focus or name for an underlying source, they simply adapted to their experience as normal features of masculinity.

The authors conceptualize this fascinating phenomenon thru the nomenclature of “oppression by deprivation.” Unlike denial, minimization, or dissociation, this phenomenon is fueled by a lack of any identifiable point of reference. For example, within a binary paradigm, most females grow up with an awareness of institutionalized “inferiority” in comparison to males, thereby creating an inner recognition of increased risk for victimization. Females internalize an acute knowledge of the inherent risks that accompany their identity as other than white male. The undeniable reality of misogyny provides for females a contextual point of reference for their own risk of victimization. Conscious or unconscious awareness of “otherness” ironically is psychologically protective because it provides a degree of orientation to comprehend the dynamics of risk, even if not providing protection from harm. Lacking a point of reference results in psychological disorientation. The authors are not meaning to imply that one gender’s experience is worse than the other; just different.

Because “male” and “victim” are often metabolized as a genetic oxymoron, the internal compass for most males lacks any point of reference to the direction of “otherness” in a situation of sexual violation. A male survivor may experience a dysphoric sense of shame and have no reference point to allow absorption or processing. The individual male survivor may employ minimization or denial as a coping strategy; however, the filter of invisibility may overshadow even the task of compartmentalization. If there is no *contextual* point of reference, there is no awareness of presence or absence.

There are profound negative consequences for individuals who live with chronic and sustained invisibility and a shamed identity, who disidentify with or who over-embrace traditional male characteristics and roles, who live outside the parameters of societal acknowledgement or who are forced to survive in the shadows of structural social inequities.

In a study of over 9,000 cases of child sexual exploitation of adolescent boys and girls in the U.K., 33% were boys who were referred to the criminal justice system rather than social services (Nicholls et al. 2014). This demonstrates the vulnerability for males that residual impacts of sexual victimization may be responded to as a criminal matter by professionals. Channeling adolescent male survivors into the Juvenile Justice System contributes to increased isolation and deters them from any further disclosure.

Male survivors are inherently a marginalized population and therefore live within the larger context of social isolation. Literature reveals that social isolation cultivates a multitude of negative consequences, including chronic loneliness (Jones 1981; Riva and Eck 2016). Baumeister, DeWall, and Twenge (2005) reported that individuals who experience social exclusion seem to maintain the ability to self-regulate; however, their exclusion undermines the motivation that is necessary to do so. Marginalized populations unavoidably experience negative psychological and behavioral impacts, such as compromised immune functioning and chronic health

difficulties, self-defeating behaviors, careless risk-taking, blunted self-satisfaction, reduced expectations for success, habitual dysfunctional relationships, addictions, etc. (Riva and Eck 2016). In addition, male survivors are often catapulted into extreme behaviors either of hypermasculinity – e.g., portraying a tough guy image or demonstrating sexual prowess – or hypomasculinity – e.g., exhibiting passivity or avoiding expressions of power. These symptoms embody a core constellation of traits and experience for most male survivors.

Until recently, many male survivors have never even imagined there was anyone else who shared their experience. Disclosure of sexual victimization by male public figures has long remained a rarity, comparable to the sparsity of male public figures who did not feel safe enough until the 1980s to reveal they were gay. Fortunately, there are now ever-increasing examples of high-profile male survivors who are courageously disclosing their experiences of sexual exploitation. This provides role models and advances public perception of male survivors as being heroic, healthy, successful, and worthy of respect and admiration. A measure of this sea change was exemplified by the Oprah Winfrey “200 Men” programs in 2010 in which Tyler Perry publicly talked about his history of sexual exploitation, along with an entire studio of 200 courageous male survivors who stood publicly and proudly to present their stories of surviving and healing. Many more had volunteered to attend but the number was restricted by the size of the studio. As more male survivors are feeling safe to disclose the reality of their victimization, it is becoming more common for people to discover that someone they know personally – a partner, family member, coworker, etc. – is a male survivor.

When a male survivor moves beyond isolation and contemplates disclosing his victimization, he immediately faces the complicated intersection with “birthright privilege” bestowed upon males within patriarchal culture that supports toxic masculinity. A male who risks disclosure about sexual victimization faces potential layers of loss of inherited privilege. For example, consider the realities of the following constellation of impacts that looms in the aftermath of disclosing sexual victimization by the typical male survivor:

- White, heterosexual males, simply by birthright, inherit the highest tier of privilege within a patriarchal culture. Acknowledgement of sexual exploitation for a white, heterosexual male risks the consequence of losing this ultimate level of privilege. In contrast, females, simply by birthright, are already second class, even in the absence of sexual victimization.
- Males of color, simply by birthright, automatically inherit a second-class tier status due to the birth pigmentation of their skin or their genetic composition. Males who acknowledge sexual and/or gender diversity also voluntarily relinquish one or more tier of their status of privilege. Therefore, males of color and males who are transparent about their sexual or gender diversity risk the consequence of further loss of their privileged status if they acknowledge also being a male survivor of sexual violation.
- The intersection of being *both* a male of color and a male who is sexual and/or gender diverse further decreases status and privilege, while it also increases the



potential for victimization. Disclosing sexual victimization adds another layer in the erosion of status and privilege.

This trajectory of loss of birthright privilege (resulting in rejection or vilification by peers) illuminates a significant dilemma for many male survivors as they negotiate internal assessments about whether to disclose victimization or to remain silent. In addition, the stereotype of male offender and female sexual assault victim is deeply embedded in the collective consciousness. Therefore, males commonly report that their disclosure of being a survivor is heard as an admission that they are an offender or a nascent offender.

While this trajectory may seem inconsequential, for the male survivor it is inherently an invisible, insidious, and toxic mix that fosters isolation, stoicism, and silence, while stoking the dissociated flames of confusion, guilt, and resentment. These factors may underlie the unfortunate reality that a male survivor is significantly less likely than a female to disclose victimization.

Prevailing research has reported the common statistic that many male survivors take in excess of 20 years before talking about their experiences (O’Leary and Barber 2008). This “20-year” statistic may be partially biased by the fact that, until more recently, data were collected almost exclusively from males who experienced childhood victimization. The authors have been involved in a Weekend of Recovery program that has been conducting healing retreats since 2001, serving more than 1500 males who had been victimized during childhood or as adults. In more recent years, there has been a noticeable trend of increasing numbers of male survivors accessing this healing resource while they are still in their 20s and early 30s. In addition, inclusion of males who are victimized as adults has revealed a shorter passage of time between victimization and reaching out for help.

The overarching need is to embrace efforts to reduce social isolation as a critical factor in the healing process for most male survivors. Creating connection with other individuals, becoming engaged in collective activities (such as groups, retreats, service organizations, etc.), and finding the safety to identify as a survivor is often predictive of more dynamic and effective healing. While the dominant culture and the healing professions have not yet embraced this issue with the vigorous attention deserving of such a pervasive problem, considerable progress is being made. Male survivors have pioneered the pathways to networking with peers via internet social media; many service organizations have adopted program priorities that are gender inclusive; national and local organizations have emerged to advocate for education and services to male survivors (e.g., MenHealing, MaleSurvivor, 1-in-6); and gradually media is becoming more sensitive to gender inclusion when focusing on matters of sexual exploitation.

## Identity Dysphoria

An overarching residual impact of male sexual victimization is the pervasive disruption of personal identity. Very few male survivors are spared this complex dimension, no matter what the gender of their offender. Therefore, it is essential that allies, providers, and survivors have a comprehensive understanding about the critical features of identity to address and resolve during the healing process.

Because the predominance of sexual offending is perpetrated by males, it is highly likely that most male, as well as female, survivors will have suffered sexual victimization from a male. Situations that involve a male victim and a male offender inevitably expose the reality of same-sex sexual acts. This immediately activates in either the survivor and/or the bystander visceral interpretations and moral judgment about same-sex behavior (or what they interpret as homosexuality). For some people, such behavior may be viewed as morally reprehensible no matter whether the circumstance in which it occurred was consensual or nonconsensual. It may also be viewed as what caused the abuse – consider how the Catholic Church continues to frame its abuse crisis as caused by homosexual priests, rather than acknowledging the cause as pedophilia or hebephilia – and a systemic abuse of power. Powerful institutions like the Catholic Church and the Southern Baptist Convention may divert attention to discussions about the immorality of homosexuality as a way to avoid addressing their failures and responsibilities for protecting victims.

Homophobia may fuel a plethora of fears that same-sex attraction will be a transmittable consequence of same-sex victimization; that physiological arousal during same-sex victimization will expose repressed same-sex attraction; that a male who is openly diverse or nonconforming about his sexual and/or gender presentation may have invited or deserved his victimization. If a male admits nonconsent in a sexual situation with a female, he is usually perceived to be weak, fragile, unappreciative, etc. – responses that emasculate his gender identity which is another appendage of homophobia.

Victimization is experienced and healing is processed within a fishbowl of cultural norms. Male and female survivors alike are prone to hypersexual, sexually reactive, and/or risky/unsafe sexual practices while others display what Carnes (1983) described as sexual anorexia and some survivors vacillate between the two. Yet while females may be judged about the promiscuity or risk of those behaviors, judgments about male hypersexuality are blurred by the fact that partners are often same sex. The assumption may be that they are gay men with an addiction rather than men dissociatively re-enacting aspects of their victimization, calling for very careful assessment and discrimination.

Intense sexual encounters often create highly charged psychological and physical imprints (often reinforced by orgasm) that impact identity formation. Early, extraordinary, and/or nonconsensual sexual events are generally embodied with such intensity. Sexually imprinted behaviors are frequently encoded in the emotional and/or physiological structures of a survivor. Unrealized cellular imprinting is often processed by instinctive familiarity rather than logical judgment. For many

male survivors, the imprints may create internal confusion or distress about sexual and/or gender identity.

The physiology of sexuality also creates much confusion in situations of male victimization. Many people are surprised to learn that sexual response –even sensations of pleasure – is possible in the context of nonconsent or fear. Seeing one’s own erection and/or ejaculation is especially perplexing. This can create the illusion of complicity or betrayal by one’s own body. The individual male survivor, as well as allies and even providers, may incorrectly assume that erection and/or ejaculation constitute consent. And many offenders describe or target the visibility of an erection and/or ejaculation as evidence of consent.

In addition, males are often feminized during aspects of their victimization. Within settings of hazing – e.g., fraternities, military, incarceration, etc. – the male victim may be forced to dress or behave as a female or to participate in sexual enactments in which he is made to assume the role of a female. Or, males may be targeted because of ways they are perceived to be less than fully masculine in their presentation – e.g., physical features such as curly hair or delicate physical stature, nonconforming or ambiguous gender appearance, being labeled as a “sissy.”

Several scenarios illustrate common examples of identity conflicts for a male survivor. At the time of his sexual victimization. . .

. . .John was innocent and immature; his offender was female; he had little awareness about matters of sexual and gender identity and his victimization involved sexual humiliation and emasculation; he is now hypersexual with both male and female partners, insatiably seeking admiration for his sexual prowess. It is he who is now in control

. . .Bill was actively confused about his identity; his offender was male; he is now in a relationship with another man, but struggles about whether his initial sexual experiences made him gay

. . .Chris had previously engaged in satisfying relationships with females; his offender was a male and his victimization involved anal sex; he believes that he is authentically heterosexual and is not attracted to males, but is distressed by his desires for anal stimulation in his relationships with female partners; both he and female partners question whether he is or will become gay

Attempts to resolve identity distress within the limitation of a binary framework inevitably increase the intensity of struggle. Efforts to determine degree of sexual orientation (straight or gay) and gender presentation (masculine or feminine) before and after victimization is a form of emotional quicksand. Finding the pathway back to membership on the “correct” sexual and gender team is futile and unnatural. However, it is normative for males – and often their allies and providers – to seek definitive answers and to fix disruptions to perceived normalcy. The search for answers can become an obsessive preoccupation that can divert attention away from accessing and resolving the hurts from victimization.

- Was I targeted for sexual victimization because of my real or perceived sexual or gender presentation? What aspect of my identity do I need to alter in order to protect myself from future violation?

- Is my sexual or gender identity forever tainted by my sexual violation? Would my identity be different if not for the sexual victimization?
- If my victimization included any act of receptive sex, does that undermine credibility for my masculinity? How do I reconcile my identity as a cisgender heterosexual male if my body became sexually aroused and/or was penetrated?
- Was I really victimized if my offender was a female? What does it say about my masculinity if I am claiming nonconsent in sexual contact with a female?

A critical aspect of the healing process for a male survivor is evaluating the intersectionality between sexual victimization and identity development. Sexuality and gender are aspects of personal identity that are traditionally viewed through the restrictive lens of a binary construct – individuals are either male or female, masculine or feminine, straight or gay. However, this binary construct is a human invention that defies the natural process of identity development. Three features about sexuality and gender need to be normalized for a male survivor to heal the disturbances to personal identity and heal the shame that may be residual effects of sexual victimization.

- Sexuality and gender more naturally exist as a spectrum of identities than as a rigid and binary system. Individuals may have “shades” of masculinity or femininity; sexual and gender expression may be blended and exist in combinations that contrast to culturally defined expectations.
- Sexuality and gender may be fluid. Defined norms of sexuality and gender may change based on geographic, cultural, and/or historical context. Aspects of personal identity may be mixed and/or change over the course of a lifetime, evolving organically or being affected by life events.
- Sexual and gender awareness, expression, and identity may or may not be congruent – either internally or externally. For example, a male survivor may engage in same-sex behavior even though not identifying as gay, lack awareness that specific sexual behavior(s) are reenactments of their own victimization, or privately have full awareness of their sexual or gender orientation(s) but not express that identity openly to others.

The authors have come to believe the only path to healing and resolution is to consider sexuality and gender within the framework of spectrum rather than binary; to validate the possibilities of identity fluidity; and to consider the degrees to which awareness, expression, and identity may be conflicted or congruent. In truth, the survivor may or may not have understood aspects of his identity prior to his victimization.

- The sexual orientation of an offender often cannot be determined, even if the incident(s) of victimization involved same-sex perpetration.
- It cannot be assumed what traits of gender presentation may have contributed to vulnerability and victimization.

- The survivor may never know for sure how their sexuality and gender might have been the same or different had it not been for their victimization.

Assessing the intersection of sexual victimization with the developmental tasks of sexual and gender identity can normalize confusion and distress that is almost always a residual for a male survivor. Struve, Fradkin, and Beckstead (2018) provide a helpful assessment grid for both survivor and clinical provider to examine the differential developmental influence of sexual victimization on resolving identity disturbance. For example, victimization may have a different impact on the degree of identity disruption for a male if sexual victimization occurs when he is confused or already clear about his gender or sexuality.

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## Dissociation

Many survivors of sexual victimization, whether male or female, display some form of dissociation. Dissociation is a way to cope with overwhelming events and ambivalent feelings and needs by compartmentalizing thoughts, sensations, emotions, and/or cognitions. It is a way of not being present in the moment, whether that is not experiencing the body, not having the cognitive knowledge of something traumatic, or needing to unconsciously slip into another state of being. While dissociation occurs on a continuum, the authors can find no studies that address whether that continuum has any correlation to gender or acculturation. The authors propose that male survivors dissociate as much as female survivors, but that they habituate it differently and mask it differently, partially due to the gender shame of victimization.

Dissociation in males can be misdiagnosed and/or presented as several other things: attention deficit/hyperactivity, anxiety and hyperarousal (Kulkarni et al. 2012), aggressive behavior and running away (Nicholls et al. 2014), drug use, compulsive or addictive sexuality, and depression. When a male presents for treatment with any of these symptoms, it should prompt further questions to assess whether a link exists between these symptoms and sexual victimization and/or resultant dissociation/PTSD. A study of prevalence of DSM-IV dissociative disorders in an inner-city outpatient psychiatric population found that 29% of their population had some form of dissociation not previously diagnosed, with no significant difference in gender (Foote et al. 2006). A study in Turkey looking at the connection between borderline personality features and dissociative symptoms, tested 200 males in treatment for substance abuse for dissociative symptoms, borderline features, alexithymia, anxiety, and depression – any of which can be indicators of child sexual victimization – but they never asked about the causal relationship of these symptoms (Evren et al. 2012). Not asking about sexual victimization is not unusual and frequently results in misdiagnosis and then inadequate/erroneous treatment.

Any Identification of dissociative dynamics is sometimes complicated when viewed through the lens of gender. With males, dissociation can be presented as “spaciness,” aggression, gambling, promiscuous sex, watching pornography,

overworking, extreme sports, and compulsive working out. Chem-sex and hypersexuality can be an indicator of dissociation in males. Professionals working with males may see only the addictive aspect of this behavior and fail to recognize that this may be a dissociated reenactment of sexual victimization or a substance-induced dissociative state, an attempt to manage unprocessed traumatic memories.

For male survivors, it is difficult to differentiate whether stereotypical aspects of masculinity are masking dissociation or providing socially acceptable pathways for detachment and disconnection from self and others. The outside observer may be easily distracted by the intersectionality of dissociation with accepted norms for masculine responses to distress, such as overworking or excessive time in the gym. Male survivors are frequently prone to embrace a gender presentation that is perceived by self or others as either hyper- or hypomale. The extremes of such gendered traits often disguise the underlying dynamic of disidentification or dissociated gender injury that are the result of sexual victimization.

Self-harm through extreme risk-taking can also be indicators of dissociation for male survivors. From the authors' clinical work, they have found that adult males frequently engage in disguised self-harm through "normal" masculine activities such as heavy drinking, fast driving, engagement in risky athletic activities, anonymous sex, or other dangerous behaviors. Sometimes harm resulting from such activities is even viewed with praise by bystanders and any resulting physical or psychological injury may go unnoticed.

Another way that dissociation can be masked is through the externalization of self-harm – ranging from picking fights for the purpose of being hurt to engaging in unsafe sex to physically high-risk criminal behavior. Nicholls and colleagues (2014) documented that the ways in which boys and young men self-harm (for instance, getting in knife fights) may be very different from the ways in which girls and young women do so.

Dissociation may also mask the occurrence of past victimization that may return to cognitive consciousness or as an unexplainable body memory suddenly and in response to a contemporary trigger. This intrusion of symptoms and memory is now labeled the *delayed expression* of symptoms of PTSD in the *DSM-5R*. It can obviously cause great distress to have previously unknown memories and symptoms emerge in such an intrusive way.

*Carl, in his mid-twenties, had repeated nightmares of a "monster in his room" and had overwhelming feelings of danger. He felt an unexplainable inadequacy (particularly around males), shame and "differentness." He had also begun to experience a compulsion to watch male pornography and was disturbed by that. His memories were violently triggered when he received a call from his uncle, whom he hadn't seen since childhood. The uncle was calling from prison to confess that he had sexually abused Carl as a child every time he visited. Over the next year, Carl dealt with more and more memories. All his feelings began to make sense as he connected the dots of dissociation.*

Gender as an influencing factor of dissociation by a male survivor has been largely ignored in research. Areas of investigation to pursue might include the extent to which males dissociate; what masks dissociation in males; how dissociation differs

(or not) between males and females; and how our culture influences the ways in which males dissociate. Another deficit in existing research is an examination of how the spectrum of gender diversity may affect the ways in which males dissociate or disguise their dissociation.

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## Untangling the Knot of Offender Mythologies

Fear contributes to cultural fantasies that sex offenders are dark and ominous predatory strangers. In reality, most victims know the person who sexually offended against them. Furthermore, while there is no singular profile for a sex offender, data from a review of sex offender registries from all 50 American states revealed that a startling 97.7% of the total sample were male while only 2.3% were female (Ackerman et al. 2011).

A significant extrapolation from this data is the realization that the majority of survivors – regardless of gender – will probably be victimized by a male. This actuality for males is reflected in the most recent CDC research that confirms 93% of male rape victims reported only male offender(s) and 49% of male victims who acknowledged noncontact unwanted sexual experiences reported only male offender (s) (Black et al. 2011).

This data, when combined with the prevailing paradigm of “female as victim and male as offender,” coalesce into a two-pronged myth with unfortunate repercussions for the male survivor. First and foremost, as previously noted, “male” linked with “victim” or “survivor” is too often viewed as an oxymoron. Secondly, male sexual victimization has inaccurately become assigned as a dangerous risk factor for subsequent offending behavior on the part of a male victim.

A brief overview of history is helpful to understand the etiology of this toxic mythology. The 1880s was a landmark decade in the evolution of cultural views about sex offenders. The media sensationalized news coverage about numerous sex crimes, most notably Jack the Ripper in England. Such media attention fueled public fascination with mysterious serial sex murders. By the early 1900s, the term “sexual psychopath” was commonly used by the media as well as within the professions of criminal justice and mental health. Such language promoted fear among the general public and created the circumstances for a growing preoccupation about “Stranger Danger,” terminology propagated by J. Edgar Hoover and the FBI.

By the 1960s and 1970s, attention began to focus on developing programs to rehabilitate sex offenders. Treatment providers and criminal justice advocates robustly debated whether sexual offending behavior was criminal or whether it should be responded to as an addiction or mental illness. This debate was complicated by the emergence of the National Man-Boy Love Association (NAMBLA) in 1978, a high-profile organization that advocated for adult sexual involvement with minors and incestuous contact. Social conservatives who were alarmed by the Sexual Revolution of this era, successfully leveraged public fears by linking NAMBLA as an example of how the Gay Rights Movement was promoting a “homosexual agenda” that included the recruitment of children.

This historical context is helpful in unmasking the evolution of public and professional views about sex offenders from the late 1880s until the early 1980s: from sexual psychopath to categorizations of mental disturbance or possible criminal behavior to potential pedophilia. Add to the mixture the fact that homosexuality was a criminal offense in many jurisdictions until the latter part of the twentieth century, with prosecution usually pursued under the rubric of a sex crime. By the 1980s, public perceptions about sex offenders reflected deep gender typecasting: sex offenders were male and often homosexual.

One final consideration adds an especially significant variable to the narrative about sex offenders. Efforts to understand the psyche of the sex offender uncovered a high proportion of these individuals who also had a history of sexual victimization, often beginning in childhood. This linkage between victimization and offending provided a feasible trajectory to explain sexual offending: males who are sexually victimized are at high risk for becoming sexual offenders. Absent was the research about nonoffending populations of male survivors and about what other factors might be involved. Although research was one-sided and therefore biased, the linkage between male victimization and the risk factor of resultant offending behavior became embedded in the common narrative and persists to the present day. This linkage of victimization as a precursor for sexual offending is a gender-biased myth that impacts nonoffending male survivors but is absent from the narrative for most female survivors.

This powerful myth often has a subliminal presence. Allies frequently become alarmed about the safety of children when they learn a male in their life is a survivor.

*John had a lengthy history of working with youth. He did not realize his own history of sexual victimization until after many years in his professional career, working in roles ranging from Child Protective Services Caseworker, to Social Worker in a residential treatment facility, to Psychotherapist in private practice. He was evaluated by peers and supervisors as highly trusted and competent. However, as close friends increasingly learned about John's history of sexual victimization, many of them expressed discomfort about allowing him to be alone with their children. Obviously, this caused him a great deal of distress.*

Likewise, allies and often even providers hold male survivors to a higher level of scrutiny and engage in more active risk assessment.

*Bill's wife requested that his therapist allow her to attend a session soon after he revealed a long-held secret of having been sexually victimized. His wife was open about her need to seek reassurance from the therapist about whether it was safe to allow Bill to continue in his role as caretaker for their children when she was not present. Even though she had never previously had such worries, disclosure of this aspect of his past life triggered these new anxieties.*

Void of any attraction to children, many survivors hold an internalized fear that they are at risk for sexual offending behavior. This sometimes creates profound emotional vulnerabilities for the survivor in his role as parent.



*Ken was sexually victimized by his father throughout most of his childhood. He had a successful marriage and had accomplished much healing until the birth of his son. While he had no sexual attraction to children, duties of childcare and fatherhood became increasingly terrifying. He would frequently call his therapist during episodes in which he had become frozen while changing diapers for his son. He projected his belief that any degree of touching his son's genitalia for purposes of hygienic cleaning would be traumatic to his son and that anyone who observed him in this task would judge him as a pedophile. Likewise, he avoided any displays of physical affection with his son resulting from the same terror that any degree of contact would constitute sex offending behavior. This is clearly a tragic consequence of both sexual victimization and the mythology around its consequences.*

Upon disclosure of their sexual victimization, most survivors, whether male or female, risk receiving culturally based accusations of collusion. Hunter (2007) notes that females usually must refute allegations that their behavior embodied seduction and promiscuity and their defense usually needs to appeal to imagery of female weakness and fragility. On the other hand, Hunter (2007) astutely identifies the underlying influence of gender bias. Too often, a male survivor must “defend” his masculine identity (e.g., overcome accusations of being a faggot or latent homosexual), he may be required to justify allegations that he relinquished his masculine power by not stopping any sexual violation, and he may have to exonerate “evidence” about how physiological body responses did not constitute consent.

Another important facet of offender mythology is the prevailing underacknowledgement of female offenders. While male survivors already have a persistently invisible presence in our cultural dialogues about sexual victimization, males who are sexually violated by a female face an additional layer of obscurity. Cultural norms of masculinity perpetuate three distressing myths: (a) it is not possible for a male to succumb to nonconsenting sexual contact with a female, (b) sex between a younger male and an older female is either a laudable rite of passage or a prize worth flaunting with peers, and involves a seduction, and (c) a male cannot possibly be harmed by sex with a female, even if nonconsensual.

In reality, females do sometimes sexually victimize males as well as females. Situations of physical closeness and emotional intimacy with females remain a central part of life for most males. In a variety of circumstances, males are dependent on the most intimate of services from caregivers, e.g., during the initial years of life and when institutionalized for special needs. In truth, females most commonly serve the duties of caregiving, whether by default to the female gender or by professional choice. For instance, the teaching professions are largely populated by females, babysitters and childcare staff are often female. Boundary violations and/or sexualized touch are easily available to a caregiver, because of the intimacies of some caregiving tasks and the privacy in which such duties are delivered. We too often fail to consider the vulnerabilities of males when they are in situations of caretaking or the potential for boundary violations by caregivers, especially those in institutionalized settings or those with disabilities.

Females are less frequently perceived as perpetrators or convicted for sexual offenses. Research (Ackerman et al. 2011) citing the statistic that 2.3% of sex offender registrants were female may seem inconsequential. However, in raw

numbers that accounts for 10,226 distinct female offenders, based on 2019 population statistics. When calculating the impact on individual survivors, that number has considerable real-life significance. And future research may well reveal that the number of female perpetrators is seriously underreported.

Data from the 2011 CDC Report expands awareness about the extent of female offenders beyond just those who been convicted and assigned to sex offender registries. In the CDC Survey, nearly 1 in 5 males (22.2%) reported that they had experienced sexual violence other than rape at some time in their lives. This calculates to 25 million men in the United States. The majority of these male survivors reported only female perpetrators: being made to penetrate (79.2%), sexual coercion (83.6%), unwanted sexual contact (53.1%), and noncontact unwanted sexual experiences (37.7%). The FORGE report on sexual victimization of transgender individuals (Munson and Cook-Daniels 2015) identified that 30% of transgender survivors had been assaulted by a female.

The US Bureau of Justice Statistics (BJS) released a report (2008) about the incidence and prevalence of sexual abuse in correctional facilities, based on information from prison authorities. This report revealed that the majority of “sexual misconduct and harassment” of youth in custody was perpetrated by female staff. The report identified that incarcerated female and male youth experienced nearly equal rates of sexual victimization: 51% and 49% respectively. It is significant to note that boys represented 91% of the adjudicated youth between the ages of 13 and 19. Eight per cent (8%) of youth were abused by facility staff and 89.1% of that group reported their abuse was by a female staff member (Allen et al., 2010).

More concerning are the results of a 2010 Institutional Review Panel that examined the occurrence of sexual abuse by female staff. The boys were referred to as “willing,” “predatory,” and “sophisticated,” while the female perpetrators were referred to as “vulnerable” (US Department of Justice 2010; Smith 2015). A Second Review Panel (2014) tried to excuse the behavior by saying that women were not physically aggressive, did not have physical strength, that the boys held in custody looked older than they were, and that the female staff were still vulnerable to males, even though they were adults, and had institutional authority, weapons, and control over access to food, clothing, and communication.

In a 2009 study using the 1998 Canadian Incidence Study of Reported Child Abuse and Neglect, which included 308 male and 37 female sexual abusers, results showed a prevalence rate of 10.7% for female-perpetrated sexual abuse (Peter 2009). This study also concluded that professional agencies probably under-reported when abuse by a female was revealed.

What happens in an institutional setting is a microcosm of larger societal values and practices:

The reality is that institutions are porous. Boys in custody and female correctional workers are sons, daughters, mothers and fathers in the community. This porosity means that harm that occurs in institutions is rarely contained and affects the integrity of our communities and the quality of our relationships with each other. (Smith 2015, p. 135)

As males develop into adolescence, culturally defined boundaries between adult females and youthful males may become blurred. Media and entertainment too often propagate the glamorization of this dimension of sexuality:

. . .If a boy has sex with an older woman in the movies, it's almost always portrayed as an exciting, pleasurable education for the boy (Summer of 42, Murmur of the Heart, The Graduate). In contrast, when men have sex with boys, the scene is often brutal and humiliating (The Prince of Tides, Sleepers, The Boys of St. Vincents). (Gartner 2005, p. 104)

The following vignette about one particular male survivor illuminates a real-life experience that is the result of this aspect of gender bias:

*During his adolescence, Seymour began to spend increasing amounts of time at the home of his best male friend, providing him a refuge from his dysfunctional home life. His best friend's mother became progressively more engaged with him until she initiated sexual contact when he was age 17. She was 39. With the encouragement of the mother and with full awareness of Seymour's biological parents and others in the neighborhood, the two of them lived as a couple for four years. Sexual contact by the mother towards Seymour was aggressive and violent, humiliating and shaming, and often involved the use of child pornography. At age 25, circumstances allowed Seymour to escape to another state, at which time he initiated therapy to address emotional distress and low self-esteem. Until therapy, he had not viewed his life through the lens of sexual boundary violation, nor had he received feedback that aspects of his family life were abusive and victimizing.*

If Seymour's narrative were to be reported by the news media, it perhaps would be described as "an adult woman and youthful male were having an inappropriate 'relationship.'" From a bystander view, this scenario might reflect merely an unfortunate and ill-chosen series of life choices by a youthful male; considerations of sexual violation on the part of the older female might likely be absent from the radar of a bystander. In contrast, there is a greater likelihood that an observer or news media report of this same scenario including an adult male and a youthful female would have used the language of "nonconsensual" sexual contact or sexual "victimization."

So it appears that not only the view that it is impossible for a male (whether a grown man, a youth, or a child) to be sexually victimized by a female, females are not to be held responsible for their aggression and their criminal behavior (not to mention being unethical and predatory contrary to the responsibilities of their positions. There continues to exist a stunning incongruity between the number of registered female sex offenders and the number of male survivors who report being sexually violated by females. This becomes clearer when exploring the double standard applied to reporting, arresting and prosecuting females, and media coverage (Harris and Mayba 2017; Smith 2015). Both the general public and professionals in the social work and law enforcement fields believe that sexual violation of a male by a female is less harmful than sexual abuse of a male or female by a male (Cortoni et al. 2017; Denov 2001; Hetherington and Beardsall 1998; Smith 2015).

This double standard sets up men or boys to be disbelieved or trivialized if they disclose abuse by a female or ask for protection. Societal response to the sexual

victimization of males by females has been far from adequate or appropriate. We underestimate the capacity of women to sexually perpetrate or to cause harm and, consequently, the prevalence of sexual offending by women is minimized. A double standard of gender bias is propagated at almost every level of the criminal justice system, thereby enabling societal ignorance of the issue. This reinforces inadequate or harmful responses by law enforcement and social services, and increases the likelihood of a male victim's denial during criminal investigation or treatment. "Our continued failure to acknowledge the reality of male victimization by women serves to perpetuate the myth that men always want sex and that coercion of boys is rare, unlikely, or acceptable" (Harris and Mayba 2017, p. 119).

This viewpoint also fails to acknowledge the harm perpetrated by emotional incest and role reversals on boys by their mothers/female caregivers. Mother-son emotional or sexual incest remains underreported and underresearched (Courtois 2010).

While sometimes consciously invisible, these myths are woven into the gendered fabric of our approaches for viewing and responding to offending and victimization. Because traumatic impact may not be obvious, a provider should be sensitive to this matter and to the potential need to initiate exploration of either myth with a survivor and/or an ally. Unaddressed, these myths can have poisonous repercussions for the male survivor himself as well as for his allies. Eliminating these myths from the surrounding world may not be possible, but defusing them for the survivor is necessary to achieve successful healing. Dispelling these offender mythologies is an important aspect of healing for male survivors that is generally not a routine consideration for female survivors.

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## Prevalence and the Law

In the context of increased awareness about male sexual victimization and enhanced clinical competence for dealing with this issue, we return to a concluding discussion about the current state of awareness about male sexual victimization. Multiple factors have contributed to the slowness in which legal statutes have extended protections that are gender inclusive, in this way perpetuating the invisibility of male survivors until recently.

Historically, laws governing sexual victimization in most countries and American states were framed primarily to protect females as victims and to prosecute males as offenders. This implicitly created legal statutes and treatment service protocols that were ill-equipped to respond to males as victims. Consequently, awareness about sexual violation against males remained largely anecdotal and absent from statistical data. Legal standards in many American states have been modified during the last 30 years to be more inclusive of males and, as of 2011, at least 37 states have now replaced the term "rape" with "sexual assault," which is inherently more gender inclusive (McMahon-Howard 2011).

Since 1927, the basis for data collection about rape and sexual assault by the US Federal Bureau of Investigation was limited to "the carnal knowledge of a female

forcibly and against her will,” a definition which only addressed forcible penetration of a female’s vagina by a penis. Such restrictive definitions precluded information-gathering about many acts of nonconsenting sex and most notably excluded any sexual violations that involved a male as victim or anal penetration. Not until January 2013, the FBI changed the definition of rapeto “The penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim.”

This now provides for more comprehensive and accurate reporting of gender-inclusive data. The impact of this change has already been reflected in the work of other governmental agencies. For example, the US Centers for Disease Control regularly surveys the American population about a variety of health-related issues. The most recent CDC survey that examined the prevalence of Intimate Partner and Sexual Violence exposed significant statistics that challenge some gendered assumptions about sexual violation. The CDC Report (Black et al. 2011) revealed a strikingly similar prevalence rate for nonconsensual sex in the 12 months preceding the survey: 1.27 million females and 1.267 million males.

A primary bias that remains even with the 2013 FBI revision of the definition of rape is still based on the requisite bias of “penetration.” The CDC and many service agencies have astutely recognized that many males do not view their sexual violation as “rape” nor do they perceive some of their experiences within the usual framework of “penetration.” Therefore, an emerging trend in data collection involving male survivors is the inclusion of sexual violations that are identified under the umbrella of “other forms of sexual violence.” Most notably, this exposes the frequency with which male sexual victimization is characterized by experiences such as sexual coercion, made to penetrate or being penetrated, one way or mutual fellatio or masturbation, and noncontact unwanted sexual experiences. The authors would suggest even more comprehensive inclusion of incidents that involve sexual bullying, sexual harassment, and “forced to perform” sexual acts. The authors further suggest the inclusion of two additional categories of nonconsenting sex: sexual violation that occurs within the rubrics of hazing and initiation practices and nonconsenting experiences of being forced to perform sexual acts on peers or older adults while being filmed, involved in pornography, subjugated by sex trafficking, or otherwise engaged in nonconsenting voyeurism.

By incorporating some aspects of this broader perspective about nonconsenting sex, important new data about the US population emerged from the 2011 CDC Survey.

- An estimated 6% of males and 13% of females reported they had experienced sexual coercion at some time during their lifetime (i.e., unwanted sexual contact).
- Approximately 1 in 21 men (4.8%) reported they were made to penetrate someone else during their lifetime.

(continued)

- Nearly 1.4% of males as compared to 18.3% of females report they have been raped at some time during their lives.
- 27.8% of male victims of completed rape experienced their first rape when they were 10 years of age or younger; 42.2% of female victims of completed rape experienced their first rape before the age of 18.
- 52.4% of male victims reported being raped by an acquaintance as compared to 40.8% of female victims of rape reporting being raped by an acquaintance.

CDC (2011) reported similar prevalence rates across the spectrum of racial/ethnic identification for men who acknowledged sexual violence other than rape during their lifetimes:

- 31.6% of multiracial males
- 26.2% of Hispanic males
- 22.6% of Black non-Hispanic males
- 21.5% of White non-Hispanic males
- 20.1% of Indian or Alaska Native males
- 15.7% of Asian or Pacific Islander males

When comparing the CDC data (2011) by sexual orientation:

- 26% of gay men as compared to 44% of lesbian women; 37% of bisexual men as compared to 61% of bisexual women; and 29% of heterosexual men as compared to 35% of heterosexual women experienced rape, physical violence, and/or stalking by an intimate partner respectively in their lifetime.
- 40% of gay men (1.1 million) as compared to 13% of lesbian women (214,000); 47% of bisexual men (203,000) as compared to 46% of bisexual women (1.5 million); and 21% of heterosexual men (21.6 million) as compared to 17% of heterosexual women (19 million) report they have been raped in their lifetime.

Even more alarming is the astronomically high rate of sexual victimization that is reported by transgender individuals. FORGE reported that 50% or more of transgender and gender nonconforming people experience some form of sexual victimization (Munson and Cook-Daniels 2015).

Research conducted throughout the world reports similarities in the prevalence of Male victimization:

- 33% of male youth in a South African study reported to have been the target of unwanted touching and/or oral or penetrative sex that was coercive (Richter et al. 2018).
- 4–8% of males in an Australian study reported being victimized by penetrative sexual exploitation during childhood, with an additional 11–16% having experienced sexual exploitation that was nonpenetrative (Price-Robertson et al. 2010).
- 23.6% of men in a 2010 survey conducted in the Democratic Republic of Congo reported they experienced sexual violence, 7.5% of the males citing they had been the victimized during gang rape (Johnson et al. 2010).

While the preceding statistical information is compelling, future studies may reveal a higher incidence of male sexual victimization. In reality many male survivors either fail to disclose because they do not acknowledge the nonconsensual dimension of their sexual experience(s) or they choose not to disclose victimization. For example, the US Department of Justice (2017) reported that 3 out of every 4 incidents of sexual assault are NOT reported to police. The Sexual Assault and Prevention Office (2015) reported that only 10% of males reported their sexual victimization and FORGE (Munson and Cook-Daniels 2015) reported that only 9% of transgender survivors in their study had reported to police.

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## Key Points

- Range and depth of diversities
- Spectrum of diversities
- Historical and current context
- Disguised realities and presentations
- Challenging mental health paradigms that pathologize victims and survival strategies
- Dissociation as a male clinical issue
- Viewing sexuality and gender thru non-binary paradigms
- Promoting the prevalence of sexual and gender fluidity in emerging research
- Evolving clinical approaches for effective engagement
- Increased effectiveness of treatment approaches that integrate awareness of toxic masculinity, gender bias, and social justice.

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## Summary and Conclusion: Looking Toward the Future

This chapter has focused on gender as a critical factor in understanding issues related to male sexual victimization. Aside from a strong foundation in trauma-informed approaches, the following recommendations are made for working with males who have been sexually victimized.

1. Understand that sexual victimization occurs in a systemic context that defines gender in a rigidly binary way. Failure to look beyond a binary construct limits perspectives about sexual victimization of males. Moreover, failure to understand gender-based assumptions and fears on the part of male survivors can impede their ability to heal.
2. Actively identify and challenge gender biases that disguise and minimize understanding about the realities of male sexual victimization, whether personally, with families, professional organizations, or clients. Failure to overcome these biases risks perpetuating invisibility about the experiences of male survivors.
3. Consider ways in which best practice assessment and intervention tools can be enhanced by employing a nonbinary paradigm for gender. Boldly adjust clinical practices to promote more effective engagement of male survivors based on their authentic experience and language when addressing all matters that intersect with matters related to gender.
4. Engage the male survivor in exploring preference for the gender of his provider. Make no assumptions about gender choice based on the gender of his offender. Even in a setting where there is no choice of provider, initiating discussion of gender preference can create more safety for the male survivor.
5. Promote research that more specifically identifies variables that support or obstruct disclosure and effective healing for male survivors based on the intersection of victimization and sexual/gender identity development. For example, what are the similarities and differences based on sexual/gender awareness, expression, or identity at the time of victimization and when the male survivor engages in disclosure and healing? Additionally, what are the similarities and differences between male to female or female to male transgender individuals, based on where during their process of identity transition they experienced victimization(s)?

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## Cross-References

- ▶ [Child Physical Abuse Prevention](#)
- ▶ [Disclosing Sexual Assault](#)
- ▶ [Intimate Partner Violence and Sleep: An Overview of Sleep Disturbances and Interventions](#)
- ▶ [Intimate Partner Violence Offenders and Batterer's Intervention Programs: History and Models](#)
- ▶ [Latinas and Intimate Partner Violence](#)
- ▶ [#MeToo Movement](#)
- ▶ [Missing and Exploited Children](#)
- ▶ [Prevention of Intimate Partner Homicide](#)



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