A STUDY OF MALE RAPE SURVIVORS

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ABSTRACT

There appears to be appreciable literature on the sexual assault of boys, adult male survivors of childhood sexual assault and male rape in prison. However, where the victim is an adult male who has been raped in a community setting, there is little information. Study 1 investigated the nature and circumstances of such assaults and determined whether men who have been raped as adults differ significantly in their psychological adjustment from a well-matched control sample.

Forty male rape victims were asked to complete a background questionnaire involving demographic and descriptive information such as the nature and circumstances of the assault and the long-term psychological effects on the victims. The long-term impact on the victim was assessed by comparing scores on established questionnaires (which researchers had previously used with other types of victims) with those from a well-matched control group.

Study 1 indicated that the sexual assault of men by men has similarities to female rape in terms of assault characteristics and subsequent psychological sequalae. However, problems unique to male rape victims were a perceived loss of masculinity and confusion over sexual orientation.

Most victims reported suffering from intrusive re-experiencing of the rape. Accordingly the majority consciously recognised avoidance of certain ideas, feelings and situations. Compared to the control group, victims displayed significantly more somatic and affective symptoms, significantly higher levels of anxiety and depression.

Victims also displayed significantly lower levels of self-esteem and saw themselves as less positive and more unlucky than the control group.

The impact of adult male rape can be explained by the conceptual models of Post-Traumatic Stress Disorder (Horowitz, 1979) and Assumptive Worlds (Janoff-Bulman, 1985). Results were discussed in relation to previous research and differences and similarities between male and female victims are identified.

Study 2 explored the rape scripts of a sample of a 100 university students who were asked to write about a 'typical' rape where the perpetrator was male and the victim was either female or male. The scripts were coded on common dimensions and male rape and female rape scripts compared. Male rape scripts were also compared with the accounts from the male rape victims in Study 1.

Study 2 found that male and female respondents' depictions of a male to female and a male to male rape did not dramatically differ. The majority of both male and female respondents depicted a 'typical' rape regardless of the gender of the victim, to be a stereotypical 'stranger' rape. The results further revealed that the respondents' scripts were not entirely realistic when compared to the first hand account from the victims. In contrast to the depicted 'stranger' rape, the vast majority of victims were raped by an acquaintance. Theoretical implications, limitations of the studies and future research were considered.

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Finally, I would like to state that I never expected to complete this research due to the health problems I have experienced, but what kept me going was that I wanted to be able to say: This is for you Mom and Dad.

CHAPTER 1

INTRODUCTION: THE PROBLEM OF MALE RAPE

Although it is not the purpose of this study to develop a historical survey, evidence collected from the rather meagre historical literature available indicates the existence of male sexual assault over a wide variety of species, cultures and times. An ethnological approach reveals that males mounting males is not an uncommon phenomenon among mammals and in particular primates. However, this behaviour as observed in non-humans can be either interpreted as homosexual mounting or sexual behaviour used as an expression of dominance and appeasement of potential aggression (Jones, 2000). Vanggaard (1969), in his book titled Phallos (a history of an intercourse and rape between men), states that examples of male sexual assault are to be found in key cultures- Greco-Roman, medieval European and post-seventeenth century Europe. One of the earliest examples is recorded in the Bible, in The Old Testament 'The Book of Judges' paraphrased by Brownmiller (1975) as follows:

"A Levite, accompanied by his unfaithful concubine seeks rest and shelter for the night with an old man in Benjamin territory. Hearing that a stranger has come to town, some men of Benkamin approach the house with the intention of committing homosexual abuse" (p21).

In Genesis 19 there is the following:

"The inhabitants of Sodom, all the men in the community, demanded of Lot to deliver the two angels whom he had welcomed into his house so that they could know them carnally".

More recent examples are reported from the near-east. Vanggaard (1969) states that it was a customary punishment for strangers caught in Persian harems to be stripped and thrown to the grooms and Negro slaves, to be anally penetrated. It is also reported that Norsemen believed they could establish phallic dominance over an enemy by making him what they called an 'arr', the passive victim of male rape. The enemy was then believed to lose his will to fight (Kreps, 1987).

Today male sexual assault is still recognised by conquering soldiers as a means of humiliating opponents. Such incidents were reported during the Serb-Croat war in 1981, and more recently in 1996 a series of male rapes are said to have been carried out by Croatian men against British soldiers (Borger, 1996). In countries, which encourage or condone torture, sexual torture is widely used in an attempt to deprive the victim of his or her identity, including political identity. Accounts given by male political refugees suggest that sexual torture can, in the extreme, take the form of anal rape with instruments, actual sexual rape by torturers or even complete castration (Agger, 1989).

It is also well recognised that male rape occurs in settings where men are deprived of their usual heterosexual outlets, such as in prisons (Scacco, 1982). There is, however, a reluctance to recognise that male sexual assault extends beyond these situations. It is still widely assumed that phrases like 'rape victim' and 'victim of sexual assault' apply only to women.

King (1990) suggests there are three principal reasons for our inability to recognise the vulnerability of men: [i] that the male sexual stereotype emphasises their superior strength, physical size and role of initiator of sexual activity; [ii] that there is a failure to appreciate the nature of sexual assault as primarily an aggressive act, rather than one motivated by sexual need; and [iii] that until November 1994 the British law failed to recognise rape as a crime one man can commit against another.

Although male rape is now a crime recognisable in British Law, it is likely that there is under-reporting of assaults to the police, and that the actual incidence of male rape in the community is unknown. According to Criminal Statistic, England & Wales, 230 male rape cases were recorded in 1996.

However during the same period, Portsmouth Rape Crisis Centre, one of the few centres in Britain to handle male rape reported 115 cases in that area alone (Pink Paper, 1996). This lack of statistics further encourages disbelief in the phenomenon. Male rape cases recorded in 2001/2 and 2002/3 were 730 and 852 respectively (Criminal Statistics, England & Wales).

Data from the United States suggests that in the 39 states where there have been gender-neutral statutory rape laws and specific services available to male rape victims since around 1986, the proportion of male rape victims coming forward who are men can vary between 1% to 20%. The largest incidence rate was reported by Calderwood (1987), who claimed that 20% of rape cases handled by a New York Rape Crisis Centre were male victims. However, how many were adult victims as opposed to male child victims is unknown. Hillman et al. (1990) states that statistics of female rape are widely regarded as conservative estimates. For reasons possibly related to victim blaming, denial and fear of being labelled as homosexual, reports of assaults on men may represent an even smaller proportion of the actual assaults.

The failure to recognise male rape is reflected in the lack of research on the effects of forcible sexual assault on men. The aim of the present study is to rectify this deficiency by investigating the long-term psychological effects of forcible sexual assault on men and to determine the nature and circumstances of the assaults.

To introduce the study, it is important to provide the following: [i] an overview of what male rape is and who provides treatment for the victim; [ii] in order to more fully appreciate what the rape victim is a victim of, it is necessary to discuss the dynamics of the offender.

Further, in order to demonstrate that the extent of the psychological damage to the victim is not only caused by the traumagenic nature of the act itself, but also partly by police attitudes and the judicial system, male rape and the law will also be discussed.

What is male rape and what happens during it?

It is only relatively recently that male rape was made a criminal offence in Britain. The Criminal Justice and Public Order Act 1994 (which came in to force in January 1995), widened the definition of rape to include a lack of consent on the part of a male to anal penetration by another male. However, in those states in the US that have gender-neutral statutory rape laws, penetration of any orifice is considered as rape (Wykert, 1982).

According to the available research, the dynamics of male rape by men are surprisingly similar to female rape by men. Only very few assaults conform to the stereotype of a sudden unprovoked attack by a complete stranger in a public place (Mezey & King, 1989). Like female victims, men are typically assaulted by an acquaintance, peer, work-mate, authority figure, date, lover or ex-lover rather than a total stranger (Myers, 1989; Sorenson et al., 1987).

A survey undertaken for a television company in 1995 reported that out of 85 victims, 58 were acquainted with their attacker(s) in some way prior to the assault (Dispatches, 31.5.95).
Male rape does not differentiate its victims on the basis of age, ethnicity, or position in society. Data collected from the studies cited in this study reveals that men of all ages appear to be susceptible to sexual assault. The age range among male victims is reported in various studies as being 13-82.

However, the majority of the victims appear to be relatively young, with various studies reporting mean victim ages ranging from 17.5 -30.3 years. This finding is consistent with the research of Tewksbury & Mustaine (2001) who suggest that the lifestyle and daily routines of young men (e.g. going to bars and night-clubs, drinking alcohol and taking drugs), may put them at increased risk of sexual assault.

Likewise, it appears that males from all ethnic backgrounds can be victims of rape, although the data available suggests that white males are more likely to be victims. Whether they are more likely to be victims when their higher frequency in the population is taken in to account is unclear. To date the socio-economic variables of male adult rape victims have not been researched in any detail. Of the studies previously cited only three addressed these issues and then only minimally. Myers (1989) stated that all the men in his study were employed and their occupations ranged from unskilled labourer to professional men. Kaufman et al. (1980) reported that the social and economic characteristics of the victims in his small-scale study revealed a pattern of instability. Five were unemployed; five were without a stable home; four had prior major psychiatric histories or learning disabilities, and two were alcoholics. Stermac et al. (1996) found that 10 of the 29 subjects in his study were unemployed. In addition Stermac revealed a pattern of assault that involved the exploitation of vulnerable individuals.

A high number of men had disabilities; four had physical disabilities and six were cognitively impaired. Both Kaufman et al. (1980) and Stermac et al. (1996) proposed that a lifestyle characterised by economic and social instability may place such men at a higher risk for diverse forms of victimisation. However, further research in this particular area is needed before any conclusions can be reached.

Contrary to common belief, the majority of the research available suggests that heterosexuals are the single largest group of victims (Kaufman et al., 1980; Goyer & Eddleman, 1984; Lacey & Roberts, 1991; Hillman et al., 1991; Walker, 1993; Huckle, 1995; Dispatches, 1995; Mezey & King, 2000). However a higher incidence rate among heterosexual males may be a function of the demographics of the areas in which the studies were conducted (i.e. heterosexual males are over represented in these areas).

Yet there are studies that suggest that homosexuals may be potentially more at risk of sexual assault (Mezey & King, 1989; Duncan, 1990; Hickson et al., 1994, 96; Keane et al., 1995; Coxell, 2000). According to research analysed by Project Sigma for the Economic and Social Research Council, (Hickson, 1994) more than 25% of the 1,143 gay men who completed questionnaires at the 1996 Pride festival in London stated they had either been raped "or forced to have sex against their will" (Pink Paper, 1997). Similarly Krahe et al (2000), investigating sexual aggression among homosexuals in Germany, reported that almost 20% of respondents experienced sexual acts which meet the legal definition of rape. In addition, approximately 5% to 10% of male victims of 'gay- bashing' experience sexual assault by heterosexual perpetrators (Comstock, 1989; Berrill, 1990). However the authors acknowledge that their sampling techniques may have influenced the results, since they had either advertised in the gay press, recruited from gay clubs and bars, and from genitourinary clinics, and these are not representative of the general population.

Nevertheless, it is suggested that gay men may be more vulnerable to sexual assault through, for example, date rape in same-sex relationships, cruising activities in the pursuit of casual sex, and in some instances prostitution (Keane et al. 1995). Waterman et al. (1989) reported that 12% of gay men in their study were forced to have sexual intercourse by a recent male dating partner.

Ireland & Letellier (1991) and Hickson et al. (1994) compare sexual assault within gay relationships to rape of women in marriage. It is presumed in both instances that because sexual relations have occurred in the past, the seriousness of the assault and the impact on the victim are reduced.

Hodge & Canter (1998) suggest that homosexuals may be unwilling to report the rape to the police because of their fear of invoking prejudice and unfair treatment. Hence heterosexual victims may be over represented in police cases.

A similar view is held by Hickson at al. (1994) who states that:

> "The gay community itself is reluctant to acknowledge that gay men sexually assault other gay men; it is politically embarrassing to the gay movement ... and it is dangerous ammunition for an oppressive majority. Together, these factors could result in gay men being assaulted more frequently, and even less likely to report the incident, than their heterosexual counterparts" (p284).

Conversely, Hickson also observed that the association between homosexuality and HIV/AIDs in the minds of the assailant may serve to make gay men less vulnerable to sexual assault. However, due to the reluctance of men to come forward and participate in such research, the assumption that homosexual victims are represented more than expected, taking in to account their being in the minority in the population, and methodological problems (i.e. sampling bias), is difficult to verify.

"Survivors", is a registered charity established in 1986 which works with male victims of sexual abuse. They report that among those who have presented for counselling at the 'Survivors' Clinic are stockbrokers, university lecturers, marines, men living on the streets, office workers, policemen and teachers (Woollet, 1994). Based on research carried out with convicted same-sex rapists (Groth & Burgess, 1980) and on victims reports of their assailants (Mezey & King, 1989;

Huckle, 1995; Isley & Gehrenbeck-Shim, 1997), it can be concluded that perpetrators may be gay, bisexual or straight, and from any walk of life. Men are reported to be assaulted where they live, work, travel and recreate (Groth & Burgess, 1980).

Common acquaintance rape scenarios reported in the literature included assaults by men who were encountered at parties or bars, gang rape by work-mates, and seduction by trusted individuals such as doctors, priests, therapists and teachers (Goyer & Eddleman, 1984; Groth & Burgess 1980).

Unlike rape attacks carried out on women, which mainly take place at weekends between midnight and 7am (Katz & Mazur, 1979), none of the research on adult male rape (Doan & Levy, 1983; Mezey & King, 1989; Hillman et al. 1990; Lacey & Roberts, 1991; Walker, 1994) has found a pattern to the timing of the assaults. However, it would appear that the majority of assaults occur during the day or in the evening. King (1989) stated that the majority of the male victims he interviewed had, prior to the assault, been unaware that they were at risk of being raped by another man. He suggested that most women might have been wary about getting themselves into compromising situations. However, for men there is no cultural expectation that they might be sexually assaulted, and therefore no warning of impending danger. Nevertheless Thompson (1985) suggested that in the homosexual community, there is a rapidly increasing awareness of the possibility of physical, with or without sexual, assault.

Until relatively recently the lack of realistic images in the media has prevented males from having models with whom to identify. When the act of male-on-male sexual assault was acknowledged in the film Deliverance based on the novel by James Dickey, the act is made "physically repulsive" by the unattractive appearance of both the assailant and the victim, so as "to appease any male anxiety about vulnerability" (Brownmiller, 1975 p. 336).

In the film Pulp Fiction the rapist acts in a slightly feminine way resulting in the perception that he is gay. This reinforces the commonly held view that male rape is homosexual rape. In neither film were the men shown to have more than a brief emotional reaction to the rape. Additionally, the victims were anxious that no one should find out that they had been raped.

Most of the reactions that were displayed failed to fit the context of emotional response patterns reported in the empirical research (Hunter, 1993). Yet, Hunter states that:

"The overall experience of the male rape victim closely resembles that of real-life. The victim is expected not to disclose his abuse experience. He is expected to pretend he has not been hurt, keep quiet about what has happened to him and not expect that there will be no one to help him" (p.71)

More recent depiction's of male rape in UK television programmes (Out of the Blue 1996; Casualty, 2000; Hollyoaks, 2000) can be seen to be more realistic. Scarce (1997) states:

"Male rape as it depicted in the media today can be seen to be showing more positive images and fewer stereotypes. Practical information is offered through documentaries and dramas, and the topic is treated with greater sensitivity and the respect it deserves" (p.125).

There has been also more recent press interest after allegations that a member of Prince Charles staff had raped another male member of staff (Daily Mail, 14th Nov 2002). However, the credibility of the victim was challenged as he was described in the press as an unreliable alcoholic. The prosecution service found insufficient grounds to proceed due to serious doubts on the victim's reliability and the accuracy of his allegations (Guardian, 11th Nov 2002).

Masters (1986) states that male rapists abuse their male victims orally and rectally in the same way that male rapists abuse female victims orally, rectally and vaginally. An analysis was made of the records of 100 male victims of sexual assault who were counselled by Survivors during the period October 1987 to December 1988.

This analysis revealed that not only were victims forcibly anally and/or orally penetrated by the assailant but they were also sometimes forced to perform oral and/or anal intercourse on their assailant (Hillman et al. 1991). Other sexual acts included victims being masturbated and penetrated with objects by assailants, victims forced to masturbate and penetrate assailants with objects, and to carry out sadomasochistic practices.

Although it is commonly believed that a male is powerful enough to defend himself from sexual assault, he is in fact susceptible to the same techniques used by assailants to gain control over their female victims. In many cases a combination of intimidation, physical force and the threat or use of a weapon are used. Often more than one assailant is involved in the assault (Kaufman et al., 1980; Goyer & Eddleman, 1984; Mezey & King, 1989, 1997; Hillman et al., 1990; Lacey & Roberts, 1991; Frazier, 1993). The Dispatches Survey (1995) reported that 28 of the 85 victims who took part in the survey were 'pair' or 'gang' raped.

McMullen (1990) suggested that male rape victims are far more likely than females to sustain serious physical injuries. Hillman et al. (1990) supports McMullen and states that male victims are more likely than female victims to sustain violent non-genital as well as violent genital injuries.

Based on his work as a doctor in genito-urinary clinics, Hillman et al. (1990) claims:

"The least a male victim of male rape will suffer is anal intercourse which is likely to cause bleeding and the rupturing of the rectal walls. It is not uncommon to have to surgically repair a perforated rectum and perform a temporary colostomy". (p.250)

Calderwood (1987) also reports that male rape victims can suffer injuries including the following as a direct as a result of the assault: tears due to objects being forced into the rectum; penile and scrotal bites and lacerations; mouth and throat injuries caused by forced oral intercourse on the assailant; penile and rectal discharge caused by rectal and oral gonorrhoea; and, various other sexually transmitted diseases. Hillman et al. (1991) suggested that victims who were subjected to receptive anal intercourse and who suffer skin or mucosal damage may be at particular risk of HIV infection. Schiff (1980) reports that in addition to the aforementioned injuries, it is usual to find bite marks, scratches, rope or wire imprints, abrasions on the thorax and abdomen, and eye and jaw injuries on the victim's body.

It is commonly reported that victims of male rape experience sexual arousal, erection and ejaculation (Hillman et al., 1991; McMullen, 1990). The Dispatches Survey (1995) reported that in-depth interviews carried out with a subsection of the male victims (20 men) revealed that most had an erection and ejaculated during the assault. In many instances the assailant made attempts to arouse them, either through the masturbation or oral sex. Knowing that they had responded sexually (ejaculated) during the assault is for many victims even more traumatic than the physical injury and than the rape itself. Dispatches (1995) reported that victims who ejaculate said they were disgusted and confused by their physiological responses and that it was the hardest part of the rape to come to terms with. This is partly due to the widely held belief that it is impossible for a man to achieve or maintain an erection or to ejaculate during a sexual assault. However like many sexual myths this is not true. Hillman et al. (1991) states that it is possible that violence and non-erotic stimuli can cause ejaculation, and similarly Mezey & King (1989) claims that an erection will automatically ensue if the prostate gland is stimulated, i.e. it is a purely physiological response to being buggered.

Sarrel & Masters (1982) also offer several explanations: firstly that some men can experience a generalised sexual response when put in situations that produce anxiety, fear, anger, or pain; secondly, the male sexual response can be stimulated by spinal cord discharge without full cerebral control. Thus, the sexual response of a male rape victim can be explained as an involuntary reflex, in the sense that it is automatic and does not require a decision by the brain to effect the condition (Carlton, 1980). Evidence to support this view comes from experiments on spinally sectioned animals which show that spinal reflexes for erection and ejaculation can be elicited in rats when all connections between the brain and the spinal cord are severed (Hart & Heugen, 1968). The human victim may retrospectively confuse ejaculation with orgasm, and may interpret his own physiological responses as a sign of personal consent to rape. The majority of victims are unaware that ejaculation is simply a reflex physical action, a matter of friction against tissue, and that it can happen in the absence of anything erotic in the usual sense of the word (Hillman et al. 1991).

Unfortunately, in the absence of such knowledge, many victims suffer complex psychological repercussions, notably short or even long term confusion over their sexual identity. Thus some heterosexual victims think that because they had ejaculated they must be homosexual and have attracted the assault. Homosexual victims can be disgusted and feel that their very sexuality has been destroyed and they may be put off sex emotionally and physically (Calderwood, 1987).

This section has attempted to demonstrate what happens during male rape in general terms. To complement this description a summary of some specific incidents of male rape reported in the literature is included. A common style of assault involves some kind of intimidation. In the two incidences described below the victims were intimidated into submission by the threat of the use of a weapon.

Kreps (1987) reported the case of a surprise attack on a male by a male stranger.

"A man was walking with his dog on a common late at night when a man came up and began talking to him. Before the man knew it, there was a knife to his chest and he was told to strip and kneel down. The man then anally penetrated him". (p.18)

Similarly Kohn (1992) reported

"A man in an underground public toilet was suddenly confronted by three men who held a knife to his throat then dragged him to the toilet cubicle and pushed his head down the toilet bowl. Two of the men held his arms behind his back while the man with the knife pulled his trousers down and anally penetrated him". (p.75)

Another frequently used style of stranger assault is an unanticipated assault where the offenders suddenly physically overpower the victim. In the incident reported below the victim suffers an additional trauma, the threat of being infected with the HIV virus.

Hillman et al. (1990) states that:

"A man was referred to the genito-urinary medicine department by the psychiatric department, following an overdose of tablets and alcohol. He had taken his overdose in response to being physically forced to have receptive anal and oral sexual intercourse with three men, one of whom claimed to be HIV sero-positive. This man then told the victim that he 'would get AIDS now.' The attack took place in a night shelter and the assailants were not known to the victim". (p.248)

Examples of acquaintance rape have also been described. Groth & Burgess (1980) report the case of a man who became intoxicated at an office party. The victim agreed to receive a ride home from his employer and then passed out in the car. He awoke to find himself on the backseat stripped off clothing and being raped anally by his boss.

Goyer & Eddleman (1984) described the case of a twenty-year-old marine who was assaulted by three shipmates. The victim was overpowered by three men, beaten, stripped of this clothing, held down by two of the three, and anally raped by the third. When the man eventually informed his superiors, no one believed him.

Similarly such rapes occur in the gay community. Myers (1989) cited the case of a gay male who was raped by an older man whom he met in a bar and took back to his apartment. Despite the victim's protests the man was forced to have anal sex which caused him bleeding for several days.

There are also assaults on male prostitutes. For example Kreps (1987) described the experience of a rent boy:

"The boy, like many other male prostitutes, had his own limits; he did not offer passive anal sex. Following his refusal to carry out such acts, he was gang- raped by six men".

A similar incident is reported by Hillman et al. (1990):-

"A bisexual prostitute who only had orogenital contact or mutual masturbation with his clients was forced at knife-point to have receptive anal intercourse. The assailant ejaculated inside the victim's rectum". (p.248)

Hickson et al. (1994) reported that the victims in his study who were 21 years or older, 65% had been raped by a regular or casual sexual partner. The events described in this section are clearly crimes of violence and forced sexual acts. However for a combination of social, legal and psychological reasons, male rape remains one of the most universally underreported crimes today.

The causes of male rape

There has been little research on what motivates men to rape other men. The major obstacle to the development of knowledge about the motives of men who commit such offences is access to the offenders. Men who rape do not usually refer themselves to sexual offender's clinics, for a variety of reasons. Groth & Burgess (1980) suggests the most obvious one is the risk of prosecution: rape or attempted rape in the USA (and since 1994 in the UK) carries a maximum sentence of life. Others may not appreciate that their behaviour as inappropriate.

Those who may voluntarily seek out treatment are unlikely to find any community-based programmes or helping agencies responsive to their needs. Even offenders who are apprehended and convicted of rape will find few rehabilitation programmes specifically addressing their needs within the prison system. Thus without the opportunity to study a sizeable number of offenders, information has been slow to develop in this area.

As Groth & Burgess (1980) states that:

"Rather than having a sense of who these men are, what they do and what motivates their offences, we are left with stereotypes and myths about men who rape other men". (p.22)

Until the early 1970's most researchers on the rape of women assumed that the predominant motive was sex. However, around this time the view that rape was not a sexually motivated act was put forward by feminist researchers. However, more recently Felson (2002) has re-examined the motivation regarding female rape and suggests that most female sexual assault is sexually motivated. Felson argues that force is used to gain sexual access, in the same way force is used in robbery to take someone else's possessions.

Although other models have been put forward in an attempt to explain the dynamics of rape (e.g. the disease model, victim- blaming models, the biological model, miscommunication theories, evolutionary theories and the psychopathological model), it is the debate on whether rape should be construed as sex or violence which has received the most attention.

According to Madigan & Gamble (1991), the explanation that rape is a crime of violence cannot only be seen to explain the statistics relating to how widespread the problem of sexual violence is and its many manifestations. It also explains why, when the victim and assailant are acquainted, the assailant will virtually always hold a position of power over the victim. The fact that the prevalence of rape in different societies varies inversely with the degree of gender inequality (Baron & Strauss, 1989) tends to support Madigan & Gambles theory. Sanday (1979) ascertained that rape prone societies have a high level of interpersonal violence and an ingrained ideology that encourages male aggression. Societies which have relatively low levels of rape are said to show sexual equality, value women highly, and generally have low levels of interpersonal violence (Bancroft, 1983).

Similarly, early commentators on the sexual assault of males assumed that the act was primarily a sexual one, that heterosexual men were the targets and that the perpetrator was of homosexual orientation. Whilst it is true that such rapists exist, it would be erroneous to conclude that a male offender is homosexual by orientation simply on the grounds that his victim is male. McMullen (1990) suggests that the myth that male rape is necessarily homosexual rape was given credence by medical research carried out in the 1950s. This research revealed that the perpetrator of male rape was seen as suffering from a kind of mental illness without which he would not rape. The name given to this illness was homosexuality. This myth has several serious consequences the first being that homosexuals become the target of blame, abuse and attack.

Secondly many apparently heterosexual men, often seemingly responsible men from all backgrounds, yet who are rapists, are not suspected of such crimes, or do not even appear to be capable of them.

More recently, and drawing on feminist analysis of female sexual assault, the sexual motivation of male on male assault has been questioned. A theory of sexual violence which portrays it as a method of expressing power was considered to go some way to providing an explanation of male rape. It is suggested that men rape other men to assert power, to release aggression and to control feelings of helplessness. Most of those researching or theorising about male rape in prison appears to support this contention, even though they appear to differ in their beliefs about its root cause. However, Lockwood (1980) suggests that rape in prison is sexually motivated. The interviews that he carried out with in-mates revealed that men, who were young, slim and white were the preferred target. This was because they were viewed as more attractive and as more closely resembling women.

Rideau & Wikberg (1992) suggest that rape in prison is rarely a sexual act but one of violence, politics and acting out power roles. Summarising the findings of sexual assault in the Philadelphia prison system, Davies (1982) concluded that prison rape was not about sexual deprivation or homosexuality but rather the offenders' inability to achieve identification and pride through non-sexual avenues. In a similar vein, Brownmiller (1975) suggests that prison rape is an acting out of the power structure of domination and submission that usually occurs in the outside world.

Scacco (1982), on the other hand, holds the view that prison rape is racially motivated, noting a disproportionate number of black aggressors and white victims in the studies of sexual assault in American prisons.

Scacco suggests that prison rape is less about sexual deprivation or sexual needs and more about the offender asserting power and control over others and concludes that such assaults stem from the deep seated resentment held by blacks against whites for inequalities in the community.

The view that male rape is about gaining power and control over another individual is supported by the rather limited research carried out on male rape in the community. Kaufman et al. (1980) and Groth & Burgess (1980) both hold the view that male rape is sexual behaviour in the service of non-sexual needs and give examples of rapists experiencing sexual dysfunction during the rape (impotence and the inability to ejaculate). However, in the female rape literature the evidence of dysfunction during rape has been questioned. Palmer (1988) suggests that the sexual dysfunction has not been conclusively shown to be significantly higher in rape than in consenting acts. Further, Palmer points out that such dysfunction could easily be accounted for by the adverse circumstances under which rape occurs. Symons (1980) suggests that even the most sexually motivated rapist might experience dysfunction due to anxiety about the possibility of being caught and the existence of conflicting emotions. Other researchers (Smithyman, 1978; Groth. 1979) report that offenders are often under the influence of drugs and/ or alcohol when carrying out the assault, which could also account for sexual dysfunction.

Based on combined data from 22 cases for male rape retrieved from both offender and victim samples, Groth & Burgess (1980) suggests that most attacks consist mainly of physical violence and physical overpowering. Groth further suggests that these men carry out acts of sexual violence because of psychological problems manifested in the need for power and dominance. Thus Groth saw rape as stemming from the internal conflicts of the offender, which had little to do with situational variables.

However, the findings of Malamuth et al. (1981), revealed that 35% of college age males indicated a likelihood that they would rape a female if assured of not being punished. This finding appears to conflict with the psychopathological model, unless one is willing to accept that a substantial percentage of college age males suffer from psychological problems. As evidence of a lack of sexual motivation for the assaults, Groth & Burgess (1980) note that all of the offenders were engaged in consenting relationships at the time of their assaults. However, Palmer (1988) suggests that this assumes that male sexual desire is exhausted by a single outlet. Symons (1979) implies this is not true and states that:

"Most patrons of prostitutes, adult book stores, and adult movie theatres are married men, but this is not considered evidence for lack of sexual motivation". (p.280)

Vanggaard (1969) is of the opinion that anal rape is essentially an aggressive act. He argues that the slaves of the Persian princes, were most unlikely to have been motivated by a sexual desire to have anal coition, but by an aggressive impulse to subject another man to their power and control and to humiliate him. This view of male rape - that involves power, aggression, control and domination - also appears to be congruent with ethnological data, which shows that among primates, male mounting of the male is more a function of dominant-subordinate relationships than of their sexual relationships (Jones, 2000).

Male mounting is not uncommon among mammals and has also been observed in wolves (Schenkel, 1947), house mice (Eibl-Eibesfeldt, 1950c), marsupials and ungulates (Ewer, 1968), although frequently the mounting is incomplete or from the side, rather than over the back. However in the rhesus monkey mounting of males by males may occur in a pattern behaviourally identical to that seen in heterosexual mounting by these animals (Jones, 2000).

Although this may include anal penetration, it is usually of briefer duration than the heterosexual act and ejaculation does not occur. Carpenter (1942) describes the act occurring in juvenile rhesus monkey's play in groups that are exclusively male, and Wickler (1967) describes similar behaviour in baboons. The gestures adopted by both participants are those of heterosexual mounting, the submissive male displays his rump and adopts the female sexual position. Squirrel monkeys frequently use penile display as part of an agonistic interaction between males during the mating season (Ploog et al. 1963). Jones (2000) suggests that this too, can be understood as a dominant act. Further Eibl-Eibesfeldt (1971) provides numerous examples of male sexual displays used for agonistic purposes. Some would argue that these gestures are performed 'willingly' by the subordinate and in this sense more analogous to homosexual acts than to rape. Others, however, suggest behaviour meeting the definition of rape does exist in several non-human species (Thornhill, 1980).

There are numerous reports of males in various other species forcing females to copulate. Examples cited are insects (Las, 1980), fish (Farr, 1980), birds (Sorenson, 1984), chimpanzees (McGinnis, 1979), and gorillas (Nadler & Miller, 1983). However, Palmer (1989) argues that studies on non-human rape appear to suffer from inappropriate definitions and questionable interpretations.

Further, the concept of intent, a central notion in human sexual assault, cannot be implied to animals. We are forced to examine analogous behaviour in animals rather than cognition. In addition, there is variability between species and even individuals of any one species in nearly all aspects of sexual behaviour. For these reasons, therefore, the generalisation about sexual behaviour demands great caution. However, there does seem to be a general propensity for sexual gestures to be linked with social dominance/submissive social situations in some primates.

Therefore it could be concluded that although the ethnological approach to male sexual assault in which analogous behaviour in non-human species, specifically primates, is useful and relevant, it needs to be seen as a distinct entity from rape in humans.

After undertaking clinical interviews with a small sample of incarcerated male rapists, Groth & Burgess (1980) concluded that although it appears that the primary motivational base for 'male rape' is to exercise power and control, offenders differ in their need for control. Based on examples from primate research, it has been suggested that humans have evolved selective psychological adaptations to rape, that serve certain functions within the human species (i.e. power and control, Thornhill & Palmer, 2000). Alternatively, 'power rape' may be rooted in the social identity of men. The present society constructs a social identity for men in which to operate, e.g., grandfather, father, brother and male peer group. This is also reinforced by women's notion of what a man is and what is expected of him. Thus the construction of 'male identity' involves power, control, aggression, competitiveness, aggression, strength and dominance.

Keogh, (1992) states that:

> "When watching a group of men at leisure, we can see the social construction of masculinity. We can see the desperate need to win the aggression and the strength of will. There is also the need to dominate their male peers. When watching men at play we can see the way in which men change rules to suit their needs, to enhance their masculinity or secure it for their need to hold onto their own idea of masculinity, because the status is attributed both as an internal and external process". (p.8)

It is suggested that the aforementioned societal values can place a lot of pressure on the individual male who does not fulfil these criteria. McMullen (1990) holds the view that men's own fear of being a 'male-loser' might serve to physiologically and thus sexually arouse some rapists. For them, aggression or fear of it becomes sexualised.

Keogh (1992) suggests that the abuser of power (the rapist) deludes himself that he is so very powerful and concludes that other males would acknowledge this and for confirmation he then looks to the reactions of his victim to confirm his delusion. Thus 'power rape' may be precipitated by some perceived challenge from a male which activates the offender's feelings of inadequacy and insecurity. On this analysis, rape provides the offender with a way of asserting his identity, potency, strength and dominance, (Groth & Burgess 1980).

When the victim submits to his sexual demands, the offender sees this as evidence of his own power and strength, and the sexual gratification is seen as not being the main objective.

Groth (1980) states:

"The offender is able to use the victim as a vehicle on which to demonstrate his apparent power. Sexual conquest, possession and exploitation serve to reassure the offender of his strength and authority. The ultimate form of power is seen as being able to control the victim's sexual responses, even against his will." (p.127)

The above sentiments appear to be reiterated in an interview conducted by Groth with an incarcerated male rapist. The rapist stated:-

"Afterwards he had tears in his eyes and I said something like 'I hope you got what you wanted' and I felt kind of funny because he was so upset. What was really exciting was that all during the assault I was in total control of him". (p.808)

McMullen (1990) remarks that the general attitudes inherent in this rapist's words reminded him of various school bullies from his own childhood, and he suggests that male upon male bullying in schools is often positively sanctioned and treated by both parents and teachers as normal behaviour. McMullen further remarks that phrases such as "boys will be boys" which are sometimes used to justify such bullying can lead to undefined and therefore confused notions of what it means to be masculine.

McMullen suggested that a possible consequence of confused messages of masculinity in childhood could be inappropriate attempts in adulthood to reassert masculinity, which for a rapist leads him to use another person as a vehicle for demonstrating his apparent power. Gunby (1981) suggests that in an attempt to reassert their uncertain male credentials the offender symbolically emasculates his victim by the use of sexual power. He argues that once the victim has accepted the passive role (i.e. is feminised in the eyes of the offender), the offender's sense of masculinity is preserved or even heightened.

In cases of cyclical victimisation it is also apparent that the offender wishes to control and degrade the victim. Based on clinical interventions with sexually abused male adolescents, Rogers & Terry (1984) conclude that rapists are often men who have been sexually assaulted themselves and who have been left in a traumatic condition, without support and help. They carry with them the pain, the anger and the guilt which eventually finds an outlet. It is proposed that some men who have been raped internalise what has happened to them and project it back on to another individual, by enacting what happened to themselves and projecting on to another through the means of rape (Cantwell, 1988; Friedrich et al., 1988). Evidence to support this view is reported by Lisak et al. (1996). Lisak, who investigated the relationship between early abuse and later perpetration of violence, found that at least two thirds of men, who had perpetrated, had themselves been victimised as children. In contrast, female victims may be more likely to show self-destructive behaviours or covert exploitation in future relationships (Summit, 1983).

Breer (1987) suggested that sexually aggressive behaviour, more often seen in males, may be an attempt to recreate past trauma and victimising experiences in ways which lead to developing mastery and control over the associated feelings.

Ryan (1989) views the sexual assault cycle as:

"A predictable pattern of negative feelings, cognitive disorders, and control-seeking behaviours which can lead up to a sexual offence". (p.328)

However, the existing evidence on this issue is inconclusive. On one hand the victim-to-perpetrator pattern seems particularly relevant to child molesters and paedophiles, with 56-57% reporting adverse sexual experiences as children, in comparison to between 5 and 23% of rapists (Pithers et al., 1988; Seghorn et al., 1987). Further, Finkelhor (1986) has argued about the dangers of a single-factor theory whereby victims become victimisers. He suggests that it is exaggerated, that it ignores sociological aspects, and worse, it might become a self-fulfilling prophesy. Further, it is quite clear that not all abusers were themselves abused and therefore experiencing sexual victimisation is not a complete explanation for perpetrator development.

Another component in some male rapes is an attempt to punish the victim as a way of dealing with unresolved and conflicting sexual interests on the part of the offender. Money (1978) suggests that it is not uncommon for young men who to be attracted to homosexuality as well as being repulsed by it. He further suggests that they need to destroy that part of themselves and others. Discomfort with their own desires and needs will be acted out in a violent homophobic reaction against what they see as a threat. It would appear that such an offender rapes and beats his victim as a means of punishing the victim. Groth & Burgess (1980) suggest that male prostitutes may particularly be target victims of such assaults.

An offender states:

"I picked up a prostitute I sexually assaulted him, I dragged him out of the car and punched him and I told him I was going to kill him. I was angry with him I don't know why. At what I was doing, is what I was angry at."(p808)

Further, it is suggested that other rapists find intense satisfaction in controlling, hurting, and degrading their victims, and in extreme cases this can lead to murder. In 'sadistic rape', aggression itself becomes eroticised. Such assaults are usually ritualistic and involve bondage and torture: sexual areas of the victim's body become the focus of injury (Groth, 1980). McMullen (1990) gives an example of a sadistic assault:

> "A man was prodded with a knife, punched in the face, and kicked to the ground. He was stripped, forced to bend over, his hands and feet were tied together and was sexually assaulted. His gums were slit with a carving knife; a cigarette end was thrown in to his groin causing burns to his penis. He was made to put on a pair of nylon underpants, which were then set alight. They melted and burned his buttocks, water was poured over him and a light bulb was put between his arms while he was forced to lie on his back. He was urinated and spat upon."(p13)

In cases of male rape where there is more than one assailant, the behaviour of the group members has been explained (e.g. Weissman, 1978) in terms of peer pressure and the need to maintain group power and status, even if an individual member does not want to participate in an attack. Similarly, Warshaw (1988) suggests that group loyalty is reinforced through united behaviour, especially antisocial and sometimes illegal behaviour. The mutual participation in the assault is said to serve to strengthen and confirm social bonds among members (Anderson 1982). Various initiation rites may fall in to the category of male rape. Goyer & Eddleman (1984) state that in an initiation rite than takes place in the navy, the victim is stripped, covered with machinery oil, and has grease pumped forcefully into their rectum.

Similarly, The Gay Times (November, 1987) reports that a soldier was found guilty of disgraceful conduct of an indecent nature, involving forcing three recruits to have anal intercourse with each other while the other recruits looked on. Wickler (1967) reports that the initiation rites of French youth gangs include the leader having anal coitus with the aspirants.

As well as the sexual component, other aspects of initiation, in particular of power and group conformity, may satisfy complex psychological needs for the participants Tiger (1969) reports a contemporary initiation rite among Cornell university freshmen: 'in the initiation it is required to provide a lubricated 6-inch nail and, as part of the ceremony, to bend over in what amounts to a sexual presentation. Instead of the expected outcome, he is given a bottle of beer to drink and the celebrations commence.'

The evidence presented so far in this section would appear to support the contention that male rape is primarily an expression of power and control rather than motivated by sexual need. However, there are those who would argue that the predominant motivation must be sexual because the assailant does not stop at physical assault. The ability to physically dominate and overpower someone should boost the assailant's sense of masculinity without sexual aggression being involved. So, why rape the victim? Research focusing on gay men as victims of non- consensual sex would appear to support the view that rape is sexually motivated. Hickson et al. (1994) found that in almost one third of first assaults, consensual sexual activity of some sort had already taken place between the assailant and victim before the assault occurred, suggesting that the assaults were in these cases sexually motivated, the assailant disregarding the victim's wishes after wanting to perform a particular sexual act (which in three quarters of these cases was anal intercourse). Hickson states:

"The fantasies of the sexually forceful man, the pleasure of 'being' taken and the excitement of power-driven sex are very common in gay culture and pornography and that these collective fantasies normalise sexual abuse and rape of gay men, providing motivation, justification and normalisation for the assault."(p293)

Groth & Burgess (1980) suggest that the offender who rapes to 'ward off' anxiety about his conflicted sexual orientation may not be an example of a 'power' rape but a way for the offender to have sex with men. Hence these types of assaults could be said to be sexually motivated. Evidence to support this view is put forward by Adams et al. (1996) who report that heterosexual homophobic men exposed to gay male pornographic videos were more sexually aroused than heterosexual men who were not homophobic. Although there is no direct evidence, it could be suggested that high homophobia combined with high aggression is related to the likelihood of a man committing male rape. Hodge & Canter (1998) suggest that both the sexual motivation and the power theories have merit. They argue that homosexual assailants were more motivated by sex than heterosexual assailants, who were more motivated by power and the desire to dominate. However, Jones (2000) suggests that to regard these acts as either a sexual or a power one may be a false dichotomy and in men the act appears to serve the function of both power and sexual gratification simultaneously. Thus the question then becomes how much of one and how much of the other is in any particular interaction.

McMullen (1990) suggests that the reason why men rape, is because they are males and they believe that they can get away with this. Evidence to support the idea that when the fear of punishment is reduced many men may rape becomes particularly evident in times of war. Not only were thousands of women raped during the recent wars in Bosnia and Croatia (Allen, 1996) but a series of rapes were committed by gangs of local men on soldiers (Borger, 1996). As previously mentioned Malamuth (1981) reported of a series of studies demonstrating that many men in the general population possess a tendency to rape women. In addition, Malamuth reported that these men said they would find sexual coercion sexually arousing. Further he reported that those men with high 'rape proclivity' showed erectile responses to rape stimuli which are indistinguishable from those of actual rapists.

Related to these data are findings that fantasies involving the use of sexual coercion are quite common among men (Greenlinger & Byrne, 1987), and that such fantasies and other forms of imagined sexual aggression are associated with risk factors predictive of actual sexual aggression (Malamuth, 1981). Additionally Malamuth et al. (1991) found that sexual promiscuity in turn predicts rape proclivity in men high in hostile masculinity. The previously mentioned research on the possible determinants of rape has generated a great deal of debate. Drieschner & Langer (1999) suggest that the research instruments used do not detect potential rapists but only determine the likelihood of committing rape under the unrealistic conditions that punishment will not follow. Further, neither do they identify actual rapists but instead those men for whom the idea of sexual coercion is sexually arousing, beyond that which occurs with a willing partner.

Perhaps the most basic observation one can make based on the information presented in this section is that not all offenders are alike and they do not do the very same things in the same way for the same reasons. Current research that recognises various motives in the psychology of the offender can hopefully go some way to help counsellors to appreciate more fully the impact of rape on male victims and dispel myths and misconceptions about offenders. In addition we need to create a social climate, especially in traditionally male dominated circles in our society, in which we can discuss the reasons why a great many men behave in such a sexually abusive manner.

Male rape and the law

Until relatively recently, men could not be raped according to the legal definition used in British law.

However after campaigning by gay men's and by male rape survivors groups and following fierce political debate, The House of Lords voted in July 1994 that the Criminal Justices Bill be revised and the previous crime of non- consensual buggery of men, for which there was a maximum prison sentence of 10 years, be replaced in the statute book by a new crime of rape. The law now states that a man commits rape if he has sexual intercourse with a person (whether anally or vaginally) who at the time of intercourse does not consent to it, thereby recognising male as well as female victimisation. The assailant faces a maximum life sentence regardless of the victim's sex. The changes in British law are now in line with other countries. Male rape was recognised in Sweden in 1984, and has been recognised more recently in Germany, Holland, Canada and in most US states, where rape is defined more broadly as non-consensual penetration of vagina or anus by a penis, hand or other object, (Lees, 1997).

As indicated earlier male rape has tended to be marginalised as a gay crime with the implication that it does not involve the normal man because only homosexual's rape and if one is raped one must also be homosexual. The media is perhaps the biggest contributor to these stereotypes and myths, manipulating events surrounding male rape with sensational reporting. In October 1992 almost every UK national newspaper carried a report of how a 19 year old man was abducted by three armed men in an empty railway carriage of a Northern Line underground train and was then taken to Hampstead Heath and raped. However without any evidence to substantiate the sexuality of the assailants, the Sun reported "A Gay Gang Rapes Boy" and the Daily Express reported that it was "the eighth indecent assault by homosexuals in London in seven months." Ten years later the sexual assault of an aid to Prince Charles was reported in the Daily Mail as 'homosexual rape' and claims of a culture of homosexual harassment with in the royal palaces were made in the press (Guardian, Nov 11th, 2002).

A police survey carried out in 1995 also showed that the police are more likely than victims to believe that assailants are gay or bisexual (Dispatches, 1995). These myths are dangerous and in turn lead to the stigmatisation of the victim (Groth & Burgess, 1980). Hillman et al. (1991) reported that it is common place for a police officer to suggest that a victim is really gay (when he is heterosexual) and to imply that he had gone out deliberately to meet a man for sex. This suggests that the victimisation was deserved and brought about by the victim's behaviour. Hillman suggested that the idea that a man has actually been raped is unthinkable for many police officers. This view is consistent with the findings of the Dispatches survey (1995): victims who had reported the rape to the police consistently said that the attitude of the police was that the victim must have deserved it or that the victim was using the claim of rape as revenge after an argument.

The majority of victims who did report the rape stated that they did not feel that they had been treated like a victim of a serious crime. Similarly King & Woollett (1997) found that rarely do victims report their rape to the police. They reported that only 17 out of 115 men who received help from the 'Survivors' reported the assault. Eight men said they found the police reactions to be positive, while five classed the police reaction as negative. However, as Milnes (1992) states:

> "It only takes a man to walk up to you and put a knife to your throat and say drop your trousers. It doesn't matter how big you are, because once your trousers are around your ankles you cannot move". p.10

Gay men suggested that the police due to the widely held belief that rape is less traumatic for gay men treated them less sensitively. Gay victims commented that a common misconception is that all gay men practice anal sex. However this is by no means the case. Lees (1997) states:

"Police officers interviewing gay victims should be aware that anal sex is seldom carried out in casual relationships..... and is most commonly an act of intimacy and love between partners in long-term relationships..... and that rape is just as great a violation for gay men as for heterosexual men." (p.95)

However 73% of the victims involved in the survey did not report the rape to the police, the main reasons given being feelings of shame and embarrassment, and being afraid that the police would think they were homosexual. The commonly- held belief of both homosexual and heterosexual men in the survey was that the police were homophobic. This view is also reiterated in the research of Mezey & King (1989), Hillman et al., (1990) and Walker (1993). Psychiatrists suggest that the police response is largely a result of their own fears of male rape.

Dr Kevin McGuigan, senior medical officer at Grendon Underwood Prison states that men who work in an all-male environment find male rape deeply threatening (Kreps, 1986). Research by Groth & Burgess (1980), based on interviews with prison officers, revealed that a police officer's worse fear in a hostage situation is not that he may be killed, but that he may be raped.

However, there are other more tangible reasons why the police behave in this way towards victims. In part, their attitude may derive from the difficulties they face in securing convictions for this offence. Commander Tom Williamson of the Metropolitan Police stated: "male rape is the easiest offence to get away with, the likelihood of being convicted is very small" (Dispatches; Channel 4, 31.5.95). The key issue is of course consent.

Lack of consent is the single hardest issue to prove in court. McMullen (1990) claims that the defence is likely to claim in court that the victim gave his consent (especially if the victim got an erection and/or was forced to perform anal intercourse on the assailant); and, that despite the victim's evidence (and in some cases a confirming medical report), the jury is likely to perceive the victim as homosexual (regardless of his actual sexual orientation). As previously stated, experimental studies show that men are blamed more for being a victim of rape than women, they are expected to be able to fight back or to escape from the scene in both stranger and acquaintance rape situations (Perrott & Webber, 1996). Therefore it is likely that a male victim would be regarded as a legitimate and even a willing victim. Further, as is the case of women within marriage (Russell 1984), sexual assault within gay relationships may prove even harder to be recognised than assaults by strangers. The fact that the assault occurred in domestic circumstances, and that the assailant and victim had presumably had sexual relations in the past, could both be seen as reducing the seriousness of the event and its impact on the victim. Experimental evidence by Willis & Wrightsman (1990) found that the victim of rape by an acquaintance were attributed greater responsibility for the rape than if the assailant had been a stranger. More evidence to suggest that acquaintance rape is not perceived as real rape was reported by Tetrealt & Barnett (1987), who found that females characterised acquaintance rape as less serious than stranger rape because they perceived the victim as more responsible in the former instance. Attitudes towards rape have been found by Deitz et al. (1982, 1984) to be a reliable predictor of juror's verdicts. Evidence has been shown that many jurors produce verdicts that are consistent with their pre-existing attitudes (Kassin & Wrightsman, 1983). It appears that the conviction rate is lower in acquaintance rape, and the official reaction to men accused of rape is less serious when the man knew the women in question (Burgess & Holmes, 1978).

Thus a process of justice that rests on adversarial conflict may result in enormous distress for male rape victims and exacerbate their psychological problems. On interviewing male rape victims who had been involved in a trial, Dispatches (1995) reported that it was the consensus among victims that they were in treated like criminals, they were in court to be judged and that the trial for them was like a second rape.

However two recent developments have improved the prospects for men who come forward to report rape, the first being that male rape is now a recognised crime in British law (see above). The second, which applies only to London, is that the Metropolitan Police have specially trained police officers called the Sapphire team to act as chaperones to male victims once an allegation is made. A rape victim can choose whether they wish a man or women to act as their liaison officer to support them through the entire criminal justice process.

It is reported that most victims, male or female, prefer a female officer (Gibbons, 1996). Rape suites are also available to male victims, where doctors sensitive to the victim's needs carry out medical examinations and HIV screening. Despite these developments, the chance of victims living outside London being allocated a police chaperone or having access to a rape suite, are extremely slim. Even on the rare occasion that an alleged rapist is prosecuted the chances of conviction are rare or if a conviction is secured the victim perceive the sentence as too lenient. Huckle (1995) reports that sentences given to assailants commonly range from 18-36 months. However on June 9th 1995, a multiple sex attacker was the first person in the UK to be jailed for life for attempting to rape a man (Guardian, June 10th 1995). Yet despite the change in the law, male rape is still thought to be the most underreported crime in Britain. Until victims are confident that the police, the legal system and the medical profession will treat their complaints seriously and sensitively, few victims are likely to come forward and report their victimisation.

Victim reactions to male rape

Psychological morbidity following sexual assault has been extensively studied in circumstances where the victim is female, leading to the development of the concept of 'the rape trauma syndrome' - the immediate and long term effects of sexual assault as described by the victim (Burgess & Holmstrom 1974).

There is also a respectable amount of literature on the sexual abuse of boys (Peters et al., 1986; Freeman-Longo, 1986) and on the adult male survivor of child sexual abuse (Dimmock, 1988; Urguiza, 1990). However, where the victim is a non-institutionalised adult male there has been little research on the long-term psychological problems that are experienced. This is probably due to the fact that most victims do not report the offence: therefore a representative series of rape victims is impossible to obtain (King, 1995). In Britain to date only six studies have been undertaken to determine the long-term psychological effects of rape on men. However, none used matched control groups. The first was undertaken by Mezey & King (1989) at the Institute of Psychiatry in London. Twenty-two men who had been forcibly sexually assaulted participated in the study to determine the circumstances of the assaults and the effects on the victims. Respondents were asked to complete an extensive questionnaire covering demographic information, circumstances of the assaults, post-assault reactions including reporting past and present psychological health. The findings of the study suggest that male victim suffer a similar "rape trauma syndrome" to women, but in addition men suffer confusion about their gender identity and their sexual orientation. Mezey & King (1989) states that male sexual assault is a frightening and dehumanising event, leaving men feeling debased and contaminated, their sense of autonomy and personal invulnerability shattered.

The second study was an undergraduate project carried out by Walker (1993). Twenty-one adult men who had been sexually assaulted in a community setting participated in the study to determine not only the nature and circumstances of the assaults but also the short and long-term effects on the victims. A qualitative method of research was used in the form of a semi-structured questionnaire, and descriptive analysis based upon percentages was undertaken. Walker reported that all the male rape victims in the study claimed to have suffered deep and long lasting psychological effects as a result of being raped.

The third was a survey carried out by Dispatches (Channel 4 Television 31.05.1995). Questionnaires focusing on the nature and circumstances of the assaults and long-term psychological effects experienced by the victims were distributed through counselling groups and advertisements in newspapers and were filled in by the victims themselves or by counsellors on their behalf. Dispatches received 85 completed questionnaires, which fulfilled the criterion for male rape. The survey's findings (reported by Lees, 1997; Hodge & Canter, 1998) suggest that male rape is one of the most devastating crimes in Britain, that victims' responses closely parallel those of women who have been raped, and that it is an experience from which many victims never truly recover.

The fourth study was undertaken by Huckle (1995). This was a retrospective, case-note study of all males referred to a Forensic Psychiatric Service. Twenty-two men reported they had been victims of male rape. The length of time between the rape and presentation ranged from 0.25 to 43 years (median length of time 6 years). The aims of the study were to identify the frequency of male rape experiences in the sample and the emotional effects of the trauma. Psychiatric diagnoses of the victims at the time of their assessment according to DSM-111-R criteria revealed that 19 of the 22 men in the study developed psychiatric disorders in the aftermath of rape.

The fifth study was undertaken by Coxell et al. (1999) and was a cross sectional survey aimed at identifying non-consensual sexual experience in men as well as psychological and behavioural problems. The findings of the study were that non-consensual sexual experiences were associated with a greater prevalence of psychological and alcohol problems along with self-harm. However, the authors concluded that possible casual relations between the severity of the assault and reported psychological problems required further investigation.

The sixth study was carried out by King et al. (2002) who investigated whether sexual molestation in males was a significant predictor of psychological disturbance. The 3142 men who took part in the study were recruited from general practice and genitourinary clinics. King found that sexual abuse as a child or adult is associated with later psychological problems and that all forms of sexual molestation were predictive of deliberate self-harming behaviour in men. The authors conclude that the study lacks the power to examine associations between the particular sex acts and psychological problems.

In addition to the aforementioned research, a small amount of anecdotal information on the psychological effects of rape on men has been obtained from victims presenting to STD and genito-urinary clinics in Britain (Hillman et al., 1990; 1991; Lacey & Roberts 1991; Keane et al., 1995) and to emergency departments and for psychiatric help in the USA and Canada (Groth & Burgess 1980; Anderson, 1982; Goyer & Eddleman 1984; Calderwood, 1987; Stermac et al., 1996; Scarce, 1997). Isley & Gehrenbeck-Shim (1997) carried out a survey of agencies providing help for sexual assault victims in the USA. The findings of the survey suggest that the psychological impact of the assaults were extremely traumatising to the men, with the majority of the 1,697 victims evidencing symptomology which ranged from depression and suicidality, to shame and self-blame.

However, this study focused on secondary sources of professionals' interpretation of the male rape cases rather than on information obtained directly from the victims.

The information from these reports is consistent with that of Mezey & King (1989) in the UK, and suggests that there are striking similarities between the reactions of male victims and those reported by women who have been sexually assaulted (Katz & Mazur, 1979). However, due to the reluctance on the part of males to disclose their feelings, the assaulted males may be more likely to suffer long-term psychological reactions to rape. Calderwood (1987) suggested that 'unlike women, men do not grow up developing a lifelong fear of rape, and as a result the experience is more shattering for the male ego' (p.54). Similarly Groth & Cotton (1982) reports:

> "The trauma of rape for a male victim may be even more psychologically devastating in some respect in regard to recovery than it is for a female victim. For when a male is raped he not only suffers a defeat in combat where he is rendered physically helpless, he also forfeits his sexual role, is used like a women, and loses his 'manhood'. He is devalued of the two primary sources of his male identity: sexuality and aggression and this can impede the recovery process for male rape victims" (p.52)

Walker (1993) reported that of a sample of 21 men, 71% (n=15) stated that during the assault, they reacted to extreme personal threat with frozen helplessness and passive submission (as is often the experience of female victims). Walker also found that, as is the case for women victims, the majority of males (86%) emphasised the sense of helplessness and control, during and after the assault, as being more damaging than the sexual encounter per se. This evidence is consistent with anecdotal information obtained from male victims presenting to emergency departments and for psychiatric help in the US (Anderson, 1982; Calderwood, 1987).

However, as opposed to the "expressive" emotional style demonstrated by women, the male 'impact reaction' to rape is more likely to be of a "controlled style" exemplified by subdued acceptance, minimisation, or denial of the trauma.

Walker (1993) reported that of a sample of 21 men, 95% described their reactions in the hours and days following the assault as calm, controlled and subdued. Similarly, Kaufman et al. (1980) found that almost all of the male rape victims who presented at an emergency health service were "quiet, embarrassed, withdrawn, or unconcerned". Myers (1989) also reported that the majority of his clients neglected to mention the rape until probed, and then minimised its significance. Kaufman suggests that this controlled reaction reflects men's socialisation to be inexpressive and stoic in the face of adversity. Nevertheless female and male victims are reported to share many reactions in the initial days and weeks following the assault. These include embarrassment, self blame, shock, denial, low self esteem, anxiety and humiliation (Groth & Burgess 1980; Anderson, 1982; Goyer & Eddleman, 1984; Mezey & King, 1989).

However, Frazier (1993) when comparing 74 male with 1,380 female victims with regard to their immediate post-rape symptoms, reported that male victims were rated as more depressed and hostile than female victims. In at least one documented case, a heterosexual male was so traumatised by a sexual assault from two men he suffered from amnesia for five days (Kaszniak et al. 1988). Rogers (1995) suggests that the male coping strategy renders men prone to later psychological problems, as it makes help-seeking less likely and undermines the task of integrating the assaults into general life experiences.

However, the available evidence on the long-term psychological effects of male rape is limited in several aspects:

1) Most of the data on the long-term effects is anecdotal (Hillman et al., 1990; 1991; Lacey & Roberts 1991; Keane et al., 1995)

2) In most of the studies the sample sizes were very small and many of the victims were adult survivors of child abuse (Myers, 1989, Huckle, 1995).

3) No study has attempted to assess the long-term impact on the victim using established questionnaires and a matched control group (Mezey & King, 1989, King & Woollett, 1996, King, 2002).

4) Research on variables affecting long-term recovery from rape has been based on samples that consist of female victims only (Ellis, 1983; Resnick, 1988).

Nevertheless, certain responses have been described as particularly disabling in the long term for both male and female victims, these being depression and anxiety, reduced self esteem, guilt, blame, post-traumatic stress disorder, and sexual dysfunction (Groth & Burgess 1980; Anderson, 1982; Calderwood, 1987; Myers, 1989; Mezey & King, 1989; Walker, 1993; Huckle, 1995; Isley & Gehrenbeck-Shim, 1997).

Specific Victims Reactions

Depression

Studies of the long-term effects of female rape have reported problems with depression among victims. Ellis et al. (1981) examined the long-term reactions of 27 women who had been raped at least a year previously. Victims were interviewed and their current functioning assessed through a variety of written measures. The results showed that, compared to a matched comparison group, victims were significantly more depressed and reported less pleasure in daily activities. Forty-five percent of the rape victim sample was moderately or severely depressed as measured by the Beck Depression Inventory (BDI: Beck et al.1961).

Kilpatrick et al. (1987) found long-term rape victims (mean length of time post-rape was 21.9 years) were more likely to be depressed than non-victims measured by the SCL-90-R and the Mental Health Problem Interview (Robins et al. 1981). Similarly, Mackey et al. (1992) reported that of 63 female rape victims who were a mean 7.9 years post event, almost two thirds (N= 38) demonstrated some degree of depression, and more than one third (N= 25) of these symptoms were reported as being moderate to severe (as measured by BDI). Also the level of suicidal ideation and attempts among female rape victims is notable. Ellis et al. (1981) reported that 50% of their long-term sample had considered suicide. Similarly, Resnick et al. (1988) found that 43% of their sample of 37 women had considered suicide after the rape and 17% had made a suicide attempt.

A criminal victimisation survey by Kilpatrick et al. (1985) found that of 100 female victims of rape they surveyed, 44% reported suicidal ideation and 19% had made an actual suicide attempt. Although there was no comparison group used, Walker (1993) reported that from a sample of 21 men, 76% (n=16) of male rape victims in the study reported depressive symptoms, 42% reported attempting suicide and 71% reported increased thoughts of suicide. Huckle (1995) also reported high levels of depression among long-term consequences of rape, which in a few cases, reached suicidal proportion. Other studies that reported high level of depression among the long-term consequences of adult male rape are Goyer& Eddleman, (1984); Mezey & King, (1989); Myers, (1989) and Coxell & King (1996).

Self- esteem

Given that self-blame has been frequently noted in rape victims (Janoff-Bulman 1979; Mezey & Taylor 1985), we should expect self-esteem to be affected. However, while several authors have suggested that rape victims experience a reduction in self-esteem (Janoff-Bulman & Frieze 1983) there has been little research focusing on this measure. They argue that, prior to victimisation, most people hold a positive view of themselves as decent, deserving individuals. Victimisation challenges this basic assumption, leading to a negative image. Research carried out by Murphy et al. (1988) indicates that female victims experience short and long term problems with self-esteem. The study used a sample of 204 rape victims and 173 non-victims over a 2-year period and The Self-Report Inventory (SRI: Bown & Richek, 1967) was used. Victims reported significantly lower self-esteem than non-victims at 18-months post-assault. Although there was no comparison group, Resick et al. (1988) found substantial long-term problems with self-esteem in female rape victims seeking treatment. In a self-report survey, Walker (1993) found that of 21 male rape victims, 71% (n=15) reported a long-term problem with self-esteem. The clinical findings of Myers (1989), showed that all 14 male victims he was treating had problems with their self-esteem and self-confidence. Similarly, in Mezey & King's (1989) study, participants reported lowered self-esteem and poor self-image.

Post-traumatic stress disorder

Data based on clinical impressions suggests that the responses of men to sexual assault are very similar to those found for, Post-Traumatic Stress Disorder (PTSD) which follows other life threatening events such as sudden bereavement, siege and hostage taking, and community disasters (Lacey & Roberts, 1991).

Symptoms include the following: re-experiencing the trauma via flashbacks, intrusive thoughts, or dreams; numbing of responsiveness demonstrable by feelings of detachment from others; increased agitation especially in response to reminders of the event, including sleep disturbance, trouble concentrating, and phobias about activities triggering recollection of the event. Male rape victims also report these features, which are consistent with the DSM-111R criteria for PTSD (Myers, 1989; Mezey & King, 1989; Walker, 1993; Huckle, 1995; Isley & Gehrenbeck-Shim, 1997). Clinical observations by Myers (1989) suggested that seven of the fourteen male rape victims he was treating had the symptoms of PTSD, and three had chronic PSTD. Similarly, Huckle (1995) reports that 9 out of 22 male rape victims who were referred to a Forensic Psychiatric Service fulfilled the criteria for PTSD. However the previously mentioned findings were based on studies which did not use matched control groups or standard measures of symptomology.

Research carried out by Bownes et al. (1990) found that of the 51 female rape victims studied, 70% had PTSD as defined by DSM-111 criteria nine months after the assault and concluded that the results would suggest that PTSD is likely to be a long-term problem for a significant proportion of rape victims. Kilpatrick et al. (1987) found that despite the fact that 81 female rape victims in the study had been assaulted, on average 17 years earlier, approximately 17% of them were experiencing PTSD.

Sexual functioning and gender identity

Following rape, female victims frequently report experiencing sexual problems (Becker et al., 1982; Orlando & Koss, 1983; Nadelson, 1989). A review of these studies showed that victims were found to be more sexually dysfunctional than non-victims years after the assault.

Though victims appear to engage in sexual activity as frequently as non-victims, they report more problems with lack of desire and lack of arousal; they were more likely to be non-orgasmic during intercourse and to experience flashbacks. Male victims are likely to report loss of sexual appetite, decreased enjoyment of sex, inability to have erections or to ejaculate, extreme passivity during sex and difficulty in touching partners during consensual sex (Goyer & Eddleman; 1984 Johnson & Shrier, 1987; Myers, 1987). Keane et al. (1995) reported that 44% of sexually assaulted men in his sample reported problems with their sexual relationships. Similarly Mezey & King (1989) reported that half of the 22 victims in his study experienced sexual difficulties which ranged from that of complete inactivity for long periods to sexual promiscuity or even difficulties during the sexual act, such as fear of re-creating the assault either as a victim or assailant. Walker (1993) found that sexual dysfunction was reported by 90% of victims, many years after the assault. As with Drs Mezey & King's study, sexual problems ranged from complete inactivity for long periods to sexual promiscuity, and 19% of victims reported experiencing problems during the sexual act which led to fears of them making someone do something against their will.

As previously stated, one aspect of the' rape trauma syndrome' that is unique to men who have been raped by men is a "male gender identity" crisis, related to a perceived loss of masculinity and/or confusion about sexual orientation (Goyer et al., 1984, Myers, 1989; King, 1989; Walker, 1993; Isley & Gehrenbeck-Shim, 1997). The issue of lost masculinity appears to be central to the male's victimisation:

> "A male also tends to equate manhood with independence and control, and when such control is lost, as it is in rape, and when another male gains sexual access to him, there may be a feeling of loss of manhood in the victim. He feels less of a man. As one victim put it: "A women is not expected to be stronger than a male assailant, so it is no reflection on her if he overpowers her and she fails to resist the assault, but for a man it is different. It is a humiliation to get beaten and even a greater disgrace to be sexually assaulted. (Groth, 1979, p.139).

Myers (1989) reported that all fourteen of his clients had sustained damage to their subjective sense of maleness or masculinity as a consequence of the assault. This he stated varied from "I have no manhood left..... he made me in to a women " to "I feel emasculated by the assault", I have lost my manhood, how can I face my wife" and "I will never be the same again" (p.210). Myers further suggests that many men equate tarnished masculinity with loss of power, control, identity, selfhood, confidence and independence.

The counter-response to feelings of powerlessness can be an assertion of masculinity which may extend to fighting, destructiveness, controlling behaviour, a hostile or confrontational attitude and aggressive sexual behaviour (Gilgun & Reiser, 1990). An example of such behaviour is given by Myers (1989), "one of my patients adopted hyper-masculine behaviour which included a tough-guy image, excessive drinking, frequent fighting, seeking out and taunting homosexuals and aggressive behaviour towards women, along with an increased need for sexual activity with women to re-establish and re-affirm his manhood" (p213). A further example is given by Walker (1993): "I have become obsessed with being a tough guy so it can't happen to me again - I hate myself and what I have become "(p26).

A view has also developed among clinical psychologists and other professionals that there is a tendency among male sexual assault victims to recapitulate their own victimisation with them in the role of perpetrator and someone else as the victim. One mechanism, which would appear to facilitate the transition from victim to victimiser, is 'identification with the aggressor'. Thus it has been suggested that, for the male victim, identification with the aggressor may be more comfortable than a victim identity and hence they are more likely to harm others rather than themselves. Findings from Groth & Burgess (1979) report that of a sample of 106 child molesters, 32% had reported some form of sexual trauma in childhood. Similarly Seghorn et al (1987) found that over half of a sample of 54 child abusers had been victims of child abuse. However, current evidence suggests that although recapitulation of the victimising experience may be a contributory factor in the development of the perpetrator, it is not the only factor as not all abusers were themselves abused (Watkins & Bentovim, 1992).

For the heterosexual victim the experience of a homosexual act may be their first experience of same-sex sexual contact. Victims may be disgusted by the sexual nature of the attack and often are likely to assume the rapist was homosexual. Victims are also likely to be greatly disturbed by their own physiological responses and left in a state of confusion about their own sexuality, and questioning the extent to which he may, in some way, have contributed to the assault. McMullen (1990) suggests that it is not unusual for heterosexual victims to actively seek out homosexual contacts after having been raped or in contrast to manifest an irrational dread and loathing of homosexuality and homosexual men. Myers (1989) reported that only one of his four heterosexual clients had not suffered long term ambiguity about their sexual orientation. Similarly, Walker (1993) stated that twelve out of the fifteen victims in the study reported experiencing long term crisis with their sexual identity.

One victim recalled:

"Since the assault I have trouble relating sexually to my wife. I have found myself in homosexual relationships which disgust me afterwards...it is almost as if I am punishing myself for letting the assault happen in the first place ". (p.26)

Another victim stated:

"Even though it's been years since the assault I am confused sexually and I don't know whether sex is better with a man or a women - my life is awful." (p.27)

Myers (1989) reported that the majority of his heterosexual clients had guilty memories about having erections and ejaculating during the assault and many interpreted their physiological responses as a sign of personal consent to the rape. Johnson & Shrier (1987) suggest that this aspect of the assault experience may cause sexually inexperienced males to mislabel themselves as homosexual. In contrast, Mezey & King (1989) reported that only two out of the ten heterosexual men in his study experienced a long-term crisis about their sexual identity and only one considered this to be a consequence of the assault.

It is suggested that homosexual victims may experience their sexual assault as an attempt to denigrate gay male sexuality, which may later give rise to phobic or aversive feelings associated with their normal sexual behaviour, if for no other reason than that it involves another male (Garnets et al. 1990).

It is also reported that homosexual men are more often than not raped by someone with whom some consensual sexual activity had already occurred (Hickson et al. 1994): thus when behaviour that formerly was associated with consensual sexual activity becomes associated with humiliation, violence and victimisation. Such gay men can experience serious difficulty redefining their sexuality positively. Garnets et al. (1990) suggests that gay victims of rape often blame themselves for the attacks made against them and, if internalised homophobia resurfaces or is intensified, the gay male survivor may interpret the rape as punishment for their sexual orientation, and this in turn can intensify the psychological distress resulting from victimisation.

Myers (1989) stated that all four of his homosexual patients were left with mixed feelings about their homosexuality. They reported feeling fine about certain aspects of homosexual behaviour and certain types of sexual acts but were disgusted by others, depending upon the specifics of their particular victimisation experience. Similarly Walker (1993) reports that all five homosexual victims in the study said they experienced a long-term crisis with their sexual identity. One victim recalled:

"Before the assault I was proud to be a homosexual; however I now feel "neutered". I feel sex is dirty and disgusting and I have real problems with my sexual orientation". (p.27)

Thus, regardless of male homosexual or heterosexual self-identification, the experience of rape by a male perpetrator is likely to raise profound issues regarding masculinity and sexual orientation.

Guilt and Blame

While both guilt and blame are reported to be reactions experienced by rape victims irrespective of gender, Langer & Innes (1986) suggests that they are reported more often by male rape victims. Myers (1982) suggests that male victims may experience self-blame because they were unable to protect themselves or overpower the assailants. This could be due to the male socialisation that tells them that a 'real man' is strong and should be invincible in such a situation. Myers further suggests that guilt expressed by victims can range from "If only I hadn't been in that place" to "Why do I have to be gay"? This guilt can then be reinforced by societal adherence to the construct of masculinity, which blames victims for their abuse.

Implicit in this construct is the belief that men do not need protection and it is their own fault if they put themselves at risk (Boyd & Beail 1994). Broussard & Wagner (1988) provide empirical evidence that male victims are blamed. The study asked students to read vignettes, which involved a 15-year-old victim, where the sex of the perpetrator and victim and the nature of the victim's behaviour during the abuse (e.g. encouraging, resistant, passive) were varied. The authors found that men rated the abuser, as less responsible if the victim was male. Similarly, Whatley & Riggio (1993) investigated whether or not gender differences exist in blaming a male rape victim. 160 undergraduates were given the Belief in a Just World Scale (Rubin & Peplau, 1975), and a scenario describing a young man who was arrested outside of a bar where a fight had occurred and who was later raped in a police holding cell. Subjects were then given a questionnaire assessing victim blame. Results showed that males would blame the victim more than females even when the rape victim was male.

Likewise, research by Davies et al. (2001) and Mitchell et al. (1999) found that male participants held a male rape victim partially responsible for being assaulted and rated the assault as more pleasurable for the victim than did female participants. Participants also rated the male rape victim as more responsible when he was described as homosexual than when he was described as heterosexual. This view is supported by Ford et al. (1998) and White et al. (2002), who found that men were perceived to be more at fault when they were homosexual. A number of possible explanations have been offered for why people generally try to blame an apparently innocent victim. The differing reactions to the homosexual verses the heterosexual victim may be related to factors such as negative attitudes towards homosexuals, stereotypes about homosexual males, and the nature of male rape (Mitchell et al. 1999). The most commonly cited theory explaining the tendency to blame the victim is Lerner's (1980) belief in a just world, whereby people get what they deserve and deserve what they get. This theory further asserts that observers believe that a person who is viewed to be bad or stupid warrants certain unfavourable outcomes.

Accordingly, people will blame the victim to ensure that such an event could never happen to a good person, such as themselves (i.e. bad things do not happen to good people). Anderson (1982) suggests that the victim who comes to blame himself for his assault may take his assailant's side, i.e., "I got what I deserved". Thus the assailants are relieved of responsibility, while the victim focuses solely on himself as being somehow at fault.

This is illustrated by a client of Myers (1989) who had been raped repeatedly by his lover "No, I'm not angry...I failed him in lots of ways both in and out of bed...I'm very passive in bed...that's my problem, not his."

Another view which deals with victim's responsibility and victim characteristics is known as 'the defensive attribution model' (Shaver 1970). This view states that people will protect their own self-interests and respond in terms of their identification with the victim.

In the case of rape, if they see similarities between themselves and the victim, they are motivated not to blame the victim for the event. Further reasons for individuals to blame innocent victims could be explained by the existence of rape myths and adult rape scripting. Struckman-Johnson & Struckman-Johnson (1992) attribute beliefs in rape myths to false or stereotypical views about masculinity. Struckman-Johnson found the acceptance of the myth 'male rape cannot happen' is attributed to a variety of beliefs, including 'men are too strong to be forced into sex' and 'rape is not upsetting to the male victim (when perpetrated by a male). This may be due in part to societal beliefs that men are or should be emotionally tough and able to cope without assistance.

Crome & McCabe (2001) discuss the impact of scripts within a just world framework on attitudes and behaviours towards male and female rape victims. They suggest that individuals rely on cultural level scripts in order to maintain their just world. Individuals' investment in narratives of gender roles, their experience with homosexuality and their understanding of bodily violation, safety, and security, all contribute to their attitudes about men and women.

Further, they suggest that individuals' attitudes influence their behaviours, which may be directed towards the victims of rape in terms of giving them support or by ignoring, verbally abusing, or depriving them of needed resources. Additionally, Williams (1984) suggested that negative judgmental attitudes such as blame from others serves as a 'secondary victimisation' function, which results in a lack of support and perhaps even condemnation and alienation of the victim.

According to Dimmock et al. (1991), men who were subjected to sexual abuse experience an additional stratum of shame, which he refers to as gender shame. As the term implies, this refers to a sense of shame about oneself as a member of the class "men". Dimmock proposes that male rape victims can experience a pervasive sense that men are evil, hurtful and abusive, which can elicit profound ambivalence and confusion in terms of male survivors' identities as men and their identifications with men. Gender shame may also contribute to the erosion of the survivors' self-esteem, since perceiving one's gender as loathsome is likely to facilitate the development of a negative sense of self. Kaufman (1984) suggests that addictive behaviours could be rooted in the shame experience and proposes that such behaviours may be seen as efforts to avoid or dull one's sense of shame. Dimmock (1988) sees addictions and compulsive behaviours as characteristic responses of male survivors of sexual assault while female survivors most often display affective and anxiety disorders.

Other reactions

Anger is more frequently mentioned in reports on the reactions of male than of female victims. Women are more likely to be self-directed, e.g. suffer from depression, demonstrate low self-esteem or inflict self-harm (Carmen et al. 1984). This may reflect the gender role expectation that it is inappropriate for males to express emotion other than anger (Janoff-Bulman 1989; Kaufman et al., 1980). Anderson (1982) states that feelings of rage towards assailants, and towards society for being insensitive towards him as a victim are common among male victims. Walker (1993) reported that anger was a common mood disturbance experienced by 67% of 21 victims in the study. Many years after the assault one victim stated "sometimes I feel so destructive I want to start beating strangers up in the street".

In the same study 12% of victims reported expressing anger as thoughts of fantasised or planned retaliation against their assailants. Woollett (1994) suggests that some men may find it extremely difficult to express anger and rage at what has happened to them, and that they frequently turn it in on themselves rather than directing it towards the assailant. The result of this can be depression or even self-destructive actions. Additional long-term problems experienced by male victims are emotional distancing and social withdrawal, which Krueger (1985) suggests may reflect the masculine norm of not asking for help. This may intensify the stress suffered by the victim.

Other reactions include intrusive thoughts about the assault, loss of self respect and damaged self image, suicidal ideation, suicide attempts, increased vulnerability, rape -related phobias, somatic disturbance, self mutilation, increased consumption of drugs and tobacco, fantasised retaliation against assailants and mistrust of adult men (Groth & Cotton, 1982; Calderwood, 1989; Mezey & King, 1989; Myers, 1989; Walker, 1993; Isley & Gehrenbeck-Shim, 1997).

Gostin (1994) suggests that rape victims frequently worry about contracting HIV from assailants and this is a significant additional stressor, which can add to the severity of the psychological problems. The available research suggests that the threat by the assailant of transmission of HIV was reported in a sizeable proportion of instances of male rapes (57% and 29% respectively: Walker, 1993; Hillman et al., 1990) and may represent a new form of power which an assailant can use against the victims.

Male victims' problems may be exacerbated by the myth that all assailants must be homosexual and thus more likely to be HIV positive.

However, Osterholm et al. (1987) and Hillman et al. (1990) argue that the HIV testing is particularly necessary for male victims as they are more likely to sustain skin or mucosal damage than that noted when the victim is female, thus causing a greater likelihood of HIV transmission.

In concluding this section it would be an exercise in futility to attempt to determine whether males or females are affected more adversely by serious sexual assault. To our knowledge no study has compared the long-term reactions of sexual assault on males and females assaulted as adults. Although a study by Kimberley et al. (2002) reported that male sexual assault victims report significant more psychiatric symptoms than women (41% compared to 11% for females). However, the study does not state whether the victims were sexually assaulted as adults or children.

Yet, for the most part adult male rape victims display a wide range of psychological reactions which for the most part do not appear to be distinctly different from those reported by female rape victims. Exceptions include incidences related to a perceived loss of masculinity, concerns about sexual orientation and powerful feelings of guilt and shame. These reactions appear to be especially characteristic of men due to differential male and female socialisation. Nevertheless, as the studies reviewed indicate rape has pronounced deleterious effects on its victims, regardless of their gender.

Male Rape Myths

Male rape myths appear to be an oversimplification of the assault and give a stereotypical ideal of the victims and the assailants. To date most of the literature on myths about rape victims has focused exclusively on female victims. Commonly reported female rape myths are that the victim is assaulted by a stranger, at night and in a public place (Burt, 1988). Similarly the literature on

male rape is filled with examples of widely held beliefs about male rape. Probably the most commonly held male rape myth is that male rape only occurs in prison (Groth & Burgess, 1980). Other myths are that male rape is assailants are homosexual and that only homosexual men are raped (Hillman et al., 1991; Struckman-Johnson & Struckman–Johnson, 1992). There is also the belief that a real man would be able to fight off his assailants (Hillman, 1991) and that men do not require help to recover from an assault (Struckman-Johnson & Struckman-Johnson, 1992). Another set of myths focus on sexual arousal and include the belief that if a man becomes sexually aroused and ejaculates during the assault, it means he consented to the assault (McMullen, 1990).

The first empirical study on male rape myths was carried out by Struckman- Johnson & Struckman- Johnson (1992) who found that although most of the respondents did not agree with male rape myths nearly 30% believed a strong man could not be raped. A later study carried out by Kerr & Holden (1995) reported that 75% of their student sample and 100% of their non-student sample believed some of the male rape myths. Men were found to endorse a greater number of myths than women. More than a quarter of the respondents endorsed the myth that male rape was a homosexual offence and that it was sexually motivated. Following on from Kerr & Holden, (1995); Popkin et al., (1995) found a correlation between acceptance of male rape myths and the acceptance of female rape myths. They reported that this general rape myth acceptance was related to negative attitudes towards homosexuality and traditional sex role beliefs. Finally Donnelly & Kenyon (1996) found that commonly held beliefs among female rape crisis counsellors were that men could not be raped or that the victims were raped only because they wanted to be. Similarly Kassing & Prieto (2003) found that trainee rape crisis counsellors demonstrated the acceptance of rape myths and the willingness to make blame bases attributions to male rape victims. Their results showed that trainee male rape counsellors of both sexes thought a male rape victim who showed no resistance to his attacker should have done so.

Not all studies however, have reported high levels of myth endorsement. Perrott & Webber (1996) reported that 90% of respondents agreed that a man could be raped by another man. Similarly, Tewsbury & Adkins (1992) found in a sample of health care workers, a general rejection of all male rape myths.

At present there is not a theory to explain beliefs in male rape myths. However, one school of thought is that male rape beliefs are held due to false or stereotypical information about sexuality (Donnelly & Kenyon, 1996). Another view is that they originate in a high- order antisocial personality and attitudinal variables (Popkin et al. 1995). Further research on male rape myths is needed to provide an adequate explanation for their etiology.

Factors influencing the severity of response to rape

As mentioned in the previous section, rape victims are heterogeneous, so that not all suffer psychological trauma to the same degree. Some victims have relatively mild or short-term reactions whereas others are devastated by rape. Researchers have studied numerous variables in an attempt to identify those that may influence recovery. These include not only the victim's pre-assault functioning, but also aspects of the rape itself, the victim's relationship to the perpetrator and the availability of later social support. The impact of these variables on female rape victims will be reviewed below, as currently all of the published research on variables affecting recovery has been based on samples that consisted of only female rape victims.

Demographic variables

The role of such demographic variables as age, race, and socio-economic status in the extent of reactions and recovery from rape are somewhat uncertain at this time. Contradictory findings in this area of rape research are probably due the vastly different methodologies employed. Kilpatrick & Vernon (1984) and Kilpatrick et al. (1985) found that demographic variables had little effect on a female victim's responses to crime. However, several studies examining victim's ages have found poorer adjustment for older than for younger women (Burgess & Holstrom, 1974; Atkeson et al, 1982; Ruch & Chandler, 1983; Sales et al., 1984; Frank & Stewart, 1984; Maguire & Corbett, 1987). The difference between the younger and older female victims tends to be small, however, and two studies have failed to find any effects (Burnam et al; 1988; Williams & Holmes, 1981).

Williams and Holmes (1981) found that in their research the only significant variable was that of racial/ethnic group of the victim: Black, White and Mexican-American subjects showed markedly different patterns of response to the rape experience, across outcome measures. Although all victims suffered some negative effects of rape, Mexican American victims reported the most negative impact, Black victims the least. As a group the Mexican American differences compared to the other two groups where shown to have experienced the greatest degree of crisis, the most negative changes in their feelings about men, the most withdrawn pattern of functioning, and the highest number of health concerns. In a study in Hawaii, Ruch and Chandler (1980) found that Asian female victims suffered greater trauma than White victims.

Similarly Campbell et al. (2001) found ethnic minority women who experience acquaintance rape had poorer psychological adjustment.

However, Morelli, (1980) and Vogel & Marshall (2001) reported no ethnic difference in the recovery process. A reason why various ethnic groups respond differently as a result of sexual abuse may be due to them being even more reluctant than white victims to acknowledge their victimisation. This may be due to the strong believe in some cultures that being raped lowers a women's value and reflects negatively on her family (Allen, 1996). Consequently, if women do not receive the counselling or social support they need, their recovery process is impeded.

With regard to economic status, Burgess & Holstrom, (1978) reported that poorer female victims showed more symptoms four to six years after the assault. Similarly Atkeson et al. (1982) found that poorer victims reported more depressive symptoms one-year post rape. Acierno et al. (1999) found that women with a lower education were more at risk of developing PSTD following rape. These findings may be explained by the fact that women with lower economic status may be more prone to additional life stresses.

Prior psychological functioning

Several researchers have reported that prior psychological functioning influences recovery from rape. Ruch & Leon (1983) state that a history of depression requiring medication, suicide attempts, alcohol and drug abuse, correlate independently with a more severe response. Similarly Frank & Anderson (1987) reported that a prior diagnosis of a psychiatric disorder was a predictor of the victim's short- term response and recovery. As for longer-term effects, depression, suicidal history and sexual adjustment prior to the rape were found by Atkeson et al. (1982) to be related to depression scores at four months post- assault.

The relationship between prior stressful life events and the women victims' response to rape appears rather complex. Life stressors could, according to Sales et al (1984), have a facilitative, neutral and detrimental effect on recovery, depending on the nature of the stressor. Individuals with chronic patterns of distress over a long period of time require a longer period of recovery. Others whose stressors were temporary and more manageable seem to develop additional coping skills, which aid their recovery. Individuals who experience a major life stress seem to experience a numbing effect, which may ease recovery. Ruch et al. (1980, 1983) observed a curvilinear relationship between women's reported degree of trauma and the number of changes in life during the year prior to the assault. Ruch concludes that experience with some life stress may have an inoculating effect, but that too high a level of stress interferes with the development of coping methods after the assault.

Prior victimisation

The research on the effect of prior victimisation appears too inconsistent. Ellis et al. (1982) states that the prior adjustment of victims who have been raped tends to be worse than the adjustment of women who have never been raped. However they add that it is difficult to separate the long-term impact of prior sexual victimisation from the influence of prior adjustment difficulties. Burgess & Holstrom (1978) found that when the degree of recovery was examined four to six years post assault, 47% of those previously victimised did not yet feel recovered, compared with 14% who had not had such an experience. Zeitlin et al. (1993) found that re-traumatised women had greater difficulty identifying and describing their feelings, exhibiting a paucity of fantasy life, and demonstrated a tendency toward speech and thought closely tied to external events. Gidycz et al. (1993) found that women with a history of child or adolescent abuse exhibited poorer adjustment prior to their most recent adult sexual assault than did adult victims with no history.

In contrast, Frank & Anderson (1987) and McCahill et al. (1979) did not find a significant difference between single-incident victims and multiple-incident victims on measures of depression, anxiety or fear at one year post rape. Similarly, Ruch & Chandler (1983) found that women who had been sexually victimised in the past exhibited fewer disruptions in functioning post- assault. Sorenson et al. (1991) found that multiple rape victims were not more likely to be more psychologically maladjusted than a single incident victim. Gidycz et al. (1995) also failed to find psychological adjustment a significant predictor of previous victimisation.

The links between the victim-offender relationship and post-rape psychological symptoms have been examined in several studies and the findings are contradictory. Burgess & Holstrom (1979) found that victims of sudden attacks by strangers took longer to recover than did victims whose attacks were perpetrated by individuals whom they had previously assumed safe. This is consistent with the results of Ellis et al. (1981) and Thornhill (1990) who found that women attacked by strangers experienced higher levels of depression, fatigue, fearfulness and less pleasure from pleasant events, than women attacked by acquaintances.

However, other researchers have not found this to be the case. Kilpatrick et al. (1987) compared the impact of stranger, marital and acquaintance rapes and found no differences in mental health among the three groups. Similarly Katz (1991) found the prevalence of psychiatric diagnoses among women raped by acquaintances to be equal to that among women raped by strangers. Only one study found that victims raped by a casual acquaintance or relative stranger to be more severely maladjusted than those who were raped by friends, family members or total strangers. Such differences may be dependent up on individual samples and sampling techniques, however, Conte and Schuerman (1987) suggest that it may not be the degree of relationship between the individuals that effects symptomology, but the closeness of the relationship.

They suggest that assumptions about the closeness of individuals on the basis of actual relationship (e.g., friend, relative, and acquaintance) should not be made. It should be also noted that the inconsistencies in the literature may be due to other assault characteristics that are common to stranger or known offender assaults and are more closely related to symptomology.

Aspects of the rape situation

The use of a weapon was related to negative victim adjustment in one study (McCahill et al. 1979) but not in four other studies (Frank et al., 1980; Girelli et al., 1986; Ruch & Chandler 1980; Sales et al., 1984). Kilpatrick et al. (1989) and Sales et al. (1984) found that the threat of death was strongly associated initially with symptoms but diminished over time, although other studies failed to find this effect (Frank et al., 1980; Girelli et al., 1986; Ruch & Chandler 1983). With regard to the brutality of the attack, three studies found that the more brutal the attack, the more likely the victim was to experience long-term psychiatric difficulties (McCahill et al., 1979; Ellis et al., 1981; Norris & Feldman-Summers 1981; Acierno et al., 1999). Similarly, Kilpatrick et al. (1987) reported that victims who developed PTSD were more likely to have been seriously injured than those who did not develop PTSD but did not differ as to whether a weapon was present. However, Cluss et al. (1983) reported that a greater threat to the victim was associated with higher self-esteem.

Steketee et al. (1987) suggests that greater threat may produce less guilt about the rape, which may lead to lower loss of self-esteem. Sales et al. (1984) found the number of assailants significantly contributed to symptomology in victims but this was not found in other studies (Girelli et al., 1986 and Ruch & Chandler 1983).

Social Support

Finally, in examining the variables that may influence recovery from rape in women, it appears to be the consensus (even though there no standardised scales used in studies on rape) that victims who receive social support from friends and family show better adjustment than victims who lack such support (Norris & Feldman-Summers 1981; Ruch & Chandler 1983; Sales et al., 1984; Calhoun & Atkenson, 1991; Nolen- Hoeksema & Davies, 1999; Lepore, 2000). Additionally, Burgess & Holstrom (1978), in a study of 81 victims whom they interviewed 4-6 years post-rape, reported that with social support, 45% recovered within months and 20% felt they had not yet recovered; without social support, none recovered within months and 53% felt still not recovered. Only one study failed to find any positive effects of social support (Williams & Holmes 1981). However, Sales et al. (1984) notes the difficulties of measuring and interpreting how social support may affect victim reactions and recovery, because post-assault support may be confounded by the quality and quantity of pre-rape relationships.

It appears that an examination of individual assault variables has yielded mixed results. Nevertheless, some very general conclusions can be attempted. It appears that factors such as prior victimisation, recent life events, a lack of social support, severity of the rape and prior psychological difficulties have been found with some regularity to correlate with later psychological disturbance in studies of female rape victims. Not surprisingly, because the study of male victims is still in its infancy, to date no study has undertaken a systematic assessment of the relationship between variables associated with the assault and the long-term outcome for men.

Explaining the impact of rape

The available evidence suggests that adult male rape is traumatic and often produces long-term psychological effects in the survivor. Studies focusing on female rape victims suggest that the extent of the psychological trauma depends to some degree on a number of external factors discussed or described in the previous section. However, an individual's responses to trauma depends not only on the objective severity of the trauma but also on the subjective experience of what has happened, i.e. different individuals may have different responses to the same traumatic event (Hunter, 1993). Conceptual frameworks have been developed in order to further the understanding of the effects of rape upon its victims. However, for the most part these have been formulated with respect to females. The theoretical models outlined below provided a basis for the research presented in this thesis (Chapter 4).

PTSD is an anxiety disorder involving symptoms such as hyper-arousal, intrusive memories, emotional numbing, hyper-vigilance, and avoidance of situations that remind the individual of the traumatic event. Szuchman (2000) states that 31% of all rape victims develop PTSD during their lifetime, resulting in an estimated 3.8 million adult women in the United States with rape-related PTSD. The theory of post-traumatic stress disorder is just one of several models that have been put forward to explain the reactions of rape victims. Both Horowitz (1976) and Janoff-Bulman (1985,1989) focus on the cognitive aspects of the impact of various traumas, including sexual abuse.

It was Horowitz (1976) that originally proposed an information-processing theory within an analytic framework. According to Horowitz:

"stressful events i.e. trauma threaten individuals 'cognitive maps', which help them organise their perceptions and plan their next moves". (p.93)

This model suggests that PTSD is a consequence of an individual's inability to successfully integrate a traumatic event. This is because a trauma involves cognitive processing of information outside a person's normal experience and therefore cannot be processed by the available schema. The information remains in an unprocessed form, with denial and numbing strategies being employed in an attempt to keep the traumatic event from consciousness. However, the event continues to be re-experienced until the information is fully processed and integrated as part of the person's view of themselves. Horowitz, Wilner & Alvarez (1979) developed the Impact of Events Scale to measure two important elements of PTSD, event-related intrusions of thoughts and emotions and avoidance of event-related situations.

Unfortunately, few studies have formally investigated the long-term impact of sexual assault in terms of PTSD. As a result only a limited amount of information is available. As part of cross-sectional victimisation survey, Kilpatrick & Vernon (1984) administered the scale to rape victims, extending to three years post-rape, and found that most victims (88.9%) reported experiencing significant levels of both symptoms. Roth & Lebowitz (1988) carried out interviews on seven female rape victims and found that six women reported experiencing intrusion of vivid memories and feelings of the rape. Bownes (1991) assessed the psychological symptoms of 51 women who had been raped 6-36 months prior to the assessment. Among the most prevalent symptoms experienced by the victims were recurrent intrusive recollections (92%); recurrent dreams (88%) and avoidance behaviour (30%).

In an examination of the prevalence of PSTD, Rothbaum et al. (1992) found that in a sample of 64 rape victims, at six months post-assault 41% met the criteria for PSTD and 47% of the victims met the criteria nine months after the rape. The information- processing model has been very influential in forming the diagnostic criteria of PSTD, although it does not provide an understanding of individual differences in response to the same trauma. In recent years there has been renewed interest in information-processing models as an explanation for post-traumatic stress disorder resulting from trauma (McCann et al., 1988; Chemtob et al., 1989; Foa et al., 1989). However, discussion of these models is outside the scope of this thesis.

A prominent topic in the literature on PTSD is the impact that the traumatic events have on the victim's core beliefs. Focus has been on the shattering of pre-existing beliefs in the development of PTSD (Janoff-Bulman & Frieze, 1983; Roth & Lebowitz, 1988). Janoff-Bulman & Frieze (1983) argue that we hold a set of basic assumptions which allow us to perceive our world and ourselves as predictable, controllable and benign, and which enable us to function on a day to day basis. The traumatic event presents the individual with information, which is inconsistent with these assumptions. In particular, victims call into question core assumptions about the "benevolence of the world"; the "meaningfulness of the world" and the "worthiness of the self". As a result, their cognition's become "marked by threat, danger, insecurity and self questioning" (Janoff-Bulman & Frieze, 1983). The negative impact of the trauma will depend on the extent to which such assumptions are shattered, and/or the extent to which the individual is able to re-establish functional assumptions. Janoff-Bulman (1985) suggests that positive pre-existing beliefs which were rigidly held and which have previously been "unchallenged" will be more severely shattered.

She also argues that aspects of the trauma itself may predispose towards shattering, for example, if the assailant was known and trusted prior to the assault. Horowitz & Stinson (1994) have also postulated a role for pre-existing beliefs and a pre-existing tendency to avoid or control emotional states in the prolongation of psychopathology.

There has been little empirical work exploring the association between PTSD and negative core beliefs. However, Janoff-Bulman (1989) hypothesised that core beliefs would be likely to be affected by sexual abuse. She developed a self-report measure, the World Assumption Scale, for use in assessing individuals' assumptions about the world. In her 1989 study she found a significant difference between victims and non-victims in terms of their beliefs regarding self-worth, the benevolence of the world and their ability to control events.

The victim group was made up of individuals who had experienced one or more of six negative event, including rape. However, the direction of the effect depended on the gender of the respondent: male victims, compared to male non-victims, saw outcomes as due primarily to chance, believing that there was no way to make sense of a given event that happens to a particular person. Female victims, conversely, were less likely to perceive outcomes as randomly determined than were female non-victims. No investigation of associations between psychopathology and negative beliefs within the victim group was carried out. Significant correlation's between distorted beliefs and PTSD symptomology were found in a group of female sexual assault victims (Resnick et al. 1991) and these beliefs were found to distinguish between PTSD and no PTSD groups both two weeks and three months after the assault. Roth & Lebowitz (1988) reported that all seven of the women they interviewed experienced alterations in how they viewed their environment and organised their experiences. One woman stated:

"When the rape happened, I think it made me very distrustful of, and cynical of, the rules of life, male-female relationships, trusting other people, all the myths I'd had about control in a relationship were shattered". (p.95)

It would appear that a significant proportion of women victims continue to experience the symptoms of PTSD many months to years after the rape. These symptoms appear to result from the loss of illusions about the world (Janoff-Bulman, 1983) and the loss of previously held images of self (Horowitz, 1976). Both Horowitz and Janoff-Bulman suggest that the absence of social support may reduce the likelihood of successful integration of traumatic memories by depleting coping resources and reducing the opportunity to talk about and process the trauma.

Who provides treatment for male victims of rape?

Although rape is often a life-threatening assault that precipitates the victim into a state of trauma, there are only a few specialist services in Britain that claim specifically to address the needs of male rape victims. One organisation is "Survivors" which received 5138 calls in 2002 but due to lack of funds were only able to answer 301 of the calls. Calls are answered by male volunteers who themselves at some time in their lives have been raped and have dealt with their own experience sufficiently to be able to counsel others. Besides running a phone-line two nights a week, they provide face-to-face counselling and group meetings for victims based in London. There are also "Survivors" help-lines and counselling groups in Luton, Sheffield, Swindon, Leeds and Reading. In an attempt to address the lack of independent counsellors available Survivors has also created the National Register of Male Sexual Assault Counsellors. This initiative aims to provide details of counsellors around the country who have an understanding of the issues for men who have suffered sexual assault at any time in their lives (Appendix 11).

A second organisation is First Steps, which offers a help-line and counselling to men in the Leicester area. First Steps has recently created a network of approximately 30 help-lines and other survivor services covering the whole country. A third organisation is Mankind that at present only offers a recorded message that would appear to be of little use to a distressed victim needing support. A fourth organisation is the Male Rape Support Association providing a help-line, counselling sessions to men in Lancashire. M.R.S.A. are unique in the fact that counsellors will travel to the victim if they so wish. However, these organisations are under-funded and consequently under-publicised. An additional source of information and help-line numbers can be found on the Internet: however, the majority of the services available are in the USA and Australia. Yet for victims living in parts of the country where there are no services, the chances of obtaining face-to-face counselling are severely limited, especially if the victim is heterosexual. Nationally, counselling is available to homosexual men who contact their local Gay & Lesbian Switchboard. There are also several 'gay' organisations in London that also counsel homosexual victims. Nevertheless, Survivors (1992) estimated that 70% of victims are heterosexual, which suggests for many victims there is practically no access to counselling. There are in effect no widely available professional services and resources, to help male rape victims cope with their traumatic experience.

Rape Crisis Centres in the UK were set up in the 1970s to provide support services for female victims of men's sexual violence. However, with the change in UK law and the increase in male rape cases, pressure was placed on rape crisis centres to extend their services to men. A survey carried out by Gillespie (1989) before the change in the law reported that all 38 centres said they had a policy of referring male callers to appropriate agencies and survivor groups. Fifteen of the 38 centres said they left decisions about dealing with male rape victims to individual counsellors. Only two centres reported having set up separate services specifically for male clients.

Though a decade later more examples of Rape Crisis Centres can be found offering support to male rape victims (e.g. Dublin, Portsmouth, Birmingham and Chorley & South Ribble), the 'Survivors' organisation have repeatedly asserted that Rape Crisis Centres have been unhelpful and often hostile, to male survivors who had called the telephone help-lines for support.

In 2001, in a conference advertisement, 'Survivors' claimed that in the struggle to place male survivors' issues on the agenda, efforts to develop consistent joint working alliances with Rape Crisis Centres have been thwarted by funding structures, issues of mixed-gender services and political ideology regarding power dynamics. Researchers on male rape (Drs Mezey & King) stated in 1992 that Rape Crisis Centres 'regard rape as a manifestation of societal power, inequality and misogyny rather than the product of an individual pathology'. (1992:11)

'Victim Support', of which there is generally one branch in every town, has a policy of counselling male rape victims and is claimed by Mezey & King (1992) ' to have less of a political emphasis on their interpretation of rape... and they offered an immediacy, frequency and duration of support not provided by Rape Crisis Centres. However, Gillespie (1994) points out that the level of service provision offered by victim support to victims of rape and sexual assault varies regionally. Rogers (1999) also emphasises the problems facing the male rape victim and states:

"for the male rape victim access to services and treatment and care needs might be up to 30 years behind the initiatives for female rape victims". (p.3)

It would appear that the lack of services for the male rape victim is not just limited to the UK. In the US researchers have found a similar shortage of services. Donnelly & Kenyon (1996) carried out qualitative interviews with professionals working at sexual assault crisis centres and found that cases of male rape in the US are more numerous than statistics indicate.

However they reported that traditional gender stereotypes held by some health care professionals lead to a failure to recognise the victimisation of men and a lack of responsiveness to the male victim. This in turn lead to gaps in service provision, which prevented sexually assaulted men from getting the help they need. Another study conducted by Waliski (2002) examined the priority agencies in the USA give to community awareness and publicity of male sexual assault. Of the 600 agencies contacted, 269 returned the completed questionnaires. Figures show that between 1998 and 2000, 58,848 men contacted the agencies. Although, the majority of the agencies stated that they did offer services to male rape victims, they also said they had limited funding available to promote these services. Waliski reported that the majority of the men that contacted the agencies were white and had experienced sexual assault as children.

Lisak (1994) found that the male rape victims he interviewed reported numerous attempts to obtain help but most were thwarted by the disbelief of the potential helpers. The men expressed how alone and ignored they felt, as through they belonged to a non-existent group in society.

Research on a variety of traumatic and victimisation experiences indicate that those who receive social support show better adjustment than those who lack such support (Atkenson et al., 1982; Burgess & Holstrom, 1979; Ellis et al., 1983). However, whereas the majority of victims of non-sexual violence can expect sympathy and unconditional support from friends and family, victims of sexual assault, whatever their gender, experience far more ambivalence. They are often aware of others' curiosity being intrusive and voyeuristic rather than helpful (Mezey & King, 1992). Hopkins & Thompson (1984) referred to rape as an 'invisible' or psychological loss, and view it as producing grief-like reactions in victims.

However, Hopkins & Thompson point out that social response to many forms of loss are often absent so that grief following rape, stillbirth, miscarriage, abortion, suicide and AIDS-related deaths is often difficult for other people to accept and to provide support, in the way they might following a spouse or child bereavement.

Medical treatment is available to victims either from their general practitioner, or hospital casualty departments, or from STD and genito-urinary clinics. Hillman et al. (1991) states that the policy of the latter is to provide psychological counselling and at a later stage HIV testing and counselling. Research suggests, however, that many victims who seek medical treatment will only report non-genital injuries even though they may have suffered severe rectal injuries (Kaufman et al. 1980).

This is borne out by the study of Hillman et al. (1991) who reported that out of 100 victims who contacted 'Survivors' during September 1990, only 17 had sought medical treatment, 12 from their GPs and five from STD clinics, even though the majority felt that they were in need of treatment for varying degrees of genital trauma. Only five victims reported to the health care professionals that they had been raped. Myers (1989) suggests that one reason why a victim is unwilling to disclose the fact that he has been raped is that he is "in denial" and has dissociated himself from the abusive experience, denial being a response which protects a victim from facing an intolerable situation. Myers states that in clinical practice it is common for clients to "forget" to mention that they have been raped and adds that one client "remembered" the fact during his 23rd visit. Many men may keep silent because of deeply entrenched attitudes about appropriate social and sexual roles (Miller 1983).

According to Groth & Burgess (1980) and Kruegar (1985), male victims are often too embarrassed and humiliated to admit they were overpowered or made helpless by another person; they may also blame themselves for not being strong or manly enough to defend themselves or they may fear being labelled a homosexual. This view is supported by the research of Huckle (1995) who reported that the majority (15 out of 22) male rape victims referred to a Forensic Psychiatric Department had actively avoided telling family and friends of their experience. Huckle stated that during their assessment interviews the men welcomed the opportunity to tell 'their story' for the first time, even though the time between the rape and presentation ranged from 1-43 years (mean length of time 6 yrs). It is apparent that there is a serious need for more agencies in Britain that specifically addresses the needs of male rape victims.

Of course, male victims can seek private psychotherapy or behavioural treatments. Although a number of techniques have been shown to be useful in treating many cognitive, behavioural and sexual problems regardless of etiology the efficacy of such treatments for male survivors of sexual assault has yet to be tested. Controlled assessment of the various treatment options is needed. King (1995) proposed that most men would benefit from counselling soon after the event. He suggested that in the acute stage it would be helpful if the victim could be given time to consider the assault in a sensitive and supportive environment. During this time inappropriate feelings about the assault should be addressed, particularly those of guilt and blame.

As previously stated, genito-urinary departments are in the position to offer medical as well as initial and/or crisis intervention to male rape victims. However, at present even though clinical evidence suggests that up to one in seven men who pass through a genito-urinary clinic may have been assaulted previously, the majority never mention the assault (Keane et al. 1995).

Therefore the genito-urinary service needs to bear this in mind and maintain a high level of suspicion for sexual assault. Keane suggests that ideally GUM departments would offer an appointment-based service, with a doctor of the gender of the victim's choice, with all members of the department trained to deal sensitively and efficiently with sexual assault victims. To date no research has demonstrated the superiority of crisis intervention over simple support or no treatment in preventing long term psychological disorder in females. However, Burgess & Holmstrom (1979) and Mezey & Taylor (1988) reported that the majority of female rape victims who received immediate support and on-going counselling lose their acute symptoms within one year of the rape.

Similarly, Perl et al. (1985) reported that of 17 female victims, most improved as a result of crisis intervention. Even though no systematic controlled research has been undertaken to demonstrate the efficacy of crisis intervention perhaps if males and females had an equal right to care and concern after the assault, the long-term psychological reactions reported by Mezey & King, (1989); Myers, (1989); Walker, (1993), and Huckle (1995) may be prevented for the majority of male victims.

For those victims who may need treatment for long term psychological problems, it is unlikely that any single therapeutic approach will capture the range of problems presented by the male survivor. Hence Bolton et al. (1989) and Morris (1990) both proposed a multidimensional approach to evaluating and treating male victims of sexual assault. In practice this could involve a combination of education, mutual help groups, group therapy, individual therapy cognitive and behavioural techniques. It is suggested that groups may encourage self-acceptance and acknowledgement of the sexual assault through the client's recognition of commonalties in their experience with others.

However, as individuals have greatly varying needs, group programs perhaps should be supplemented with individual therapy (Calderwood, 1987). It appears that behavioural therapy techniques such as biofeedback, negative practice, relaxation training, systematic desensitisation, cognitive behaviour therapy and stress inoculation may be useful in treating female rape victims.

As most evidence suggests that male rape victims experience very similar responses to those of females, it is therefore likely that therapeutic techniques that benefit women will be equally helpful in treating men. However, currently no type of therapy has been demonstrated to be clearly superior to any other in the treatment of adult rape victims. The preferred gender of therapist's remains an unresolved issue. Male victims of sexual assault are often described as mistrusting adult men and therefore it has been suggested that females may be more appropriate workers with these victims (Frosh, 1988).

However, given the likelihood of victims reporting a perceived loss of masculinity and/or confusion about their sexual orientation, others have argued for an exclusively male treatment approach, focusing on the clarification of sexual confusion, positive identification with the masculine gender and development of the ability to sustain intimate relationships (Dimmock, 1988).

Unfortunately researchers are faced with several problems when doing research in the area of rape reaction and victim treatment. Ellis et al. (1983) emphasised three such problems: [i] There are relatively small numbers of individuals who are willing to participate in treatment studies and dropout rates are high, thus inhibiting the use of sophisticated statistical techniques. [ii] There is a problem with the possibility of bias introduced by victim's awareness of the purpose of the study.

This awareness may bias who volunteers for research, what symptoms the victim reports, how fast they recover and how they respond to treatment. Ideally, victims' reactions would be assessed surreptitiously by random sampling of symptomology among a large group of 'normal' individuals. Such a study may be prohibitively large in scope and may turn up few actual victims. [iii] There is the difficulty of over-determination of the victims' reactions to the assault. Victims are heterogeneous and differ greatly in many ways (i.e. age, social class, and psychological adjustment prior to rape, type of assault, reactions to the assault). Therefore as the examination of individual assault variables has often produced conflicting results perhaps advances in statistical methods may help in establishing the characteristics that are most strongly related to negative adjustment. The methodological problems facing researchers are similar whether the research sample is male or female.

However males appear more reluctant to come forward and participate in research in which they are required to discuss a perceived weakness, vulnerability and a prior sexual assault committed by a member of the same sex. Men's reluctance to come forward is probably understandable as currently we live in a society that expects men to be self-sufficient physically and psychologically. Hence there is a great deal of stigma and suspicion surrounding male sexual assault. A better understanding of male rape is needed in order to establish which treatment is the most effective with which kinds of problems, and at what stage in the recovery point. Given the limited amount of research that has addressed the long-term psychological effects of adult male rape, there are numerous directions for future research. Therefore, the present thesis aims to provide a clearer understanding of what male rape is and examine the long-term psychological effect it has on the victims. Chapter 3 attempts to examine the nature and circumstances of male rape and the long-term psychological reactions of the victims are described.

This study also examines whether adult male rape victims differ in their psychological adjustment to other men and attempts to investigate the relationship (if any) between abuse characteristics and measures of psychological functioning (Chapter 4).

Conclusion

A review of the available evidence suggests that males experience a rape trauma syndrome similar to that of the female victim. Differences are described in terms of crisis relating to a perceived loss of masculinity and/or confusion about sexual orientation. The prevalence of male rape in a non-institutional setting is difficult to determine with any precision, as men in general do not disclose such experiences for a variety of reasons.

Provision has now been made within the UK legal system to recognise the existence of male rape. It would appear that if men do come forward, the male victim still does not have adequate support; he has few identified resources for psychological, medical and social needs, and no assurance that his request for help will be taken seriously (Cotton, 1980).

As with any subject about which little dependable information has accumulated, a number of popular beliefs and assumptions have developed to account for or explain the event. This is true of male rape. For example, since the victim is the same sex as the offender it is commonly assumed that heterosexual men are the targets and the perpetrators are of homosexual orientation and that sex is the primary motivation. However from the little available evidence these popular beliefs appear to be misconceptions. Evidence suggests that male rape victims are not differentiated on the basis of sexual orientation, and that the perpetrators may be gay or straight, strangers or acquaintances. The most common type of assault appears to be anal penetration, although assaults may include a wide range of other acts as well.

The motivation of men who rape is also subject to some debate. In some instances sex may be the primary motivation; however the rather meagre available research tends to support the contentions of Groth & Burgess (1980) who holds the opinion that rape is a sexual expression of aggression and serves a variety of aims in the psychology of the offender simultaneously.

However due to the lack of study and information available in this area little has been done to dispel the myths surrounding male rape and reduce the stigma experienced by the majority of victims following the assault. Consequently, the majority are unwilling to report their assaults and feel condemned to bear the burden of their victimisation alone and suffer in silence. Therefore there is an urgent need for further research which will attempt to examine fully all aspects of the long-term psychological impact of adult male rape.

The literature reviewed in this chapter all suggest that men suffer long lasting psychological effects as a result of being raped. However, none of the studies have included comparisons or control groups. Therefore, because of the complexities involved in the sexual abuse of adult males, it would be beneficial that studies designed with both a group of non-abused controls and an abused comparison group. In this way researchers can identify unique characteristics associated with being part of a adult male rape group. The literature review also includes research that has studied numerous variables in an attempt to identify which may influence recovery in female rape victims. No studies to date have attempted to address these types of factors to understanding the rape of adult males. Therefore, in attempt to rectify this deficiency in the empirical research focusing on adult male rape, the present study aims to address the above issues.

CHAPTER 2

A STUDY OF MALE RAPE SURVIVORS

As illustrated in the literature review, there is a shortage of clinical and research literature on the psychological effects of male rape on the victim. The evidence available suggests that sexual assault of men by men appears to have similarities to the assault of female rape victims, in terms of assault characteristics and subsequent psychological sequalae. However, the reports of the psychological effects of male rape are usually based on small clinical samples with poor sampling techniques and are therefore mainly speculative (Vearnals & Campbell, 2001). For example Mezey & King, (1989); Myers, (1989); Walker, (1993) and Huckle, (1995) all used small samples, no control group and no statistical analysis of their data. With the exception of Mezey & King (1989), the other studies used samples of men who had been referred for counselling and hence may over-represent men with more severe psychological problems.

Aims

Therefore, as the study of adult male rape is still in its infancy, and in the absence of similar studies, the aims of present study are to investigate:

1) The nature and circumstances of such assaults.

2) To determine whether men who have been raped as adults differ significantly in their psychological adjustment from other men and the role, if any, played by variables characterising the assaults.

The criteria used to define 'male rape' in this study is the lack of consent on the part of an adult male to anal penetration by another adult male. In order to participate in this research, respondents had to have been raped at the age of sixteen or beyond.

Methods

Access to participants

Originally it was my intention to secure respondents via 'Survivors', a charitable organisation which offers counselling and support to victims of 'male rape'. Survivors were initially contacted when I was carrying out my third year undergraduate project (Walker, 1993) and with their co-operation I managed to secure a sample of twenty-one respondents. Regarding the present study the same counsellors were contacted and the nature of the research discussed. Counsellors who expressed their support were sent questionnaires along with letters of introduction, to distribute to any men attending their counselling and support groups who were willing to participate in the study.

I was aware that the study may have been criticised for using respondents who have presented to counselling and support services as they may tend to over represent more psychologically damaged individuals and perhaps exclude those with particular coping strategies (notably denial). However there were several reasons for starting here: one is that research on female rape victims using victim services has yielded useful findings; secondly, due to the delicate nature of the research, it may be more difficult to persuade men from the general population who have been raped to come forward. Thirdly, I concluded that talking about such sensitive issues was likely to arouse strong emotions and therefore the man should be in a supportive environment if possible.

Finally, the researcher would have no direct contact with the respondents, thus protecting their anonymity. After a period of two months no completed questionnaires had been returned, and I tried to contact 'Survivors'. However after numerous attempts, I could not find anyone willing to talk to me. I eventually found out from another source that they had decided not to get involved in any more research projects after their involvement in the making of a Channel 4 documentary on 'male rape' (Dispatches Survey, 1995).

After this initial setback, I then decided to contact departments of genitourinary medicine after reading research findings suggesting that one in seven men who pass through a genitourinary clinic may have been previously sexually assaulted (Keane et al. 1995). I sent a letter outlining my research and requesting help in finding respondents to 235 GUM departments, 45 HIV and sexual health clinics, 30 gay and bisexual men's health groups. I also include a copy of the questionnaires to be used in the study and a poster which I asked to be displayed in an appropriate place (Appendix 1). I asked them to consider my request and inform me of the decision either by phone, e-mail or by letter (a prepaid envelope was included). From the 300 requests I sent out I received 22 responses. Only five agreed to display a poster and a further five said I had to apply to an ethics committee for approval. In each instance I completed the appropriate documentation and one year later I was awaiting replies.

From the five departments who did display posters I only received two completed questionnaires.

The reasons put forward by the 12 departments who took the time to say they were unwilling to take part in the study ranged from "we rarely ever see male rape victims"; "we do not have many homosexual clients"; " we have not got the time or the expertise to get involved": "we do not have the resources to offer adequate support to men who may experience distress after filling out a questionnaire"; "the men in the support group are generally too fragile to participate"; "asking group members to participate would cause them distress." I also contacted two rape crisis centres that I knew offered counselling to victims of male rape and several branches of victim support, however their responses were identical to those previously mentioned.

Although I initially expected it to be difficult to find enough respondents to make the study feasible I soon began to realise that I had been rather naive to think that if I was determined enough I could overcome any problems I may encounter.

The only option left was to place advertisements in local and national newspapers, and magazines, and on a sexual abuse survivor's page on the Internet (Appendix 2). However because I had no funding for the research I had to rely on publications that were willing to publish my appeal for volunteers for free. I contacted 50 local and national newspapers, three gay magazines, three men's magazines, the Big Issue and Loot (a free ads paper). The Daily Telegraph was the only national newspaper willing to publish my appeal.

The other national newspapers and the men's magazines suggested I placed a paid advertisement in the classified sections: however I did not have the funds to so. Several local newspapers published my appeal for volunteers, as did the Big Issue and Loot.

From the previously mentioned sources, I received 52 telephone calls from men requesting questionnaires. On receiving a phone call I would discuss the research with the caller and then ask them if they were willing to fill in a descriptive questionnaire about their rape experience and four self report questionnaires designed to assess their current psychological functioning. If they were willing to participate in the study questionnaires were posted to the respondents' home address, along with a letter outlining the study and a set of instructions on how to answer the questions. Each respondent was assured complete confidentiality and told that the information gained would only be used for the purpose of the study. A prepaid envelope was included to return the completed questionnaires. The return rate was 73% (38 out of 52 questionnaires were returned), in all, 40 participants (including two contacted via a GUM clinic; five via The Daily Telegraph; six via gay magazines and 27 via Loot and The Big Issue) were included in the sample of male rape victims. Originally the anticipated sample size was 50 victims and 50 non-victims. However, after trying extremely hard for a period of 11 months to find the victim sample, I had to accept that it was highly unlikely that I was going to find more than 40 male rape victims.

A control group matched on age, sexual orientation, education and employment status were recruited by a variety of means including gay clubs, through contacts in the workplace and at university. None of the control group had a prior history of sexual assault.

Table 2.1 shows the demographic characteristics of the victim and the control groups, to indicate their degree of match. The control group was well matched on age, sexual orientation, education and employment status. The groups did not significantly differ on any demographic characteristics. For example rape victims had a mean age of 34.23 (range = 19-75), and the control had a mean age of 35.20 (range = 20-72).

More than half of the rape victims identified themselves as homosexual or bisexual, the majority had academic qualifications, were employed or students and were not currently in a relationship.

There was not a question asking victims how many occasions they had been raped. However, fifteen- percent (6) reported being raped on more than one occasion (however they reported describing the most recent rape for the study) and 7.5% (3) reported experiencing childhood sexual abuse. All of the subjects that participated in the study were white.

The sample used in this study cannot be said to be representative of the whole population of male rape victims in the community. Over 60% of the sample identified themselves as homosexual or bisexual men. It could be suggested that a selection bias arose because I advertised in the gay press, yet I only received six completed questionnaires from those sources. It further could be suggested that the sample is biased in the direction of respondents who answered a media advertisement and therefore may be prone to attention-seeking behaviour. However, five respondents reported that I was the only person they had ever spoken to about the rape. Another 19 stated that they had waited years before telling anyone they had been raped. Given these statistics, it seems unlikely that male rape is a subject that attracts attention-seeking individuals. With the exception of one man for whom being raped appeared to be a fantasy and not a reality, it would appear that the men volunteered for the study in an attempt to exorcise a few of their own demons. The men also hoped that their co-operation might help raise public and professional awareness, which in turn may lead to increased and improved services being available to male rape victims.

Table 2.1

Demographic characteristics of 40 rape victims and 40 control participants.

Characteristics	Rape Victim N	%	Control Participants N	%
Age in years	Range 19 -75 Mean = 34.2 Std Dev 10.7		Range 20 -72 Mean = 35.2 Std Dev 10.9	
Ethnicity				
White	40	100	40	100
Sexual Orientation				
Heterosexual	13	32	14	35
Homosexual	21	53	21	52
Bisexual	4	10	5	13
Asexual	2	5	0	0
Educational level				
No qualifications	7	17	5	12
O&A Levels	17	42	18	45
Degree	11	28	13	33
Postgraduate	5	12	4	10
Employment status				
Unemployed	14	35	12	30
Student	3	7	6	15
Unskilled	1	3	1	3
Semiskilled	6	15	6	15
Skilled professional	5	12	5	12
Professional	11	28	10	25
Relationship status				
In a heterosexual relationship	7	17	8	20
In a homosexual relationship	9	23	13	32
Not in a relationship	24	60	19	48

= N 40 (Victims; Non victims = 40)

I recognise the inherent danger of advertising in newspapers and magazines for both the participants and the researcher. I was asking men to relive painful experiences that are of an extremely personal nature. Yet I was not able to provide them with professional counselling. I could only listen and advise them of the help available.

As a researcher I also felt rather apprehensive every time I answered the telephone (which was in my own home), as I had been warned to expect a high number of hoax or dubious phone calls due to the nature of the research. Thankfully to my knowledge I only received two such calls, both from the same person. Although I cannot be 100% certain, I felt the vast majority of respondents were genuinely victims of male rape due to the emotion they expressed when talking about their assault.

Obviously it would have been better for all concerned if I had been able to recruit the research sample from counselling groups, men's health groups or genitourinary and sexual health clinics rather than advertising in newspapers and magazines. However, after their general unwillingness even to acknowledge my request for help in locating men willing to participate in the study, I would tend to agree with Etherington (1995) who stated:

"The 'gatekeepers' seem to guard access to men with what seems like a belief that men must not be disturbed emotionally; that they may not cope."

Measures

Male Rape Questionnaire.

From a variety of past literature (e.g. Kaufman et al., 1980; Mezey & King, 1989) a background questionnaire was constructed by the author to determine the effects of sexual assault on men (Table 2.2).

Each participant was asked to complete a copy of the questionnaire covering demographic information, circumstances and nature of the assault, help seeking, perceived attitudes of the police and health care professionals, and reactions in the long term. Questions were also included concerning the respondent's psychiatric history, including psychological treatment sought prior to and since the assault, psychotropic medication and suicidality. The questionnaire was semi-structured but with enough space for additional comment. The majority of the additional comments supplied by the victims are presented in the form of quotes, under the appropriate headings in Chapter 3. The analysis of the questionnaire took the form of descriptive analysis based on percentages.

Content analysis was performed on the 16 open-ended questions Responses to each question were allocated to various categories by the author. Following the authors' initial categorisation of all the responses to the 16 open-ended questions a second rater (Director of Studies, Professor John Archer) categorised all the data to provide an indication of the reliability of the author's categorisation. The inter-rater agreement between the two raters was examined. In 14 of the open-ended questions there was 100% agreement between the two raters. With regard to the remaining two questions there was a 99% agreement between the two raters.

After a further examination of these two questions there was a 100% agreement between the raters. This would correspond to Cohen's Kappa of 1.00 or very near to this. A list of the open-ended questions are shown Appendix 3. Tables showing responses to open-ended questions that are not presented in Chapter 3 are shown in Appendix 4.

A shorter version of the questionnaire had been previously used in an undergraduate study (Walker, 1993). The questionnaire was then extended for use in this present study. Additional information supplied by the participant in the undergraduate study was examined and additional questions based on this information were constructed.

Table 2.2 Male rape questionnaire

1	How old are you?
2	How would you describe your ethnic origin? a)Afro-Caribbean b)Asian c)Oriental d)White e)Mixed Race f) Other .....
3	How would you describe your sexual orientation? a) Heterosexual b) Homosexual c) Bisexual d)Asexual
4	What is your relationship status? a)In a heterosexual relationship b)In a homosexual relationship c)Currently not in a relationship
5	What is your occupation? a) Unemployed b) Student c) Unskilled d)Semiskilled e)Skilled managerial f).Professional
6	What is your level of education? a) No academic qualifications b) O or A Levels c) Degree d) Post-graduate
7	How old were you when the sexual assault(s) took place? .....
8	Where did the assault(s) take place? a)Own home b) Assailants home c)Vehicle d)College/ University e)Street f)Other place (please specify).....
9	How would you describe the type of threat used in the assault(s) a)No threat b)Intimidation c)Moderate physical force (push, grab, etc) d)Threatened violent physical force (beat up) e)Threatened with a weapon
10	Did the assailant(s) actually use a) No force b)Physical force (push, grab, etc) c) Violent physical force-slap (e.g. punch, kick, beat up d)Weapon (please specify) ..... e)Other (please specify) .....
11	Was any other crime committed in addition to the sexual assault? (e.g. robbery,etc) Yes/No
12	Did you experience any physical injuries during the attack? Yes/No
13	Was the possibility of HIV infection used as a threat by the assailant? Yes/No

14	Was the sexual assault(s) carried out by :-a) One person b) More than one person
15	Was the offender :- a)A male family member b)A brief acquaintance c)A well established acquaintance d) A lover or ex lover e) A person in a position of trust or authority (please specify) ..... f) A stranger g) Other (please specify) .....
16	What was the approximate age of the assailant(s)? .....
17	How would you describe the sexual act(s) that occurred during the offence(s) ? a)Victim was anally penetrated b)Victim was orally penetrated c) Victim was both orally & anally penetrated d)Victim was masturbated e)Victim was penetrated with objects f) Victim had sadomasochistic practices carried out on them g)Victims were forced to perform oral and / or anal intercourse on their assailants e)Victims forced to masturbate and / or penetrate assailants with objects f) Other (please specify) ..... What was the approximate age of the assailant(s)? .....
18	How would you describe the sexuality of the offender? a) Heterosexual b) Homosexual c) Bisexual d) Not sure. On what basis did you reach this judgement?..... ..
19	What do you believe made the assailant (s) do what they did? a) their need for sexual gratification. b) their need for power and control over another individual. c) assailant was mentally ill. d) racial issues e) Other reasons (please specify)
20	What types of remarks were made by the assailant(s) during the assault to you or to each other (if their was more than one)? .....
21	What did the assailant(s) do or say to you after the assault was finished? How did he/ they leave you? .....
22	What time of day did the sexual assault occur? Weekday 7am. - 12 mid-night. ..... 12 midnight to 7am. ..... Weekend 7am - 12 mid-night. ..... 12 mid-night to 7am. .....
23	Were you able to fight back during the assault? Yes/No
24	Did you react to the personal threat of sexual assault with frozen helplessness and passive submission? Yes/No
25	Did you at any time during the assault fear for your life? Yes/No
26	Did you express considerable anger at having been sexually assaulted and did you fantasise or plan retaliation against your assailant? Yes/No If so, what was the nature of this fantasy?
27	Which would you describe as more damaging? a) The sense of helplessness and loss of control during the assault. b) The sexual aspect of the encounter.

28	Which of the following alternatives best describes your reactions in the hours and days following the assault :- a) "Expressive Style" (i.e. crying, sobbing, smiling, restlessness, unable to carry on as usual) b)"Controlled Style" (i.e. calm, composed, subdued, trying to carry on as usual)	
29	How long was it before you told anyone of the sexual assault? Hours b) Months c) Years (if years how many ?)	
30	Who was the first person you told about what had happened? ..... What was their reaction?	
31	What help and support did you receive from that person?	
32	You may have experienced negative reactions from some people. Can you say something about what types of statements were made, and your reactions to them?	
33	Did you report the sexual assault to the police?	Yes/ No
34	If you did report the sexual assault to the police, did you regret doing so?	Yes/No
35	What was the attitude of the police?	
36	If you did report the sexual assault to the police, what was the outcome for the offender?	
37	If you had to give any testimony in court, how were you treated and how did you feel?	
38	If you did not report the sexual assault to the police was it because of :- a) Societal beliefs that a man is expected to be able to defend himself against sexual assault. b)You were afraid that your sexuality may have become suspect. c)Telling is distressing and it is embarrassing to have to tell someone you have been sexually assaulted. d)Shock. e) Fear f)Fear of being stigmatised g)Self blame. h)Other reason (please specify)	
39	Did you go for any medical treatment after the assault?	Yes/ No
40	What facility did you go to ? a)GP b)Hospital c)Genito-urinary Clinic d).Other (please specify)	
41	What were the attitudes of the medical staff ?	
	Below are a number of <u>long term reactions</u> that individuals who have experienced sexual assault may experience. Please indicate your personal experiences by either circling Yes or No.	
42	I experienced an increased sense of vulnerability. Yes/No	
43	I experienced increased anger and irritability.	Yes/No
44	I experienced a long-term crisis with my sexual identity.	Yes/No
45	I experienced a loss of my self respect and damage to my self image.	Yes/No
46	I experienced feelings of emotional distancing	Yes/No
47	I have low self-esteem.	Yes/No
48	I have experienced feelings of anxiety.	Yes/No
49	I experienced feelings of depression.	Yes/No
50	I engaged in self mutilation and self destructive behaviour.	Yes/No

51	I found my self thinking frequently about suicide.	Yes/No
52	I made an attempt at committing suicide. (please specify how)	Yes/No
53	I substantially increased my intake of : Food Alcohol Drugs Tobacco	Yes/No Yes/No Yes/No Yes/No
54	I experienced flashbacks to the sexual assault.	Yes/No
55	I experienced intrusive thoughts about the sexual assault.	Yes/No
56	I became hyper vigilant and more security conscious.	Yes/No
57	I withdrew from my friends and family.	Yes/No
58	I feared being alone with another man.	Yes/No
59	I experienced impaired task performance due to my inability to concentrate.	Yes/No
60	I experienced feelings of guilt and blame for not being able to prevent the assault.	Yes/No
61	Since the assault have you experienced any insecurity regarding your sexual orientation? If you have please could you share with me your concerns.	
62	Due to the way males are socialised it is suggested that a male rape victim may assume he is "less of a man " due to his inability to protect himself and to his experience in a helpless victimised role. Did the sexual abuse you experienced pose a threat to your sense of masculinity? If so, please could you share some of your feeling with me.	
63	Have you sought any psychological treatment at any stage after the assault, and in direct connection with the assault? Yes/No (If yes please specify what treatment you received and if it was beneficial to you)	
	If you answered yes to **No 63**,	
64a	What issues did you deal with in counselling?	
64b	What were the attitudes of the counselling staff?	
64c	What, if anything, do you think was most helpful about the psychological treatment? a) Being told it was not my fault. b) Having someone to talk to and to listen to me. c) Someone expressing care and concern. d) Other	
64d	What, if anything, do you think was the least helpful about the psychological treatment? a) The therapist did not help me to deal with the assault issues effectively. b) The silence of the therapist. c) Other	
65	Were you prescribed any medication to help you deal with the assault? Yes/No (If yes please specify what medication you received)	
66	Had you sought psychological treatment prior to the assault? Yes/ No (If yes, were you prescribed medication to help you deal with the problem) Yes/No	
67	Do you feel the sexual assault had a lasting and detrimental affect on your life? Yes/No (If yes please specify)	
68	For you personally, what would you describe as the main long term effects of being sexually assaulted?	

69	To what degree do you think you have recovered from the assault? 1 2 3 4 Not at all Somewhat Mostly Completely
70	Ideally, what services and support systems would you like to be available to the male rape victim? .....
71	Are there any issues about the assault and/ or the long term impact on the victim which I did not ask about but you think I ought to be aware of? (please specify) ....
72	Is there anything else that you would like to share with me about the assault? .....
73	If you were to offer advice to the police and others in the helping profession on how to help men who have been raped what would your advice be? a) Believe the victim and listen b) Offer male victims the same support as female victims c) Develop empathy, understanding and gentleness d) More publicity and acknowledgement that men can be rape victims e) Do not blame the victim f) Work to eliminate homophobia g) Recognise and be on the alert for male rape h) Other (please specify) .....
74	Did the fact you knew the researcher was female make it easier for you to participate this study? a) much easier, explain ..... b)a little easier, explain ..... c) about the same, explain ..... d) a little more difficult, explain ..... e) much more difficult, explain ..... f) other, explain .....
75	While I really appreciate your help with this study, why did you think it was worth participating in the research? .....
76	Would you be willing to take part in a face to face interview with me at a later date (probably the end of 1997 or early 1998). Yes/No If your answer is Yes, I will keep your name and address on file.If your answer is No, I will destroy your name and address.

Self Report Questionnaires

A battery of established self-report questionnaires were used as an indirect way of examining the impact on the victims. The same measures, with the exception of the Impact of Events Scale, were administered to a matched control group of non-victims to provide a norm against which to compare victims.

As the impact of severe forms of violence is a highly stressful situation, scales that examine this type of stressor were selected. Existing literature on criminal victimisation suggests that individuals commonly experience somatic symptoms, depression and anxiety, social dysfunction and post-traumatic stress disorder (Horowitz, 1982; Janoff-Bulman & Frieze, 1983). It was therefore decided to use the General Health Questionnaire (Goldberg, 1981) to provide data on important aspects of the victims' psychological functioning (Appendix 5).

The General Health Questionnaire (GHQ 28, Goldberg, 1981) consists of four seven question scales produced by factor analysis from the 60 item GHQ which was designed to be a self-report screening test aimed at detecting psychiatric disorders among respondents in community settings. The GHQ 28 comprises of four sub-scales: A (somatic symptoms), B (anxiety), C (social dysfunction), and D (severe depression). Items are scored by a Likert method, where each item has a range of 0-3, the maximum overall score being 84 high scores representing greater distress. Respondents to the GHQ-28 were presented with a list of medical symptoms and asked to indicate how their health has been in general over the past few weeks. For each, respondents were requested to underline a response ranging from 'Better than usual' to 'Much worse than usual' which they think most nearly applies to them. The Cronbach's alpha reliability coefficients for the present sample were over .85 for all of the sub-scales, (somatic symptoms .90; anxiety .94; social dysfunction .91; severe depression .97).

According to Janoff-Bulman's (1983) theoretical perspective, much of the psychological distress experienced by victims derives from the shattering of very basic assumptions they hold about themselves and the world. It was therefore appropriate to use the World Assumption Scale to compare basic assumptions of victims and non- victims.

The World Assumption Scale (WAS) was developed by Janoff-Bulman (1989) in order to assess individuals' beliefs and attributions about the world (Appendix 6). The WAS comprises of three categories of assumptions: perceived benevolence of the world; meaningfulness of the world; and worthiness of the self. These are further divided into particular assumptions, which resulted in eight sub-scales; each based on four statements. The letters preceding each item (BW, BP, J, C, R, SW, SC, L) indicate the particular assumption represented by each: the benevolence of the world (BW), the benevolence of people (BP), justice (J), controllability (C), randomness (R), self-worth (SW), self- controllability (SC), and luck (L). Respondents are asked to rate on a 6- point Likert scale from 'strongly disagree' to 'strongly agree' which response best reflects their agreement or disagreement with the 32 questions in the World Assumption Scale. Alpha coefficients for the sample ranged from .40 to. 83 on the subclass. The scales that had the lowest alphas were randomness (.40), justice (.58) and self- control (.69). Although caution should be expressed when interpreting the results of the scales with low Alphas. One should bear in mind that Alpha coefficients are commonly low for scales made up of four or less statements.

To measure trauma symptomology, the Impact of Events Scale (IES: Horowitz, Wilner & Alvarez, 1979) was used, as previously it had been used extensively in research on Post-Traumatic Stress adjustment of rape victims (Kilpatrick & Vernon, 1984). This is a 15-item self- report instrument (Appendix 7) used to measure two key elements of Post-Traumatic Stress Disorder (PTSD): event-related intrusion (intrusively experienced ideas, images, feelings or dreams) and event-related avoidance (consciously recognised avoidance of certain ideas, feelings or situations). For the present sample, the reliability of the sub-scales, using Cronbach's alpha was .87 and .84 respectively. Respondents were asked to indicate the frequency with which they have been troubled in the past week by the painful thoughts and emotions associated with the traumatic event.

The IES is scored by the respondent assigning a value of 0-5 to each item for a frequency response of 'not at all' to 'often'. The IES was not used to compare scores of rape victims with the non-victim control group because the scales refer to an event and the non- victims had no referent trauma for comparison.

A trauma victimisation is reported to activate negative self-images (Horowitz, 1980), the State Self Esteem Scale (SSES) was chosen as a self-report measure of self-esteem (Appendix 8). The SSES (Heatherton & Polivy, 1991) is a 20-item self-report measure modified from the widely used Janis-Field Feelings of Inadequacy (Janis & Field, 1959) designed to measure current feelings of self-esteem. The scale has three independent factors (performance, social and appearance self-esteem) that are sensitive to changes in different aspects of the self-concept. Each item on the scale is scored on a 5-point likert scale from '1 = not at all' to' 5 = extremely'. For the present sample, the reliability of the sub-scales, using Cronbach's alpha were performance (.91), social (.91) and appearance (.90).

A review of the literature on male rape suggests there are many false and prejudicial beliefs about the sexual assault of men, beliefs that are called male rape myths. Therefore in addition to the aforementioned battery of self-report questionnaires, The Male Rape Myth Scale (Struckman-Johnson & Struckman-Johnson, 1992) was administered to respondents in the non-victim control group to find out their beliefs about male rape myths (Appendix 9). Respondents were asked to rate their agreement with statements reflecting myths that male rape cannot happen involves victim blame and is not traumatic to men. Each statement is scored on a 6-item likert scale, which ranged from 1 'strongly disagree' to 6 'strongly agree'. The alpha coefficient for the sample was .94. In the original scale there were six statements and as each item was repeated for a male and female perpetrator there were a total of 12 rape myths.

However, because the current research only focuses on male on male sexual assault the scale was amended to include only six rape myths. The results were expressed in terms of the percentage of each of the male rape myths.

CHAPTER 3

THE EXPERIENCES OF MALE RAPE VICTIMS.

The Male Rape Questionnaire: Results

The analysis of the Male Rape Questionnaire (MRQ, Walker, 1993) took the form of descriptive analysis, expressed as percentages. The data for this section resulted from responses to Yes or No answers, multiple choice options and open ended questions asking the participants to supply specific information (Table 2.2). Since the tables are self-explanatory, often only the most frequent findings are highlighted in the text. The major findings from this part of the study are summarised at the end of the chapter.

Assault characteristics

Table 3.1 shows the characteristics of the assault reported by the victims. A large proportion of assaults occurred on a weekday between 7am and 12 midnight.

Table 3. 1

Assault characteristics

Characteristic		N	%
Age at time of assault			
Range =16-57			
Mean =24			
Std Dev = 8.7			
16 - 25		28	70
26 - 30		4	10
31 - 40		5	13
41 - 50		2	5
over 50		1	2
Time of assault			
Weekday	7am to 12 midnight	17	42
	12 midnight to 7am	5	13
Weekend	7am to 12 midnight	10	25
	12 midnight to 7am	8	20
Location of assault			
Own home		8	20
Assailants home		18	45
Vehicle		2	5
Street		4	10
Other		8	20
Use of violence			
No force		4	10
Physical force		21	52
Violent physical force		11	28
Weapon		4	10
Nature of assault			
Acts performed on victim			
Anal penetration		40	100
Anal and oral penetration		22	55
Victim was masturbated		20	50
Victim was penetrated with objects		6	15
Sadomasochistic practices		7	18
Acts victim forced to commit			
Forced to perform anal and oral sex on assailant		17	42
Forced to masturbate assailant		4	10
Other (forced to watch a gang rape on female friend)		1	2

The total N for the nature of the assault characteristic does not equal 40 due to some subjects being forced to participate in multiple sex acts.

Location of assaults

The assaults took place in a variety of locations, the highest proportion (18) taking place in the assailant's home. Victim L who was collecting clothes for a charity was asked to step inside the house while the occupant finished putting the clothes in a bag. L was chloroformed and while he was unconscious the assailants assaulted him numerous times. He woke up to find the walls of the room covered in photographs of himself being sexually assaulted by the assailants. The man was then held hostage for 12hrs and when released was told that if he mentioned his ordeal to anyone they would kill him.

Victim C had no intention of sleeping with a man who offered to put him up for the night in his flat. He was awoken by the man in the middle of the night; he was savagely beaten and then raped.

In eight instances the assaults took place in the victims own home. On answering his front door Victim F was confronted by the' local bully boy' who pushed his way into the victims' flat, held him hostage for a few hours, then both orally and anally assaulted him.

Two assaults took place in a vehicle. Victim J was given a lift by a man who started touching him. He was then offered a sum of money to have sex with the man. When he refused the man produced a knife and made him get in to the back seat of the car where he was both orally and anally assaulted.

The remaining 12 victims were either assaulted in the street, public toilets, the workplace, a party and at a health club. Victim S was stopped while walking home from work by a man with a knife. The assailant raped the victim, slashed his legs and stole his wallet.

Victim M was alone in a sauna at a health club. Five men whom he did not know came in to the sauna and took it in turns to anally assault him. The victim was also forced to perform oral sex on all of the assailants.

Use of violence

Coercion was reported in nearly all the cases of assault (Table 3.1). Physical force (i.e. kicking, punching and slapping) was used in more than half the cases, violent force (i.e. badly beaten up) in 11 cases. Four cases involved the use of a weapon; these included knives, a baseball bat and a gun. The majority of violent assaults were carried out by more than one assailant, who were unknown to the victim. In addition, the threat of transmission of HIV was used by the assailant against six of the victims.

Victim G recalled being attacked with a knife, his body was badly cut and then a noose was put around his neck. His assailants stripped him down to his underpants, poured petrol over his genital area and then set fire to him. He was later anally assaulted several times by the gang of men and left for dead.

Victim O was anally assaulted by three men he met at a party. In between each assault the victim was held down and the assailants took it in turns to burn him with a cigarette lighter. The victim

was so severely injured he was hospitalised for one month, spending several days in intensive care.

A further incident involved Victim W being pulled out of his car by four men. The man was beaten up and then had a sawn off shot gun held to his head while the assailants took it in turn to anally assault him.

The nature of the assaults

Sexual acts

All of the victims had been subjected to forced anal intercourse and in over half of the cases the assailant performed both anal and oral sex on the victim. However victims were frequently assaulted in several ways, the exact nature and occurrence of which are detailed in Table 3.1. In 17 cases the victim was forced to perform anal and oral sex on the assailant. Victim H was assaulted several ways by a gang of men and then was forced to watch while they one by one raped his female friend.

Physical injuries

The majority of the victims experienced physical injuries as a result of being raped. The injuries reported were anal lacerations and bleeding, bruising, broken bones, broken ribs, knife wounds and severe burns. However, only 14 sought medical treatment for the injuries they received and of these only five disclosed the sexual nature of the assault. In seven cases victims reported that an additional crime had been committed (e.g. kidnapping, robbery, criminal damage, GBH.)

The Assailants

Table 3.2 shows the assailant characteristics reported by the victim group.

Table 3.2

Assailant characteristics

Characteristic	N (=40)	%
Relationship of victim to offender		
Male family member	4	10
Brief acquaintance	8	20
Well established acquaintance	7	18
Lover or ex lover	6	15
A person in a position of trust	5	12
Stranger	10	25
Number of assailants		
One	25	62
Two	10	25
Three or more	5	13
Perceived sexual orientation of the assailant		
Heterosexual	9	22
Homosexual	17	43
Bisexual	5	13
Unknown	9	22
Ethnicity of assailant		
White	37	92
Black	1	5
Moroccan	2	3
Approximate age of assailant		
Range = 18 -55		
Mean = 33.48		
Std Dev = 9.81		

Victims relationship to the assailant

Ten men were assaulted by complete strangers. Of the remainder, eight were assaulted by a brief acquaintance, seven by a well-established acquaintance, and four by male family members. Six homosexual men were assaulted by lovers or ex-lovers. In five cases the assailant held more formalised authority over the victim. For example three heterosexual men were assaulted by a superior in the workplace, one by a priest and one by a lecturer.

Perceived sexual orientation of the assailant

In terms of the victims' view of the sexual orientation of their assailant, nine assailants were perceived to be heterosexual, 17 to be homosexual, five bisexuals and the sexuality of nine assailants was not established. All the assailants perceived to be heterosexual were known to the victim prior to the assault. Those assailants who were perceived to be homosexual or bisexual were either lovers or ex-lovers of the victim or known by the victim to be gay or bisexual.

Ethnicity of the assailant

The vast majority of the assailants were white, two were Moroccan and one was Afro-Caribbean.

Estimated age of the assailant

The estimated ages for assailants ranged from 18-55 yrs, with an estimated mean of 33.5 yrs, nine years older than the mean age of the victims at the time of the assault.

Number of assailants

Assaults involving one assailant were reported by over half of the victims; a quarter reported two assailants and five reported three or more assailants.

Perceived motivation for the rape

Of the 40 victims, almost half believed that the motivational intent of the assailant was power and control, five believed it to be sexual gratification and 12 a mixture of power and control and sexual gratification. Two victims believed the assailants were seeking revenge after being diagnosed HIV positive and another suggested that his black assailant used the act of rape as the ultimate means of humiliating white men.

Remarks made by the assailant during the assault

The men were asked "What remarks were made by the assailant to you during the assault"? (Table 3.3) Several men said they were asked during the rape if they were enjoying themselves. It was also common for the assailant to verbally insult the victim and use feminising words like 'slut', 'whore' and 'bitch'. In other instances the assailant tried to normalise the incident with the pretence of love and intimating throughout that the rape was actually consensual sex. It was also reported that some assailants made homophobic comments during the assault such as 'you filthy queer'.

Table 3.3

Remarks made by the assailant during the assault

Categories	Responses	%
Said nothing, I cannot remember	13	32.5
Threaten if tell anyone	2	5
Assailant said victim was enjoying it	10	25
Taunts and insults from onlookers	9	22.5
Pretence of love &/or consensual sex	7	17.5
Homophobic comments	2	5
Victims instructed by assailant on what acts to perform	3	7.5
Assailant claims to have raped other men	1	2.5

The total N does not equal 40 due to some subjects reporting more than one response to the question

Responses during the assault

During the assault 35 victims (87%) reacted to the threat of sexual assault with frozen helplessness and passive submission, only 11 (27%) were able to able to fight back during the assault and 26 victims (65%) feared for their life during the assault.

The majority of victims 31 (78%) described their reactions in the hours and days following the assault as a "controlled style" (calm, composed and subdued) and 29 victims (72%) reported that the sense of helplessness and loss of control during the assault was more damaging than the sexual aspect of the encounter.

Long-term reactions to the assault

All of the men reported experiencing long term psychological and behavioural effects as a result of their assaults. Symptoms ranged from depression, anger, and suicidality to loss of self-respect and self blame (Table 3.5).

With reference to some specific symptoms-

Depression

Depression, a common mood disturbance was reported by 39 men. Victim K stated that he had suffered from periods of severe depression in the six years since his assault. He wrote:

" I have felt like I have been living in a void since the assault - I suffer panic attacks, mood swings, total desperation, but the medical profession have given up on me and said I am to damaged to help - I feel I have no future."

Anger

Anger, another common mood disorder was reported by 32 men.

Victim P wrote:

"In an attempt to deal with my anger I am attending anger management classes and I also see a psychiatrist- my need for revenge is so strong it is as damaging as the rape itself. My anger has lead me to be a psychological abuser and a bully."

The vast majority of victims (38%) reported expressing anger as thoughts of fantasised or planned retaliation against their assailants. Over half the men fantasised about killing their assailant, others planned violent retaliation and public humiliation. Victim E recalled that he was so angry he bought a knife with the intention of stabbing his assailant to death, but he could not go through with it. Victim T fantasised about buying a gun and going out to revenge himself.

Table 3.4

Nature of fantasised retaliation against the assailant

Categories	Responses	%
No fantasy	2	5
Fantasised about killing the assailant	17	42.5
Fantasised about inflicting physical violence on the assailant	8	20
Fantasised about informing the police and/or humiliation by public exposure	4	10
Fantasised about causing damaged to the assailants property and/or possessions	1	2.5
Fantasy not specified	8	20

The total N does not equal 40 due to some subjects reporting more than one response to the question

Table 3.5

Long term reactions to the assault

Psychological Symptom	N(=40)	%
Increased sense of vulnerability	36	90
Increased anger and irritability	32	80
Long term crisis with sexual identity	28	70
Heterosexual	6	46
Homosexual	16	76
Damaged masculine identity	27	68
Loss of self respect/ damaged self image	36	90
Emotional distancing	34	85
Low self esteem	31	77.5
Feelings of anxiety	37	92.5
Depression	39	97.5
Self mutilation and destructive behaviour	20	50
Increased thoughts about suicide	22	55
Suicide attempts	19	47.5
Abuse of food	11	27.5
Alcohol	25	62.5
Drugs	21	52.5
Tobacco	27	67.5
Flashbacks to the assault	37	92.5
Intrusive thoughts about the assault	30	75
Hyper-vigilant and security conscious	23	57.5
Withdrawal from friends and family	29	72.5
Fear being alone with men	33	82.5
Impaired task performance	28	70
Feelings of guilt and blame for not being able to prevent the assault	33	82.5
Anger	32	80
Fantasised or planned retaliation against assailant	38	95

Sexual Orientation

Three quarters of the victims reported experiencing a long-term crisis with their sexual orientation (Table 3.5 & Appendix 4E). In nearly all of the cases men reported confusion over their sexual preference.

However, some men did not engage in sexual behaviours with either males or females after their rape and others reported being impotent or not interested in sex. Victim J described his experience:

"Before the assault I was straight, however since the assault I have begun to engage in voluntary homosexual activity. This causes me a great deal of distress as I feel I am not really homosexual but I cannot stop myself having sex with men. I feel as if by having sex with men I am punishing myself for letting the assault happen in the first place".

Victim P recalled

"Since the assault I believe I no longer have a sexual orientation. I no longer want a sexual relationship with a man or a woman. I feel sex is a horrible act and just an excuse for an individual to experience self satisfaction".

Threat to sense of masculinity

Almost three quarters of the men reported that their sexual assault posed a threat to there sense of masculinity (Table 3.5 & Appendix 4F) Victim E stated:-

"The sense of powerlessness I experienced during the assault totally surprised me. I thought I was pretty good at handling potentially violent situations as I worked in a night shelter for homeless men. However I never imagined I could be so vulnerable and become a victim - it was a big shock to my male ego".

Victim N wrote:

"The assault was a threat to my male pride and dignity. It was a shock to find that a so-called 'strong man' could become a helpless victim of sexual assault in the hands of another man.

My sense of who I was (ex army) was destroyed for about 10 years".

Victim D recalled:

"For a long time after the assault I felt a failure as a man for not being able to protect my self. Other people's attitudes reinforced my feelings of inadequacy, so to compensate for my feelings I became aggressive and a bully."

Loss of self respect and damage to self image

The majority of men reported a loss of self-respect and a damaged self-image.

Victim R explained how he felt

"I don't care about myself any more, if someone could assault me in such a way (anal and oral assault) how can I be worth anything? The pain I feel is like grieving over the death of a loved one - I feel as though I have lost the me that once was- now a big chunk of me is missing".

Victim E wrote:

"The loss of dignity can be quite overwhelming. The very essence of one's character and being has been invaded and treated as worthless - just there for the taking".

Thirty-three men reported experiencing feelings of guilt and blame because they could not prevent the assault. Victim P wrote:

"For me the worst part of the assault was I put myself in his hands. I willingly went to his house, hence I put myself in a vulnerable position - so the blame will always be on my shoulders and the guilt will never go away".

Anxiety

The vast majority of men (Table 3.5) reported feelings of anxiety. Victim D stated:

"I am extremely anxious if I am around straight men especially in a social situation. What often may be genuine friendliness on their part can put me on edge and I think they are going to make a move on me".

Suicide attempts

Twenty-two men reported increased thoughts about suicide since the assault. Victim S wrote, "I dream of killing myself to forget what happened".

Almost half the men reported actually attempting suicide since the assault.

Of these, 15 had made one attempt and four had made three or more attempts. Examples of suicidal actions given by the men were:

"In an attempt at killing myself I drove my car into a wall next to the toilets where the assault took place". Victim K.

"I slit my wrists and took an overdose of anti-depressants - I was found by my lover" Victim H.

"I tried to kill myself four times since I was raped - I tried to electrocute myself, slit my wrists and took an overdose and twice I tried to jump off a bridge". Victim T.

Other reactions

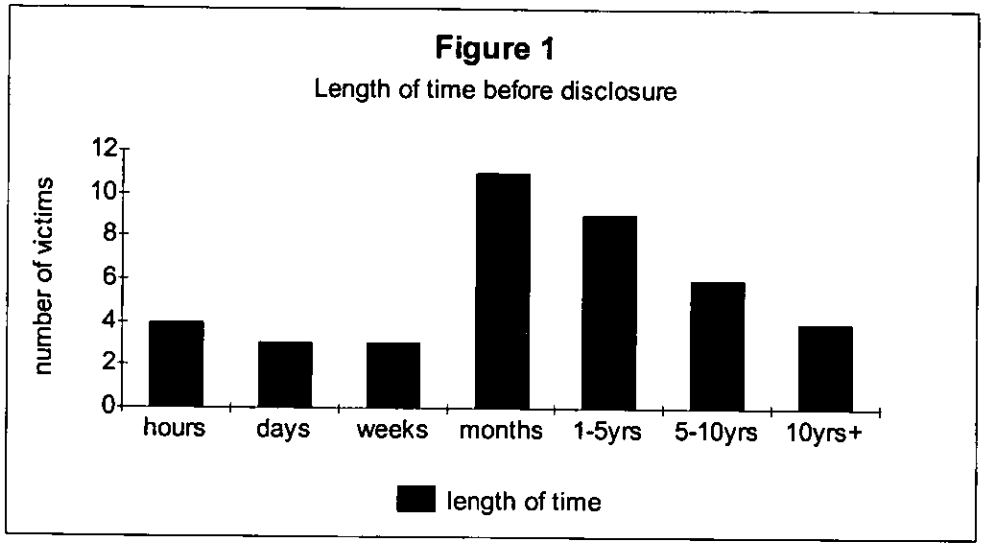
The men's use of food, alcohol, drugs and tobacco also changed as a consequence of the assault (Table 3.5). Twenty-five men began to drink much more heavily and over half began to abuse prescription drugs or take illicit drugs. Almost three-quarters began to smoke more heavily and a quarter reported problems with food, two reported suffering from anorexia and two from bulimia.

Disclosure

With non-professionals

The participants were asked to identify the first person with whom they discussed their sexual assault. 24 (60%) reported that the first person they told was someone they knew. This group included friends (54%), partners (29%) and family members 17%). Eleven (27.5%) first disclosed there assaults to professionals such as work colleagues, health care professionals, social workers, counsellors and the police. For the remaining five (12.5%) the researcher was the first person to whom they disclosed their assaults (Appendix 4A). However in many instances there was a long period of time between the sexual assault taking place and the participant telling anyone. Nine men waited between one and five years, six between five and ten years and four over ten years. The length of time that passed before victims disclosed their assaults ranged from a few hours to 20 years (Figure 1.). When asked about reactions, many of men reported receiving positive help and support from those they first told about their sexual assault. However others reported lack of support or concern and negative comments such as insensitive remarks, homophobic victim blaming (i.e. you deserved it, you asked for it or encouraged it, (Appendix 4 B, C, D).

Figure 1. Length of time between sexual assaults and disclosure



With professionals

Reporting to the police

Only five men reported their sexual assaults to the police. Reasons given for non- reporting are listed in Table 3.6. Only one of the men stated that the police were supportive and helpful. The other four regretted their decision to report the assault and found the police to be unsympathetic, disinterested, and homophobic and felt their complaint had not been treated seriously. Of the five assaults reported to the police only one assailant was eventually convicted (and sentenced to ten years imprisonment). However, the victim was distressed by the way he was treated in court, stating that he was made to feel like the assailant rather than the victim, and that his ordeal in court probably had a worse effect on him than the rape itself. In the other four instances, the police did not press charges because of lack of evidence.

Table 3.6

Reasons given by the victims for not reporting the sexual assault to the police

	N(= 40)	%
Self Blame.	18	45
Afraid their sexuality may have become suspect.	7	17.5
Ashamed at not being able to defend themselves.	11	27.5
Distressing and embarrassing to tell.	18	45
Shock and fear.	11	27.5
Fear of being stigmatised.	14	35
Afraid of not being believed.	8	20

The total does not equal 40 due to some subjects reporting more than one response to the question

Medical and psychological treatment

Medical services were utilised by 14 (35%) of the men. However, of these, only five disclosed the sexual aspect of the assault due to their anxiety about contracting HIV or other sexually transmitted diseases. Seven men sought treatment at a genitourinary clinic, six men went to a hospital causality department and one man sought treatment from his GP. The men reported the attitudes of the medical staff to be very good, stating that they were helpful, understanding and supportive. Over half of the men, 23 (58%) sought psychological treatment at some stage after their assault. However in most cases help was not sought until long after the assault had occurred. Treatment consisted of counselling, psychotherapy or psychiatric care (Appendix 4G). Issues dealt with in counselling ranged from sexuality, anger, guilt and shame to relationship problems (Appendix 4H). All the men found the treatment they received beneficial to a degree.

In general the most helpful aspects of any of the various treatments were reported to be the following: being told it was not my fault; having someone to talk to, and to listen, and having someone express care and concern. Even though the majority of men found the attitudes of the professionals to be helpful, supportive and non-judgmental they felt that the counsellor, therapist or doctor lacked the expertise to deal effectively with male sexual assault issues (Appendix 4I). Eleven men (28%) were prescribed medication ranging from anti-depressants and sleeping tablets to anti-psychotic drugs. Only four men (10%) had received psychological treatment prior to the assault.

The men were asked what advice they would offer to police and other helping professionals. The most common responses were to offer male victims the same support as female victims, to believe and listen to the victim, to offer more publicity and acknowledgement that men can be victims; to develop empathy understanding and gentleness, and to work to eliminate homophobia. The men were also asked what support services they would like to be available to the male rape victim. Responses most commonly reported were Male Rape Crisis Centres; better publicised medical facilities; easily accessible counselling, self help, support groups, Survivors groups in all major towns, 24 hour a day help-lines and a police force better trained to deal with male rape victims Appendix. 4J)

The majority of men 35 (87.5%) reported that the assault had a lasting and detrimental effect on their lives (Table 3.7) Responses made by victims were:

"I no longer have a sexual orientation - I have a distaste for sex and sexual acts hence I no longer have a full relationship. This has lead me to self harm, have violent outbursts and severe mood swings". Victim C

"I feel very isolated from other people and I feel inferior in social situations. I also feel very uncomfortable in the company of men." Victim F

"Since the assault I have developed bulimia and an alcohol problem. I avoid physical contact with people and I have become withdrawn and moody ". Victim B

Table 3.7

Lasting and detrimental effects of male rape

Categories	Responses	%
No, not really	5	12.5
Intrudes on every day life	4	10
Feel devalued/lack of confidence	4	10
Drink and drug dependency	4	10
Lack of trust	5	12.5
Feel unsafe and fearful	4	10
Cynical and bitter	1	2.5
Eating disorders	2	5
Problem sexual orientation	1	2.5
Depression and mood swings	3	7.5
Self blame and self loathing	3	7.5
Mental health problems	2	5
Problems forming relationships	14	35
Problems not specified	3	7.5

The total N does not equal 40 due to some subjects reporting more than one response to the question

When asked if there were any issues about the assault about which I ought to be aware (Appendix 4 K), several men raised the issue of bodily responses (i.e. developing erections and ejaculating during the assault). These men reported that prior to the assault they had equated erections and ejaculation with sexual pleasure. However, after experiencing these responses during the assault, they staid that they had been left wondering if they must have in some way enjoyed the assault. This led to heterosexual men questioning their sexual orientation and to wonder why they had ejaculated in response to a 'sexual encounter' with another man. Victim D stated:

"If I really thought the sexual acts I was subjected to during the assault were so degrading and perverse - why did I ejaculate? For a long time I thought I must have really enjoyed it, therefore I must have homosexual tendencies. I was confused for a very long time".

Homosexual men who were stimulated in this way were disgusted and confused by their physiological response. Victim G explained how he felt:

"The fact that I ejaculated during the assault is a continuing source of shame for me. I became so terrified of anal penetration that triggered off flashbacks to the rape, it destroyed my relationship with my partner. I don't think I'll ever be able to enjoy sex with a man again."

It is not possible to gauge what percentage of men had erections and ejaculated during the assault, as this question was not included in the questionnaire.

When asked to describe the main long lasting effect of being raped, a quarter of the men reported that a loss of trust and a feeling of vulnerability remained constant concerns for them many years after the rape. Other constant concerns reported by the men were a lack of self-esteem and self-respect and feelings of fear (Table 3.8).

The questionnaire included an item regarding the degree to which the men felt they had recovered from the assault. Only one man rated his recovery as complete; 18 (45%) reported they had 'mostly' recovered; 13 (32.5%) described their recovery as 'somewhat' and eight (20%) stated that they had not recovered at all.

The men were asked if there was anything else that they would like to say about the assault. Responses ranged from fear of seeing the rapist again to sexual problems (Appendix 4L). The men were also asked why they participated in the study.

The most common responses were to try to help the professional understand what a male rape victim experiences; to bring male rape to the attention of the public; to help future victims, and to establish support facilities for victims (Appendix.4M).

Table 3.8

The main long term effects of being raped

Categories	Responses	%
No response given	2	5
Self esteem/self respect	7	17.5
Loss of trust and vulnerability	10	25
Remembering event/feelings associated with the event	2	5
Anxiety/feels unsafe	2	5
Anger/resentment/bitterness	3	7.5
Sexual problems	2	5
Self harming	1	2.5
Fear	8	20
Relationship problems	5	12.5
Self loathing/disgust/self blame	5	12.5
Social withdrawal	4	10
Flashbacks	1	2.5
Problems surrounding sexual orientation	1	2.5
Physical and or mental health problems	2	5
Sense of loss	7	17.5
Always feeling a victim	1	2.5
Continual reminders of event	1	2.5

Total N does not equal 40 due to some subjects reporting more than one response to the question

The questionnaire concluded by asking the following: "Did the fact you knew the researcher was female make it easier for you to participate in the study?" They were offered a choice of options ranging from 'much easier' to 'much more difficult'.

Nineteen men (47.5%) indicated that it was much easier to participate in the study knowing the researcher was female, 13 (32.5%) stated it was 'a little easier' and only eight (20%) felt the sex of the researcher was not an issue because they did not have to meet her. However, no one stated that it would have been easier to participate in the study if the researcher had been male.

Summary of the results

The main findings of the descriptive Male Rape Questionnaire are summarised in statement form in this section. The results will be discussed in Chapter 5 with reference to the research reviewed in the literature review.

- Of the 40 victims in the study, 25 identified themselves as homosexual or bisexual.
- The highest proportion (45%) of assaults took place in the assailant's home.
- Physical violence was used in 21 instances and extreme violence in a further 15 instances.
- The threat of the transmission of HIV was used by the assailant against six victims.
- All the victims had been subjected to forced anal intercourse and in 22 cases the assailant performed both anal and oral sex on the victim.
- In 17 cases the victim was forced to perform oral and anal sex on the assailant.
- Only a quarter of the men were assaulted by complete strangers.
- Three quarters of the men were assaulted between the ages of 16-25.
- Assaults involving one assailant were reported by 25 of the men.

- Half the men believed that the motivational intent if the assailant to be power and control.
- All the men reported experiencing long-term psychological problems as a result of being assaulted.
- Symptoms reported ranged from depression and anger to suicidality and a crisis over their sexual orientation.
- The vast majority of men reported expressing anger as thoughts of fantasised or planned retaliation against the assailant.
- Only five men reported the rape to the police.
- Twenty-three men sought psychological treatment as a direct result of being raped.
- 88% of the men reported the rape had a lasting and detrimental effect on their lives.
- 80% of the men said it was easier for them to participate in the study knowing the researcher was female.

CHAPTER 4

COMPARISON OF MALE RAPE SURVIVORS AND CONTROLS ON MEASURES OF TRAUMA

A comparison of the current psychological functioning of the victims with the non-abused matched control group was undertaken. The control group were well matched on age, sexual orientation, education and employment status. In addition to the descriptive Male Rape Questionnaire (MR1), several self-report measures of trauma were presented to the male rape victims. The same measures (with the exception of the Impact of Events Scale) were administered to a matched control group to provide a source of comparison (See Methods). A Male Rape Myth Scale was also given to the control group. Regarding the analysis of the questionnaires, a comparison of the current psychological functioning of the victims with the matched non-abused control group was undertaken using t-tests and a Manova. Agreement with the Male Rape Myths was expressed as percentages. An analysis was also undertaken to determine if any variables had an influence on the outcome measures. Variables used included severity of the assault, relationship to the assailant and prior victimisation. Statistical procedures included factor analysis and multiple regression following an inspection of a correlation matrix of measures and variables. The main findings in this chapter are again summarised at the end of the chapter.

Impact of Events Scale

Table 4.1 summarises the data on the Impact of Event Scale. The majority of the men suffered from intrusive re-experiencing of the rape, 58% reported experiencing intrusive thoughts 'often' and 32% 'sometimes'.

Table 4.1

Impact of Events Scale:

Rape victims (N=40). The order is in terms of means

Item	Positive Endorsement	Rarely %	Sometimes %	Often %	Mean %	SD %
Intrusion Items						
I had strong feelings about it.	95	10	32.5	52.5	3.70	1.59
Pictures about it popped into my mind.	95	12.5	42.5	40.0	3.40	1.57
Any reminder brought back feelings about it.	95	20	35.0	40.0	3.25	1.69
Other things kept making me think about it	92.5	20	35.0	37.5	3.12	1.74
I thought about it when I didn't mean to.	95	15	52.5	27.5	3.10	1.48
I had trouble falling asleep because of images or thoughts related to the event.	80	12.5	22.5	45.0	3.05	2.05
I had dreams about it.	75	17.5	22.5	35.0	2.60	2.07
Intrusion Subscale					22.23	9.37
Avoidance Items						
I tried to remove it from my memory.	85	5	27.5	52.5	3.52	1.75
I tried not I was aware that I still had a lot of feelings about it, but I didn't deal with them.	95	20	25.0	50.0	3.45	1.76
I tried not to think about it.	87.5	10	27.5	50	3.42	1.85
I tried not to talk about it.	82.5	15	22.5	45	3.07	2.01
I stayed away from reminders of it.	85	17.5	25	42.5	3.05	1.97
I avoided letting myself get upset when I thought about it or was reminded of it.	85	2.5	37.5	22.5	2.50	1.75
My feelings about it were kind of numb.	77.5	17.5	40	20	2.37	1.79
I felt as if it hadn't happened or it wasn't real	65	12.5	22.5	30	2.30	2.11
Avoidance Subscale					23.70	10.45

Note Positive endorsment = the combined percentages of "sometimes" and " often" and rarely.

Self- Esteem

Table 4.2 shows the results of 2 (subject group) × 3 (scale factor) and the mean scores for self-esteem in the rape victim and the control group. There were significant differences on the sub-scales (performance, appearance and social). On each, the rape victims demonstrated lower self-esteem.

Table 4.2

Multivariate comparisons of self-esteem between victim and control group (means and standard deviations)

Sub-scale	Victim(n=40)	Controls(n=40)	F	df	sig
Performance	22.55	26.85	8.7	1.78	.004**
	(6.69)	(6.33)			
Social	20.57	26.32	12.8	1.78	.001**
	(7.39)	(6.98)			
Appearance	15.82	20.87	15.3	1.78	.000**
	(6.36)	(5.10)			

**sig<.01 Standard deviations are in parentheses. Higher means indicate higher levels of self-esteem.

General Health Questionnaire

On the GHQ, Table 4.3 shows the victims demonstrated more somatic and affective symptoms than the control group. Victims also had significantly higher scores on the sub-scales. Thirty percent of victims displayed high levels of somatic symptoms compared to none of the controls and 28% reported serious social dysfunction compared to none of the controls; 40% of victims displayed high levels of anxiety and insomnia compared to no controls; and, 35% of victims fell in to the severely depressed range compared to no controls.

Table 4.3

General Health Questionnaire (mean scores and percentage of high scores)

Subscale	Victims(n=40)		Control(n=40)		t	df	p
	Mean	High Score %	Mean	High Score %			
Scale A							
Somatic Symptoms	10.25 (5.49)	30	7.30 (3.10)	0	2.96	78	0.005
Scale B							
Anxiety and Insomnia	12.55 (5.76)	40	7.47 (3.87)	0	4.62	78	0.001
Scale C							
Social Dysfunction	10.92 (4.42)	28	7.35 (1.67)	0	4.78	78	0.001
Scale D							
Severe Depression	9.77 (7.17)	35	1.32 (2.24)	0	7.06	78	0.001
Total Scale	43.50 (20.79)		23.45 (8.05)		5.69	78	0.001

Standard deviations are in parentheses. A score of between 15 -21 on each sub-scale, is classed as a high score. High scores indicate greater symptomology.

World Assumptions

On the World Assumption Scale, victims and the control group did not differ significantly on the constructs of benevolence of the world, benevolence of people, justice and self-controllability. However, two statistical significant differences did emerge.

The means on the controllability, randomness, self-worth and the luck sub-scales were significantly lower for the victim group, indicating that these men viewed the world as more random, perceived themselves as acting more carelessly and saw themselves as much less positive and more unlucky than the control group (Table 4.4).

In an attempt to compare the assumptive worlds of recently raped men, with men raped some time ago, correlation analysis was carried out. There was a significant association between the time elapsed since the assault and the constructs of justice and benevolence of the world, 0.39 and 0.32 respectively. Indicating that men raped less than five years to taking part in the study viewed the world as less just and less benevolent than men raped longer ago.

Table 4.4

Mean difference in assumptions of self worth and luck for victims and control group

Sub-scale	Victim (n=40)	Control(n=40)	t	df	p
Benevolence of the world	13.65 (5.60)	13.97 (3.25)	-.32	78	ns
Benevolence of people	14.75 (5.20)	15.02 (3.05)	-.29	78	ns
Justice	10.15 (3.96)	10.67 (2.90)	-.68	78	ns
Controllability	12.12 (3.94)	10.65 (3.27)	1.82	78	0.05
Randomness	16.37 (3.60)	17.45 (2.14)	-1.62	78	0.05
Self-worth	13.50 (5.28)	18.10 (4.73)	-4.10	78	0.001
Self- controllability	16.50 (3.90)	16.52 (2.36)	-.03	78	ns
Luck	11.97 (4.83)	14.40 (4.13)	-2.41	78	0.01

Standard deviations are in parentheses.

Relationship between abuse characteristics and measures of psychological functioning

An analysis was conducted to determine which if any, of the demographic or assault variables was associated with rape victims' scores on outcome measures (IES, Horowitz 1979; WAS, Janoff-Bulman, 1989; SSES, Heatherton & Polivy, 1991; GHQ 28, Goldberg 1981). The following demographic variables were used: age; educational level, employment status; relationship status and sexual orientation. Assault variables such as relationship to the assailant; time elapsed since the assault; whether another crime was committed; threat of HIV, level of violence used; number of assailants; age when raped, were also studied. In addition, whether the victim attempted suicide; reported the rape to the police; sought psychological help prior to the assault, and whether they sought psychological help after the assault, were also examined.

Table 4.5

Correlations between dichotomous predictor variables and continuous predictor variables

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1. Age	1.00																
2. Educ	.19																
3. Employ	-02	.28															
4. Sex or	.43**	.26	-.02														
5. Raped	.53**	.09	.18	.08													
6. Relat	.02	.42**	.10	.05	.01												
7. Psyafter	-.13	.14	.06	-.17	-.04	-.02											
8. Psybefore	-.11	-.04	-.32	.00	-.12	-.17	-.14										
9. Police	-.09	.17	-.17	.19	-.03	.15	-.13	.15									
10. Crime	.05	.05	.08	-.34	.24	.02	.26	.06	-.17								
11. Elaps	.23	.18	-.21	.41	-.44.**	.05	-.14	.12	.01	-.10							
12. HIV	-.12	-.18	.18	-.14	.17	-.20	.07	-.22	.05	-.00	-.24						
13. Hurt	-.12	-.06	.17	-.06	.13	-.11	.14	.20	.17	.19	-.25	.25					
14. Known	-.01	.01	-.01	-.14	-.31	-.27	-.07	-.07	-.10	.13	.28	-.05	-.10				
15. Support	.13	-.16	-.05	.01	.25	.08	-.01	-.16	-.08	.15	-.12	-.03	-.05	.08			
16. Attempt	-.42**	-.42**	-.40	-.06	-.23	-.06	.31	.20	-.05	-.04	-.15	.16	.09	-.19	.07		
17. Number	-06	.02	.29	-.03	-.42**	.17	-.10	-.35	-.19	-.07	.48**	-.13	-.18	-.48**	-.25	-11	

**p<.01 NOTE: 1.Age = age of participant; 2.Educ = educational status; 3.Employ = employment status; 4.Sex or = sexual orientation; 5.Raped = age victim raped; 6.Relat = relationship status; 7.Psyafter = psychological treatment received after rape; 8.Psybefore = psychological treatment received before rape; 9.Police = if rape was reported to police; 10.Crime = was another crime committed; 11.Elaps = time elapsed since the rape; 12.HIV = HIV used as threat; 13.Hurt = was victim seriously hurt; 14.Known = did victim know the assailant; 15.Support = did victim receive support after assault; 16.Attempt = did victim attempt suicide;17. Number = number of assailants.

Prior to multivariate analyses, point-biserial correlations were computed between dichotomous predictor variables and continuous predictor variables. Table 4.5 shows the results. The age of the victim was significantly correlated with suicidality and sexual orientation. Younger victims were more likely to be homosexual, and more likely to attempt suicide. However, when a partial correlation was carried out controlling for age, the correlation between sexual orientation and suicidality is reduced from 0.68 to 0.61. Therefore controlling for age has no real influence on the original correlation coefficent.

The educational status of the victim was significantly correlated with relationship status and suicidality. Victims with lesser academic achievements were more likely to attempt suicide and less likely to be in a relationship. When educational level is controlled, the correlation between relationship status and suicidality is reduced from 0.43 to 0.12.

The age of the victim at the time of the rape was significantly correlated with the number of assailants and the relationship to the offender.

Younger victims were more likely to have known the assailant prior to the assault and to be assaulted by only one person. Controlling for age at the time of rape had no real influence on the original correlation coefficient and a substantial correlation between the number of assailants and the relationship to the offender was found.

Factor analysis

Prior to correlation's being carried out between predictor variables and outcome measures an attempt was made to reduce the outcome measures (composed of 19 sub-scales, to a smaller number of variables).

The means of the sub-scales were factor analysed using Principal Axis Factoring and Oblique Direct Oblimin rotation. However, factor analysis should generally be carried out on a larger data set, than is currently available. Therefore in this analysis N is to small for a stable factor structure to emerge and so the analysis must be considered exploratory. The results shown in Table 4.6 indicated there were a total of four factors which eigenvalues greater than 1.0 (confirmed by a Scree examination). These factors accounted for 74.6% of the overall variability in scores and Factor 1 was labelled as self worth since most of the items were concerned with self-esteem, self-perception and self-worth. Factor 2 was orderliness of the world as the items indicated conceptions of justice and controllability. Factor 3 was labelled as psychological disturbance as most items indicated psychological symptomology. Factor 4 was excluded as it consisted of one item only and had a loading of only 0.3. The reliabilities of the factors, using Cronbach's alpha were Factor 1 (.93), Factor 2 (.66) and Factor 3 (.87).

An exploratory factor analysis was carried out on the same data using Principal Components Analysis and varimax rotation. The factor structure that emerged was identical to that which was found previously, with the exception of Factor 4, which again consisted of only one item yet had a higher loading (0.7). After carrying out factor analysis the items on the factors were converted in to z-scores. New variables were then computed from the sum of the z- scores.

It was necessary to convert to z-scores because the questionnaires administered in this study each used different scoring methods. Thus normalising the variables to z- scores facilitated comparisons across the sample.

Table 4.6

Factor analysis of outcome measures using direct oblim rotated factor pattern matrix

Variables	Factor 1	2	3	4
IES, Avoidance			.75	
IES, Intrusion			.62	
GHQ A			.58	
GHQ B			.74	
GHQ C			.54	
GHQ D			.53	
SSES Appearance	.75			
SSES Social	.83			
SSES Performance	.66			
WAS Ben of World	.71			
WAS Ben of People	.81			
WAS Control		.81		
WAS Justice		.65		
WAS Luck	.74			
WAS S Control			.58	
WAS S Worth	.85			
WAS Randomness				.34
Percentages of total variance accounted for	47.4	10.5	9.5	7.2
Eigenvalues	8.1	1.8	1.6	1.2

Relationship between predictor variables and outcome measures

Table 4.7 shows the relationships between predictor variables and outcome measures -Factor 1 (self-worth) was significantly negatively correlated (p=<. 01) with educational level, suicidality and psychological disturbance. Victims with a low self-worth were more likely to have a lower level of education, a higher level of psychological disturbance, and to have made a suicide attempt. Factor 2 (orderliness of the world) (i.e. the victims conceptions of justice and controllability) was significantly correlated with suicidality. Victims who saw the world as less just and less controllable were more likely to have made a suicide attempt. Factor 3 (psychological disturbance) was significantly correlated with educational level, suicidality, time elapsed since the assault, level of violence and self-worth. Victims with a higher level of psychological disturbance were more likely to have lower self-worth, were more likely to have experienced violent physical aggression during the assault and were more likely to have been assaulted comparatively recently. However, it should be pointed out that the term comparatively recently in respect to this study still means that many years may have elapsed since the assault.

Table 4.8 shows the results of controls on scales derived from Factor 1 (self-worth), Factor 2 (orderliness of the world) and Factor 3 (psychological disturbance). These results of the t-tests parallel those previously reported (Tables 4.3, 4.4). There was a significant difference between the victim and control group on measures of self-worth and psychological disturbance. The rape victims demonstrated lower self-worth and higher psychological disturbance than the control group. However, victims and the control group did not differ significantly in their assumptions regarding orderliness of the world (i.e. justice and controllability).

Table 4.7

Correlations between predictor variables and outcome measures

	Factor A (Self-worth)	Factor B (Orderliness of the world)	Factor C (Psychological Disturbance)
Age	.19	.31	-.31
Educ	.41**	.06	-.43**
Employ	.18	.15	-.05
Sex O	-.06	.19	-.09
Raped	-.04	.12	.15
Relat	.30	-.15	.25
Psyafter	-.03	-.24	.14
Psybefore	-.06	.03	-16
Police	.14	.03	-.08
Crime	-.06	.50	.16
Elapsed	.29	.05	-.47**
HIV	-.09	.04	.16
Hurt	-.13	-.16	.35*
Known	-15	.09	-.07
Support	-.05	-.14	.13
Attempt	-.43**	-.32*	.48**
Number	.19	.16	-.14

* -Signif.LE.05 **-Signif.LE.01 (2-tailed) NOTE: Age = age of participant; Educ = educational status; Employ = employment status Sex or = sexual orientation; Raped = age victim raped; Relat = relationship status; Psyafter = psychological treatment received after rape; Psybefore = psychological treatment received before rape; Police = if rape was reported to police; Crime = was another crime committed; Elaps = time elapsed since the rape; HIV = HIV used as threat; Hurt = was victim seriously hurt; .Known = did victim know the assailant; Support = did victim receive support after assault; Attempt = did victim attempt suicide; Number = number of assailants.

Table 4.8

Mean difference in self-worth, orderliness of the world and psychological disturbance

Factors	Victim(n=40)	Controls(n=40)	t	df	p
Factor 1 (Self-esteem)	-.33 (1.02)	.33 (.87)	-3.16	78	0.002
Factor 2 (Orderliness of the World)	.077 (1.11)	-.077 (.89)	.69	78	NS
Factor 3 (Psychological disturbance)	.51 (1.14)	-.51 (.42)	5.36	78	0.000

Notes: Standard deviations in percentages. Z scores used

Regression Analysis

Simultaneous multiple regressions were conducted to determine the effects of sexual assault and demographic variables on a number of dependent variables. The following independent variables were entered into the regression equation on the basis of their association with negative outcomes on the bivariate statistical test: age at time of assault, educational status, employment status, relationship status, time elapsed since the assault, level of violence used during the assault, psychological treatment after the assault and number of assailants. Dependent variables were suicidality and scores on measures of self-worth, orderliness of the world and psychological disturbance. It was decided to use suicidality as a dependent variable because it significantly correlated with Factors 1 (self-worth), Factor 2 (orderliness of the world) and Factor 3 (psychological disturbance). The risk of suicide and what determines it is important in practical terms for suicide prevention.

The results of regression analysis are shown in Table 4.9, which indicates that no variables emerged as significant independent predictors of self-worth and orderliness of the world. The sole statistically significant independent predictor of psychological disturbance was educational level. This variable, along with the other five variables in the equation accounted for 43% of the variance. It appears that victims with fewer academic achievements were more likely to have higher levels of psychological disturbance.

When conducting regression analysis on suicidality three additional independent variables comprising the scale factors, self-worth, orderliness of the world and psychological disturbance were entered in to the regression equation.

Results indicated that unemployment and the absence of psychological treatment after the rape were statistically independent predictors of suicidality. These two variables, along with the other five variables in the equation accounted for 56% of the variance. Victims who have attempted suicide were more likely to be unemployed and have not received psychological treatment after their assault.

Table 4.9

Simultaneous regressions (continuous & dichotomous variables)

Outcome variable	Predictor variable	B	Beta	T	Sig T
Self worth	Age	.008	.087	.542	.592
	Educ	.629	.303	1.756	.0902
	Relat	.278	.136	.795	.432
	Elapsed	.100	.164	.873	.389
	Hurt	-.063	-.031	-.191	.850
	Number	.159	.752	.414	.682
Multiple R = .496					
R = .256					
F = 1.79					
Signif F = .131					
Orderliness of the World	Age	.314	.303	1.77	.0859
	Educ	.220	.098	-531	.5993
	Relat	-.487	-.219	-1.202	.2379
	Elapsed	-.064	-.097	-.487	.6297
	Hurt	-.343	-.152	-.907	.3711
	Number	.164	.071	.370	.7134
Multiple R = .388					
R = .151					
F = .978					
Signif F = .456					
Psychological disturbance	Age	-.016	-.168	-.198	.2399
	Educ	-.631	-.309	-2.05	.0481*
	Relat	-.127	-.063	-.423	.6752
	Elapsed	-.151	-.251	-.1.542	.1327
	Hurt	.423	.208	-1.509	.1408
	Number	-.266	-.128	-.812	-4227
Multiple R = .655					
R = .429					
F = 4131					
Signif F = .003					
Suicidality	Age	-.011	-.239	-1.849	.0737
	Educ	-.213	-.207	-1.471	.1511
	Employ	-.330	-.319	-2.542	.0160*
	Psyafter	-286	.283	2.266	.0311*
	Self-worth	-.434	-.087	-.524	.6040
	Orderliness of the world	-.378	-.078	-.608	.5474
	Psychological disturbance	.0966	.191	1.091	.2833
Multiple R = .748					
R = .560					
F = 5.818					
Signif F = .000					

+-Signif .LE .05 NOTE: Age = age of participant; Educ = educational status; Employ = employment status; Relat = relationship status; Psyafter = psychological treatment received after rape; Elapsed = time elapsed since the rape; Hurt = was victim seriously hurt; Number = number of assailants

Male Rape Myths

Only the control group completed a Male Rape Myth Scale. Table 4.10 shows the percentage of subjects who agreed with the six items (agreed scored 4-6). Pearsons correlations coefficients were calculated between demographic variables (e.g. age, sexual orientation, educational level and occupation status) and rape myth acceptance scales. The Male Rape Myths items were totalled to conduct the correlational analysis. No significant relationship were found between the two sets of variables. (Table 4.11).

Table 4.10

Responses to the items of the Male Rape Myths Scale

Item	Control Group(n=40) Mean	Agree %
It is impossible for a man to rape a man.	2.62 (1.33)	32.5
Even a big, strong man can be raped by another man	3.12 (1.69)	60
Most men who are raped by a man are somewhat to blame for not being more careful.	2.67 (1.54)	35
Most men who are raped by a man are somewhat to blame for not escaping or fighting off the man.	2.42 (1.53)	30
Most men who are raped by a man are very upset by the incident.	2.32 (1.32)	75
Most men who are raped by a man do not need counselling.	2.82 (1.67)	37.5

Standard deviations are in parentheses On the scale 4 indicated slightly agree, 5 moderately agree, 6 strongly agree.

Table 4.11

Correlations of demographic variables and male rape myths.

	Age	Educ	Employ	Relat	Sexor	Myth
AGE						
EDUC	.20					
EMPLOY	.25	.18				
RELAT	.11	.16	-.65			
SEXOR	.21	.08	-.27	-.21		
MYTH	.22	.02	-.08	-.11	.08	

Note Age= age of the participant; Educ = educational status; Employ = employment status; Relat = relationship status; Sexor = sexual orientation.

Summary of the findings from measures of trauma and male rape myth scale.

- Data from the Impact of Events Scale showed that 90% of the victims reported suffering from intrusive re-experiencing of the rape.
- Accordingly, the majority of the victims consciously recognised avoidance of certain feelings, ideas and situations.
- Rape victims demonstrated significantly lower self-esteem than the control group.
- On the General Health Questionnaire, the victims demonstrated more somatic and affective symptoms than the control group.
- On the World Assumption Scale there were only significant differences on four of the eight constructs that make up the sub-scales, indicating that the victim group viewed the world as more random, perceived themselves as engaging in more careless behaviour and saw themselves as less positive and more unlucky than the control group.
- Younger victims were more likely to be homosexual and more likely to attempt suicide.
- Victims with lesser academic achievements were more likely to be in a relationship and more likely to have attempted suicide.
- Younger victims were more likely to have been assaulted by one assailant who was known to them prior to the rape.
- Self-worth was negatively correlated with educational level, suicidality and psychological disturbance.
- Meaningfulness of the world (i.e. the victims conception of justice and control was negatively correlated with suicidality.
- Psychological disturbance was negatively correlated with educational level and self-worth, and positively correlated with the level of violence.

- Multiple regression analysis showed that :-
- The sole independent predictor of psychological disturbance was educational level.
- Suicidality was predicted by unemployment and absence of psychological treatment after the assault.
- Findings from the Male Rape Myths Scale were:-
- For the 'can't happen myths, 33% of the control group agreed it was impossible for a man to be raped and 60% agreed that a strong man can not be raped.
- For the blame myths, 35% agreed that a man who is raped is somewhat to blame for not being careful and 30% agreed the victim should be able to escape from the assailant.
- For the trauma statements, 75% agreed that a man would be very upset if he was raped and 37.5% agreed that the victim needed counselling after the rape.

CHAPTER 5

DISCUSSION OF THE STUDY OF MALE RAPE SURVIVORS

Although it was not the aim of this study to make a direct comparison between male and female rape victims the results suggest the sexual assault of men by men appears to have many similarities to female rape in terms of assault characteristics, motivation and subsequent psychological sequelae. This is consistent with findings from other studies (Mezey & King, 1989; Hillman et al., 1991; Isley, 1997; King, 1995, 2000). Both male and female victims suffer from physical consequences, somatic symptoms, emotional consequences, cognitive disorders, psychological disturbance and sexual dysfunctions and difficulties.

Motivation for male rape

No one theory or model of sexual assault appears to provide an adequate explanation for its dynamics. One opinion is that sexual assault seems to be used for non-sexual purposes, usually control of one individual by another (Groth & Burgess, 1980). An opposing view is that sexual assault is predominately motivated by sexual needs (Amir, 1971; Felson, 2002). Others suggest sexual assault appears to serve both the function of power and sexual gratification (Malamuth, 1981; Malamuth et al., 1995; Jones, 2000). Although it is not possible to identify the motivation for the assaults discussed in this study, over half of the victims in this study perceived their assailant's motivational intent to be power and control.

Perhaps there is a greater balance towards dominance and power for male than for female rape, especially if male rapes are committed by men whose sexual orientation is otherwise heterosexual. Further evidence suggests that assailants have a new form of power which they can use against victims, that of the threat by the assailant of HIV transmission.

As Scarce (1997) points out:

> "A man who rapes another man and conveys the possibility of HIV transmission gains power and control over his victim not only from the immediacy of the physical violence, but also the assurance and confidence that such a threat will provide ongoing fear, dread and uncertainty." (p.155)

However, it may be concluded that as is the case with female rape, men rape men for a variety of reasons and the reasons are likely to vary depending on the relationship between the assailant and the victim (Lees, 1997). It has been suggested that assailants rarely characterise their actions as homosexual (Sadoff, 1986). Yet other studies have suggested that the majority of assailants are homosexual or bisexual (Hickson et al., 1994; Huckle, 1995. A high proportion of assailants were perceived by the victims in this study to be homosexual. Although there is no way of confirming the truth of this information, it is worth noting nonetheless. The finding that half the victims perceived themselves to be homosexual or bisexual is consistent with the findings of Mezey & King (1989) and Lacey & Roberts (1991) and is in accordance with public perception. Additionally, as most perpetrators of male rape are men, gay men may be at greater risk because they are uniquely prone to date rape or to rape by sexual partners or former partners. However, any conclusions made about the sexual orientation of victims depends on the sample being studied.

Victim characteristics

Only victims who had experienced penetrative anal intercourse by the assailant were included in the present study. However, anal intercourse was reported as the most common mode of sexual assault by victims in previous research (Isley, 1997); King, 1995; Coxell et al., 2000). Men of all ages appear to be susceptible to sexual assault, the majority of the victims being relatively young (with a mean victim age of 24yrs). This appears to be consistent with studies focusing on both male and female victims which report a mean victim age of between 17.5 and 30 years (Groth & Burgess, 1980; Koss et al., 1988; Hillman et al., 1991; Mezey & King, 1989; Stermac et al., 1996). Some researchers view the relatively young age of most victims as being a vulnerability factor (Hillman et al. 1990), while other researchers have also suggested that a prior history of rape or child abuse may place men and women at greater risk for subsequent victimisation (Frazier, 1993; Himelein, 1995; King & Woollett, 1997). In support of this suggestion this study found that 15% of the men had been raped on more than one occasion. However, young men may be more at risk from stranger rapes as they are more likely to frequent bars and night-clubs and be out and about late at night and perhaps alone. This view is held by Tewksbury & Mustaine (2001) whose research which was inspired by routine activity theory, found that lifestyles stemming from several different contexts of one's routine activites are important determinations of male sexual assault victimisation. Tewksbury & Mustaine (2001) also found that men who frequented bars where they where regulars, who frequently took drugs at parties were more likely to be victims of sexual assault due to their increased suitability as targets.

All the victims were white and this is consistent with the limited data available (Jones, 2000) that suggests that white men are more likely to be victims of adult male sexual assault.

With reference to this study, the readership of the publications where advertisements were placed may have cause a sampling bias Also whether white men are more likely to be victims of adult male sexual assault when their higher frequency in the British population is taken in to account is unclear. Therefore, more research must be conducted on larger samples before any conclusions are reached. It is probable that non-white males are even more reluctant to acknowledge their victimisation. However, as Vearnals & Campbell (2001) point out, we have little idea how someone from a different ethnic or cultural background may respond psychologically to male sexual assault. Similarly research on the effects of race to responses of female rape is unclear. Of the few studies undertaken in the 1980's, all but one reported no effect of race on responses to rape. A more recent study (Vogel & Marshall, 2001) found no ethnic difference in rates of severity of Post-Traumatic Stress Disorder (PTSD). They concluded that social economic status is more likely to contribute to women's vulnerability to PTSD than ethnicity. Therefore, future research should try and gather information on male sexual assault from men of different ethnic/cultural backgrounds.

Relationship to the assailant

As is in the case of female victims (Katz & Mazur, 1979), only a quarter of cases conformed to the stereotype of an assault by a complete stranger. Most often the assailant was known by the victim at least to the level of a brief acquaintance. This is consistent with other studies (Mezey & King, 1989; Hillman et al., 1990).

As Mezey & King (1990) point out, most women might be wary about getting themselves in to 'compromising' situations. However, for men - especially heterosexual men - there is no cultural expectation that they might be assaulted. Thus the warning bells do not ring.

Although direct comparisons were not made, it has been previously suggested (Groth & Burgess, 1980; Mezey &King, 1989; Hillman et al., 1990; Walker, 1993, King, 1995, 2000), that compared to their female counterparts, male victims of sexual assault are more likely to sustain non- genital trauma. Twenty-eight of the victims in this study suffered physical injuries. As reported in previous studies (Calderwood, 1987, Hillman et al., 1991) many of the victims experienced serious physical assault. This however, could be viewed as a reporting bias, in that men who experience physical assault are more likely to come forward and is consistent with the finding of Kaufman et al. (1980) Yet, in this study only four out of the fourteen men who needed medical treatment, disclosed the sexual aspect of the assault. Only a small proportion managed to fight back and three quarters were afraid of being killed. According to Cotton (1980) the presence of weapons and force during the assault serves to terrorise and maintain control of the victim.

However, contrary to previous research that suggests that male victims of sexual assault are more likely to have multiple assailants (Calderwood, 1987; Mezey & King, 1989; Lacey & Roberts, 1991; Frazier, 1993), findings from this study suggest that, although a direct comparison was not made, as in the sexual assault of women, single assailants are common and it can be concluded that men can be as easily intimidated by a sole aggressor as women can. However in this study more force was used than in typical male to female rape.

Victims initial reactions after the assault

Findings from this study agree with others (Groth & Burgess, 1980; Anderson, 1982; Mezey & King, 1989) in indicating that not only do men, like women, react to the threat of extreme personal danger with frozen helplessness, but twenty nine men also described the sense of helplessness as being more damaging than the sexual aspect of the encounter.

According to Anderson (1982), the male victim's inability to control his circumstances and his body is for him far more devastating than for his female counterpart, as he has been socialised to believe that the sexual assault of men is impossible. Socialisation can also explain the gender difference in the 'initial reactions' to rape. The majority of female victims are said to display an emotional 'expressive' reaction to rape (Burgess & Holstrom, 1974). However, a 'controlled' reaction was reported by the majority of men in this study and this is consistent with other studies (Groth & Burgess, 1980; Kaufman et al., 1980; Mezey & King, 1989; Walker,1993). It reflects a gender role expectation that it is unmanly for males to express uncontrolled emotion even in the face of physical and emotional trauma. Interview studies conducted by Lizak (1994) revealed that nearly every man interviewed described at least one event, often several, that involved intensely traumatic experiences having to do with their gender socialisation. They described incidents in which they were so traumatically humiliated for displaying gender inappropriate emotions, that the experiences were forever etched into memory, in just the same way that the traumatic experiences are. These findings are reiterated by Bly (1990) who writes: -

" Men are taught over and over when they are boys that a wound is shameful. A wound that stops you from continuing is a girlish wound. He who truly is a man keeps walking, dragging his guts behind."

The two opposing reactions are generally consistent with the way that men and women react to a variety of stress- inducing events.

Long term psychological effects

It is reported that on the whole, all forms of crisis intervention and ongoing support produce some positive benefits for female rape victims (Foa et al. 1993). Yet, despite treatment intervention many women probably never really come to terms with what has happened to them.

However, the reluctance of male victims to tell anyone about the assault, coupled with the lack of counselling and support for male victims could explain the difficulty men appear to have in accessing the help they need. This study and previous research (Groth & Burgess, 1980; Anderson, 1982; Calderwood, 1987; Myers, 1989, Mezey & King, 1989; Walker, 1993; Huckle, 1995) show that many male victims suffer deep and long-lasting psychological and behavioural effects. Although each victim has a different set of long term consequences, common reactions reported include emotional disruption manifested by depression and increased anger. There is also disturbance in cognitive functioning taking the form of flashbacks to, or preoccupation with memories of the assault. Psychologically the victims reported feeling devalued with regard to their identity and self esteem, and they reported social difficulties, including discomfort in-groups of men, distrust, emotional distancing and social isolation. Victims also reported sexual dysfunction, drug and alcohol abuse, rape- related phobias and suicide attempts.

Twenty-eight men experienced conflicting feelings regarding their sexual orientation and twenty-seven expressed concerns over their masculinity. Male rape appears to seriously undermine the victim's sense of masculinity and feelings of ambiguity about sexual orientation can affect men regardless of their sexual orientation prior to the assault. Three homosexual victims viewed the assault as a form of punishment for their sexual orientation. This is one of the main differences between the effects of rape on men and women. Although women who are raped often experience serious disturbance in their future sexual behaviour, they do not in general have a crisis of sexual identity in the same way that many men do (Lees, 1997). The exception is lesbian women. Any physiological response by the victim during the assault or the decision not to resist can raise doubts regarding her complicity or her sexuality (Garnets et al. 1990).

Although I did not specifically ask about the victims' physiological responses to being raped, six men in the study remarked on the shame and horror they felt regarding their physiological reactions to the assault (i.e. erections and ejaculation). Lees (1997) suggests that a parallel can be drawn with the experiences of women who lubricate or may even orgasm when raped. In both men and women, confusion arises over the meaning of physiological responses to rape. However, in both cases a physiological response should not imply consent. Yet ejaculation may be viewed by the assailant as the ultimate symbol of power and control over the victim. In a study by Groth & Burgess (1980) 41% of the assailants reported making substantial efforts to get their victims to ejaculate. It is suggested by Groth & Burgess (1980) that such a reaction symbolises the assailant's complete control over the victim's body.

Daly & Wilson (1988a) suggested that it may be that a reasonably large percentage of people have actually entertained homicidal thoughts. Kendrick & Sheets (1993) found when investigating this claim found that 73% of non- victimised men in one study and 79% in a second study reported homicidal fantasies. In the present study 95% of the victims reported thoughts of fantasised or planned retaliation against their assailant. Perhaps this finding is not surprising due to the isolation and anger the male sexual assault victims can experience. Fantasies and planned retaliation can be viewed as behaviours that are temporarily empowering for the victim. To plan or to take vengeance on those responsible may seem to the victim the only way to achieve justice. This view is reiterated by the finding that only five men in the study reported the rape to the police.

Thirty-five men reported that the rape had a lasting and detrimental effect on their lives. The most common problems reported were difficulties in forming relationships and lack of trust. This is consistent with the research carried out by Mezey & King (1989) who reported an impairment in the ability to form relationships and the inability to trust.

Research also reveals similarities with victims of a wide range of life-threatening situations with the development of PTSD (Huckle, 1995). Findings from this study support this view, with between 65% and 95% (depending on the reaction) of the male rape victims reporting symptoms of PTSD (assessed by the Impact of Events Scale: Horowitz et al. 1979). Fifty two percent of the victims reported that they often experienced intrusive thought of the rape and flashbacks to the rape. Forty five percent reported that they often suffered sleep disturbance due to re-experiencing of images and thoughts related to the rape and 35% reported often having nightmares about the rape. Fifty percent of victims reported that they often avoided stimuli that triggered memories of the rape and 52% reported often trying to erase the rape from their memory. This would suggest that many of the victims met some of the criteria for PTSD, even though for the vast majority of victims the assault happened many years earlier. However, the men who reported experiencing avoidance behaviour and intrusive thoughts most often were raped the most recently (i.e. six weeks to six years since the assault). This is consistent with research with female rape victims (Kilpatrick & Vernon, 1984a) that found that 88.9% of victims were still experiencing rape-related intrusion and avoidance three years post-rape.

Many of the male rape victims would appear to have undergone a traumatic event outside the range of usual human experiences and as a consequence appear to be unable, even many years later, to integrate the event into their existing schema.

This is compatible with research on concentration camp survivors, nuclear holocaust survivors and Vietnam war veterans that suggests that PSTD symptoms are found many years later. It is also clear that traumatic events including the effects of sexual assault do not necessarily result in a successful conclusion (Turner, 1992). The psychological elements of the event remain in memory as determinants of intrusive imagery or other PTSD symptoms.

To gain a full understanding of PTSD, it will be important for future research to investigate not only the variables that are involved in the onset of PTSD, but also those that maintain the disorder.

The identification of what keeps the post-traumatic symptoms going, and the exploration of the mechanisms by which such maintaining variables may operate is likely to contribute to the development of more effective treatments.

The comparison of the psychological functioning between the victims and of a control group (Chapter 4) found significant differences in psychological symptoms between them. None of the control group were found to be experiencing high levels of psychological distress. However, 30% of the victims reported high levels of somatic symptoms, 28% reported serious social dysfunction, 40% reported high levels of anxiety and insomnia and 35% reported severe depression. The men reporting the highest degree of psychological distress were raped the most recently (i.e. six weeks to six years since the assault). Nevertheless, it is suggested that there is an urgent need for victims to have access to mental health professionals at the time of the assault.

This study clearly shows that sexual assault affects the victim's perception of himself; he reports significantly lower self esteem than a comparable non-victim. This is consistent with the research carried out on female rape victims (Murphy, 1988). However, there was no association between the time elapsed since the rape and the level of self-esteem.

The Assumptive Worlds Perspective developed by Janoff-Bulman (1989) accounts for the negative responses to victimisation. Janoff-Bulman argues that a victimising event shatters the perception of personal invulnerability and, as a result, alters the assumptions of self-worth and world meaning on which the belief was based. According to this model, the assumptive world must be rebuilt and its content altered to assimilate the new, more negative information that resulted from the victimisation. Janoff-Bulman (1989) found that in a mixed gender sample, victims compared to non- victims saw the world as less benevolent, less meaningful, and perceived themselves more negatively, even though the negative event had happened many years earlier.

The present study found four differences between victims and non-victims. The victims perceived the world as more random, perceived themselves as acting in a more careless manner and that they perceived themselves more negatively and as more unlucky. There was no association between the victims' scores and the time elapsed since the rape. One can only speculate as to why the victims and controls only differed significantly on four of the eight constructs that make up The World Assumption Scale (WAS: Janoff-Bulman, 1989). Perhaps this may be due to most respondents having experienced their victimisation many years prior to the study. Therefore, they may have re-worked the data from the victimisation, as to make it fit in to their schema, and thereby maintained their old assumptions about the world. Research is needed to compare the assumptive worlds of recently raped men, with men raped some time ago.

However, to find respondents to participate in such a study may prove difficult. This study however did find that men raped less than five years prior to taking part in the study had lower scores on the Justice and Benevolence scales. Indicating that these men viewed the world in which they lived as less just malevolent, hurtful place than men raped longer ago. This suggests that the shattering effect on the victim's belief system is evident many years after the assault.

In research with female rape victims there has been disagreement about which variables influence recovery from rape trauma. However, prior to this study there has been no research with male rape victims to find out which variables are associated with their long-term psychological adjustment. Prior to multivariate analysis, results of a correlation matrix suggested that younger victims were more likely to be homosexual and more likely to attempt suicide. Victims with lesser academic achievement were less likely to be in a relationship and more likely to attempt suicide. Younger victims were more likely to be assaulted by one assailant who was known to them prior to the assault.

These relationships were explored further using multiple regression. Correlation's between predictor variables and outcome measures revealed that victims with low self-esteem were more likely to have lesser academic achievements, more likely to have a high level of psychological disturbance and were more likely to have made a suicide attempt. With regard to victims' conceptions of justice and controllability, those who saw the world as less just and less controllable were more likely to have made a suicide attempt. Additionally, victims with a higher level of psychological disturbance were more likely to have lower self-esteem, were more likely to have experienced violent physical aggression during the assault and were more likely to have been assaulted comparatively recently.

The only two findings revealed by regression analysis were that victims with lesser academic achievements were more likely to have higher levels of psychological disturbance and that victims who were unemployed and did not receive psychological treatment after the rape were more likely to attempt suicide. These findings are consistent with the findings that economic status is inversely related to recovery to rape in female victims (Vogel & Marshall, 2001). However, are contrary to the findings of Kilpatrick et al. 1984 who reported that the level of education had no effect on the psychological response to female rape. Nevertheless, as level of education is in many cases related to level of income the relationship between lesser academic achievements and higher levels of psychological disturbance is not surprising. However, there are no comparable studies to relate the to relationship between unemployment, no psychological treatment and attempted suicide. Research has found that many women who receive on-going counselling during the year following the rape suffer less long-term psychological disturbance (Mezey & Taylor, 1988). Therefore, it is not unexpected to find that coupled with the social isolation unemployment may bring and the lack of psychological help, men are likely to attempt suicide.

Disclosure of the rape

Other evidence shows that males rarely report their assaults to the police and this study supports this finding. Only five of the victims reported the assaults and of those, four regretted their decision to do so. They regretted reporting the assault because they thought the police were unsympathetic, homophobic and they felt that their complaints were not taken seriously.

One man stated that two female police officers were sent to the scene of the assault, which in his opinion was totally inappropriate due to the nature of the crime that had been committed. Pino & Meier (1999) suggest that the situational characteristics of rape, and the factors that influence a rape reporting decision, differ by gender. Whereas men fail to report rape when it jeopardises their masculine identity, women fail to report rape when rape does not fit the classic stereotypical stranger rape situation. In this study the main reason why the victims did not report the rape was that 18 men said they blamed themselves for the assault. In fact, the disclosure patterns of the subjects indicate that most male victims do not feel free to discuss their sexual assaults with anyone. In addition, when they do finally talk about their experiences, the victims' choice of persons to hear their first disclosures seems to indicate a particular reluctance on the part of the males to admit their vulnerability to partners. Less than a third disclosed to individuals with whom they had significant relationships. As in non-sexual areas of their lives, men are generally expected to defend themselves against threat; as rape is synonymous with the loss of masculinity there may be a substantial risk to the male rape victim's self-concept in reporting this crime.

Help available to victims

Although this study is not large or representative enough to indicate the natural history of men's reaction to sexual assault, the fact that almost 60% of the victims had sought psychological treatment at some point after the assault, and prior to taking part in the study, is striking. From this it may be inferred that if males and females had equal access to care and concern after an assault, the initial acute reactions which usually follow may be resolved for most men within about a year of the assault.

This is the case for many women who receive crisis counselling, follow-up counselling, and support (Mezey & Taylor, 1988). However, even with psychological help at least 25% go on to exhibit ongoing long-term psychological disturbance (Hanson, 1990). This suggests the long-term psychological reactions reported in the study and other studies (Anderson, 1982; Goyer & Eddleman, 1984; Mezey & King, 1989; Hillman et al., 1991; Walker, 1993) may be preventable for the many male victims. Therefore, based on evidence from this study, it is suggested that in order to address the psychological needs of the male victim of rape a well-publicised nationally available expert service is needed. Ideally, centres where male victims can go for crisis counselling, first aid, long term counselling, advice on reporting the assault and if necessary advice on taking the assailant to court should be made available to male rape victims. Recently a number of these specialist centres have been set up such as Safe (sexual assault forensic examination centre in Preston). Further, The Male Rape Support Association situated in Fleetwood provides a help-line, support groups in Fleetwood and Preston, a fortnightly surgery in Blackpool and an outreach service for male rape victims in the Lancashire area. However, these centres or facilities are not available in all parts of the country.

It is further suggested that a national specialised rape counselling service already catering for women (i.e. Rape Crisis) could include men as well. This is slowly happening, with more rape crisis centres catering for men. However, rape crisis centres traditionally viewed men as aggressors rather than potential victims. It is feasible in all rape crisis centres to provide a separate space for men, as is the practice of Birmingham Rape Crisis Centre, so neither sex would feel threatened by the other's presence.

However, at present the Rape Crisis Centre's paid and voluntary workers are predominately women. and research carried out by Donnelly & Kenyon (1996) in the US would appear to make it unlikely that many female workers would welcome counselling male victims. They found that many female employees from rape crisis agencies endorsed the belief that men could not be the victims of rape, that male victims wanted to be raped, and that male rape was quite rare and therefore was not a problem. Over one third of the agencies they contacted said they would not provide services to a male victim.

The aforementioned is an example of what is described as a rape myth. Although there is a substantial amount of literature on myths about rape victims, virtually all of the studies deal exclusively with female victims. An acceptance of these beliefs is attributed to a variety of beliefs about male sexuality, including the belief that men are too strong to be forced into sex, and the belief that men cannot have erections in forced encounters (Struckman-Johnson & Struckman-Johnson 1992). These authors also suggest that beliefs about rape not being upsetting for male victims may be due in part to societal beliefs that men are, or should be, emotionally tough and able to cope without assistance. Research by Davies & McCartney (2003) compared the acceptance of male rape myths in a sample of gay men, and compared their reactions to those of heterosexual men and women. Their findings showed that heterosexual men endorsed more rape myths and blamed the victim more than heterosexual women or gay men. The belief in male rape myths by victims, the police, the judicial system and medical staff is thought to explain why male rape is rarely discussed or reported.

In this study the control group were asked only to complete a Male Rape Myth Scale. Although many of the respondents rejected the male rape myths, a sizeable minority agreed with at least some of them.

For example, 30% of respondents agreed that male rape is impossible and 35% agreed with the victim blame myth that a man should be able to escape from an assailant. Although 75% viewed male rape as traumatic, 25% of respondents felt that a male victim would not be upset by the assault. These results were consistent with the findings of Struckman-Johnson & Struckman-Johnson (1992).

Although no empirical evidence can be found to substantiate his claim, Donaldson (1990) suggests that the lack of dialogue about male rape is so powerful that burglars have been known to rape their male victims as a sideline in an attempt to prevent them reporting the theft to the police. This lack of reporting in turn contributes to the belief that male rape is not a problem, resulting in little demand for treatment programmes, prosecution of offenders and adequate support services for male rape victims.

Regarding the gender of the counsellor King (1995) states that there is no evidence to suggest that the sex of the counsellor influences the outcome of counselling. Yet he suggests that in order to help male victims feel safe again with men, then a male counsellor may be crucial. However, the findings from this study lead the author to conclude that this is a fallacy: 80% of the victims reported that it was easier taking part in the research knowing the researcher was female. Similarly, Perrott & Webber (1996) found that almost half the men in their non-victim study believed that if they would prefer a female counsellor.

Remarks made by two victims in the present study, who had received counselling from a female were 'There was no way I was going to talk about being raped with a man- any man' and 'I trusted the man who raped me, I would be afraid to put my trust in a male counsellor'.

Based on these findings the author suggests that with additional training a qualified female counsellor can prove beneficial in the recovery process for male rape victims. The reasons are that firstly male victims may anticipate a greater degree of empathy based on the assumption that most women know what it must be like to have been raped and can appreciate the vulnerability, fear and helplessness that accompanies it. Secondly, when a counsellor is a woman there is the reinforcement of the man's heterosexuality by the male- female dyadic relationship. This can be especially important for those men whose gender identity and sexual orientation has been severely shattered by the assault. Thirdly, homosexual men or those men who have fears about being homosexual may feel more at ease with a female counsellor, as they anticipate she will be more accepting of their homosexuality. Fourthly, victims who fear a repeat attack and are afraid of being alone with men may feel less threatened and more relaxed with a female counsellor.

Much of the psychological distress victims suffer when faced with the knowledge that anal trauma carries with it the risk of STD acquisition and HIV could be lessened if STD clinics and genito-urinary departments were seen to be non judgmental, approachable and supportive. This perception may enable victims to come forward immediately for the appropriate medical help and counselling.

However, based on the remarks made to by genito-urinary department staff to the author, these facilities would appear far from user-friendly. The few departments that bothered to reply to the request for their participation in the study either stated that male rape was not a problem in their area or that they had few homosexual clients. Several of the men who took part in the study reported that the staff in genito-urinary departments they approached were less than helpful and appeared not to initially believe their claims. Nevertheless, even if male victims had access to a nationally available expert service and made better use of STD clinics and GUM departments, it would be naive to suggest that no victims would go on to develop long term problems. Thus it is proposed that research is urgently needed to determine which specific treatment approaches are useful in decreasing these psychological problems. However, before the appropriate short and long-term treatments can be provided, there is a need to increase the level of awareness of male rape among the general public, especially among health care professionals. There is also a need for more research on the psychological effects of male rape and the factors influencing the recovery from rape trauma.

Limitations of the study

Limitations of the present research may include first, a lack of detail in the reports. Although the Male Rape Questionnaire (MRQ, Walker, 1993) was carefully constructed, it is likely that much of the detail of the experience and feelings of the participants would be lost through using a questionnaire measure, even an open-ended one. To counteract this, further research could include face to face interviews, but due to the delicate nature of the research it may be a problem to find participants who are willing to engage in this. It could also be suggested that participants may have not given the questionnaire their full attention.

However, when reading many of the comments written on the questionnaires, it does seem that participants not only took their participation in this present study seriously, but also were encouraged that someone was studying the problems faced by victims of male rape. In addition, many expressed a hope that their co-operation might go some way to changing attitudes towards male rape victims.

However, there is a need to acknowledge the potential distortion in using retrospective recall. Nevertheless many participants elaborated on their answers and provided considerable detail. However, as Etherington (1995) states:

" memory is something that cannot be validated in research...validity does not need to concern itself with only fact..... validity can be equated with the quality of being well founded, soundness and coherence.

It was my aim to gain information about adult male rape from the victims themselves. I ensured that as far as was in my control that the information I have presented was valid and is an accurate reflection of the experiences the victims revealed to me. In the present study, it may be impossible to establish whether the psychological problems reported by the participants were solely the direct consequence of the assault or whether the initial traumas had been exacerbated by other life events. There was also no evidence to suggest that men who had been sexually assaulted more than once exhibited more psychological distress than those men assault on one occasion. Yet research suggests that female victims and more likely to show a higher degree of psychological distress if they had been sexually victimised previously (Himelin, 1995). Further, once a women has been sexually assaulted her risk of future victimisation greatly increases Gidycz et al, 1995). The reason why women with a history of sexual assault are more prone to further assaults is unclear However, Wilson et al. (2000) found that women with a history of multiple victimisation experiences exhibited poorer risk recognition than single incident victims or non-victims.

Comparable research with male victims needs to be undertaken.

Briere (1992) suggests that:

"One might assume that the victimisation experience reported by the victims antedate their current psychological functioning, the reverse may be true. Current psychological distress or symptomology may impact on the respondents' retrospective reports of abuse...such difficulties may arise from the effects of time on recollection, as well as the influence of current psychological functioning on the accuracy of recall" (p.196).

Similarly, Friedrich & Reams, 1987) report that abuse- related symptomology can wax and wane across the lifetime span. However, it would be extremely difficult to undertake longitudinal studies with male rape victims. Therefore, even though a comparison of the psychological functioning of the victims to that of a well-matched control group found that there were significant differences between the two groups. One has to be aware that differences between the two groups that are attributed to the long- term effects of sexual assault are vulnerable to inferential error. Until future studies have at least in part replicated some of the findings from this study, sweeping statements about the long-term psychological effects of adult male rape victims compared to even a well-matched control group of non-sexually assaulted men (as was used in the study) should be avoided.

Finally, an ethical issue that may be raised is that conducting research with individuals who have been sexually assaulted may evoke disturbing memories and distressing emotions.
However, research suggests (Draucker, 1999) that the benefits of confiding a traumatic experience to a trustworthy other seems to outweigh the immediate distress that accompanies discussion of painful experiences. Many of the participants in this study reported that their participation was cathartic. They felt they were helping others and they appreciated someone willing to hear their experiences. Two comments made by victims were:

"Primarily I took part in the research to get the experiences off my chest. However, I want your research to make a difference and to help the professionals understand what it is like for a man who has been raped"

" Just to talk to a researcher helped me and I hope what I have said will help other men in the same situation and help educate others."

Research suggests that although positive reactions to disclosure do not necessarily reduce symptomology receiving positive support after a trauma is related to better adjustment to the trauma (Nolen-Hoeksema & Davies, 1999; Lepore et al., 2000).

Conclusions

Despite these limitations, the present study has increased the knowledge in the field of adult male sexual abuse by gaining a better understanding of the psychological impact on adult male victims. To date no other study has used a matched control to determine whether men raped as adults differ significantly in their psychological adjustment from adult males who have not been raped. Nor have researchers attempted to investigate the relationship (if any) between the abuse characteristics and the measures of psychological functioning using a sample consisting of adult male rape victims.

The results emphasise the severity and the duration of the psychological problems that may result from male rape. How representative this sample may be cannot be determined due to the sample being small and derived from assault victims who would respond to media advertising. The sample may have included the more psychologically damaged individuals. However, it is extremely difficult to find male rape victims willing to come forward and participate in research, as men in general do not readily volunteer to talk about negative emotions and stressful events.

Nevertheless, what may be concluded from the present, admittedly small sample is that sizeable numbers of men are likely to have serious and lasting problems as a result of being raped. I suspect that none of the victims would agree with Taylor et al. (1983) who stated that:

"victims of life-threatening attacks, illness, natural disasters, and other such events sometimes seem from their accounts not only to have overcome the victimising aspects of their situation, but actually to have benefited from their experience" (p.20).

Clearly, much more research needs to be carried out before an adequate theory can be developed to explain the occurrence of adult male sexual assault. However, the current assumption that sexual victimisation directly results from cultural stereotyping which suggests that females are passive victims and males the sexually aggressors needs to be challenged. Research into adult male rape would suggest that the act of rape is not reserved for females alone. Further, male rape does not only occur in an institutional setting where males have no access to females, but it occurs in the environment where females are present. Additionally, further research addressing male rape myths is needed so that false and prejudicial attitudes towards adult male rape victims may be challenged.

Therefore my next study will be concerned with obtaining the views of non-victimised young people about male rape. The concept used to guide this work will be the rape script, which will be used as a tool to assess how realistic young peoples views of rape are, in relation to first hand accounts of male rape.

Hopefully future research focusing on the emotional, physical and psychological consequences of adult male rape will be conducted on larger sample sizes and on men from different sexual orientations and from different ethnic backgrounds (Vearnal & Campbell, 2001).

This may ultimately lead to adequate medical and support services and effective psychological interventions being available to all male rape victims who require them.

Finally, little research has been carried out on what motivates men to rape other men. The author contacted every prison in the United Kingdom that houses sex offenders, in an attempt to set up interviews on a sample of convicted male rapist, to assess who these men are and what motivated their offences. However, no prison would allow such interviews to taken place, even when the prisoner had agreed to be interviewed. Comments made by the prison authorities were that it was too dangerous for a woman to have contact with convicted male rapists, in case the prisoner decided to track down the researcher after leaving prison. Hopefully, in the not too distant future, a researcher may be given access to incarcerated male rapists. However, it may be difficult to identify the true motives from convicted rapists' accounts.

CHAPTER 6

RAPE SCRIPTS

Introduction

Scripts in general

People develop cognitive scripts for stereotypical sequences of events (Schank & Abelson, 1977; Bowers, 1979; Abelson, 1981). Scripts are prototypes for how events normally proceed. Bowers (1979) found that when asked to generate event descriptions of a number of different events, people agreed substantially on the component acts and their sequence. Additionally, subjects agreed on how to segment the scripts' actions into chunks or scenes.

Previous research has shown that scripts exist for an assortment of activities, such as driving a car or having a job interview. One commonly cited script is the restaurant script. A restaurant script may include: going in to the restaurant, looking for a empty table, choosing where to sit, sitting down, receiving the menu, reading the menu, deciding what you want, giving the order to the waiter, receiving the food, eating the food, asking for the bill, leaving a tip for the waiter, paying the bill and leaving the restaurant (Nelson, 1981). If one begins to read a passage about eating in a restaurant, one expects to read about each of these activities.

Fiske & Taylor (1991) suggested that scripts function as do other schemas. Information is processed into memory, the memory representation contains a 'script pointer' which indicates the generic script that best matches new information. Any actions or data that are not consistent with the script are tagged and kept functionally separate (Graesser et al. 1979). Scripts involve expectations about the order as well as the occurrence of events.

One major test of the power of scripts to organise comprehension is the gap- filling phenomenon (Abelson, 1981). Research has shown that after reading a passage about an activity, people falsely recognise information that was not presented in the passage but that is in the script for the activity (Abelson, 1981; Maki, 1990). It appears that we fill in the gaps in normal memories or anecdotal narratives by replacing actual memories with the expectable, the common, and the stereotyped. Therefore, after reading a passage about someone in a restaurant in which the script-consistent is missing (e.g., paying the bill), one is likely to remember that information as having been actually in the story.

Sexual scripts

The use of scripts has also featured in contemporary research on consensual sexual activities and sexual aggression. Scripts can exist for a number of sexual activities including a first date, a seduction or a rape. Laws & Schwartz (1977) stated that the interpretations of these events by both men and women are influenced by their cultural and social environments. It is suggested that because sexual behaviour generally occurs in private these scripts tend to be highly stereotypical and often erroneous (Storms, 1980).

Findings from sexual script research are generally derived from self-report data (Walker et al. 1996) and questionnaires (LaPlante et al., 1980; O'Sullivan & Byers, 1992).

Generally in sexual script research participants are asked to generate a list of sexual activities and put them in the order in which they would most likely to occur in a particular situation: for example, a first date, or for the sequencing of sexual behaviour leading to intercourse (Frith & Kitzinger, 2001).

Rose & Frieze, (1993) asked students to list at least 20 actions that led up to a date, occurred during a date, and ended a date. Participants stereotypically portrayed the woman as being the conversationalist and concerned about her appearance. The woman was further described as waiting to be asked for a date and avoiding sexual contact during the first date. The role of the man was also portrayed as stereotypical, with participants describing him as requesting, planning and paying for the date. The only sex differences found between the male and female scripts were that more female participants reported the woman's concern with her appearance and more male participants reported that a man requests the date.

Earlier research by LaPlante et al. (1980) also found that students adhere to traditional sexual scripts regarding sexual encounters. Participants mostly labelled strategies for initiating sex as masculine behaviour and strategies for avoiding sex as feminine behaviour. Additionally, participants reported that they adopted the stereotypical behaviour for their gender when engaging in sexual encounters; with males initiating the encounters and females avoiding the encounters. Probably the main finding from sexual script research is that heterosexual activities occur in a certain order.

Previous research on rape scripts

Research has also found that individuals have scripts for negative sexual experiences, including rape. According to Krahe (2001) rape scripts define the types of situations which are by general consensus, regarded as rape. However, currently the research that has been carried out using rape scripts, focuses solely on male to female rape, leaving research on male rape scripts unexplored.

The findings are nevertheless consistent with the majority of research on rape and so far appear to report the usual rape stereotypes. Stereotypes are defined as false or over generalised beliefs (Ashmore & Boca, 1981) and beliefs shared by a community or broader society (Gardner, 1994). Commonly reported rape stereotypes are that the victim is assaulted by a stranger who uses a weapon, an assault which is carried out at night, in a public place, with lots of violence, and with resistance by the victim (Burt, 1988). However, contrary to public perception, Koss et al. (1988) found that most rapes are committed by an acquaintance of the victim. They found that in a sample of 489 female rape victims only 52 reported being raped by a stranger, whereas 416 reported being raped by an acquaintance. Similarly, a recent US Crime Survey revealed that 75% of all reported male to female rapes were carried out by a man previously known to the victim (US Department of Justice, 2002).

Burt (1991) suggested that a stranger rape is often perceived as the classic 'real rape' and that a rape by a date or an acquaintance is not a rape by a stranger, and is excluded from the category of 'real rape'. Burt (1991) further suggested that the common perception of rape does not match the legal definition, because rape stereotypes influence the common perception. She concludes that rape stereotypes justify and excuse rape and deny victims appropriate support. Evidence that appears to support this claim is provided by Krahe (1991) who found that police officers' scripts for a 'real rape' described a stranger rape. In contrast, a false or dubious rape involved a rape by an acquaintance. This suggests that the more a rape deviates from the police officers' script of a 'real rape', the less credibly it is viewed.

Ryan (1988) used scripts to show that college women have different rape and seduction scripts. They found that compared to seduction scripts college students' rape scripts typically described outdoor locations and assailants who were strangers, a description that resembles Burt's notion of a 'real rape' script. The rapists were mostly described as mentally or socially unfit and were generally physically unattractive. More recent research comparing rape and seduction scripts found that there was a degree of overlap between the two types of scripts, which supports the notion that certain incidents of rape can be construed as a normative sexual event, such as a seduction. (Littleton & Axsom, 2003).

Research by Krahe (1991) found that students who were asked to report what represented a typical rape and a dubious rape defined the typical rape in accordance with a stranger rape script (a real rape script). However, a dubious rape was defined as similar to an acquaintance rape (a rape-taking place indoors, committed by an assailant known to the victim). Further, the two types of rapes differed in the assumed psychological consequences for the victim. The consequences of a typical rape were deemed to be serious and the consequences of the dubious rape were deemed to be slight.

Krahe (2001) suggested that the reduction of rape scripts to stranger assaults affects the individuals' self-identification as a rape victim. Further exploration of female rape victims' scripts has revealed not only two types of rape script (stranger and acquaintance) but also two groups of female rape victims. The first group were those who reported a forced sexual experience and identify themselves as rape victims (acknowledged victims). The second group were women who reported a forced sexual experience but answered no when asked if they had been raped (unacknowledged victims).

In a similar study, Littelton & Axsom (2003) reported that in acknowledged rape scripts the key features appeared to be the use of physical violence on the part of the assailant and resistance on the part of the victim. However, these features were often absent in unacknowledged rape scripts. Similarly, Bondurant (1995) found that half of the unacknowledged victims in her sample held a stranger rape script. Yet, although the other half of the unacknowledged victims held an acquaintance rape script that matched their own rape experience in at least some detail, these women still did not acknowledge their experience as rape.

It would appear that stereotyped beliefs are the mechanism that individuals use to justify dismissing an incident of sexual assault from the category of real rape. Krahe (2001) suggests that the reduction of female rape scripts to stranger assaults also affects the social perception of rape victims and assailants. Similarly Howard (1984b) states that scripts grounded in assumptions about the expected behavioural sequences of events operate as societal stereotypes influencing observers' reactions to the victim.

According to Krahe (2001) the tendency to restrict the negative evaluation of rape to the real rape script is further promoted by the widespread acceptance of rape myth acceptance. Rape myths are examples of stereotyping and defined by Lonsway & Fitzgerald (1994) as

"attitudes and beliefs that are generally false but are widely and persistently held and that serve to deny and justify male sexual aggression against women" (p.134).

Scripts are generally acquired through participation in, or observation of, the relevant event. However, the majority of individuals do not have first hand knowledge about rape and therefore most of the information gained comes from others in their social world including the media.

The media are probably the biggest contributors to stereotypes, manipulating events around rape, with their sensationalist reporting. Much of the information available on rape appears to involve an over-simplification of the assault and a stereotypical view of the victims and the perpetrators.

With regard to male to female rape, while constituting the minority of rapes that occur, the stereotype tends to be of a young, provocative women who is raped in a deserted place, by a psychologically abnormal and sexually frustrated stranger, who is likely to have a weapon. However, such rapes constitute the minority of those that occur (Russell, 1984; Koss, 1988). These type of stereotypical beliefs have been found to be prevalent by several studies using a variety of methodologies and populations (Burt, 1980; Koss et al., 1988; Gillmartin, 1988; Lundberg et al., 1989). More recently Johnson et al. (1997) examined the acceptance of rape myths, using a sample of 149 undergraduate students. The study used several rape myth dimensions and found that a considerable proportion of respondents adhered to various rape myths. Consistent with previous research they found that men possess a higher level of support for rape myths (Gillmartin, 1988; Lonsway & Fitzgerald, 1994; Carmody, 2001).

With reference to male rape, this tends to be marginalised as a gay crime. There seems to be a societal belief that a male who is sexually assaulted by another male must be gay or acting in a gay manner. It is also assumed that males who sexually assault other males must be gay. Further assumptions are that a man cannot be forced to have sex against his will; men should be able to fight off the offender; males are less affected by the assault than females and that sex is the primary motivation (Coxell & King, 1996).

These stereotypes are generally reported anecdotally in male rape literature (Kerr- Melanson, 1999). Although little empirical work has focused on male rape myths, the small body of literature available suggests that men are more likely to endorse them than women are. The first male rape myth study was undertaken by Struckman- Johnson & Struckman- Johnson (1992). This study administered a scale made up of 12 male rape myths to 315 undergraduates. In half the statements the assailant was male, and in half the assailant was female. Even though the majority of respondents rejected the male rape myths, a sizeable minority agreed with some of them. For example 28% reported that a male victim would not be upset by the assault. Research by Davies & Lee (1996) found that 57% of male respondents agreed that men who rape other men are homosexual and 39% believed that male victims of sexual assault are homosexual. Kerr & Holden (1995) found that a quarter of their respondents held the belief that male rape is sexually motivated. However, surprisingly, stereotypes about men's ability to fight off their assailants were only endorsed by 12% of male respondents. Concordant with the research on female rape myths Johnson et al. (1997) found that men were more likely to adhere to male rape myths than women.

Attitudinal factors also contribute to belief in rape myths and it is suggested that individuals who adhere to rape stereotypes tend to hold the victim and not the rapist, as partially responsible for the rape (Ford et al. 1998). Likewise, Burt (1980) suggests that stereotypes create a climate that is hostile and blaming to male to female victims and provides excuses and justifications for the assailant's behaviour. This is reiterated by a number of studies that show a significant difference in social perception between male to female stranger and acquaintance rape. Willis & Wrightsman (1990) found that a victim of male to female rape by an acquaintance was attributed more blame than a victim raped by a stranger. Further the psychological effect was reported as less damaging if the rapists was an acquaintance.

Additionally, reviews by Pollard (1992) and by Anderson (1999), found that men hold more punitive attitudes towards both female and male rape victims than women do.

While negative and blaming responses towards female rape victims have been well documented, more recent research suggests that male victims of rape tend to be blamed more than female victims in both stranger and acquaintance rape situations (Davies & McCartney, 2003). Similarly, White & Kurpius (2002) reported a significant interaction between participant sex and victim sex, indicating that men assign more blame to male victims than to female victims. They also found that male victims were apportioned more blame if they did not fight back.

A previous study by Davies et al. (2001) and a study by Wakelin (2003) found that male respondents judged gay victims more negatively than they did other victims and that female victims' attitudes were pro-victim regardless of the victim's gender and sexual orientation. Additionally, Davies & McCartney (2003) found in a depicted gay male rape that heterosexual men endorsed more rape myths and blamed the victim more than gay men did. Further, gay men were found to make the most pro-victim judgements overall.

Based on evidence from dating scripts, Krahe (2001) suggested that although young people of both sexes may regard less stereotyped behaviours as desirable, their dating interactions remain committed to conventional stereotypical sexual scripts. Similarly, research on male to female rape scripts reveals that unacknowledged rape victims are likely to label rape as the stereotypical stranger rape. Likewise, Krahe (1991) found that students labelled a typical male to female rape as a stranger rape. Therefore it may be concluded that the adherence to traditional scripts is linked to a belief in rape myths and attributions of blame towards the victim.

The research reviewed above shows that the exploration of rape scripts is limited to the male to female rape scripts and there is currently no evidence on how most individuals believe a male to male rape proceeds. Therefore, using the concept of scripts, the aim of the present study is to explore the male- to- female and male- to- male rape scripts of a group of non-victimised university students, in order to establish whether these contain stereotypes about rape. The two sets of scripts will be compared, to provide a basis for a comparison between the first hand accounts from victims presented in earlier chapters and individuals' beliefs about a typical male rape.

Considering the high risk of rape in a university age population, an emphasis on this population was considered appropriate.

Research carried out in the US by Tewksbury & Mustaine (2001) proposes that routine activity theory provides the framework for how certain behaviours may be associated with increased risk of sexual assault. They further suggest that lifestyles and daily routines of individuals, which in turn are linked to demographics influence the risk of victimisation. Additionally they found that in an U.S. university population living on campus, the regular use of alcohol and drugs influence the amount of exposure the students had to potential offenders. Statistics in both the US and Britain suggest that young women between the ages of 16 and 24 are four times more likely to be raped than any other age group (U.S. Department of Justice, 2002; British Crime Survey, 2002). The mostly likely group of men to be sexually assaulted are white, college-educated males (Sorenson et al. 1987). Although men of all ages are susceptible to sexual assault, the reported mean age of a male to male rape victim in the male rape literature, is between 17.5 and 30 years (Groth & Burgess, 1980; Mezey & King, 1989; Hillman, 1991; Walker, 1993; Stermac, 1996; Isley, 1998).

METHOD

Research participants

Subjects were 100 undergraduate students (50 male and 50 female) enrolled on various courses at the University of Central Lancashire. Participants were aged between 18-25 years. Forty-eight of the female participants were heterosexual and two were lesbian. Forty-nine of the male participants were heterosexual and one was homosexual. The mean age of the female and male participants was 22.02 and 22.08 years respectively. Only two of the female and four of the male participants based their scripts on the experiences of a friend or relative who had been raped.

Procedure

Participants were recruited by the researcher in either undergraduate psychology classes, or the university library, or in the refectory. They were briefly told about the earlier phase of the research. Then they were handed a booklet which comprised of the following (1) a letter which introduced the researcher and informed them of the purpose of the study; (2) an informed consent form; (3) the Rape Script instructions; (4) demographic questions and (5) Rape Help-line telephone numbers and debriefing statement (Appendix 10).

Participants were asked to read the brief details explaining the research and then asked to sign the informed consent form.

They were then asked to read the Rape Script instructions which requested them to write in as much detail as possible (up to 500 words) about a 'typical' rape where the perpetrator is male and the victim is a) female, and b) male. They were asked to describe the events that lead up to the rape, what happened during the rape and what events followed the rape. The participants were asked to describe as many of the characteristics of both the victim and the perpetrator as possible, including their thoughts and feelings. Approximately one half of the participants were asked to describe the female rape first and the other half to describe the male rape first, to counterbalance for the order of presentation.

Participants were then asked to complete a few short questions – their age, sex, sexual orientation, and whether their responses were hypothetical or based on the experiences of someone they knew. In the unlikely event that the participants had been distressed by their involvement in the study, they were then asked to read the final page of the booklet that provided them with rape help-line telephone numbers. Finally the participants were asked to hand in the completed informed consent forms, the rape scripts and demographic questions to the researcher or to place them in the envelope provided and put them in a box provided in the Department of Psychology Office.

The rape scripts were examined for common themes (Table 6.1) and the frequency of these was calculated. Among items coded were the victims' sexual orientation, the location of the rape, the relationship between the victim, and the assailant, the long- term psychological effects on the victim and the motivation for the assault (Table 6.2). In Table 6.2 coded characteristics marked by an asterisk where inferred from the respondent not mentioning that specific characteristic. For example it was assumed if respondents did not mention that the victim was gay, it was not on their mind. Therefore it was assumed that the victim was not perceived as gay.

Following the researcher's initial coding on common dimensions, a second rater (Dr Michelle Davies) coded 20 male rape scripts and 20 female rape scripts, in order to obtain reliability estimates. The agreement rate for the 16 coded categories ranged from 97 to 100%. After further examination by the researcher all discrepancies relating to the common categories in the scripts were resolved.

Table 6.1

Categories of coded items

1	Sexual orientation of the victim: heterosexual; homosexual.
2	Relationship between the victim and the assailant: stranger; acquaintance.
3	Number of assailants involved in the assault: one assailant; more than one assailant.
4	Age group of the victim: under 25 yrs of age : over 25 yrs of age.
5	The place where the rape occurred: public place; victims home.
6	The time of day the rape occurred: day; night.
7	The amount of physical force involved in the assault: no force used; physical force used.
8	The victim screamed during the rape: the victim did scream; the victim did not scream.
9	Resistance used by the victim against the assailant: victim did fight back; victim did not fight back.
10	The victim reports the rape: victim did not report the rape; victim reported the rape to the police.
11	Physical injuries received by the victim: not seriously injured; seriously injured.
12	The victim experienced additional abuse after the rape had finished: no further abuse received; further abuse received.
13	The victim experienced long-term psychological effects as a result of being raped: the victim did experience long-term psychological effects; the victim did not experience long-term psychological effects.
14	The assailant was described as mentally ill: the assailant was described as mentally ill; the assailant was not described as mentally ill.
15	The motivation for the rape was perceived to be power and control: the motivation was perceived to be power and control; the motivation was not perceived to be power and control.
16	The rapist received sexual satisfaction from the assault: the rapist did receive sexual satisfaction; the rapist did not receive sexual satisfaction.

Note. Items separated by semi-colons are alternative categories

RESULTS

Analysis of rape scripts

The frequencies of the coded categories in the male and female participants' scripts were compared for the male-to-male and male-to-female conditions. Table 6.2 shows the percentage and frequencies of rape scripts containing coded characteristics. Analysis of the data was conducted using Logit Loglinear analysis yielding, 2 (participants' gender) x 2 (type of script) main effects, and their interaction. Loglinear analysis can be compared to ANOVA as it produces main effects and interactions. Unlike ANOVA, loglinear analysis can be applied to nominal data as it works on the log of a frequency. Loglinear analysis requires the cells to contain an expected frequency of more than one and no more than 20% less than five. Unfortunately, four of the 16 separate loglinear analysis carried out had cells with a value of zero and two had values of less than five. Tabachnick & Fidell (1996) recommend either collapsing categories, deleting variables or accepting reduced power. As it was not possible to collapse or delete variables reduced power was accepted. To compensate for sampling zeros, SPSS v 6.0 automatically adds a constant of 0.5 to the cells. Parameter estimates with z- values higher than (+/-) 1.96 can be considered significant at the .05 level.

Table 6.2

Percentage and frequencies of rape scripts containing coded characteristics.

		Male Reporting (N= 50)				Female Reporting (N= 50)			
		Male Victim		Female Victim		Male Victim		Female Victim	
		N	%	N	%	N	%	N	%
1.	Victim gay	19	(38)	0	(0)	16	(32)	0	(0)
	Victim not gay*	31	(62)	50	(100)	34	(68)	50	(100)
2.	Stranger	35	(70)	25	(50)	25	(50)	29	(58)
	Acquaintance	15	(30)	25	(50)	25	(50)	21	(42)
3.	One assailant	39	(78)	50	(100)	50	(100)	50	(100)
	more than one assailant	11	(22)	0	(0)	0	(0)	0	(0)
4.	Public	38	(76)	31	(62)	31	(62)	35	(70)
	Private	12	(24)	19	(38)	19	(38)	15	(30)
5.	Victim under 25 yrs	17	(34)	16	(32)	11	(22)	35	(70)
	Victim over 25 yrs	33	(66)	34	(68)	39	(78)	15	(30)
6.	Day	19	(38)	23	(46)	28	(56)	23	(46)
	Night	31	(62)	27	(54)	22	(44)	27	(54)
7.	Force	47	(94)	45	(90)	50	(100)	47	(94)
	no force*	3	(6)	5	(10)	0	(0)	3	(6)
8	Scream	0	(0)	29	(58)	0	(0)	32	(64)
	not scream*	50	(100)	21	(42)	50	(100)	18	(36)
9.	Fought back	25	(50)	25	(50)	31	(62)	22	(44)
	not fought back*	25	(50)	25	(50)	19	(38)	28	(56)
10.	Reported	4	(8)	39	(78)	4	(8)	41	(82)
	not reported*	46	(92)	11	(22)	46	(92)	9	(18)
11.	Serious injury	23	(46)	43	(86)	30	(60)	36	(72)
	not serious injury*	27	(54)	7	(14)	20	(40)	14	(28)
12.	Abused after rape	30	(60)	9	(18)	19	(38)	11	(22)
	not abused after rape*	20	(40)	41	(82)	31	(62)	39	(78)

13.	Long term effects	40	(80)	33	(66)	34	(68)	37	(74)
	no long term effects*	10	(20)	17	(34)	16	(32)	13	(26)
14.	Rapist mentally ill	11	(22)	15	(30)	11	(22)	11	(22)
	rapist not mentally ill*	39	(78)	35	(70)	39	(78)	39	(78)
15.	Power and control	26	(52)	27	(54)	22	(44)	17	(34)
	not power and control*	24	(48)	23	(46)	28	(56)	33	(66)
16.	Sexual satisfaction	9	(18)	13	(26)	12	(24)	11	(22)
	not sexual satisfaction*	41	(82)	37	(74)	38	(76)	39	(78)

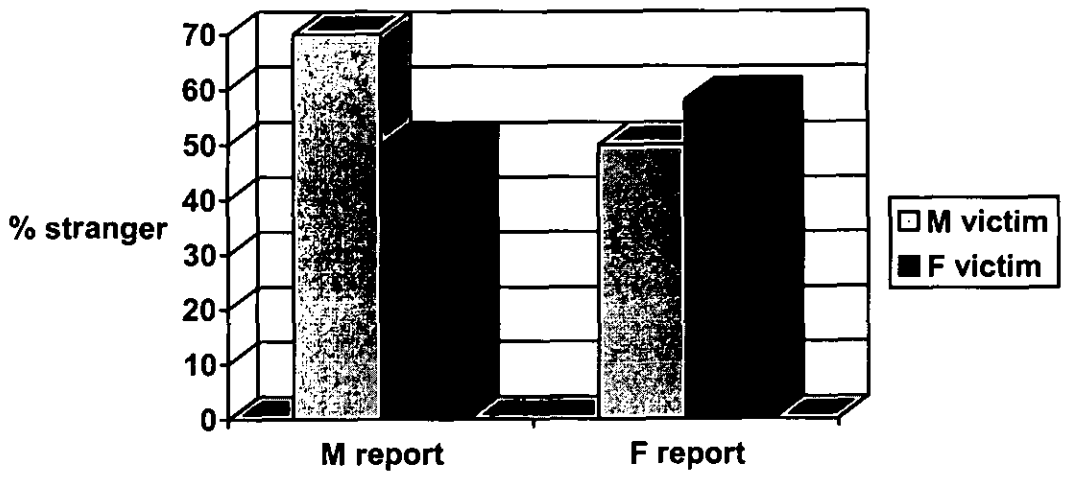
* Inferred from no response

The following section presents the descriptions of the 16 separate Logit Loglinear analysis, which were undertaken.

Sexuality of the victim There was a significant main effect of victim's sex ($\lambda = -1.00$, $z = 3.90$. $p = .0002$) on the sexuality category depicted More male than female victims were considered to be gay. No female victims were considered to be lesbians whereas 38% of the male respondents and 32% of the female respondents reported the male victim to be gay.

Relationship to the assailant There was no significant main effect, although the interaction between respondent's sex and the sex of the victim was significant ($\lambda = .143$, $z = 1.99$, $p = .05$: Fig. 2): 70% of males reported that male victims were likely to be assaulted by a stranger, compared to 50% for the female victims. For female respondents the figures were 50% for a male victim and 58% for a female victim (Table 6.2).

Fig. 2: Relationship to assailant interaction between sex of respondent and sex of victim

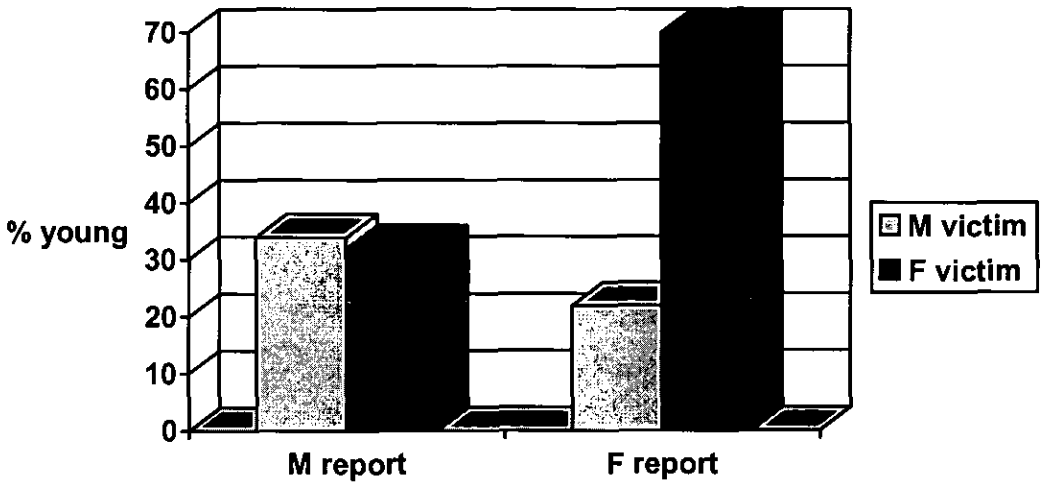


Number of assailants There were no significant main effects or interactions for the numbers of assailants, although only the male respondents reported any multiple assailants, with 22% reporting that male victims were likely to be assaulted by more than one assailant (Table 6.2).

Place of attack There were no significant main effects or interactions for whether the attack was depicted as being in a public or private place. However, both female and male respondents reported significantly more rapes that were committed in a public than in a private place for both sexes of victim (Table 6.2).

Age of victim There was a significant effect of victim's sex (λ =0.25, z =3.20, p=. 003). on the age category depicted. The interaction between the sex of the victim and the respondents' sex also was significant (λ=. 077, z =3.48, p=0.03: Fig 3). Most male respondents reported victims of both sexes to be more likely to be in the older category (66 and 68% respectively for males and females). For female respondents the proportion depends on the sex of the victim: where this was a male, he was more likely to be over 25 years of age; where this was a female, she was more likely to be under 25 years of age.

Fig. 3: Age of victim: interaction between sex of respondent and sex of victim



Time of assault There were no significant main effects or interactions for the time of assault. However, overall slightly more rapes were reported at night (Table 6.2).

Force used by assailant There were no significant main effects or interactions for whether or not force was used during the assault. The vast majority of both male and female respondents reported that rapes carried on both male and female victims involved a degree of physical force to be used by the assailant (Table 6.2).

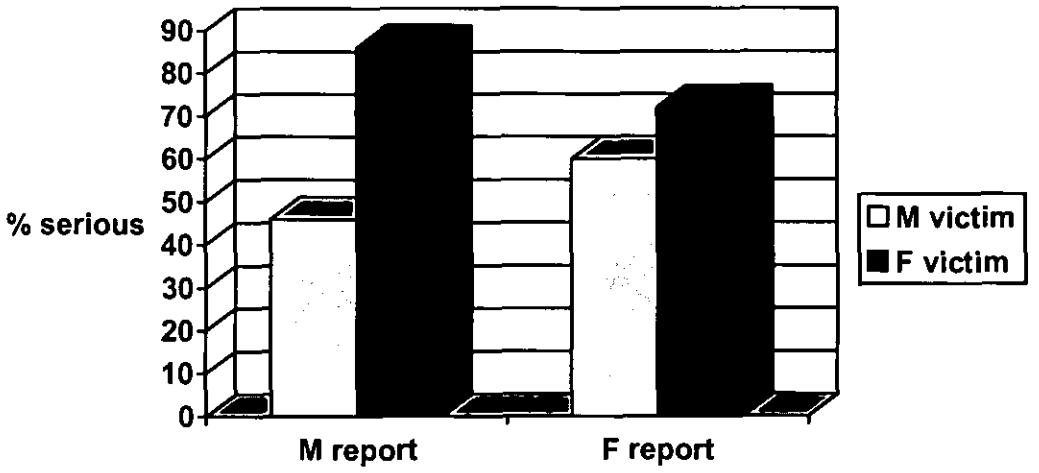
Victim screaming There was a significant main effect of victim's sex on whether the victim was depicted as screaming or not (λ = -. 1.26, z = - 4.93, p= .001). Both male and female respondents reported that none of male victims screamed during the assault, whereas over half reported that the female victims screamed.

Victim resistance There were no significant main effects or interactions for whether the victim fought back or not. Both male and female respondents reported equally fighting back or not for both sexes of victim (Table 6.2).

Reporting of the assault There was a significant main effect of victim's sex on whether or not the assault was reported (λ = -. 922, z = -8.64, p = .001). Both sexes depicted only 8% of male victims as likely to report the assault, whereas the figures were 78%and 82% for female victims.

Serious injury There was a significant main effect of victim's sex on whether or not serious injury was depicted (λ = .305, z = 3.80, p= .0002). Serious injury was more likely to be indicated where the victim was female. There was a significant interaction between the victim's sex and the respondent's sex (λ =-. 173, z = -2.16, p = 0.05: Fig 4). Male respondents reported significantly more female (86%) than male (46%) victims being seriously injured and female respondents that the majority of both sexes were seriously injured (60 v 72%).

Fig. 4: Serious injury: interaction between sex of respondent and sex of victim



Victim abused after the assault There was a significant effect of victims' sex on whether they were depicted as being abused after the assault (λ = .328, z = 4,12, p = .001). Fewer female than male victims were depicted as being abused (20% and 49% respectively).

Psychological effects experienced by the victim There were no significant main effects or interactions for whether the victim experienced psychological effects. The majority of both male and female respondents reported victims of both sexes as experiencing psychological effects as a result of being raped (Table 6.2).

Assailant reported as mentally ill There were no significant main effects or interactions for the assailant being reported as mentally ill. The majority of both male and female respondents reported the assailant of both male and female victims not to be mentally ill (Table 6.2)

Power and control as motivation There was a significant effect of the respondent's sex on whether the motivation was power and control (λ =. 140, z = 1.97, p = 0.05). Slightly more male than female respondents reported the motivation of the rapist to be power and control (53 v 39%). The lowest category for a power and control motive was female respondents reporting on a female victim (34%).

Motivation as sexual satisfaction There were no significant main effects or interaction for whether the motivation was depicted as sexual satisfaction. The majority of both male and female respondents perceived the motivation for rapists of both male and female victims as not being sexual (ranging from 74 to 82%: Table 6.2).

DISCUSSION

This study, using the concept of scripts, attempted to provide a unique contribution to the understanding of how individuals define rape, with specific reference to the generally ignored area of male rape. The results of the study showed that overall there was little difference in the way male and female respondents depicted a male to female rape. Although there is no comparable rape scripts research, Gilmartin (1988) and Lonsway & Fitzgerald (1994) found that men and women show quite different perceptions about male to female rape, with men perceiving male to female rape in terms of stereotypes.

The analysis of the male to male rape scripts indicated three commonly held beliefs. The first was that one third of both male and female respondents' scripts depicted a male victim as being homosexual. The second was that the majority of male respondents depicted a male to male rape as a stereotypical stranger rape. The third was that more respondents depicted a rape, regardless of the victim's sex, to happen at night. Although there is no comparable rape script research for male to male rapes, Davies & Lee (1996) found that 39% of respondents believed that male victims of sexual assault were homosexual. Additionally, the vast majority of the literature on male to male rape suggests that the majority of male victims experience acquaintance rape and not stranger rape (Mezey & King 1989; Hillman, 1991; Isley & Gehrenbeck-Shim, 1997; Survivors, 2002/3).

Sexual orientation and age of the victim

With reference to the perceived sexuality of the victim, a substantial minority (one third of both male and female respondents) depicted a male victim as gay, which is less than may have been expected given the implied homosexual nature of the assault.

The nature of male to male sexual assault frequently leads to the conclusion that it is a homosexual act, which leads to the further conclusion that the victim must be homosexual (Wassell, 1996). In actuality it is difficult to determine which population of men are most at risk of being raped: first because few men come forward and report their assault, and secondly because statistics reflecting the sexual orientation of the victim vary depending on the sample being studied. The vast majority of men fail to report their rape to the police or medical services as they feel that they will not be believed. Additionally men fear the police will assume that they are gay which turn could led to them being attributed more blame, as studies have shown that gay male victims are judged more negatively than other rape victims Davies & McCartney (2003).

Surprisingly, none of the respondents commented on the sexuality of the assailant. Further, none of the respondents depicted a female victim as being a lesbian. However, this is not unexpected, as the consideration of the victim's sexual orientation is generally non- existent in the literature on female rape.

Male respondents' rape scripts depicted both male and female victims to be older than twenty five, whereas female respondents scripts depicted a male victim as older than twenty five and a female victim as younger than twenty five. Research suggests that sexual assault to victims of both sexes is more common among younger persons, especially between the ages of 16 and 24 (Koss, 1985; Aizenman & Kelly, 1988; Sorenson et al., 1987; Isley, 1998; U.S. Department of Justice, 2002; British Crime Survey, 2002).

Relationship to the assailant

The majority of the male respondents' rape scripts depicted a male victim who was raped by a stranger compared to half of the female victims. Female respondents depicted slightly fewer stranger rapes for both male and female victims. However, this is still consistent with the common misconception that the majority of rapes, regardless of the sex of the victim are committed by strangers, and it is inconsistent with research that suggests that most victims regardless of sex are acquainted at some level with their assailant (Russell, 1984; Mezey & King 1989; Koss et al. 1988; Hillman, 1990; Isley & Gehrenbeck-Shim, 1997). This finding may be explained by research on young people's attitudes (White & Humphrey, 1991) and exploration of scripts (Bondurant, 1995; Krahe, 1991; Kahn, 1994) that shows that acquaintance rape is viewed differently and as less serious than stranger rape, and is less often judged as 'real rape'.

Only male respondents' rape scripts (22%) depicted a male rape that was carried out by more than one assailant. This is consistent with the findings of the Dispatches Survey (1995) on male rape, which found that over a quarter of the male victims had been assaulted by more than one assailant. No respondents depicted a female rape to be carried out by multiple assailants. This is concordant with research that suggests male to female rape victims are generally assaulted by a single assailant (Lacey & Roberts, 1991; Frazier, 1993).

Location and time of the assault

The majority of respondents depicted both male to female and male to male rapes as taking place in a public place which is consistent with the stereotypical misconception of rape. However the available research suggests that the majority of rapes against both male and male victims, occur at either the assailant's or the victim's home (Groth & Burgess, 1980; Bart & O'Brien, 1985; Lloyd, 1991; Isley & Gehrenbeck-Shim, 1997).

Both male and female respondents' rape scripts depicted slightly more rapes as happening at night. This was regardless of the victim's sex. Again this is consistent with the stereotype of an attack by a stranger, late at night. Yet, it would appear that perhaps this particular stereotype is not a misconception. This perception is supported by research that suggests that around 70% of all rapes, regardless of the victim's sex, occur between 7pm and midnight, (Mezey & King, 1989). Both Mezey & King (1989) and Tewksbury & Mustaine (2001) suggest this may be due to individuals being out late at night, possibly drinking or taking drugs and perpetrators being unconcerned about consent.

Screaming during the rape

Over half of both male and female respondents' rape scripts depicted a rape in which a female victim screams. However, as may have been expected, none of the respondents' rape scripts depicted a rape in which the male victim screams. Although there is no reported universal, successful, rape avoidance strategy, women are more likely to employ the tactic of screaming (Bart & O'Brien, 1985). Presumably this is due to different socialisation patterns, as screaming is generally not viewed as synonymous with masculine behaviour (Bly, 1990), and is therefore not viewed as being a response made by male victims.

Use of physical force and fighting back during the assault.

The vast majority of both male and female respondents' rape scripts depicted rapes in which both male and female victims experienced some kind of physical force. Research on both male and female victims shows that most victims succumb to some kind of physical force ranging in degrees of severity.

It is suggested that male to male rape victims are more likely to be assaulted with a weapon, and 10 male and 12 female respondents reported the use of a weapon in a male on male rape. In reality, this figure may be considerably higher. In a survey carried out by Isley & Gehrenbeck-Shim, (1997) almost 50% of the male victims were assaulted by a weapon. However, victims assaulted with a weapon may be more likely to report their assault.

Although slightly more female than male respondents' rape scripts (62% verses 50%) depicted male victims who fought back during the assault, these differences were not significant. Given the male stereotypes about strong physical resistance to danger it would have been expected that a higher percentage of respondents would have depicted a male victim as fighting back. There are however differences in how people view male and female victims who do not appear to fight back. Female victims are not expected to be able to escape from their assailant or be able to fight back (Howard, 1984a, 1984b) Yet, men are blamed more than female victims for not being able to fight off the assailant or escape from the scene (Davies et al. 2001). Nevertheless, Storr (1968) argued that submission, as an aid to self-preservation is a basic response to threatening situations. Further, evidence suggests that men are as likely as women to react to an assault with helplessness and passivity (Mezey & King, 1992; Walker, 1993).

Serious injury sustained during the assault and further abuse following the assault.

Male respondents' rape scripts depicted around twice as many female than male victims as being seriously injured during the assault. However, male respondents were not significantly more likely to depict a male victim in fight back situation. This is consistent with the view that females are generally considered the weaker sex and unable to defend themselves, whereas the expectation is that men should be able to defend themselves.

Female respondents envisaged the majority of victims of both sexes to be seriously injured. However, research has found that it is male rape victims who are more likely than female victims to sustain serious physical injury (McMullen, 1990; Hillman, 1990).

Fewer female than male victims were depicted as being further abused after the rape. Perhaps additional abuse is viewed by the respondents as the assailants' way of exerting even more power over a male victim This is consistent with research that suggests that male rape victims are liable to suffer additional abuse in the form of robbery and extreme violence (Groth 1980; Calderwood, 1987; Stanko & Hobdell, 1993).

Reporting the rape

Only 8% of both male and female respondents' rape scripts depicted a male victim who reported his assault, whereas the figures were 78 and 82% for female victims. This is consistent with research that suggests that males rarely report their assaults (Pino & Meier, 1999). However, surveys of general samples show that only 10% of female victims report their rape and generally only if it was a stranger rape (Koss, 1985; U.S. Department of Justice, 2002). In a survey carried out by Russell (1984) 30% of female victims reported the rape if the assailant was a stranger, compared to around 5% if the assailant was known to the victim prior to the assault.

Long-term psychological effects

According to Anderson (1988) many individuals believe that males are less affected by sexual assault than are females. Similarly, Struckman-Johnson & Struckman–Johnson (1992) found that 28% of university students considered that a male victim would not be upset by the assault.

They suggest that this may be due to societal beliefs that a man should be emotionally tough and able to cope without help. However, the majority of both male and female respondents' rape scripts depicted both male and female victims as experiencing a range of long-term psychological problems as a result of being raped. This finding was similar to that of Perrott & Webber (1996), who reported that in a study of 180 university students the majority of females (63%) and males (70%) believed that men and women suffer similar degrees of psychological distress as a result of being raped. Although no research has compared the long-term psychological reactions of sexual assault on adult male and female victims, this finding is consistent with the literature that suggests that men suffer the same devastating long-term psychological problems as women (Mezey & King, 1989; Walker, 1993; Isley & Gehrenbeck-Shim, 1997).

Mental state of the assailant and perceived motivation for the rape

A common perception is that rapists are mentally ill. However, the majority of scripts did not reflect this view. This is consistent with research on male to female rape, which suggests that due to their relatively frequent occurrence, it is unlikely that so many men could be psychologically abnormal (Malamuth, 1981; Koss et al., 1985). Additionally, very few convicted rapists have actually been found to have psychological problems (Scully, 1990).

Given the common societal assumption that rape is a result of uncontrollable sexual desire (Ward,1995), it was surprising to find that the vast majority of both male and female respondents' rape scripts did not depict the motivation of a rapist to be sexual, regardless of the sex of the victim. However, 30% of male respondents and 38% of female respondents did not mention the motivational intent of the rapist, so it was inferred that these respondents viewed rape as not being sexual motivated.

Nevertheless, Gilmartin (1988) found that 87% of university students did not believe that male to female rape was sexually motivated and almost 50% of these respondents believed that rape was a crime of violence and not a sex crime, which is in accordance with feminist analyses of rape (e.g. Brownmiller, 1975; Russell, 1984).

There is however, no one theory that provides an adequate explanation for either the rape of males or females. One view is that male to female rape is motivated by sexual desire (Amir, 1971; Felson, 2002). Felson argues that force is used to gain sexual access, in the same way as force is used in robbery to take someone else's money. Similarly Hickson (1994) argues that the rape of gay men is partly sexual. However, the dominant view in writings and research on male to female rape is the feminist one, which sees rape as an instrument of oppression (Brownmiller, 1975; Russell, 1984; Groth & Burgess, 1980; Kaufman et al., 1980; Hillman, 1990). In accordance with this belief, slightly more male than female respondents depicted the motivation of the rapist to be power and control (53 and 39%) respectively. Yet, others suggest that male to male sexual assault serves both the functions of power and sexual gratification (Malamuth, 1981; Malamuth et al., 1995; Jones, 2000). Regardless of which viewpoint one adheres too, it would appear that overall the respondents support the view that the motivation for both male to female and male to male rape is not sexual.

Conclusions

Based on the findings reported here, it would appear that male and female respondents' depictions of a male to female and a male to male rape do not dramatically differ. The main difference was that male respondents depicted more stranger rapes when the victim was male.

Perhaps this may be explained by the fact that all but one of the male respondents were heterosexual and that they could not conceive that a male acquaintance could rape them. Male respondents' rape scripts also depicted both male and female victims to be older than the generally referred to 'at risk' age.

Both male and female respondents' rape scripts depicted a 'typical' male to male and a male to female rape as involving physical force, happening in a public place, at night, only females screaming during the assault, males not reporting the rape, both male and female victims suffering long-term psychological effects and the motivational intent of a rapist as non sexual. With the exception of most respondents depicting rapes as happening in a public place, the majority of the depictions made by the respondents were accurate when compared to findings from studies on male to male and male to female rape.

Analysis of the rape scripts however indicated the belief in three stereotypical beliefs. The first was that, a substantial minority of both male and female respondents' rape scripts depicted a male victim as being homosexual, which is a commonly held belief in society. The second was that the majority of male respondents' scripts depicted a male on male rape to happen in a public place and be committed by a stranger. The third was that more respondents depicted a rape as happening at night. Although evidence suggests that the majority of reported rapes do actually happen at night, according to client statistics (Survivors, 2002), more clients were heterosexual and more men were raped by people they knew, rather than by a stranger. The male respondents' perceptions may be due, as Mezey & King (1989) suggest, to a marked lack of awareness about male rape on the part of many heterosexual men and the fact that there is little cultural expectation that they may be sexually assaulted.

Overall, the analysis of the male and female respondents' rape scripts demonstrated that apart from the majority of the males depicting a male on male rape as a stereotypical stranger rape, there was little difference in their perceptions about rape, regardless of the sex of the victim.

CHAPTER 7

GENERAL DISCUSSION

Study 1 explored the nature and circumstances of male to male rape and aimed to determine whether men, who have been raped as adults by other men, differ in their psychological adjustment from non-victimised men. The main findings were that over half of the male to male rape victims identified themselves as homosexual or bisexual. The majority of men were raped by an acquaintance in their own home or in the assailant's home. A high proportion of the assailants were perceived by the victim as homosexual. However, only five out of the forty victims who took part in the study believed that their assault was solely motivated by sexual need. All of the victims reported experiencing long-term psychological problems as a result of being raped. Symptoms ranged from depression and anxiety to suicidality. Three quarters of the men reported experiencing a long-term crisis over their sexual orientation and a perceived loss of masculinity. The vast majority reported suffering from intrusive re-experiencing of the rape.

Compared to the matched control group, the victims displayed considerably higher levels of somatic and affective symptoms and considerably higher levels of anxiety and depression. Victims also displayed considerably lower levels of self-esteem and saw themselves less positive and more unlucky than the control group. The control group completed a male rape myth scale and although many of the respondents rejected these myths, a sizeable minority agreed with at least some of them. For example 60% agreed with the myth that a strong man cannot be raped and 35% agreed with the myth that a man was somewhat to blame for being raped.

Study 2 used the concept of scripts to obtain the views of non-victimised young people about male to female rape and male to male rape. The scripts were then examined to assess how realistic their

accounts of male to male rape were in relation to the first hand accounts obtained from the male rape victims in Study 1.The first part of Study 2 demonstrated overall there was little difference in the way male and female respondents depicted a male to female and a male to male rape. The majority of both male and female respondents depicted a 'typical' rape regardless of the gender of the victim to be a stereotypical 'stranger' rape. However, some differences between the respondents' depiction's of a male to male rape did emerged. The majority of male respondents depicted male rape victim as over 25 years of age and as being raped by a stranger. More male respondents' scripts depicted a male rape victim as being assaulted by more than one assailant, and suffering additional abuse. More female respondents' scripts depicted a male rape victim as fighting back during the assault.

The second part of Study 2 found that the main differences between the rape scripts and the first hand accounts were that the majority victims in the scripts were depicted as over 25 years of age and heterosexual, and that a male to male rape was a stereotypical stranger rape. However, in reality the vast majority of the victims were between 16 and 25, homosexual, and were raped by an acquaintance.

Comparison between male rape scripts and accounts from male rape victims

This section focuses on the second part of Study 2 and aims to compare the features of real male to male rapes (Chapter 3, Study 1), with the beliefs about male to male rape as depicted in university students' rape scripts. Both male and female respondents' rape scripts depicted a relatively small percentage of male rape victims to be between 18 and 25 years of age (34% and 22% respectively).

In comparison 70% the male rape victims in the first study had been raped between the ages of 16-25, which is a considerably higher percentage than the respondents in Study 2 depicted. Evidence from the male rape literature suggests that the majority of the victims are relatively young, with various studies reporting a mean age ranging from 17.5 years to 30 years (Groth & Burgess, 1980; Mezey & King, 1989, Hillman et al., 1991; Stermac, 1996; Isley & Gehrenbeck-Shim, 1997). Similarly, research on female rape suggests that women between 16 and 24 are much more likely to be raped (British Crime Survey, 2002). Felson (2002) suggests that two possible reasons for this are target attractiveness and routine activity patterns. He suggests that if female rape is sexually motivated, young sexually attractive women should tend to be the targets. Felson also suggests that victims of rape tend to be young because of the routine activity patterns associated with age. Hence young women may be at greater risk because they are more likely to go out at night to night clubs and bars and date young men. Thus increasing their exposure to potential offenders.

Likewise, target attractiveness and routine activity theory may be important determinants in explaining why the vast majority of male to male rape victims are relatively young. The fact that male to male victims are generally relatively young may also imply a sexual motive for the crime. Felson (2002) suggests that this pattern reflects the strong sexual preference for young men displayed by gay men. Further evidence for the sexual motivation of male rape is put forward by Lockwood (1980). He found that most victims of prison rape were young, slim males who were viewed by other inmates as more attractive and as more closely resembling women.

In Study 2, around a third of the respondents' rape scripts depicted a male to male rape victim as being homosexual. However, over half of the male rape victims sampled in the first study perceived themselves to be homosexual and bisexual, which is slightly higher than the respondents in Study 2 reported.

This is consistent with the findings of Mezey & King (1989 and Lacey & Roberts (1991) although other studies (Huckle, 1995 & Isley & Gehrenbeck-Shim, 1997) have reported that male victims were predominantly heterosexual (85% and 81% respectively). Kerr-Melanson (1999) suggests that the disparity among these studies regarding the sexual orientation of the victim may be in part due to small sample sizes or may reflect methodological differences in how and from what population the subjects were recruited. With regards to Study 1, the readership of the publications where the majority of advertisements were placed (the gay press), could have caused a sampling bias. However, only six of the male victims came from that source, even though 63% of the victims in the sample identified themselves as homosexual or bisexual.

In Study 2 70% of male respondents and 50% of female respondents rape scripts depicted the assailant of a male victim to be a stranger, which is consistent with the common misconception that the majority of rapes are stranger rapes. However, 75% of the male victims in Study 1 reported being raped by an acquaintance, which is considerably higher than is reported in the rape scripts. This is consistent with research that suggests that most often the assailant is known by the male victim, at least to a level of brief acquaintance (Mezey & King, 1989; Hillman, 1991, Isley & Gehrenbeck-Shim, 1997; Survivors, 2002/3).

Twenty two percent of male respondents' and none of the female respondents' rape scripts showed that a male to male rape would only involve one assailant. However, 38% of the male victims in Study 1 were assaulted by two or more assailants, which is slightly more than the male respondents reported and vastly more than the female respondents reported. Yet, is consistent with research by Dispatches (1995) and Isley & Gehrenbeck-Shim (1997) who reported that well over a quarter of male victims were raped by more than one assailant.

Around two thirds of the rape scripts depicted a male to male rape in a public place. In contrast, 65% of the male victims were raped in either their own home or the home of the assailant. This is considerably more than the rape scripts indicated, and is consistent with the studies that suggest that the most common locations in which a man is assaulted is his own home or the assailants' home (Groth & Burgess, 1980; Mezey & King, 1989; Hillman, 1991; Isley & Gehrenbeck- Shim, 1997).

Sixty two percent of male respondents and 44% of female respondents' rape scripts depicted a male rape as taking place at night. This is consistent with the widely held belief that most rapes happen at night and with male victims reports' that they were raped during the evening, and it is also consistent with the findings of Mezey & King (1989). Therefore, the common belief that most rapes happening at night may not be a misconception.

Practically all the rape scripts depicted a male to male rape involving the physical force. This was consistent with the reports from male victims who nearly all (90%) reported the use of physical force by the assailant. It is also consistent with previous research (Mezey & King, 1989; Isley & Gehrenbeck–Shim, 1997). In the rape scripts 24% of male respondents and 20% of female respondents reported the assault as involving the use of a weapon, which is more than the 10% reported by the male victims themselves. Yet this is consistent with the figures from other studies from both the U.S and U.K. (Dispatches, 1995; Isley & Gehrenbeck-Shim, 1997) which reported that around a quarter of the assailants used a weapon. However, it would appear that in the majority of instances the threat of violence or the use of physical force is enough to enable the assailant to carry out the assault.

None of the respondents' scripts depicted a rape in which a male victim screamed during the assault. However, over half the rape scripts depicted a rape in which a male victim fights back during the assault. Although none of the male victims reported screaming, 87% reporting being passive and submissive throughout the assault and only 27% reported fighting back during the assault. This is consistent with other research suggesting that men are more likely to react to the assault with helplessness and passivity rather than fight back (Mezey & King, 1989; Walker, 1993). Yet is in contrast to the common misconception that a man should be able to protect himself from sexual assault. However, many victims blame themselves for what happened because they failed to fight off their assailant.

Around half the rape scripts depicted a rape in which a male to male rape victim was seriously injured. Although 38% of male victims reported being seriously injured and needing medical treatment, this is rather less than the respondents reported in the scripts However, other evidence suggests that substantial numbers of male victims do sustain serious physical injuries as a result of being raped (Calderwood, 1987; Hillman, 1991).

Sixty percent of male respondents' and 38% of female respondents' rape scripts depicted a male to male victim as receiving further abuse from the assailant after the rape. Yet only 18% of male victims reported further abuse, which is considerably less than the scripts indicated. However, other research suggests that male rape victims are liable to suffer additional forms of abuse such as abduction, robbery and grievous bodily harm (Groth & Burgess, 1980; Calderwood, 1987; Stanko & Hobdell, 1993). Reports on the percentage of male rape victims who experience additional abuse range from 10% to over 50%. However Lipscomb et al. (1992) reported that in 53% of the cases they reviewed the victim was abducted and taken to a different location.

Only 8% of respondents' rape scripts indicated a rape victim who reported the assault to the police. This was similar to the 12% of the male victims who reported their rapes to the police. This finding is consistent with those of Mezey & King (1989) and statistics from Survivors (2002/3) who found that only 10% of victims reported their assault to the police.

A majority of rape scripts indicated that a male rape victim would suffer long-term psychological problems after the rape. However, all of the male rape victims reported suffering long-term psychological problems, with 88% reporting that the rape had a lasting and detrimental effect on their lives. The majority of victims reported symptoms of PTSD including intrusive thoughts and flashbacks to the assault and forty percent of the victims reported high levels of anxiety and depression. Victims also reported significantly lower levels of self-esteem than the non-victim control group. This is consistent with other research that suggests that many male victims suffer deep and long-lasting psychological and behavioural effects which include anxiety, rape–related phobias, low self-esteem, sexual dysfunction, concerns about masculinity and a crisis over their sexual orientation, (Groth & Burgess, 1980; Anderson, 1982; Myers, 1989; Mezey & King, 1989; Walker, 1993; Huckle, 1995; Isley & Gehrenbeck-Shim, 1997).

Twenty two percent of the rape scripts depicted a rapist who was mentally ill. This figure appears relatively low considering the common perception that rapes are perpetrated by an aberrant minority of the population. However, only one of the male victims perceived his assailant to be mentally ill. Although it is possible that such rapists do exist, most rapists do not fit the criteria for a psychiatric disorder (Russell, 1984).

Most rape scripts did not depict the motivation for the rapist as sexual. Similarly, only five of the male rape victims perceived the motivation of their assailant to be only sexual. Around half the respondents' scripts depicted the rapist's motivation to be power and control. This is consistent with over 50% of the reports from the male victims who perceived the motivation of their assailant to be power and control.

Fifty five percent of the male rape victims perceived the sexuality of their assailant to be homosexual or bisexual. This is consistent with common societal stereotype that male to male rapists are generally homosexual. Given this assumption, it was surprising that none of the respondents' scripts depicted the assailant as homosexual.

Summarising the main differences between the depictions of a male rape in the students' scripts and the first hand accounts from the victims, the following differences were noted. Most of the respondents' rape scripts depicted an older male victim, assaulted by a stranger, in a public place. A victim who fought back was shown as being seriously injured and receiving additional abuse. Almost a quarter of the scripts depicted the rapist as being mentally ill. These depictions contrasted with the majority of actual victims who were relatively young at the time of the assault, were assaulted in their own home or in the assailants' home, did not fight back, were not seriously injured and did not suffer further abuse at the hands of the assailant. Only one victim perceived his assailant to be mentally ill.

Contribution the studies have made to the research area

The results of Study 1 provided further information regarding the extent of the psychological distress experienced by adult male victims of rape.

Previous studies have investigated the long-term psychological effects of male rape (Mezey & King 1989; Walker 1993; Dispatches 1995; Huckle 1995; Coxell et al., 1999; King 2002). However, Study 1 moves beyond previous research in the focus on how the sexually abused adult males' psychological functioning differs from that of non- sexually abused adult males.

The first part of the study obtained information about the nature and circumstances of the assaults and the long-term psychological effects on the victim. The majority of men were raped by an acquaintance in their own home or the assailant's home. The majority of assailants were perceived by the victims to be homosexual and only a few of the victims perceived the motivation of the assailant to be solely sexual need. Although each victim has a different set of long-term consequences victims reported depression, anxiety, anger, flash backs to the assault, rape-related phobias, suicide attempts and a long-term crisis with their sexual orientation.

The data from the second part of Study 1 illustrated that compared to a matched control group, victims displayed considerably higher levels of psychological distress and significantly lower levels of self-esteem. Victims also viewed themselves as less positive and more unlucky than the control group.

The results of Study 2 expand our knowledge on how incidents of rape are conceptualised. Previous research using the concept of scripts has focused solely on male to female rape (Ryan, 1988; Kahn, 1994). However, Study 2 focuses on the previously unexplored male rape script. The findings showed that in general there were few differences in how the respondents depicted a 'typical' male to male and a 'typical' male to female to proceed. Nevertheless, some rape stereotypes did emerge, the main one being that the majority of male respondents depicted male to male rape as occurring between strangers in a public place.

However, evidence from previous research (Isley & Gehrenbeck-Shim, 1997; Survivors, 2002/3) and from Study 1 suggests this stereotype is incorrect as the majority of victims report being raped by an acquaintance in their own home or in the assailants home. Comparisons between rape scripts and first hand accounts of male rape revealed some other noteworthy differences, including the victim's age group, the location of assaults and the relationship between the victim and assailant.

Findings from Study 2 suggest that script theory provides a useful framework for understanding how individuals believe a 'typical' male to male rape proceeds. However, the findings from this study suggest that the information individuals use to form these scripts is not entirely realistic, when compared to first hand accounts from the victims. This is probably due to the fact that because the majority of individuals do not have first hand knowledge of male rape most individuals use stereotypes to form accounts of male rape. The consequences of men holding an unrealistic male to male rape script are that they distance themselves from the crime and consequently may fail to identify themselves as being possible victims, which in turn could result in them allowing themselves to get in to compromising situations, which increase their risk of being raped.

Further, if unrealistic rape scripts are shared by individuals who deal with male rape victims, e.g. police, lawyers, medical staff and counsellors, the victims recovery could be severely impeded. To help and care effectively for rape victims the professionals must be aware of false beliefs and know the true facts. If these individuals continue to believe and perpetuate false beliefs about male rape victims, the implications will be that male victims will be further discouraged from reporting their assaults or seeking treatment for their physical and psychological injuries (Kerr-Melanson, 1999).

Sexual assault training programmes aimed at those individuals who have to deal with adult male rape victims need to include the correct factual information about adult male victims and emphasise the damaging consequences of rape stereotypes.

It may be concluded that both studies are novel in content. Further, considering the difficulty in obtaining male rape victims, the well-matched control group and subsequently respondents willing to participate in the script study, it was certainly an accomplishment that the research was ever completed. Both studies are useful in leading the way to future investigations into the psychological effects of adult male to male rape and in exploring how various different groups of individuals conceptualise incidences of male to male rape.

Theoretical implications

To date, no one theory can explain the dynamics of male to male rape and findings based on a small sample of 40 male victims may not be able to challenge or potentially add to current theory at this time. With reference to male to female rape there is still no agreement regarding the motivational intent of the assailant. For almost 30 years the feminist view has been that rape is not sexually motivated but instead motivated by the assailants desire for power. However, more recently Koss et al. (1994) and Malamuth et al. (1995) have suggested that the sexual and aggressive elements of rape somehow interact (Felson, 2002). Similarly, Jones (2000) suggests that male to male rape appears to serve the function of power and sexual gratification simultaneously. Felson (2002) however argues that male to female rape is sexually motivated because victims of rape tend to be young women. He suggests that the same pattern is apparent in the rape of male victims (Felson & Krohn, 1990). Similarly, Lockwood (1980) found that most male victims of prison rape were young males.

However, based on evidence from Study 1 perhaps male to male rape is motivated more by power than sexual need. Only 5% of the victims perceived the sole motivation of the rapist to be sexual. Similarly, few rape scripts depicted the rapist's motivation, regardless of the victim's gender, as sexual. Therefore it may be concluded that both the vast majority of both respondents and victims tend to agree with the feminist view that the motivation for both male to male and male to female rape is non-sexual. Nevertheless it must be emphasised that this view was only based on the victims' perceptions and the respondents depictions of male to male rape. However, it is supported by evidence from war situations when male to male rape is used by soldiers as means of demasculating and humiliating the opposition (Borger, 1996).

Far more research needs to be carried out before anyone can seriously challenge the feminist view of rape or indeed adequately explain the motivational intent of a male to male rapist. As Szuchman & Muscarella (2000) point out, more recent progress has been made in the development of comprehensive explanatory and predictive models of sexual victimisation (Koss et al., 1994; Malamuth et al., 1995; Felson, 2002). Yet there is still no generally accepted theory. However, as very few male to male rapists are convicted it is not possible to study sizeable numbers of offenders. Therefore it may be some time before an adequate theory to explain the occurrence of male to male rape emerges.

Another theoretical consideration that arises from this research is related to the previous evidence that trauma associated with stressful life events (in this case rape) may be a function of the shattering of the person's belief about themselves and the world (Janoff- Bulman, 1985). The present study only found four differences between victims and non-victims on measures related to world-views; that they perceived the world as more random, that they perceived themselves as acting more carelessly, that they perceived themselves more negatively and as more unlucky.

It was expected that the victims and the controls would differ on more than four of the eight constructs that make up the World Assumption Scale. However due to the fact most of the respondents had been raped many years prior to the study they may have assimilated the events surrounding the rape, and re-established an integrated, comfortable assumptive world (Janoff-Bulman, 1985).

Research is therefore required to compare the assumptive worlds of recently raped men with those of men raped some time ago. Janoff-Bulman (1985) suggests that those victims who are raped by an acquaintance may experience a more acute shattering of their beliefs about themselves and the world. Even though only differences were found on four and of the eight constructs, the majority of victims had been raped by an acquaintance thus lending some support to Janoff-Bulmans' assumption. Future research is needed to determine whether there are differences between the assumptive worlds of men raped by a stranger and those raped by an acquaintance.

The use of scripts has proved useful in determining how individuals perceive that a 'typical' male rape proceeds. The study examined to what extent the scripts accurately depicted male rape compared to first hand accounts from victims. Overall results have shown that the respondents had quite a distinct script for what constitutes male to male rape. These scripts however were not entirely realistic and the main rape myth to emerge was that male to male rape generally occurs between strangers, at night and in a public place.

In fact, except for 'at night', the other two elements of this rape depiction are absent for the vast majority of male to male rape victims. The majority of male to male rapes are committed by someone known to the victim.

Concordant with the classic male to female rape scenario, the majority of depictions of male to male rape fall into the category of 'real rape' (Burt, 1991), which excludes acquaintance and date rape. However, the consequences of the reduction of rape scripts to stranger assaults are that men maintain an illusion of invulnerability to being raped and thus they may not be psychologically equipped to deal with the impact of rape should it actually happen. Additionally, research examining male to female real rape scripts suggests that individuals who impose the criteria of stranger rape when depicting an incidence as rape are more likely to endorse rape myths Krahe (2001).

Currently there are two explanations for the etiology of belief in male rape myths. One is that male rape myths originate in stereotypes about male sexuality (Donnelly & Kenyon, 1996). The other is that the acceptance of male rape myths is related to higher level personality constructs such as low levels of empathy, authoritarianism, homophobia and traditional gender role beliefs (Popkin et al. 1996). However, Kerr- Melanson (1999) argues that stereotypes about male sexuality are too narrow to account for male rape myth acceptance, and the view that male rape myth acceptance as originating from a general antisocial personality is overly broad. Further, there is a need establish a reliable and valid psychometric scale to measure male rape myths. Only then will future researchers, using a combination of an assessment of respondents' male rape scripts and their acceptance of male rape myths, be able to develop an adequate theory explaining the origins of male rape myths.

Limitations of the study and future research

There are some limitations to both studies that should be addressed in future research if possible.

It was extremely difficult to find men who had been raped as adults by other men to take part in Study 1. Firstly a male rape organisation decided not to take part in the research, then the vast majority of genito-urinary departments contacted would not display posters requesting men to take part in the study. Then after rejections from most of the publications approached, the only other place left to advertise for a sample of male rape victims was in the gay press. Therefore, how representative this sample may have been is difficult to determine due to the sample being small and comprising mostly of homosexual or bisexual men (63%) who responded to media advertising. However, only 15% of homosexual and bisexual victims were recruited from the advertisements in the gay press. Hence it is extremely important for future research focusing on the psychological consequences of adult male rape to attempt to obtain larger samples of men from different sexual orientations and different ethnic backgrounds.

Study 2 was limited in how far generalisations could be made to young people in the general population, as the respondents in this relatively small sample were all white students. Struckman-Johnson & Struckman-Johnson (1992) suggest that students are relatively liberal in their views. Therefore it can be expected that whatever stereotypes are apparent in students scripts' they may be magnified within a non-student population. Future studies need to explore the rape scripts of young people from a wider population. Additionally the rape scripts of individuals from different age groups; different ethnic backgrounds and sexual orientations need to be examined. It is also important to explore the rape scripts of a variety of different groups who come into contact with male to male rape victims, such as genito-urinary staff, the police and counsellors. Erroneous assumptions and stereotypical beliefs can have a pervasive influence on how male to male victims are viewed and treated by those who are ultimately there to help them.

It was also extremely difficult to find university students to take part in Study 2 especially after the subject of the study was revealed to them. Prior to the study being carried out, there had been recent media coverage on male rape, which the majority of respondents acknowledged being aware of. However, almost without exception, the students found it very difficult to describe both a 'typical' male to female rape and a 'typical' male to male rape. Hence, quick vague generalities were produced and somewhat surprisingly none of the respondents mentioned anything about the age and the sexuality of the assailant. This may have been due to the fact it took too much effort on the part of the students to write the rape scripts, or it may have been because the subject of rape was to unpleasant for them to dwell on: hence, the generalities and omissions. Therefore it is suggested that future research might use another approach and ask respondents to describe a 'typical' male to male rape via open-ended questions, providing some guidance, yet with out requiring them to respond to fixed options.

Given there are differences between male and female male to male rape scripts, future research could examine what differences there may be between a rape script depicting a 'typical' male to male rape when a) the victim is homosexual and b) when the victim is heterosexual. Further, comparisons of male to male rape scripts could be made when a) the respondent is a heterosexual male and b) the respondent is homosexual. Future information gained from rape scripts depicting male to male rape could be used to construct a Male Rape Myth Scale which could be administered to different professional groups who are likely to encounter male rape victims. Rape awareness and educational programmes are desperately needed to teach individuals about the destructive consequences of male rape stereotypes. Thus a valid Male Rape Myth Scale could also be useful tool to use before and after educational programmes to assess whether the desired reduction in male rape myth acceptance has been achieved (Kerr- Melanson, 1999).

As Vernal & Campbell (2001) suggest, future research focusing on the psychological consequences of adult male to male rape needs to be undertaken on larger samples, on men from different sexual orientations, and on those from different ethnic backgrounds. Yet, this is going to be very difficult to achieve unless the studies are government or privately funded. However, even if large studies were undertaken it would be surprising if anything other than demographic information would emerge. It would not be feasible to obtain large numbers of completed detailed questionnaires similar to those acquired in Study 1, given the reluctance of victims to come forward and participate in research.

One of the original aims of this research was to undertake interviews with convicted male to male rapists. However, at the present time this was not possible. Nevertheless, future studies need to address this area of research in an attempt to gain insight in to the motivation of such rapists. However, as male to male rape is still a taboo subject in society it may be difficult to identify the true motivation from convicted rapists' accounts. It may be expected that their accounts would be a mixture of fantasy, justification and rationalisation. Yet, despite the problematic nature of such research it is important to study the motivational intent based on the rapist's point of view.

Conclusions

Clearly findings from both studies show that there is a great need for further research before we can fully understand the impact rape has on the victims psychological functioning and how and why individuals may differ in how they conceptualise incidences of male to male rape. In addition there is a need for more educational programmes aimed at increasing the understanding of professionals about the needs of the male rape victim. Further, professionals need to be made aware of the pervasiveness of stereotypical imagery of masculinity, and male rape victims and be made more aware of their own prejudices (Rentoul & Appleboom, 1997).

Finally publicity aimed at a wider audience is needed in order to provide accurate information about male to male rape and to the dispel myths that surround adult male rape victims.

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Appendix 1: Letter and poster sent to genito-urinary department

Dear Sir

My name is Jayne Walker and I am a PhD student carrying out research on the long-term psychological effects of male rape. I would like to request your help in making contact with men who would be willing to fill in a background questionnaire (i.e. demographic factors, nature and circumstances of the assault) and four short self-report questionnaires aimed at assessing the long-term impact on men.

Enclosed is a poster and a copy of my questionnaire. I would appreciate it if you could display the poster and the questionnaires in your department.

If you would like to know more about my research or would like me to send you more questionnaires, please contact me on 01772 432979 or by using the envelope provided.

I really would appreciated any assistance you could give me.

Yours faithfully

HELP NEEDED:FOR A STUDY ON

ADULT MALE SEXUAL ASSAULT

My name is Jayne Walker and I am a PhD student at the University of Central Lancashire. I am carrying out research on the long-term impact of sexual assault on men.

I would like to request your help.

I am asking for males who have been sexually assaulted as adults, who would be willing to fill in:

1. A background questionnaire about their assault (i.e. demographic factors, nature and circumstances of the assault).

2. Four short self-report questionnaires aimed at assessing the long-term impact on men.

All information will be treated as strictly confidential.

If you are willing to participate in my research please contact:

Jayne Walker
c/o Room HA 225
Department of Psychology
University of Central Lancashire
Preston PRI 2HE
(Tel 01772 432979)

I thank you for taking the time to read this poster and for considering my request.

Appendix 2: Letter sent to various publications

Dear Sir

My name is Jayne Walker and I am a PhD student researching the long-term psychological effects of 'male rape'. As you can imagine it is extremely difficult to find men who are willing to participate in the study, so if at all possible could you please print the following in your publication.

'Male Rape Survivors' needed.

Researcher requires the help of males who have been sexually assaulted as adults. I am investigating the long-term effects of male rape and need 'survivors' willing to fill out some questionnaires (postage is always paid for). All information will be treated as strictly confidential. It is my hope that survivors sharing their experiences will help future victims and that the findings of the research will go someway to establishing treatment interventions which may be beneficial in decreasing the psychological problems experienced by many victims of male rape.

If you are a 'male rape' survivor and are willing to participate in the research please contact:

Jayne Walker
c/o Room HA 225
Department of Psychology
University of Central Lancashire
Preston PR1 2HE
(Tel 01772 432979)

I would appreciate your assistance in this matter.

Thank you in anticipation

Yours faithfully

Appendix 3: Open-ended questions from male rape questionnaire

Q. 20. What type of remarks were made by the assailant(s) during the assault to you or to each other?

Q. 26. Did you express considerable anger at having been sexually assaulted and did you fantasise or plan retaliation against your assailant? If so, what was the nature of this fantasy?

Q. 30a. Who was the first person you told about the rape?

Q. 30b. What was their reaction?

Q. 31. What help and support did you receive from that person?

Q. 32. You may have experienced negative reactions from some people. Can you say something about what types of statements were made and your reactions to them?

Q. 61. Since the assault have you experienced any insecurity regarding your sexual orientation? If you have please could you share with me your concerns.

Q. 62. Due to the ways males are socialised it is suggested that a male victim of rape may assume he is "less of a man" due to his inability to protect himself and to his experience in a helpless victimised role. Did the sexual abuse you experienced pose a threat to your sense of masculinity? If so, please could you share your feelings with me.

Q. 63. Have you had any psychological treatment after the assault and in direct connection with the assault? If yes, please specify what treatment you received and if it was beneficial to you?

Q. 64a.What issues did you deal with in counselling?

Q.64b. What were the attitudes of the counselling staff?

Q. 67. Do you feel the assault had a lasting and detrimental affect on your life?

Q. 68. For you personally, what would you describe as the main long-term effects of being sexually assaulted?

Q. 70. Ideally, what services and support systems would you like to see available to the male rape victim?

Q. 71. Are there any issues about the assault and/or the long-term impact on the victim which I did not ask you but you think I ought to be aware of?

Q. 72. Is there anything else that you would like to share with me about the assault.

Q. 75. Why did you think it was worthwhile participating in the research?

Appendix 4A

Responses to Question 30a - Who was the first person you told about the rape?

Categories		Responses	%
Partner	(male)	2	5
	(female)	3	7.5
Close friend	(male)	4	10
	(female)	1	2.5
	(unspecified)	9	22.5
Parents/Relative		4	10
Lecturer		1	2.5
Researcher		5	12.5
Health care professional(i.e. doctor/nurse)		3	7.5
Work colleague		3	7.5
Social worker/key worker		2	5
Psychotherapist		1	2.5
Police		1	2.5

The total N does not equal 40 due to some subjects reporting more than one response to the question

Appendix 4B

Responses to Question 30b - What was their reaction?

Categories	Responses	%
He told me he had also been raped	1	2.5
Sympathy/support/help	16	40
Anger/Upset/Horror	11	27.5
Said I was to blame/I must have wanted it	2	5
Little reaction	2	5
Unsympathetic/no help	2	5
Disbelief/shock	14	35
Listened	5	12.5
"Stereotypical professional reaction"	1	2.5

The total N does not equal 40 due to some subjects reporting more than one response to the question

Appendix 4C

Responses to Question 31 - What help and support did you receive from that person?

Categories	Responses	%
Moral support	1	2.5
Sexual help	1	2.5
No or little help	11	27.5
Rejection	1	2.5
Empathy and love	2	5
Referred for counselling and or further help	10	25
Reassurance/non judgmental/emotional support	20	50

The total N does not equal 40 due to some subjects reporting more than one response to the question

Appendix 4D

Responses to Question 32 - Negative reactions from others?

Categories	Responses	%
No response given	17	42.5
No negative reactions	1	2.5
Victim not believed	3	7.5
Victim must have encouraged it and or deserved it	9	22.5
Rape is not as bad for men	1	2.5
Homophobic remarks/victim blaming	4	10
Victim should be over it by now	24	60
Lucky you!	2	5

The total N does not equal 40 due to some subjects reporting more than one response to the question

Appendix 4E

Responses to Question 61 - Insecurity re-sexual orientation?

Categories	Responses	%
No response given	1	2.5
Impotence/other sexual problems	14	35
Worried out displaying signs of availability	3	7.5
No insecurities	11	27.5
Problems with sexual orientation	14	35

The total N does not equal 40 due to some subjects reporting more than one response to the question

Appendix 4F

Responses to Question 62 - Threats to masculinity identity?

Categories	Responses	%
No response given	5	12.5
Inadequate as a man	20	50
Inadequate as a person	2	5
Overcompensation (need to be macho)	5	12.5
No treat - victim always felt feminine	3	7.5
Engaged in submissive behavior	1	2.5
No threat of masculine identity	6	15

The total N does not equal 40 due to some subjects reporting more than one response to the question

Appendix 4G

Responses to Question 63 - Psychological treatment received?

Categories	Responses	%
No treatment	17	42.5
Counselling	11	27.5
Psychotherapy	7	17.5
Psychiatric nurse	3	7.5
Psychiatrist	4	10
Rape Crisis/Survivors	2	5
Medication	2	5

The total N does not equal 40 due to some subjects reporting more than one response to the question

Appendix 4H

Responses to Question 64a - Issues discussed in counselling?

Categories	Responses	%
No response given	2	5
Sexuality	3	7.5
Childhood sex abuse and other childhood issues	4	10
No therapy received	17	42.5
Relationships	3	7.5
Anger	3	7.5
Guilt and shame	2	5
Masculinity	1	2.5
Grief/fear/vulnerability	4	10
Issues related to sex	3	7.5
Self image	1	2.5
Rape after effects	6	15
Drugs and alcohol dependency	1	2.5
Agoraphobia	1	2.5

The total N does not equal 40 due to some subjects reporting more than one response to the question

Appendix 4I

Responses to Question 64b - Attitudes of health care professionals?

Categories	Responses	%
No response given	3	7.5
No therapy received	17	42.5
Excellent support given	4	10
Generally understanding and supportive	7	17.5
Unhelpful, unresponsive, uninterested	6	15
No help/not experienced enough in dealing with Male Rape	3	7.5

The total N does not equal 40 due to some subjects reporting more than one response to the question

Appendix 4J

Responses to Question 70 - Services victim would like to see available?

Categories	Responses	%
Counselling	13	32.5
Better trained Police	13	32.5
Help-lines	9	22.5
Support groups	12	30
Research	1	2.5
Better trained medical staff	5	12.5
Self help groups	11	27.5
Male Rape Crisis Centre and Survivors Groups	13	32.5

The total N does not equal 40 due to some subjects reporting more than one response to the question

Appendix 4K

Responses to Question 71 - Any other issues you think we should be aware of?

Categories	Responses	%
No response given	26	65
Loss of dignity	1	2.5
Sleep problems and nightmares	1	2.5
More information needed	2	5
Sexual problems within relationships	4	10
Problems talking about rape	1	2.5
Self blame	1	2.5
Rape not being taken seriously in the gay community	2	5
Flashbacks	1	2.5
Promiscuity/need for revenge/psychologically violent	1	2.5
Researchers should have carried out face to face interviews	2	5

The total N does not equal 40 due to some subjects reporting more than one response to the question

Appendix 4L

Responses to Question 72 - Anything else you would like to say about the assault?

Categories	Responses	%
No response given	23	57.5
To painful to say	1	2.5
Self blame	1	2.5
Emotional scaring	2	5
Violence in the assault	1	2.5
Sexual problems	1	2.5
Feelings of unreality and numbness	1	2.5
Sexual partners can rape you	1	2.5
Fear of seeing the rapist again	2	5
Ejaculation problems	4	10
Importance of someone to listen to you	2	5
Spoils special occasions in your life	1	2.5

The total N does not equal 40 due to some subjects reporting more than one response to the question

Appendix 4M

Responses to Question 75 - Reasons for participating in the research?

Categories	Responses	%
No response given	1	2.5
To help other victims	13	32.5
Help raise awareness	12	30
Educate health care professionals	3	7.5
In a hope to obtain better facilities in the future	9	22.5
A chance to get it off my chest	4	10
To assist in the understanding of Male Rape	7	17.5

The total N does not equal 40 due to some subjects reporting more than one response to the question

Appendix 5: General Health Questionnaire

Please read this carefully

We should like to know if you have had any medical complaints and how your health has been in general, over the past few weeks. Please answer all the questions on the following pages simply by underlining the answer which you think most nearly applies to you. Remember that we want to know about present and recent complaints, not those you had in the past.

It is important that you try to answer all the questions.

Thank you very much for your co-operation.

Have you recently

A1 – been feeling perfectly well and in good health?	Better than usual	Same as usual	Worse than usual	Much worse than usual
A2 - been feeling in need of a good tonic?	Not at all	No more than usual	Rather more than usual	Much more than usual
A3 - been feeling run down and out of sorts?	Not at all	No more than usual	Rather more than usual	Much more than usual
A4 - felt that you are ill?	Not at all	No more than usual	Rather more than usual	Much more than usual
A5 - been getting any pains in your head?	Not at all	No more than usual	Rather more than usual	Much more than usual
A6 - been getting a feeling of tightness or pressure in your head?	Not at all	No more than usual	Rather more than usual	Much more than usual
A7 - been having hot or cold spells?	Not at all	No more than usual	Rather more than usual	Much more than usual

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B1 - lost much sleep over worry?	Not at all	No more than usual	Rather more than usual	Much more than usual
B2 - had difficulty in staying asleep once you are off?	Not at all	No more than usual	Rather more than usual	Much more than usual
B3 - felt constantly under strain?	Not at all	No more than usual	Rather more than usual	Much more than usual
B4 - been getting edgy and bad tempered?	Not at all	No more than usual	Rather more than usual	Much more than usual

B5 -	been getting scared or panicky for no good reason?	Not at all	No more than usual	Rather more than usual	Much more than usual
B6 -	found everything getting on top of you?	Not at all	No more than usual	Rather more than usual	Much more than usual
B7 -	been feeling nervous and strung up all the time?	Not at all	No more than usual	Rather more than usual	Much more than usual

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C1-	been managing to keep yourself busy and occupied?	More so than usual	Same as usual	Rather less than usual	Much less than usual
C2 -	been taking longer over the things you do?	Quicker than usual	Same as usual	Longer than usual	Much longer than usual
C3 -	felt on the whole you were doing things well?	Better than usual	About the same	Less well than usual	Much less well
C4 -	been satisfied with the way you've carried out your task?	More satisfied	About same as usual	Less satisfied than usual	Much less satisfied
C5 -	felt that you are playing a useful part in things?	More so than usual	Same as usual	Less useful than usual	Much less useful
C6 -	felt capable of making decisions about things?	More so than usual	Same as usual	Less so than usual	Much less capable
C7 -	been able to enjoy your normal day to day activities?	More so than usual	Same as usual	Less so than usual	Much less than usual

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D1 -	been thinking of yourself as a worthless person?	Not at all	No more than usual	Rather more than usual	Much more than usual
D2 -	felt that life is entirely hopeless?	Not at all	No more than usual	Rather more than usual	Much more than usual
D3 -	felt that life isn't worth living?	Not at all	No more than usual	Rather more than usual	Much more than usual
D4 -	thought of the possibility that you might make away with yourself?	Definitely not	I don't think so	Has crossed my mind	Definitely have
D5 -	found at times you couldn't do anything because your nerves were too bad?	Not at all	No more than usual	Rather more than usual	Much more than usual

D6 -	found yourself wishing you were dead and away from it all?	Not at all	No more than usual	Rather more than usual	Much more than usual
D7 -	found that the idea of taking your own life kept coming into your mind?	Definitely not	I don't think so	Has crossed my mind	Definitely has

A ☐ B ☐ C ☐ D ☐ TOTAL ☐

Appendix 6: World Assumption Scale

The World Assumption Scale.

I am using the following scale in order to assess individuals' beliefs and attributions about the world. Please circle which response" best reflects your agreement or disagreement with the following statements."

KEY ; "1" (strongly disagree)
"2" (moderately disagree)
"3" (slightly disagree)
"4" (slightly agree)
"5" (moderately agree)
"6" (strongly agree)

1. Misfortune is least likely to strike worthy, decent people.	**1 2 3 4 5 6**
2. People are naturally unfriendly and unkind.	**1 2 3 4 5 6**
3. Bad events are distributed to people at random.	**1 2 3 4 5 6**
4. Human nature is basically good.	**1 2 3 4 5 6**
5. The good things that happen in this world far out number the bad.	**1 2 3 4 5 6**
6. The course of our lives is largely determined by chance.	**1 2 3 4 5 6**
7. Generally, people deserve what they get in this world.	**1 2 3 4 5 6**
8. I often think I am no good at all.	**1 2 3 4 56**
9. There is more good than evil in this world.	**1 2 3 4 5 6**
10. I am basically a lucky person.	**1 2 3 4 5 6**
11. Peoples' misfortunes result from the mistakes they have made	**1 2 3 4 5 6**
12. People don't really care what happens to the next person.	**1 2 3 4 5 6**
13. I usually behave in ways that are likely to maximise good results for me.	**1 2 3 4 5 6**
14. People will experience good fortune if they themselves are good.	**1 2 3 4 5 6**
15. Life is to full of uncertainties that are determined by chance.	**1 2 3 4 5 6**
16. When I think about it, I consider myself very lucky.	**1 2 3 4 5 6**
17. I almost always make an effort to prevent bad things from happening to me.	**1 2 3 4 5 6**
18. I have a low opinion of myself.	**1 23 4 5 6**
19. By and large, good people get what they deserve this world.	**1 2 3 4 5 6**
20. Through our actions we can prevent bad things from happening to us.	**1 2 3 4 5 6**

21. Looking at my life, I realise that chance events have worked out well for me.	**1 2 3 4 5 6**
22. If people took preventive actions, most misfortune could be avoided.	**1 2 3 4 5 6**
23. I take the actions necessary to protect myself against misfortune.	**1 2 3 4 5 6**
24. In general, life is mostly a gamble.	**1 2 3 4 5 6**
25. The world is a good place.	**1 2 3 4 5 6**
26. People are basically kind and helpful.	**1 2 3 4 5 6**
27. I usually behave so as to bring about the greatest good for me.	**1 2 3 4 5 6**
28. I am very satisfied with the kind of person I am.	**1 2 3 4 5 6**
29. When bad things happen, it is typically because people have not taken the necessary actions to protect themselves.	**1 2 3 4 5 6**
30. If you look closely enough, you will see that the world is full of goodness.	**1 2 3 4 5 6**
31. I have reason to be ashamed of my personal character.	**1 2 3 4 5 6**
32. I am luckier than most people.	**1 2 3 4 5 6**

Appendix 7 : Impact of Events Scale

Impact of Event Scale.

Below is a list of comments made by people who have experienced stressful life events.
Please indicate how frequently these comments were true to you during the past seven days, simply by circling the comment which you think most applies to you.

KEY: (1 = Not at all)
(2 = Rarely)
(3 = Sometimes)
(4 = Often)

1. I thought about it when I didn't mean to.	**1 2 3 4**
2. I avoided letting myself get upset when I thought about it or was reminded of it.	**1 2 3 4**
3. I tried to remove it from memory.	**1 2 3 4**
4.I had trouble falling asleep or staying asleep, because of pictures or thoughts about it that came into my mind.	**1 2 3 4**
5.I had waves of strong feelings about it.	**1 2 3 4**
6. I had dreams about it.	**1 2 3 4**
7.I stayed away from reminders of it.	**1 2 3 4**
8.I felt as if it hadn't happened or it wasn't real.	**1 2 3 4**
9.I tried not to talk about it.	**1 2 3 4**
10. Pictures about it popped into my mind.	**1 2 3 4**
11. Other things kept making me think about it.	**1 2 3 4**
12.I was aware that I still had a lot of feelings about it, but I didn't deal with them.	**1 2 3 4**
13. I tried not to think about it.	**1 2 3 4**
14. Any reminder brought back feelings about it	**1 2 3 4**
15. My feelings about it were kind of numb.	**1 2 3 4**

Appendix 8: State Self-Esteem Scale

The State Self-Esteem Scale

This is a questionnaire designed to measure what you are thinking at the moment.
There is, of course no right answer for any statement. The best answer is what you feel true of yourself at this moment. Please circle the response which best applies to you.

KEY: (1= not at all)
(2= a little bit)
(3= somewhat)
(4= very much)
(5= extremely)

1. I feel confident about my abilities.	**1 2 3 4 5**
2. I am worried about whether I am regarded as a success or failure.	**1 2 3 4 5**
3. I feel satisfied with the way my body looks right now.	**1 2 3 4 5**
4.I feel frustrated or rattled about my performance.	**1 2 3 4 5**
5. I feel that I am having trouble understanding things that I read.	**1 2 3 4 5**
6. I feel that others respect and admire me.	**1 2 3 4 5**
7. I feel dissatisfied with my weight.	**1 2 3 4 5**
8. I feel self-conscious.	**1 2 3 4 5**
9. I feel as smart as others.	**1 2 3 4 5**
10. I feel displeased with myself.	**1 2 3 4 5**
11. I feel good about myself.	**1 2 3 4 5**
12. I feel pleased with my appearance right now.	**1 2 3 4 5**
13. I am worried about what other people think of me.	**1 2 3 4 5**
14. I am confident that I understand things	**1 2 3 4 5**
15. I am inferior to others at this moment.	**1 2 3 4 5**
16. I feel unattractive.	**1 2 3 4 5**
17. I feel concerned about the impression I am making.	**1 2 3 4 5**
18. I feel that I have less scholastic ability right now than others.	**1 2 3 4 5**
19.I feel like I am not doing well.	**1 2 3 4 5**
20. I am worried about looking foolish.	**1 2 3 4 5**

Appendix 9: Male Rape Myth Scale

Male Rape Myths

I am interested in men's attitudes on male rape. The following Rape Myth Measure asks you to indicate which response "best reflects your agreement or disagreement with the following statements". Please circle which response most applies to you.

KEY; "1" : (strongly disagree)
"2" : (moderately disagree)
"3" : (slightly disagree)
"4" : (slightly agree)
" 5" : (moderately agree)
" 6" : (strongly agree)

In this survey, male rape is defined as a situation in which a man is forced to engage in anal and/or oral sex with another man. Rape refers to the use of intimidation, physical force, use of weapons, threat of harm, unfair use of authority, or use of drugs/alcohol to obtain sex.

1.It is impossible for a man to rape another man.	**1 2 3 4 5 6**
2.Even a big, strong man can be raped by another man.	**1 2 3 4 5 6**
3.Most men who are raped by a man are somewhat to blame for not being more careful.	**1 2 3 4 5 6**
4.Most men who are raped by a man are somewhat to blame for not escaping or fighting off the man.	**1 2 3 4 5 6**
5.Most men who are raped by a man are very upset by the incident.	**1 2 3 4 5 6**
6.Most men who are raped by a man do not need counselling after the incident.	**1 2 3 4 5 6**

Appendix 10: Rape Script Instructions

Rape Scripts

Dear Participant

My name is Jayne Walker and I am a research student in the Department of Psychology. I require individuals **who have not been sexually assaulted** to participate in my research.

Below are brief details of my research:-

The earlier phase of my research examined the nature and circumstances of rape from the perspective of the victim. This provides information from the first hand accounts of rape. This phase is concerned with obtaining the views of non-victimised young people about rape, to assess how realistic these were in relation to first hand accounts. It is the aim of the present study to explore accounts of rape from university students and compare these with those based on real events, to understand commonly- held beliefs among a sample of young people.

Informed Consent To Participate

Name of Study: A Study of Male Rape Survivors.

Course: M. Phil/ PhD

I am interested in how individuals believe "a typical rape" proceeds.

My supervisor is Professor John Archer.

All information will be treated as strictly confidential.

I would be extremely grateful for your co-operation in taking part in this research.

Researcher's Name: Jayne Walker

Participants Signature:

If you are distressed by your involvement in this research there are two rape help-line numbers on the last page (which you can detach and keep if you so wish).

Rape Scripts

I am interested in how individuals believe a "typical rape" proceeds, and I would be grateful if you could assist me by describing a typical rape under the following two circumstances:-

1. Please would you describe a "typical" rape in as much detail as possible (up to 500 words) where the perpetrator is **male** and the victim is **male** including:-

    a) What led up to the rape?
    b) What happened during the rape?
    c) What events followed the rape?
    d) Describe as many characteristics of both the **victim** and the **perpetrator** including their thoughts and feelings.

2. Please would you describe a "typical" rape in as much detail as possible (up to 500 words) where the perpetrator is **male** and the victim is **female** including:-

    a) What led up to the rape?
    b) What happened during the rape?
    c) What events followed the rape?
    d) Describe as many characteristics of both the **victim** and the **perpetrator** including their thoughts and feelings.

Please Now Answer these Short Questions

1. Please circle whether you are male or female: **male/female**

2. Please enter your age -------

3. Please state your sexual orientation ----------

4. Please could you tell me:-

If your responses were based on a friend or relatives experiences of being raped **YES/NO**

Please hand the completed Questionnaire to the researcher or place in the envelope provided and place in the box marked JAYNE WALKER in :-

Room HA 226
Psychology Administration Office
Harrington Building

THANKYOU FOR YOUR HELP

If you need to speak to someone concerning rape you can talk to the researcher (who has experience in talking to male rape victims), to a student counsellor or contact:-

RAPE CRISIS (Females) 01257 267776

SURVIVORS (Males) 0845 122 1201

Appendix 11: Help-line Telephone Numbers

	Help-Line Numbers
Safe	01772 523344
Survivors	0845 122 1201
Sheffield Survivors	01742 555 772
Luton Survivors	01582 414 546
First Step	0116 255 2868
Mankind	01273 510 447
Male Rape Support Association	07932 898274
Birmingham Rape Crisis Centre	0121 766 5316
Dublin Rape Crisis Centre	0117 907 7100
Portsmouth Rape Crisis Centre	0239 2669513
Chorley Rape and Sexual Abuse	01257 27776
Lesbian and Gay Switchboard	0121 622 6589