

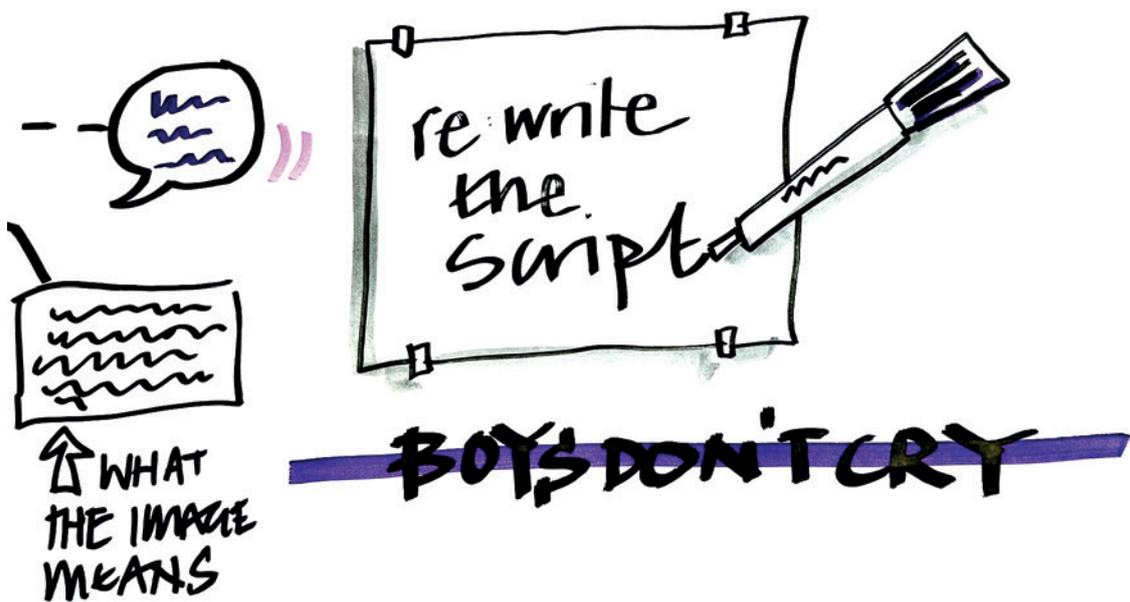


**MUSE**

RESEARCHING MEN'S  
UNWANTED SEXUAL  
EXPERIENCES

# Men's Unwanted Sexual Experiences: Barriers to timely and appropriate support in England

Research Report



\*  
University of Brighton

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**MUSE**  
RESEARCHING MEN'S UNWANTED  
SEXUAL EXPERIENCES

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## Key Findings

- » Men experienced a range of unwanted sexual experiences including child sexual abuse; sexual harassment; sexual assault and rape.
- » Over two thirds (65%) of the men who participated in this study had more than one unwanted sexual experience, with sexual assault and sexual harassment most reported.
- » The majority (68.5%) of perpetrators had a pre-existing relationship with the participant.
- » Often, men would seek formal support for the impacts of unwanted sexual experiences (e.g., depression, anxiety or drug and alcohol misuse) without formally disclosing.
- » Almost half (48%) of participants' disclosures were to their friends, showing men have a willingness to speak about their experiences with other men.
- » There are multiple barriers for men accessing timely and appropriate support. These varied depending on how old they were when the incident happened; their relationship(s) to the perpetrator; their perception of what constitutes unwanted sexual experiences; and how other people responded to their disclosures.
- » These barriers are shaped by societal understandings of masculinities, gender and sexual violence and institutional practices, policies and procedures.
- » Barriers to timely and appropriate support for men are complicated, and multiple can emerge at the same time. Often societal and institutional barriers are present, where certain geographic and institutional cultures combine with failure in institutional policies and/or practices.
- » Participants often did not recognise their experience(s) were a form of sexual violence for long periods of time, if at all, or did not think that they required any form of support.
- » Men's participation in the project was inspired by a willingness to care for and support other men with similar experiences.
- » Participants identified multiple ideal types of support and ways to access and engage with it.

# Introduction

Men's Unwanted Sexual Experiences are an under researched and underrepresented topic. In broader society, it is often assumed that men are unable to experience gendered and sexual violence and that it is something that only happens to women.

This is a common myth, which contradicts research showing that men experience various forms of sexual and gendered violence across their lifetime. Research by Mankind UK highlighted that 42% (1in6.uk, 2021) of men have experienced at least one form of unwanted sexual contact in their lives. This is not to negate women's experiences of men's violence, which continues to be a pervasive issue, but to better understand how such violence impacts people of other genders.

The Men's Unwanted Sexual Experiences (MUSE) project is a collaboration between the University of Brighton, Mankind UK and the Male Survivors Partnership. Mankind UK identified a need to understand more about the barriers that men face in recognising their experiences and accessing support services. In particular, the missed opportunities for support in healthcare settings, for example. Therefore, the MUSE project was established to begin exploring these barriers.

The project ran in two phases. Phase 1 took place in the Southeast of England (June – July 2021), and Phase 2 in the Northeast of England (January – August 2022). Phase 1 was funded by the University of Brighton, with the second funded by the Male Survivors Partnership. These phases consisted of online interviews and arts-based workshops with men from these regions of England who have had unwanted sexual experiences. We also held a set of public events in Brighton and Hove and Newcastle (July 2022 – images from Jon Ralph's visual recording are featured in the report), established a project steering group, and conducted analysis workshops with partners and participants, which were funded by the UKRI Participatory Research Fund.

# Our Partners

The project has three partners Male Survivors Partnership, Mankind UK, and Breaking the Silence.

### **Male Survivors Partnership (MSP):**

Is a network of organisations working with boys and men affected by sexual abuse, rape, and sexual harassment. MSP provide a reference point for male survivors to enable access to national, regional, and local support.

### **Mankind UK:**

Is a Sussex-based charity offering support for men who have been impacted by unwanted sexual experiences, providing a range of self-help resources and counselling services led by a clinical team with extensive experience of working with male survivors.

### **Breaking the Silence:**

Is a confidential service for Black and Asian men based in North England, providing therapeutic interventions for a range of mental health impacts, including anxiety, depression, and social isolation. Breaking the Silence provide specialist services which acknowledge the unique pressures Black and Asian men experience.

### **1in6.uk:**

Is a website and campaign that provides support, help and information to men who are survivors in the UK. 1in6.uk is designed by survivors, delivered by Mankind UK and supported by the Ministry of Justice and the NHS.

### **Jon Ralphs:**

Jon is a visual practitioner and uses his clinical management and art degrees to facilitate individual and small group exploration of complex themes through pictures, words and colours. His ability to translate abstract concepts into graphic processes and illustrations have been widely used in government and professional publications.

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## **Acknowledgements**

We would like to thank our partners MankindUK, the Male Survivors Partnership and Breaking the Silence and the project steering group for their valuable insight, guidance and collaborations. We would like to thank Jon Ralphs for his artistic input and passion for the project. We would like to thank UKRI, the Male Survivors Partnership and the Centre for Transforming Sexuality and Gender and Healthy Futures at the University of Brighton for funding this research. Most importantly, we would like to thank the men who took the time to share their stories and experiences with us.

# Glossary

<b>Child sexual abuse</b>	Any sexual act towards to a child (under 16 years). Child sexual abuse can take many forms including asking or pressuring a child to engage in sexual activities, exposure of the genitals to a child, displaying pornography to a child, actual sexual contact with a child, physical contact with the child's genitals, viewing of the child's genitalia without physical contact, or using a child to produce pornography. Child Sexual Abuse often involves less obvious forms of coercion, such as emotional manipulation or threats.
<b>Disclosure</b>	This report uses the term disclosure to refer to the act of telling another person or service about an unwanted sexual experience.
<b>Formal support</b>	Any support received from an organisation, service, or institution, such as victim services, therapy, and substance misuse services.
<b>Informal support</b>	Any support received from friends, family, work colleagues or another informal source.
<b>Rape</b>	Within this report, rape refers to any non-consensual sexual intercourse. Under the Sexual Offences Act 2003, rape is defined as a male penetrating with his penis the vagina, anus or mouth of another person of any gender without their consent. Following consultation with the project steering group, we have also included instances of men being forced-to-penetrate with their penis another person of any gender without their consent in this category.
<b>Sexual Harassment</b>	Sexual harassment includes a variety of acts which do not involve touch, such as: indecent exposure or flashing; inappropriate looking; sexual teasing or innuendo; sexual photography or 'revenge porn'; being forced to watch pornography or sexual acts; online sexual harassment.
<b>Sexual Assault</b>	Sexual assault refers to when a person intentionally touches another person sexually, including penetration not with a penis, without their freely given informed consent.
<b>Spiking</b>	Spiking is when someone puts alcohol or drugs into someone's drink or their body without their knowledge or consent.
<b>Unwanted Sexual Experience(s)</b>	Unwanted sexual experiences include any event which was sexual in nature where active and informed consent was not given. For more information about this please see: <a href="http://www.lin6.uk/unwanted-sexual-experiences/">www.lin6.uk/unwanted-sexual-experiences/</a>
<b>Victim Blame</b>	When a victim is held fully or partially responsible for the crime against them and can include self-blame and/or a fear of being blamed by others.

## Background research

The widespread prevalence and substantial adverse effects of sexual violence on women have been well documented internationally (Abrahams et al., 2014; Dartnall & Jewkes, 2013; Dworkin et al., 2021). By comparison, although research on the experiences of male victims has increased over the last three decades (Dworkin et al., 2021; Peterson et al., 2011), the notion of male sexual victimisation has received little attention outside of clinical work and institutional settings where the focus remains largely on prison-associated sexual violence or childhood sexual abuse (for similar arguments, see Donne et al., 2018; Hlavka, 2017).

Several studies support the US-based statistic that one in six men have experienced abusive sexual experiences at some point in their lives (Anderson et al., 2018; Finkelhor et al., 2014).

It is unclear how many sexual crimes men experience each year, since reporting rates for such crimes are widely considered to be a vast underestimate (Rennison, 2002). Indeed, numerous analysts have noted the scarcity of valid and reliable statistics and

the general improvised nature of research on men's experiences of sexual violence (Dworkin et al., 2021; Lowe & Rogers, 2017; Peterson et al., 2011). Based on what data does exist, it appears that men are generally less likely to disclose or report sexual assault to the police (Bullock & Beckson, 2011; Weiss, 2010), or receive formal support services, as care and treatment are primarily targeted at female victims (Freeland et al., 2018; Haegerich & Hall, 2011; Javaid, 2016a).

Common barriers to help-seeking include social (traditional gender roles, norms), personal (shame, identity impacts), and practical (cost, fit) barriers (Donne et al., 2018), where gender roles often depict boys or men as invulnerable and powerful.

Male rape myths discourse may prevent disclosure of sexual assault and help-seeking (Hlavka, 2017), and portrays male victimisation as either aberrant or harmless by (i) blaming the victim; (ii) exonerating the perpetrator; (iii) minimise the severity of the incident; and/or (iv) suggest that only certain groups or types of men are raped (i.e., gay or bisexual men) (Hine et al., 2021).

# Research overview

## Project aims and objectives

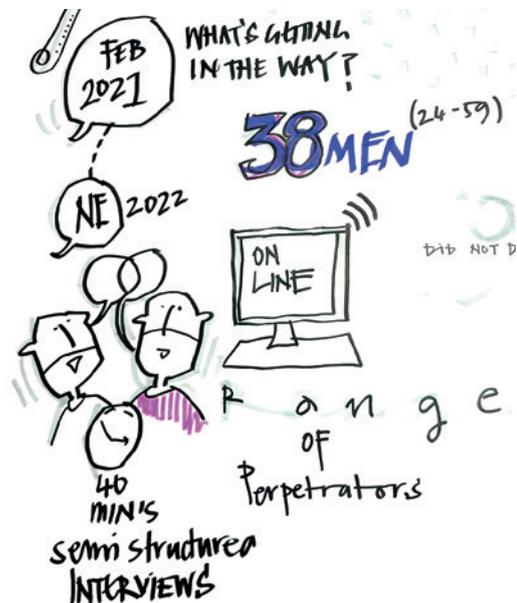
The aim of the project was to explore the barriers that men in the Southeast and Northeast of England face in accessing support for their unwanted sexual experiences. To do this, the following objectives were used:

- » Identify the range of unwanted sexual experiences for men.
- » Identify the barriers to support and how these barriers are negotiated.
- » Identify and explore the people and/or services that men disclose their unwanted sexual experiences to.
- » Explore the relations between unwanted sexual experiences and masculinity.

## Methodology

### Interviewing men

This project employed a qualitative research methodology, with forty men choosing between two methods of participation: (i) online semi-structured interviews, and (ii) e-mail interviews. Online interviews were hosted via Microsoft Teams, where they were audio recorded and later transcribed, and lasted between 45-90 minutes. Email interviews were completed at times suitable to participants and were mostly completed over several days. Questions were sent to participants in stages, allowing for follow-up questions in response to participant answers. Data collection took place over two phases, with participants in South-East England interviewed during phase 1 (June – July 2021), and North-East England participants interviewed during phase 2 (January – August 2022).



*Illustration created by Jon Ralphs at public event in Brighton and Hove 11<sup>th</sup> July 2022*

## Creative methods workshops:



Illustration created by Jon Ralphs at public event in Brighton and Hove 11<sup>th</sup> July 2022

We also conducted three arts-based workshops, hosted by a qualified arts facilitator – Jon Ralphs. The workshops took place online via Microsoft Teams, each lasting three hours. The aim of the workshops was to explore the meanings of sexual violence for men, rather than personal experiences, through drawings created by the participants. Four themes were explored: (1) what it means to be a man, (2) what do unwanted sexual experiences mean for men, (3) barriers to accessing support, and (4) what ‘good’ support looks like. The artwork produced by the participants was sent to the research team and displayed at the two participatory events. Some of those images are featured in the report.

Participants were recruited using convenience sampling methods, mainly through the distribution of online flyers on different social media platforms, including Facebook and Twitter. Social media adverts featured variations of our flyers and used sensitive language, recognising that some men would not be ready to name their experiences as ‘rape’, ‘sexual assault’ or ‘violence’. Instead, we asked, ‘Have you

ever felt pressured, unsafe or afraid to be intimate with someone?’, ‘Have you experienced non-consensual touching at work or in public?’, and ‘Did you have difficulties finding support or someone to talk to about this?’. Clicking on the advert directed participants to the project website, where they were invited to fill in a contact form. Respondents were then contacted by a member of the research team and provided with a participant information sheet. All respondents were able to choose between online or email interviews and had the opportunity to select which member of the research team conducted their interview.

Our project was participatory in nature, including survivors in the design, analysis and dissemination of research. The thematic analysis was conducted in consultation with the steering group (made up of representatives from the participants and partners), ensuring the meanings and ideas attributed to the data have been interpreted with rigour. The project was granted ethical approval by the University of Brighton’s Cross-School Research Ethics committee.



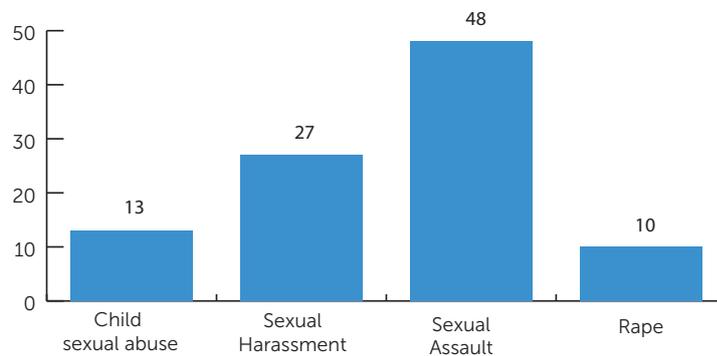
# Findings

In this study, a total of 40 men voluntarily agreed to take part in online interviews, with 20 residing in South-East England and London, and 20 residing in North-East England.

Table 1.1 Participant Information	
Total Number of participants	40 (20 SE, 20 NE)
Age Range (years)	24-64
Ethnicity	33 White, 2 Black, 1 Mixed Race, 1 British Indian, 1 Latino, 1 British Pakistani, 1 not disclosed
Sexuality	26 Heterosexual, 8 Gay, 4 Bisexual, 2 Queer

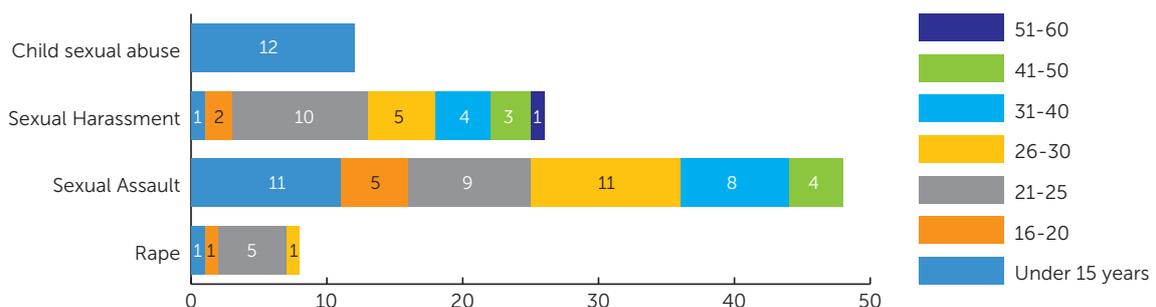
During their interviews, the participants discussed several types of unwanted sexual experiences, including childhood sexual abuse, sexual harassment, sexual assault and rape. In total, 98 cases of unwanted sexual experiences were reported during the interviews, with sexual assault reported most frequently.

**Chart 1: The types of unwanted sexual experiences by the number of cases**



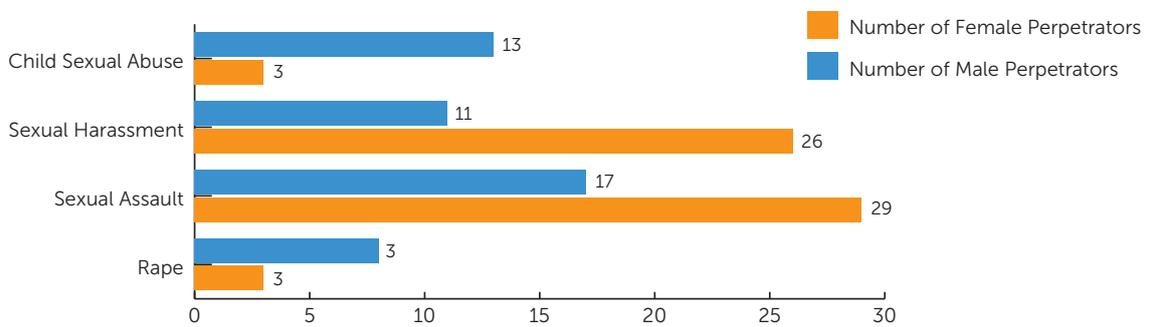
Of the cases reported by the participants, around a quarter began during childhood. In adulthood, the age at which their unwanted sexual experiences began ranged from 16-60, with most cases occurring between the ages of 21 and 30.

**Chart 2: Age of participants when the unwanted sexual experience began by the type of experience**



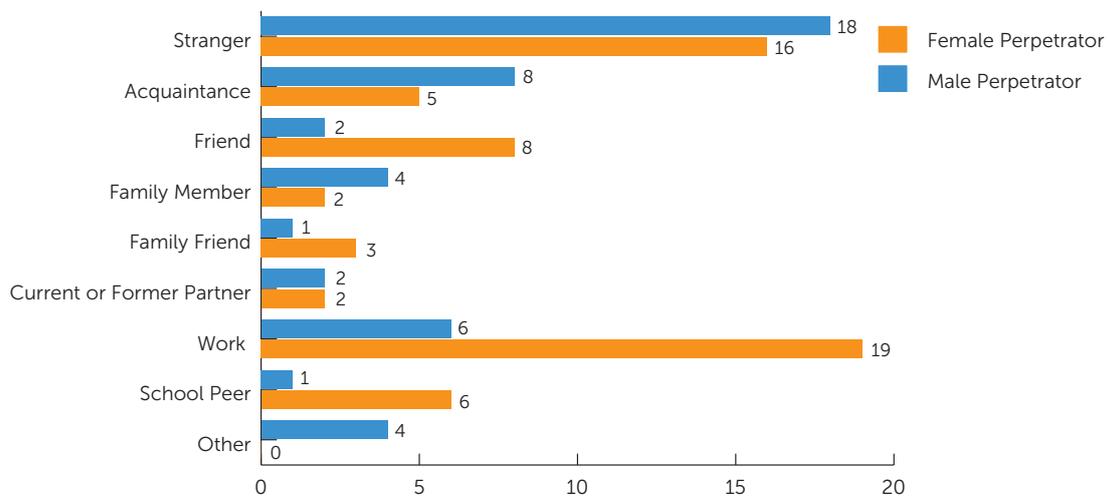
Men who participated reported that perpetrators of sexual assault and sexual harassment were more likely to be women, whereas perpetrators of child sexual abuse and rape were more likely to be men, however men and women perpetrated all types of unwanted sexual experience for this sample.

**Chart 3: Number of perpetrators and their sex by the type of unwanted sexual experience**

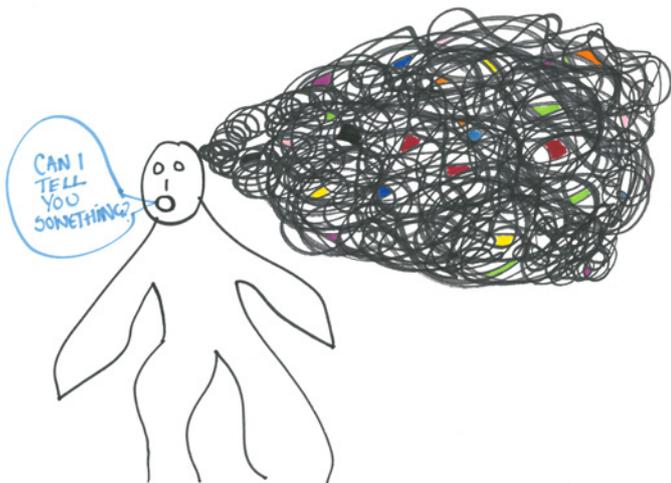


In terms of the relationship to the participant, the majority (68.5%) of perpetrators were identified as being known by the participants, including friends, family members, current or former partners, and work colleagues. Almost one third of the reported cases of unwanted sexual experiences were perpetrated by strangers.

**Chart 4: Perpetrator sex and relationship to participant**



## Disclosure and Support



***'Can I tell you something?' created by a participant in one of the art-based workshops.***

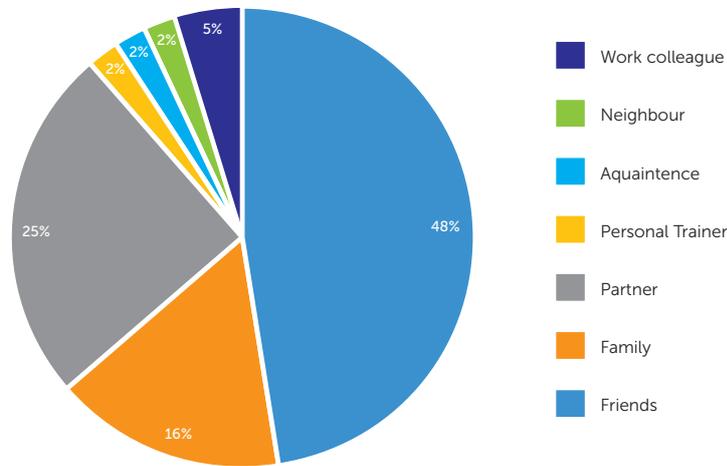
Unwanted sexual experiences affected the participants in a multitude of ways. The men in our sample discussed impacts which occurred both immediately, and sometime after their experience(s). Immediate emotive responses varied, and included feeling confused, fearful, angry, upset and numb. For some, there were also physical injuries as a result of their experiences. Contrastingly, some felt they were not immediately affected by their experiences, emotionally or otherwise. Longer-term effects of unwanted sexual experiences were specific to the individual, mediated by the time since the experience and the experience itself, though several themes are notable. Many of the participants' described experiencing detriment to their

mental health, including social anxiety, depression, substance misuse and suicide ideation and attempts. For some, their experience made them question their identity, including their sexual orientation. Sexual intimacy was particularly affected for some, with participants describing becoming hypersexualised, feeling intense shame regarding physical intimacy, experiencing psychosomatic symptoms during sex, and practicing intentional celibacy. Participants also highlighted a range of impacts on their relationships with friends, family, and romantic partners. Furthermore, participants experienced issues with work and education, particularly when their experiences occurred in these settings, or the perpetrator(s) were linked to their job or studies in some way. In addition, those who experienced mental health impacts required time off from work and study as a result of their unwanted sexual experience(s).

The time between the unwanted sexual experiences and the first disclosure was difficult to quantify for the sample as participants sometimes struggled to accurately remember these events. This may be because they were experiencing recall bias, meaning that as a result of their experience(s) and the time since they occurred, they may have found it difficult to recall details such as the order of events. From the data we have collected, men reported disclosing to people as soon as one day later, up to 40 years after their experience before they first told anyone.

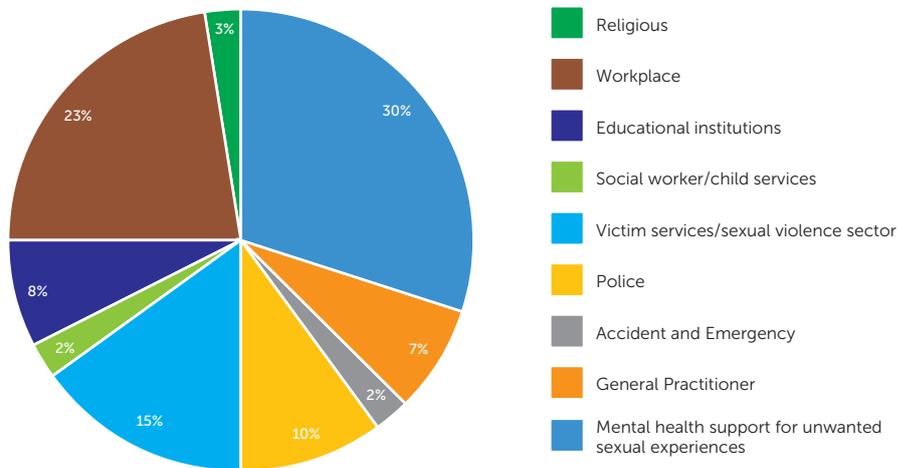
Friends (48%) represented the most common recipient of informal disclosure from the participants, with partner (25%) and family members (16%) the second and third most common, respectively. Other participants disclosed to informally included neighbours, work colleagues, and personal trainers.

**Chart 5: The percentage of informal disclosures to different people**



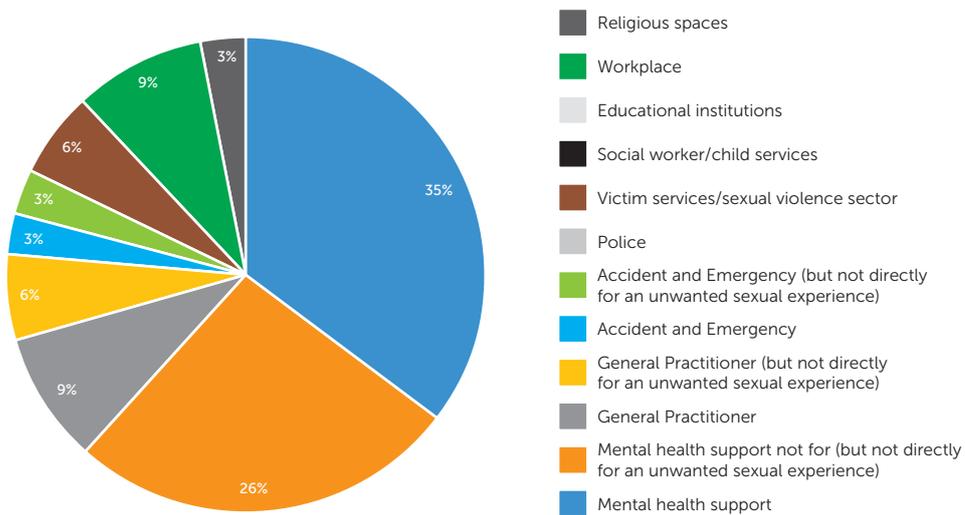
Participants identified mental health support (30%) as the most common service for formal disclosures; with only 10% disclosed to the police, and 7% to a general practitioner.

**Chart 6: The percentage of formal disclosures of unwanted sexual experiences to different services**



Mental health support (35%) was the most common formal service accessed for men’s unwanted sexual experiences (with a further 26% of reports of mental health support for reasons other than their unwanted sexual experiences). Mental health support services accessed included counselling, cognitive-behavioural therapy, hypnotherapy, and eye movement desensitisation and reprocessing (EMDR). It was often the case that participants described using multiple forms of therapy, with mixed responses to the effectiveness of the intervention.

**Chart 7: The percentage of formal support services accessed by participants**

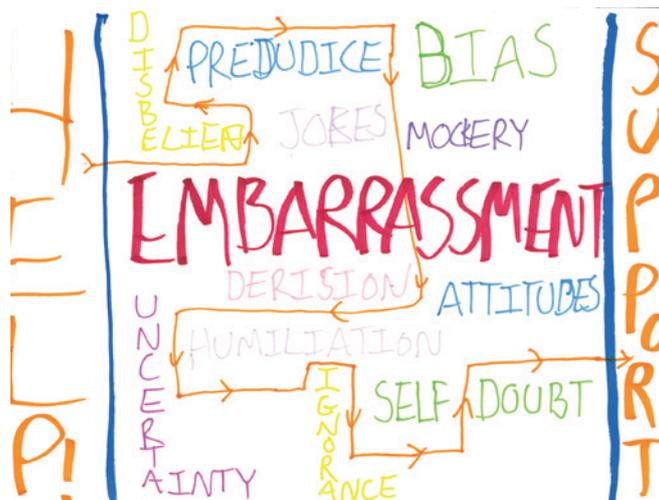


## Findings: Barriers to support



*'Barriers to support' created by a participant in one of the art-based workshops*

Multiple barriers were identified in the research. The following images, created during the arts-based workshops, highlight a general feeling towards accessing all different forms of support. The images portray the difficulty in trying to find support that are often based in the ways society understands men who are survivors of gendered and sexual violence. These images offer an overview of these feelings. We then discuss the different types of barriers that were identified by participants in their interviews.



*'Help and support?' created by a participant in one of the art-based workshops.*

## Masculinity

One of the key barriers for many of the men was masculinity, or what it means to be a man in contemporary society. Often, men feel like they are not able to ask for support or speak about their emotions. For example, James (28, heterosexual, British Indian) said:

*James: And didn't want to speak to anyone*

*Carl: Why not?*

*James: It's just not the norm to talk*

These ideas were common amongst participants in both the north and southeast, but in the northeast, men spoke about specific ways of being a 'northern man':

*I don't know how much this is a working-class male thing or a part of northeast culture. No one likes a grass. (Max, 65, heterosexual, White British)*

Speaking about difficult events and feelings is often not easy for men, as men are taught that it is not 'manly' to speak about their emotions from a young age. As Max states, there are also regional differences in how this happens. Some of the men we spoke to were aware that they could access support, but chose not to:

*To be honest, I know of places ... places that you're allowed to talk about these things without judgement ... but, no, I think, for me, I'm perhaps just too stubborn to ever take up these things. I think, if anything, I've just had to grin and bear it. (George, 34, heterosexual, White British)*

Ideas of masculinity are present here that make George feel he has to deal with the difficulties that unwanted sexual experiences lead to. The point here is not to suggest men are 'too stubborn' to get help, but that ideas of masculinity lead men to 'grin and bear it'.

Participants expressed ways that masculinity shaped how they interpreted their experiences, for example:

*See, I think for me, even though I know that I don't believe [this], it's seen as like being weak as a man to have an unwanted sexual experience like, and even to talk about it, it's more like a taboo and it's kind of like men shouldn't you know talk about stuff like that and they should just get on with it. (Rhys, 34, gay, White British)*

There are societal expectations of men that suggest they should be 'strong' and an unwanted sexual experience does align with a masculine notion of strength, thus becoming a barrier. As Max says:

*I was very disappointed with myself, I still feel I should have been stronger and I wonder if I was flattered by the attention even if I didn't like how it manifested. (Max, 65, heterosexual, White British)*



**'What it means to be a man?' created by a participant in one of the art-based workshops.**

Max goes as far as to say that he is disappointed with himself for not being strong enough to manage the unwanted sexual experiences. Being strong, tough and stoic are major pressures on men in contemporary society, despite some changes in mental health awareness.

*I don't believe it would be productive for me to, to take up a space, let's say, in a group, where others may have been much more severely impacted. And of course, I know, you know, time is a great healer... (Matthew, 50, gay, White British)*

Matthew, whilst discussing the impacts of his experience, suggests that he should not access support because other men might be more 'severely impacted'. Such ideas highlight how some participants thought 'other men' needed support, but not themselves. The types of masculinity suggest men can manage their problems on their own, even though there is a recognition that men do need to be supported.



## Victim blame

Victim blame, when a victim is held fully or partially responsible for the crime against them, or a fear of being blamed, was a significant barrier for accessing timely and appropriate support for the men who participated. They identified multiple ways that cultural myths and assumptions about rape and sexual violence, such as the presence of physical force, affected whether the men identified their experience as unwanted sexual experiences. This also affected how comfortable they felt disclosing to others and asking for help. For example, Henry said:

*I don't know if this was an old fashioned and stupid way, but I kind of had an image in my head of what rape is and that, kind of, didn't match it (Henry, 33, heterosexual, White British)*

For some, the response of the people they told made them question whether their experience was truly unwanted. Such as Wayne who was beginning to remember his experiences several years after they occurred:

*I wasn't sure if it had happened or not and I think after kind of, not to blame my ex-girlfriend, but because she was, didn't believe me I think ... it kind of put this extra level of doubt, I was like maybe I am making it up, maybe it's like, I don't know. (Wayne, 32, heterosexual, White British)*

This response from his ex-girlfriend created a barrier to Wayne recognising his childhood experience and delayed his help-seeking. In contrast, the response from some people helped them to achieve clarity over their experiences:

*I remember when I spoke to the authorities in [City], it was them that used the phrase 'that constitutes rape', and all these other phrases. I didn't know, to me, when I pictured rape, it was always to me, you know, out on the streets at night, after a night out, how you hear it sort of like on the TV, in the media, so to speak. I never knew what any of this stuff meant or what this, what I've been through, the same as well, just in different context. (Sami, 32, heterosexual, British Pakistani).*

When speaking about their unwanted sexual experiences, some men utilised myths about sexual violence, including the tendency to shift responsibility from the perpetrator to the victim. In other words, they appeared to hold themselves accountable for their unwanted sexual experiences. For example, Tony suggests that because he had consented to some sexual activity with a woman in the past, he may have encouraged her to continue abusing him:

*I slept with her so then is that, have I then opened the door to this, is this my fault that this has happened? (Tony, 50, heterosexual, White British)*

For Ruby, this sense of self-blame also included anticipation that they would be blamed by their perpetrator:

*I feel so guilty. You know, I was the one who became friends with this, you know, this landlord of mine and ... then to realise that actually I had set myself up was very painful and just, I felt responsible and I didn't know how he was going to take, how he would like, oh well, you know, I thought he would say, you know, you asked for it and it just felt really awful. (Ruby, 35, gender queer, Black British)*

This self-blame and fear of being blamed by others was so intense for Ruby that they withdrew from their degree and relocated to another country. A fear of being blamed for their unwanted sexual experiences coalesced for some men with a strong sense of embarrassment for having had those experiences. This was particularly the case when the perpetrator was not someone they would want to be sexually associated with. For example:

*You were made to feel that you, you should be thankful for this, that there was a woman taking interest in you but it was quite embarrassing... I felt embarrassed because this was an older person and I was not, I was not attracted to them at all. (Tony, 50, heterosexual, White British)*

This shame and/or embarrassment impacted on the men's ability to recognise their experience, especially when their experiences did not match up to cultural ideas about rape. Subsequently, this contributed to a fear that they would not be believed, affecting their willingness to ask for help:

*Sometimes there's an embarrassment about admitting to something that's happened, or they'll say, oh what are you bothered about, they only did X, that's not as bad as being you know, pinned down and physically raped, or whatever. (Peter, 39, gay, White British)*

Many of the men who took part were acutely aware that the dominant cultural understandings about unwanted sexual experiences are framed as an issue of heterosexual men perpetrating sexual violence against heterosexual women. For some, this played into a fear that their experiences would not be considered legitimate, and/or that they would be perceived as distracting from the 'real' issue of men's violence against women. For example, Trevor said:

*Personally, I'm reluctant to talk about it for fear of ridicule and because I worry about being perceived as trying to dismiss or take away society's focus on women's experiences of the same thing. (Trevor, 41, heterosexual, White British)*

## The Police and Victim Services

When discussing decision-making around contacting the police or victim services, a common barrier among the participants related to their perception of the 'severity' of their case, and the extent to which they perceived their experiences as warranting police involvement. Some incidents, such as unwanted groping or touching in pubs or nightclubs, were perceived as 'minor' meaning that these encounters were dismissed from needing police intervention. Yet even when cases were presented as severe, such as incidents of rape or childhood sexual abuse, participants still questioned whether their need for police involvement was legitimate. A key barrier here was perceptions of police attitudes and responses to cases of men's unwanted sexual experiences:

*... if a guy went into a police station and said he's been attacked by another guy sexually, they'd just sort of, shove him out the station, they wouldn't sort of take it seriously. (Matthew, 50s, gay, White British)*

*I don't think they would have probably done all that much because it would have just been my word against somebody else's. (Liam, 39, heterosexual White American)*

This perceived lack of support for, and credibility of, men's unwanted sexual experiences by the police in many cases prevented men from reporting their case; it was assumed that they would not be taken seriously. For some participants, questions regarding their own definitions

of what constitutes rape or sexual violence impacted upon the perceived legitimacy of police involvement:

*I never thought to [contact] the police about it ... because I had a very... I don't know if this was an old fashioned and stupid way, but I kind of had an image in my head of what rape is and that, kind of, didn't match it. (Henry, 33, heterosexual, White British)*

Cases where participants did report their unwanted sexual experiences to the police did, however, produce mixed responses. While in some cases the police were presented as supportive, in others, participants recounted experiences of poor treatment by police officers when questioned about their testimonies:

*...when I did report it I was interviewed by a male and female officer, and the male [officer said], "Oh well, oh you know, what are you, you're making this, up, oh a minute ago you were saying that, dah, dah, now you're saying this," and I was like, "Whoa, hang on a minute, I've just had a very traumatic experience, I'm trying me best to tell you about it, and I'm still trying to get it clear in me mind," and they were like, "Oh well you know, it sounds like you're making it up," (Peter, 39, gay, White British)*

Broadly, encounters with the police were discussed in relation to the perceived legitimacy and severity of the sexual violence encountered interacting here with victim blame. Unwanted sexual

experiences were often discussed in ways which downplayed the importance or significance of the encounter, contributing to a perceived diminished need for police involvement.

Similar ideas were evident in the men's discussion of the use of victim support services, with some participants questioning whether seeking such support could be justified:

*Because I was aware that there were like sexual violence services but I wasn't really sure what exactly it meant but I didn't want to go just in case oh, what if I, what if it didn't happen, you know, what if I'm making it up or it's a distorted memory of something, I didn't want to waste anyone's time. (Wayne, 32, heterosexual, White British)*

Whilst others who did seek out support were met with dismissive services:

*I contacted an ISVA [Independent Sexual Violence Adviser] ... had a phone conversation with her and she was just dismissive... she said, "Well, you know, why are you phoning, why do you want to talk to me?", and I said, "Well, because I'm about to engage with the police on this, my historic sexual abuse. And I kind of am interested to know what might, you know, how they would, how they might proceed, what the police's attitude towards that might be". And she said, "Well, how would I know, why are you asking me? You might as well just, you're better off asking them" (Dan, 64, heterosexual, White British)*

A common theme relating to the use of victim services was the seeming lack of focused support for men who had experienced sexual violence:

*... there's nothing sort of really well-known that a man could just think of straight away that they could get in touch with. (Rhys, 34, gay, White British)*

*I remember speaking to someone and when they heard that I had a man's voice they said "oh... we don't deal with men". And then they said there was not someone in, in the area at the time that can work with you... (Wayne, 32, heterosexual, White British)*

The perceived lack of exposure or awareness produced barriers for men's acquisition of adequate intervention and support. Even in cases where support was provided, this did not always align with participants' desires and outcomes from support:

*...what really got me was that he was trying to tell me that I was a victim the whole time. But I didn't feel like a victim, I felt like a victor. And I was getting all of this directing me to being a victim and every time I heard the word, I kind of flinched... he was very much like a kind of caring, soothing, "oh, how awful for you," and scowly, frowny face, kind of heavy-hearted looking. Rather than kind of looking like he was armed and equipped with all the necessary stuff to help me soldier on to normality or beyond. (Steve, 50, gay, White British)*

## Workplaces

When discussing unwanted sexual experiences in workplace contexts, participants described complex structural deficiencies and social dynamics which prevented them from formally disclosing. Participants referred to both recent and non-recent experiences of work-based barriers. Tony and Anthony described how, in the past, they felt that they could not disclose their experiences as they believed they would not be taken seriously at the time:

*...there was absolutely no way that I could ever kind of report that person for it because it would never, never ever be taken seriously... I think at no point could I ever have gone to someone and said, can you stop this person doing this to me because I would have been laughed out of the office. (Tony, 50, heterosexual, White British)*

*...in a small company, you know, there were 200 employees on that site and not a terrible lot of staff turnover, it wasn't a transient population way out in the suburbs, so everybody knew everybody and I would expect gossip, I would expect to not be believed, to be ridiculed. (Anthony, 53, Bisexual, White British)*

In these non-recent cases, structural failings within Human Resources (HR) are outlined, with credible pathways for disclosure seemingly inaccessible. Max discussed similar issues with HR, implying a lack of professionalism and care when handling disclosures:

*I said I did not want HR involved ... I also found HR incompetent and prime movers for making everything worse... I've always found HR departments to lack subtlety and imagination. (Max, 57, heterosexual, White British)*

These negative perceptions of pathways to disclosure through HR have acted as a barrier for men in the workplace. The men's accounts suggest that little improvement has been made in recent years, with responses implied to be both ineffective and inappropriate:

*... so it was an ongoing thing to the point where I wrote a formal complaint to the... one of the sort of like regional managers or something. But nothing was done... (Andrew, 32, heterosexual, White British)*

*[My manager] was laughing after hearing this, I tried to laugh at the same time. It was wrong no doubt. (James, 28, heterosexual, British Indian)*

The social dynamics in workplace cultures was another concern, with the ability to disclose influenced by the hierarchies between employees and managers:

*[I was] not able to confide because this woman was me boss ... and I'm thinking, oh you know what do I do? ... I was conscious about how much sway she would have over me in my work environment you know... I didn't have any kind of professional supervision... And I just kind of felt, I don't know where to go from here, so I felt so uncomfortable (Max, 65, heterosexual, White British)*

Concerns about the impact of disclosures on day-to-day working environments was a significant barrier, particularly when perpetrators occupied powerful positions. For the participants, their perceived lower status contributed to a feeling of precarity in the workplace.

As is evident throughout this study, many of the barriers to men's disclosure of unwanted sexual experiences is the impression that they will not be treated as credible or legitimate nor will they be responded to with urgency. This lack of awareness and acknowledgement of such issues ultimately contributes to men's sustained silence.

## Healthcare

Participants rarely sought healthcare support for their unwanted sexual experiences. A prominent barrier was that healthcare settings were not recognised as a space to disclose their experiences, with practical issues, such as the duration of appointments, meaning that participants did not feel capable of fully articulating their experiences:

*[T]o be honest I've never, ever thought that I would, it's not something like, you know unwanted sexual advances, I would never think to go to a doctor about that. (Rhys, 34, gay, White British)*

*[F]undamentally I think like a 10-minute appointment with a GP I'm not going to be able to go into any depth about any of it so I go to the GP and say look, I'm feeling depressed, I'm feeling anxious, can I get a referral to somebody who I can actually talk to for any length of time and that's been it, that's been the extent of the conversation (Aaron, 34, queer/bisexual, White British)*

This avoidance of healthcare services meant that participants often sought out interventions and services on their own, using internet searches to find support:

*I was upset one day, I wanted to reach out to someone, I started putting things into Google and this [northern city] police website came up. On there was a link, from there I found [therapist]. No one told me about [therapist]. (Sami, 32, heterosexual, British Pakistani)*

Such personal responsibility for organising support can be problematic as it requires an intimate and knowledgeable understanding of one's mental health to access appropriate services, which may not be possible when experiencing heightened anxiety or a mental health crisis.

Sami's experiences also demonstrate the barriers in terms of applicability and appropriateness of therapeutic interventions. When contacting different services, Sami describes how his seemingly healthy everyday existence meant that he did not meet the 'threshold' for support:

*I'd call up an agency ... they'd be like, sorry, you work full-time ... you go to the gym ... you're doing fine, you don't meet our threshold. And I would sit there and be like ... you want me to reach that rock bottom before you're going to help me? (Sami, 32, heterosexual, British Pakistani)*

Sami's account highlights how access to mental health intervention can, in some cases, only be applicable to those in emergency situations. In many ways, such an approach misjudges the needs and necessity of continuous support to ensure that healthy lifestyle behaviours are maintained and in turn prevent severe mental health crises.

Subsequently, even when support services were accessed, many participants questioned the adequacy and effectiveness of the interventions available:

*I was conscious that six one-hour sessions ... how can someone put a number on it and say, you're going to be sorted in six sessions, that's it, crack on with your life ... so I was already suspicious about how is something like this going to help me (Sami, 32, heterosexual, British Pakistani)*

*I know I can just contact my GP and I'll get to see a therapist eventually, but my needs are complex. A few sessions of CBT won't make much difference in terms of treating chronic mental health problems, it's like giving someone [a plaster] for a gunshot wound (Trevor, 41, heterosexual, White British)*

Across the accounts, the short-term structure of some therapeutic interventions was perceived as a barrier to effective treatment, often leading to feelings of suspicion and disillusionment with the support process. In some cases, this has ultimately led some participants to adopt potentially damaging coping strategies, as Carl outlined:

*I've tried taking it away, like I say, with booze and self-harm (Carl, 43, bisexual, White British)*

In these cases, the use of alcohol as an avoidance strategy is perceived as a more viable solution to mental health issues than the support services available. Across the sample, many of the participants described their use of more 'informal' support pathways, seeking support from friends or family members. Yet, as discussed in the following section, such informal pathways presented significant barriers.

## Relationships

Managing disclosures of unwanted sexual experiences with family members and close friends produced the most complex barriers for the participants in this research. Disclosures within intimate relationships were often emotionally charged, risking conflict, isolation, and estrangement from those they cared about. This presented significant barriers for Sami, where cultural values of family community contributed to his sustained silence.

*Like my mum doesn't believe me at all, that my uncle did this ... And so, you know, as years went on I was just like, it's too late, people are going to think I'm like, you know the old childhood book of the boy who cried wolf? And I just felt like that was like, who's going to believe me now? It's too late, I can't do nothing about it now, and that's how I just continued all those years. (Sami, 32, heterosexual, British Pakistani)*

The lack of support and trust from his mother had significant impacts on Sami's ability to disclose his unwanted sexual experiences with others as his experiences were questioned. This demonstrates how the response of close family members can play a crucial role in determining the validity and legitimacy of sexual abuse disclosures. Yet, even when responses from family members were supportive Sami still felt unable to disclose his experiences for fear of the blame and the potential repercussions:

*I remember going downstairs and Dad just pleaded with me to tell him what's wrong, is someone doing something to you? I'll help you. No one's going to do anything, it was like nothing, I don't know what you're on about. I remember going straight into the bathroom, rinsing my face with water, scared that if someone finds out they're going to beat the crap out of me because I'm doing something wrong. (Sami, 32, heterosexual, British Pakistani)*

Here, perceived allegations of 'victim blaming' act as a barrier to disclosure, with Sami's own sense of culpability for his abuse, and fear of the potential consequences, preventing him from accepting the support offered by his father. Ultimately, Sami's accounts demonstrate the complex barriers associated with disclosures to family members. The closeness of these relationships can impact on how or what is shared and can influence feelings of self-worth.

For Gareth, barriers to disclosure related to strained family relationships and concerns about the potential impact of revealing his experiences. The perpetrator of Gareth's unwanted sexual experience was a close friend of his mother, and it was only through therapeutic intervention many years later that Gareth was able to acknowledge this sexual abuse. As he explained, this presented a dilemma when he wanted to find out more about those moments in his childhood.



*So, that was the next awkward bit because I had to talk to my mum, they're best friends and all this kind of stuff. I didn't, I've never spoken to my mum about this ... but I had to go for a walk with my mum and say "oh, what happened?", you know. So, she told me about how I used to go to her house all the time ... so it all came together like that. Anyway, I was left in this position where, where the fuck do I go with this, you know? (Gareth, 44, heterosexual, White British)*

The intimacy of family relationships create barriers as people may think about the potential impacts and consequences of disclosure, meaning that, in cases such as Gareth's, it is seen as simpler to avoid disclosure to prevent potential conflicts within the family.

Participants also spoke with friends, approaching their disclosure in different ways. For some participants, humour was used as strategy to outline their experiences:

*I remember saying to my friend, you've got to get me out of here because this old woman is like not leaving me alone. But it was just, we laughed about it (Tony, 50, heterosexual, White British)*

*I think I made light of it, made it funny ... Women friends I told were more appalled and urged me to take it more seriously. They were more defensive. Male friends were more likely to say, "what are you like eh?" (Max 57, heterosexual, White British)*

While humour was useful for broaching the subject of men's experiences, it can be problematic as it detracts from the potential severity of the experience. Successfully finding ways to express experiences are positive, but the use of humour means left some men feeling unsupported

Disclosures to friends also seemed to be difficult for some participants as they struggled to find a way to articulate themselves. This in turn could impact the subsequent response of the friend:

*I think it felt a bit gossipy, like as if he was getting a bit of gossip but I also probably... I'm not trying to blame myself but I reckon I approached it in a quite casual way rather than like I've got something serious that I think we should... Not that that legitimises why he responded in the way he did. (Charlie, 29, gay, White British)*

*It was just a friend of mine at university and we had both been drinking, and it just sort of came out my mouth in a slightly hamfisted way when we were talking about something that was vaguely relevant ... but his reaction was laughing and looking at me as if he didn't really believe what I was saying. (Mark, 27, gay, White British)*

Men struggled with discussing unwanted sexual experiences, and as these examples highlight, such difficulties when attempting to open up about their experiences led to dismissive responses from their friends, contributing to negative perceptions of their disclosures.

# Towards Good Support

During interviews and workshops, the participants were asked what they considered to be good support for men. While a variety of approaches were outlined a prevalent issue was raising public awareness of MUSE in society:

*... we need to have people, teachers, Social Workers and so on, being aware that ... boys and men can be victims of this. (Rupert, 39, heterosexual, White British)*

*... awareness that [men's unwanted sexual experiences] is a thing that happens ... it's the helping people realise there's a problem in the first place, I don't know how to achieve that because it's fundamentally changing how society thinks about men (Aaron, 34, queer/bisexual, White British)*

The accounts of the participants suggest that for 'good' support to be implemented, there must first be a greater awareness across society and specific sectors such as education, healthcare, and politics that sexual violence and victimisation is a significant and legitimate issue for men. Media campaigns and advertisements which may shift perceptions around male help-seeking and vulnerability were seen as essential to establishing MUSE within the public consciousness.

In terms of effective strategies to support men, many of the participants alluded to some form of community group, a 'safe space' for men to come to together and share their experiences and provide support for one another. Crucial to this was an empathetic understanding, using first-hand experience to support others:

*[T]hat's the thing, people who are sympathetic to the situation aren't going to be judgemental ... that sort of mutual understanding, that would be really helpful, the sense of not being alone (Rupert, 39, heterosexual, White British)*

*... you can see this person who's been through it, understands it ... going "hi, yeah this is what to expect, this is what I went through, you know, how are you feeling?" (Gareth, 55, heterosexual, White British)*

*I guess, ways in which I can talk to other gay and queer men about it, I think would be useful. I mean, I don't think my experiences are kind of things that have just happened to me ... So yeah, I guess maybe it would be useful to talk to other people about something too (Charlie, 29, gay, White British)*

What is key for men when seeking support, then, is challenging this perception that they are isolated or alone in their experiences, demonstrating that there is a 'mutual understanding', as Rupert suggests, and that with this shared experience comes a shared motivation to care for and support others. Such approaches are a radical departure from traditional perceptions of masculinity which present men as stoic or independent, further highlighting the importance of the values of care, empathy, and intimacy in strategies to support men.

Some participants also discussed the potential benefits of other more informal approaches with practitioners who already offer a form of 'caring' service,



**'Future of support' created by a participant in one of the art-based workshops.**

such as personal trainers, hairdressers, or tattoo artists. As Andrew explained, such roles already imply a degree of intimacy, vulnerability, and caring practice which can support a 'therapeutic' conversation:

*... with service roles that also require time and intimacy in some way such as, you know, hairdressing or tattooing or anything that has like a physical component, a human element ... it invites a degree of intimacy ... a space where things can be shared in safety because this person ... is already caring for your needs in other ways so ... you feel trusted and safe to share in those environments. (Andrew, 32, heterosexual, White British)*

Many of the potential approaches posed by the participants are reliant upon men accessing such services 'in-person' however there was concern that some men may feel uneasy with the visibility of

face-to-face encounters. Confidential and anonymous services were thus proposed as a useful alternative for some men:

*... like a live chat or something like that, where you could log on and type to somebody and talk to somebody, just to kind of build kind of a little bit of a relationship up and have just initial support if you needed it (Rhys, 34, gay, White British)*

The use of digital technologies, such as 'live' chat or text-based services, can provide men with the opportunity to seek out initial support without the social exposure associated with face-to-face, community services or groups and can offer the first step away from the isolation that men can feel in relation to unwanted sexual experiences. Ultimately, for good and effective support to be implemented, recognition of MUSE must first be granted across social, cultural, and political spheres.

# Recommendations

## **1. Raise awareness that men can have unwanted sexual experiences and improve responses to men when they disclose in informal settings.**

Men reported that the responses of those within their informal networks was not always ideal. Therefore, we advocate for the development of a national awareness raising campaign and educational materials. This would also involve education about masculinity and what it means to be a man, and unwanted sexual experiences. This should be delivered in schools, universities and workplaces and should include responsible press reporting and increasing visibility in popular culture. Some of the key issues identified in this research are that men often feel unable to recognise a need for help and support, therefore work is needed to reimagine men's relationship with care and help-seeking. This is particularly important for young men and boys. The development of awareness campaigns and services should be done in collaboration with diverse men who are survivors, ensuring authenticity.

## **2. Fund services to expand their provisions and enable them to conduct further outreach work.**

Increasing visibility and awareness if support services are not properly funded and resourced. Currently, services for men who are survivors are already over-subscribed, therefore an increase in awareness requires an increase in support available nationwide.

## **3. Increase the variety of men's services**

Participants noted that there also needs to be a review of the services offered to men who have unwanted sexual experiences to ensure that services are best suited to men and their lives.

## **4. Improve responses in formal sectors**

Many of the responses to men from formal services were lacking. Therefore, we advocate for a national training scheme for services such as GPs, Police and other services to be developed with male survivors. This package should ensure that men are asked questions about gendered and sexual violence at every appropriate opportunity.

## **5. Address the invisibility of men's experiences in current policy**

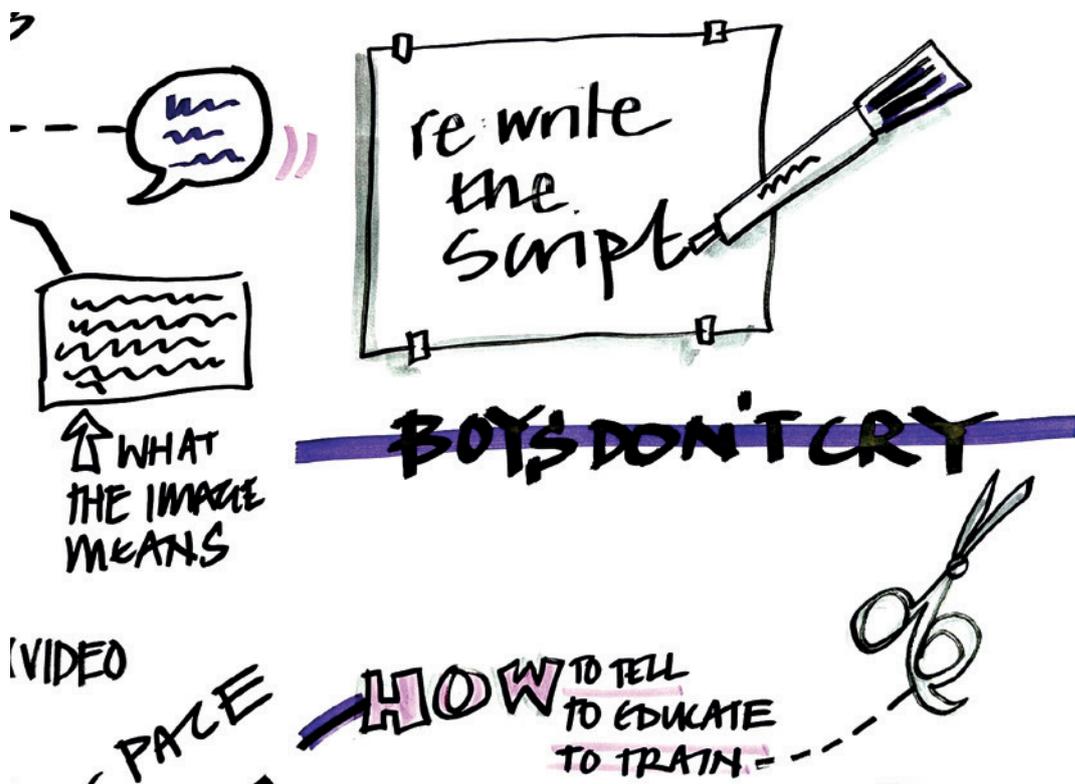
Currently, men's unwanted sexual experiences fall under the 'violence against women and girls' category, which excludes men (and people of other genders). More work is required to make gendered and sexual violence towards men more visible in policy and law.

## 6. Intersectional approach

As evidenced in our research, different types of men – according to sexuality, class, race, ethnicity and age – experience violence and barriers in different ways. This means that interventions, awareness raising, services and policy require approaches that consider the diversity of men and men’s experiences. This should consider the geographical differences in men’s experiences, whether regional, local or urban/rural.

## 7. Further research

Further research is required to explore a national perspective of men’s experiences to further account for the diversity of men and the barriers they encounter. Research that explores the different services where men have either found or failed to find support is required to examine the ‘missed opportunities’.



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<https://museprojectbrighton.wordpress.com>

