



SEXUAL VIOLENCE AGAINST BOYS & MEN

A L I T E R A T U R E R E V I E W



FOREWORD]

The Male Survivors Partnership (MSP) is the National umbrella agency for organisations working with boys and men affected by unwanted sexual experiences. It was established to help prevent sexual violence against men and boys, and to ensure those already affected can access appropriate support.

Our goals are to secure prevention, healing and justice for men and boys through research, advocacy, and capacity building. Funding evidence-based research is critical to the achievement of our goals. It will help us:

- Better understand what leads to sexual violence.
- Increase awareness of the prevalence of male victims.
- Influence institutions and organisations that should protect men and boys to do it effectively.
- Improve access to effective support for all male survivors.

The research published within this review is a vital first step, the findings are profound and we will use them to drive meaningful change for men and boys affected by sexual violence.

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Recent public contributions include acting as the child protection in sport expert for the English FA's independent review into child sexual abuse in football (Sheldon, 2021), providing expert testimony on safeguarding in sport for a House of Lords Select Committee (April, 2021), and a presentation to a UN event on the sexual abuse and exploitation of boys in sport (Oct., 2021). Mike also serves as a trustee of MSP.



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INTRODUCTION]

The public debate around sexual violence over the past fifty years has been dominated by the notion that offenders are male and victims are female. However, during the past ten years or so, far greater attention has been paid to male victims of sexual violence.

In particular, media stories and various inquiries have highlighted the sexual abuse of boys in institutional contexts such as the Church, public schools, children's homes, and sport. In the UK, a number of frontline services provide specialist support for male victims of sexual violence. The *Male Service Standards*, launched in 2018 by Lime Culture and the Male Survivors Partnership, provide a framework for services to develop and improve the quality of service provision to male victims and survivors.

The last decade, particularly the last five years, has also seen a substantial increase in research activity focused on sexual violence against boys and men. However, those supporting male survivors, and the communities of boys and men in need of support, do not always have access to research that may be of value to them.

Therefore, this report provides an overview of research literature on sexual violence with a specific focus on sexual violence against boys and men. The report is focused on areas that may be most useful for victims and survivors and those that support them.

Therefore, this review may also serve as a prompt for more focused work on specific areas, problems, and/or questions. In compiling the review, empirical studies from within the last five years have been prioritised and findings from recent meta-reviews have been particularly useful. We also include relevant and important work from across the past three decades and try to set the problem of sexual violence against boys and men, and our attempts to understand and respond to it, in some historical context. Thus, the report is broad although we have been necessarily selective in the studies and findings we discuss.

The five key areas covered by this review are: *scale and dynamics*, *disclosure*, *effects*, *risk factors*, and *support and treatment*.

We also provide a final chapter on *theoretical approaches* to understanding and explaining sexual violence, much of which focuses on causality and offending, and hope that this will prove useful.

Throughout the report the terms 'victim' and 'survivor' are used interchangeably. We acknowledge that these terms may not be the preference for many readers, and that self-definition is always preferable.

EXECUTIVE SUMMARY

This report provides a synthesis of research literature focused on sexual violence against boys and men. When we refer to 'boys and men' we include trans men and boys and intersex or non-binary people who access male centred services.

In the production of this report we have drawn on over 300 distinct sources. However, we've been necessarily selective in the studies and findings we discuss and undoubtedly some significant studies will have been omitted.

As part of its remit to support organisations working with boys and men affected by unwanted sexual experiences, the Male Survivors Partnership (MSP) seeks to identify and disseminate the most current and robust knowledge in this field for the benefit of its membership and the individuals they work with.

The boys and men in need of support, and the communities serving them do not always have access to valuable research findings.

The five key areas covered by this review are:

- Prevalence
- Disclosure
- Risk Factors
- Effects
- Support and Treatment

This report is intended as a resource for - or the basis for the development of resources for - the MSP Board, wider membership, and the communities they serve.

It will help to:

- Challenge myths and misconceptions about sexual violence against boys and men.
- Address the lack of awareness of male victimhood in our society.
- Inform institutions that should protect boys and men with the information they need to do it effectively.
- Influence National policy to increase specialist services available to support male victims and improve quality of services provided.

There is no universally agreed definition of sexual violence, therefore, we spend some time discussing definitions. Suffice to say here that we advocate a conceptualisation of sexual violence that is broad and inclusive (and not limited to contact offences) such as those provided by researchers as well as national and international entities such as the United Nations (UN) and the World Health Organisation (WHO).

The earliest research articles specifically on male victims of sexual violence in our search appeared from about 1980 onwards. However, the majority of articles we examined were concentrated within the past five years and it is these studies that we focus on in our review. We have attempted to separate research on boys (children) and research on men (adults) where this was possible.

In order for the review process to be manageable, we chose to exclude most conflict-related sexual violence (i.e., sexual violence in the context of war and within the military) and most research on sexual violence in institutional contexts, such as prisons, children's homes, and boarding schools because of their somewhat atypical nature. We also attempted to include as many articles as we could that were *meta*-syntheses and *meta*-analyses. These kinds of articles bring together a range of studies on a particular topic and compare them.

This report is intended as a resource for – or the basis for the development of resources for – the MSP Board, wider membership, and the communities they serve. Ideally, the report should be read as a whole, however, we recognise that this is a lengthy report and some readers may wish to read selectively. Therefore, we have extrapolated some key points from each of the five main chapters and provided chapter summary boxes at the end of each chapter. Below we present some key observations from our review.

KEY OBSERVATIONS]

Prevalence

- Self-report studies are critical for established more accurate approximations of the true extent of sexual violence as official statistics only capture a limited proportion of cases.
- Prevalence of sexual violence is generally found to be higher in female samples, although rates for both sexes are significant.
- International meta-analyses of 'high-income countries' indicate that up to 5% of boys experience penetrative sexual abuse, and up to three times this number are exposed to any type of sexual abuse. However, many European studies have found much higher prevalence rates.
- A recent study of 18–27-year-olds (across 10 European countries) found between 20 and 52% of female respondents, and between 10 and 56% of male respondents, reported having experienced at least one incident of sexual victimisation *since the age of consent*. However, a significant *minority* of international studies have reported higher prevalence rates in men.
- Official statistics and research studies have found that sex offenders are predominantly male, but sexual violence is perpetrated by males and females. However, a recent large-scale study of children in the US found that perpetrators of sexual abuse and assault against boys were marginally more likely to be female.

Disclosure

- Disclosure and responses to disclosure are affected by gender scripts or narratives which inhibit boys and men from disclosing sexual violence.
- Men frequently delay disclosure as they feel they would not be taken seriously, particularly if the perpetrator was female.
- The average duration between sexual violence and disclosure, for men, is over two decades.
- Delayed disclosure or non-disclosure can increase survivors' isolation and susceptibility to mental health problems.
- Affirmative responses to disclosure or discovery, from friends, family and professionals, including positive social and therapeutic support, can ameliorate the negative effects of sexual violence; negative responses can compound, extend, and intensify the effects.
- Contexts that promote and facilitate dialogue about sexual violence and challenge stereotypical notions of masculinity, support the disclosure process for boys and men.
- Further research into the disclosure process for boys and men is required, particularly research focused on facilitators to disclosure.

Risk Factors

- Risk factors are both individual and situational and are manifest at all levels of society, including macro-levels where wider cultural norms around masculinity present risks for boys and men. Risk factors at different levels combine to increase vulnerability.
- Risk is related to situation or context. Situations where the boy/man is alone and intoxicated or incarcerated may present particular risks for males. Risk for boys and men may also be elevated in some male-dominated, hierarchical institutional contexts, such as sport and the church.
- Prior victimisation (sexual or otherwise) by family members or having a parent who was abused, have been identified as highly significant risk factors for child sexual abuse.

- Other familial risk factors include social isolation, domestic violence, poor parental mental health or substance abuse, low socio-economic status, low parental educational attainment, inadequate parenting, poor attachments, and low levels of parental affection.
- Child characteristics that function as risk factors include disability, drug use, manifesting delinquent behaviour, poor social skills, and being a frequent internet user.
- Boys and men with minority ethnic, gender, or sexual identities, as well as those with disabilities or mental or physical health problems, are particularly vulnerable. However, large scale studies of male-on-male sexual violence have found young, heterosexual men in their twenties and thirties are also at significant risk.

Effects of Sexual Violence

- Negative effects, their duration, and their severity, may be affected by factors such as age, social class, ethnicity, previous experiences, and wider social and cultural factors.
- There are well-evidenced and often long-term correlations between sexual violence (as a child or adult) and poor physical and mental ill-health. Depression, PTSD, anxiety, significant distress, poor self-esteem, self-harm, and suicidal ideation and attempts have been strongly linked with both CSA and adult sexual violence.
- Male victims-survivors may experience problems relating to sexuality and gender identity (i.e., uncertainty about sexual orientation and insecurities around masculinity).
- Sexually victimised men may develop a fear of sex and an inability to emotionally connect with others. Alternatively, they may engage in indiscriminate sexual activity with multiple partners, further elevating the risk of repeated sexual or physical victimisation or contracting STDs.
- If the abuser was female, men and boys are more likely to misrecognise, deny, or minimise the experience because of their adherence to traditional constructs of masculinity.

- Beliefs that men are less affected by sexual violence than women are widespread.

Support, Therapy and Treatment

- Barriers to disclosure simultaneously inhibit access to professional therapeutic support.
- Challenging adherence to rigid forms of traditional masculinity may be important for both processing the abuse and recovery.
- Male survivors may have significant problems in expressing and articulating their feelings and thoughts and may be particularly wary or distrusting of others, particularly those in positions of authority.
- Male survivors need support and therapeutic services that are specifically tailored to the male experience of sexual violence.
- Peer-support can be very powerful. More research is required to develop a robust evidence base for peer-support and other forms of support and treatment modalities.
- Therapeutic services for boys and men receive only a fraction of the funding provided for services to support women and girls.
- Research is needed to map, define, and outline current service provision for boys and men who have experienced sexual violence and to evaluate need, both nationally and within frontline provision.

This report shows that whilst research on sexual violence against boys and men has, for many years, lagged behind that of girls and women, there is a significant and steadily growing volume of research evidence to draw upon. This research is clear that boys and men who are subjected to sexual violence have distinct needs and that services are required, urgently, that can adequately and effectively provide all male victims/survivors with the support they require.

We make a number of general recommendations.

Recommendations

1. Funding for service provision should take account of prevalence data from self-report studies.
2. Evidence on sexual violence against boys and men should be widely disseminated.
3. Greater provision must be made for social spaces that enable boys and men to safely discuss sexual violence and their own victimisation.
4. Professional training and higher education programmes preparing people for a professional role working with children and young people, especially those working with victims-survivors of sexual violence, must ensure the evidence base on boys and men is fully acknowledged and embedded within learning programmes.
5. Gaps in knowledge and understanding about sexual violence against boys and men must be addressed through further consultation with the sector and through further quantitative *and* qualitative research in this area.
6. Longitudinal prevalence studies of sexual violence against boys and men in male dominated spaces, institutions, and/or sectors (such as organised religion and organised sport) would contribute important knowledge about this problem and form part of a more focused effort to prevent sexual violence against boys and men.
7. Further research with and for male survivors from groups commonly underrepresented in research is urgently required, including issues relevant for and related to minority ethnic communities, disabled/disability communities, and minority gender identities and sexualities.
8. The relationship between research on sexual violence against boys and men and service delivery to support male victims/survivors should be developed further. There is significant added value in long-term collaboration between service providers and research that is not sufficiently realised.

CHAPTER 1 // CONTEXT

Violence and Interpersonal Violence

Violence is a complex and contested concept. Traditional conceptualisations focus on physical force but are criticised for failing to take 'account of the wider contexts of social relationships in which violence occurs, non-physical harms (especially psychological), and the possibility of violent outcomes that were not consciously intended' (Ray, 2011: 24).

The WHO separates violence into three distinct categories: *self-directed*, *interpersonal*, and *collective* violence. The focus here is interpersonal violence (IV) which refers to: a) *family and intimate partner violence*; and b) *community violence*. *Family and intimate partner violence* refers to violence 'usually, though not exclusively, taking place in the home'. *Community violence* refers to 'violence between individuals who are unrelated, and who may or may not know each other, generally taking place outside the home' (Krug et al., 2002: 6).

The World Health Organisation (WHO) also describes the nature of violent acts as: 1) *physical*; 2) *sexual*; 3) *psychological*; and 4) *deprivation or neglect*¹ (Krug et al., 2002: 6). Thus, Article 19 of the Convention on the Rights of the Child (United Nations, 1989) states that the child should be protected from:

[.] all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.

¹ Conceptualisations of child abuse make the same distinctions (e.g., the British government's statutory guidance in 'safeguarding' includes four main categories of abuse: physical, sexual, emotional abuse, and neglect, as well as exploitation and extremism (HM Government, 2018: 106)).

Children can experience violence from both adults and other children (UN, 2011; HM Government, 2018). The UN (2011: 8) also argues that violence (globally) often has a ‘gender component’:

For example, girls may experience more sexual violence at home than boys whereas boys may be more likely to encounter – and experience violence within – the criminal justice system.

Interpersonal violence ‘exact[s] an enormous public health toll’ (Decker et al., 2018: 65S). Therefore, it is a significant area of global health policy and it also has a significant gender dimension. Thus, the WHO published a ‘global plan of action’ in 2016 ‘to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, *in particular against women and girls, and against children*’ (WHO, 2016, emphasis added). Therefore, issues of gender are central to conceptualisations of violence and these feed into national policy responses. Thus, the British government’s response to male victims of sexual violence is captured within their *Position Statement on Male Victims of crimes considered in the cross-Government Tackling Violence Against Women and Girls Strategy and the Tackling Domestic Abuse Plan*. Thus, within government strategy the term *violence against women and girls* (VAWG) ‘refers to all victims of any of these offences’ (HM Government, 2022a: 4; see also HM Government, 2019). Professionals, advocates, and male survivors have all highlighted the problematic nature of positioning and framing sexual violence against boys and men within a policy response aimed at girls and women. Therefore, the way sexual violence is defined has real and significant consequences.

Sexual Violence

Definitions and understandings of sexual violence vary across time, across national boundaries, and across different cultural contexts, both in relation to legislation and legal terminology and wider lay-terms, language and narratives. The term ‘sexual violence’ is often used as an umbrella term that incorporates a range of behaviours, from, for example, verbal sexual harassment to penetrative assault. Significantly, early influential definitions were often constructed from within a male perpetrator-female victim paradigm; a feature of research and policy identified and criticised some time ago (e.g., Mendel, 1995; Nielsen, 1983).

The US *Centers for Disease Control and Prevention* (CDC) defines sexual violence as ‘sexual activity when consent is not obtained or freely given’.

The UK government (2022b) does not define sexual violence as such, but (in its recently published guidance: *Support for victims of sexual violence and abuse*) refers to offences, defined in law, that it includes under ‘sexual violence and abuse’: rape, child sexual abuse, sexual assault, sexual abuse, sexual exploitation, image-based sexual abuse, grooming for sexual purposes, female genital mutilation, and sexual harassment. The *NHS* website offers support for ‘rape and sexual assault’, where *sexual assault* is defined as:

Any sexual act that a person did not consent to, or is forced into against their will. It is a form of sexual violence and includes rape (an assault involving penetration of the vagina, anus or mouth), or other sexual offences, such as groping, forced kissing, child sexual abuse, or the torture of a person in a sexual manner (NHS, 2023).

Therefore, this definition indicates that sexual assault is captured under the wider phenomena of sexual violence. *Rape Crisis* (England and Wales) defines *sexual violence* explicitly as ‘any sexual activity that happened without consent’ describing this as involving at least one of the following: pressure, manipulation, bullying, intimidation, threats, deception, force (*Rape Crisis*: ‘What is sexual violence?’).

Krahé et al. (2014) prefer ‘aggression’ over ‘violence’, based on the social psychological distinction between *aggression* (any behaviour intended to harm another person) and *violence* (behaviour intended to cause serious physical harm to another person). They argue this enables them to include non-physical forms of sexual coercion, such as verbal pressure and exploiting the victim's inability to resist. However, this approach emphasises narrow definitions of violence and aggression that others reject.

A continuum approach to sexual violence, first introduced by Liz Kelly (1988), draws attention to the range of acts and ‘everyday’ behaviours encompassed by the concept ‘sexual violence’. Thus, acts involving forced penetration (oral or anal, with bodily parts or objects) may be situated on a continuum of behaviours alongside non-physical behaviours such as sexual comments that belittle and intimidate, but that may be excluded from debates around sexual violence.

However, noting that Liz Kelly's original (1988) definition of *sexual violence* focused 'on women and children as the targets of the violence and men as its perpetrators', Brown and Walklate (2011: 489) offer a revised definition:

Sexual violence is defined in terms of the frequency (either high or low), with which any act having explicit or implicit sexual content comprising any actual or threatened behaviour, verbal or non-verbal aimed at an individual that (in)directly hurts, degrades, frightens or controls her/him at the time of the act or at any time in the future.

This definition, then, encompasses all forms of sexual activity or experience, regardless of any victim or perpetrator characteristics, that 'hurts, degrades, frightens or controls'. Thus, it explicitly focuses on the impact on the individual ('victim') and highlights that such experiences can be a one-off event or regular/frequent. This definition makes no requirement for an absence of consent and contains an important temporal aspect that acknowledges that the impact of sexual violence can be experienced during the act/behaviour and also at any point across the life-course.

By far the most significant attention on sexual violence, in research, policy and practice, has been on sexual violence against children. Below, then, we offer some historical context on the recognition of *child sexual abuse*. We focus principally, but not exclusively, on the UK.

Recognition of child abuse and child sexual abuse

Organised attempts to prevent child abuse can be traced to the establishment of the NSPCC in 1889 and subsequent legislation across the first half of the 20th century that gave 'public agencies powers to protect and remove children from home' (Parton, 2014: 15). The Prevention of Cruelty to Children Act 1904 'first gave local authorities the power to remove children from their parents' (Whitney, 2004: 22) and the 1908 Punishment of Incest Act made incest a criminal offence in England and Wales.

The 1933 Children and Young Persons Act introduced the concept of the 'welfare of the child' and the 1948 Children Act emphasised the need for supportive services and established social work within Children's Departments.

Caffey (1946) and Woolley and Evans (1955) described what we would now recognise as child abuse, however, 'there is general agreement that wider professional awareness of child abuse started in 1962 with Henry Kempe' (Oates, 2015) and the publication of the seminal article 'The Battered-Child Syndrome' (Kempe et al., 1962). Shortly after, the NSPCC established the 'Battered Child Research Unit' in 1968. The focus was on *physical* abuse in the family and 'non-accidental injury'. This soon expanded 'to include ... physical neglect, non-organic failure to thrive, and emotional abuse' (Berridge, 1997: 80). Thus, by 1980 the problem had been reframed as 'child abuse', but *sexual* abuse was not included (Parton, 2011).

Research and political activism on sexual violence largely began in 1970s USA, when there was 'an explosion of literature' on sex offending against women and children (Finkelhor & Araji, 1986: 145; see also Kelly, 1988: 43-73). According to Brian Corby (2000: 42) 'the main protagonists were survivors of sexual abuse, feminist writers ... and the medical profession'.

Among the latter, Henry Kempe, declared that sexual abuse was 'another hidden pediatric problem' (Kempe, 1978). However, following quickly on the heels of feminist analyses of rape (e.g., Brownmiller, 1975; Griffin, 1971), feminist activists and researchers have played the most significant role in bringing public attention to the problem of childhood sexual abuse. The work of Florence Rush (1980), in the US, is an early example and her opening remarks offer useful insight into the tenor of public debate at the time and the development of attitudes to adult-child sex over the past four decades:

It is difficult to be patient with contemporary attitudes toward the sexual abuse of children. A current inclination to view child-adult sex as harmless and a reluctance to hold molesters responsible for their behaviour has encouraged sexual liberationists to insist that in matters of sex 'children aren't always children anymore,' that pedophilia is a victimless crime and, come the sexual revolution, 'the taboo of pedophilia will fall away.' This new morality has also spurred organised pedophiles to come forward and claim sex with children as a civil right, and encouraged some professionals to 'scientifically' defend the practice (Rush, 1980: 1).

Thus, as Corby (1993) points out, adult sexual interest in children has only been designated a 'serious social problem' since the 1980s. Many would argue that the

seriousness of the problem was only recognised within the last decade. One of the earliest research articles on the sexual abuse of *boys* was published in 1980 in the *American Journal of Diseases of Children* (Ellerstein & Canavan, 1980) although this was unavailable. Writing in 1983, in the US, Nielsen observed:

Studies of nonclinical populations regularly indicate that 15% to 33% of all American women and 5% to 10% of all American men have been sexually victimised as children. ... Progress in intervention and treatment has been primarily directed toward the female victim of incest. Male victims of child sexual abuse have received little attention in research and literature. (Nielsen, 1983: 139).

Research on adult male rape and sexual assault also begins to emerge at this time (e.g., Anderson, 1982; Groth & Burgess, 1980; Kaufman et al., 1980). Thus, Anderson (1982: 145) argued that ‘the avoidance of the subject of sexual assault of males creates a negative environment for victims.’ However, all of this research was conducted in the US.

In 1979, David Finkelhor, a distinguished international researcher on child abuse, published a seminal study on child sexual abuse which included 266 *male* college students. 8.6 percent reported having been involved in a childhood sexual experience with someone significantly older than them. In 1985, a British research survey – based on one-to-one interviews with adults, conducted in respondents’ homes – estimated that 10% of the British population experienced CSA: 12% of women and 8% of men (Baker & Duncan, 1985). The authors state ‘the social and mental health implications are enormous ... an effective intervention and prevention policy is urgently required.’ Therefore, ‘by 1987, CSA was beginning to clamber on to the official child protection agenda ... [but] the response to the problem throughout Britain was patchy and variable’ (Corby, 2000: 42).

CSA was brought to wider public attention in 1987 through media coverage of controversial events in Cleveland where 121 children were removed from their families based on the recommendations of two paediatricians. According to Ashenden (2004: 139) the Cleveland Inquiry represents ‘the moment when policies and procedures concerning the management of child sexual abuse were first opened to intense and sustained public scrutiny in the UK’.

The final report of the Cleveland Inquiry (DHSS & Butler-Sloss, 1988) 'confirmed that child sexual abuse was a more widespread phenomenon than had previously been thought to be the case' (Corby, 2000: 44).

Published on the same day as the Cleveland Inquiry report, the first central government guidance was titled 'Working Together' (DHSS, 1988). This broadened the definition of child abuse to include *sexual abuse*, succinctly defined as the 'actual or likely sexual exploitation of a child or adolescent. The child may be dependent or developmentally immature.'

The Children Act 1989 provided a legal definition of the 'child in need' and was the first piece of legislation that made the 'needs' of the child of paramount consideration, thereby bringing in the paramountcy principle. The Act also introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children, and gives local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

Some attention to male victims also emerged within child protection practice and wider research. A manual for practitioners titled 'Working with sexually abused boys' was published in 1989 with the aim of contributing 'to better informed practice, training, and research about the sexual abuse of boys' (Christopherson et al., 1989: iii). A year later, in the US, Mic Hunter published two edited research volumes on 'The sexually abused male', the first volume focused on 'prevalence, impact and treatment', the second on 'application of treatment strategies' (Hunter, 1990a, 1990b). In the first volume, Urquiza and Keating wrote, 'while research has been quick to identify and address problems with sexually victimised girls, there has been a significant lag in the same acknowledgment for boy victims' (Urquiza & Keating, 1990: 89). In the same year, Hunter also published 'Abused boys: the neglected victims of sexual abuse' (Hunter, 1990).

Child protection registrations in the UK rose significantly throughout the 1980s, however, 'sexual abuse registrations increased sevenfold between 1983 and 1986' (Berridge, 1997: 86). In relation to the volume of officially recognised cases, 'in 1978 less than 1 per cent of cases (just 89 cases) involved children being placed on child abuse registers as victims of child sexual abuse. By 1991 the proportion was 11 per cent ... and by 1999 sexual abuse cases constituted 19 per cent' (Ferguson, 2004: 113).

The 1990s saw a much greater concern for the experiences of children within institutional and extra-familial settings. For example, the mid-1990s saw a spate of scandals in the Church (e.g., Arlidge, 1994; Thomas, 1994), the Scouts (e.g., Daily Mail, 1997; Millar, 1998), residential child care settings (Green, 1998; 2001), and sport (BBC TV, 1993; Donegan, 1995). According to Nigel Parton:

Increasingly, it seemed that any setting where adults came into contact with children and young people was seen as a possible site where abuse might take place. In the process, the idea of 'the paedophile' was transformed into one of the most terrifying threats of contemporary times and became a central focus for the emerging public protection agendas concerned with identifying and managing actual and potential violent and sex offenders in the community (Parton, 2016: 11).

Thus, in January 1997, the Home Office and the Scottish Office issued a consultation paper 'Sex offenders: a ban on working with children'. It notes a 'growing concern that existing safeguards ... may not in themselves be sufficient ... We need the further deterrent that serious sex offenders who seek or accept work [with children] commit a criminal offence when they do so' (HM Government, 1997: 2).

In response to allegations of widespread sexual abuse of children in residential establishments in North Wales a 'tribunal of inquiry' was established in 1996, chaired by Sir Ronald Waterhouse. The final report, published in 2000 (Waterhouse, 2000), identified 95 conclusions, including that 'widespread sexual abuse of boys occurred in children's residential establishments in Clwyd between 1974 and 1990.'

The Police Act 1997 introduced criminal history checks in England and Wales on anyone working with vulnerable groups, including children. In 1999 the Department of Health 'Working Together' guidance (DoH, 1999) reframed the problem from a 'narrow, forensically driven conception of *child protection* towards the much broader notion of *safeguarding*' (Parton, 2014: 95, emphasis added).

The Children Act 2004 placed a duty on all agencies to make arrangements to safeguard and promote the welfare of children. A revised 'Working Together' was published in 2006 and further updates were made in 2010, 2013, 2015, and 2018. This statutory guidance provides definitions of the various forms of abuse against children, including sexual abuse and, latterly, sexual exploitation (see below).

In 2009, Ireland's *Commission to Inquire into Child Abuse* (Ryan, 2009) investigated the abuse of children in institutions from 1936 onwards.

It concluded that sexual abuse had been endemic in boys' institutions and that cases of sexual abuse were managed with a view to minimising the risk of public disclosure and consequent damage to the institution.

The UK has seen a range of high-profile inquiries into child sexual abuse in the past decade or so, such as various investigations into sexual abuse in the church (e.g., Butler-Sloss, 2011); the investigation into the late Jimmy Savile which led to over 40 separate reports by hospital trusts in 2014 and 2015 (see Lampard & Marsden, 2014) and an independent review of culture and practices at the BBC (Smith, 2016); and the public disclosures of hundreds of ex-footballers (predominantly men) in 2016 and 2017 that led to the commissioning of independently led inquiries into sexual abuse in football by the football associations of England (Sheldon, 2021) and Scotland (Henry, 2020).

Inquiries into abuse in the church and sport, in particular, have brought attention to the sexually abused male child, and adult male survivors. Thus, writing in 2014, Cashmore and Shackel observe:

In a number of countries that have revealed the extent of abuse against boys in church-based institutions and sporting and other recreational settings, it is now clear that boys, like girls, experience child sexual abuse at significant rates (Cashmore & Shackel, 2014: 75).

At the same time, noting the emergence of public disclosures of CSA, beginning in the late 1990s, from a small but high-profile group of male athletes in North America and Europe, Hartill (2014: 24) suggested 'it would seem apparent that the recent emergence of stories of boyhood sexual abuse in sport represent the thin-end of a very large wedge.'

The weight of institutional denial, concealment, and related 'cover-up' scandals of child sexual abuse eventually led to the establishment of the statutory *Independent Inquiry into Child Sexual Abuse* (IICSA) for England and Wales in February 2015, that has recently reported (Jay et al., 2022). As the IICSA inquiry got underway, renowned academic Nigel Parton (2016: 15) noted, 'currently, it seems that ... the voice of the 'survivor' has begun to be heard and has been placed more centrally.'

Legislation and Policy

Legislation and policy in relation to child sexual abuse and adult sexual violence varies. The Sexual Offences Act 2003, for example, covers both offences towards children and adults. A child, can, however, be removed from parental or their guardians' care for their own protection on the balance of probabilities under the Children Act 1989, requiring a much lower burden of evidential proof than that required to successfully prosecute an offender.

Adults

As noted above, adult to adult rape and sexual violence has generally been perceived as a phenomenon that involves a male perpetrator and a female victim. Although there was some understanding a male could rape another male, it was broadly inconceivable that a female could perpetrate sexual violence against a male.

The feminist movement originally raised awareness of adult sexual violence (ASV), as well as child sexual abuse. However, because feminists identified a patriarchal society where men held and exercised considerably more power than women and used sexual and other forms of violence to subjugate and control females (e.g., Brownmiller, 1975), the existence of and experiences of male victims were largely overlooked.

Consequently, for many years, either gender-neutral or female-centred definitions of sexual abuse and rape were used, particularly in legal statute. However, many in the feminist movement and pro-feminist men highlighted that a patriarchal society required men to control, subjugate, and violate other *men* as well as women (Connell, 2005; Connell & Messerschmidt, 2005; Hearn, 2004). However, such perspectives rarely translated to sexual violence research or legislation. (see Feminist Theories below for further detail on feminist approaches).

Until 1994 the UK legal definition of 'rape' only covered forced or non-consensual vaginal penetration and therefore pertained only to women as victims (Bullock & Beckson, 2011). Comparable forced or non-consensual anal penetration was dealt with under the legal statute of 'buggery' and received lower penalties (Rogers, 1995). However, until 1967, buggery was used to describe and punish not only anal rape but also consensual [male] homosexual sex (Johnson, 2019).

There was considerable contention about the law, even after 1967, because it was not gender neutral. Sex between men had a higher age of consent than between heterosexuals – 21 years as opposed to 16 years – and the maximum offence for buggery depended on the sex of the victim. The buggery and vaginal rape of a woman had a potential maximum life imprisonment sentence attached to it, but the buggery of a man carried a maximum ten-year sentence (Sexual Offences Act 1956; 1967).

These disparities and concerns helped lead to the creation of the new offence of rape of within section 142 of the new Criminal Justice and Public Order Act 1994, carrying the same maximum sentence for crimes involving either male or female victims.

This Act also brought the age of consent for consensual homosexual acts down from 21 to 18, however, this was still two years older than the age of consent for heterosexual couples. In 2000, the legal age of consent was finally equalised to 16 for both homosexual and heterosexual sexual activity.

The Sexual Offences Act (SOA) 2003, the current key operational legislation in England, defines ‘rape’ in gender neutral terms, regarding the victims, as an act of non-consensual penile penetration of the mouth, vagina or anus of a woman or a man. Clearly the perpetrator of ‘rape’ must be male (McLean, 2013), although a woman can technically be found guilty of rape if assisting a man with such an assault (Weare, 2018).

In this regard, the relatively recent recognition of ‘forced to penetrate’ (FTP) is significant. This occurs when a man is physically forced or psychologically coerced/manipulated to penetrate another person vaginally or anally, against his will. This includes being taken advantage of, when asleep or intoxicated, by a known or unknown person (Bates & Weare, 2020; Anderson et al., 2020). Some research has found ‘forced to penetrate’ is a very common form of female-to-male ASV generally, but that specifically female perpetrated sexual intimate partner violence can include the female penetrating herself while the male partner is asleep; physical violence if the male does not have sex with her; fondling the male partner until they obtain an erection without their consent; and removing birth control without the male partner’s knowledge or awareness (Bates & Weare, 2020, Anderson et al., 2020).

Thus, offences such as ‘assault by penetration’ which involves non-consensual sexually motivated penetration by a different body part or an inanimate object, and ‘sexual assault’ which involves sexual touching without consent (CPS, 2022), are gender neutral or gender undifferentiated, both in respect of the perpetrator and victim. These are the definitions of sexual assault and rape as defined by the SOA 2003:

Sexual Offences Act 2003

Sexual Assault: A person commits the offence of sexual assault if he/she intentionally sexually touches another person who does not consent to the touching.

Assault by Penetration: A person commits the offence of assault by penetration when he/she intentionally penetrates the vagina or anus of another person, who does not consent, with a body part or anything else.

Rape: A person commits the offence of rape if he intentionally penetrates the vagina, mouth or anus of another person, who does not consent, with his penis.

The SOA 2003 does not cover what might be seen as less physical and less tactile forms of sexual victimisation and harassment towards adults, although under section 66, exposing your genitalia to someone else in a public place, otherwise known as *indecent exposure*, is a crime.

Sexual harassment, such as sexual staring, repeated unwanted dating invitations, and making sexual comments to or about someone that they perceive of as degrading, humiliating, intimidating or hostile, is not against the law in all situations. However, the Equality Act 2010 makes such behaviour illegal in certain settings such as work and educational contexts and this behaviour can incorporate texts, letters, online discrimination and so forth as well as face to face harassment. This act, however, only covers discrimination against people on the basis of certain ‘protected characteristics’ such as their sex, sexual orientation or transgender status.

The Protection from Harassment Act 1997 can be used by individuals to file a claim of civil harassment (sexual or otherwise) but does not rely on the notion of protected characteristics. However, the individual needs to prove more than distress or unreasonableness. They must be able to evidence the conduct was oppressive, deliberate and persistent, and that they were specifically targeted, and the intention was to cause fear and distress.

Section 3 of the Criminal Justice and Courts Act 2015 also makes it illegal to publicly disclose or distribute online private sexual photographs or films of other people without their consent, as often occurs with what has been termed ‘revenge porn’.

Children

As indicated by the UN, sexual violence is experienced by children and adults. In the UK, *child sexual abuse* is generally the preferred term when referring to children. The current iteration of ‘Working Together to Safeguard Children’ (DfE, 2018: 107) states *abuse* is:

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others.

Sexual abuse is then defined as that which:

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. ... Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Child sexual exploitation was first distinguished from child sexual abuse in the 1924 Geneva Declaration on the Rights of the Child, which articulated that ‘children are to be protected from all forms of sexual exploitation and abuse’ (in Laird et al., 2022). In the UK, *child sexual exploitation* is defined as ‘a form of child sexual abuse’:

It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology. (DfE, 2018: 107).

It is beyond this review to engage with the current debates around definitions of CSE, however, we recommend the work of Laird and colleagues who argue that:

Definitional ambiguity regarding the term CSE has hindered an advancement of the field regarding its research, policy and treatment. ... Delineating the boundaries between these two types of sexual violence is critical for consistent and comparable measurement across sectors and subsequent prevention and intervention efforts (in Laird et al., 2022).

In September 2021 the government published its advice on 'Sexual violence and sexual harassment between children in schools and colleges'. However, this was subsequently withdrawn and replaced, in March 2022, with statutory guidance 'Keeping children safe in education'. This refers to *sexual violence* and *sexual harassment* in the context of actions and behaviours *between* children, or 'child-on-child' behaviours.

Here, 'sexual violence' refers to offences under the Sexual Offences Act 2003: *rape*, *assault by penetration*, *sexual assault*, and *causing someone to engage in sexual activity without consent* (HM Government, 2022c: 105).

'Sexual harassment' refers to 'unwanted conduct of a sexual nature' that is 'likely to violate a child's dignity, and/or make them feel intimidated, degraded or humiliated and/or create a hostile, offensive or sexualised environment.' The following examples are provided: sexual comments (e.g., sexual stories, remarks, names); sexual jokes or taunting; physical behaviour (e.g., deliberately brushing against someone); sexual pictures/photos; online sexual harassment (e.g., sharing unwanted explicit content, unwanted sexual messages) (HM Government, 2022c: 106).

The Centre of Expertise on CSA recently developed a new typology comprising nine types of CSA perpetrated by adults. This typology refers to child sexual abuse:

1. within the family environment
2. through trusted relationships outside the family environment
3. through an intermediary
4. through online interaction
5. through viewing, sharing or possessing images
6. through groups and networks
7. arranged and perpetrated for payment
8. through a personal connection
9. through attack by an unknown person

Although there are overlaps between different types, each type seeks to describe a specific set of contextual features that define a particular type of abuse: the connection between the perpetrator(s) and the child; the nature of the abuse; where/how it took place; and the process of gaining and maintaining access to the child.

The Sexual Offences Act 2003

In relation to children and the Sexual Offences Act (SOA) 2003, there are some contradictions and differences in relation to what contexts and at what ages a child is regarded as being subject to a sexual offence.

Although a child under the age of sixteen cannot give legal consent to sexual intercourse, a child under the age of thirteen is automatically seen as being subject to an offence if they are engaged in sexual activities (penetrative or non-penetrative) with an adult, regardless of whether or not they thought they consented.

Furthermore, the SOA 2003 makes it illegal for someone in a position of trust to enter into any sexual activity with anyone under 18 who is in their care.

This law applied to those in roles such as school teacher and social worker, but it created a loophole by which some, such as sports coaches and faith leaders, were not prohibited from engaging in sexual activity with 16 and 17 year olds in their care. In August 2022 the government announced they were closing this loophole by extending position of trust provisions to include those who lead activities in sports and religious settings.

It also includes children under eighteen, who had a mental disorder or learning disabilities impeding their ability to consent or who were coerced or manipulated whilst under the influence of alcohol or drugs.

An offence against a child can involve 'causing or inciting a child to engage in sexual activity', or 'engaging in sexual activity in the presence of a child'. In relation to child sexual exploitation the SOA 2003 also covers children up to the age of eighteen and includes being involved in or arranging the sexual exploitation of a child in any way, as well as paying a child for sexual acts.

Section 15 of the SOA Act, which was amended by the 2015 Serious Crime Bill, also makes it an offence to communicate with a child with the intention of obtaining sexual gratification or to travel to any part of the world to meet or to actually meet a child under sixteen if the potential perpetrator is over eighteen, and intends to commit a sexual offence against that child. This clause brought in the offence of *sexual grooming*, often initiated online or electronically, as well as face-to-face, within the remit of the legislation. However, in those situations if the adult reasonably believes the child to be over sixteen an offence has not been committed.

Finally, Carmody's (2006: 342) criticism is noteworthy:

The role of the law as a deterrent of crime has a chequered history especially when it relates to crimes of interpersonal violence such as sexual assault. While the law remains an important strategy to address sexual violence, its primary role is addressing a crime after it has occurred. This has meant that anti-violence workers, activists and governments have all made moral and financial investments in education as a major strategy to reduce the incidence of sexual violence in our communities.

This report is produced in order to support this strategy and to support the individuals and organisations working towards the goal of reducing sexual violence and supporting those boys and men who are subjected to it.

CHAPTER 2 // METHODOLOGY

This report is based on a narrative literature review, sometimes also known as a traditional literature review. These kinds of reviews define key terminology and involve a critical evaluation of previous research on a topic, including its historical evolution and an analysis of any relevant theories pertaining to the topic (Byrne, 2016). Narrative literature reviews offer breadth and flexibility and can address wider and more abstract issues than other more rigid and structured literature reviews, such as systematic reviews. They can also appreciate and incorporate methodological diversity (Baumeister & Leary, 1997). In the production of this report, we have also been mindful that service providers may find it useful to see some of the detail of the studies we highlight, rather than only syntheses of findings, and we have tried to provide this where possible.

The review has been guided by a number of questions:

- How common is sexual violence (SV) against boys and men?
- What are the main barriers to and facilitators of disclosure of SV for male victims/survivors?
- What are the risk factors for boys and men?
- What are the effects of SV for male victims/survivors?
- What are the key barriers to accessing support for male victims/survivors?
- What theoretical perspectives have been developed to explain sexual violence (against boys and men)?

In order to conduct this review, numerous combination key word searches were inputted into various database search engines, covering large time periods. These generated significant numbers of articles which were screened for relevance and utility. The earliest research articles on male victims of sexual violence in our search appeared from 1980 onwards. However, the majority of articles we examined were concentrated within the past five years and it is these studies that we focus on in our review.

We chose to exclude most conflict-related sexual violence (i.e., sexual violence in the context of war and within the military) and most research on adult sexual violence in institutional contexts, such as prisons, because of their atypical nature. Also, although we cover this in our historical analysis of child sexual abuse, we have not reviewed articles that related specifically to institutional child sexual abuse towards boys, for example that which occurs in children's homes or boarding schools. Articles and books either not written in English or which were about nonwestern countries were also summarily excluded.

We attempted to include as many articles as we could that were *meta*-syntheses and *meta*-analyses. These kinds of articles bring together a range of studies on a particular topic and compare them – the aim being to draw wider and more generalisable conclusions from a wider body of individual studies. Such studies are particularly useful for identifying themes from the literature, but as most authors concede, and will be discussed in more detail later, there are many intractable methodological difficulties associated with comparing studies that have been conducted very differently and may involve different populations, concepts, and contexts.

A note on research methodology

It is important to be aware that researchers approach social problems and social research from different theoretical and methodological perspectives. The theoretical position held by the researcher shapes the way they do research and has a fundamental impact on the type of data they collect and the way they interpret that data. One key distinction is between *qualitative* and *quantitative* approaches.

Quantitative social research is based on the traditional 'scientific method'; thus, objectivity, systematic experimentation, and statistical analysis are viewed as fundamental. However, qualitative researchers prioritise subjective experience, feelings, and individual perceptions, and often reject the methods of traditional science as inappropriate for researching and understanding peoples' subjective lives. A typical quantitative method would be a large-scale questionnaire where there is little or no interaction between the researcher and the participant, but where the views of many individuals are included.

A typical qualitative method would be a participant observation study or a life history approach where a researcher may spend months or even years with one or a few participants in order to understand their lives and/or communities from the inside.

In the literature on sexual violence, many studies are experimental or attitudinal, in that they ask people about their opinions or anticipated behaviour in relation to certain hypothetical situations (e.g., Davies & Rogers, 2006). Others are survey-based, often relying on standardised, predefined questions and requiring short, graded answers, with little opportunity for free text comments or dialogue. These types of quantitative research, therefore, present a different picture, albeit one that may be more representative and have higher statistical reliability, from one that might emanate from a qualitative study of survivors' lives, experiences, and perspectives.

In qualitative research, survivors may be invited to tell their stories, in their own time and with minimal prompts, in whatever words or language they choose (Etherington, 1995, 2000; Hartill, 2011, 2016; Mendel, 1995). As Scraton (2007: 10) argues, the qualitative approach 'seeks out, records and champions "the view from below", ensuring the voices and experiences of those marginalised by institutionalised state practices are heard and represented' (in Pembroke, 2019: 44).

Compared to studies of female victims, relatively few studies look at the experiences, narratives and feelings of male victims. Those that do, tend to involve a relatively small number of participants. In part, this is due to the nature of qualitative research, which aims at depth and authenticity (or 'validity'), but accessing male participants in such a sensitive area of research can also be challenging, especially so when they belong to communities that already suffer from structural discrimination, such as minority ethnic boys and men, disabled boys and men, and those who experience discrimination on the basis of characteristics protected under the *Equality Act 2010* (HM Government, 2010).

This type of research also raises many ethical issues, therefore, project proposals require robust scrutiny and oversight from appropriate organisations. Therefore, the process to obtaining approval can be (and should be) demanding. Researchers will often include specific strategies to mitigate the risk to research participants.

This can result in groups who are categorised as being at high risk of experiencing harm through any potential research involvement, being excluded, and their voices not being heard.

This is clearly problematic, and ethical dilemmas and debates in relation to sampling, representativeness and participation are ongoing and are not always easily resolvable (Moran, Green & Warwick, 2022).

Nevertheless, researchers develop specific strategies to mitigate risk to research participants. For example, Draucker and Martsof (2010) set criteria whereby victims-survivors of sexual violence were only invited to participate if they:

- (a) were aged 18 or older;
- (b) had not experienced severe emotional problems (e.g., suicidality, psychosis) within the past year; and
- (c) were not involved in an abusive relationship that would make participation in the study dangerous.

The US *National Survey of Children's Exposure to Violence* (NatSCEV) surveys children/adolescents, 10–17 years old, about their experiences of violence, including sexual violence, via a telephone interview. Gewirtz-Meydan and Finkelhor (2020: 206) report that:

Respondents were promised complete confidentiality and were paid US\$20 for their participation. Respondents who disclosed a situation of serious threat or ongoing victimisation were recontacted by a clinical member of the research team, trained in telephone crisis counselling, whose responsibility was to stay in contact with the respondent until the situation was appropriately addressed locally.

In considering research evidence, it is useful for those in the sector to have some awareness of the methodological and ethical aspects to research. This is particularly important if they are involved in commissioning research.

The following chapters cover five key areas: *prevalence*, *disclosure*, *effects*, *risk factors*, and *support*. Each of these chapters contains a chapter summary box that condenses the key points from each chapter. We also provide a chapter on *theories* of sexual offending against children and adults; again, we consider these in light of sexual violence against boys and men.

CHAPTER 3 // THE SCALE & DYNAMICS

This chapter focuses on the scale of sexual violence (SV), but also includes some detail on characteristics or dynamics of SV against boys and men.

According to Weiss (2010) most prevalence studies and other empirical research on rape and sexual assault have focused their attentions almost exclusively on female victims. She argues this is not surprising given that:

for more than 30 years, rape and sexual assault have been largely framed by activists as a women's safety issue and by feminist scholars as a substantive area within a broader violence against women literature ... ensconced within a movement and scholarship devoted to understanding and eradicating violence against women ... (Weiss, 2010: 276).

Depraetere et al. (2020: 991-2) also argue:

The widespread prevalence and numerous negative consequences of female sexual victimisation have been well documented. In contrast, the prevalence of sexual victimisation among men ... has received considerably less scientific attention. (references removed)

Similarly, Gewirtz-Meydan and Finkelhor (2020: 204) state:

Although public awareness regarding CSA is increasing, research on the sexual abuse of boys is still scarce. Previous surveys tend to focus on women survivors or not to include enough male survivors to richly characterise the diversity and differences between male and female survivors (references removed).

Measuring sexual violence

According to the UK government's recent 'Tackling Child Sexual Abuse Strategy':

It is difficult to truly understand the scale of offending and how many victims and survivors remain unidentified because of under-reporting, under-identification of victims and survivors by agencies, and a lack of robust survey data (HM Government, 2021: 19).

Establishing the scale – or prevalence – of sexual violence is far from straightforward. The sensitivity of the subject matter, the conceptualisation and definition of the problem, and the approach to sampling and collecting data, are all critical factors. Variations in these areas between studies also make comparison difficult.

In this regard, we recommend the work by *The Centre for Expertise on Child Sexual Abuse* on the 'Scale and Nature of CSA'. In particular, the work of Lorraine Radford who conducted 'a review of international survey methodology on child sexual abuse and child sexual exploitation' (Radford, 2018) and the work of Kairika Karsna and Liz Kelly who provide 'a review of evidence' on the prevalence of child sexual abuse (Karsna & Kelly, 2021). We also recommend the work of Ben Mathews and colleagues who conducted a scoping study of research into the prevalence of child abuse in Australia (Mathews et al., 2016). They observe that prevalence studies are needed to:

- provide detailed information about the current extent of abuse and in particular how this differs in different groups within the general population of children
- develop a baseline for measuring the effectiveness of future policies and programs to combat child abuse
- better understand how previous policies have impacted different groups of children to guide prevention and response efforts.

(Mathews et al., 2016: 9)

Prevalence studies are, therefore, a necessary and crucial element of effective child protection and sexual violence prevention. Here, we address prevalence of sexual violence in relation to both children and adults, with a particular focus on boys and men.

Measurement terms

Prevalence refers to the proportion of people in a given population who have experienced a particular phenomenon. In measuring prevalence for sexual violence, the

number of victims is not necessarily the same as the number of incidents, as one individual may experience multiple incidents of the same type of harm. Prevalence can be measured in different ways.

Point prevalence is the proportion of a population having experienced SV at a specific point in time, such as the first week in July.

Period prevalence refers to a given time period of interest, such as before the age of 18.

Lifetime prevalence is the proportion of respondents who, at some point in their lives, have experienced SV.

Prevalence differs from *incidence*, which is a measure of the number of newly diagnosed or recorded cases within a particular time period. Incidence data usually comes from official sources – for example, the *Characteristics of Children in Need* survey (Department for Education) captures local authority data from children’s social services reports for each twelve-month period (see below). However, incidence data on sexual violence is highly problematic due to the high rates of underreporting for sexual offences and narrow definitions or thresholds of what should be recorded.

Sources of data

Sources of data used to measure sexual violence come from either *self-report data* or from *informant data*. Self-report studies ask samples of the population to indicate if they have experienced SV, whereas informant data refers to data held by an official body or agency where data is collated by professionals. Informant studies are often based on reports that are officially recorded within a 12-month period (incidence data), whereas most self-report studies (of CSA) ask about the full span of an individual’s childhood – in other words, an 18-year period. The type of data used has a significant bearing on the measurement of the problem.

Stoltenborgh et al. (2011) conducted a meta-analysis of 331 samples for CSA, including both ‘self-report’ and ‘informant studies’. They found that ‘self-report studies yield[ed] a combined rate that was 30 times higher than the rate of informant studies (127 per 1000 children vs. 4 per 1000 children)’ (Stoltenborgh et al., 2011: 87). Therefore, understanding the approach taken is crucial to understanding the variation in rates, as methodology may account for part of the difference in the prevalence rate provided.

Challenges with estimating prevalence

Underreporting

Beyond the problem of the underreporting of sexual violence *per se*, research has consistently shown that boys and men are very likely to significantly underreport sexual violence to the police, to service providers, or even in anonymous surveys or interview research (Donne et al., 2018; Rapsey et al., 2020; DeJong et al., 2020). (see also *Disclosure* below)

The gender difference in prevalence has been established for some time and is confirmed by recent international meta-analyses (see below). Dhaliwal et al. (1996) note that higher prevalence rates among females have prompted two potential explanations: (a) CSA is more prevalent for females; (b) CSA among males is concealed to a greater extent than among females. They then note several factors that may foster concealment of male sexual abuse:

- (1) repressed memories of CSA;
- (2) social stigma within a patriarchal society leading males to conceal their abuse;
- (3) the experience not being viewed as abuse, especially if the perpetrator is female;
- (4) professional denial/minimisation of male abuse and/or reluctance to deal with male victims.

Stoltenborgh et al. (2011) support these observations, noting much shorter periods between child sexual abuse and disclosure for women than for men, and higher prevalence rates in male *adult* samples compared to male *child* samples – a finding not replicated for women and girls (Stoltenborgh et al., 2011). Long delays between men's experience of sexual violence and their disclosure of it have also been noted (e.g., Walker et al., 2005).

Definitions

Further, prevalence rates differ according to the definitions used and the questions asked. As Wyatt and Peters (1986: 238) noted, 'altering the definition of child sexual abuse does have an effect on prevalence rates'. Peterson et al. (2011) discussed the advantages of broad versus narrow definitions of 'sexual assault'. Clearly, broad

definitions help to ‘illuminate the many subtle forms of coercion experienced by men’ (Peterson et al., 2011: 16) which, given the silence and minimisation around sexual violence against males and the reluctance or inability of boys and men to identify sexual assault as such, especially where the perpetrator is female, seems extremely important.

Methodology

Prevalence estimates in research can also be affected by a range of other factors, such as:

- the time periods covered
- what age the researchers ask about
- how and in what order questions are asked
- whether those who declined to participate in the research may have been significantly different from those who did take part
- the use of different terminology and whether the terms used, such as rape and sexual assault, are defined by the researcher
- the population sampled and the sampling frame

These factors indicate some of the challenges of establishing clear prevalence rates and the importance of being aware of these when reviewing prevalence data.

Prevalence of child sexual abuse

Studies analysing prevalence of CSA in the community date to at least the 1950s (e.g., Landis, 1956). A nationally representative British sample questioned by the MORI (Market Opinion Research International), found 12% of females and 8% of males acknowledged having had a sexual encounter with a mature individual when they themselves were under 16 years (Baker & Duncan, 1985). Early meta-analyses reported widely varying estimates. For example, Finkelhor’s meta-analysis (1986) reported prevalence rates ranging from 3% to 31% for males and from 6% to 62% for females. Dhawali et al. (1996) reported similar rates ranging from 3% to 37% for male sexual abuse, and 7% to 54% for female sexual abuse.

More recently, Gilbert et al.’s (2009: 68) meta-review of child abuse in high-income countries found that ‘between 5% and 10% of girls and up to 5% of boys are exposed

to penetrative sexual abuse, and up to three times this number are exposed to any type of sexual abuse,' although the authors argue this probably underestimates 'the true rate of sexual abuse because of under-reporting' (Gilbert et al., 2009: 70). This study defined sexual abuse as 'any completed or attempted sexual act, sexual contact, or non-contact sexual interaction with a child by a caregiver' (based on the *US Centers for Disease Control and Prevention*, CDC, 2008).

Pereda et al. (2009) conducted a meta-analysis (65 articles of self-report studies across 22 countries) of the prevalence of CSA. They found that 8% of men and 20% of women had suffered some form of sexual abuse prior to the age of 18. They conclude that 'most victims of child sexual abuse are female' but also observe that male victimisation 'often goes largely unrecognised and is rarely addressed.'

Stoltenborgh et al.'s (2011) meta-analysis examined prevalence figures of CSA reported in 217 publications published between 1982 and 2008, covering 331 samples. They state 'we expected combined rates to be higher for girls than for boys, and higher for studies using a more inclusive definition of CSA compared to studies using a more exclusive definition of CSA' (Stoltenborgh et al., 2011: 81). They found a lower limit estimate of self-reported CSA prevalence in girls of 164/1000 and an upper limit of 197/1000. For boys, the lower limit is 66/1000 and the upper limit is 88/1000. The combined prevalence was 18% for female samples and 8% for male samples; rates comparable to Pereda et al. (2009). The highest rates found for girls was in Australia (22%) and for boys in Africa (19%), with the lowest rates for both girls (11%) and boys (4%) reported in Asia (Stoltenborgh et al., 2011: 81, figures rounded). According to Karsna and Kelly (2021: 16):

While there were some differences in the estimates obtained through these meta-analyses, they were all within a relatively narrow range, indicating that 12%–20% of girls and 5%–8% of boys experience sexual abuse.

Drawing on a number of large Australian studies conducted since 2001, as well as international data, the Australian *Royal Commission into Institutional Responses to Child Sexual Abuse* (RCIRCSA, 2014: 99) noted that 'the best estimates are that one in three girls and one in seven boys in Australia have experienced some form of child sexual abuse *in their lifetime*' (emphasis added).

Karsna and Kelly (2021) also compared the findings of two major surveys undertaken in England and Wales: the most recent 'childhood abuse' module within the CSEW (Office for National Statistics, 2020a) and the child maltreatment study undertaken by the NSPCC (Radford et al., 2011). They conclude:

The data suggests that at least 15% of girls/young women and 5% of boys/young men experience some form of sexual abuse *before the age of 16*, including abuse by adults and under-18s (Karsna & Kelly, 2021, emphasis added).

These statistics are also used by the British government in its 'Tackling Child Sexual Abuse Strategy' (HM Government, 2021: 16). Significantly, the British government recently observed:

We know that certain groups may face barriers to disclosure which affects our understanding of overall prevalence. For example, we know that boys are less likely than girls to disclose abuse during childhood, which may be linked to sexual abuse of boys being under-identified by professionals rather than lower overall prevalence (HM Government, 2021: 16).

Perpetrators

As noted above, this review concentrates on victims/survivors. Therefore, the following paragraphs are in no way a comprehensive discussion of perpetrators of SV against boys and men, but they are important notes to consider alongside prevalence data.

Young people may also be less likely to report sexual abuse by similar aged peers because they see sexual abuse as something perpetrated against a child by an adult. Such perceptions may also apply to official organisations collecting data on sexual violence. According to Gewirtz-Meydan and Finkelhor (2020: 203), research has paid less attention to child-on-child episodes that may not, they argue, fit comfortably into the term 'child sexual abuse'. Thus, they refer to CSAA (*child sexual abuse and assault*) to emphasise juvenile/peer offenders.

The media attention given to CSA overwhelmingly focuses on adult offending, yet Radford et al.'s (2011: 805) study on the prevalence of child maltreatment in the UK found 'young people under age 18 were perpetrators in 65.9% of cases of contact sexual abuse.' Similarly, Hartill et al. (2021) found that within sport settings, 'peers' were most often the perpetrators of non-contact sexual violence (64%) and contact

sexual violence (59%). More recently, Gewirtz-Meydan and Finkelhor (2020) examined data from the US *National Survey of Children's Exposure to Violence* (NatSCEV) which surveys children/adolescents (10–17 years old). They argue this has the advantage over adult retrospective studies 'because it does not require a respondent to recall events from the distant past' (Gewirtz-Meydan & Finkelhor, 2020: 203). In addition, experiences of children aged 0-9 years were gathered from adult caregivers.

Gewirtz-Meydan & Finkelhor (2020: 207) found that overall rates of lifetime sexual abuse and assault were 5.6% for girls and 1.9% for boys. However, they highlight that the average age of children in this study who were 'exposed to CSAA at the time of the survey' was eight-and-a-half, therefore, most had not yet completed childhood. Analysis based on just the 17-year-olds showed lifetime rates of 26.6% for girls and 5.1% for boys, more typical of adult retrospective samples of those who had completed childhood (Finkelhor et al., 2014).

They also found that 77% of offences against males, and 70% for females, were likely to have been committed by another adolescent (not dissimilar to Radford et al.'s UK study). Thus, they argue, 'it is essential to stress how much of the child sexual victimisation problem stems from other juveniles, particularly acquaintances' (Gewirtz-Meydan & Finkelhor, 2020: 209). In relation to gender of the perpetrator, boys were more likely to be abused by a female (54%) and a male (46%) in comparison to female victims for whom the perpetrator is most often male (88%). They note that the abuse of males by females is confirmed by other studies, and that this finding 'underscores the complexity of boys' experience facing both the stigma of homosexual behaviour in episodes with male perpetrators and the lack of recognition that boys can be victimised at the hands of females.' Similarly, Hartill et al. (2021) found that perpetrators of sexual violence against children in sport are most often male, regardless of the victim's gender. However, just over one-third (34%) of male respondents reported contact sexual violence (CSV) by a female.

Gewirtz-Meydan & Finkelhor study also found that 66% of abuse incidents among adolescents are never reported to an adult, including a parent. In addition:

The analyses indicated that sexually abused children were more likely female, Black (non-Hispanic), of low socioeconomic status (SES), and residing in a large city. They were more likely have either a single parent, single parent and a stepparent, or other

adults as their legal guardians (rather than living with both biological parents)
(Gewirtz-Meydan & Finkelhor, 2020: 207).

Prevalence of sexual violence against adults

According to Peterson et al.'s (2011) synthesis of 87 studies, the prevalence of Adult Sexual Assault (ASA) among community samples ranged from 0.2% of men when sexual assault was defined as anal penetration obtained through physical force and perpetrated by a female partner, to 30% when sexual assault included any sexual contact obtained by a woman using verbal pressure, exploitation of intoxication, or physical force.

Among samples taken from university students, prevalence rates ranged from 2% when sexual assault was defined as being sexually hurt or forced to have intercourse in the most recent dating relationship, to 73% of men when sexual assault was defined as any unwanted sexual behaviour with a dating partner obtained through multiple forms of verbal coercion, intoxication, or physical force.

Even when similar population samples were used alongside comparable definitions of ASV, different prevalence rates were reported. For example, when forcible rape was defined as vaginal, oral and anal sex procured through physical force, rates in university students ranged from 1% to 14% (Peterson et al., 2011: 19).

Krahé et al. (2014) conducted a comprehensive review of studies on the prevalence of sexual *aggression* amongst young people (age 12 to 25 years) across 27 member states of the European Union. The lifetime prevalence rates of *female* sexual victimisation, excluding childhood sexual abuse, ranged from 9% to 83%; the rates of *male* sexual victimisation ranged from 2% to 66%. This study also examined perpetration, finding the rates of *male* sexual aggression ranged from 0 to 80%, and the range of *female* sexual aggression ranged from 0.8% to 40%.

Depraetere et al. (2020) conducted a synthesis of male sexual victimisation (excluding studies that exclusively researched CSA) based on 67 studies published between 2000 and 2017. They report:

Contrary to expectations, we found that the highest rates of sexual victimisation for both men and women were reported within the assessment period “since age of consent” rather than “lifetime”. With prevalence rates in the “since age of consent”

group up to 66.3% for men and 83.9% for women, this was almost double the highest “lifetime” prevalence rates (38.8% for men and 47.9% for women).

These highest rates (66% and 84%) were reported in a Dutch study conducted with a sample size of 1350 individuals (Kuyper et al., 2010, 2013). Unsurprisingly this study deployed a broad definition which included non-contact behaviours, such as sexual staring and making sexual remarks. However, out of 33 research studies reviewed by Depraetere et al. (2020), a third ($n=11$) reported higher prevalence rates for men than women.

For example, Krahé et al. (2015) studied 10 European countries (Austria, Belgium, Cyprus, Greece, Lithuania, the Netherlands, Poland, Portugal, Slovakia and Spain) and 3480 participants, aged between 18 and 27 years. They found between 20 and 52% of female and between 10 and 56% of male respondents reported having experienced at least one incident of sexual victimisation since the age of consent. In two countries (Greece and Portugal), victimisation rates were significantly higher for men than for women.

A further two other studies, aside from the Dutch study, also reported male prevalence rates of over 57% (Schuster et al., 2016; Struckman-Johnson et al., 2003). The authors note, ‘these findings contrast with the general presumption that men are less victimised than women and raise the question of whether the current gender-based assumption of sexual victimisation is sustainable’ (Depraetere et al., 2020: 1000).

Related issues

Specific populations

Specific populations may be at higher risk. Peterson et al.’s (2011) meta-review (mainly of US studies) found that, compared to community and representative samples and samples of college students, considerably higher rates of SV were found in: gay and bisexual men, prison inmates, veterans, and men seeking treatment for physical and psychological problems.

Forming and asking questions

Depraetere et al. (2020) note that all eleven studies (in their sample) that report *high* male victimisation rates used *Behaviourally Specific Questions* (BSQs). BSQs leave little room for ambiguity and yield much higher rates of prevalence compared to the use of more generic questions and deploying terms such as ‘rape’, ‘sexual abuse,’ or

‘assault’ without further clarification (see also WHO, 2013). Further, nine of these studies also include verbal pressure and/or taking advantage of a person’s incapacitated state as a type of coercion.

Depraetere et al. (2020) also found sexual victimisation rates were higher in studies where perpetrator tactics were asked about *before* questions were posed about the type of sexual victimisation involved. Furthermore, Hamby and Ross (2003) found that some terms often used interchangeably by researchers – such as ‘unwanted’, ‘forced’ and ‘coerced’ – had very different meanings for respondents and that there was likely to be an underreporting of incidents which would meet the legal criteria of rape if the term ‘forced’ featured in the questions.

Interpretation of data

There are also disputes about how prevalence rates are measured and the importance of cultural frames and understandings, as well as statistical factors. From an analysis of the 2010 US Centre for Disease Control (CDC) intimate partner and sexual violence survey, and other sources, DiMarco et al. (2022) assert that 80% of those who rape men are women and men are more frequently raped than women. However, Widanaralalage et al. (2022b) repudiate this analysis, claiming DiMarco used problematic and outdated definitions of rape and selectively used CDC data in a biased manner, as well as framing rape heteronormatively. This minimised the frequency and severity of male-on-male rape, culminating in ‘forced to penetrate cases’ being overestimated, alongside offences committed by men being underestimated.

Research has, however, shown that female perpetrators are more likely than male perpetrators to use less physical and more manipulative tactics, such as exploiting a man who is intoxicated, or sexually arousing the man alongside verbal pressure and repeated requests for sex (Depraetere et al., 2022). Assaults by women are, consequently, less likely to be reported or admitted to by men in studies, particularly if tactics are more calculated and psychological, the reasons for which will be discussed in more depth later. Therefore, even though Di Marco et al.’s (2022) methodology and framing of sexual assault may be biased and over-represent female perpetrators, it is still highly likely this type of violence is underreported in relation to prevalence.

We will next discuss four different sources of information on sexual offences: the *Crime Survey for England and Wales* and the *US National Intimate Partner and Sexual Violence Survey* (NISVS); a survey conducted for the organisation *Mankind*; and

Characteristics of Children in Need (England), derived from the annual Children in Need Census.

The Crime Survey of England and Wales (CSEW)

Child sexual abuse

The *Crime Survey of England and Wales* (CSEW) is a large government funded, nationally representative, self-report study of crime. It therefore gives a better indication of crime than that found in most official statistics which often rely on whether crimes are reported to the police or others and then recorded. 50,000 households are asked to participate every year and around 75% of those do participate.

According to the Office for National Statistics (ONS), the CSEW provides the best available indicator of prevalence of CSA by measuring the proportion of adults who experienced sexual abuse before the age of 16. This includes sexual abuse perpetrated by adults *or* children. The CSEW brings together data from a range of sources:

- adults' self-reported experiences (before age 16)
- offences recorded by the police
- children who come to the attention of children's services
- contact with support services

The CSEW, although a general retrospective victimisation survey of adults aged 18-74, asks questions about respondents' experiences of abuse before the age of 16.

Therefore, the data *excludes* experiences at age 16 or 17. The most recent release is for the year ending March 2019 (ONS, 2019). The CSEW (2019) estimates:

- 3.1 million adults – 7.5% of the population – experienced child sexual abuse
- 3% of adults (5% of females, 2% of males) experience *non-contact* sexual abuse before age 16
- 6% (9% of females, 2.5% of males) experience *contact* sexual abuse before age 16 (ONS, 2020)
- Within *contact* sexual abuse, rape or assault by penetration, including attempts, was less common than other contact sexual abuse (2% compared with 6%). Other contact sexual abuse includes being touched sexually (for example,

groping or kissing) or being forced to touch someone else's body for sexual purposes

- Women were around three times as likely as men to have experienced sexual abuse before the age of 16 (11.5% compared with 3.5%). This equates to an estimated 2.4 million women and 709,000 men aged 18 to 74 years
- Rape or assault by penetration, including attempts, showed the greatest proportional difference between women and men (3.4% compared with 0.6%).
- The volume of reports made to police was so small that it could not be used as a measure of prevalence.
- Females accounted for the majority of victims of sexual offences against children recorded by the police in the year ending March 2019 (80% female, 20% male).

Reports to Police

According to the British government, there has been a steep increase in reporting of child sexual abuse to the police in recent years. Over 83,000 child sexual abuse offences (including obscene publications) were recorded by police in the year ending March 2020, an increase of approximately 267% since 2013. Of these, around 58,000 would be considered contact offences, which have increased by 202% in the same period (HM Government, 2021: 17).

However, few recorded crimes result in a charge. There were 5,116 charges for child sex offences (excluding indecent images of children) and 3,135 charges for obscene publications offences (a proxy for indecent images of children) in the year ending March 2020 (HM Government, 2021: 17). The government state 'whilst we have made progress in bringing offenders to justice, the overall number of prosecutions for contact child sexual abuse offences has fallen by 29% since 2017' (HM Government, 2021: 43).

Adult sexual violence

The CSEW also collects data on sexual offences experienced from the age of 16. The most recent release is for the year ending March 2020 ([ONS, 2021](#)), which found that 155,000 men aged 16 to 74 years old (1 in 100 men) had experienced completed or attempted sexual assault in the past year compared 618,000 women (3 in 100 women).

The CSEW found that rape (including attempts) was experienced by 3.3% of adults since the age of 16 years, an estimated 1.4 million victims. Furthermore, unwanted sexual touching was reported as the most common form of sexual assault for both men and women, with 10.2% of adults aged 18 to 74 years experiencing it since the age of 16 years, equivalent to an estimated 4.3 million victims (Office for National Statistics, 2021). The year ending March 2020 CSEW showed unwanted sexual touching was the most common type of sexual assault experienced in the last year for both men (0.6%) and women (2.2%). Men and women aged 16 to 24 years were more likely to be victims of sexual assault in the last year than those aged 25 years and over.

Statistics from the CSEW are very different from prevalence studies noted above, for example, Kuyper's (2010) study, which found 66% of men (84% of women) had experienced sexual victimisation. However, there are several key differences between the data sets:

1. Kuyper et al.'s (2010) study used a broad definition including behaviours such as sexual staring and sexual remarks.
2. The CSEW also only asked about sexual assault in the last year, whereas the Kuyper study asked questions about violence since the age of consent (adult lifetime prevalence).
3. The CSEW is a general victimisation survey where respondents are less likely to be prepared for questions on sexual violence. As Karsna and Kelly (2021: 5) note: 'crime-focused surveys have been found to generate lower prevalence estimates than those framed in terms of health, wellbeing or sexual experience, as people are less likely to disclose experiences of CSA in the context of criminal activity.'

The US National Intimate Partner and Sexual Violence Survey (NISVS)

First launched in 2010 by CDC's National Center for Injury Prevention and Control, the National Intimate Partner and Sexual Violence Survey (NISVS) is an ongoing, nationally representative survey that assesses sexual violence, stalking, and intimate partner

violence victimisation among adults in the United States. Sexual violence, here, is *contact* sexual violence, defined as ‘a combined measure that includes rape, being made to penetrate someone else, sexual coercion, and/or unwanted sexual contact’.

Data from 2010-2012 showed that ‘about 1 in 3 women (36.3%) experienced some form of contact SV during their lifetime’. For ‘multiracial women’, this rose to 50%. Smith et al. (2017) also found that ‘about 1 in 6 men (17.1%) experienced some form of contact SV during their lifetime. This figure rises to 32% for multiracial men (Smith et al., 2017).

Analysis of data from the 2015 survey found that 43.6% of women (nearly 52.2 million) experienced some form of *contact sexual violence* in their lifetime, with 4.7% of women experiencing this violence in the 12 months preceding the survey; and 24.8% of men (or 27.6 million) in the U.S. experienced some form of contact sexual violence in their lifetime (Figure 1), with 3.5% of men experiencing contact sexual violence in the 12 months preceding the survey. The figure below illustrates the data for men and women, across sexual violence as a whole and by its four constituent elements.

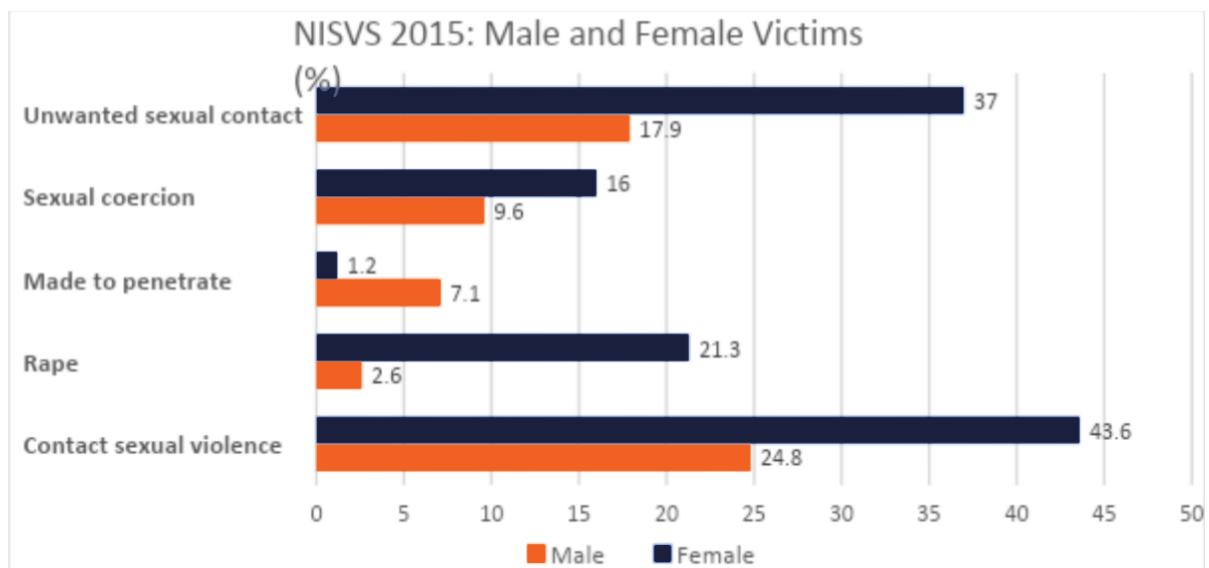


Figure 1: Lifetime Prevalence of Sexual Violence Victimization—U.S. Women and Men, NISVS 2015 (adapted from Smith et al., 2018)

Thus, in the US, about 2.6% of men (an estimated 2.8 million) experienced completed or attempted *rape* victimization in their lifetime; about 1 in 14 men (7.1% or nearly 7.9 million) were *made to penetrate* someone else (attempted or completed) at some point in their lifetime; approximately 1 in 10 men (9.6% or an estimated 10.6 million men) experienced *sexual coercion* (e.g., being worn down by someone who repeatedly asked for sex, sexual pressure due to someone using their influence or authority); and almost one fifth of men (17.9% or approximately 19.9 million men) reported *unwanted sexual contact* (e.g., groping) at some point in their lifetime.

The Mankind Study

A recent British online study involving a poll of 1011 adult men in 2021, focused on non-consensual sexual experiences and was representative of the general population. It was conducted by a Market Research Company, *Savanta ComRes*, for the organisation, *Mankind*, a charity supporting men affected by unwanted sexual experiences.

42% of men reported experiencing at least one of the 13 sexual experiences which are enshrined in legislation as a sexual crime. 50% reported experiencing at least one of the 15 sexual experiences listed (see table below), which are covered by the Equality Act 2010.

Across all items, prevalence was lower in the older age groups. For example, 9% (n=91) of respondents stated they had experienced 'rape or non-consensual penetration of your mouth or anus with a penis'. However, 23% (n=21) were aged 18-24, 26% (n=24) were aged 25-34, and 29% (n=26) were aged 35-44; for those aged 45-54, 55-64, and 65+, prevalence was 11% (n=10), 5% (n=5), and 5% (n=5) respectively.

The full data set is published [online](#).

Mankind / SavantaComRes study (Feb. 2021) of unwanted sexual experiences in adult males

			18-24	25-34	35-44	45-54	55-64	65+
Total	1010		97	171	164	175	157	246
Taking part in any sexual activity with someone over 16, while you were under 16	207	20%	26	57	45	29	27	23
Unwanted sexual innuendo or 'flirting'	284	28%	27	56	48	59	41	53
Teasing or 'body shaming' specific to your genitals	139	14%	19	30	44	16	16	14
Sexual harassment in person or online	145	14%	24	45	40	13	15	8
Indecent exposure or 'flashing'	111	11%	16	39	32	15	8	1
Being watched in an inappropriate sexual way	134	13%	20	48	29	15	13	9
Being coerced into being in sexual photographs or videos	96	10%	19	38	27	8	3	1
Sharing of sexual images of you without your consent	99	10%	24	37	24	7	3	4
Being coerced into watching pornography or other people committing sexual acts	115	11%	24	31	33	10	6	11
Mutilation of your genitals	83	8%	21	32	23	3	1	3
Being coerced or pressured into sexual activity	137	14%	27	41	34	12	12	11
Rape or non-consensual penetration of your mouth or anus with a penis	91	9%	21	24	26	10	5	5
Assault by penetration of your mouth or anus with any object	83	8%	15	30	24	4	3	7
Sexual assault which includes any other unwanted sexual touching or kissing	134	13%	26	32	34	16	18	8
Another unwanted sexual experience that is not mentioned	112	11%	22	31	30	13	10	6

Characteristics of Children in Need

Characteristics of Children in Need (England) is derived from the annual Children in Need Census. This census, with comparable data since 2013, provides quantitative data on children in England referred to children's social care services. It is not a measure of prevalence, but it does provide quantitative, longitudinal data on those children that come to the attention of local authority children's services.

The latest data relate to the year ending 31 March 2022. These data show that 'there were 404,310 children in need in 2022 and the associated rate per 10,000 children was 334.3 or 1 in every 30 children' (Children in Need census, 2022). The latest figures represent a rise on both 2021 and 2020 and are the highest since 2018. Males continue to be over-represented in the children in need population; 54% were male (44% female), compared to 51% of the overall child population.

At the point of assessment, local authorities record key factors in relation to a specific case. New categories of sexual abuse – 'adult on child' and 'child on child' – were introduced in 2021. The data to 31 March 2022 shows that 'sexual abuse' (including CSE) was recorded against 50,320 cases. This represents an increase of 10,510 on 2021 figures. For comparison, the figures for *physical* abuse, *emotional* abuse, and *neglect* are shown in the table below.

An *Initial Child Protection Conference* (ICPC) is held (following a Section 47 assessment) where it is determined that a child is at continuing risk of harm. For the year ending 31 March 2021, 72,580 ICPCs were held. This represents a *decrease* of approximately 5,000 from 2020 and represents a *decreasing trend* since 2018 when there were 79,470 ICPCs. If the ICPC determines the child is at risk of harm, a *child protection plan* is initiated. For the year ending 31 March 2022, 50,920 children were the subject of a child protection plan (a small increase from 2021) and an increase of over 7,000 since 2013. The data show that *sexual abuse* was indicated as an initial category for 1,930 of these children (the same as 2021), and this figure has changed little since 2013. This illustrates the stark difference between official statistics and self-report studies.

Factor identified	2021		2022	
	<i>n</i>	Total SA	<i>n</i>	Total SA
Sexual abuse (SA)	9,790		3,010	
Sexual abuse: adult on child	12,460		18,600	
Sexual abuse: child on child	7,390	22,980	12,380	33,990
Child sexual exploitation	16,830	39,810	16,330	50,320
Physical abuse	18,460		6,430	
Physical abuse: adult on child	30,350		47,980	
Physical abuse: child on child	10,070		14,850	
Emotional Abuse			102,900	
Neglect			82,950	

Table 1: Factors identified at the end of assessment by local authority in England for 2021-2022.

Prevalence of sexual violence in male dominated institutions: research on sport

In recent years, researchers have also conducted prevalence studies of abuse within sport. Across the *range* of studies conducted over the past twenty years, overall prevalence within sport, for each of the four main categories of child abuse is: *psychological*: 38% – 79%; *physical*: 11% – 66%; *neglect*: 27% – 66%; and *sexual*: 10% – 38%.

Building on previous studies, a consortium of European research partners recently conducted an online survey (facilitated by IpsosMori) to investigate the prevalence of child abuse and neglect across six European countries, within a sample of 10,302 young adults (18-30 years) who had participated in sport before age 18 (see Hartill et al., 2021 and the [CASES Project](#)). The questionnaire was structured around the four main categories of abuse/interpersonal violence: *neglect*, *physical violence*, *psychological violence*, and *sexual violence*. Sexual violence was further divided into *contact sexual violence (CSV)* and *non-contact sexual violence (NCSV)*. The table below shows the overall data for sexual violence.

	Total	Women	Men
	<i>n</i> =10,229	<i>n</i> =5152	<i>n</i> =5077
Non-contact sexual violence	35% (<i>n</i> =3539)	32% (<i>n</i> =1634)	38% (<i>n</i> =1905)
Contact sexual violence	20% (<i>n</i> =2042)	14% (<i>n</i> =708)	26% (<i>n</i> =1334)

Table 2: Prevalence of sexual violence inside sport: Women/Men (percentages rounded)

Note: Due to the low number of responses, participants indicating another gender (*n*=35) or those preferring not to report their gender (*n*=38) are not included in these analyses.

Prevalence for *non-contact sexual violence (NCSV)* was 35%, and 20% for *contact sexual violence (CSV)*. Interestingly, across all categories, prevalence for interpersonal violence against children in sport (IVACS) was higher in the male sample. Following statistical analysis, the relationship between gender and *physical* violence was found to be significant, with boys at higher risk. This supports earlier findings (e.g., Vertommen et al., 2016; Parent & Vaillancourt-Morel, 2021).

However, gender was *not* a significant predictor for *psychological* violence, *non-contact sexual* violence, and *contact sexual* violence.

This finding runs somewhat contrary to popular discourse on child abuse in sport where the theoretical and policy focus has often been on the heightened risk of (sexual) violence against girls and women (see Hartill, 2005; Parent & Bannon, 2012). This notion persists, for example, Ewa Kopacz, Vice President and European Parliament Coordinator on Children's Rights stated, in February 2023:

Studies conducted around the world on sexual gender-based violence showed that female athletes are more likely to be subjected to sexual harassment in sport than their male counterparts (Kopacz, 2023: 6).

In fact, a number of studies have found no gender differences in prevalence rates for sexual violence in sport (Bermon et al., 2021; Fasting et al., 2015; Fathynah et al., 2017; Parent & Vaillancourt-Morel, 2021).

Whilst comparisons must be treated with caution due to differing samples, definitions, and methodologies, it now seems reasonable to state, notwithstanding the need for further research and more precise measurement, that sport is a context in which girls and boys should be considered *equally* at risk for all forms of IV, including sexual violence.

CHAPTER SUMMARY

The different research methods and definitions used to measure sexual violence in communities affect the prevalence rates found.

Prevalence varies by country, but international meta-analyses of 'high-income countries' indicate that up to 5% of boys experience penetrative sexual abuse, and up to three times this number are exposed to any type of sexual abuse. However, many European studies find much higher prevalence rates.

Prevalence of sexual violence is generally found to be higher in women than men, although rates for both sexes are significant. A recent study of 18–27-year-olds (across 10 European countries) found between 20 and 52% of female and between 10 and 56% of male respondents reported having experienced at least one incident of sexual victimisation since the age of consent. However, a significant *minority* of international studies have reported higher prevalence rates in men.

Self-report studies are critical for understanding an approximation of the true extent of sexual violence as official statistics only capture a limited proportion of cases.

Rates of prevalence for sexual violence against boys and men are much lower when surveys apply narrow definitions of sexual violence, for example, through terms such as 'rape' and 'sexual assault', or where survey questions emphasise victimisation.

Official statistics and research studies have found that sex offenders are predominantly male, but sexual violence is perpetrated by males and females. However, a recent large-scale study of children in the US (Gewirtz-Meydan & Finkelhor, 2020) found that perpetrators of sexual abuse and assault against boys were marginally more likely to be female.

Perpetrators of sexual violence against children are most often peers and this is rarely reported.

Prevalence rates for boys and men may be equal to or higher than rates for girls and women in particular spaces/institutions, such as organised religion and sport.

CHAPTER 4 // DISCLOSURE]

Easton (2014: 244) notes that *'the interpersonal process of telling another person about the sexual abuse (i.e., disclosure) has been identified as a critical component of recovery for survivors.'* Yet the majority of sexual violence is hidden and never reported or uncovered by an official agency (Karsna & Kelly, 2021). Therefore, understanding barriers to and facilitators of disclosure and reporting is essential for developing support services. However, like prevalence data, disclosure and reporting statistics cannot be properly understood unless they are situated within a gendered analysis that accounts for the potential effects of the dominant narratives and practices of masculinity.

Societal scripts around masculinity discourage men from disclosing sexual violence. In many cases these scripts work to inhibit boys and men from recognising that what had happened to them was a violation, or abuse. Even when they do recognise this, research frequently shows that men are less likely to disclose than females (Tewksbury, 2007; Sable et al., 2006; Hine et al., 2022).

According to Spiegel (2003: 49) *'males with histories of CSA tend to keep the abuse concealed for decades, with 27 as the mean number of years since the abuse began to when it was disclosed to anyone ... the mean delay in years tends to be less for females.'* In Easton's (2014) study of 487 adult men with histories of CSA, *'the mean length of time until participants disclosed their abuse was more than two decades.'* For one male survivor the delay was thirty-eight years:

“ You see—guilt! I was complicit. I felt as though I was motivating some of it. Why on earth are you going to own up to that? When you know what's going on is terribly bad. And you just see that this is going to be all your fault, it's all going to implode (Hartill, 2014: 32). ”

Weiss's (2010) analysis of men's experiences of rape and sexual assault from the US *National Crime Victimization Survey (NCVS)* found that only 15 percent of men report

their sexual victimization incidents to officials, compared to 30 percent of women. Similarly, the CSEW (2021) found that men were more likely than women to have *never told anyone* or for no-one to have ever found out about their sexual victimisation (34% compared with 22% for *other contact sexual abuse* and 30% compared with 14% for *non-contact sexual abuse*). Therefore, Stoltenborgh et al. (2011: 89) state that differences in prevalence may be due ‘to boys’ more reluctant attitude toward disclosing their CSA experiences.’

Clearly, there are significant challenges to reporting and disclosure for *all* victims/survivors of SV. However, research continues to report an average 28 years prior to a male victim being able to have an in-depth discussion around the experience of CSA (Rice et al., 2021; also Spiegel, 2003). Thus, Okur et al. (2017) found that women’s disclosure of sexual violence to friends/family is 2.4 times higher than men’s disclosure. In their recent meta-review of CSA disclosure, Alaggia et al. (2019: 276) confirm that ‘age and gender are strong predictors for delaying disclosure or withholding disclosure with trends showing fewer disclosures by younger children and boys’.

Barriers to disclosure

Over twenty years ago, Paine and Hansen (2002) conducted a comprehensive review of literature on CSA. They concluded:

The nature and dynamics of CSA make it exceedingly difficult for children to disclose their victimization. Research consistently indicates that most children either maintain the secret or delay reporting for significant periods of time (Paine & Hansen, 2002: 292).

Draucker and Martsof (2008) conducted research with 74 participants (male and female) who had been sexually abused as children. They found that responses to the telling/disclosure of their abuse were often negative and ‘reinforced the participants’ beliefs that they were responsible for the abuse, or at least responsible for preventing it from happening again’; they found that ‘a negative response often led to years of not telling anyone about the abuse’ (Draucker & Martsof, 2008: 1041).

Spiegel (2003: 50) observed ‘adults tend to disbelieve the boy and often attempt to silence him ... in fact, a majority (68%) of disclosing males state that nothing was actually done about the abuse or the perpetrator’ (Spiegel, 2003: 50).

The shame, guilt, and embarrassment associated with sexual violence is well documented and researchers focusing on male victims have suggested that dominant patterns or narratives of masculinity implicitly connect victimisation (especially *sexual* victimisation) with weakness and femininity (e.g., Hartill, 2005; Hunter, 2009; Mendel, 1995).

Therefore, shame often plays a highly significant role in the underreporting of sexual violence for males. This is evident from narrative studies with survivors, for example, in the extract below, former Canadian ice-hockey professional Sheldon Kennedy explains why he could not tell his father about the abuse:

“ I was plagued by all kinds of irrational fears. Did the fact that Graham chose me mean that I was gay? It was obvious that he wasn’t giving this special attention to the other boys, so why had he chosen me? He knew so much about people and the way the world worked, maybe he had seen something in me that I wasn’t able to admit to myself ... and by saying no to one form of sex but allowing another to happen, was I really showing a preference and therefore giving Graham my consent? (Kennedy, 2006: 40). ”

Heteronormativity and the homophobia inherent within a masculinist, patriarchal culture, perhaps exemplified in traditional male team-sports, is at the heart of this issue. The stigma of homosexuality in a society where heteronormative and homophobic discourse often goes unchallenged, means that for many male children, the ‘homosexual’ nature of the sexual activity brings an additional element to the way they perceive their experiences and actions:

“ You see most of us, erm, most of us have this problem with, you know ... not all of these processes are bad. By which is meant, you know you have this, I mean for me, for me, you know ejaculation – the first time I’ve ever ejaculated – I’m sorry – but the first time I ever ejaculated was at the hands of this man. ”

(Male survivor abused in a public-school setting, from Hartill, 2016).

The heteronormativity implicit within this account undoubtedly provides powerful leverage for perpetrators who target boys for sexual activity, perhaps especially so in contexts or social spaces (such as organised religion and traditional male sports, and spaces such as all-male schools that often form a nexus for both) where homophobia and sexism is normalised, accepted and tolerated. Thus, according to Sheldon Kennedy:

“ Players and coaches on other teams constantly accused me of being gay during games . . . I was taunted . . . The other coaches would shout, ‘Hey it’s Graham’s girlfriend!’ The opposing players called me ‘faggot’ and ‘Graham’s little wife’ every chance they got. After news of Graham’s abuse became public, everyone in the league acted surprised, as if they’d had no idea what was going on. Well they sure had acted like they knew what was going on. ”

(Kennedy & Grainger, 2006: 89)

In such spaces, boys are persistently and openly measured and tested for their conformity to heterosexist norms and ideals, by both other boys and adults (Connell, 1995, 2000; Messner, 1990, 1990a). Exclusion from one’s peer group is the price paid for failing to represent or adequately support the ideal. Therefore, young boys strive to make the grade, to become the masculinist ideal, regardless of the cost to themselves, as these male survivors of sexual abuse in sport illustrate:

“ Will: He wrote match reports for every player! This is what you waited for – praise. We were all slaves to this praise and we were willing to do all sorts of things, because it meant so much. He was treated with a mixture of hero-worship and fear.

Paul: . . . going along with the whole coaching thing – discipline and loyalty and becoming a success – all those things can be used against you . . .

Simon: . . . there was kind of a – what could be better than being a rugby hero? It’s literally a Faustian Pact. But you have to sign you know, it’s not a choice, you have to sign . . . ”

(Survivors of CSA in sport, in Hartill, 2016: 174).

Compliance with these ideals are encouraged, if not demanded, by social narratives that endorse masculinism, the ideology of patriarchy, which:

... takes it for granted that there is a fundamental difference between men and women, it assumes that heterosexuality is normal, it accepts without question the sexual division of labour, and it sanctions the political and dominant role of men in the public and private spheres. (Brittan, 2001: 53).

Research into general rape myth endorsement, (not specific only to sport), supports this perspective. A study of 3,120 Irish participants in a nationally representative sample found over 20% of participants endorsed the statement ‘that a man who is sexually assaulted by another man must be homosexual or have been “acting in a gay manner”’ (McGee et al., 2011).

A US study of more than 200 18–19-year-old college students also found men were more likely than women to see shame, embarrassment, guilt and concerns about confidentiality or not being believed, as key barriers to disclosure. Women were more concerned about potential retaliation by the perpetrator or the perpetrator preventing them from disclosing, alongside practical and financial impediments (Sable et al., 2006).

Weiss (2010) found that men (in the US) reported 22 percent of male-perpetrated incidents to authorities, but only 7 percent of female-perpetrated incidents. A recent UK study (Hammond et al., 2017) focused on perceptions of male rape and sexual assault in a sample of 98 men from the general population, aged 19-58 (mean age 26), 12% of whom reported having been sexually assaulted. Although most male rape myths were not endorsed by these participants, the majority felt the police would not take male sexual victimisation seriously, particularly if a female perpetrator was involved. Subsequently, most of them said if they were victims, they would feel tremendous shame and embarrassment and would be very reluctant to disclose to official bodies or even family or friends, with 45% stating they would not report if the assailant was female, but only 23% would not report if victimised by a man.

Walker et al. (2020) recruited 258 men (in Australia) through a snowball approach (via social media). 143 men in this sample reported an experience of Intimate Partner Violence (IPV) by a female partner, defined in terms of ‘boundary crossing’. The authors identified *primary* and *secondary* abuse. Primary abuse included actual or threatened physical violence, sexual violence, controlling behaviour, manipulation, domination, and verbal abuse. Male victims provided examples of sexual assaults and sexual coercion. Secondary abuse involved the female partner utilising individuals (known or unknown to the victim) or law enforcement agencies to inflict explicit or implicit harm on the male

partner. This included female partners using their children against the male partner for personal gain, and also social and legal manipulation, for example, false accusations to gain custody of children. The study also examined reactions to men's disclosures which included shock, disbelief, minimisation, victim-blaming, and indifference. For example:

“ [They] told me women have suffered abuse and violation a lot worse than [you] or any other man.

I was bashed over the head with an iron by a partner. My male friends laughed at me and the few women I told asked what I did to provoke such an action. ”

51 percent (n=73) of the 143 participants reported the abuse to police. Descriptions of police responses included:

“ [They] laughed, ridiculed [me] and told me to man up and deal with my own problems that they had more important things to deal with and left.

I was not only not listened to, I was threatened with arrest if I continued to make these allegations, because women just do not do those sorts of things. ”

27 percent of victims (n=39) provided descriptions of why they did not report to police, including:

“ I never felt there was a significant threat to my or anyone else's safety during or after the incident.

Didn't think police would take it seriously that I was assaulted by a woman smaller than me. ”

The research did not seek to explore cultural differences in the experiences of IPV, and data were not obtained regarding ethnicity. The authors conclude:

These results highlight the power of societal perceptions to affect individual experiences of IPV and to bias the attitudes and behaviours of support services.

This study underscores the need to continue to equip social and justice services to identify IPV and in particular to dispel unconscious bias when considering accusations of violence.

Therefore, it is essential to recognise and address the gendered features of disclosure, the potential bias male victims may face, and the potential impact of *delayed* disclosure. According to Easton et al. (2019: 843):

... boys/men face some unique barriers including impaired masculine identity, internalised homophobia, and gender-based stigma. Delayed disclosure, lack of support services, and lack of training among health care providers may undermine assessment and treatment of men with histories of CSA. These constraints may be especially harmful for male survivors of CSA in later life, thereby increasing their isolation and susceptibility to mental health issues such as depression.

Alaggia et al. (2019: 276) also observe:

The longer disclosures are delayed, the longer individuals potentially live with serious negative effects and mental health problems such as depression, anxiety, trauma disorders, and addictions, without receiving necessary treatment (Alaggia et al., 2019: 261).

The social-ecological approach to child maltreatment (e.g., Belsky, 1980), understands child abuse 'to be a product of the characteristics of the environments in which it occurs rather than simply being the result of the actions of certain individuals' (Jack, 2001: 185). Drawing on this perspective, barriers to disclosure may be identified at different levels, such as: (1) barriers from within, (2) barriers in relation to others, and (3) barriers in relation to the social world. Alternatively, barriers may be framed as *interpersonal*, *environmental*, and *cultural*. The table below illustrates these three categories of barriers:

Interpersonal barriers	<p><i>For example:</i> A family adhering to strict gender roles or patriarchal norms.</p> <p>This would impact a survivor unwilling to disclose abuse if they (or who they would disclose to) does not believe men can or should be a victim.</p>
Environment barriers	<p><i>For example:</i> Unsupportive environment in school.</p> <p>This would impact a survivor if they did not have a teacher they trusted to confide in at school.</p>
Cultural barriers	<p><i>For example:</i> Strict cultural norms adhering to traditional gender roles.</p> <p>This would impact a survivor unwilling to disclose abuse if they (or the individual they would disclose to) believe that men should not show weakness.</p>

Brazelton (2015: 182) additionally includes reference to ethnicity or ‘race’, seeing CSA disclosure processes as ‘shaped by relational, racial, socio-cultural, historical, and developmental factors.’

Facilitators to disclosure

‘If met with a helpful response, disclosure of sexual abuse can promote health and recovery for survivors by reducing problems associated with shame, self-blame, isolation, and the burden of maintaining a secret.’ (Easton, 2014: 244).

Disclosure is often thought of as a single moment of disclosing one’s experience of abuse. However, building on Summit’s (1983) proposition of CSA disclosure as a *process*, disclosure is now viewed as an iterative, interactive, and dynamic process, rather than a single, static event. In addition, a number of studies strongly indicate that ‘disclosures are more likely to occur within a dialogical context — activated by discussions of abuse or prevention forums providing information about sexual abuse’ (Alaggia, 2019: 276). However, disclosure is also a *gendered* process.

Norms dictated by traditional or hegemonic masculinity reinforce stereotypes for men to be ‘strong’ and self-sufficient. It is not surprising, therefore, that we continue to see that disclosure is more likely to occur later in life (when men may have more time to detach from social pressures, or when they have ‘processed’ the abuse) and more likely to occur by accident or in a discussion situation – such as an interview.

Barriers continue to outweigh *facilitators* to disclosure of CSA, nevertheless, important facilitators have been identified and should be noted for professionals in this field of practice.

Internal facilitators	Circumstantial facilitators	Environmental facilitators
symptoms that become unbearable getting older with increased developmental efficacy realising that an offence was committed	where the child discloses because there has been evidence provided, eye-witnessing has occurred, and a report has been made	settings that provide opportunities such as counselling, interviews, information sessions and educational forums/workshops, and prevention programmes for children and youth to disclose

Table 3: Key Facilitators to Disclosure of CSA

Alaggia et al.’s (2019: 280) meta-review found that barriers to disclosure continue to outweigh facilitators, and that age and gender are significant disclosure factors, with trends showing fewer disclosures by younger children and boys. They argue that there is an ‘absence of a cohesive life-course perspective in investigations’ and recommend ‘using a life-course perspective through the use of longitudinal studies.’

They conclude that:

Gender needs to be more fully investigated in relation to impact on disclosure. Awareness that boys and girls have unique challenges and barriers in disclosing CSA should be paramount for practitioners (Alaggia et al., 2019: 280).

Furthermore:

... the focus should not be simply on strengthening and shoring up intrapersonal resources of victims to disclose but rather to change environmental conditions to create a more supportive and safer context for CSA victims and survivors to disclose (Alaggia et al., 2019: 280).

Limitations in methodology

Alaggia et al. (2019) also note some limitations of disclosure studies:

- defining the period of time that would delineate a disclosure as ‘delayed’ varied widely across studies, from 1 week or 1 month to studies that simply report the average years of delay;
- sampling is mostly convenience based, relying on voluntary participation, therefore, generalisability of findings is limited;
- it may be that more barriers continue to be identified over facilitators of CSA disclosure because of the methods employed in studies—particularly those drawing on *adult* populations who delayed disclosure, consequently more readily identifying barriers.

The following table summarises the key barriers and facilitators.

Barriers	Facilitators
<p>Age: the younger the child victim, the less likely they will purposefully disclose. accidental detection, rather than purposeful disclosure, is more likely to occur with younger children (Collings et al., 2005).</p>	<p>Age: disclosures increase with age, especially in adulthood. persistent findings of high rates of delayed disclosure reported later in the life course by adult survivors. children who disclose are more likely to do so in an environment that provides prompts or questions about sexual abuse; but also seen in older youth. as children grow older, they are more likely to disclose to a peer.</p>
<p>Gender: males may be less likely to disclose in childhood/adolescence, fear of being seen as homosexual and as a victim, females experience more self-blame and anticipation of being blamed and/or not believed.</p>	<p>Gender: slight trend toward females who are older (adolescent) to disclose before adulthood.</p>
<p>Relationship to perpetrator: less likely to disclose if perpetrator is (or close to) family.</p>	<p>Relationship to perpetrator: more likely to disclose if not living with perpetrator.</p>
<p>Internal: shame, self-blame, & fear are psychological barriers; fear of negative consequences on the family and for self-safety.</p>	<p>Dialogical context: more likely to disclose through discussion, therapeutic relationship, information sessions on sexuality, and sexual abuse prevention programmes.</p>
<p>Family relations: patriarchal family structure, rigid gender roles, dysfunctional communication, other forms of abuse (i.e., domestic violence), and isolation inhibit disclosure.</p>	<p>Family relations: supportive parent–child relationship.</p>
	<p>Involvement of others: eyewitnesses reporting; detection through community members, professionals.</p>
<p>Environmental and cultural context: lack of discussion about sexuality; passive acceptance that unwanted sexual experiences are inevitable; not wanting to bring shame to the family; lack of involvement from neighbours, school personnel; stigma perpetuated by societal perceptions.</p>	<p>Environmental and cultural context: promotion of open discussion of sexuality; community member involvement.</p>

Summary of key barriers and facilitators (adapted from Alaggia et al., 2019)

Responses to online disclosures

The growth of the internet has provided survivors with an additional space to disclose. Following the #MeToo and #WhyIDidn'tReport protests in Israel, in 2017 and 2018, Lowenstein-Barkai (2020) examined 734 online disclosures of sexual victimisation of men and women in Israel. Both men and women received mostly 'apparently' positive support (98%) from such online networks, but the support differed according to gender. The researcher subdivided online social support into:

informational support: offering facts, guidance or advice, such as information on health or therapy services.

emotional support: messages that convey empathy, care and concern;

esteem support: encouraging people to see their skills and abilities, such as commenting on how brave and resourceful they have been;

network support: helping someone to feel part of a larger like-minded group; and

tangible support: focusing on practical or financial help.

Women were more likely to be offered *emotional* and *network* support whereas men were more likely to be offered a new form of support identified as *retributive support* (Lowenstein-Barkai, 2020). *Retributive support* acknowledges injustice but focuses on punishing the abuser. A comparison of responses showed men received slightly lower *emotional* (65% women, 58% men), and *esteem* support (53% vs 50%), which were the most common forms of support, but men were three times more likely to receive *retributive* support (3% vs 12%). This suggests responses to self-disclosure had been affected by preconceived notions of gender.

This study seems to show, like other studies of online communities, that for those suffering emotional and psychological problems, such sites can provide very positive social support for many who disclose, choose to remain anonymous, and want to avoid face-to-face disclosures. It has also been found that survivors' reluctance to disclose is reduced in online settings (Moors & Webber, 2013). However, *retributive support* may not always be received positively or may have negative outcomes for the victim. For example, responses like 'his place is in prison, you have to go to the police about him'

may be interpreted as a criticism that the male victim had not reported the abuse and put pressure on them to feel this is what they should do.

Public disclosures of CSA in hypermasculinist spaces: sport

It is nearly thirty years since Ken Plummer (1995: 56) observed that stories of 'surviving' and 'coming-out' 'are coming out everywhere'. According to Plummer (1995) stories about 'coming out', 'rape' and 'recovery' represented the paradigm stories of sexual suffering in the western world. From the 1970s, feminist empowerment agendas encouraged 'victims' to become 'survivors' and their collective stories did a great deal to challenge the normalisation of sexual violence within patriarchal, masculinist cultures and institutions (e.g., Herman, 1990; Kelly, 1988). However, it wasn't until the mid-1990s that survivor disclosures of child sexual abuse in sport first began to emerge.

For example, two British TV programmes in the mid-1990s had focused on sexual abuse in sport and included some male victims of abuse in sport who waived their anonymity. The first, *On the line: Secrets of the Coach* (BBC TV, 1993) was prompted by the arrest of Olympic swimming coach Paul Hickson in 1992 (he was eventually sentenced to 17 years imprisonment in 1995). This documentary included just one adult male who had been abused by a male coach in martial arts. The second, a *Dispatches* documentary aired on Channel 4 on 23rd January 1997 and presented by investigative journalist Deborah Davies, aired in the wake of Barry Bennell's conviction in the USA and focused on (male) football. This documentary featured young men, some of whom waived their anonymity, speaking about their abuse. This included an interview with Ian Ackley (now an advocate for survivors) and his father who spoke about their frustration at the lack of response from the football authorities. Channel 4 also commissioned a helpline following the programme. The report by the Broadcasting Support Services (BSS) states 386 calls were received:

Almost half the calls [42%] were from men [males], which is much higher than usual. 40% of callers were survivors of child sexual abuse and about a quarter of those were survivors of abuse in sport. 37 were 'silent calls'. (BSS, 1997: 2).

This attention marked a policy shift (Boocock, 2002), but with little evidence of substantive cultural change or wider general awareness about the risks of sexual violence in sport, especially to boys (Hartill, 2005) and even less acceptance that the culture of sport may be part of the problem. It is likely that few in the UK will have been aware of public disclosures of CSA by male athletes until the 2016–17 disclosures of abuse by former footballers, triggered by the national TV coverage of the case of Andy Woodward, following publication of his story in the Guardian newspaper (Taylor, 2016). However, public disclosures from high-profile former sports professionals had begun to emerge from the mid-2000s beginning with the autobiography of former Canadian ice-hockey star Sheldon Kennedy, in 2006 (Kennedy & Grainger, 2006) and followed by other elite sportsmen, such as Canadian ice-hockey player Theo Fleury (Fleury & McLellan 2009), US boxer Sugar Ray Leonard (Leonard, 2011), Swedish high-jumper Patrik Sjöberg (Sjöberg, 2011), and English rugby player Brian Moore (Moore, 2010).

These public disclosures seemed to indicate that greater room had been leveraged within public space, from the late 1990s/early 2000s, to enable men occupying high-profile roles, within what might be viewed as hyper-masculinist spaces or professions, to speak more openly about their boyhood experiences of sexual violence and abuse. Yet these young men were outliers, and it was only when former professional Andy Woodward waived his anonymity in the Guardian, over 20 years later, that the problem of sexual abuse in sport received widespread and sustained media coverage and was accompanied by many hundreds of further disclosures from men (see *The Guardian*, 17th Oct., 2017). Some, such as Gary Cliffe, Dion Raitt, Colin Harris, Jamie Cartwright, and Paul Stewart, continue to contribute to efforts to prevent sexual abuse and strengthen safeguarding. These reports were captured within Operation Hydrant². Data up to 31st March 2021 (NPCC, 2021) stated that 4846 different institutions feature on the Operation Hydrant database. These include, but are not limited to:

- 1948 Educational institutions (40%)
- 740 Children’s homes (15%)
- 569 Religious institutions (12%)
- 463 Children & young people’s associations & clubs (10%)
- 450 Sport (9%)

Notably, 69% of victims in the Hydrant database are male.

² The police operation established in 2017 to investigate non-recent child sexual abuse involving an institution, organisation, or person of public prominence.

Prevalent narratives about sexual violence – sometimes referred to as rape myths – can have a deleterious effect on victims and are a highly significant factor to consider, not only in relation to disclosure, but all aspects related to sexual violence against boys and men. In the following section we highlight some of these myths and discuss their significance for boys and men.

Rape myths

Rape myths – traditionally used in respect of male-to-female sexual violence (Payne et al., 1999) – are inaccurate or untrue ‘descriptive or prescriptive beliefs about rape (i.e., about its causes, context, consequences, perpetrators, victims and their interactions)’. These rape myths, therefore, serve to deny and minimise sexual violence (Bohner et al., 2009 cited in Hine et al., 2022: 1) in respect of both the victim’s viewpoint and wider society’s perspective. They can also, generally, be subdivided into *denial myths* (for example, men can’t be raped), *blame myths* (for example, they shouldn’t have drunk so much, or gone back to a stranger’s house, or should have easily fought off the attacker), and *trauma myths* (it didn’t really upset or harm them) (Struckman-Johnson & Struckman-Johnson, 1992). Turchik and Edwards (2012) list a number of rape myths related to male rape victims:

- (a) men cannot be raped;
- (b) “real” men can defend themselves against rape;
- (c) only gay men are victims and/or perpetrators of rape;
- (d) men are not affected by rape (or not as much as women);
- (e) a woman cannot sexually assault a man;
- (f) male rape only happens in prisons;
- (g) sexual assault by someone of the same sex causes homosexuality;
- (h) homosexual and bisexual individuals deserve to be sexually assaulted because they are immoral and deviant; and
- (i) if a victim physically responds to an assault, he must have wanted it.

To this list we would also add the so-called ‘vampire syndrome’, or the notion that if a boy is sexually abused he will later become an offender (see p. 97).

According to Weiss (2010: 276):

Theoretical linkages between sexual aggression and masculinity, or hypermasculinity, are so well established in the ways in which rape and sexual assault have been conceptualised over the years that to envision men as victims (or women as aggressors) requires a conscious bracketing of preconceived notions about both sexual violence and gender.

This is supported by McGee et al. (2011) who explored rape myth acceptance among a nationally representative sample of 3,120 adults (51% women) in Ireland. They found that 35% of participants believed that men are less affected by experiences of sexual assault than women. Similarly, reviewing the literature on men's experiences of 'domestic abuse' or Intimate Partner Violence (IPV), Bates (2020) argues that 'the status of "victim" does not seem to apply to men and women equally' and a variety of studies have demonstrated that:

- IPV perpetrated against women is seen as more serious;
- women's violence is judged as less likely to be illegal and need intervention;
- male victims are blamed more for their victimization; and
- men are seen as more able to injure and women more able to be injured.

(Bates, 2020: 498, references removed)

Such beliefs, therefore, contribute significantly to boys and men denying or not recognising their own sexual victimisation or refusing to disclose it because it threatens their masculine identities (Javaid, 2017; 2018). 'Real' men do not easily fit the ideal stereotype of a victim. This is someone perceived by society as being weak, vulnerable, and respectable, and in Christie's original definition (1986) also demure and female. Therefore, sexually victimised men may not want to disclose as they feel they will be emasculated, stigmatised, and blamed by others for encouraging or not preventing their own abuse (Loxton & Groves, 2022). Research indicates these are often valid concerns and fears.

Davies and Rogers (2006) in their review of male victims in depicted sexual assaults, delineated two different forms of blaming attribution linked to rape myths. *Behavioural blaming* could occur, for example, when a man might be blamed for being assaulted if he did not physically resist, linked to hegemonic masculine stereotypes of men being assertive, strong, and able to exit confrontational situations. *Characterological blaming*

locates the blaming in the person's character, for example, a woman being seen as too trusting. However, such an explanation could be even more damaging in relation to men as they are 'supposed' to dominate and take the sexual lead. These blaming attributions would also seem to be relevant to Hammond et al.'s study, discussed previously.

Men also interestingly are more likely than women to blame both female and male victims for their own sexual victimisation, whether that be rape or other forms of sexual violence (Davies & Rogers, 2006). In Davis and Rogers' review of the literature, gay male victims tended to be blamed more than heterosexual male victims by heterosexual, but not gay men (and not so much by women), because of homophobic attitudes which posit being gay as a deviant activity, a theme also confirmed by other research (De Jong et al., 2020). The participants in one study also clearly articulated that they believed male rape would be more 'horrible', 'destructive' and 'traumatic' for heterosexual men and women than for gay men (Doherty & Anderson, 2004).

Gay men who suffer anal rape are therefore often seen to suffer less than heterosexual men enduring the same assault. In the quote below, the victim describes how the barrister in court minimised his rape because he was gay, and his abuser was assumed to be a 'closeted' gay man.

“Oh you know, he's [the perpetrator] been in the closet all his life. He's sixty now and it's been difficult for him. He just got a bit carried away.” On the other hand, “Well you're a gay man so it's expected you would say yes to anyone”

(Widanaralalage et al., 2022a: 11)

Male-on-male rape is frequently inaccurately categorised homogenously as a homosexual issue (Javaid, 2018), even though both perpetrator and victim may identify and generally behave as heterosexual. This is because male-on-male rape is often seen as more associated with sexual gratification than as primarily an act of power, aggression, and domination (Anderson, 2001). This can lead to incorrect assumptions that both victim and perpetrator are gay (DeJong et al., 2020) and, therefore, that the rape is somehow more understandable, less traumatic, or even pleasurable because of this, as the quotation above in suggests (Sleath & Bull, 2010).

However, in a review of 15 studies involving over 5,000 men and focusing on male sexual assaults (Ioannou et al., 2017), both victims and perpetrators tended to be in their early twenties, white and heterosexual. The perpetrators mostly acted alone, often committed the abuse in their or the victims' home, and were already acquainted with the victims, even if sometimes only casually (echoing Weiss's (2010) CDC analysis). Male-on-male sexual assaults are frequently violent, and, in this study, violent anal penetration was the most common offence identified, although victims were often also forced to perform oral sex on the perpetrator (Ioannou et al., 2017). King et al.'s (2000) study of 3142 men from GP practices in England (2474 participated, which is a very high participation rate) also found 97% of men who reported sexual assault by another man, defined themselves as heterosexual. No information was sought on the sexual identity of the perpetrators in this study.

Male victims of *female* perpetrators are also blamed to a greater extent than if they were assaulted by a male, alongside assumptions that they must have enjoyed the act because of heteronormative assumptions that a man is, or should be, available and willing at any time to have sex with any woman who expresses an interest (Davies & Rogers, 2006; Javaid, 2017). It is, therefore, not surprising that men would be less likely to disclose sexual violence perpetrated by a woman. However, as men sometimes achieve erections and ejaculate in situations of non-consensual sex, regardless of perpetrator gender, as discussed earlier, such actions are often misconstrued by both the victim and others as signifying consent or complicity. This may either result in the victim not disclosing because they themselves fear they were to blame in some way, or because they fear others would think this because of their involuntary physiological reactions. These issues are well expressed by an adult male survivor of child sexual abuse in a public school:

“ Whatever one says, the process of orgasm is quite pleasurable. And of course, when that happens—you know, you have this immense guilt that comes with it. You know—are you encouraging the man? Are you? I mean, I felt complicit—and that silenced me. ”

(Hartill, 2014: 30).

Heterosexual victims of male instigated assaults (as in the previous quotation) are also affected by these societal misconceptions and may feel they will be labelled as 'closeted gays' if they disclose their victimisation.

Regardless of the sexuality of a male victim or the gender or sexuality of a perpetrator female, or a gay or heterosexual man, there is still considerable reluctance to believe sexual violence has occurred if the victim is male, due to stereotypical beliefs that men cannot be raped. This 'male rape myth' – which one literature review found 2-23% of women and 3-46% of men endorsed (Chapleau et al., 2008) – comes with a tendency to view all sexually victimised males as having failed as 'real men', their perpetrators accordingly being seen as less responsible for their actions (Sleath & Bull, 2010).

To conclude this section, there are considerable and unique barriers to disclosure for men. These barriers are frequently associated with the notion that male sexual victimisation deviates from (or is antithetical to) the dominant script of masculinity. This serves to undermine male victims, not only in the eyes of those they may potentially disclose to, such as family, friends and professionals (e.g., police, medics, teachers, coaches, counsellors, social workers, etc.) but also in their own eyes. Thus, the experience of sexual violence is frequently followed by self-recrimination and isolation.

Dominant masculinist narratives may also require men to explain their violation, to themselves and others, in ways that are conducive to such gendered scripts. Thus, heavy intoxication (a practice conducive to dominant masculine ideals), may be used to explain how they were overpowered; although they then may be blamed in other ways, for example, leaving themselves more vulnerable (Hine et al., 2022). Therefore, although some men, such as gay men or men abused by women, or those who knew and trusted their attacker, or were intoxicated, are likely to be blamed more by others for their sexual victimisation in virtually every context - with the exception of rape of a heterosexual man at night by a powerful violent stranger with a weapon - some form of blame is likely to be attributed to the victim.

As most men are aware of this and fear they will be disbelieved or held responsible in some way for their own victimisation, and often feel they are to blame anyway, it is clear that there are many powerful barriers to adult men disclosing. Disclosure is frequently related to recovery and positive mental health if responded to with positive social support, whereas negative responses from official support agencies have been linked to deterioration of mental health and elevated PTSD symptomatology (Borja et al., 2006; Campbell & Raja, 1999 et al., Campbell et al., 1999; Lauricella & Jones,

2021). Disclosure has also helped improve physical health outcomes and has been associated with less GP appointments (Greenberg, Wortman & Stone, 1996; Pennebaker & Beall, 1987), better immune functioning (Petrie, Booth, Pennebaker, 1998), and lower blood pressure (Pennebaker, Hughes & O'Heeron, 1987).

CHAPTER SUMMARY

Boys and men face some unique barriers to disclosure.

Disclosure is best seen as a potentially long-term and incremental process rather than a one-off event.

Disclosure and responses to disclosure are affected by gender scripts or narratives which inhibit boys and men from disclosing sexual violence.

Male rape myths are closely associated with traditional notions of masculinity and 'real' men. They lead to victim-blaming and inhibit disclosure.

Shame, embarrassment, guilt, concerns about confidentiality, and concerns about being believed, are key barriers to disclosure for men.

Male victims fear social stigma as well as experiencing internalised stigma and self-blame.

Men frequently delay disclosure. The average duration between sexual violence and disclosure, for men, is over two decades, therefore, disclosure often occurs in later life.

Delayed disclosure or non-disclosure can increase survivors' isolation and susceptibility to mental health problems.

Men are more likely than women to have *never told anyone* or for no-one to have ever found out about their sexual victimisation.

Male victims frequently delay disclosing as they feel they would not be taken seriously, particularly if the perpetrator was female.

Males abused or assaulted by other males may not disclose as they fear others would label them as gay or weak.

Awareness of gender issues and the unique challenges facing boys and men is crucial for improving disclosure rates, the disclosure process, and the disclosure experience for boys and men.

Contexts that promote and facilitate dialogue about sexual violence and challenge stereotypical notions of masculinity, support the disclosure process for boys and men.

Further research into the disclosure process for boys and men is required, particularly research focused on facilitators to disclosure.

CHAPTER 5 // RISK FACTORS

Risk factors for children

According to Etherington (1995: 230) ‘children who are identified by [sex] abusers as emotionally deprived or in need of adult attention and care are most likely to be singled out for such attention’. However, Assink et al. (2019: 479) observe that the scientific literature in this field has established that ‘it is the accumulation of risks, rather than single risk factors, which increases a child’s risk for child abuse’. They highlight the importance of understanding the risk factors for client support and prevention of CSA, but also note the lack of a systematic overview of risk factors. Therefore, they conducted a meta-analysis to summarise associations between risk factors and child sexual abuse victimisation.

From 72 studies (many of which were retrospective studies), 765 (putative) risk factors were identified and then classified into 35 risk domains. From there, 7 *core* risk themes were identified, ranked in the table below by highest impact on the child’s victimization rate:

1. Prior victimization	Prior victimization of CSA and other forms of child abuse perpetrated against the child, their siblings, others family members, or a parent's history of child abuse victimization.
2. Parental problems and difficulties	Problems within the parent's relationship, such as intimate partner violence, parental substance abuse, mental health problems of the parent, and low level of education of the parent.
3. Low quality parent-child relationship	Low parental attachment, parental overprotection, low care/affection from the parent, low parenting competence.
4. Non-nuclear family structure	Having a stepfather and a non-nuclear family (where the family doesn't follow the traditional norm of a mother, father and children).
5. Family (system problems)	Dysfunction in the family system, social isolation of the family or child, low family socio-economic status, six or more resettlements (moving homes).
6. Child problems	Cognitive, physical, or communicative disabilities; using drugs, engaging in violent delinquent behaviour.
7. Child characteristics	Female; low social skills of the child; frequent internet use; delinquent youth.

(Assink et al., 2019)

Assink et al.'s analysis also suggested that effects of risk domains for CSA victimization are not substantially different between boys and girls (with the exception that the effect of having a stepfather was stronger for girls than for boys). However, the authors urge caution in the use of these risk domains due to the risk of error and bias in the studies that underpin their analysis and the limitations of their meta-review. They highlight a number of limitations, including that the studies included in the review primarily

examined ‘child-, parent-, family-, and only occasionally, community-related factors’ (Assink et al., 2019: 480).

Similarly, the ‘ecological approach’ to child maltreatment (e.g., Belsky, 1980, 1993; Kenny & Wurtele, 2012) understands child abuse ‘to be a product of the characteristics of the environments in which it occurs rather than simply being the result of the actions of certain individuals (Jack, 2001: 185). Smallbone and McKillop (2015: 178) advocated a public health model which adopts a ‘social ecological framework’ that:

... situates individual offenders and victims within their natural ecological context, and locates risk and protective factors at various levels of the ecological systems in which the individual develops and lives. Thus, the causes of SVA [sexual violence and abuse] exist not just within individuals, but also within the family, peer, organisational, neighbourhood, and sociocultural systems within which they are embedded.

Yet macro-level, societal risk factors – such as gendered cultural beliefs about sexual activity in youth – have rarely been included in studies of risk for CSA (Assink et al., 2019). Yet, socio-cultural constructions of masculinity/femininity and boyhood/girlhood clearly play a significant role in how communities conceptualise what is and is not appropriate for children/young people and, generally, how sexual violence is defined.

For example, a male adolescent who is coerced into sex with an adult female, who may be substantially older than him, has traditionally been afforded higher social status by peers and older males. Thus, such encounters have been defined culturally as a positive experience and a ‘rite of passage’. Conversely, a female who is subjected to the same experience with an adult male has generally been considered to be morally suspect and often held responsible (‘blamed’) for the encounter. In both instances, victimisation is obscured.

However, the feminist movement has pro-actively challenged masculinist constructions of female victims (girls and women) for decades, whilst the same cannot be said for male victims. As Spiegel (2003: 138) argued, ‘social perceptions of and reactions to the sexual abuse of boys in contrast to the ... sexual abuse of girls ... has influenced the minimisation, if not denial, of the sexual abuse of males.’

Assink et al. (2019) advocate a multifactorial perspective in clinical practice to reduce 'a misleading focus on individual risk factors, or an individual child or caretaker' (Assink et al., 2019: 480). Ultimately, they call for higher quality studies to more accurately determine risk factors for CSA victimization. In particular, they argue that examining interactions between multiple risk (and protective) factors is an important challenge for future research.

Risk factors for adults

Weiss's (2010) analysis of US national data on rape and sexual assault identified many similarities between men's and women's 'incident conditions'. For example, the rate of injury requiring medical attention, the use of a weapon, the time and location of the incident, the number of perpetrators involved, and the proportion of victims who use 'some form of resistance strategy in their efforts to thwart an attack' are all highly similar. Male-on-male perpetrated assaults, being a young adult age in one's mid-twenties, and ostensibly heterosexual, characterised both perpetrators and victims, as well as 'race' (being white), with Ioannou et al.'s (2017) review of studies also showing similar findings.

However, minority ethnic communities may interpret such events differently or may be less likely to disclose. Concern about negative ethnic sexual stereotypes, such as Black men being more sexually aggressive and Black women more lascivious and enticing, discouraged sexual minorities from reporting their sexual victimization experiences in one research project (Harvey et al., 2014). Therefore, similar in some ways to the commonality of peer sexual abuse with children, young adult males seem highly likely to be targeted by similar peers in relation to male-on-male sexual violence.

One's past or current sexual practices can also act as risk factors. One US study involving a community sample of 311 men aged 21-30, (average age 25) who had no declared alcohol issues, were not in a long-term monogamous relationship and reported at least one instance of unprotected vaginal or anal sex with a female in the last year, found that the men's sexual victimisation experiences appeared to be affected by their previous sexual history. Two fifths of the sample reported being sexually assaulted since the age of fourteen, generally more than once.

Men who had had consensual sex with both men and women were at considerably higher risk of experiencing sexual assault and more violent sexual assault, (attempted or completed rape) than men who only had had sex with women (65% vs 39%) if sexual risk profiles were equal (Wegner & Davis, 2020).

Previously being sexually abused as a child also presents a significantly higher risk for adult sexual revictimisation. One recent meta-analytic review found revictimisation rates ranged from 10% to 90% in the 80 studies analysed, with the mean revictimisation rate being 48%, suggesting almost half of those abused as children will be revictimised as adults. However, it was not clearcut as to whether men were more or less likely to be revictimised than women (Walker et al., 2017). Although many studies included only female victims, those that involved men showed higher prevalence rates, but it was not possible to ascertain whether the men that had been recruited came from populations which were at high risk anyway, such as gay and bisexual men, or whether being sexually abused as male child made you more vulnerable to adult revictimisation than a female child who has been sexually abused.

Peterson et al. (2011) reviewed 79 studies that reported prevalence. As reported earlier, they found that of the populations sampled (mainly US populations), gay and bisexual men, prison inmates, veterans, and men seeking treatment for physical and psychological problems, reported considerably higher rates of ASV than community and representative samples and college students. Furthermore, in a systematic review of 75 studies (three of which examined the prevalence of lesbian, gay, bisexual and transgender (LGBT) sexual violence in the US), a median rate of lifetime sexual victimization of approximately 23% of all men was calculated, (with a range of 4.1% to 59.2%) with regard to gay or bisexual men (Rothman, Exner & Baughman, 2011). A further group of vulnerable men who are rarely mentioned in studies are disabled men. One US study discerned an elevated risk of lifetime (9% vs 6%) and past year sexual violence for men with disabilities compared to men without (Mitra et al., 2016).

There are therefore a number of risk factors that appear to place some groups of men (such as disabled, gay, and bisexual men, or those in enclosed 'macho' single sex institutions such as prisons or sport) at higher risk of being victimised. Situational and individual vulnerabilities, (such as being alone in an isolated place and being intoxicated, or being mentally unwell), may intersect with other characteristics and factors to produce lesser or greater risks of sexual violence.

Some of these risk factors clearly overlap with victim and perpetrator characteristics in terms of the identification of vulnerable sub-populations of men. These include men with psychiatric histories or who self-identify as gay or bisexual (e.g., Kimerling et al., 2002). Furthermore, men who identify as heterosexual but have sex with men may also be at significant risk (Coxell et al., 2000) but are harder to identify.

Therefore, risk factors often combine to exacerbate vulnerability, or a key behaviour associated with certain male sub-populations may render some, but not all members of this group, at higher risk. For example, some gay or bisexual men, not in monogamous long-term relationships, may be at high risk, not specifically because they are gay, but because they might have multiple sexual partners and engage in sex with people they do not know or know well, in places they are unfamiliar with.

For example, *Chemsex* refers to the recent phenomenon of two or more men, who often do not know each other beforehand, engaging in drug facilitated sex, generally in someone's home. Although this is seen as consensual, recent evidence has started to emerge to show that a great deal of complex, non-consensual sex, which is not reported, may occur (Javaid, 2018). As sessions of *Chemsex* may take place over long periods, sometimes over a few days, and may involve a number of sexual partners, it may also be the case, that some sexual liaisons during this time are pleasurable, and others are coercive and distressing. Also with some issues, such as mental health or excessive drinking, if the sexual victimisation is disclosed long after it occurred, it also may not be clearcut as to whether the behaviour elevated the risk for that individual or their behaviour regarding drinking or risky sexual behaviour was impacted upon by their previous sexual victimisation.

The most prolific rapist ever tried in England was Reynhard Sinaga, a thirty-six-year-old Indonesian mature university student. Sinaga was convicted in 2020 of raping at least 136, mostly heterosexual young men. A report by Greater Manchester Police (GMP, 2020) states they found evidence linking him to over 190 potential victims. Sinaga engaged with young men in Manchester city centre, near a couple of popular nightclubs, when they were extremely inebriated and alone. He took them back to his nearby flat, masquerading as an altruistic citizen by offering them a bed for the night or another drink. He then drugged them and raped them while they were unconscious, filming many of the rapes on his mobile phone (Pidd & Halliday, *The Guardian*, 6 Jan 2020). These young men were, therefore, vulnerable because of their inebriated state and their isolation from others, and not necessarily intrinsically because of their age.

Sinaga's tactics, however, seem to be similar to those used by other men who preyed on vulnerable and intoxicated young adult males.

“ *The other case I dealt with, more recently, was a male rape victim He was significantly under the influence of alcohol. The victim wasn't sort of aware of his surroundings, what was going on, and he became split up from his friend, and basically, he was targeted by someone who befriended him, took him off to an address, and the next thing he comes round and he's been raped by this guy.* ”

(Female specialist police officer cited in Javaid, 2017: 461)

As previously stated, the majority of studies show men in their twenties and thirties are at greater risk (Bullock & Beckson, 2011). However, this heightened risk may simply be because they are more likely to be in a variety of social settings, consuming high levels of alcohol, and mixing with people they do not know. Older men may be more likely to be in stable partnerships or raising families and involved in family-type activities, and not drink as much in public settings like pubs or nightclubs or frequent these public settings as much as young males. Nevertheless, young men may also be less risk averse and more trusting than older men with more life experience.

Perpetrators

Sexual assault against men is perpetrated by many different persons, ranging from complete strangers (18% for both men and women in Weiss's 2010 analysis of a representative national US Crime Victimization study) to friends, colleagues, employers, casual acquaintances, family members or intimate partners or ex-partners.

In Weiss's study which also examined female sexual assault, 99% of women reported being sexually victimised by men, but only 54% of men reported victimisation by other men. While both men and women were equally likely to be assaulted by strangers, men were more likely to be assaulted by work colleagues than women (22% vs 11%), but women were more likely to be assaulted by intimate partners (23% vs 15%). Focusing specifically on sexual assault of men, female-on-male offences were more likely to be committed by intimate partners than strangers.

In a review of 15 studies in western countries, (mostly the UK and the US), involving over 5,000 men and focusing specifically on male-on-male sexual assaults, both victims and perpetrators tended to be in their mid-twenties (25.5 years mean age), white and heterosexual. The perpetrators mostly acted alone, often committed the

assault in their or the victim's home and were already acquainted with the victims, even if sometimes only casually. 67% were acquaintances, with 33% being strangers (a higher number than Weiss's study). Violent anal penetration was reported as the most common offence (60% of victims), although victims were often also coerced to perform oral sex on the perpetrator (Ioannou et al., 2017). Echoing the previous two studies, the majority of studies show younger men in their twenties and thirties are more likely to be assaulted than at other ages (Bullock & Beckson, 2011). The perpetrators are also more likely to be young.

Environment

Just as almost anyone can be a perpetrator, sexual violence can occur in almost any environment. Commonly sexual violence occurs in contexts such as a victim's home or the home of the perpetrator, as the previous studies showed, or in institutional milieu, such as within sport or work contexts or even in public spaces (Basile et al., 2020), although most research focuses on boys rather than adult males in these contexts.

In Weiss's (2010) analysis of a large nationally representative US survey of victim narratives, 65% of incidents occurred at night and 41% in the victim or offender's home. In the growing technological age, sexual violence can also occur online (Dodge & Spencer, 2018) through social media, private messaging, online pornography (Vera-Gray et al, 2021; Rackley et al., 2021), and revenge porn, whereby jilted ex-partners post sexually explicit pictures or videos of their exes on the internet without their consent (McKinlay & Lavis, 2020). It was initially assumed that online abuse was predominantly male-to-female directed. However, recent research shows men are impacted too and are more likely than women to be extorted for money in relation to sexually explicit images and footage ('sextortion'), and that the extortion may sometimes be orchestrated by organised gangs (Eaton et al., 2023).

There is, therefore, considerable variation and heterogeneity in who is assaulted, who the offender is, what type of sexual violation is involved, and its physical severity and frequency, and where and when it occurs.

There is also much divergence in how such abuse is mentally processed and interpreted by the victim, and theirs and others' responses to it, at the time or afterwards. It should not be assumed, therefore, that what might be regarded legally

and generally as a less severe form of violence, such as unwanted sexual touching, impacts on everyone in the same way and always has minor effects.

CHAPTER SUMMARY

Risk factors are both individual and situational, (both also being affected by wider cultural norms around traditional masculinity), and these factors can combine to exacerbate vulnerability.

Situation or context is related to risk, for example male rape is particularly prominent in prison populations and in situations where the victim/survivor is alone and intoxicated/disorientated in a public or semi-public setting.

The risk factors for sexual violence for boys and men vary somewhat, with some boys being significantly at risk because of generational power inequalities, their family situation, and their dependent and developmental status as children.

It is sometimes difficult to disentangle risk factors of sexual violence for boys and men, from its effects. For example, being drunk is a risk factor for boys and men, whereas heavy alcohol consumption is also a common effect among male survivors.

For all children, the risk of sexual abuse increases with the number of risk factors they are exposed to, and these may interlink and influence each other.

Prior victimisation (sexual or otherwise) by family members or having a parent who was abused as a child, have been identified as highly significant risk factors.

Other familial risk factors include social isolation, domestic violence, poor parental mental health or substance abuse, low socio-economic status, low parental educational attainment, inadequate parenting, poor attachments, and low levels of parental affection.

Child characteristics that function as risk factors include disability, drug use, manifesting delinquent behaviour, poor social skills, and being a frequent internet user.

Community and wider societal issues have rarely been examined as risk factors for boys, but how constructs of masculinity influence how sexual violence against males is interpreted – and often minimised and denied – is generally thought to be very significant.

Boys and men with minority ethnic, gender, or sexual identities, as well as those with disabilities or mental or physical health problems, are particularly vulnerable, however, large scale studies of male-on-male sexual violence have found young, heterosexual men in their twenties and thirties are also at significant risk.

CHAPTER 6 // EFFECTS]

In this section we focus on research that has investigated the personal impact of sexual violence. Again, ‘men are largely underrepresented in the sexual trauma literature as the research largely focuses on women victims’ (Lauricella & Jones, 2021: 642).

We organise the section by *child sexual abuse* and *adult sexual assault*, however, this is a difficult (and possibly somewhat artificial) distinction to maintain as it is often far from clear whether studies are referring to sexual violence in childhood or adulthood and often they refer to sexual violence or trauma in a generic sense.

Life-course research with survivors

Draucker and Martsolf (2010) conducted qualitative interviews with 64 women and 57 men who had been exposed to sexual violence. They examined the life courses of their participants and identified six major groups:

1. **life of turmoil:** participants focused on the turmoil they experienced throughout their lives and at the time of the interview. The term ‘turmoil’ was chosen to capture both the magnitude of the groups’ troubles as well as the sense of chaos that was central to their narratives.
2. **life of struggles:** the term ‘struggle’ was chosen to capture the many trials this group endured as well as their efforts to overcome their challenges. Members of this group had problem-saturated stories similar to those of Group 1, [but] they had also made notable attempts to improve their lives. These attempts, however, were often fleeting and overshadowed by ongoing problems.
3. **diminished life:** participants focused on how they continued to be plagued by the violence they had experienced, although they typically functioned well ... The term ‘diminished’ was chosen to capture their sense that the violence had caused ongoing distress and significantly lessened the quality of their lives.

4. **taking control of life:** participants had lives that had been saturated with turmoil or struggles but after a particularly meaningful event or experience, they took control of their lives and relationships, (and) began healing from the violence ...
5. **finding peace in life:** participants described finding peace after a lifetime of violence and engaging in high-risk behaviour.
6. **getting life back to normal:** participants stressed that sexual violence had interrupted their lives but that their lives had returned to normal.

(from Draucker and Martsof, 2010)

This typology provides, in a holistic way, an insight into the different impacts that sexual violence can have on the life course and survivors' lives. In addition, their 'life course typology offers new scripts for understanding the ways CSA victims may manage a negative self-identity' (Vollman, 2021: 281). The participants' narratives were analysed by content but not by gender. However, Vollman (2021) utilised this typology to examine how adult *male* victims of CSA construct written narratives of victimization via internet posts ($N=90$). The methodology is useful but also limiting, as the researcher could not speak directly to participants. Within the category *taking control*, Vollman identified two additional elements. The first related to the victim taking control 'during abusive events/relationships' which emphasised the resistance of children to their abuse, even though the abuse may continue, and taking control 'after abuse or in adulthood', demonstrated by the 'acceptance of living with the historical facts and owning the therapeutic recovery as, in part, required to surmount the control of the abuser' (Vollman, 2021: 288).

Child sexual abuse

Paolucci et al.'s (2001) meta-analysis, which included 25,367 participants and thirty-seven studies, mostly from the US, concluded a direct relationship between CSA and various short- and long-term effects including PTSD, depression, suicide, multiple sexual partners, the victim-perpetrator cycle, and poor educational attainment. Twenty years later, researchers claim 'the relationship between sexual trauma and posttraumatic stress disorder (PTSD) has been thoroughly examined and supported' (Lauricella & Jones, 2021: 641).

The notion of 'trauma' often dominates debates around sexual violence, therefore, it is important to note 'that some individuals exposed to trauma do not become symptomatic. Those that do [manifest symptoms], differ in the expression of symptoms, the meaning they attribute to the violence, and the paths they take to recovery' (Draucker & Martsolf, 2010: 1157):

These differences reflect a complex interplay of many influences, including the nature and chronicity of the events to which they have been exposed; demographic factors such as age, race, class, and gender; neurobiological mediators of hardiness and vulnerability; the influence and stability of relevant social, cultural, and political contexts; and any number of ecological factors that support or impede access to natural support, comforting beliefs, and trauma-informed clinical care. (Harvey, 2007: 13).

In one of the few longitudinal studies in this field, Fergusson, McLeod and Horwood (2013) examined data from over 900 individuals in New Zealand in a birth cohort study. They found that both men and women with histories of CSA (prior to age 16) had higher rates of depression at age 30 compared to adults with no CSA history. They concluded that 'CSA is a traumatic childhood life event in which the negative consequences increase with increasing severity of abuse' (Fergusson et al., 2013: 664).

Most research on long-term outcomes of CSA has been conducted with female samples. In the past five years researchers have built upon and extended existing literature to explore in greater depth the impact CSA has on males. Their focus has covered depression, resilience, sexual self-concept, future perpetration, body representation, trauma, and affect. Children may also report symptoms like fatigue, insomnia, a fear of sleeping alone, bed wetting and manifest overly sexualised behaviour (Hanson & Wallis, 2018).

Afifi et al. (2016) studied a nationally representative sample in Canada (N=23,395) finding that 'only 56% of respondents with a child abuse history report good mental health compared to 72% of those without a child abuse history' (Afifi et al., 2016: 776). Easton (2014: 843) conducted a cross-sectional study of 487 adult men with histories of CSA (mean age = 50 years). He found, 'on average, men reported high levels of mental distress which were above the clinical cut point for high severity.' Cross-sectional studies with population-based samples of men have found that CSA is related to depression in middle- or late-adulthood (Easton & Kong, 2017; Turner, et al.,

2017). Using a Canadian sample of 14,564 men, Turner et al. (2017) found that ‘a history of CSA only, and CSA co-occurring with other types of child maltreatment, resulted in higher odds for many mental disorders and suicide attempts compared to a history of child maltreatment without CSA’.

Easton (2014) reported that, after controlling for background factors, use of force was related to an increase in the number of mental health symptoms. He also found that ‘conformity to masculine norms was positively related to symptoms of mental distress’ (Easton, 2014: 249). Edwards et al. (2012) found that CSA perpetrated by a caregiver or someone close to the child can lead to significantly higher levels of depression, anxiety, and suicidality. They argue this indicates that a greater level of betrayal results in poorer adult functioning.

Men’s interpretation of their own experiences

Petersson and Plantin’s (2019: 372) qualitative study in Sweden, with 10 adult males who had experienced sexual assault, investigated ‘how men, as gendered, embodied and affective subjects, make sense of their experiences of sexual assault’. The findings suggest that the ways in which men navigate norms of masculinity shape the way they understand, process and articulate their lived experience of sexual assault. The study identified four themes which they illustrate with survivor comments. We describe the key findings of this study at some length.

(a) conflicting feelings and difficult conceptualizations

Men reported conflicting feelings such as pleasure and disgust, desire and fear, specialness and deviancy. Therefore, the context in which the sexual assault took place makes it difficult for men to conceptualise their experience as sexual violence (or rape). Instead, their conflicted feelings make them question their gender, sexuality and whether they as victims resisted enough.

“ It was not only unpleasant. It was probably fifty–fifty. There was someone who actually touched me physically, and that was nice, but I knew that it was wrong. I should have said no. ”

“When I was 14 or 15, I used to think that I was special, as I had had sex, which I suppose I had, but I had homosexual sex. I was very pleased with the fact that I was not a virgin, until I realised that it was not that kind of sex you were supposed to have. ”

(b) re-experiencing vulnerability

The majority of men described vivid flashbacks or memories which emerged when they saw, heard or smelled something that could be connected to the assault. Some men described situations in which they had unintentionally run into their perpetrators years after the sexual assault had occurred.

“I saw him, to my big surprise, a few years ago. I froze completely. I could not move. All those years didn’t matter. I was a child again. Alone, without support, trying to think clearly but unable to do so. ”

One man, who had experienced forced sexual intercourse by a female perpetrator, had a different way of understanding the assault:

“I was in a very unpleasant situation. I could not act as I wanted to or ward off the attack, mainly because of the situation we were in and the relation I had to her. I could have used physical violence to make her stop, but I did not. I have not felt hurt by the incident even though she used a lot of physical violence. As the years have passed, I have made the incident kind of romantic instead, so that it has become more of a nice experience, not just ‘I was attacked!’ and all that. ”

This illustrates well how gender dynamics are integral to how men understand their sexual assault. According to Petersson and Plantin (2019: 377) ‘while other study participants described sexual violence perpetrated by men as coercive, violent and powerful, this participant is coping with the experience by feeling flattered by the incident in accordance with norms of male sexuality.’

(c) emotional responses and resistance

The majority of participants spoke about how they had developed a certain sensitivity following their experience of sexual assault.

“ I react very strongly when I see violence. I hate physical violence. I do not want to see people or animals exposed to violence. It has to do with the fact that I feel their vulnerability. Even in war, I feel their insecurity, loneliness, powerlessness and the violence. ”

All the men described how, over the years, they have opposed or taken an active stance against violence in various ways. Some men described a hyper-sensitivity based on their lived experience:

“ I have become totally oversensitive, even allergic you might say. I see and feel violence, pedophiles and hypersexual men from miles away. I react instantly and long before other people even notice. ”

Half of the participants described anger as an emotion that affects their way of acting in the world and their relationships with other people. Others described their anger as something that has vanished over the years, gradually becoming transformed into sorrow. Some participants did not recognise themselves as angry at all but still pointed out that they have problems with authority and certain types of power relations.

Seven participants described that they repeatedly, or during certain periods of their lives, have ended up in conflicts with colleagues and managers at work. Participants also reflected on how their experiences have changed their worldviews and gender perspectives in a more positive way.

“ I could have been a male chauvinist like many in my surroundings, but I am not. I am so grateful because the experience of sexual abuse has opened my eyes and my perspective. ”

(d) disclosure and creativity

All participants had disclosed to families and friends, but deeper conversations were said to be avoided generally. Participants reported simply *mentioning* their experience, avoiding details and feelings in situations involving face-to-face interactions. One participant said:

“ I do not have a problem talking about what happened nowadays, but people react differently when they hear about male rape, and that can sometimes be extremely hurtful. ”

The majority of men also described difficulties in accepting being perceived as a victim, in terms of an identity.

“ I am not a victim, and I do not want to be looked at as if I am a victim. Therefore, I do not talk about it generally, only with people who have knowledge about these issues, like professionals and researchers. ”

According to Petersson and Plantin (2019: 379) most of the men used artistic expression – such as writing books, poetry, or diaries or composing music – as a self-care strategy to help them understand their experience and express their emotions in relation to it.

“ My lyrics and my music guided me to remember my suppressed experience. I was able to formulate my experience symbolically through music. First, unconsciously, I did not understand what was going on. I kept the songs to myself initially; I did not want to expose them publicly. Later on, I was amazed by people’s positive responses to the emotional messages in the songs. Music and composing became my free zone. ”

Petersson and Plantin (2019: 379) state:

The study participants use their creativity as a way to express emotions and resist power, violence, and norms of masculinity. Thus, they receive confirmation from others and feel less powerless as they take back at least parts of what they once lost. The men described this as a long but worthwhile process, emphasising that they all feel much better today than previously.

Body representation

CSA may have long-term negative outcomes for victims’ body representations (Talmon & Ginzburg, 2018: 416). Survivors’ body representations include both their feelings and awareness of their own body, as well as how their body interacts with the space

between and contact with other peoples' bodies. This may present in feeling uncomfortable near others and self-body shame.

Sexual self-concept and sexual function

Most common in male survivors of SV is a demeaning and depressive sexual self-concept profile. This profile is characterised by low sexual esteem, meaning low confidence in their ability as a sexual partner, high sexual depression, meaning they feel very depressed over their sexuality; and a high likelihood of sexual disorders (Guyon et al., 2020).

In a review of studies (Gewirtz-Meydan & Opuda, 2022) some studies confirmed that CSA is a risk factor for sexual dysfunction in adult male survivors, including low sexual drive, problems with arousal, and difficulties with orgasm and pain. However, other studies failed to find a correlation between sexual dysfunction and CSA. The wide range in quality, methodology, and definitions of CSA and sexual function presented challenges to consistent analysis of the studies and to determine the impact of CSA. Further research is required to fully understand the effect of CSA on adult men's sexual function.

Propensity to perpetrate abuse: the *sexually abused-sexual abuser* hypothesis

The fear of becoming an abuser or having others think they might be, is often paramount in the minds of some abused men (Tryggvadottir et al., 2019). The *sexually abused-sexual abuser* (SA-SA) hypothesis has been put forward by many authors.

This posits that victims of childhood sexual abuse (CSA) have an increased risk of developing sexual offending behaviours later in life. Some evidence has been generated for this hypothesis; a meta-analysis of 17 studies found that sex offenders were more than 3 times more likely to have been sexually abused than *non-sex* offenders (Jespersen et al., 2009) and Levenson et al. (2016) found that sex offenders had more than 3 times the odds of CSA, compared with males in the general population. However, there is no direct causal relationship between being abused and becoming an abuser, or even one of high probability. As Leach et al. (2016: 125) put it, 'even if a very high proportion of sexual offenders have been abused, it is possible that very few sexual abuse victims go on to commit sexual offenses' and as Jespersen et

al. (2009: 190) observe, 'the large majority of sexually abused children do not go on to offend ... [and] not all sex offenders have a history of sexual abuse, so sexual abuse history is neither a sufficient nor a necessary condition for adult sexual offending.'

Leach et al.'s (2016) longitudinal Australian birth cohort study involved studying 38,282 males from birth to age 25. It was found that, of those who had been maltreated as children (according to official sources) and/or convicted of any offence, at age 25, only 3% were found to have committed any sexual offence. Further, a high proportion of sexual offenders (96%) had no documented history of sexual maltreatment or other childhood maltreatment (Leach et al., 2016). The strongest links were found between those men who had suffered multiple types of childhood abuse and them committing a range of nonviolent and violent offences afterwards, including sexual offences, mirroring other longitudinal research (for example, Salter et al. 2003).

Had the men in Leach's study been studied at later ages, then stronger links may have appeared, and we cannot discount the fact that official documentation, as opposed to self-report studies, inevitably underreports both sexual perpetration and sexual victimisation. This study, however, suggests it is imperative not to assume someone who has been sexually abused or violated as a child (or adult) is inevitably at risk of sexually perpetrating violence on others.

However, some sexually victimised men, (and arguably women too), influenced by the myth that those who abuse others do so because they themselves had been abused, may fear others will see them as potential abusers or that they will inevitably go on to abuse others. It is therefore important for those professionals working with sexually victimised men to explore these fears and assess for any potential risk factors suggesting they may abuse others. They will then be able to allay the fears of most victimised men, who appear to present little risk of perpetrating abuse on others, and to work with those who may be at risk of abusing others to explore that risk and attempt to minimise or eradicate it.

Adult sexual violence

The effects of adult sexual violence on men vary, with some men reporting no or minor short-lived negative effects and other men reporting very adverse lifelong physical and psychological impacts. However, as we know with CSA, some men might be unaware of the impact the assault has had on them, blame themselves for it, be in denial about it, or the effects may be delayed.

Much research has focused on different sub-populations of men who appear to be more vulnerable to sexual violence than other groups (for example, men who have sex with men in relation to the correlation to HIV). This research, focusing on specific, often atypical populations, will inevitably produce different findings and results from studies using community samples or nationally representative samples of men.

Social and Psychological Effects

Male-Female comparison

Peterson et al. (2011) in their literature review of the prevalence and consequences of adult sexual assault of men, reviewed 87 studies of both community samples and specific populations. They found that sexually victimised men suffered similar psychological, physical, and interpersonal consequences to those documented for women.

Dworkin et al.'s (2017) review and meta-analysis of the relationship between sexual assault and psychopathology, drawing on empirical literature from 1970 to 2014, also found strong links for men and women, which was robust across different populations, types of assault, and in studies using differing methodologies. The strongest effect sizes were found for PTSD and suicidality and effects appeared to be more severe in samples where stranger assaults, weapons and physical injuries were present.

Dario and O'Neal (2018) also found, in comparing sexually assaulted men and women, that both sexes had higher depression scores than non-abused populations, that depression impacted on victimised men and women equally.

However, as with research on female victims, it is often difficult to ascertain whether certain characteristics, such as having mental health issues or misusing alcohol or drugs, rendered some men more vulnerable to sexual violation, or whether the sexual violation had directly caused those problems, or both, that the abuse had exacerbated

an already existing issue (Peterson et al., 2011). It is also probable that men are less likely to report effects if they are minor, or if they contravene male gender role stereotypes, such as admitting being depressed or having sexual issues, men being more likely to report effects more congruent with male gender roles such as anger and alcohol abuse.

Although victims of both sexes show many similarities in their responses to abuse, there is some evidence of differences, at a general level, with some research suggesting men manifest higher levels of depression, hostility, and anger, and are more likely to deploy denial and minimisation as coping strategies (Du Mont & White, 2007; Frazier, 2003; Peterson et al., 2011). A study of 941 participants of both sexes who had been assaulted, drawn from the general population, also discerned that assaulted men reported greater symptomatology than assaulted women, reporting significant distress in the self and sexual domains and self-externalising behaviours such as physical self-harm, irritability, and threats of suicide (Elliott et al., 2004).

Perception of Severity of Sexual Trauma

Lauricella and Jones (2021) investigated the role that victims' *perception* of severity of their experiences of sexual trauma plays in the development of PTSD, for men and women.

They found that perception of the severity of the sexual trauma was the *only* significant predictor of PTSD for men. Thus, 'the more severe that men perceived their sexual trauma, the more severe their PTSD'. For women, 'how severe they perceive their sexual trauma is [only] *partially* responsible for PTSD development.' The authors explain this in relation to dominant scripts about masculinity (and associated myths about sexual victimisation) that lead men to 'develop internal scripts that increase their perception of severity of the trauma'. They conclude:

Women have become empowered to share their experiences of sexual trauma (e.g., #MeToo movement, Harvey Weinstein court case, etc.) while men still receive messages that being a victim of sexual trauma is emasculating and shameful. Stigma and stereotyping can lead to higher judgment against victims who are men and inhibit their healing process. We need to change the narrative surrounding male sexual victimization to help decrease fear of reporting, shame for being a victim, and isolation thinking they are alone in their experience (Lauricella & Jones, 2021: 657).

Abused vs non-abused men

However, when non-assaulted men are compared with men who had been assaulted (Peterson et al., 2011 evaluated ten studies), the men who had been assaulted demonstrated poorer functioning in a range of areas, although it was not known if the poorer functioning predated the abuse. The abused sample were more likely to suffer from anxiety, depression, anger and self-harm than men who had not been abused, and to have suicidal thoughts and attempt suicide, and there were also links with alcohol abuse.

In another very large study (Choudhary, Coben & Bossarte, 2009) analysing risk behaviours and health outcomes among a large sample of men (N=59,551), men who had experienced attempted or completed sexual assault (n=2,750) disclosed increased mental illness and lower life satisfaction, also having fewer and weaker social and other support networks than their non-victimised peers.

Relationships and trust

Other effects of being sexually assaulted include interpersonal consequences such as the men emotional distancing themselves from others and being nervous around or distrustful of other people, particularly if in close proximity, alongside decreased involvement in social activities (Young et al., 2018). The aforementioned study of a telephone helpline for both sexes found men were more distrustful of others than women, and distrustful, not just of those on the telephone line and professionals, but distrustful of people in their own social circles and family too.

“ The call started with [caller] telling me that he was abused as a child and that he was just having a bad day today. He has a non-existent support system, but he prefers to keep it that part of his life secretive. I asked him if he wanted a number that could link him to counselling services and he abruptly hung up ” (42-year-old man cited in Young et al., 2018: 463)

Sexual violation may also engender anger and irritability. Some studies suggest emulating and performing a tough image, which may ironically involve provoking future violence, is one strategy victims use to deal with the sexual violence and to try to protect themselves from future sexual assaults.

“ I’m a weak man and and I wanna be a tough man ... I’ll go out looking for fights. I’ll go the gym and beef up ... everything to tell myself and the world that I’m tough, and if you see me as tough I am not gonna get raped again. ”

“ I became violent (a monster) [voice breaks] to protect myself. The tough guy, robbing people, drug dealers [voice breaks] ... I didn’t know how to deal with the way I felt inside. ”

(Two victims interviewed by Widanaralalage, 2022a)

Research on adult survivors of CSA, which may also pertain to men assaulted as adults, suggested another strategy deployed to prevent abuse reoccurring, was to try and make themselves as unattractive as possible to any potential abusers.

“ I compulsively over-ate to make myself ugly so I wouldn’t be sexually attractive to my abusers. ” (male survivor in Cook et al., 2018: 871).

Sexual problems

Adult sexual violence has been found to have multiple effects for some men on sexual desire and activity, sexual identity and orientation, and sexual violence (both received and manifested) (Tewksbury, 2007; Peterson et al., 2018). Sexual problems reported in numerous studies included sexual inactivity or the converse, high levels of casual sexual activity with numerous people (Smith & Breiding, 2011).

In Cook et al.’s (2018) study of men abused as children, similar effects were noted with some men sexually describing themselves as ‘Himalayan hermits’ or ‘wanting to become monks’.

Others reported problems getting an erection whenever there was an emotional connection with another person, or becoming involved with pornography or sadomasochistic sexual practices, but these being sexually unsatisfying and adversely affecting their mental health.

High risk sexual activity, which included higher rates of unprotected intercourse and a greater likelihood of contracting STDs, and exchanging sex for money or goods were also noted and could operate as both risk factors and consequences (Cook et al., 2018). In the following quote, the behaviour acts as a compensatory coping mechanism for dealing with being abused:

“ I just didn't give a shit. Take what you want: you want to have sex with me, have sex with me. I don't care who you are, what you want, what you want me to do, do it. I lost agency over my body ... I was reckless, very reckless. I was lucky to get out of it. ” (Sexually assaulted male in Widanaralalage et al., 2022: 13)

Sexual identity

Sex identity confusion also occurred regardless of sex of the perpetrator. One study (Walker et al., 2005), which did not specify the sex of the perpetrator, found 70% of the men reported long term problems with their sexual orientation (whether they were gay or heterosexual) and 68% were concerned about their masculinity. Men who previously identified as straight, and who had been assaulted by another man reflected as to whether they might be inadvertently gay, seeing the abuse as an act of sexual attraction rather than primarily power abuse.

Others questioned their sexuality because they had physiologically responded to the abuse in terms of an erection or ejaculation. However, research has also shown that men can have involuntary erections and ejaculate during non-consensual sex or during periods of extreme anxiety and fear (Bullock & Beckson, 2011), suggesting physiological sexual arousal may not always be equated with pleasurable sexual experiences. These fears about having encouraged the abuse or having enjoyed it because they became sexually aroused were also evident in other studies and reviews of the literature (e.g., Tewksbury, 2007). Furthermore, some early research showed that some perpetrators purposively tried to get their victims to ejaculate because they thought if this occurred the victim would be less likely to disclose (Groth & Burgess, 1980).

Some men abused by women in Walker et al.'s (2005) study speculated as to whether they were gay in relation to why they did not want the male/female sexual interaction, influenced by masculine stereotypes that men should automatically be willing and ready to have sex with any woman (Weare, 2018).

Many consequences of ASV affect men's health and welfare in different ways and therefore may also impact on others close to them. However, the one effect known to impact others very adversely is the idea that men sexually abused as children have a higher likelihood of sexually abusing children (and sometimes adults) themselves. This relationship is often voiced in public discourse without an understanding of the research in this area and its limitations.

Perpetrator gender

Peterson et al. (2011) argue men are more likely to see what happened as a *sexual experience* rather than *violence* if the perpetrator is female. They (and others) argue that (heterosexual) men are conditioned to see all heterosexual experiences as 'sex role congruent', even if they were unattracted to the woman and she used forceful or manipulative tactics. In Krahe et al.'s (2003) study of men who described forced intercourse with a woman, arguably a serious form of sexual assault, only three of the ten men regarded the experience as 'very upsetting'. However, it may also be the case that some men may have not wanted to admit how deeply the assault had affected them, given the influence of masculine sex roles.

Physical Effects

There is little literature that discusses the purely physical effects of sexual violation, although some victims may sustain injuries that require immediate hospital treatment. These injuries may have short-term or potential long-term physical consequences. For example, rectal or genital trauma, involving soft tissue damage and lacerations, are noted in some hospital-based studies, as are more general physical injuries such as bruises and broken bones (Tewksbury, 2007).

Other studies highlight the various physical or bodily manifestations experienced as a consequence of sexual violence. Plant et al. (2005) found that men assaulted after the age of sixteen report poorer physical health than equivalent men who do not report assault.

Tewksbury's (2007) review of effects also found for some victims that there was evidence of long-term psychosomatic health issues including tension headaches, nausea, digestive issues including constipation and colitis, decreased appetite and weight loss, alongside sleep difficulties and fibromyalgia. Fibromyalgia is a chronic condition characterised by widespread bodily pain, tenderness and fatigue, but these symptoms cannot be explained medically in physical terms, leading some researchers to suggest these physical symptoms are manifestations of psychological distress (Klaus et al., 2017).

In one general public health survey involving 115,000 respondents, some strong associations were also found for men between non-consensual sex – and chronic, often late-onset health conditions such as heart disease, strokes and high cholesterol –

and high-risk behaviours impacting on health such as smoking, heavy drinking, and HIV risk factors, such as unprotected sex with unfamiliar people (Smith & Breiding, 2011).

Since sexual assaults often occur with younger men, yet these health conditions tend to manifest in mid-life, the mechanisms and processes through which sexual victimisation is linked to some chronic health conditions has yet to be established.

However, it is likely that prolonged high stress levels and lower levels of self-care and healthy living, linked to the abuse, may be significant.

Conclusion

To conclude, it is clear that there is increasing research on boys and men who have been sexually abused/assaulted, although studies still focus primarily on females or treat the effects of CSA in an undifferentiated manner. There are numerous adverse effects associated with the experience of sexual violence that may impact on victimised boys and men at different times and in different combinations. The most common include mental health issues such as depression, anxiety, self-harm, suicidal ideation or attempts, and symptoms of Post-Traumatic Stress Disorder (PTSD) such as flashbacks to the abuse and intrusive thoughts. Aggression and violence, fear, guilt, shame, self-internalised stigma, and fear of others stigmatising them (anticipatory stigma) and denial (Scarce, 1997) are also prominent.

Other effects include embarrassment, distrust of others, and difficulty in articulating, understanding and making sense of the abuse, alongside fear of further abuse.

Various sexual and gendered problems including confusion around sexual orientation and one's masculinity, indiscriminate and high-risk sexual behaviour (for example, unprotected sex with multiple partners), or the converse, sexual inactivity, and lack of desire, have been reported. Drug or alcohol misuse, an inability to connect in intimate relationships and low self-esteem, difficulties with sleep, and disordered eating also often occur.

All the previous effects delineated have been negative but there is also the possibility that *post-traumatic growth* (positive psychological growth occurring after a traumatic event representing a personal transformation which improves one's life quality) could occur for some victims/survivors. In their review of the literature of post-traumatic growth (PTG), in relation to adult sexual violence, Ulloa et al. (2016) found a consistent

relationship between adult sexual violation and PTG, but the studies they reviewed did not allow the victim's gender to be separated out as a variable. Nevertheless, they found trust in an individual's support systems and spirituality could be both a predictor and a result of growth and that 'keeping busy' and trying to think positively whilst suppressing negative thoughts, as well as hopefulness, and disclosing about the sexual trauma, could all be linked with PTG. PTG often involved finding new or reinvigorated meanings in life, trusting self or others more and relationships taking on new meanings, sometimes alongside greater empathy for others, and greater political and social activism.

CHAPTER SUMMARY

Two problematic issues arise when examining the effects of sexual violence: 1) studies often fail to clearly state whether they are referring to effects of childhood or adulthood experiences, or both; and 2) much of the literature does not specify or delineate effects according to gender.

Negative effects, their duration, and their severity, may be affected by factors such as age, social class, ethnicity, previous experiences, and wider social and cultural factors.

Affirmative responses to disclosure or discovery, from friends, family and professionals, including positive social and therapeutic support, can ameliorate the negative effects of sexual violence; negative responses can compound, extend, and intensify the effects.

There are well-evidenced and often long-term correlations between sexual violence (as a child or adult) and trauma and mental ill-health.

Depression, PTSD, anxiety, significant distress, poor self-esteem, self-harm, and suicidal ideation and attempts have been strongly linked with both CSA and adult sexual violence.

Male victims-survivors may experience problems relating to sexuality and gender identity, (i.e., uncertainty about sexual orientation and insecurities around masculinity).

Boys subjected to sexual abuse often suffer poor educational attainment and may display overly, often aggressive, sexual behaviour.

Sexually victimised men may develop a fear of sex and an inability to emotionally connect with others. Alternatively, they may engage in indiscriminate sexual activity with multiple partners, further elevating the risk of repeated sexual or physical victimisation or contracting STDs.

Ambivalence and conflicting feelings are common with both boys and men, particularly if the abuser was close to them, they became sexually aroused during the abuse/assault, or they blamed themselves for their own abuse.

If the abuser was female, men and boys are more likely to misrecognise, deny, or minimise the experience because of their adherence to traditional constructs of masculinity.

Shame, embarrassment, anger, aggression, distrust of others, self-stigmatisation, and social withdrawal are also common responses to abuse in men and boys.

Both the general public and abused boys and men are influenced by simplistic societal myths relating to the 'sexually abused-sexual abuser' hypothesis. However, the situation is complex. Most abused boys and men will not go on to abuse others. Yet the experience of multiple types of childhood abuse, or experiencing both CSA and adult sexual violence, seem to increase the probability of a sexually victimised male committing a range of violent and non-violent offences, which may include sexual offences against other males.

Little research examines the potential short- and long-term physical effects of sexual violence for boys and men, although some documented immediate physical effects include rectal and genital trauma, and more general bruising, lacerations and fractures.

There is some evidence to suggest poorer physical health in abused men vis a vis non-abused men, as well as long-term psychosomatic issues such as tension headaches, digestive issues, weight loss, eating problems, and sleep disorders.

Sexual violence (non-consensual sex) is associated with high-risk health behaviours such as high alcohol consumption and smoking and late onset health issues in men, such as heart disease and strokes.

Despite much research suggesting CSA and adult sexual violence can have many short-term and long-term negative psychological, physical, and social impacts, some boys/men do not manifest negative symptomatology.

For some males, the negative effects may be delayed, but for others they may never materialise. Others may experience 'post-traumatic growth' (PTG) following sexual violence. Further research into pathways to PTG is required.

CHAPTER 7 // SUPPORT & THERAPEUTIC SERVICES

Given the myriad negative health outcomes and effects of sexual violence, both short- and long-term, unsurprisingly ‘survivors may make increased use of medical and psychiatric services’ (Marriott et al., 2014: 18). Research shows that receiving support after abuse can minimise the negative effects for both CSA and ASV and lower the likelihood of further sexual victimisation.

However, not disclosing can have adverse consequences and studies show that many men do not seek professional help after sexual assault. Masho and Alvanzo’s (2010) study of 91 men survivors found that only 17.5% sought help. Furthermore, Cashmore and Shackel (2013) highlight research indicating that even if boys do disclose, they are less likely to receive counselling and other professional support compared with girls (e.g., Foster et al., 2012; Holmes, Offen, & Waller, 1997).

Therefore, ‘it is imperative that there are effective, accessible services to ease suffering, and to empower victim-survivors to cope, recover, and thrive’ (Gregory et al., 2022). However, service provision depends on appropriate funding. In relation to the general provision of services for victims-survivors of sexual violence, one experienced service provider in the UK recently remarked:

“ It’s great that people have started to sort of realise there are agencies out there that can support them, but they then become overwhelmed because there’s a time lag where the services aren’t there, you know, unless funding increases (Gregory et al., 2022: 14052). ”

Gregory et al. (2022: 14057) observe that ‘the sector itself remains somewhat undefined’. They argue that further ‘research is needed across the sector to map, define, and outline what currently exists, and to evaluate the developmental needs both nationally and within front line provision.’ The sector for supporting men who have experienced sexual violence is even less well defined and receives only a fraction of the funding provided for services that have been established to support women and girls.

In this section we consider the literature relating to support for male victims and survivors of sexual violence.

Barriers to Seeking Support and Engaging in Therapy/Treatment

Barriers to seeking and accessing support services are generally described as being evident in different *forms* and/or at different socio-cultural *levels*.

There is clearly a relationship between disclosure and seeking support, thus Rapsey et al. (2020: 2035) argue, ‘barriers to disclosure act as barriers to treatment access’. Sivagurunathan et al. (2019: 821) argue that ‘service gaps function to limit disclosure amongst male CSA survivors as they may be uncertain what the next step in the disclosure process is once they have disclosed their abuse.’ For those who do manage to engage with support services, simply entering the therapeutic setting can be a significant barrier in itself:

“ Initially it was a nervousness about the process, it's a little bit daunting in a way when I think back now, that you go into a room with someone and the door is shut, there's a parallel immediately with abuse, it's usually in isolation with the abuser and victim sort of thing, so I guess there's a little bit of that come into it. ” (Male survivor in Rapsey et al., 2020: 2039)

Rapsey et al. (2020) identified multiple barriers to men’s engagement with treatment via a qualitative study of nine male CSA survivors in New Zealand. The most common were *internal* barriers ‘such as shame, fear of being disbelieved, and fear of not being understood’, and *structural* barriers such as:

Navigating complex systems—knowing where to access treatment, the process of getting help (filling out forms, completing an assessment, sitting in a waiting room), cost of treatment—through to the client engaging with an appropriately skilled therapist. (Rapsey et al., 2020: 2047).

Sivagurunathan et al. (2019) examined barriers to the utilisation of mental health services amongst male CSA survivors through interviews with *service providers* in Canada. They found survivors noted a preference for gender-specific services, however, few CSA services offered male-specific programmes or more than one type of treatment. This meant service users were burdened with long commutes, irregular

services, and limited therapeutic modalities if they wanted a male-only service or one that offered a particular treatment type. In addition to 'limited male CSA programs', the authors also identified barriers at three different levels:

Attitudinal barriers were noted as behaviours, perceptions, and assumptions of service providers that are dismissive or accentuated power differences between the provider/therapist and service user which could alienate a male survivor from seeking or utilising a service.

Institutional barriers included long waiting lists; access being dependent on third-party verification or official referral (e.g., doctor or welfare agency); the cost of services, with free services often offering limited treatment; language and communication issues, such as with men whose first language is not English and also men who have disabilities related to communication; and lack of culturally sensitive/aware services.

Systemic gaps were also documented such as service providers not being provided with proper educational opportunities to best help male survivors of CSA; high programme fees; lack of male-specific programmes; lack of communication between agencies preventing referrals to existing programmes; and lack of funding for mental health and CSA services at government levels (Sivagurnathan et al., 2019).

Rapsey et al. (2020) argued that research on treatment outcomes for adult male CSA survivors has been reflective of the wider cultural denial of vulnerability in boys. As with disclosure, they also argue that western notions of masculinity that underpin prevalent male rape myths may be a substantive barrier to treatment engagement amongst men.

Impact of sexual assault characteristics on support seeking

Masho and Alvanzo's (2010) study of 91 male survivors in the US showed they were eleven times more likely to seek counselling if they were injured during the assaults. However, at least one study showed that when the sexual assault involved penetration, all other factors being equal, men were much less likely to ask for support and go for counselling (Monk-Turner & Light, 2010).

Monk-Turner and Light (2010) highlighted that they had *wrongly* hypothesised that men suffering the most invasive physical forms of assault would be more likely to go for counselling. They suggested that penetrative assaults might be experienced as so

deeply shameful and intrusive, both physically and psychologically, that asking for counselling support or even reporting the violation might be incredibly difficult. However, if the assault involves serious injury, then some men may feel obliged to procure medical help, even if that does not involve aftercare or counselling.

Facilitators to seeking support and positive outcomes

A positive response to a disclosure of sexual violence, and effective treatment is critical for short- and long-term mental health outcomes. A recent report by a collective of survivors of child sexual abuse (CSA) and sexual violence (SV) highlights the damage they have experienced through treatment from psychiatric services where they have:

Either been forced to accept a personality disorder (PD) diagnosis or have been unable to access or engage with services because of the fear of this construct. Many of us have been failed and retraumatised by state systems that were supposed to protect and support us when we were at our most vulnerable. (Lomani, 2022: 4).

Sensitive practice

Whilst most research has focussed on sexual trauma experienced by women, there has been some recognition that it is clearly vital ‘to give voice to men’s experiences so as to ensure that therapists can tailor treatment to their needs and experiences’ (Lauricella & Jones, 2021: 644).

In a qualitative study in Canada (involving male and female participants, including over 50 men with an average age of 41), Hovey et al. (2011) examined survivors’ experiences in healthcare settings. The study informed the development of the *Handbook on Sensitive Practice for Health Care Practitioners: Lessons from Adult Survivors of Childhood Sexual Abuse* (Schachter et al., 2009). The male survivor participants particularly emphasised the importance of *safety* when seeing healthcare practitioners.

One survivor described what he needed from healthcare practitioners to feel a sense of safety:

“ I think that [the] approach, with anybody, whether a physiotherapist or chiropractor or doctor, before whatever it is they are doing starts, they should ...[ask],“How can I make you more comfortable here?... If there’s something I’m doing, the way I’m touching you or the way I’m handling you makes you feel uncomfortable, let me know.” ... That would be great. For myself, that would really open the door for me to say, “Hey, maybe this is a safe place.” ” (Hovey et al., 2011)

From their research with survivors, Hovey et al. (2011) identified nine ‘principles of sensitive practice’: 1) respect, 2) taking time, 3) rapport, 4) sharing information, 5) sharing control, 6) respecting boundaries, 7) fostering mutual learning, 8) understanding nonlinear healing, and 9) demonstrating awareness and knowledge of interpersonal violence.

Vollman’s (2021) study of the narratives of adult males abused as children echoed Rapsey et al.’s (2020) study, showing that an ability to take back control of their lives and forging an identity that was not completely dominated by the abuse, were critical.

Donne et al. (2018), in their study of men of different ethnicities and sexualities, emphasised the importance of tailoring services to the specific needs of the victim, as well as ensuring the therapeutic process is not rushed and that the client is able to trust and feel comfortable with the therapist.

Easton and Parchment (2021) surveyed 487 men in the US with histories of CSA, ranging in age from 19 to 84 years (mean = 50), to examine men’s perceptions of *helpful* responses during disclosures and discussions of child sexual abuse. The key categories are presented in the table on the next page:

Helpful response category:	Details:	Examples
Experience	Knowledge of sexual abuse and/or personal victimization experience	Practitioner is trained or experienced with supporting male CSA survivors. Sharing abuse and recovery story
Personal characteristics	Qualities of the individual being disclosed to	Accepting, emotionally open, patient, supportive, etc.
Specific actions	Actions during and in response to disclosure	Listened, encouraged help-seeking, validated feelings, provided general support and advice.
Therapeutic interventions	Seeking support from a professional	Individual counselling, intervention targets, developing coping skills.
Cognitive insights	Helping to make sense of the experience	Acknowledging the experience as sexual abuse, realising there are other survivors, it is not the victim's fault, there are long term impacts of the abuse, and the survivor is not "damaged".

(Easton & Parchment, 2021)

Power, trust, and masculinity

Research has shown that survivors can have difficulty trusting figures in positions of power, therefore, the unequal power dynamic between therapist and survivor can be a barrier to accessing help. Thus, efforts to make the relationship feel more equal are vital. One approach is to express vulnerability to the victim, whereas maintaining a professional distance can negatively impact the relationship (Sivagurunathan et al., 2019).

Easton and Parchment (2021) found either *indirect* experience (expertise and knowledge of CSA) or *direct* experience of CSA (having experienced abuse oneself or

being close to someone who has, such as a partner) were seen as very important. In relation to the former, one participant emphasised the benefit of support from a therapist with specific expertise with male survivors:

“ *He is basically a professional in the field of male CSA [so] he did everything right.* ”

In relation to the latter, Gregory et al. (2022) and Watson (2019) examined peer-support, noting ‘peer-to-peer understanding, has an inherent reciprocity, with a strong sense of togetherness, as peers share their life-learning and journey together’ (Gregory et al., 2022: 14056).

Patience, persistence, and positive emotional attributes such as empathy, compassion, care, understanding, thoughtfulness, and being supportive were also key in Easton and Parchment’s (2021) study, as were validating the feelings of the victim-survivor, active listening, believing their stories, and being non-judgmental.

Petersson and Plantin’s (2019: 380) qualitative study in Sweden with 10 adult males who had experienced sexual assault showed that ‘in the process of understanding and making sense of their confusion, vulnerability and sensitivity, the study participants had to confront and negotiate their masculine identity.’ Interestingly, ‘at the time of the interviews, the majority of participants described feeling disgusted by violence and that they engaged in various forms of anti-violent activities’ (380).

Masculinity can be used to understand how men initially process male sexual assault and how resisting and challenging norms of masculinity can help such men understand their experiences in alternative and ‘healthier’ ways and recover from such assaults. Encouraging men to engage honestly with their experience of abuse (i.e., sadness, anger, anxiety, etc.) and avoid denying or minimising the impact of the abuse, which would ally with traditional conceptions of stoic masculinity, could also aid recovery.

However, many men are unaccustomed to expressing their emotions in terms of vulnerability. Therefore, the research suggests any therapeutic support must attempt to slowly build up trust with male victims and spend time helping them to articulate, process, and understand their experience, and that challenging adherence to rigid forms of traditional masculinity may be important for both processing the abuse and recovery.

Peer-support

Faulkner (2017: 503) observed that ‘experiential knowledge remains at the bottom of the hierarchy, marginalising the voices of lived experience.’ Service-user research and advocacy (e.g., Beresford, 2013, 2020) has drawn attention to the imperative of inclusion.

It is notable that victims of sexual violence may occasionally be invited to serve a specific purpose – for example, to heighten public awareness of a campaign or initiative – but have often been excluded from meaningful participation in agenda-setting discussions. In relation to the mental health sector, Rose refers to Fricker’s (2007) notions of ‘epistemic injustice’ and ‘epistemic violence’, which, she argues:

...is widespread in the mental health arena. That is to *disqualify us as knowers* just because we are positioned as irrational, unreasonable, incoherent, lacking insight and so on. Bluntly put, the mad cannot do ‘science’ because that space of ultimate rationality is, by definition, closed to irrational beings. (Rose, 2017: 780, emphasis added)

The emergence of critical approaches such as *Mad Studies* and *Survivor Studies* have fundamentally challenged the exclusion of ‘service users’, ‘survivors’, ‘experts by experience’ and ‘lived experience’ from both research, education/training, and policy development. The development of ‘service-user’ and ‘survivor’ *research* has grown within the UK and elsewhere since the mid-1990s, particularly within the areas of cancer research, disability, and mental health. Faulkner (2017) highlights core elements of this movement:

As mental health service users, we take each other’s stories seriously where often the professionals do not. Telling our stories and listening to each other’s stories is the cornerstone of peer support, empowerment and recovery. But it is also a political act and begins the process of creating and building our experiential knowledge. (Faulkner, 2017: 512)

Gregory et al. (2022) note a lack of research about peer-support for victim-survivors of sexual violence. They conducted qualitative interviews in the UK with six professional stakeholders with extensive experience of service provision. They first highlight that peer-support can take a range of forms. It can be ‘face-to-face’, set in community or

specialist service settings, or online; it can be (co-)facilitated by professionals, tailored to specific cohorts, and/or based around specific activities (e.g., walking). The professionals emphasised that peer-support was not appropriate for everyone and should be accompanied by a range of services. Significantly:

Peer support was viewed as one step as part of a continuum of provision, and as potentially harmful or damaging if a victim-survivor was not ready to successfully manage peer-to-peer relationships, or had not first undertaken individual work with a professional. (Gregory et al., 2022, 14044).

Gregory et al. (2022, 14058-9) note that professionals in their study were hesitant and cautious about peer-support. One concern related to the adoption of peer-support based purely on financial reasons (i.e., being a cheaper alternative to professional therapists). However, the authors observe ‘a degree of assumption that clinical and/or professionally delivered services would automatically be “more safe,” and questions were raised about how to minimise risk within the context of peer-provided support’ (14056). Gregory and colleagues note that this group equates ‘professional qualification and delivery with safety, and frames the issue of safety as solely concerning risk and risk management.’ They note the range of benefits of peer-support over a traditional ‘medical model’, such as empowerment, a sense of community, and more effective rapport-building. They conclude:

Since victim-survivors themselves are keen to explore the potential of peer support, and indeed, instigate such provision at grassroots level, further research is needed to equip people with a robust evidence base (Gregory et al., 2022, 14058-9).

Support for adult male victims

Research focused on support for men who have been sexually assaulted as adults deploys a range of terminology, with ongoing debates about whether these men should be referred to as victims, survivors, clients, patients, service-users, or in other ways, and whether professionals working with survivors should initially ask them how they want to be referred to (Emezue & Udmuangpia, 2022). The different terminology and languages used includes medical terminology such as ‘treatment’, ‘diagnosis’ and ‘prognosis’ as well as more spiritual terminology such as ‘healing’, or terminology from counselling and psychotherapy such as ‘recovery’ or ‘therapy’ (Monk-Turner & Light, 2010; McLean, 2013; Tryggvadottir et al., 2019).

Individuals who have been subjected to sexual violence may value and identify with different types of terminology or support, some perhaps feeling safer in a more formal clinical medicalised setting, and others responding better to informal peer-group support or a more spiritual approach.

Professional support can emanate from those in the clinical professions such as medics, psychologists and nurses, and other health and welfare professionals such as social workers, counsellors, and therapists. It may involve face-to-face, one-to-one counselling, group work, or even telephone counselling or online consultations. Peer support networks initiated and delivered by volunteer survivors themselves, may also offer one-to-one or group support in some areas for men-only, women-only, or mixed-sex groups. Anonymous support may also be offered and sought from online forums and chatrooms.

However, there is very little evaluative literature and research on support and treatment for men subject to sexual violence *as adults* (Rogers, 2015), even across countries where knowledge about the sexual abuse of men is growing. Most studies comment on both a lack of specialised support for men and/or the need for more generic support services for male victims (Monk-Turner & Light, 2010; McLean, 2013; Lowe & Rogers, 2017).

An early paper by Holmes et al. (1997) highlighted the problem, asking ‘Why is it that professionals identify relatively fewer men with histories of sexual abuse?’ Lab et al. (2000) addressed this question by administering a survey to a range of professionals working in a large London hospital. They found that the majority of staff in their study rarely inquired about sexual abuse in *male* patients and had little training in or understanding of sexual victimisation of men.

Below we discuss some recent studies relating principally to the sexual assault of men. However, again, the distinction between childhood and adulthood experiences are not always apparent.

Healthcare professionals

Health and welfare professionals are generally not educated on male sexual assault and rarely proactively ask direct questions about potential abuse or try and screen for it in relation to men presenting to medical professionals with injuries consistent with sexual assault or manifesting mental health issues (Easton & Parchment, 2019).

A study of US accident and emergency departments, based on interviews with sexual assault advocates, found that victims were less likely to be believed if they were from a minority ethnic group, were intoxicated, or had mental health issues. This could lead to re-traumatisation and reluctance to seek further support. White heterosexual females also received more empathic responses than lesbians, gay men, transgender people, heterosexual males, and minority ethnic groups (Chalmers et al., 2022).

This situation is exacerbated by the fact that adult survivors of CSA (and this may also apply to adult sexual violence) can already have feelings of distrust in relation to people in positions of power – such as health care professionals (Cook et al., 2018; Young et al., 2018). They therefore may be even more reticent and fearful about telling a non-therapeutic professional, such as a receptionist, why they want an appointment with a medic, psychiatrist, or therapist.

Seeking support from a telephone helpline

Young et al. (2018) note that ‘sexual assault hotlines fill a critical community service niche’. They examined the ‘call sheets’ of 58 adult male victims who called a unisex sexual assault helpline in the US during a 5-year period (amounting to 2.9% of all calls received in this period). A sample of 58 female victim-survivors was selected for comparison. Call handlers provided written summaries of each call alongside various demographic information and details of the assault.

They found that men used the service because they perceived little or no support available to them elsewhere, yet women callers tended to use it to supplement support from informal and professional sources. It was also found that males stayed on the phone for less time than females, with 41% of males vs 24% of females staying on the phone for less than five minutes. The study provides numerous examples of male callers saying they wanted to talk about being assaulted but who then said nothing or very little. Regardless of how the helpline workers responded (empathy, validation, asking further questions and so forth), the caller often hung up rapidly within a few minutes. Abrupt hang-ups were documented in 25.9% of male calls, compared with 3.4% of female calls.

The study also found that, unlike women, men rarely asked to be referred to other services and appeared only to want to tell their stories. They also had significant problems in expressing and articulating their feelings and thoughts. Furthermore, they seemed to distrust other people, unlike the female victims who were more open and articulate but also more concerned about being believed.

Subjective perceptions of trauma

Lauricella and Jones (2021) examined victims' own subjective perception of the severity of the trauma they had experienced. In their study of men and women subjected to attempted and completed rape in the US, they found a strong relationship between men's subjective perceptions of the severity of the incident and the extent to which they felt it had impacted on their lives, and PTSD symptoms they experienced.

They suggest helping such men may involve enabling them to see themselves as more powerful and resilient than previously, and whilst not discounting or minimising the effects of the violence, helping men to re-story their narratives in ways that the abuse does not have such an all-pervading grip or control on their present and future lives.

Perspectives of service providers

Emezue and Udmuangpia's (2022) US study of eleven victim service providers – including social workers, trauma specialists, and criminal justice professionals – found the professionals felt that men had difficulty disclosing abuse because of gendered expectations around masculinity and self-sufficiency. They stated male victims feared social stigma as well as experiencing internalised stigma and self-blame.

Consequently, these service providers made attempts to genuinely try and empathise with the men and give them some power and autonomy over how they talked about the abuse, and what terms they wanted to be referred to by (for example, survivor/victim or other).

They also attempted to minimise or combat any stigma or self-blame the men might have acquired or internalised. The authors also emphasise that because of the tremendous actual or anticipated stigma and shame many victims experienced, these victims would be likely to be very sensitive to and hyper vigilant about any inauthentic empathy or any criticism or blaming attitudes emanating from service providers.

Male victims' views on professional responses

Widnanralalage et al.'s (2022a) study was not dedicated to the impact of treatment *per se* but was concerned with the intricate and detailed lived experiences of men who had endured male-on-male rape and sexual abuse in the UK.

This qualitative study clearly illuminated how the men – who had tried to disclose and get support from professionals – had felt.

The following comment comes from a man who approached and tried to obtain support from an organisation primarily supporting females who had been raped. He clearly asserts that the organisation was not sensitive enough to his specific needs as a male victim and minimised his abuse:

“ They say that these crimes are primarily propagated almost exclusively by men. [That] made me feel like shit actually ... the victim is forgotten from that point onwards ... I didn't choose to be male. I didn't choose to be abused. I said that to them which resulted in them saying 'we don't want to see you again'. I was basically fired as a client because I was male. ” (Widanaralalage et al., 2022a)

The following comment refers to a police response to the disclosure of rape on two different occasions:

“ I told the police straight away crying, covered in dirt. “Some guy just raped me. I don't know what to do”. The officers just said “Oh, just go home and sober up”. They then turned up at my house after a friend had had a go at them. The one thing I remember them saying was: “So after it was over, you just got up and walked off with him willingly? That's not going to look good in court, is it?” ”
(Widanaralalage et al., 2022a)

Walker et al.'s (2020) study produced similar findings in relation to responses from both police and friends/family that were dismissive of male victims. These studies illustrate how the insensitivity of professionals, even if inadvertent – perhaps due to lack of knowledge or adhering to ideological feminist or traditional masculinist perspectives – can have adverse and profound effects on men and deter them from requesting further help.

Final comments

Sexual violence is ongoing for all victims/survivors and is continually shaped by their interactions with themselves, those around them, and their environment (Petersson & Plantin, 2019). It is, therefore, of paramount importance that issues of therapy and support for victims are envisaged and planned around catering for boys and men who have: experienced different types of victimisation and perpetrator, have different gender and sexual identities, come from different cultural backgrounds, have responded in diverse ways to their experience, and may or may not have disclosed after the abuse took place.

‘There is no one size that fits all’ is an over-used cliché, but starting from where the victim is, subjectively, and going at a pace they are comfortable with, is imperative. For example, if the assault was short lived, involved a stranger, the survivor told others soon after, was supported by family, friends, and professionals, and was able to work through the experience in a safe environment, then the likelihood of severe long-term effects is considerably reduced. Conversely, if the survivor disclosed after many years, the abuser was a trusted or well-known person, their experiences were disbelieved or minimised or they were blamed for them, or they harboured shame and guilt because of their abuse, or felt themselves responsible, then the effects are likely to endure longer and be potentially more severe (Lauricella & Jones, 2021).

The clear implication of these studies is that more effective ways of informing men of the benefits of contacting support services are needed and that services need to be expanded to both recognise and cater for men’s specific therapeutic needs. However, this is far from straightforward given many men do not recognise the abuse they experienced or minimise its effects. Many fear further victimisation if they disclose, and there are few dedicated services for men or gender inclusive services that advertise they cater for and understand the sexual violation of both men and women.

Following their study in the US, Easton and Parchment (2021) conclude:

To meet this population’s recovery needs, there is a glaring need for increased funding for mental health service provision, such as community mental health centers, private and government insurance reimbursement, and survivor support groups. Additionally, physicians and mental health professionals would benefit from additional training (e.g., continuing education) focused on sexual assault of

boys/men. Graduate programs in psychology, social work, medical schools, and other behavioural health disciplines should redesign the curricula to include this information in the classroom and field-based learning, eventually expanding the pool of practitioners with knowledge and experience to effectively serve male survivors of CSA and promote healing.

Walker et al. (2020: 221) make similar recommendations:

We recommend that social and justice service employees be provided with education that recognises the prevalence of female-perpetrated IPV [Intimate Partner Violence] to enable appropriate, unbiased response to male victims reporting IPV. In addition, we recommend that policy and funding of IPV at a societal level be nongendered to ensure that men have the same opportunity as women to access help and support.

These recommendations would seem to equally apply to the UK. Indeed, as Hine et al. (2022) observed, in 2020 only 37 organisations offered shelter and refuge space for men (ManKind Initiative, 2020) whilst in 2017 there were 269 organisations offering support for women (Parliamentary Select Committee, 2017). This is not simply an issue of inadequate support for male victims – as Young et al. (2018: 470) note, ‘the systematic lack of services and support for male survivors of sexual assault perpetuates a feedback loop of increased risk of sexual violence in these communities and may make males a safer target with fewer negative consequence.’ It is important to note the publication, in the UK, of the ‘Quality Standards for Services Supporting Male Victims/Survivors of Sexual Violence’ (Lime Culture/Male Survivors Partnership, 2022). These standards were introduced to ‘improve the consistency of service provision for male victims/survivors’. At time of writing, 32 organisations providing counselling, therapeutic, and sexual violence liaison services have received this accreditation.

CHAPTER SUMMARY

Barriers to disclosure simultaneously inhibit access to professional therapeutic support.

Prior negative experiences with professionals can deter men from requesting further help.

Barriers to support can manifest as *attitudinal, institutional, and systemic*.

Dominant (or hegemonic) notions of masculinity may be a substantive barrier to treatment engagement for men.

Beliefs that men are less affected by sexual violence than women are widespread.

Challenging adherence to rigid forms of traditional masculinity may be important for both processing the abuse and recovery.

Male survivors who call helplines are far more likely than females to hang up and less likely to seek referral to other services.

Male survivors may have significant problems in expressing and articulating their feelings and thoughts and may be particularly wary or distrusting of others, particularly those in positions of authority.

Male victims are likely to be hyper vigilant about any inauthentic or blaming attitudes coming from service providers.

Sexual assault involving penetration may further inhibit men from seeking support.

Support and therapeutic services should be tailored to the individual needs, preferences and experiences of boys and men.

A sense of safety is critical for men when seeking and during service provision.

Peer support can be very powerful and more research is required to develop a robust evidence base for both peer support and other forms of support and treatment modalities.

Therapeutic services for boys and men receive only a fraction of the funding provided for services to support women and girls.

Inadequate service provision within communities for male survivors increases the risk of sexual violence within those communities, endorsing the view that males are safer targets with fewer negative consequence.

Research is needed to map, define, and outline current service provision for boys and men who have experienced sexual violence and to evaluate need, both nationally and within front line provision.

CHAPTER 8 // THEORETICAL APPROACHES TO SEXUAL VIOLENCE

The majority of the above discussion has focused on research evidence regarding male victims-survivors of sexual violence. This final chapter focuses on theories of sexual violence (in its various forms). Therefore, in trying to offer explanations of causality, the focus is far more on offenders or perpetrators of sexual violence.

Turchik et al. (2016: 134) argue that ‘despite the importance of theory in moving research forward in the area of sexual violence, most studies have been largely atheoretical.’ Tony Ward, a prominent researcher and theorist on sex offending, argues that many researchers do not take theory development seriously and that ‘the theoretical landscape is characterised by lack of communication and fragmentation’ (Ward, 2014: 137).

When examining different theoretical approaches to CSA and adult sexual violence, it is important to note that researchers approach the problem from different perspectives and paradigms. Some concentrate on psychological, medical, sociological, or biological factors, while others may merge models and theories from different perspectives. These different theories may also concentrate on different aspects of offending, ranging from motivating factors or causes, to creating a conducive context for offending, through to the types of tactics and strategies such offenders employ.

Some theories locate the cause of offending within the individual, such as psychological theories, which identify psychopathology as causative. Conversely, sociological theories tend to explain the sexual offending in terms of wider aspects of society, such as dominant discourses or narratives that glorify certain aspects of masculinity, such as violence towards and control over others.

Early theories of both offending against children and against adults tended to assume a male adult perpetrator and a female child or adult victim, and some later theories still do so. Other theories, even if not initially written to cover male victims or female perpetrators, could be adapted to include these variations. Although some perpetrators could offend against both males and females and adults and children, and across

different contexts, with some being repeat offenders and others not, there does seem to be some differences between those who offend against adult males and those who offend against children. Some theories also only deal with specific types of offending such as 'date rape'.

These complex, variable and dynamic differences means it is not possible to locate one theory that explains all types of sexual offending against males. This summary, therefore, is intended to function as a toolbox for gleaning insights into the range of contributions and approaches that have been developed to explain sexual violence, rather than offering or pointing to a definitive monocausal theory for all types of offending and offenders.

Child Sexual Abuse

Early accounts of child sexual abuse are dominated by the 'medical' approach, originating most notably in the work of Krafft-Ebing (1886/1998) and his major work 'Psychopathia Sexualis,' which had a profound impact on our understanding of sexual offending in terms of mental illness and pathology. Thus, following the re-discovery of child sexual abuse in the 1970s and 1980s, early accounts are dominated by pathological perspectives of offending. For example, Groth et al. (1982) argued a child sex offender is 'an immature individual whose pedophilic behaviour serves to compensate for his relative helplessness' (in Herman, 1990: 183). However, for Jenks (2005: 94–95) such explanations are 'sadly simplistic'. Sexual offending is, then, a contested area of academic debate and it is important to understand that the issue is approached from and understood through different theoretical perspectives.

Cowburn and Myers (2015: 672) separate the field into *psychological approaches* – that 'focus on working with individual offenders' – and *sociological perspectives* – that 'locate sexual offences and sex offenders within a wider social context'. Beauregard and Lussier (2018) also highlight the contribution of *criminological perspectives* to sex offending research. Smallbone and McKillop (2015: 180) argue that 'the field has not yet established an agreed, coherent theoretical framework or overarching prevention model'.

According to Beauregard and Lussier (2018):

... various explanatory models have been proposed [but] there is no real consensus about what the key explanatory factors of sex offending are. This may be partly explained by the lack of conceptualisation regarding what these models are explaining. Some models are highly specific about the phenomena the theory is designed to explain (e.g., date rape), while other models are more vague and are simply referring to sex offending.

Thomas (2015: 25) refers to an ongoing struggle:

... between the 'experts' and the more 'populist' explanations of sexual offending; each lays a claim to define the truth. To whom should we give credence? We can only say that the 'populist' explanations appear more subjective and prone to propagating 'mythologies' of 'strangers who lurk in shadows' like 'monsters', compared to the – hopefully – more informed and objective research that comes from the various 'expert' disciplines.

As previously noted, Turchik et al. (2016: 134) observed that the majority of theories of sex offending continue to be underpinned by the male perpetrator-female victim paradigm. They argue, however, that:

... a useful theory of sexual violence should be able to not only guide our understanding of why male to female sexual violence is so prevalent but also explain the occurrence of sexual violence among same-sex couples, women who report sexually assaulting men, and why some studies suggest that rates of female to female sexual assault are statistically higher than male to male among inmates in prison settings. (References removed)

Psychological approaches to CSA

Psychological approaches to sex offending against children have dominated research and theory development. Psychological perspectives on sexual offending focus on sexual deviance, constructing the problem as one of individual pathology. The following extract perhaps provides a good illustration of recent thinking from psychological perspectives in the field of sex offending:

While there may not be a gene(s) for rape or child sexual offending, there is a growing conviction that the cognitive neurological systems of sex offenders may be functionally abnormal in some way and that therefore understanding the nature of such malfunctioning mechanisms may be our best bet for prevention and effective management (Ward, 2014: 132).

This 'conviction' is a persistent feature of theorising that has dominated the sex offending literature and approaches within the therapeutic community as well as policy discourse on sex offenders and how they should be treated. As Thomas (2015: 28) observes, 'therapists and psychological explanations of sex offending tend to locate the problem with the individual'. According to Cowburn and Myers (2015: 674-5) 'a key aspect of these theories is that they have been developed from empirical studies of sex offenders, their personal histories, and their offense patterns.'

Unsurprisingly, psychology-based work conducted by researchers with a close interest in the therapeutic context place great value on the necessity for any theory to have a 'clinical utility,' and it is this emphasis that is at the heart of psychology's approach to sexual offending and its critique of gender/culture-based approaches to CSA. Thus, Purvis and Ward (2006: 304) claim 'the difficulty for a radical feminist perspective [of CSA] is that it does not provide a clinical framework for changing the dispositions and behaviour of sexually aggressive men.' Purvis and Ward (2006: 306) insist, in their critique of feminism, that there is '... an inability to explain how it is that science is slowly converging on the causes of child sexual abuse and the development of treatment strategies that, through the modification of these causes, reduce the recidivism rate.'

Ward et al. (2006) identify three levels of theory on sex offending:

Level 1: *multifactorial* theories offer a complex account of the aetiology and continuance of sex offending;

Level 2: *single* factor theories focus on one issue to account for the aetiology and continuance of sex offending;

Level 3: *micro-level* or offense-process theories give particular attention to an aspect of offending behaviour.

Cowburn and Myers (2015) observe that *multifactorial* theories – such as Finkelhor and Araji's (1986) 'Four-Factor Model' and Ward and Beech's (2006) 'Integrated Theory of

Sexual Offending' (ITSO) – have commanded greatest influence within psychological approaches. We briefly describe the ITSO.

Ward and Beech's Integrated Model of Offending

Ward and Beech (2006) set out their 'Integrated Theory of Sexual Offending' (ITSO) in an article of the same name. According to the *ITSO* 'there are a number of types of causes plausibly associated with sexual crimes': *genetic predispositions; adverse developmental experiences; psychological dispositions/trait factors*. In addition, they cite '*cultural structures and processes; and contextual factors*.' (the examples offered under the latter are 'intoxication and severe stress') (Ward & Beech, 2006: 45).

Thus, a key aspect of Ward and Beech's (2006) theory is that sex offenders are psychologically distinct from non-offenders. They argue:

We would suggest that a critical element as far as understanding the psychological vulnerabilities of sexual offenders is concerned, is the neuropsychological level. It is this level of analysis that directly informs researchers of the mechanisms generating offenders' psychological symptoms and problems (Ward & Beech, 2006: 48).

In other words, to offend is to exhibit psychological vulnerability and it is weakness/deficit/deviance at the 'neuropsychological level' that is at the root of offenders' deviant sexual desires. However, they also recognise that the socio-cultural environment cannot be ignored:

A second source [the first being 'brain development'] for offence related vulnerabilities is the ecological niche (social and cultural roles of the offender) and habitat (environment in which a person lives), which in certain circumstances may cause a person to commit a sexual offense in the absence of any significant psychological deficits or vulnerabilities ... For example, the experience of fighting in a war ... or the death of a partner may sometimes lead to individuals deciding to commit a sexual offense ... In other words, sometimes the major causal factors resulting in sexual offending reside in the ecological niche rather than within the person (Ward & Beech, 2006: 52-3).

Ward and Beech's (2006) theory is not so much a theory as a model. Indeed, they acknowledge this on the final page of their book when they say 'finally, the unified theory is really an abstract framework for thinking systematically about sexual offending and its constituent causal variables' (Ward et al., 2006: 340). They also note

that, with the passage of time and the development of more sophisticated measurement protocols, current theories will come to be viewed as little more than ‘sophisticated folk psychology’ (Ward et al., 2006: 340).

Cowburn (2005: 225) argues psychological theory in this area often does ‘not recognise that ‘deviant’ populations are identified solely by criminal conviction, and that this is not considered to be problematic.’ As Jenks (2005: 96) argues ‘much of this psycho-sociological speculation takes the problem as given, the phenomenon as short-term and local and the explanation as available, and readily so, at the level of attitude.’

Finkelhor’s traumagenic four factor dynamics model of child sexual abuse.

This model posits 4 dynamics—*traumatic sexualization*, whereby the child’s sexuality becomes compromised by the abuse experience and they develop dysfunctional and sometimes abusive and age inappropriate knowledge, desires, beliefs and behaviours in relation to their and others’ sexuality; *betrayal*, whereby at some point in time, (not necessarily at the time the abuse occurs), the victim feels let down or damaged by the abuser; *stigmatization*, whereby the child comes to feel embarrassment, guilt and self-blame for their own abuse, such as they have low morals or are ‘spoilt goods’, which may be linked to how others or the abuser have treated them, and *powerlessness*, when children are so disempowered they are unable to stop the abuse or communicate it to others in the hope it will be stopped. These four dynamics [can] cause trauma by distorting a child’s self-concept, world/view, and affective capacities’ (Finkelhor, 1987: 384).

Feminist Approaches

For Cossins (2000: 41) ‘it is possible to discern an on-going tension in academic work between feminist explanations and non-feminist psychological and biological theories of men’s sexual attraction to children.’ Hence, in response to her work, Purvis and Ward (2006: 309) state ‘perhaps one of the most notable shortcomings of feminist literature on child sexual abuse is the feminist tendency to dismiss the value of psychological research.’ However, according to Thomas (2015: 25) ‘there is growing consensus that sexual offending is more often unconnected to mental illness’.

Feminist theory situates sexual violence within wider inequalities and gendered power relations and looks well beyond the individual motivations and proclivities of the male

‘sex offender’. Cowburn and Dominelli (2001: 402) illustrate the feminist (and sociological) critique of psychological/medical approaches: ‘medico-legal discourses minimise sexual violence by individualising and pathologising this kind of behaviour, thereby diverting attention from addressing its underlying social causes and links to hegemonic masculinity.’

Generally, then, feminist perspectives on sexual violence are critical of individualist accounts that entirely or substantively ignore the gendered character of sexual violence. According to Doan (2005: 304) ‘feminist understandings ... compel an analysis that connects [CSA] to the hegemonic constructions of family and masculinity that support it.’ Sexual abuse and exploitation are, then, ‘intrinsic to a system of male supremacy’ (Herman, 1990: 177-8) where ‘males are socialised to adopt a predatory approach to sexuality and to use sex to assert power over females’ (Seymour, 1998: 416). Thus, Scully (1990: 166) argues, men are sexually violent ‘not because they are idiosyncratic or irrational, but because they have learned that in this culture sexual violence is rewarding’. According to Herman (1990: 177-8):

If ... the social definition of sexuality involves the erotization [sic] of male dominance and female submission, then the use of coercive means to achieve sexual conquest may represent a crude exaggeration of prevailing norms, but not a departure from them ... It is a commonplace notion that men who commit sex crimes must be ‘sick.’ Feminists contend, rather, that these men are all too normal.

Building on early feminist perspectives on sexual violence (e.g., Herman, 1981), Kelly (1988) developed the notion of a *continuum of sexual violence* which emphasises and illustrates its relation to the ‘everyday aspects of male behaviour’ (Kelly, 1988: 75). This conceptualisation of sexual violence remains influential.

Kelly’s Continuum of Sexual Violence

Liz Kelly’s contribution to the field of sexual violence has been substantial. She notes that when she began researching the area of sexual violence ‘many key feminist texts continued to differentiate men who used violence from the majority of “normal” men’ (Kelly, 1988: xvii). Kelly introduced the concept of a *continuum of sexual violence* to ‘enable women to make sense of their own experiences by showing how “typical” and “aberrant” male behaviours shade into one another’ (Kelly, 1988: 75). In an important article for *Feminist Review*, Kelly highlighted the importance of defining CSA precisely and inclusively:

If we are to reflect in our definition of child sexual abuse the range and complexity of what women and girls experience as abusive, we must listen to what they have to say. Some of the experiences recorded here, many others recorded in the interviews and countless others experienced in women's lives would be excluded by the definitions of child sexual abuse which currently inform professional practice and even some of those used by feminists (Kelly, 1988a: 71).

Kelly acknowledged the CSA statistic of 1 in 4 girls and 1 in 10 boys (Kelly, 1988a), yet the definition she then offers excludes male victims wholesale:

Sexual violence includes any physical, visual, verbal or sexual act that is experienced by the woman or girl, at the time or later, as a threat, invasion or assault, which has the effect of hurting or degrading her and/or takes away her ability to control intimate contact (Kelly, 1988b: 41).

Kelly was very clear that she was writing on sexual violence from a (radical) feminist perspective. However, at the same time, other researchers were highlighting a 'male perpetrator-female victim paradigm' (Hunter, 1990; Mendel, 1995) that had come to dominate thinking about sexual violence and CSA and which clearly did not serve male victims well (Etherington, 2000). According to Spiegel (2003: 138) 'social perceptions of and reactions to the sexual abuse of boys in contrast to the ... sexual abuse of girls ... influenced the minimisation, if not denial, of the sexual abuse of males.' Certainly, the exclusion of male experiences of sexual violence from influential accounts and definitions has likely had significant consequences for the recognition of male victims and the associated provision of support services.

In Brown and Walklate's (2011) celebration and critique of her work, the categories of Kelly's continuum were criticised as excluding many forms of sexual violence (e.g., female genital mutilation), however, Kelly (2012, *preface*) observed that there is 'no reason in principle why the continuum concept cannot accommodate them'. In addition, as we discussed previously, Brown and Walklate (2011) offer a more inclusive definition of sexual violence.

Finally, 'the feminist perspective has tended to develop as a critique of other theories rather than as a theory in itself' (Seymour, 1998: 418). Consequently, the question of why it appears that only *some* males take advantage of a gender order that socializes them as sexual predators and constructs them as dominant, has gone largely

unanswered. In attempting to address this issue, Seymour (1998) 'extends' the feminist account.

Seymour's (1998) Extended Feminist Perspective

Seymour (1998) broadly accepts feminist arguments on sexual violence but is critical of feminist approaches that provide descriptions of patriarchy while failing to consider 'what motivates offenders, and why that motivation is directed through sexuality' (Seymour, 1998: 418). Seymour draws upon social learning theory to argue that the social construction of masculinity – characterised by emotional illiteracy, a low capacity for empathy, and a moral code that prioritises domination and conquest (in contrast to female socialisation patterns) – should be at the centre of any attempt to understand *why* men sexually abuse children.

Utilising a psychoanalytical approach, Seymour goes on to address the specifically *sexual* component of CSA, arguing that male *sexual* socialisation 'encourages males to validate their masculinity through sexuality ... sex becomes an issue of masculine conquest and performance' (1998: 423). In addition, males are socialised to 'sexualise the expression of non-sexual emotions'; to 'be sexually responsive separate from the context of a relationship'; and 'to become sexually aroused in the absence of feelings of intimacy' (1998: 424).

Seymour provides a strong general account of the social and cultural context in which patriarchal forces prioritise a particular narrative of masculinity and male sexual practice. Drawing on work from gender and masculinity scholars, she describes how 'hegemonic masculinity' (Connell, 1995) can be understood as the backdrop to the sexual abuse of children. She argues:

No one aspect of socialisation can by itself explain child-sexual abuse but, considered together, they offer an explanation. Patriarchy provides males with the social opportunity for abuse. Male socialisation provides the motivation for abuse. Male sexual socialisation provides direction for expression of the motivation for abuse. (Seymour, 1998: 425)

Summary

Feminist writers and researchers, then, have revealed and contested the ideological and political ground upon which the sexual violence and abuse of women and children (particularly girls) sits, and they have argued effectively for political action to generate cultural change. However, like Seymour, feminist theory has often been limited by the 'male-perpetrator – female-victim paradigm' (Mendel, 1995) which means a great deal of offending is overlooked and consequently evaded in theory.

Sociological Approaches

According to Jones (2012: 181) 'sociology can offer historically and culturally informed discussions from a range of perspectives to open the door on the once secret world of sexual violence.' There has also been a lack of substantive engagement by clinical and psychological approaches with the theoretical developments within feminism and sociology. Thus, Cowburn and Myers (2015: 676) argue that:

... whilst such theorists note the importance of the social context and cultures wherein offending occurs, this is given little or no sustained attention in their theories of sex offending or therapeutic programs ... Given that sexual offences occur in social contexts that may contribute substantially to their onset, development, and maintenance, a comprehensive theory must incorporate social and cultural issues and aim to improve not only therapy but also social/public policy responses to sex crime.

Sociological perspectives (which includes much feminist writing) have often been critical of psychology's approach to the problem of sexual violence. For Jenks (2005: 96) explanations of child abuse should originate not within *malfunctioning* individuals but 'within the context of changing social structures' and from the perspective of 'a childhood historicity.' He claims, 'it is not essentially that the character or pattern of our actions towards children has altered but that our threshold of tolerance of potentially "abusive" conduct has lowered' (Jenks, 2005: 99).

Jenks (2005: 114) argues 'the source of blame for this abuse ... should really be sought in the way that we have, over time, come to organise our social relationships'; thus, the potential for abuse 'resides within the differentials of both power and status' (93). Jenks' analysis follows David Gil's early comments on the origins of child abuse.

Originally published in the *American Journal of Orthopsychiatry*, Gil (1975), see also Donnelly & Oates, 2000) identified levels of both ‘manifestation’ and ‘causation’. The three levels of *manifestation* relate to ‘the agents and the settings in which children may experience abuse’; these are: (1) the familial (or home) level; (2) the institutional level; and (3) the societal level. The five levels of *causation* refer to: (a) a society’s basic social philosophy, values, and its concept of humans; (b) its definition (or social construction) of childhood; and (c) its ‘attitude toward the use of force as a legitimate means for attaining ends, especially in imbalanced, interpersonal relations such as master-slave, male-female, guard-prisoner, and adult-child’ (Gil, 1975: 351); (d) ‘triggering contexts’: specific circumstances, such as poverty or work conditions, that cause stress and frustration and that may ‘trigger’ child abuse in the context of the culturally sanctioned use of physical force in child rearing’ (Gil, 1975: 352); (e) ‘intrapsychic conflicts and various forms of psychopathology’ (Gil, 1975: 353). For Gil, ‘abusive acts and conditions, irrespective of the level of manifestation, cannot be understood in terms of one specific causal dimension, but only in terms of complex interactions among the several causal dimensions’ (Gil, 1975: 354). Effective prevention, then, ‘requires working simultaneously toward the transformation of all the causal dimensions’ (Gil, 1975: 355).

Prior to Gil’s analysis, discussions of child maltreatment focused on the family environment and the role of parents in perpetrating abuse; crucially, Gil ‘expands the definition of child maltreatment’ and ‘adds many forms of institutional abuse’ (Donnelly & Oates, 2000: 61). Thus, for Gil and others, in explaining child abuse, the social and the cultural context is fundamental. Nigel Parton (1979, 1981, 1985) built on the work of Gil, drawing attention to the culture of institutions over traditional concerns with the individual and the family, arguing that the causes of CSA ‘may reside elsewhere in the social structure’ (Parton, 1985: 168).

Similarly, for Kitzinger (1997: 185):

Debates about the sexual abuse of children are deeply embedded in discourses about childhood – what it is and what it should be. However, much of the ‘pro-child’ discussion, even many of the most radical ‘child-centred’ or ‘empowerment’ approaches, have succeeded in *problematizing child sexual abuse without problematizing childhood as a structural position within society* ... Ultimately, it is childhood as an institution that makes children ‘vulnerable’ ... The risk of abuse is built into childhood as an institution itself ... Child abuse is not an anomaly but part of the structural oppression of children’ (my emphasis).

Therefore, according to Wyness (2000: 65) ‘we cannot rule out the possibility that a starting point for the analysis of child sexual abuse is the social structural position of childhood.’ Yet it is frequently the ‘anomalous’ (Jenks, 2005) demonised, *malfunctioning* individual who is drawn to the heart of the issue, rather than the commonplace features of the society and specific social contexts within which they are situated. Thus, ‘the monstrous is construed and experienced as “outside us” and is thus a quality possessed by monstrous others’ (Parton, 2006: 58). Cowburn (2005: 226) argued that the difference between *normal* men and sex offenders ‘continues to be unclear in research that examines the attitudes about, and proclivities towards, sexual violence in populations of normal adult men.’ As Lussier and Beauregard (2018) observe:

Researchers have looked for differences between sex offenders and nonsex offenders and, more often than not, these differences were marginal and limited, often restricted to a small subgroup of individuals.

Nevertheless, notions of the monstrous, evil individual continue to dominate popular and policy discourse, often reinforced in judicial statements about high-profile cases of prolific offenders, such as Jimmy Savile (TV entertainment) and Barry Bennell (football). The unintended consequence has been to mask the sexual abuse of many children. That is to say, if the dominant narrative constructs sex offenders as evil, monstrous misfits, there is no reason to think that well-intentioned individuals in positions of influence and prestige could be abusing children. In the UK and across the globe, the flawed nature of this thinking is now abundantly clear as a steady stream of powerful men are found guilty of multiple sex offences against children (and adults) committed over many years.

In summarising the current situation in research on sexual violence and abuse prevention, Smallbone and McKillop (2015: 180) argue that ‘the two dominant approaches seem to be a feminist model, which frames the problem at the broadest sociocultural level, and a clinical model, which typically frames the problem at the narrowest individual level’.

Wortley and Smallbone (2010: 11) note that ‘many researchers and clinicians working in the sexual offending area have continued to focus attention on the personal, intrapsychic dimensions of the behaviour and to overlook the contributions of immediate circumstances.’ Nigel Parton (2014: 192) argued that ‘... we need to

recognise that child maltreatment has cultural, institutional and structural dimensions as well as individual ones and that these must be taken seriously and addressed.'

Criminological Approaches

Wortley and Smallbone (2010: 11) argue that research has recently 'challenged the view that most sexual offenders are dedicated serial offenders driven by irresistible sexual urges' and point to a range of research findings that 'suggest that immediate environmental factors were important in many cases'. These are condensed below:

- 1) **Late onset of the behaviour:** it seems men are most likely to abuse children after the age of 30, suggesting they are not psychologically predisposed to abuse children ...
- 2) **A low incidence of chronic sexual offending:** contrary to popular belief, once identified, sex offenders tend not to re-offend ...
- 3) **A high incidence of previous non-sexual offences:** suggests that sex offenders are offenders first, sex-offenders second ...
- 4) **A low incidence of stranger abuse:** convenience seems to be a major determinant in which children an adult abuses ...
- 5) **A low incidence of networking among offenders:** very few offenders are part of a 'paedophile subculture' ...
- 6) **A low incidence of child pornography use:** the significant majority of offenders do not display interest in 'child pornography' ...
- 7) **A low incidence of paraphilic (sexually deviant) interests:** very few offenders could be diagnosed with a paraphilia other than paedophilia ... (Wortley & Smallbone, 2010: 11)

Some researchers, then, have suggested that 'situational' approaches offer a more productive line of investigation. Wortley and Smallbone (2010) enjoined other researchers to consider the 'situational prevention of child sexual abuse' which they describe as a:

... criminological model that shifts the focus from supposed deficits of offenders to aspects of immediate environments ... It is based on the premise that all behaviour is the result of an interaction between the characteristics of the actor and the circumstances in which an act is performed. The immediate environment is more than a passive backdrop against which action is played out; it plays a fundamental role in initiating and shaping that action ... (Wortley & Smallbone, 2010: 8).

‘Situational crime prevention, then, is about creating safe environments rather than creating safe individuals. ... the criminal event rather than the offender becomes the unit of analysis’ (Wortley & Smallbone, 2010: 8). This seems to offer the potential for much greater dialogue between sociology and psychology in considering CSA. Similarly, then, the ‘ecological approach’ to child maltreatment (e.g., Belsky, 1980, 1993; Kenny & Wurtele, 2012) understands child abuse ‘to be a product of the characteristics of the environments in which it occurs rather than simply being the result of the actions of certain individuals’ (Jack, 2001: 185).

More recently, Smallbone and McKillop (2015: 178) advocate a public health model which adopts a ‘social ecological framework’ that:

... situates individual offenders and victims within their natural ecological context, and locates risk and protective factors at various levels of the ecological systems in which the individual develops and lives. Thus, the causes of SVA [sexual violence and abuse] exist not just within individuals, but also within the family, peer, organisational, neighbourhood, and sociocultural systems within which they are embedded.

The following section analyses adult sexual violence towards males as opposed to CSA and considers similarities and differences between the two forms of sexual violence. Whilst still concurring with a perspective that sees the cultural backdrop, particularly in relation to patriarchy and masculinity, as of vital importance, there is clearly less focus on generational structural inequalities.

Adult to Adult Sexual Violence

Although this report predominantly focuses on the male *victims* of sexual violence, it is also important to examine generic theories of adult sexual offending to understand what motivates perpetrators, the tactics they deploy and the potential reasons underlying or explaining their offending.

Even though the cumulative evidence shows most perpetrators are heterosexual and male and the victims female (Turchik et al., 2016), the number of rapes and sexual assaults of males are still significant even though underreporting, means the magnitude of the problem for both sexes is difficult to estimate.

This section, therefore, drawing strongly but not exclusively from Turchik et al.'s analysis (2016), evaluates the various theories of offending currently offered, in terms of whether they have been evidenced by research and whether they are gender inclusive. This is important as a traditional, gender-specific conceptualisation or theorisation of sexual violence obscures sexual violence which is not male to female, including sexual assaults on men by men, women on men, and women on women. Many studies of sexual violence are also relatively atheoretical (Weis, 2002). Therefore, an attempt to understand sexual violence theoretically is important and could provide insights that could be helpful in relation to policy, prevention, and therapeutic endeavours, as well as enhancing general understanding of the area.

Research has also uncovered differences in motivation, socio-demographic characteristics, and criminal profiles between child sexual abuse offenders and offenders who sexually victimise adults, particularly regarding non sadistic rapists who are less likely to commit further offences than sexual sadists or child sexual abusers when aged forty or older (Dickey et al., 2002; Smallbone et al., 2003). Consequently, it is important not to assume theories explaining child sexual offenders, necessarily can be unproblematically extrapolated to explain those who sexually victimise adults and vice versa. The theories that have so far been developed to explain adult offending consist of biological, psychological, social/sociological and integrated multifactorial theories. However, as will be shown, none of these theories, by themselves, or even combined, are adequate to explain the wide range of sexual violence suffered by men in different contexts.

Biological theories

The most well-known types of biological theory emanate from *evolutionary psychology* (e.g., Thornhill & Palmer, 2000; Ward & Durrant, 2011).

They posit that rape and sexual aggression manifested by male humans and animals, and directed towards females, is due to genetically evolved traits formed through natural selection processes, designed to enhance reproductive success in future generations. This theory has received little empirical support with humans and has been highly criticised by researchers and feminists because it ignores sociocultural factors (Sanday, 2003), and appears to condone and justify men's sexual oppression and violation of women, as well as lacking a clear explanation of the mechanisms through which this process purportedly takes place (Ward & Siegert, 2002). This model is also unable to explain sexual violence against children, the elderly, female perpetrators or assaults on those of the same sex, which clearly have nothing to do with reproductive fitness.

Other theories such as Mitchell and Beech's *neurobiological model* (2011) assert that negative early attachments and deprivation affect brain limbic function and cognitive and emotional processing, elevating the risk of offending. Their theory has not been empirically tested, although it has the potential to offer gender inclusivity. However, this neurobiological theory is not just an essentialist biological theory, like the evolutionary psychology one. It links biology with the environment a child is socialised within and its effects, using biology as the mechanism through which these adverse experiences are transformed back again into cognition and subsequent maladaptive behaviour. Other biological theories that explain sexual offending in terms of various hormones, such as testosterone, have generated inconclusive results. Furthermore, they have tended to be very essentialist (seeing biology as the only important phenomenon) and have thus far exclusively been tested on men.

Criminological theory

Routine activity theory has been used to explain a variety of criminal behaviour which includes sexual violence and posits that there must be a (i) motivated offender, (ii) a suitable victim and (iii) the absence of a capable guardian. It has been tested out with victimisation towards females and males and received some validation (Turchik et al., 2016) and therefore could be gender inclusive. However, it is in essence not really a theory of why people commit sexual offences, more a description of the conditions that

allow perpetrators to offend, or that they need to create to be successful, if they are motivated to offend.

Feminist theories

Feminist theories on sexual offending vary, although most see sexual violence perpetrated on women by men and explained more by the man's motivation to control and dominate women than by a desire for sexual gratification.

Feminists also believe men's exposure to violent sexual material such as pornography and other misogynistic influences may increase actual sexual violence, but conversely that increasing equality between the sexes should reduce sexual violence against women.

At a macro level there has been some substantiation of the fact that in geographic areas where there are greater levels of inequality between men and women, sexual violence towards women appears more elevated (Gannon et al., 2008). Some connections have also been forged between patriarchal attitudes and rape myth acceptance (Womersley & Maw, 2000).

Although feminist theory has been criticised for disseminating and entrenching the view that only men are perpetrators and only women are victims (Pretorius, 2009) some feminist and other social science researchers have argued that the power and dominance driver also allows us to explain male on male rape, for example, in single sex settings such as prisons (Brownmiller, 1975; Hensley et al., 2005). Javaid (2016; 2017b) drawing on various feminists' work, also substantiates that feminist perspectives, particularly those that deal with theories of masculinities, can explain not only male-on-male sexual assault but the perpetrators' motives and the victims' perspectives, as well as the insufficient and stigmatising responses of many official organisations. However, female to male sexual violence is not well explained by feminist theory.

Feminists and other theorists need to conduct research or study others' research to try and understand the motivators or risk factors underlining female perpetrated sexual violence and sexual aggression. Aggression in general is understudied in respect of women, presumably because of gendered assumptions that women are naturally passive, gentle and nurturant. To generate a fully gender-inclusive theory of sexual offending, which includes female to male and female to female sexual violence, feminists therefore would need to hypothesise and test theories of female aggression

and evaluate whether/how these could be incorporated into their conception of a male dominated patriarchal society.

Social Learning Theory

Social learning theory (Bandura, 1979) is a psychological theory that asserts that cognitive, emotional, environmental and behavioural factors interact to generate a set of behaviours that are learned through observation and imitation. Therefore, if someone witnesses sexual violence, can identify themselves with perpetrator in some way, (not the victim), and sees such violence validated, and linked to positive attitudes and favourable outcomes, they are more likely to replicate that behaviour.

There has been some substantiation of this model in relation to studies of sexual violence in dating relationships of heterosexual couples, although different studies disagree as to whether this model/theory better predicts female perpetrators (Luthra & Gidycz, 2006) or male perpetrators (Riggs & O'Leary, 1996). Therefore, although this model can potentially encompass gender inclusivity, much more research is needed on different kinds of sexual violence, and there needs to be much clearer specification and mapping in relation to how the different factors interact and what factors are of most importance hierarchically.

Typology approaches

Typology approaches to sexual offending are less theories of why offenders offend, and more attempts to classify them through various characteristics, often associated with motivations for offending, after they have offended. The rationale underlying this is that if we can identify and categorise the different factors that encourage or allow an offender to offend, then future offending can be minimised or prevented.

Although these typological approaches could incorporate a gender inclusive approach, there is little empirical validation of them in predictive or explanatory ways (Turchik et al., 2016) and they fail to capture the great diversity and heterogeneity of offenders and their multifarious situations and characteristics (Sandler & Freeman, 2009; Robertiello & Terry, 2007). For example, different typologies have been constructed for cyber offenders, male and female rapists, juvenile sexual offenders, and child sexual abuse offenders, but even within each of these, there are several different typology approaches. Some offenders may victimise both adults and children, or males and

females, offend alone or sometimes with others, and may use different strategies at different times. Below (see table) is an example of a typology approach of general rapists to illustrate the characteristics of a typology approach, but this approach is predominantly about male offenders (Robertiello & Terry, 2007: 510) and many offenders may not fit easily into one typology.

Typology approaches may have some use in and for clinical and forensic populations (Turchik et al., 2016), because the typologies are often drawn from already identified offenders, largely prison populations. The characteristics identified may have little wider relevance though, for those who evade detection and prosecution, or commit different sorts of sexual crimes that are less likely to be detected or reported. However, interestingly in their review of typologies of sexual offending, Robertiello and Terry (2007: 515) emphasise that 'overall, the most common type of rapist is one who is motivated by power and control'. This suggests that although sexual gratification or relief may be important for some sexual offenders, it is often either secondary to power and control or sexual gratification may not be relevant at all to some sexual offenders.

Typology	Primary motivation	Characteristics
Compensatory	• Sexual	<ul style="list-style-type: none"> • Offender uses only as much force as necessary to achieve sexual gratification; • May have “courtship disorder” [cannot form effective sexual or intimate relationships with peers]; • Feelings of inadequacy; • “Gentleman” rapist [uses minimum amount of force to affect rape and displays no anger];
Sadistic	• Sexual	<ul style="list-style-type: none"> • Offender achieves sexual gratification through pain and/or fear from the victims; • Often psychopathic; • Offense may lead to sexual murder;
Power/control	• Non Sexual	<ul style="list-style-type: none"> • An aggressive, pseudo-sexual act; • Offender desires power and dominance over the victim; • Motivation may be humiliation, degradation; • Offender is often angry
Opportunistic	• Non Sexual	<ul style="list-style-type: none"> • Recreational/situational offender who leads impulsive, adventure-seeking lifestyle; • Assault often committed during another offense; • Poor impulse control.

Table 4: Summary of general rapist typologies (from Robertiello & Terry, 2007)

Integrated theories

Integrated theories tend to combine different components of extant sexual violence theories in diverse ways. For example, Ellis's early (1991) theory synthesises evolutionary, feminist, and social learning theory, also incorporating elements of biological theory by asserting the importance of sex hormone levels.

Ellis (1991) argues that rape is (i) motivated both by the desire to control, and the sex drive, (ii) incorporates learned behaviours, (iii) is influenced by natural selection whereby men need to deploy force and manipulation to acquire multiple partners and that (iv) rape may also be influenced by high levels of sex hormone levels. Although Ellis's model possibly technically could incorporate both sexes and thereby be gender inclusive, it is clearly oriented towards men as perpetrators. Furthermore, by specifying the part Ellis thinks hormone levels and biology plays, Ellis takes much of the onus of responsibility off sexual offenders for their behaviour. The fact that offenders often clearly plan their offences beforehand, to try and ensure their success, would also discredit the biological aspects of this theory, particularly hormonal explanations. Furthermore, this theory has not been empirically tested and because of its multifactorial composition, would be difficult to test.

Most other integrated theories tend to assume a male heterosexual perpetrator although it is possible, they could be adapted to be more gender inclusive. Although some aspects of these integrated theories have found partial substantiation, the key problem with them is that they often try and synthesise incompatible theories. Most feminist theories, for example, which emphasise the societal construction of gendered characteristics and behaviour, would not be sympathetic to or agree with their ideas being combined with a deterministic or essentialist biological view of sexual violence, such as that offered by evolutionary psychology. Furthermore, as Sapolsky (2000: 19) has shown in relation to testosterone, it is futile to try and judge or understand levels of aggression through levels of testosterone as 'violence is more complex than a single hormone ... our behavioural biology is usually meaningless outside the context of the social factors and environment it occurs within.'

In conclusion, some of these different theories offer some tentative understanding into why some men and women sexually victimise adult men, illuminating conducive conditions, tactics and the sorts of contexts sexual offending takes place in.

However, the complex motivations and influences underpinning such behaviour and the kaleidoscopic diversity of multiple types of offences and offenders, seem to suggest that no one theory, even a multifactorial one, appears, sophisticated enough to explain all types of sexual violence perpetrated on men.

Different theories may need to be knitted together and combined differently (Ward & Siegert, 2002) to understand the whole gamut of sexual violence towards males. Alternatively, different theories may be required for different sorts of offenders or different offending situations, rather than one multifactorial theory being able to explain all types of sexual violence.

Understanding and Integrating Theories of Child and Adult Sexual Offending

Traditional, gender-specific theories of why sexual offences towards both adults and children occur (including motivation and context) tend to assume a male perpetrator and a female victim. They thereby underplay and obscure other sexual violence configurations such as male-on-male rape and female-to-male sexual offences.

Biological theories tend to take the onus of responsibility off the perpetrator, who is generally assumed to be male, and locate it in biological imperatives, such as hormonal drives or Darwinian evolutionary theory. Therefore, they cannot account for other sexual offences such as female-to-male or male-to-male violations.

Feminist theories can help explain both male to female and male to male sexual violence as stemming from a hierarchical patriarchal society that condones and sometimes rewards male violence but are currently unable to explain female to male sexual violence.

Psychological social learning theories incorporate behavioural, emotional and cognitive factors. They suggest sexual violence may occur when others have seen it encouraged, socially sanctioned and rewarded. Within this theory female offenders can be more easily incorporated but it requires much more specificity of how this process occurs.

Typology approaches, which try and classify sex offenders into various different typologies, in terms of motivations for offending, the target victim, and *modus operandi*, are problematic because many offenders crosscut different typologies and because they are often drawn from convicted populations. However, power and control

seem to be the most common factors associated with sexual offending, overarching other factors that may or may not be present, such as sexual gratification.

Combination theories are also unable to account for all types of offending and often merge incompatible theoretical perspectives. With both offenders against children and adults, power seems to be a very important facet, as are elements of masculinity and the wider social and cultural milieu. However, with child victims, the power disparity is intensified because of children's lesser life experience and developmental stage as well as deep generational inequalities between adults and children.

CONCLUSION]

This report shows that whilst research on sexual violence against boys and men has, for many years, lagged behind that of girls and women, there is a significant and steadily growing volume of research evidence to draw upon. Perhaps relatedly, the report also shows that services for male victims/survivors of sexual violence have also lagged behind those for females. Therefore, male victims have not been well supported. However, in the UK and some other countries, the male survivor movement has done much to begin to address this situation over the past decade or so.

As with the women's movement, there are clear advantages for male victims of sexual violence if research, service providers, and service users/survivors, can work together effectively and collaboratively. We hope that this report will help to further support the male survivor community and those individuals and services who already do so much to support male survivors. We hope this report will be immediately useful for the sector and will serve as a useful reference point and source of information for some time to come.

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