

# Male Survivors of Sexual Assault: To tell or not to tell?

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## **ABSTRACT**

Male rape is an underreported and under-researched crime that has serious consequences for survivors. This thesis presents a thematic analysis of interview transcripts with six survivors of male rape and sexual assault. The data collected from interviews was divided into four themes: 'Difficult to talk', 'Isolation', 'Reporting Rape' and 'Identity'. These themes all sat within a wider discourse of masculinity.

The analysis indicated that participants struggled to construct and understand their rape experiences. The silence surrounding male rape in society seemed to leave participants without a frame of reference or the words to describe what had happened to them. Their rape appeared to dismantle a previously held internal image of self and participants seemed to have to negotiate the consequences of the rape into new, reconstructed identities. Constructions of masculinity appeared to affect the decision to disclose the rape to others, including reporting to the police. Taking control with the police and other services seemed to be one way for participants to reclaim the masculinity they perceived themselves to have lost in the rape. Throughout participants' talk, anger was a central pervasive theme; a sense that it simmered constantly within the men and would be more acute at times they deemed themselves to have lost control.

This thesis ends with recommendations to services for supporting male rape survivors and suggestions for future research.

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## 1. INTRODUCTION

*“No person is immune from the human potential to rape or be raped”*

(McMullen, 1990. P.10)

In this chapter I<sup>1</sup> will discuss the rape and sexual assault<sup>2</sup> of adult men<sup>3</sup>. I propose that society’s constructions of gender and masculinity, alongside popular discourses on sex, sexuality and power, shape our understanding of what it means to be a survivor of male rape. I explore the legal definitions of rape and propose that current law in the United Kingdom (UK) is too restrictive for male survivors and could in part explain the under-reported phenomenon of male rape. I will discuss the limited literature available on male rape survivor’s that suggests male rape is frequently misunderstood to be a subset of homosexual behaviour. I link this with the decision to report the rape to the police and ultimately to court proceedings. I end this section with an exploration of the psychological consequences that have been reported for male survivors.

Rape is a severe and harmful crime, with serious consequences for the victims and their loved ones. It is unique in the sense that it is an inherently lawful activity made illegal by another’s lack of consent (Stern, 2010). In public opinion, rape has been regarded as the most serious crime after murder (Brown *et al.*, 2010). Yet, few crimes elicit as much scepticism and victim blaming as do allegations of rape and sexual assault (Weiss, 2010).

It is estimated that as many as 1 in 24 women in the UK will experience rape or attempted rape in their lifetime (Stern, 2010). Feminist scholars declare that rape and the threat of rape is used as form of social control, with women being portrayed as both deserving and responsible for their victimisation (Brownmiller,

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<sup>1</sup> I will write in the first person so as to acknowledge the role of researcher as active and creative (Foster & Parker, 1995).

<sup>2</sup> The legal definition of rape, as specified by the Sexual Offences Act (2003) has been criticised for its narrow and strict criteria. Therefore, in sexual assault literature the terms ‘rape’ and ‘sexual assault’ are often used interchangeably and will be throughout this work.

<sup>3</sup> In talking about male rape I will refer to the rape of a man by another man, unless specifically indicated otherwise.



1975; Lebowitz & Roth, 1994). It is only recently that society has recognised that men can be victims, not just perpetrators of sexual assault (Graham, 2006). Some have argued that feminist literature and the publicity surrounding female rape has led to the isolation and silence of male victims, leaving services for men trailing 20 years behind that of females (Davies, 2002).

Drawing on the ideas of feminism, I have chosen where possible to use the term 'survivor' over 'victim' in this work. The term 'survivor' has been preferred by those who have experienced rape and sexual abuse as it is used to signify empowerment, whereas 'victim' suggests helplessness (Abdullah-Khan, 2008). However, it has not been possible to use the term 'survivor' exclusively; when citing other authors' work I have remained faithful to the terminology they used. Within the legal field the term 'victim' identifies a person's position within the legal system and signifies that a crime has been perpetrated against them; as such the terms 'victim' and 'survivor' will be used interchangeably throughout.

## **1.1 Literature Review**

A literature search was conducted using PsychInfo, PsychArticles, MEDLINE and CINAHL databases, using a range of search terms for gender, sexual assault and victims. These searches identified 947 articles, titles and abstracts were checked for relevance to male sexual assault and a total of 116 papers were then included. In addition to these papers Google Scholar was searched to find individual articles that were relevant. The literature search focused on articles reporting on male rape within the community, but articles were also sourced detailing military and prison rape to gain understanding of gender discourses and historical perspective on male sexual assault. See Appendix 1 for further detail of search strategies.

## **1.2 The Construction of Sex and Sexuality**

*"The seeming reluctance of the female is not intended to inhibit sexual activity either in the male or in herself, but to increase it in both"*

(Ellis, 1948, p.229)

### 1.2.1 Male Sex Drive Theory

Ellis (1948) developed perhaps the most influential theory of human sexual behaviour, providing an extremely gendered model of heterosexual sex marked by male “aggressiveness” and female “coyness”. Ellis (1948) described how male dominance in sex was devised from evolutionary logic, an idea that men “delight in domination”, his theory claimed that in the “normal” heterosexual relationship, men had a “natural” drive and desire for sex, and women acted as the gatekeepers to this sexual contact (Gavey, 2005). Ellis posits in his theory that women within limits “delight” in the “roughness, pain and danger” of sex (Ellis, 1948: 32) and as such portrayed men who are sexually forceful as “some kind of romantic hero” (Gavey, 2005. p.21).

### 1.2.2 Social Constructionist Critique

Social constructionist ideas move away from accounts of sex as ‘natural’ and assert that “those entities that we unthinkingly experience as ‘natural’....are in fact ‘cultural’; made by us, not given to us” (Hutcheon, 1989, p.2). Unlike Ellis (1948), they claim that sex and sexuality need to be understood through social, cultural and historical influences.

Gavey (2005) argues that dominant discourses of sex have been taken to be self-evident givens, such as:

- i. Sex is natural
- ii. Sex is most natural in reproductive terms
- iii. Sex is a glue that holds together relationships

Foucault (1981) challenges these ways of understanding sex, arguing against sex as being a natural drive, one repressed by society, to sex as being produced through the “deployment of sexuality”. According to Foucault (1981) sexuality can be understood in terms of social control, arguing “it was in the ‘bourgeois’ or ‘aristocratic’ family that.....feminine sexuality [was first] medicalized....the urgent need to keep it under close watch and to devise a rational technology of

correction” (p.120). Here Foucault links the expression of sexuality to power within social systems (Gavey, 2005), drawing attention to how historically ideas of sexual ‘perversions’ have been used to create fear. Foucault claims the medical model has been utilised to regulate sexuality in modern society (Namaste, 1996), as evidenced by homosexuality being considered a mental illness in both the UK and US until as recently as 1987, with a diagnostic category in the Diagnostic and Statistical Manual of Mental Disorders (DSM) (APA, 1980; Kutchins & Kirk, 1997). The case of homosexuality demonstrates how social discourse has deepened over time, as homosexuality is often now viewed as a prevailing feature of one’s character, not just a term used to define one’s sexual preference.

Feminist authors support social constructionist perspectives on rape, arguing that rape is not a sexually driven act defined by lack of control, but instead a form of control. Feminist authors have suggested that it is the demonstration of power that means rape continues to occur in non-conflict, conflict, and post-conflict settings. It is suggested that where rape was once viewed as a ‘by-product’ of war, it is now recognised that it is used as a weapon of war, often as part of a planned and targeted policy (Buss, 2009). Feminists assert that gender discourses are central to understanding rape, suggesting that rape maintains oppressive patriarchal structures in society (Brownmiller, 1975).

### **1.3 Masculinities**

#### **1.3.1 Biological Sex and Gender**

The distinction between male and female has been said to be a “basic organising principle” in every human culture (Bem, 1981). However Epstein (2002) argues that gendered behaviours are not a product of biological difference, but created by the social norms and cultural identities around us.

Social cognitive theories suggest that “male” and “female” are transmuted into masculine and feminine through children learning societal expectations and norms. Bandura and Walters (1963) claimed that gendered socialization occurs through children learning gendered attitudes and emotional responses through

cognitive processes such as modelling, imitation and identification. Bem (1981) further posits that children not only learn particular behaviours and attributes linked to each sex, but that through an evolving gender schema they evaluate and assimilate new information. Ideals about appropriate attitudes and behaviour vary across contexts and change over time (Green, Omar & Piotr, 2011). For instance as economic stability, labour markets and education opportunities change, so to do men and women's expected roles. As suggested by Green *et al.*, (2011) the calculus of which norms "work" for society changes as economies change.

### 1.3.2 Hegemonic Masculinity

Connell (1995) argues that the terms 'masculine' and 'feminine' are elusive and difficult to define; he proposes that within cultures there are a number of different masculinities held, but that at "any given time one form of masculinity rather than others is culturally exalted" (Connell, 1995, p.77); Connell terms this 'hegemonic masculinity'. He posits that most societies encourage men to embody a dominant version of masculinity that "embodies the currently accepted answer to the problem of the legitimacy of patriarchy, which guarantees....the subordination of women" (p.77). Connell argues that hegemony is only likely to be established if there is correspondence between cultural ideal and institutional power. He argues that within society as a whole, there are specific gender relations of dominance and subordination between groups of men; notably heterosexual and homosexual men. Hegemonic masculinity marginalises other forms of masculinity such that homosexual men are subordinated with women. Connell (1995) argues that:

*"Oppression positions homosexual masculinities at the bottom of a gender hierarchy among men. Gayness, in patriarchal ideology, is the repository of whatever is symbolically expelled from hegemonic masculinity....gayness is easily assimilated to femininity" (p.78).*

Hence there is a suggestion that masculinity and sexuality are inextricably related in western society. To be perceived as less macho, less strong, "a wimp....a sissy...a candy ass" (Connell, 1995, p.79), is to be identified as less of a man.

Wetherell and Edley (1999) critique Connell's theory on the grounds that he is unspecific about how hegemonic masculinity might become effective in men's psyches, or how they negotiate their masculinity in everyday life. They propose that masculinity is a dynamic concept and at different times men will position themselves in different ways (Wetherell & Edley, 1999). This has important implications for how men may negotiate or understand their masculine status following sexual assault.

#### **1.4 Law and policy**

*"All the acts of sex forced on unwilling victims deserve to be treated in concept as equally grave offenses in the eyes of the law, for the avenue of penetration is less significant than the intent to degrade"*

(Brownmiller, 1975 p.378)

Legal definitions provide an important wider context for how rape, sex and sexuality are understood in society. Historically British law has excluded men as victims of rape (Peterson *et al.*, 2011) as prior to 1994 the law merely stated that 'it is an offence for a man to rape a woman' (Rumney & Morgan-Taylor, 1997a). Female perpetrators were unacknowledged and male sexual assault was only recognized under the legal statute of buggery (Bullock & Beckson, 2011), which purposefully carried a lesser penalty than rape (Rumney & Morgan-Taylor, 1998).

Today in the United Kingdom, the Sexual Offences Act (2003) currently defines what is viewed in the eyes of the law as rape. It states;

"A person (A) commits an offence if –

- (a) He intentionally penetrates the vagina, anus or mouth of another person (B) with his penis.
- (b) B does not consent to the penetration, and
- (c) A does not reasonably believe that B consents

The Sexual Offences Act (2003) tentatively introduced gender-neutrality into the law by recognising anal penetration as rape. However, as it specifies penile

penetration of the victim, there still can only be male defendants to the crime (Powlesland, 2005). A woman who forces a man to engage in non-consensual penile-vaginal intercourse, is liable under the law of indecent assault, which carries a lesser sentence than rape (Rumney & Morgan-Taylor, 1997b). This distinction between rape and indecent assault was said to be purposely chosen so as to “not undermine the seriousness of the offence of rape” (Powlesland, 2005). In a Home Office report prior to the legal amendments of the Sexual Offences Act 2003 (Setting the Boundaries, 2000 cited in Powlesland, 2005) it was felt that “the offence of penile penetration was of a particularly personal kind, it carried risks of pregnancy and disease transmission” as such it recommended that it be treated separately from other penetrative assaults. Temkin’s (2002) counter-argument proposes that the risk of pregnancy should not be given overriding significance, highlighting how “pre-pubertal, menopausal, sterilized and infertile women as well as those who practice contraception are all covered by the law of rape”.

Many writers on male rape have asserted that the Sexual Offences Act (2003) imposes a too strict definition of what sexual acts are defined as rape, for example, forced fellatio, insertion of objects into the anus and forced masturbation would not be classified (Vearnals & Campbell, 2001). However a survey of 130 male rape victims cited by Rumney and Morgan-Taylor (1997b), found that men considered acts such as forced oral sex and penetration by knives to be just as traumatic as rape and there was ‘outrage’ that these assaults were viewed by the law as less serious (Rumney & Morgan-Taylor, 1997b).

Despite shortcomings, the Sexual Offences Act (2003) was a significant milestone due to its recognition of male rape; an offence which many previously believed to be non-existent in society. Legal definitions not only regulate what society perceives as a criminal act within a social and historical context, but also provide a language for men to discuss and understand their experiences, sexual violence can only be spoken about by victims if they are first able to name and define it (Kelly and Radford, 1996).

## 1.5 Prevalence of Male Rape and Sexual Assault

*“The alternative view to suggesting that few male rapes actually occur is the view which suggests that the few known cases are but the tip of a largely hidden and growing iceberg.”*

(McMullen, 1990)

United Kingdom (UK) crime statistics show that in 1995, 150 offences of male sexual assault were recorded by the police (Doherty & Anderson, 2004).

Aggregate data from the ‘Crime Survey for England and Wales’ from 2009 - 2012 indicate that 72,000 adult males reported being a victim of sexual offences<sup>4</sup> (compared to 404,000 adults females) on average per year (Ministry of Justice, 2013). Of those offences, it is estimated that 12,000 males are victims of rape (compared to 85,000 females) per year (Ministry of Justice, 2013). Whilst the figures of reported sexual assault against men are increasing, there is a concern amongst many welfare organisations that the real prevalence of male sexual assault is considerably higher than police statistics indicate (Anderson, 2004). Sexual assault against women is an under-reported phenomenon and it is thought that male survivors could find it even harder to come forward than women.

Different prevalence figures have been cited in the literature, with numbers varying depending on the author’s definition of ‘rape’ and ‘sexual assault’, place of sampling and populations used (Light & Monk-Turner, 2009). Bullock and Beckson (2011) reviewed thirteen studies conducted in the US and UK examining the overall prevalence of male sexual assault in large populations and found between 3 - 7% of men reported incidences of sexual assault occurring during adulthood. Higher prevalence figures have been found in student samples within the UK (14%) (Davies, Pollard & Archer, 2000), amongst men attending a London (UK) based genitourinary medicine (GUM) clinic (18%) (Coxell *et al.*, 2000) and amongst men who identify as gay or bisexual (27.6%) living in England and Wales (Hickson *et al.*, 1994).

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<sup>4</sup> The classification of ‘sexual offences’ was used to cover a spectrum of offences including rape, sexual assault, indecent exposure and unwanted touching.

Both the available crime statistics and the prevalence records from research studies provide evidence for the increasing social problem of male rape and sexual assault, thus demonstrating a need to understand both the individual and societal impact of this crime.

### 1.5.1 Survivors of Male Sexual Assault

Men are not typically viewed as victims of sexual assault and as such most literature has focused on finding prevalence rates and profiling the 'likely' victim to build legitimacy for male rape as a social problem (Graham, 2006). Research suggests that the male victim is likely to be in their 20s to early 30s (Bullock & Beckson, 2011; Sorenson *et al.*, 1987; Elliot, Mok & Briere, 2004); to be assaulted by more than one assailant (Riggs *et al.*, 2000; Hillman, Tomlinson & McMillan, 1990; Hickson *et al.*, 1994); identify as gay or bisexual (Stermac *et al.*, 1996; Walker, Archer & Davies, 2005a; Bullock & Beckson, 2011); involve alcohol intoxication (Stermac, del Bove & Addison, 2004) and in the majority of assaults the perpetrator is likely to be someone they have 'just met' (Coxell *et al.*, 2000, Bullock & Beckson, 2011).

In a comparison of male and female rape characteristics over an 8 year period, Frazier (1993) identified that male and female victims tended to share similar characteristics. However, men were more likely to be assaulted by more than one person and were less likely to have been physically harmed in the assault (Frazier, 1993).

Anderson (1982) theorised that as with female victims of sexual assault, men are not randomly selected from society but are often vulnerable people being preyed upon. Male victims are more likely to be without employment or from socially disadvantaged backgrounds (Weiss, 2010), have a history of childhood sexual abuse (Stermac *et al.*, 2006; Elliott, Mok & Briere, 2004), and present with physical or cognitive disabilities (Stermac, del Bove & Addison, 2004).



## 1.6 Making Sense of Male Rape

*“Making him suck me was more to degrade him than for my physical satisfaction”*

(Groth & Burgess, 1980, p.808)

Historically, male rape and sexual assault has been recognized and researched as occurring within institutional settings (Wall, 2011). In the 1970s male rape was first recognised as an issue within incarcerated populations (Graham, 2006), where it was viewed as a sexual outlet when heterosexual sex was unviable (Bullock & Beckson, 2011). However, modern research within prisons and the military has shifted from sexualised views of rape, to instead ascribing sexual violence to expressions of power and dominance (Knowles, 1999). Fowler *et al.*, (2010) suggested that sexual violence within prisons is often not defined as sexual assault, but as an accepted form of retribution when inmates break social rules.

### 1.6.1 Masculinity and Rape

Masculinity and gender discourses are central to how survivors and society make sense of sexual assault. In research literature up until 1980, the pronoun ‘she’ was used almost exclusively when referring to sexual abuse survivors (Coxell & King, 1996). Brownmiller (1975, p.18) defined rape as an incident when a ‘woman chooses not to have intercourse with a specific man and that man chooses to proceed against her will’. Thus sexual assault has been considered a direct expression of men’s nature and their dominant position in society where they desire to assert power over women and maintain patriarchal control (Buss & Malamuth, 1996).

For men the experience of being a victim of sexual assault conflicts with dominant notions of masculinity (Wall, 2011). Men are socialised to be strong, sexually aggressive and always in control (Donnelly & Kenyon, 1996). Females are assigned the role of sexual gatekeepers (Hovarth & Brown, 2010) and it is seen as more acceptable for a woman to deny sexual access to a man, than a

man to deny sexual access to a woman (Davies & Rogers, 2006). Consequently a man who has been raped is considered to have lost his 'manhood' and be rendered female (Novotny, 2012).

#### 1.6.2 Male Sexual Assault: Anti-gay or Anti-masculinity?

Sexual assault is frequently misunderstood as a crime motivated by passion and an inability to control sexual urges (Clarke & Stermac, 2011), which has fuelled the misconception that male on male sexual assault is a subset of homosexual behaviour (Jones, 1992). However, research has suggested the contrary - a victim's gender may be of minimal importance and that the rape act is ultimately an expression of power, retaliation and strength, not sexuality (Groth & Burgess, 1980).

Groth and Burgess (1980) suggest that in some male rape cases, the perpetrator attempts to punish the victim as a way of dealing with his unresolved and conflicting sexual interests. In these cases, the authors suggest that the perpetrators are on the one hand, unable to admit their interests in homosexual encounters, whilst on the other hand, unable to abandon pursuing such interests. Mezey and King (1989) in their survey of 22 male victims of sexual assault concluded that in certain cases the sexual assault represented an extension of 'queer bashing'. Sexual assault is thus used to punish the victim for arousing unwanted feelings of temptation in the perpetrator (Groth & Burgess, 1980).

However, most research has suggested that male rape is not an assault against homosexuality, but in fact an attack used to demonstrate masculinity (Abdullah-Khan, 2008) and prevent people from straying too far from their prescribed gender roles (Chapleau, Oswald & Russell, 2008). Kaufman (1980) argues that the construction of masculinity entails that all men are potential enemies to other men and rapists assert their masculinity with sexual violence against those with less social power and weaker physical strength. This is in line with rapists describing feelings of inferiority, strong negative self-image and powerlessness (Groth & Burgess, 1980). In this way, all men are vulnerable to the act of rape, but given the construction of masculinity in Western society it is possible that

those perceived as gay or effeminate may be at greater risk (Abdullah-Khan, 2008).

### 1.6.3 'Hierarchy of Suffering'

Studies exploring societal attitudes towards rape victims have referred to a 'hierarchy of suffering', whereby victims are differentiated according to sexuality and perceived levels of suffering following rape.

In experimental manipulations using rape scenarios, many studies have asked participants to rate the perceived suffering and blame attached to a victim of rape. In Doherty and Anderson's (2004) study, participants were found to discuss male rape by stressing its similarity in somatic terms to consensual intercourse. The participants voiced that sexual assault would be more 'horrible', 'destructive' and 'traumatic' for heterosexual men than it is for women or gay men (Doherty & Anderson, 2004). The authors theorised that male heterosexual victims of rape have departed from ideas of hegemonic masculinity (Connell, 1995) and as such will be ridiculed and ostracised in society (Doherty & Anderson, 2004).

Other studies have similarly found that rape is considered worse for men than for women (Sleath & Bull, 2010), that the impact of rape is minimized when considering gay men as victims (White & Yamawaki, 2009) and that gay men are attributed higher blame than other victims (Wakelin & Long, 2003).

Evidence of hierarchies of suffering exists within the wider rape and sexual assault literature (Rumney, 2009). Lees (1997) reported that police officers tended to believe in hierarchies of suffering, as they perceived rape to be less traumatic for a gay man. Even during parliamentary debates, Lord Swinfen (cited in Rumney, 2009) suggested that 'non-consensual buggery for a homosexual man would be an extremely traumatic experience. For a heterosexual man it would be an even greater trauma'. The notion of rape being more traumatic for heterosexual men may originate from ideas that they have experienced a sexual act that is foreign to them and incongruent with their sexual identity (Rumney, 2009).

#### 1.6.4 Rape Myths

The term 'rape myth' originates from feminist theory (Brownmiller, 1975), used to highlight the oppression and social control of women. Rape myths have been defined by Burt (1980) as "prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists" (p.217). Burt (1991) suggested that "rape myths are the mechanism that people use to justify dismissing an incident of sexual assault from the category of 'real' rape...such beliefs deny the reality of many actual rapes" (p.27). It has been suggested that a primary social force in female victims' maltreatment in society is the acceptability of rape myths (Chapleau, Oswald & Russell, 2008).

Recently research has started to discuss how rape myths are applied to male victims. Male rape myths such as; "Men cannot be forced to have sex against their will" (Stermac *et al.*, 2004), serve to deny male sexual assault by suggesting that a man's physical strength and size means they are incapable of being overpowered and forced into sexual activity (Fisher & Pina, 2013).

Rape myths exist that suggest men cannot be sexually assaulted due to erections signifying an act of consent, and men are incapable of functioning sexually unless they are aroused (Smith, Pine & Hawley, 1988). However, research exists that refutes both of these ideas. Coxell and King (2010) report on the phenomenon of Tonic Immobility (TI); a temporary state of immobility and muscle rigidity, suggesting that men may experience 'freezing' during sexual assault and as such be unable to fight back (Coxell & King, 2010, p.376). Further, research has shown that involuntary arousal and ejaculation can occur in cases of extreme anxiety (Bullock & Beckson, 2011) and even anger (Smith, Pine & Hawley, 1988). These reactions may be inexplicable or shameful to survivors (King, 1992); Groth and Burgess (1980) propose that perpetrators may stimulate a victim to ejaculation to humiliate the victim and discourage reporting.

## 1.7 Societal Attitudes to Male Sexual Assault

*“If being raped was hell, then facing society afterwards was worse”*

Male victim of rape (Guardian, 2002).

### 1.7.1 Media

How people make sense of sex and rape can be influenced by the types of stories available in the media. When male rape is storied in films or television programmes it tends to reinforce views that male rape only happens within certain settings, such as prisons (Turchik & Edwards, 2011). Or instead is depicted as humorous, as observed in TV shows such as *Family Guy* (youtube, 2010). When films feature men being forced or coerced to have sex with females this tends to not be regarded as a sexual assault. Films such as *Forty Days and Forty Nights* (2002) and *Wedding Crashers* (2005) show male characters forced into sex against their will with women without this being defined as sexual assault (Bourke, 2007). Other representations of male rape committed by women, such as in *The Graduate* (1967), characterize female perpetrators of abuse as an initiation fantasy for the younger man (Bourke, 2007), where female sexual assertiveness is portrayed as seductive (Gavey, 2005).

Abdullah-Khan (2008) performed a content analysis of UK newspaper coverage of male rape between 1989 and 2002, discovering that there was increased coverage of male rape from 1989 onwards, but criticized articles for their stereotypical views, such as portraying male rape as a homosexual issue and depicting male victims as liars (Turchik & Edwards, 2011). Franuik, Seefeldt and Vandello (2008) draw attention to how rape myths within the media perpetuate false beliefs and victim blaming in society. For example, a story on the BBC news website (2005) ran with the headline *“Man raped in city’s gay village”*, which arguably reinforces ideas that male rape is a homosexual problem.

The portrayal of male rape within the media is hugely influential in determining how men make sense of their experience. The media has the ability to perpetuate rape myths or the power to raise social consciousness surrounding these issues.

### 1.7.2 Victim Blame

Victim blaming reflects the way that people understand events that potentially have adverse consequences. Anderson (1996) refers to victim blaming as part of the “psychodynamics of everyday life”, a way of focusing away from the perpetrator of crime and looking instead at how the victim took steps to avoid harm. Authors have drawn on notions of just world theory (Lerner & Matthews, 1967; cited in Anderson, 2004) and defensive attribution hypothesis (Shaver, 1970) to understand why people have attributed blame towards rape survivors.

A number of empirical studies have looked at attributions of blame, often using hypothetical rape scenarios and college students. Whilst this approach and the population used has its limitations, it nonetheless offers insights into how society constructs victim responsibility and it would seem reasonable to assume that this could reflect in the attitudes of people that victims are likely to encounter. These studies have found that men tend to blame victims more (Mitchell, Hirschman & Nagayama Hall, 1999; White & Kurpius, 2002), identify more with perpetrators of sexual assaults (Gerber, Cronin & Steigman, 2004), and have preconceived ideas that rape is more pleasurable and less traumatic for male victims (Mitchell, Hirschman & Nagayama Hall, 1999); this could have important consequences on what it then means for a man to become a victim of rape and sexual assault.

## **1.8 Reporting Sexual Assault**

*“But you’re a man, this shouldn’t bother you”....later on he told me that the best thing to do would be to pull up my pants “and forget it ever happened”*

(Pelka, 1992. Speaking about his experience of reporting rape to the police)

For male rape to be acknowledged within society the issue of reporting is crucial to gain social recognition and to have services in place to support survivors. Hegemonic constructions of masculinity (e.g. needing to be ‘macho’ and strong) may make reporting of sexual assault particularly difficult for men. Firstly a man

might feel emasculated by the act of sexual subordination (Connell, 1995) and secondly he may feel pressured by gendered socialisation that encourages men not to disclose their problems and to be self-reliant (Sundaram, Laursen & Helweg, Larsen, 2008).

King and Woollett (1997) looked at 115 men who sought help from a counselling service SURVIVORS<sup>5</sup>, following sexual assault. They discovered that only 15% of men had reported to the police, and 77% of men had not sought any help following the assault until their contact with SURVIVORS. Similarly to men, only 15% of female victims of the 'most serious sexual offences' (defined as rape and sexual assault) reported to the police (Ministry of Justice, 2013).

Other studies suggest that men are more likely to seek help if they sustain physical injuries in the assault (Kaufman *et al.*, 1980; Pino and Meier, 1999). However, in a study by Mezey and King (1989) that focused on 22 male victims of sexual assault, five men sought help for injuries sustained in the attack, whilst ten others received injuries but did not seek any medical attention.

It has been suggested that victims do not report to the police because they fear being blamed or disbelieved (Davies & Rogers, 2006) and because they feel too ashamed (King & Woollett, 1997; Sable *et al.*, 2006; Weiss, 2010). The reactions of others are important in learning how men make sense of what has happened to them. Williams and Holmes (1981) first coined the term 'second assault', to describe how female sexual assault survivors can be revictimized by the negative attitudes and behaviours of the people and services they turn to for support. Washington (1999), in her interviews with 6 male survivors of sexual assault from child and adulthood, suggested that secondary assault is also experienced by male survivors -from their immediate support systems of family and friends, to formal and informal counselling services, the medical profession and the police. Mulkey (2004) described three male veterans who were sexually assaulted while in the military and reported that "All three of the men in [the] group agreed that the responses of those they turned to for help were indescribably more traumatizing than the actual assault".

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<sup>5</sup> SURVIVORS is a London based charity that offers face-to-face help and a support line for male survivors of adult rape and childhood sexual abuse.

### 1.8.1 The Role of the Police

The police force has historically been considered a 'macho' profession, equated with crime-fighting and physicality (Chan, Doran & Marel, 2010). A 'cult of masculinity' has been observed which views male police officers as acting tough and masculine, in order to be considered 'real police' and maintain the 'macho' police culture (Young, 1991). This 'macho' portrayal juxtaposes with a compassionate, nurturing image in which we may trust someone to be equipped to handle the emotional complexities of cases involving rape and sexual assault (Westmarland, 2001).

Police work on the front line, seeing victims at their most distressed and traumatised (Stern, 2010). How the police respond to victims can subsequently influence whether someone will trust others to hear their experience (Anderson & Lyons, 2005).

Evidence suggests that negative police reactions may be a particular problem with respect to male rape victims (Rumney, 2008). Very few male victims report to the police and of those who have there have been mixed responses documented about their perceived helpfulness (King & Woollett, 1997). Coxell *et al.*, (2000) studied sexual molestation in men attending a GUM service and found that of the 18% that reported adult sexual assault, none had reported their experience to the police. Victims have been described as being reluctant to report to the police out of a perception of the police as being anti-homosexual (Mezey & King, 1989). Out of 22 men, two men in their study reported to the police, one of whom was heterosexual while the other decided to conceal his homosexuality (Mezey & King, 1989). Of the 6 men interviewed by Washington (1999), 5 decided not to report to the police out of a fear of "being revictimized" (p.727), stating how they feared they would be blamed and not taken seriously.

There is also evidence of bad practice within the police service. Abdullah-Khan (2008) surveyed 79 police officers and reported that 34% believed that male victims received worse treatment than female victims by police officers. The police have been criticised for failing to preserve crime scenes and collect the



correct evidence in cases of male rape (Rumney, 2008). Similarly for female victims, bad practice has been highlighted in police investigations. Recently in the media, the police have been criticised with regards to female victims of rape, with 19 officers disciplined and 3 dismissed for the handling of rape complaints (BBC, 2013). Negative portrayals such as these could deter people from reporting rape.

The investigation of rape and sexual assault is particularly sensitive and challenging, and how police respond in the initial instance is crucial for the outcome of cases. The 'Without Consent' report published by Her Majesty's Crown Prosecution Service Inspectorate (HMCPSI, 2007) stated that 31.8% of 'no crime' recorded by the police in relation to rape cases was non-compliant with the Home Office Counting Rules. Police officers' comments in the Stern review (2010) highlighted that they "cherry-pick complaints" based on their perception of "good cases"; one police worker commented "if a case isn't likely to result in a charge and conviction, I won't record it as a crime" (Stern, 2010, p.57). Though the police likely use the "no crime" label for several categories of crime, the effect of a 'no-crime' label could invalidate a rape victim's experience and fail to recognise the severity of sexual assault within society or the criminal justice system. It has been stated that male victims are more likely than female victims to have their cases regarded as 'no crime' (Rumney, 2009).

Since 2002 the Metropolitan Police have introduced Project Sapphire, a specialist police unit specifically trained to support male and female victims of rape and sexual assault ([www.met.police.uk/sapphire](http://www.met.police.uk/sapphire)). This places specially trained officers (Sexual Offences Investigation Trained: SOIT officers), as responsible for seeing the victim through from initial evidence to court case (Jamel, Bull & Sheridan, 2008). Whilst the introduction of SOIT officers is a positive move towards supporting victims of sexual assault, with the number of male victims reporting to the police being so low, the experience SOIT officers have is as such limited (Jamel, Bull and Sheridan, 2008). Jamel *et al.*, (2008) reported that 53% of SOIT officers had dealt with a maximum of three male rape cases, none of which had reached the trial stage a further 11% of SOIT officers have never supported a male rape victim. Male rape may only comprise one hour of training

for SOIT officers, leaving police officers ill equipped to understand the complexities of male victims' experiences (Jamel *et al.*, 2008).

### 1.8.2 Court

The court experience can have symbolic meaning for survivors of sexual assault; it can offer a chance for victims to reclaim the power they lost to the aggressor in a protected environment (Des Rosiers, Feldthusen & Hankivsky, 1998). However, very few men proceed through to this stage of reporting and statistics suggest that achieving a conviction in a rape or sexual assault case is incredibly hard (Stern, 2010). Conviction and attrition rates in rape cases are created from a complex mix of the victim's decision to report to the police, police decisions to investigate and ability to locate suspects, and prosecutorial decisions to proceed with the case to the court room (Daly & Bouhours, 2010). Current statistics indicate that between 60,000 – 95,000 rapes are committed a year (including both male and female victims), of these 2,910 proceed to court and 1,070 result in conviction (Ministry of Justice, 2013). Currently the conviction rate for male rape is 77%, which is higher than that for female victims which stands at 47%, yet the reasons for this have not been investigated (Stern, 2010).

It has been argued that prosecutorial and court decisions continue to operate with a 'real rape' (Estrich, 1987) construct in mind, with juries influenced by a number of stereotypes surrounding 'appropriate' sexual behaviour (Daly & Bouhours, 2010; Tang, 2000). Estrich (1987) first used the term 'real rape' in feminist writings to refer to societal ideas that rape is perpetrated by an "armed man jumping from the bushes" (p.8). She outlined how stranger rape had come to be erroneously dubbed "real rape" and as such acquaintance rape was often not taken seriously by others, and a women's credibility and character were likely to be questioned. Lees (1997) identified how juries are often suspicious about a lack of physical resistance during an attack; it is possible that this stereotype could be even more powerful in a case involving a male victim. It is likely that when the media portray stories of "false reports" of people who "cried rape" (Daily Mail, 2013) it contributes to the suspicion that surrounds sexual assault. This could prevent people from reporting rape crimes but also shapes societies, and in effect

juries' ideas that there is such a thing as "real rape". Defence lawyers have been said to use a variety of tactics such as cultural 'real rape' narratives to protect perpetrators (Rumney, 2008). Sinclair and Bourne (1998) propose that the same rape myths that negatively impact on convictions in court are in turn strengthened by not-guilty verdicts, ultimately strengthening pre-existing myths in society towards rape. As LaFree (1989, p.153) outlines; "When a jury returns a....verdict in a rape trial, it also contributes to the ongoing process of defining rape....in a very real sense, rape is whatever a jury says it is".

## **1.9 Relevance to Clinical Psychology**

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

[Male survivor's comments in Walker, Archer & Davies, 2005a]

### **1.9.1 Psychological consequences of Sexual Assault**

There can be no typical response to being raped, as the effects of sexual assault are unique for each survivor and research suggests that men may present with diverse psychological, sexual and health problems (Walker, Archer & Davies, 2005b).

Literature looking at the psychological consequences of rape on women have suggested that female victims present with fear and anxiety (Resick, 1993), posttraumatic stress disorder (PTSD), depression (Rothbaum *et al.*, 1992), and difficulties with social adjustment (Resick *et al.*, 1981). For male victims, the psychological sequelae of sexual assault have been linked to; poor self-esteem (Anderson, 1982; Ratner *et al.*, 2003), depression (Goyer & Eddleman, 1984), anxiety (Mehdikhani, Kiemle, Ahmad, 2005), poor life satisfaction (Choudhary, Coben & Bossarte, 2010), self-harm (King, Coxell & Mezey, 2002) and alcohol and substance use (Ratner *et al.*, 2003; Stern, 2010).

In Mezey and King's (1989) study, sexual problems were a "universal theme" amongst male participants, alongside problems forming and maintaining close and trusting relationships. Heterosexual victims have been reported to experience sexual confusion following assaults by men (Coxell & King, 1996; Pretorius & Hull, 2005). Further, gay male victims have reported internalized homophobia (Gold, Marx & Lexington, 2007), perhaps following an assault which was perceived as punishment for their sexual orientation (Davies, 2002).

It is of particular concern that male survivors have reported infrequent emotional and social support (Choudhary, Coben & Bossarte, 2010). In Mezey & King's (1989) study, two of the 22 men had attempted suicide and in a more recent paper by Walker *et al.*, (2005b) an association was found between male victims not seeking psychological help and attempted suicide.

#### 1.9.2 Help for the Sexual Assault Survivor

The decision to seek help is difficult for male survivors of sexual assault, as it encompasses overcoming barriers of shame around the assault and masculine ideals of help seeking. It has been said that men will often present at services for other reasons, such as alcohol use (Crome, 2006) or for medical advice (Walker, Archer & Davies, 2005a), whilst concealing the assault itself. Monk-Turner and Light (2010) identified that men who were penetrated during the assault were significantly less likely than other victims to seek help, arguing that these men were possibly experiencing shame and confusion regarding their sexual identity, which they could not discuss with another.

Currently there is insufficient empirical literature to guide clinicians on effective psychological interventions for male survivors of sexual assault. Interventions are usually delivered on the basis of clinical experience and from literature on female rape and childhood sexual abuse (Vearnals & Campbell, 2001). In Washington's (1999) interviews with male survivors of sexual assault, a common theme among survivors was that therapeutic interventions were not designed to address male concerns and were insensitive to their unique experience. Sepler (1990) warns against using approaches designed for children or females with male survivors,

since these interventions tend to reassure survivors that they were helpless in the abuse situation. However, as male socialisation is antithetical to a notion of helplessness and instead emphasises independence and power, using such approaches with males would need careful consideration.

Mendel (1995) suggests that men should be helped to understand their response within a masculinity framework, that submission to sexual violence is a biologically determined, lifesaving response that co-exists with masculinity. Pretorius and Hull (2005) suggest that the experience of rape “wrestles control of the victim's life from him....destroys who and what the victim was, his old self, shattering it into a million pieces” (p.8). As such they suggest that effective treatment should help male victims to reframe and recontextualise the rape, integrating the experience into a new sense of self (Pretorius & Hull, 2005).

The fact that male sexual assault has only recently been recognised in law means that services are yet to respond to the needs of male survivors (Abdullah-Khan, 2008). Donnelly and Kenyon (1996) investigated the responses of medical, legal and mental health professionals to male sexual assault victims. They surmised that traditional gender role stereotypes, lack of responsiveness and gaps in service provision contribute to a lack of support for male survivors. Many of the professionals thought that sexual assault was not a problem for men, with comments such as “Men can't be raped” and that if they were raped it was because they “wanted to be”. Whilst this study was carried out over 12 years ago, very little research has looked at whether these findings are still relevant today. However, it was found by Anderson and Quinn (2009) that a more recent cohort of medical students expressed similar attitudes to those found by Donnelly and Kenyon (1996). In their study male medical students held more negative attitudes towards male victims of rape and rape victims in general, than female medical students (Anderson & Quinn, 2009).

One idea put forward in Donnelly and Kenyon's (1996) paper, was that ownership of the problem of rape has long been a feminist issue. Therefore it could be difficult for feminist organisations set up to support female victims, to relinquish their “turf” and enable recognition of and access to male survivors (Donnelly &

Kenyon, 1996). Services clearly need support and training in regards to male survivors of sexual assault.

### **1.10 Research Aims**

Sexual assault has been shown to have a number of psychological effects on male victims, which can have a devastating impact on their well-being (Stermac, del Bove & Addison, 2004). The services and sources of support that victims turn to have the ability to both assist in a victim's recovery, as well as exacerbate the impact of crime (Kaukinen & DeMaris, 2009).

To date, virtually no studies have attempted to examine why some male survivors seek help and others do not (Monk-Turner & Light, 2010). There is a paucity of research in the area of male rape and in particular towards help seeking. It is therefore important to gain an understanding of what it is like for survivors to disclose their experience to others and what, if any, help is wanted or available. In consequence, the following presents an exploratory study with the aim of addressing several broad research questions:

1. How do men make sense of the experience of being a male victim of a non-consensual sex act?
2. What factors influence the decision-making of whether to report the crime?
3. How do male victims of non-consensual sexual acts experience the responses of those they turn to for help?

## **2. METHODOLOGY**

In this chapter, I propose a rationale and method for exploring the concept of help-seeking with male survivors of sexual assault.

### **2.1 Epistemological Position**

Madill, Jordan and Shirley (2000,p.17) suggest that “qualitative researchers have a responsibility to make their epistemological position clear, conduct their research in a manner consistent with that position and present their findings in a way that allows them to be evaluated appropriately”. For this research I have chosen to adopt a critical-realist position, also known as ontological realist; situated between realism, assuming a direct relationship between observation and reality, and relativism, where truth is always constructed (Harper, 2012). In doing so, I acknowledge my position as researcher within the process of analysis; that whilst trying to understand what is happening in the real world, I will ultimately shape this process and outcome (Willig, 2001).

Willig (2001) suggests that in clarifying the epistemological position of a given research method, it is useful to answer these three questions:

- i. What kind of knowledge does the method produce?
- ii. What kind of assumptions does the method make about the world?
- iii. How does the method conceptualise the role of the researcher in the research process?

I adopted the epistemological position of critical-realism as the knowledge it produces from qualitative research is drawn both from the participant’s speech and from “beyond the text” (Harper, 2012, p.89). This is important as a critical realist position acknowledges that an individual might not be aware of all the factors influencing their experience, such as political, historical influences, that shape and maintain experiences in a broader context (Harper, 2012). It further allows for recognition of how the researcher will influence the analysis of the data. I will address Willig’s (2001) questions further below.

## **2.2 Rationale for Choice of a Qualitative Method**

Qualitative research aims to understand 'what it is like' to experience particular conditions, and to uncover the meanings that experiences hold for people (Willig, 2008).

The experiences of male survivors of sexual assault have thus far been studied mostly within a quantitative frame of research. Most literature has been written within a social cognition paradigm, examining outsider attitudes and perceptions of sexual assault through hypothetical scenarios (Doherty & Anderson, 2004). There is a distinct lack of research exploring the experience and meaning of the phenomenon of male rape (Pretorius & Hull, 2005).

Qualitative methods of research move away from pre-determined hypotheses and constructs and aim to generate new ways of understanding the phenomena of interest. The literature on male sexual assault has largely been an extension of the research on female sexual assault, investigating whether the problems reported in female rape are experienced by men. The experience of male survivors seeking help and informing others of their experience is not well understood or researched, therefore an exploratory study investigating this experience seemed an appropriate first step for the research. A qualitative study will enable deeper insight into the experiences of men, allowing men to describe their experience in their own words, with less influence imposed by ideas of the researcher.

## **2.3 Thematic Analysis**

Qualitative research approaches are extremely diverse and nuanced (Holloway & Todres, 2003). In deciding upon a framework from which to analysis the data I considered different theoretical approaches before deciding upon thematic analysis. Thematic analysis seemed the most appropriate method given that it can also be a constructionist method, allowing an examination of how experiences are affected by a range of discourses operating within society (Joffe,



2012). Moreover it is a method that “works both to reflect reality and to unpick or unravel the surface of ‘reality’” (Braun & Clarke, 2006 p.81). Using thematic analysis in this way sits with the critical realist position outlined above.

Thematic analysis is a method for identifying, analysing and reporting patterns in verbal data (Braun & Clarke, 2006). It is independent of theory and as such allows for a broad investigation of the issues around male sexual assault. Data can be coded at the semantic or manifest level (directly observable in the information) or at the latent or interpretative level (underlying the phenomenon) (Boyatzis, 1998, p.4). Braun and Clarke (2006) position the semantic approach within realist epistemology; in contrast thematic analysis at the latent level sits within the constructionist paradigm. From a critical realist perspective, I aim to identify both manifest themes that are directly observable in the data, whilst also taking into consideration deeper latent meaning that encompasses broader contextual factors. This allows for a generation of themes that are patterns of explicit and implicit content (Joffe, 2012).

Thematic analysis can be approached from a theory-led (deductive) approach or a data driven (inductive) approach (Braun & Clarke, 2006). The inductive approach is congruent with the exploratory aims of this research as it is not bound by pre-existing theory and instead allows for the generation of codes and themes that are more representative of the data set, without trying to fit into a pre-existing coding frame. Joffe (2012) advocates for a combination of dual “deductive-inductive” approaches and “latent-manifest” themes (p.210) to achieve the highest quality work. From this position, the researcher approaches the data set with an awareness of the literature base, yet remains open to new concepts that emerge (Joffe, 2012). Thus, the researcher avoids “reinventing the wheel” but continues to look for novel concepts that potentially can transform understanding of the topic (Joffe, 2012, p.210).

## **2.4 Participants**

### **2.4.1 Recruitment**

Reflective of the silence around male rape was the difficulty in establishing recruitment pathways for the research. I hoped to speak to men with a range of different experiences, those who had been in touch with services and/or reported to the police and those who had not made links with any support. Initially contact was made with academics that had published in the area of male sexual assault to hear their experience of recruiting from this population. Following these conversations, two pathways of recruitment were utilised, the first involved asking charities to signpost my research to the men they had already established contact with and the second involved using social networking and the internet to advertise the research.

Contact was made with a total of 19 rape and sexual assault charities (see appendix 2 for a list of the charities) whose remit was either to solely support male survivors of sexual assault or who would not exclude men from their client group. Most of these charities explained that it was either not their policy to support outside research or they did not return my contact after numerous attempts. Three charities supported the research project; these being: SURVIVORS UK (London), SURVIVORS Manchester and Living Well: Australia. All three charities have been set up to provide support to men who have experienced sexual abuse as a child or adult. Whilst I was aiming to recruit men from within the UK so as research findings would be relevant to clinical practice within the UK, I advertised on the Living Well Australia website as it contains information relevant to sexual assault that can be accessed by men living anywhere. Their website has links to a much used forum where people all over the world have posted in and as such it was hoped that my research flyer may be viewed by men living in the UK. All three charities posted the information sheet on the research pages of the website and SURVIVORS Manchester further highlighted my research in their newsletter (Appendices 3 -5).

With the aim of speaking to men who had experienced reporting sexual assault to the police I made contact with Victim Support, a national charity set up to help victims of crime across England and Wales. The Research Manager at Victim Support distributed the participant information sheet to the regional offices that Victim Support cover and asked their research team to signpost anyone to the research who met the inclusion criteria.

The second recruitment pathway focused on using social networking websites and forums set up for male survivors of sexual assault to advertise the research. A tumblr website was created: <http://malesurvivorstudy.tumblr.com/> (Appendix 6). This was used to advertise the research project and could be found through search engines and was further used as a link that was posted on two Facebook forums for male rape survivors to contact if they were interested in participating.

#### 2.4.2 Inclusion Criteria and Rationale

##### Inclusion Criteria

- Men aged over 18 years old
- Experienced 'non' consensual sexual act' over the age of 18
- Not currently involved in court proceedings

As discussed in the introduction, definitions of rape and sexual assault can be ambiguous and are often used interchangeably within research literature and everyday conversation. For the purposes of this research, men who experienced a 'non-consensual sexual act' were included for participation. There is no consensus within the literature concerning inclusion or exclusion criteria for male victims of rape or sexual assault. Previous studies have defined assault as 'unwanted sex' (Mehdikhani, Kiemle & Ahmad, 2005); 'non-volitional sex' (Kalmuss, 2004); 'any non-consensual sex act' (Isley & Gehrenbeck-Shim, 1997); 'attempted or completed sex' (Lottes & Weinberg, 1997), 'sexual assault' (Kimerling *et al.*, 2002) and many other criteria. For the purpose of this study I have chosen to define sexual assault as a 'non-consensual sexual act'. This will

cover all unwanted, coerced sexual activity that is either performed on the victim or that the victim is forced to perform.

There are both advantages and disadvantages to using broad vs. narrow definitions of sexual assault. A disadvantage to using broad terms was noted by Peterson *et al.*, (2011), demonstrating in Muehlenhard and Cook's (1988) study, the definition 'unwanted sex' yielded an unusually high percentage (94%) of a non-clinical college sample of men. They suggested that 'unwanted' was an ambiguous term that may not indicate non-consensual sex that has been coerced or forced. However, the advantage to using broader terms than rape as defined by the Sexual Offences Act (2003) is that it can illuminate the more subtle forms of coercion that men may experience. This is important given that even "seemingly 'minor' forms of coercive sex can have negative consequences" (Peterson *et al.*, 2011, p.16). It is also suggested that a lower percentage of men report sexual assault when more stringent definitions are used (Bullock & Beckson, 2011) and that many acts against a victim (which one may perceive to be a sexual assault) are missed within the strict legal criteria (Vearnals & Campbell, 2001).

#### 2.4.3 Sample

The final sample comprised of six men who made contact with me through either Victim Support (four participants), SURVIVORS (Manchester) (one participant) or from seeing my details on the website created for the research (one participant). All the men that made contact who had experienced sexual assault in adulthood were included. Two further men made contact having experienced sexual abuse in childhood, however they were not recruited for the research as the sexual assault had not occurred after the age of eighteen.

Table 1 summarises basic demographic information about the six men who participated in the study. Participants were asked for the year that the assault took place so that their experience could be understood within the context of services that were available at the time and to take account of changes in policing and the law. Other demographic details, such as sexuality were not

asked for as I did not want to influence or constrain conversation, but participants chose to make reference to them in their talk and as such they are included in the table below.

Table 1.      Demographic Details of Participants

<b>Pseudonym</b>	<b>Demographic Information</b>	<b>Year of reporting to the police and outcome of criminal case</b>
Dinesh	Male, 20s, Asian, single, identifies as homosexual. Living in Greater London. Sexually assaulted by another man in 2010.	Reported to the police in 2010. Case closed by police <sup>6</sup>
Howard	Male, 60s, white British, married, identifies as heterosexual. Living in Wales. Sexually assaulted in 2008 by a gang of men.	Reported to police in 2008. Case closed by police
Robert	Male, 30s, white British, in a relationship, identifies as heterosexual. Living in Wales. Sexually assaulted in 1992 (aged 18) by another man.	Reported to police in 2010. Case went to a second trial at court, perpetrator convicted with a two year suspended sentence.
Steve	Male, 40s, white Irish, single, identifies as homosexual. Living in North West England. Sexually assaulted in 2009 by another man.	Reported to police in 2009. Perpetrator convicted with a four year prison sentence.
Tim	Male, 30s, white British, single, identifies as homosexual. Living in	Case not reported to the police

<sup>6</sup> Participants referred to 'case closed' by the police when the police did not proceed with the investigation due to insufficient evidence available for a prosecution.

	North West England. Sexually assaulted in 2002 by another man.	
Lee	Male, 20s, white British, in a relationship, identifies as homosexual. Living in East Midlands. Sexually assaulted in 2009 by another man.	Reported to police in 2009. Participant decided to withdraw from criminal proceedings

## 2.5 Data Collection

### 2.5.1 Interview Process

A letter, information sheet and consent form (see Appendices 7, 8 and 9) were sent to the men who agreed to be contacted for the research. Once each man had acknowledged receipt of this, either using email or by a telephone, a conversation was had around participation and an agreement of location was decided depending on where each man deemed he would feel most comfortable to speak. Three of the men were seen in their own homes (Dinesh, Howard and Robert) and three (Steve, Tim and Lee) were seen in a local bar or cafe of their choice.

Prior to the interview commencing the information sheet and consent were discussed again, emphasising rights around participation and withdrawal from the study. Each participant agreed to take part in the study and signed the consent form at the start of the interview.

Interviews lasted an average of 1 hour 25 minutes, ranging from 51 minutes to 2 hours 42 minutes

### 2.5.2 Materials

A digital voice recorder (Olympus VN 8600PC) was used to audio record all interviews. Audio-recording was explained to all participants before interviews were booked and consent was further taken at the time of interview. An interview schedule was developed prior to the recruitment process (Appendix 10) and was used as a guide for questioning. I envisaged that recruitment would be potentially difficult with a hard to reach population such as male survivors of sexual assault and as such my interview schedule was not able to be developed through the use of a focus group. It is important therefore to reflect on how the interview questions were drawn up from my own interests and pre-existing biases.

### 2.5.3 Interview Schedule

Interviews started with a conversation about how to talk about the experience, thinking about the words that the participants prefer to use and whether there was anything that they did not want to discuss. It was emphasised to each participant that breaks could be taken within the interview and that they did not have to discuss anything they did not wish to. As any qualitative interview is inevitably bound by the researcher's choice of questions and world-view, I endeavoured to remain open to views that I had not expected or encountered. The number of questions I asked participants varied from interview to interview, and I attempted as much as possible to allow the participants free speech in talking so as I could minimise my impact on the interview process. The direction of each interview was shaped by an unfolding discussion between myself and the participant, and questions were mostly used to develop deeper investigation of issues or areas of interest that the participant brought into conversation.

## **2.6 Ethical Considerations**

### 2.6.1 Confidentiality

It was explained to all participants that confidentiality would be ensured by the use of pseudonyms and removal or alteration of potentially identifying

information. Details of names corresponding to pseudonyms along with consent forms were kept separately from the audio recordings and transcripts. In the process of transcribing I removed or assigned pseudonyms to all names of people and places. Any information that could identify participants was removed from transcripts and the final report.

### 2.6.2 Ethical Approval

Ethical approval was sought from the University of East London Research Ethics Committee (Appendix 11). Amendments to the original ethical approval were sought and the email confirming those changes is documented in Appendix 12. The research was approved subject to minor amendments; revisions were corrected and discussed with my supervisor. As resubmission to the ethics board was not necessary it was agreed by my supervisor that recruitment could commence. The present study's title was changed from the original application, and the current title's approval letter is included in Appendix 13.

As there was no clear recruitment route through the NHS for male survivors of sexual assault I chose not to advertise this study within the NHS, and as such it did not need NHS ethical approval.

### 2.6.3 Ethical Considerations for Participants

I was mindful that the literature on male sexual assault suggests that men often do not disclose their experience to others, and can hold feelings of shame, fear and self blame. Coyle and Wright (1996) suggest that when researching sensitive topics it can be useful to conduct interviews using counselling techniques. Further, seeking consent over the process of the interview, known as 'processual consent' (Rosenblatt, 1995) was used to check in with each participant. Questions such as "would it be ok to ask you more about that?", "are you ok to continue talking?" were used in an attempt to address power relationships with the participants in the hope that they would feel more in control of shaping the interview process and feel comfortable to speak. The British Psychological Society (2009) has also published guidance for psychologists on ethical



behaviour through clinical and research work; which was followed throughout the research.

Each participant was given an additional information sheet (appendix 14) at the end of the interview that listed support services that could be contacted if they felt they required help. Time was allocated at the end of each interview to talk about anything the interview may have raised and to have some time for participants to reflect on the process of talking.

For my own safety of visiting participants in the community I followed the National Health Service (NHS) guidance on lone workers, “Not alone” policy (National Health Service, 2005) at all times.

## **2.7 Reflexive Statement**

Researcher reflexivity is important in qualitative work as it has been suggested that this process can highlight the researcher’s subjective positions and reveal any hidden assumptions that they may bring to the research (Coyle, 1996). However, as Harper (2007) highlights, it is not sufficient to simply list one’s social locations (e.g. ‘white, working class background’) but to reflect and understand how these may have influenced the research material.

At the time of the research I held a number of identities relevant to the research:

- Female
- White, British, working class background.
- Sister to a brother who identifies as homosexual
- Trainee Clinical Psychologist

My status as a female researcher exploring a sensitive male topic was an important consideration in designing the research and for holding in mind throughout the entire research process. The literature indicated that male survivors of sexual assault have a preference for talking to females about their experience, and that men have reported perceiving females as more supportive (Barnett *et al.*, 2012) empathic and accepting (Myers, 1989). However, being a

female, along with the other identities I hold will undoubtedly have influenced the research process.

Holding a privileged white, British identity and identifying as heterosexual I was aware that I have faced little stigmatisation throughout my life, yet would be speaking to men who have possibly experienced stigma before their sexual assault or after. I could be perceived as not understanding or sympathetic to the men's stories and held concern that I could further victimise them in my responses.

My relationship with my brother had the potential to mean I was more receptive to some of the issues around homosexuality that may be relevant to the participants, however, I risked falling into the notion that there might be a universal sense of a gay male identity and I needed to be sensitive to times when my pre conceived ideas may close down conversations.

As a trainee clinical psychologist, my work with clients has involved formulating people's experiences and feelings within the contexts of their lives. I needed to consider how psychologists can be seen by others to hold positions of power in society and particularly hold knowledge of emotional distress and mental health. I wanted to avoid eliciting 'expert' ideas with the participants and not influence the interviews from a mental health perspective.

I considered how participants may be curious about a female's motivation to research a male taboo topic, and reflected on the decision processes in designing the research. During my first year of the clinical psychology training doctorate I was privileged to work with a client who had reported her step-father for childhood abuse, her case went to the crown court and I bore witness to her story within the court room and in individual psychology sessions. Whilst I admired her determination to continue with the case to prosecution I observed the complexities of prosecuting sexual abuse cases in a court of law and feelings of injustice and frustration resonated in me. I felt that the questions used by the barristers were accusatory towards the victim and the process of testifying in court was incredibly difficult and relentless. Identifying with feminist values I am

concerned about social inequalities and wanted to explore how men are able to report and talk about a social issue that is viewed largely with a female lens. Recognising that the research will inevitably be shaped by the positions I have detailed above, I kept a reflective journal from the start of the literature review through to the analysis phase. The reflective journal increased my insight into the influence of these identities and helped me to reflect on whether my subjectivity was impeding objectivity and whether I was privileging certain ideas in order to try and take a more neutral stance to the data collection and analysis. The reflective journal is explored further in the discussion.

## **2.8 Data Analysis**

Below I detail how I adhered to conducting a thematic analysis of the data in line with Braun and Clarke's (2006) guidelines (Appendix 15). A worked example of a participant's transcription to analysis and inclusion in the report is provided in appendices 17 to 25.

### **2.8.1 Transcription**

Audio-recordings were transcribed verbatim, and in transcribing the interviews myself I was able to begin the process of familiarizing myself with the data and start the analysis of meaning (Braun & Clarke, 2006). Various conventions exist for transcribing qualitative data, however thematic analysis does not require the same level of detail as other methods such as conversation analysis and as such there is not one set of guidelines to follow for the transcription process (Braun & Clarke, 2006). Braun and Clarke (2006) outline that transcripts for thematic analysis require at a minimum "a rigorous and thorough orthographic transcript" and that it retains information from the verbal account so that it stays "true to its original nature" (p.88). As such I added nonverbal utterances to the transcriptions such as pause length, coughs, emphasis on words, or if a participant cried or became upset during the interview (see appendix 16 for transcription key). Transcripts were checked against the original audio recordings for accuracy. Re-reading of the transcripts allowed for further familiarisation with the data and

during this process I started to make handwritten notes in the margin of the texts for areas of initial interest (Appendix 17).

### 2.8.2 Generating Initial Codes

The handwritten notes consisted of initial ideas about the content of the data and any areas of initial interest; these formed the basis of the initial coding stage. These initial ideas taken from the raw data were then organised into a “codebook” (Guest, MacQueen & Namey, 2012, p.52). Boyatzis (1999, p.63) describes a code as “the most basic segment, or element, of the raw data or information that can be accessed in a meaningful way regarding the phenomenon” (Boyatzis, 1999, p.63). The development of the coding frame involved both inductive codes grounded in the data, and theory inspired codes that I generated from my knowledge of the literature (Braun & Clarke, 2006). Extracts were collated under each code and surrounding text was included to retain context and aid with the understanding of meaning at the later stage of analysis (Braun & Clarke, 2006). The entire raw data set was coded systematically. Some extracts were coded simultaneously under a number of codes if relevant. Contradictions, inconsistencies and exceptions in the data were also coded. Over the coding process, refinements were made to the codebook and the final version can be found in appendix 18. A sample of a coded extract is included in appendix 19.

### 2.8.3 Searching for Themes

Once data extracts had been collated under specific codes, the codes were examined for patterns in the data and this started the process of analysing the data at the broader level of themes. Initial codes were sorted into potential themes and the relationship between codes considered to form overarching themes (Braun & Clarke, 2006). Codes were brought together into broader themes by the use of a visual ‘mind map’ (Braun & Clarke, 2006). An initial thematic map (appendix 20) was generated and this allowed for the relationships between codes and themes to be considered. As suggested by Braun and Clarke (2006) codes that seemed to not fit within the themes of the initial thematic map

were organised into an 'unknown' category and their saliency considered when reviewing the data and the thematic map (Braun and Clarke, 2006).

#### 2.8.4 Reviewing Themes

Level One: The aim of this phase was to refine the themes generated in the initial thematic map and check that data was coherent within themes while having clear and identifiable distinctions between themes (Braun & Clarke, 2006). Patton's (1990) criteria for internal homogeneity and external heterogeneity were considered in reviewing themes. Extracts for each theme were re-read and themes that appeared to be components of other themes or that lacked enough data to be individual themes were reworked or collapsed into broader themes. An initial thematic map was created once themes were clearly defined ('Thematic Map One': Appendix 21). Following completion of level one, the five themes were reworked into four more distinct, heterogeneous themes, forming 'Thematic Map Two' (Appendix 22).

Level Two: The entire data set was re-read to determine whether the themes accurately reflected the data. This review suggested that the structure did not capture the intricacies of the data, some data was missing from the themes and other themes were not sufficiently homogenous. A reconsideration of the themes resulted in 'Thematic Map Three' (Appendix 23), and details of the process of defining the thematic map can be found in Appendix 24 with a final review of themes resulting in 'Thematic map Four' (Appendix 25).

As Braun and Clarke (2006) warn, the process of coding data, generating and re-working themes can go on '*ad infinitum*' (p.92), once I had reviewed 'Thematic Map Four' I was satisfied that refinements of the coding and themes would not provide any substantial change and the themes broadly encompassed all the data set.

### 2.8.5 Defining and Naming Themes

A detailed examination of each theme was conducted to identify its 'essence', what it captures from the data and its relationship to the research question (Braun & Clarke, 2006, p.92). Definition of each theme and sub-theme can be seen in Appendix 26.

### 2.8.6 Presentation of Analysis

In denoting speech I will refer to myself, the researcher as 'Catherine', participants and all people referred to by the participants have had their names changed, and assigned pseudonyms for the purposes of confidentiality.

### 3. ANALYSIS

The data was divided into four themes: 'Difficult to talk', 'Isolation', 'Reporting Rape' and 'Identity'. These themes all sat within a wider discourse of masculinity. The themes were further subdivided into sub-themes as depicted below in Table 2. Graphical representations of these themes can be found in Appendix 25.

Table 2: Themes and Sub-themes

3.1	Difficult to Talk	3.1.1	Finding the words
		3.1.2	Can others hear it?
3.2	Isolation	3.2.1	Silence of male rape
		3.2.2	Secrecy
		3.2.3	Others cannot understand
3.3	Reporting Rape	3.3.1	Believed?
		3.3.2	Control
		3.3.3	Help-seeking
		3.3.4	Service structures
3.4	Identity	3.4.1	Spoilt Identity
		3.4.2	Rebuilding Identity

#### 3.1 Theme One: Difficult to Talk

All participants spoke about the difficulty in being able to name and talk about what happened to them. Many participants spoke about the assault by detaching their emotional experience from it and presenting the facts of what happened and talking about this in a succinct way in what seemed a way to avoid giving any detail.

### 3.1.1 Sub-theme: Finding the words

All participants spoke about the difficulty of naming the rape or sexual assault experience, and throughout being interviewed would seldom say the word “rape”, instead using words such as “the attack” (Howard, line 77), “did what he did to me” (Robert, line 39) and “final event” (Tim, line 21).

Throughout the interview process most participants gave long detailed stories of events or circumstances unconnected with the rape experience or focused on the consequence of the rape. The proportion of speech given by all of the participants to the act of being raped or of how they felt in that moment was very little. Two participants did not speak about the rape at all, focusing instead on the consequences and alluding to the rape through other speech. For instance, Tim spoke about being reminded of the rape when he takes his medication:

Tim: “I would remember what it would feel like to be (.) suppressed, and (.) you know, suffocated. Have someone on top of you and you can’t get them off you and all that kind of thing” (lines 121 – 123)

Tim contracted HIV from his perpetrator and in the process of the interview seemed to prefer to speak about the rape through speaking about HIV. Here he conveys the physicality of the attack through talking about his medication. It is possible that whilst HIV and male rape are both potentially stigmatising experiences, rape and the male gender could appear incongruent to the participant. Using physical language to allude to the rape could be associated with a desire to be viewed as masculine.

Two participants spoke about the rape as part of a set of crimes that had happened against them. More time and detail was given to these other crimes in the interview, potentially because crimes such as theft are seen as more typical and common in society than rape. When these participants were questioned about the rape I was offered documents to read and take away that they had kept following the reporting of the rape, possibly as a way of avoiding giving detail to the rape.



Dinesh: “I’m just showing you, this, this is the paperwork to my allegation to, it’s all the report, but erm, yeah so basically they said that I’m lying and they took me to Haven and they got me a SOIT<sup>7</sup> officer.. Sorry I’m, I don’t, I’m jumping now. Let me just go back to what I was saying” (lines 174 – 180)

Most participants spoke about the rape in the context of a physical fight, an “assault” (Dinesh, line 25), with words more typically associated with masculinity than rape, such as Steve’s reference to the rape:

Steve: “so physically I did fight. For my life, I thought I was going to die. [...] Especially when they’re strangling you, kicking you and punching you, the whole lot. And the rest of it” (lines 68 – 71)

In distinct contrast to the other participants, Steve explained that his way of “dealing with it” was to “tell everyone” (line 66 – 67), yet as shown above the word rape was substituted by the phrase the “rest of it” (line 71), highlighting how difficult even he found it to voice words associated with rape. When Howard began to talk about the rape his speech was punctuated with pauses and the use of ‘erm’ demonstrating how difficult it was to talk.

Howard: “and then all of a sudden I were down erm, erm, on, on the ground, someone erm, er, pulled me from er, the back and erm (..) you are sort of bloody hell what’s, what’s going on, and this that and the other like. And then I were being punched and blinking kicked and what have you. And erm (..) erm (.) I could sort of make out, about three people, and what have you, during the first few seconds . And erm, I was erm, down on the floor, and erm (.) I could feel erm, erm, erm (..) my backside being penetrated.” (lines 63 – 70)

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<sup>7</sup> SOIT officer refers to the title of ‘Sexual Offences Investigation Trained’ officer. This role is explained in section 1.8.1 of the Introduction.

This difficulty in naming words was further reflected in participants' use of euphemisms in place of words associated with the act of rape, such as "back passage" (Howard, line 198) and "downstairs" (Lee, line 59).

### 3.1.2 Sub-theme: Can others hear it?

This sub-theme focuses on the perceptions of some of the participants that rape is a difficult conversation for others to be able to bear and is perhaps too unpleasant for others to tolerate hearing about. Participants spoke about the occasions when they had been in contact with services and received implicit messages that sexual assault is difficult for others to witness. Howard, describes his contact with his doctor:

Howard: "the doctor's words, to me, when I explained what had happened, [...] he said, I never heard of anything so disgusting in all my life. Which made you feel bad again then" (lines 305 – 309)

Steve spoke of needing to have his rape injuries photographed during reporting to the police:

Steve: "two forensic, female (.) officers, were there on the day. [...] They refused. They said they were both only comfortable photographing women who had been raped [...] So you are already at your lowest point in your life. You're feeling like dud, you're feeling like a piece of shit." (lines 295 – 302)

Participants often framed not talking about their rape as a way of protecting others, a sense that other people would not feel "comfortable" (Tim, line 514) exploring a "difficult subject" (Lee, line 249). Many participants wondered whether it was "harder" (Lee, line 250) for the services they turned to for support to hear their experience when they have probably not encountered male rape before. It seemed that these messages the participants received from the services they were in contact with meant that it was not okay to talk about or be open about the

rape. Participants seemed to take away the message that they needed to be granted permission to speak about the rape to others.

Whilst participants framed their speech as a way to protect others, there seemed to be something particularly unique and difficult in talking about rape in that participants paradoxically disclosed other difficult and upsetting situations to their loved ones.

Dinesh: “my mum knows that I’ve been a victim, she knows that yeah, but, she doesn’t know it’s to do with sexual assault. So I don’t tell her the full details, I just say to her yeah it’s to do with threats to kill [...] Because if I tell her, she gets worried, my dad’s already died [...] so I just keep it to myself” (lines 1217 – 1223).

Here Dinesh talks of protecting his mum from hearing about the sexual assault but threats to kill seem a lesser evil for her to hear.

This theme focused on the difficulties that participants had in naming and speaking about the rape. It was unclear whether participants wanted to protect others from hearing about the rape or whether it was a way to in fact protect themselves from the secondary victimisation that can be experienced in telling others.

### **3.2 Theme Two: Isolation**

This theme explores the isolation felt by participants and the lack of opportunity they had to share this experience with others. Participants described a sense of feeling isolated in their own lives and within wider society’s silence on the topic.

#### **3.2.1 Sub-theme: Silence of male rape**

Most participants positioned the silence of male rape in society in juxtaposition to the societal discourse of rape as being “very much associated with women” (Steve, line 54). Lee recalled seeing “lots of adverts on the tube for things to do

with a man raping a woman” (line 712) but not for men as the victims of the rape. Most participants commented that it would be helpful for male survivors to know that they are not alone in their experience, Lee depicted male rape as a “hush hush subject” (line 566). For Howard, this absence of male survivor stories and alignment of rape as being a problem for women left him feeling isolated.

Howard: “see at that particular time I thought, no, fucking hell, you know (.) this erm, erm (..) I’m the only person that this has happened to, you know what I mean. You don’t hear anything of, erm, male rape” (lines 811 – 813)

Some participants made reference to the dearth of male rape stories in the media.

Steve: Seen it probably on tv (..) in my whole life time, I’m forty-three years old, apart from in prisons in these sort of movies, very very few times” (lines 58 – 60)

When male rape has been depicted in films such as within prison settings it can often be portrayed as a punishment for offenders and is scare mongered by prison guards. This could add to men’s desire for silence on the rape if they think that others will see the rape as punishment or blame them for the attack. The lack of male rape survivors in popular media leaves men without a frame of reference from which to understand their experience or describe this to others. The few media representations which are available are not accurate representations for survivors to draw upon. Steve tried to explain what feeling ashamed meant to him and referred to a popular media image often used with female victims of rape.

Steve: “I’d never felt shame like you see on, erm, the films, where people are scrubbing themselves and clean, I didn’t do any of that” (lines 227 – 229)

Tim spoke of how he had delayed being tested for HIV as he sensed that something was wrong but struggled to accept that this was a consequence of the

rape. He spoke of feeling ill before attending for a HIV screen and asserted that he was not as bad as an image that has been used in the media.

Tim: “I wasn’t, you know, we’re not talking Tom Hanks in Philadelphia here, we’re talking, just fatigue and that kind of thing.” (lines 254 – 256)

For participants it seemed that media representations were not accurate depictions of their experience.

### 3.2.2 Sub-theme: Secrecy

Following from the lack of recognition in society for male rape survivors, this sub-theme explores how participants emulated this silence surrounding male rape. In a bid to avoid others finding out they had been raped or the consequence of this, participants attempted to care for themselves in private. They described emotionally evocative images of being alone and at times physically, as well as emotionally isolated from others.

Tim: “so when I got out of [where the assault took place], [...] I didn’t have anywhere to stay, so I was like right go and find a hotel [...] and I remember going there and I knew I was bleeding [...] for about four hours all I was focused on was (.) being really proactive about how I could you know prevent these things [...] going to the toilet in the services, and making a pad that I could go in there and sit on and put in my underwear. It’s just horrendous now when I think about it. You know, I just want to go back and [...] give myself a slap [...] and say, what are you doing, just phone an ambulance, or tell someone you need help or something and I didn’t, and I went and sat in a hotel room for a weekend, and sort of not hid those injuries, but waited until I had sort of healed up or I had stopped bleeding” (lines 647 – 664)

Howard shared a similar story in attempting to take control of the bleeding that had resulted from the rape, without his wife knowing what had happened.

Howard: “so erm, you’re showering and you know you’re trying to blinking wash down that sort of area and its all blinking blood and erm everything (.) coming from my back passage and as I was saying, not to show Janet [participant’s wife] I had a lot of erm, toilet tissue sort of put down my pants and erm, eventually got to bed you know, we didn’t really blinking sleep or what have you, erm (..) we didn’t sort of really talk” (lines 238 – 243)

Most participants referred to attempts to keep the rape a secret from others and explained that only a handful of people knew of the rape. Many participants spoke of being fearful that they would be “found out” (Tim, line 341).

Robert: “The more (.) you see things in social media at the moment about victims in other cases, the more fearful I get. [...] I actually risk people realising what happened to me. In work recently [...] one of the girls was saying that Jimmy Saville, you know, doesn’t understand why all these people are now coming out of the woodwork [...] I just exploded at her, and said, you’ve not got a clue you silly little cow, these people you don’t understand what they are going through, they feel as though they want to die [...] And without, after about five minutes of sitting there, saying what I was saying, I was thinking shit, they are going to pick up, they are going to pick up on it” (lines 619 – 639)

The meaning behind the participants’ secrecy appears to be complex and multifaceted. Other themes explore a sense of spoilt identity that the men describe, a need to take control of the situation, and possibly an undertone throughout the descriptions of feeling ashamed and a sense of a damaged masculinity that could be fuelling a desire to manage the situation and maintain secrecy. Hegemonic masculinity draws on notions of men being physically robust and in control. It is possible that in using physically aggressive language to describe the assault and in the men taking control to protect and look after themselves they are trying to reclaim masculinity they may have perceived themselves to have lost in the rape.

### 3.2.3 Sub-theme: Others cannot understand

For many of the participants isolation was felt in the sense that participants often lacked the opportunity to be able to share their experience with someone who also identified as a survivor of male rape.

Steve: “I’m the only man to this day, in that group, who’s been raped as an adult. Not as a child. And still I feel very much not part of the group. [...] So, you always feel different (.) from the rest of them.” (lines 638 – 640)

Steve spoke of feeling “delighted” (line 654) when he did meet a male survivor of rape:

Steve: “from a selfish perspective it was like somebody (.) actually (.) has (.) a clue (lines 657 – 658)

Lee, similarly identified that whilst he knew of females who had been raped he had been unable to share or have his experience validated with another man. He had not met someone who had been in the “same predicament” (line 571) as him;

Lee: “So I’ve never really met anybody to sort of like (.) say like, you know, oh I know how you feel sort of thing, I’ve been through the same thing.” (lines 575 – 577)

In talking about the lack of opportunity for a shared experience participants made reference to a sense of a hierarchy of suffering in that male rape was depicted as the worst type of offence against a person. Two participants directly referred to childhood abuse as a comparison to male rape. Howard spoke of his counsellor disclosing that he was a survivor of childhood abuse:

Howard: “I think he said he was about 12 years old, when it happened to him, like. I mean it’s not good for any blinking age, but as I say, I were fifty-eight years of fucking age when I got attacked like, you know what I mean. You know, I was nearly a pensioner” (lines 1119 – 1123)

Steve further spoke of the difference he perceives between the men in his support group who identify as survivors of childhood abuse and his own identity as a survivor of adult rape.

Steve: “a child becomes an adult, the label as the child, the abused child whether you’ve been in care, whatever, that label can actually disappear, because you can become an adult a new person. I am an adult, I was forty when this happened. This is my life for the rest of my life” (lines 238 – 245)

Above Steve describes a feeling of stuckness; of not being able to forge a new identity in his adult life.

It could be that participants experience a sense that others cannot understand how they feel as they position the rape as such a grave offence that people cannot comprehend it. This lack of understanding was also identified in people positioned as specialists in rape. Dinesh spoke of feeling pleased that a SOIT officer had been called when he reported rape as he understood they were part of a team trained specifically in sexual offences. Dinesh described feeling that without having experienced rape, specialists still lacked the knowledge of what it was like for survivors.

Dinesh: “not even a SOIT officer quite understands what the person's going through, till they experience it themselves.”(lines 1038 – 1040)

Further Steve described feeling angry with a rape crisis worker and experienced her attempt to show understanding as insensitive to his experience.

Steve: “she said ‘I know what you’re going through’. (..) And I took one look at her. I said [...] er, you been raped? (.) and she said no. And I says well you haven’t a fucking clue what I’m going through. Especially as a man.” (lines 448 – 451)



This theme focused on a sense of isolation that participants described, from having a lack of recognition in society for male rape survivors, to being alone with looking after injuries and hiding the rape from others. A desire for sharing this experience with others was spoken about by participants but seemed to further isolate survivors in the sense that their experience seemed to be so different from other people.

### **3.3 Theme Three: Reporting Rape**

This theme relates to how the participants came to report their experience of being raped or sexually assaulted to the police, the decisions and thought processes they went through before reporting and the experience they had in disclosing the assault to others. Responses by the participants could not be simply divided into positive or negative encounters; each participant gave examples that could be graded between outstanding care and extremely poor practice. It would not do justice to the participants or the services they received help from to portray these experiences as linear, cause and effect relationships. Positive and negative experiences were intertwined with past occurrences with the police and opportunities available for retribution and justice.

#### **3.3.1 Sub-theme: Believed?**

This sub-theme focuses on the thought processes that participants described prior to making disclosures based on whether they would be believed or not. Robert was abused as a child and raped at the age of 18 by a senior member of his church, he made partial disclosures to people connected with his church, where he described having “skirted around the issues” (line 42), explaining that he was “uncomfortable” (line 47) in the perpetrator's presence, but unable to make a complete disclosure. He explained:

Robert: “I’ll be honest, there was so many times that, over the years, since it happened. I wanted to speak, I wanted to go to the police. I couldn’t. A lot of it was because I didn’t think that I would be believed. In as much as,

[perpetrator's name] was a (.) well-respected (..) member of the community [... ] he was very much sat up there on a pedestal." (lines 458 – 464)

Robert explained that after seeing his perpetrator in the paper for "importuning for immoral purposes in a public toilet" (line 76 – 77) he was able to attempt a disclosure again. Perceiving that his chances of being believed had improved since his perpetrator's name had been denigrated. As with Robert, many participants made reference to being believed, participants often emphasised the physical injuries they had sustained in the rape as proof of the attack against them. Steve initially reported the perpetrator for theft to the police and delayed reporting the rape until the police officers arrived the next day to take a statement, explaining his reluctance to report rape:

Steve: "I suppose people wouldn't believe me and in other ways I suppose it's emasculating [...] and you don't like to think that (.) the person who raped me was twenty years old, he was black and all, but he wasn't a big and overpowering, he was a bit like myself physique wise. And I suppose there was that thing, [...] how could I allow it to happen" (lines 60 – 68)

Steve described how masculinity issues, such as size and strength affected his decision to report rape. Here he talked about how it was emasculating to be vulnerable and raped and how he perceived that he may not be believed by the police officer. He positioned the physical injuries he sustained in the attack as integral to the police officer believing him:

Steve: "From the moment I told him. He saw the state I was in, well he saw the physical injuries and the whole lot of it. [...] he believed me." (lines 32 – 35)

Dinesh described a more fractious relationship with the police, experiencing the police as disbelieving. Here he used the physical injury he sustained as proof for the police that the rape occurred:

Dinesh: “so if they’re saying that I’m lying, look you can see here, I’ll show you [shows Dr Smith’s report] can you see, bruising to left knee” (lines 431 – 436)

Dinesh explained that with hindsight he “would never report it to the police ever again” (line 429), this was connected with a sense that he experienced the police as disbelieving of his experience, and they had “discriminated” (line 581) against him on the grounds of his mental health. It seemed that Dinesh construed the police decision to not pursue the crime allegation as evidence that they did not believe the sexual assault had happened, that they believed him to be “lying” (line 434).

In accordance with the ‘real rape’ construct, argued by Estrich (1987) that suggests rape is committed by strangers in a ‘jump out of the bushes’ fashion; of the participants that reported the rape or sexual assault to the police four where committed by strangers, and most had sustained physical injury. When this was not the case, this contributed to a decision to not report to the police.

Tim: “I think, had it, had it been, had it been a um stranger assault, then yes I probably would have reported [...] I think because it was it, it was a relationship, um, that I thought well, who is going to believe me?” (lines 156 – 170)

### 3.3.2 Sub-theme: Control

The previous sub-theme referred to how participants reported to the police based on a judgement of whether they would be believed. This sub-theme focuses on how, once participants had made that decision to report, they felt they had surrendered control of the investigation to the police. For many participants this caused additional stress and participants frequently attempted to reclaim this control.

Reclaiming control against the police and other services seemed to be linked to a way to reclaim masculinity for the participants. Discourses of masculinity suggest that men should be in control and is linked to ideas of assertiveness and power. Participants described how, upon reporting the rape to the police, they experienced an avalanche of service involvement that appeared to overwhelm them.

Steve: “Greg, the officer in charge [...] promised me it would be low key [...] before you know it it was like hill street blues in my little poxy shop, there was bloody police everywhere [laughs] [...] All sorts, oh it was a nightmare. Erm, the forensics came and they were doing the fingerprinting and blood, they were testing for, and semen and you know whatever. So, that had to happen but at the time I didn’t want that to happen” (lines 190 – 214)

For Lee it was this spiral of involving services that caused him to reclaim the control and he withdrew from proceeding with the police case:

Lee: “....it was like day after day, it was like, like a visit to the clinic or police station [...] and then they were wanting me to do a face (.) recognition [...] And erm, I just I got to the police station and I just said I can’t do this, I don’t want to go through, cancel everything, I can’t handle it. [...] So (.) they sort of (.) ended it then and there” (lines 361 – 376)

Dinesh described how he attempted to control how he contacted the police to report the sexual assault:

Dinesh: “So I went to the hospital first, and, I contacted the police from there [...] and I let them know that I was waiting in the A&E department to be seen, triaged, and erm, I told them not to come. So I told them, erm, not to come” (lines 31 – 38)

Participants experienced a lack of power and control in the rape which can be further reinforced by having to grant the police control in investigative procedures. Participants are at the mercy of the police to investigate the rape accurately and

sensitively. Howard described the police as “a waste of blinking space” (line 1128) after they failed to preserve the scene of the crime. For Howard, launching a complaint with the Independent police complaints commission (IPCC) seemed to be one way to endeavour to reclaim control.

Entwined with descriptions of loss of control and attempts to salvage control back were feelings of anger and these seemed to occur in all participants, but in greater magnitude for those participants who did not have the opportunity for any retribution to be served against their perpetrator.

Two participants had the investigations taken to court and both described their efforts to regain control in the court room.

Robert: “...the defence barrister kept on saying buggery [...] I just remember sitting there saying, “with all due respect sir, (.) you don’t mean buggery, that man raped me”. [...] Partly out of anger because [...] the defence barrister actually riled me up enough to make me angry, and took away the control from me again. But he never, he never succeeded the next day.”  
(lines 350 -361)

The language used to describe the rape was an important factor as well for Steve.

Steve: “they used the term in court ‘bite’, erm, he repeatedly bit me (.) I asked the judge, can that phrase not be used and the judge asked why. And [...] I said it’s not a case of him biting me, he tried to (.) and this is the phrase they used in court, he tried to tear my genitals from my body with his teeth / Catherine: Ok / that’s not biting somebody.

Catherine: And did they listen? When you asked them not to use that term?

Steve: Oh they listened” (lines 92 – 108)

The questioning in the court room were experienced by the participants as like being “grilled” (Robert, line 200) and that lawyers went “too far with questioning” (Steve, line 160).

Steve: “There was one point he went too far with his questioning [...] he gave me my medical records and I threw them at him” (lines 156 – 157)

There is a sense that this can push participants to their limit and anger them so that they further attempt to reclaim control. Robert explained having “very nearly walked out” (line 198). Steve spoke of reclaiming control over how long proceedings in the court room took:

Steve: “Another time, I asked for it to be stopped. The judge would say fine no problem. But he’d also remind that I’d have to wait until everyone was back in place, and it could take another day. And I’d say I don’t care how long it takes” (lines 158 – 167)

Taking control with the police and in court was one method that the participants had available to start to reclaim masculinity that they could have perceived themselves to have lost in the rape. The anger that the participants expressed in their interviews, was often diverted toward the police and the times when control had been lost. Whilst this anger was in some cases due to failings in police practice, it is also possible that participants viewed it as more acceptable to express anger at the police than towards the perpetrator or rape situation. It is also possible that the anger the men expressed was a normal response to surviving the trauma of rape and an expression of their emotion and possibly of shame at the situation. Whilst very few of the participants spoke of feeling any anger at their perpetrator, it is important to consider that participants were not directly asked about their feelings towards the perpetrator and had this been asked the men may have expressed their feelings on this.

### 3.3.3 Sub-theme: Help-seeking

This sub theme concerns how participants disclosed the rape to other services with particular emphasis on how they came to access or ask for help with counselling and psychology services.

All participants gave precedence to their physical well-being and prioritised accessing medical settings first. Accessing other services and making

disclosures beyond the police service often came at a crisis point for participants, a “breakdown” (Robert, line 100). This appeared to be at the point when participants had done all they could to look after themselves or hide their difficult feelings towards the rape but could no longer manage this alone.

Tim explained that he had never told his clinicians how he contracted HIV and it wasn't until a crisis point with services, whereby he described “fighting against services all the time” (line 113) and having a “mini meltdown” (line 90) that he disclosed the rape.

Robert explained how he came to disclose to a colleague he worked with in the A&E department:

Robert: “I was very angry, very annoyed. Lashing out at lots of people.. [...] I lost it completely. And, that's when I made my first disclosure [...] I told them part of what had happened. [...] and I ended up taking some time off sick.” (lines 94 – 119).

Robert described a sense of reaching his own personal limit, whereby the strategy of secrecy was no longer effective. Similarly, Lee constructed his initial disclosure to his brother as the point at which he “broke down” (line 77) and no longer wanted to keep the rape a secret. Tim described a sense of having to reach breaking point before realising that he wanted to access psychological help, he reflected on how he “needed to have cracked up a little bit” (line 401) and to have an “internal look” (line 406) at himself. There was a sense from the participants that it was not until they experience this breaking point that they realise they have a need to talk about what happened to them.

Help-seeking seemed to be a fragile concept for many of the participants. Participants often delayed disclosing the rape and accessing services. Once in services, many of the participants described positive experiences of excellent care and attention they received from people in various roles, however they described how difficult this could be to access. Participants often constructed their help-seeking as an extension of friendship. For Steve, he described how a

rape crisis worker was one of his “best friends” (line 438), similarly Howard describes how his counsellor had become his “mate” (line 1117):

Howard: “it wasn’t only counselling, we were mates then [...] I regarded him as a mate, rather than my counsellor.” (lines 1115 – 1118)

It is possible that their own personal constructions of masculinity made this then seem a more acceptable way to access help, and perhaps also a way of gaining some control in the relationship. Steve spoke early on of the relationship he developed with the police officer as:

Steve: “I could ring him up tonight and say, how you doing Greg, have a pint, and he’d be there, you know what I mean. Fantastic man” (lines 35 – 37)

Drawing on a masculine narrative of ‘having a beer’ this positions the men as equals rather than as Steve needing the police officer’s help, depicting help as friendship could normalise having to ask other men for help. Tim describes portraying an image of himself to his doctor as someone equal to him. He explained how the friendship he developed with his doctor who he saw for his HIV diagnosis then restricted him from disclosing that he had been raped.

Tim: “I felt that I couldn’t share it because I felt that (..) for some reason I felt that he would lose respect and he wouldn’t see me as that competent person he could talk too [...] I just felt that I would be abolished in some way, you know.” (lines 480 – 501)

Tim made an effort for the doctor to see him as an intelligent professional who could converse on his level about “literature” and “the latest studies”, to then reveal to him that he had been raped would be to “become vulnerable again” (line 511), he drew attention to this being difficult in terms of his doctor being a “straight man” (line 511). Whereas he explained with a female doctor, he “wouldn’t feel threatened by her” (line 506-507), and “she wouldn’t feel threatened” (line 507) by him.



Many of the participants discussed being more tentative with help-seeking when they were required to disclose to a man, five of the participants emphasised that female help was preferred over that of a man. Lee described how women are stereotyped to be “kind-hearted” (line 269) and as such are “easier to talk to” (line 268). It is perhaps this perception of empathy that seems less threatening to men.

Robert: “that initial first contact, in hearing a female’s voice is more reassuring. [...] the tone of the person. [...] the softness of the voice.” (lines 853 – 859)

Despite the preference expressed by most participants, circumstances meant that they sometimes had to receive help from men. When this was a positive experience there was a sense of revelation in participants that men could offer this help. Robert expressed surprise in being supported by a male court usher:

Robert: “surprisingly despite the fact that he was male (.) he had a natural erm, reassurance about him” (lines 570 – 571)

Lee described having to return to the scene of the crime with two male police officers:

Lee: “I was with these two men. They were all right actually, they were sort of like laughing and joking and sort of like trying to cheer me up, and they were really nice. [...] But erm (.) I got myself all worked up there. The policemen were very nice about it and were like right, we’re not taking you home just yet, we need to (.) we need to calm you down. So they took me to McDonalds to get a drink and just to sit down [...]. So they were really nice.” (lines 339 – 358)

It seemed from these occasions that the gender of the helper was of less importance than the qualities of compassion and care.

### 3.3.4 Sub-theme: Service Structures

This sub-theme focuses on what help was made available to the participants, how participants negotiated accessing this help and the disparity between what was available and what was desired.

Most participants spoke of the lack of services available to help male survivors of rape. Lee was referred to a counselling service by the police and reflected that he “probably wouldn’t have known where to have started” (line 754) to look for this help himself and was “glad” (line 758) the police officers put him in touch with this support. Steve initially phoned a rape crisis centre but was told this was not a service available to male survivors.

Steve: “I was suicidal that day and erm, they told me the service is for women only, very erm, non sympathetic, very erm, blunt” (lines 540 – 546)

It seemed for Steve that his feeling of being suicidal was invalidated by services, and his earlier comment of perceiving rape to be “associated with women” (line 54) was reinforced when he attempted to make contact with services designed to help rape survivors. Steve also commented on having attended a mixed gender sexual assault referral centre, here he was positioned as an assailant by a distraught female victim based on his gender.

Steve: “This woman came in. Er, I say 40 or 50 maybe. Clearly had just been seriously assaulted in some way. [...] she kept looking up at me, and eventually she moved further and further and further away. Until she was sobbing in the corner [...] That wasn’t fair on her, particularly wasn’t fair on me to be honest, cos I never harmed anybody, you know, but (.) you felt like, you felt like the rapist.” (lines 467 – 477)

Experiences such as this could further isolate male survivors and reinforce an idea that men commit rape, not become victims of rape.

Tim had researched what help was available and discussed how for him accessing services had been particularly “challenging” (line 60) and he had been unable to access the psychological care he desired.

Tim: “I still can’t get access to services to help with um, psychological, emotional all that kind of thing [...] I was told there was no services.” (lines 65 – 75)

Tim explained how it is possible that referral pathways exist for male survivors to access psychological help but that “people don’t know how to operate within them” (729 – 730), he commented that it would “probably be quicker and easier to be sectioned” (line 739 – 740). This could also be linked to an idea that accessing help happens at a ‘breaking point’.

Other participants spoke of the importance of their personal support networks in directing them to help. Howard’s wife contacted a counselling service for him and he reflected on how he wouldn’t have got in touch with support himself. He further spoke of being angry that he was not referred to any counselling by the police, explaining how despite there being leaflets inside the police station for support services, he was “given nothing whatsoever” (line 1089).

The formality of service structures seemed particularly difficult for the participants to negotiate and understand. Tim expressed how formal referral pathways make it difficult for men to disclose

Tim: “one of the ones that I looked at was, go to your GP, tell them what the problem is, and they’ll refer you to a service[...] but, you get a telephone interview, and you’ve got to tell somebody over the phone, so they can fill out a questionnaire, then you’ve got to wait, maybe another 16 weeks to see someone, and I just thought, do you know what it is, no.” (lines 730 – 737)

After Robert explained having to “fight” (line 423) for a counselling referral, he struggled with the formality of session times and boundaries.

Robert: “something that was said triggered off a repressed memory [...]and it was five minutes before the end of this counselling session, and I was told on the hour, times up, we’ll see you next week (..). But I need to....see you next week, goodbye. And I was taken out of the building and my appointment was made for the next week, and I was sat in the car and I, I cried.” (lines 739 – 753)

Given the difficulties the participants described with disclosing the rape and sexual assault to someone, to then have services that are difficult to access with strict boundaries in place creates a tense relationship whereby participants are more likely to retreat than access help. It could be argued that the lack of services in place for male survivors of rape reinforces the notion that male rape is uncommon and that it should not be spoken about.

Most of the participants described the type of services they would like to see available. Based on a difficult experience of being in a sexual assault referral centre with female survivors, Steve described how services should be separate for men and women. He described having separate services based on gender as “archaic thinking” (line 828), but asserted that:

Steve: “This is about men, and men are very different from women, it’s as simple as that.” (lines 831 – 832)

Tim considered how sexual assault referral centres are “completely geared towards women” (line 776) and this would put a “number of people off” (line 777). However, he thought that a separation in services based on gender was less important.

Most participants described wanting flexible services that had either “open access” (Robert, line 837) or more “weighted to an out of hours period” (Robert, line 848):

Robert: “It needs to be, um, an open ended process, it takes as long as it takes. [...] you cannot set a time scale on dealing with these issues” (lines 733 – 736)

Lee described a want for services that allow men the opportunity to speak to a counsellor in a less structured way:

Lee: “people that have had their counselling maybe, like me, sometimes like they need a little outlet to sort of (.) when they think life’s getting a bit shit, or if they’ve got something on their mind, just to get it off their chest, sort of like somewhere they could go and book in and be, and just (.) just talk” (lines 559 – 564)

Similarly, other participants described a service that would recognise that men might be making contact with services at different points post assault and as such would have different needs.

Most of the participants discussed how difficult it was to make a disclosure to others and spoke of needing services to be more forthcoming in asking participants:

Tim: “I just expected that someone, I’d get a tap on the shoulder and somebody would say, do you wanna have a chat. Never happened, never happened.” (lines 414 – 416)

This was also the case when making disclosures to people in their personal life, as Robert described a sense that loved ones had to keep “chipping away” (line 679) at him for him to start to disclose the rape experience.

Most of the participants spoke of finding their counselling beneficial and having someone available to listen to them seemed an important part of their recovery. For most participants this was situated alongside a wish for constructive, practical support in managing the consequences of the sexual assault. As outlined by Robert below, his response appeared to be in line with discourses of masculinity,

in taking control and working out what was happening, he approached his problem in what could be thought of as a practical, business-like way:

Robert: “I’d started making lists of things, and breaking the lists down and doing a root cause analysis effectively. And was taking little chunks and made lists of chunks of things I needed to do for myself.(.) Little steps.”  
(lines 444 – 446)

Steve described the process of attending a support group, and whilst he disliked the concept of “forced support networks” (line 701), the constructive projects that they were taking part in were beneficial to his recovery.

Steve: “we’re doing other stuff, other projects we’re working on and things. And there’s a booklet we’re doing, and the whole lot of it. We’re doing a course together, erm, sports psychologist, every Wednesday night he’s doing this course, with some positive thinking and the whole lot of it. So we’re loving all that. And it’s more social” (lines 640 – 645)

Steve first engaged with the support group through having one-on-one counselling by the director of the charity. He explained it was a “major thing” (line 610) for him to have someone available to “listen” (line 607) to him. Lee described that having “mixed sessions” (line 518) without a sole focus on the rape was helpful to him.

Lee: “And then she’d talk about the rape side of things, what had happened, and then, how to deal with it. And then she would try and find solutions to sort of like help me, and try and cope with it” (lines 519 – 522).

Tim suggested that future help made available to male survivors of rape should not be “pushed out into secondary and tertiary services” (line 933 – 934), he warned that this could have a stigmatising effect and it should be “accepted” (line 935) within the NHS; “properly designed, properly commissioned” (line 946).

### 3.4 Theme Four: Identity

This theme contains two sub-themes; 'Spoilt identity' and 'Rebuilding identity'. The overall theme looks at how participants spoke of the rape as an isolated incident, one that in the scheme of their lives was a solo event that they wanted to move on from as quickly as possible. However, the reality of the rape was such that it was to become a prevailing feature in their future identities, one that they could not personally hide from.

#### 3.4.1 Sub-theme: Spoilt Identity

This sub-theme addresses how participants referred to the rape as an incident that had damaged their past identity and how they attempted to hide this damage in order to preserve their old social identity as much as possible. The sub-theme also encompasses the consequences of the sexual assault that participants described had changed who they had become.

Most of the participants referred to a sense of being "branded" (Lee, line 388) by the assault and labelled as a "victim" (Robert, line 233). Steve explained how this ascribed identity by others is something that becomes bound to one's character.

Steve: "she goes oh you know the woman Mrs Finch, and I said no I don't know who you're talking about mum. Argh, she says, did you remember she was raped in the 60s (.) she only died a few weeks ago, to this day (.) her memory is of the raped woman (.) do you know what I mean? [...] and I'm thinking, I've got this to the day I fucking die. And I have." (lines 250 – 259)

Lee described how this new identity was difficult to accept in terms of oneself; "I just kept thinking, this shouldn't be me" (line 225). Participants described how through the rape their lives had become irreversibly different. This links to an earlier comment about how participants framed rape as worse for adult men than children because of the impossibility of change.

Some of the participant's described a paranoid awareness that others can see the label they have as the 'raped man' (Steve, line 334) and were sensitive to unvoiced messages by others. Steve described how following the rape he has received priority when he now attends A&E and was "not comfortable" (line 317) with this:

Steve: "everyone in that room, hospital area, [...] knows what happened to you. And you're getting the funny looks [...] and they stare and you'll find them whispering and the whole lot. Oh that's the raped man, and you know [...] what they are thinking." (lines 328 – 335)

Lee further described being sensitive to these messages implied by others:

Lee: "I don't want people to feel sorry for me, like oh, talking about me behind my back and saying, oh did you hear about him, he was raped, you know and all that. [...] it's like, no, I'm a human being. [...] I'd like to be the person that they think has been the same constantly throughout, since he was born" (lines 392 – 404)

It seemed important for participants to be able to take control of preserving their social identity, and in particular hiding a spoilt identity was entwined with descriptions of wanting to forget and "move on" (Tim, line 879) from the rape. Tim recognised that being raped had caused his life to "fundamentally change" (line 882) but he did not want to be "constantly reminded" (line 136) of this.

For Robert it seemed that by keeping the rape a secret there was a possibility for change; for a new identity to be formed:

Robert: "when I came to [city name] that's, that what changed my life. From the perspective of, I could start my life afresh. And draw a line underneath the past effectively and try and run and hide" (lines 303 – 307)

Similarly, when people at Lee's college found out about the rape he quit his college course, describing how he didn't want people to keep asking about it, and



instead wanted to “forget about it” (line 134) and “get on with [his] life” (line 135). Dinesh also shared Lee’s desire to “forget about it” (line 906).

Whilst participants rejected this identity of being known as the man who was raped, and wished to move on from the rape and forget it happened, they described how the consequences of the assault prevailed and had in fact changed their identity:

Robert: “I put a face on and semi-function in the world. There’s still things I can’t do. And places I can’t go. I still can’t go, effectively, out after dark walking down the street in the rain [...] I hate the tube system [...] because it’s too intimate and close.” (lines 238 – 250)

Many of the participants made reference to trauma when speaking about the consequences of the assault. For Steve he had accepted this as something that he would continue to experience:

Steve: “I’ve been left with post traumatic stress disorder, but that’s for the rest of my life. [...] It’s not ok (...). But I live with it” (lines 486 – 488)

Since the rape, participants described having experienced “flashbacks” (Robert, line 80), “triggers” (Steve, line 859) “smells” (Robert, line 81; Steve, line 871) and would still “relive previous experiences” (Tim, line 119).

These memories still seemed vivid and unprocessed for the participants and they took steps to avoid experiencing flashbacks by not using public transport or avoiding certain places.

### 3.4.2 Sub-theme: Re-building Identity

The previous sub-theme explored how participants had tried to fight against their identity being changed by the sexual assault and wanted to forget about the rape in order to move on. This sub-theme explores how participants had, over time, integrated the experience into their identity and had started to manage the

traumatic consequences of what had happened to them. For some, this led to the emergence of stronger identities, whilst for others this new identity seemed somewhat fragile and unstable.

For two of the participants, the court process seemed to help them manage the consequences of rape.

Robert: “it meant that I’ve had to deal with what had happened to me more head on than trying to hide. And try to (.) reconstruct erm, almost reconstruct the lost years, whereby, he erm (.) he took the years away from me” (lines 221 – 224)

Steve described how in writing a book which did not solely focus on the rape but that details what happened has “helped” (line 758) him a “great deal” (line 758) to integrate the rape into his identity and has been a driver for him in overcoming his fears. He describes how in writing the book he was able to take steps to overcome his fear of using public toilets:

Steve: “And I was on the train on the way to the wedding and I’m writing my book (.), and then I thought, fuck I need a piss [...] and I start writing about, it’s left me a vulnerable adult, blah de blah blah, I can’t use one, then here it goes, gonna have a go, gonna go to the loo [slams hand on table]. Then I used every single public toilet, even if I didn’t want to go [...] to force myself to doing it [...] My problem doesn’t exist anymore. [...] Otherwise you are going to be an invalid for the rest of your life” (lines 756 – 785)

For other participants, having survived the sexual assault gave them a sense that they had grown from the assault. Dinesh explained feeling how “nothing can affect [him] now” (line 971).

Tim took a similar sentiment in growing from the assault, and described the advice he would want to give others following sexual assault:

Tim: “you won’t ever forget it, and no matter how much you think you can bury it or you think you have buried it, erm (..) it is part of you [...] but understand what you can take from it. [...] accepting it’s happened and dealing with it on my own I find quite a driver, erm, so try and turn it into that I suppose” (lines 831 – 841)

For some participants the identities that they had worked to rebuild seemed to take on a fragile existence. Lee described how his boyfriend had played an integral part in him being able to recover and rebuild from the rape:

Lee: “A big one, a big one would be boyfriend [...] Ever since I got my boyfriend, it was like, boyfriend, job, house, and it was just all, like going well. And I was just like it’s too good to be true, if he dumps me it’s probably all going to go shit again” (lines 689 – 702)

Howard described how he can experience times of feeling ok, “fine” (line 854) but that the rape experience never goes away and continues to “hit” (line 854) him, “all of a sudden” (line 855).

## **4. DISCUSSION**

This chapter has been divided into two parts; Part I will focus on the findings of the present study, how they contribute to the literature, implications for clinical practice and suggestions for future research. Part II will discuss the limitations, credibility and quality of the research.

### **Part I**

#### **4.1. Summary of Findings**

The present study aimed to explore (a) how men constructed being a male victim of a non-consensual sex act, (b) the decision-making behind whether to report the crime to the police, and (c) how men experienced the responses of other people in disclosing their experience. This section will outline the findings of the present study in consideration of these research aims.

With regards to the first research aim, the analysis indicated that the participants struggled to construct and understand their experience of rape and sexual assault. There was a sense of disbelief that rape could happen to a man and an acknowledgement of the popular discourse that rape tends to be viewed with females as the victim. The silence surrounding male rape in society left the participants without a frame of reference or the words to speak about what had happened to them. Participants often seemed reluctant to focus solely on the experience of rape and situated the rape within conversations of other times they had been victims. It did not appear that this talk was used as a tool to portray counter-narratives to a more masculine sense of self in comparison to the emasculating experience of rape. It seemed instead to be a tool to divert conversation to a more normalised crime such as a theft, or as indicative of how difficult it was for the men in the study to share their experience.

Discourses of masculinity came through in participants' speech; constructing the rape as a physical fight and a sense of shame that this had happened to them. The rape dismantled a previously held internal image of oneself and participants

had to negotiate the consequences of the rape into their reconstructed identity. Being ardent that others were not to find out about the rape, participants attempted to preserve their previous identity within a social sphere and wanted to avoid being labelled by others. This silence of male rape and attempt for secrecy by the participants seemed to create a double-bind, in that the desire for privacy left participants feeling isolated and often suspicious of others.

The second research aim looked at the decision making behind participants' choices of whether or not to report the crime to the police. Participants spoke here of the importance of being believed and a wish for retribution against the perpetrator. Assumptions about being believed seemed to be informed by a 'real rape' construct (Estrich, 1987), such as the idea that rape is committed by a stranger, in a physically violent assault, one that an individual should fight against, similar to commonly held societal views.

Participants described the rape experience as emasculating, having been rendered powerless by and in the incident. To then report to a police officer, who likely aligned to a masculine power role, appeared difficult for the participants, and there was a strong will to keep control of the reporting process. Following disclosure to the police, participants often experienced a cascade of service involvement that seemed to overwhelm them and threaten their ability to keep the rape a secret from others. Anger was often evoked in the participants when this control was difficult to maintain, or needed to be surrendered.

The third research aim focused on how men experienced the responses of other people in disclosing rape. In relation to the police, participants described multifarious relationships. Some participants perceived the police to respond in a disbelieving, negligent manner, which often resulted in anger and sadness. Other participants perceived the police to act in a compassionate manner, one that had their welfare at heart. Participants also discussed the responses of other agencies they turned to for help, such as medical staff and counsellors. They described a mixture of responses from the support that they received; some participants took away messages that male rape is too unpleasant for others to tolerate hearing about, whilst other responses focused on the importance of

others being able to listen to their story and account of events. Empathic responses, demonstrating compassion and regard for the survivor were spoken about as examples of good practice by the participants. Though there seemed to be a fragile balance between participants desiring a space to speak and also more constructive help than sympathy alone in these services. In particular, participants spoke about the difficulty of service boundaries and access to care. Many participants did not know what help was available to them and perceived formal boundaries in services to be negative responses towards them personally. Within participants' personal lives, very few people had been told about the rape. Of those that had told others, responses appeared to be supportive, and they often encouraged participants to access further help and report to the police.

## **4.2. Discussion of the Findings**

This section will consider the findings in relation to the existing literature and outline the contributions that this present study adds.

This study is unique in that it explores what it is like for survivors of male rape to disclose their experience to others and the decisions behind whether they choose to present at services and seek help. The majority of the literature published in the area of male rape has been of a quantitative nature, either with a focus on perceptions of lay people towards hypothetical scenarios of male rape, or with a focus on the number of men who report to the police or report particular consequences of rape. This study has tried to explore *why* some men report to the police and to other services, and *how* male survivors experience the reactions of others when they do disclose. To focus the findings, I have used the four main themes developed from thematic analysis to structure this section.

### **4.2.1 Difficult to talk**

All participants spoke about the difficulty in talking about the rape. Many of the participants struggled to name what had happened to them, often using euphemisms to refer to parts of their body or using speech more commonly used to describe a physical fight when talking about the rape. Similarly, Weiss (2010) reported that few men in her study used the term 'rape' to describe what

happened, despite their descriptions fitting the legal definition of rape. As Kelly and Radford (1996) argued for female survivors of rape, being able to name behaviour is critical as “names provide social definitions” (p.20). When people are unable to name behaviour it can lack social reality or meaning and thereby compound difficulties and remain an individual not a social concern. Given that the law on rape and sexual assault has only as recently as 2003 (Sexual Offences Act, 2003) recognised anal penetration as rape, it is hardly surprising that the men in this study also struggled to use the word rape to describe their experiences.

Participants seemed to negotiate their own individual way of avoiding talking directly about the rape, whether this was through prioritising speech on the consequences of the rape or in detailing other instances of being a victim of crime, indeed two participants chose to not talk about the rape situation at all. The difficulty of naming and talking about rape has been absent from the literature on male rape, it is possible that it had been implicitly perceived to be the case due to the literature on men not reporting to the police (King & Woollett, 1997). However, it is important that recognition is given for how difficult male survivors of sexual assault find talking about the assault itself. This is of significance, given that this finding was from men who had volunteered themselves to talk to a researcher; it is possible that other male survivors may find this harder still.

Trauma literature suggests that trauma survivors may actively attempt to avoiding talking or thinking about the trauma, possibly as an act of protection to avoid intrusive thoughts or images from the traumatic event. It has been documented in the literature that female rape survivors use strategies such as thought suppression to avoid the overwhelming emotional distress that can accompany the intrusive thoughts (Shipherd & Beck, 1999). It is possible that the participants in this study were avoiding re-living the trauma by avoiding talking about the event and instead focusing on the lived consequences of the rape.

Many participants spoke about personal instances of disclosing to services (medical, counselling and the police) where they perceived that they had made

others uncomfortable in having to hear about male rape. There seemed to be an idea that male rape was “disgusting” (Howard, line 307) and a sense that they needed to be granted permission to speak about this to others. There is little research to draw on that looks at the effect of hearing male rape accounts. However, literature on female rape has suggested that therapists working with rape survivors have experienced reactions such as anxiety, depression, fear and nightmares after bearing witness to female survivors stories (Campbell, 2001). McCann and Pearlman (1990) coined the term ‘vicarious traumatisation’ to describe how therapists listening to clients’ traumatic narratives may experience similar psychological after-effects.

Whilst many participants framed the decision to not tell others as a way of protection for the other, this decision appeared to be more complex than the act of protection. Participants described feeling more comfortable to share other instances of being a victim with their loved ones. It is possible that not telling others was a way to avoid insensitive comments of others. This could be in line with Washington’s (1999) suggestion that her participants experienced a ‘second assault’ from the reactions of others. Washington (1999) links the experience of a second assault with the consequence of invalidating men’s accounts of what happened to them. It has been well documented through social paradigm studies that men have been viewed as being more responsible for being raped (Chapleau, Oswald & Russell, 2008), and as experiencing sexual assault as more pleasurable and less traumatic than a female victim (Mitchell, Hirschman & Nagayama Hall, 1999). It is possible that the men may face uncaring attitudes from others and avoid disclosing rape as a way to protect themselves. The idea of ‘protection’ could also be argued to be a masculine construction, a societal discourse that men are thought to be ‘protectors’; it is possible that in the act of rape, men are unable to protect themselves and as such can feel emasculated. Whilst telling others what happened could exacerbate a feeling of emasculation, framing not talking as an act of protection could, in the interview process and in their own sense of self, serve to reclaim masculinity.



#### 4.2.2 Isolation

Most participants discussed the taboo in speaking about male rape within wider society. Male rape was framed as a secretive topic that not even the media can contend with accurately. As explored in the Introduction, when male rape is referenced in the media, it is not representative of the experiences that survivors are challenged with. This can further reinforce an idea that rape is about female victims. Furthermore, the media perpetuates notions of hegemonic masculinity (Donaldson, 1993), maintaining what appears 'natural', 'normal' and 'ordinary' (Connell, 1985). Heterosexuality has been described as the 'bedrock' of hegemonic masculinity, with a primary feature being that the 'relationship of men to women is oppressive' (Donaldson, 1993, p.645). Women are portrayed as sexual objects for men, whilst men are denied being sexual objects for other men. As Novotny (2012) suggests, men who have been raped are considered to have lost their 'manhood' and be rendered female. It is possible that as such, the participants in this study were invested in keeping the rape a secret in order to preserve their masculinity and not be rendered female and as such subjugated by society.

Wishing to keep their rape experience as private and as secretive as possible from others, many participants spoke of attempting to first conceal and treat the physical injuries they sustained in the rape before presenting at services. There have been mixed reports in the literature on help seeking for physical injuries. In some, men have been reported to be more likely to seek help if they sustain physical injuries (Kaufman *et al.*, 1980; Pino & Meier, 1999) whilst others have reported that men do not receive any medical attention for injuries sustained in the sexual assault (Mezey & King, 1989). It could be that if men are able to conceal injuries and take control of the physical effect of rape alone then they will choose this option over presenting at medical services, which could be positioned as a last resort.

Most participants discussed the lack of opportunity to share their experience with another male survivor and in doing so positioned male rape as a grave offence that seemed to not be comparable to other instances of sexual abuse and

assault, such as female and child survivors. This finding is consistent with Doherty and Anderson's (2004) suggestion that male rape is made sense of within a 'hierarchy of suffering', whereby victims are differentiated according to perceived levels of suffering following rape. The present study advances Doherty and Anderson's (2004) work from looking at the conversations of lay people towards a hypothetical rape scenario, to suggesting that a similar construction of sexuality and rape can be found in survivors. Unlike Doherty and Anderson's (2004) finding, the men in this study did not reference sexuality as a factor but instead referred to age, with the idea that the experience of adult rape is more pervasive and unjust as it robs an adult of their identity.

#### 4.2.3 Reporting Rape

In deciding whether to report the rape to the police participants spoke of the importance of being believed and seemed to make a judgement on this based on popular rape myths and a construction of 'real rape' (Estrich, 1987). Sustaining physical injuries in the assault seemed crucial for participants' perceptions that police officers would believe them. Participants made reference to the assault being unexpected, mostly committed by strangers and of having attempted to fight their attackers. Estrich (1987) outlined how 'real rape' constructs worked to prevent women who had experienced 'acquaintance rape' from coming forward. Findings from the present study suggest that the construct of 'real rape' is equally present in the minds of male survivors of sexual assault. In addition, men face the rape myth held in society that 'A man is expected to be able to defend himself against sexual assault' (Groth & Burgess, 1980, p.808). The participants talked about their efforts to fight back against their attacker, possibly as a way to refute this idea.

Five out of six of the participants reported rape to the police; of these, two secured a conviction against their perpetrator in court. The participants described complex relationships with the police. So far, the literature available on male rape has tended to categorize perceptions of the police as either positive or negative, possibly because the investigative methods employed have been mostly questionnaire responses. The present study indicates that the participants'

responses were more nuanced, and with many factors affecting opinions on the police. As survivors are the only voice in this research, there is a difficulty in drawing conclusions to responses by the police. Participants' experiences are undoubtedly hinged on many factors, I will tentatively discuss some ideas below whilst acknowledging that these are a product of my ideas and I do not intend to take away from the distress that some participants felt following police handling of complaints.

One factor that could be an influence on how men experience the response of the police is the opportunity that participants had available for retribution and justice. Two participants had their cases closed by the police due to a lack of evidence available. One participant experienced this decision by the police to be indicative that the police perceived him to be lying. Similarly, Rumney (2008) suggested that men who reported negative experiences with the police felt they were under suspicion and not believed. The other participant in the present study reported complaints against the police for not ensuring the forensic or evidence collection process was carried out accurately. Given that the participants spoke of finding it so difficult to tell another person about the rape it is possible that in making this decision to report and having then no opportunity for retribution or a lack of compassion from the police is perceived as another violation against them. Further, it is possible that some of the anger held against the police officers is displaced anger that is difficult to direct at the perpetrator. Infrequent reference was made to the perpetrators of rape and little speech was given by the participants to any feelings towards them. It is possible that anger directed at the police is seen as a more socially acceptable way of venting emotions than holding this anger with the perpetrator. It could be that given how difficult participants found it to talk about male rape, it may have been perceived as more normal to speak about being angry with the police. However, it is also possible that participants expect the police service to have a victim's welfare as their priority, to then perceive the police to make subsequent errors in their investigation may then be interpreted by participants as though their well-being is not important enough for investigations to be carried out effectively. Conversely, one would not expect a perpetrator to have their welfare in mind and as such there may be less anger felt towards them.

Anger has also been documented as being experienced by people who have survived other traumatic events (Chemtob *et al.*, 1994). It is possible that anger was a “normal” response to a traumatic event experienced by the men. Gilbert (1998) suggests that men who have been assaulted may believe that others will view him as less than adequate for not defending himself and can feel unfairly treated or humiliated, and experience feelings of anger at others. It could be that because participants in this study were explicitly asked about their experience of reporting to the police, anger came through in this dialogue, however had the men been asked about the perpetrators, anger could have arisen in this conversation also.

The literature on male rape has suggested that gay male rape victims may find it harder to report rape to the police than heterosexual men (Rumney, 2009). It has been reported that victims of male rape attempt to conceal their homosexuality from the police (Mezey & King, 1989) or perceive the police as homophobic (Walker, Archer & Davies, 2005a). The present study suggested that participants who identified as homosexual saw their sexuality as something that could hinder their credibility in making the decision to report. However, none of the participants made reference to the police as homophobic or concealed their sexuality. It is possible that participants were influenced by societal attitudes that have suggested that gay male victims are perceived as being responsible for the rape (Burt & DeMello, 2002; Davies, Rogers & Bates, 2008). Feelings of shame were directly referred to by some participants whilst being alluded to in others' speech. Weiss (2010) reported that shame and embarrassment were evident in men's narratives in her study. She suggests that shame may prevent the reporting of rape as men may fear being labelled as gay, or that self-identified gay men may face accusations of “wanting it”.

Once participants had reported to the police they described a sense of surrendering control of the investigation to others. All participants spoke of their attempts to remain in control and the perceived loss of control angered participants. The participants' ardent attempts for control in the investigative process seemed to be a novel finding in the literature on male sexual assault. Control has so far been documented in male rape in that it has been suggested

to be a factor in accounting for why men rape other men (Groth & Burgess, 1980). McMullen (1990) suggests that it can be the feared or actual loss of power that motivates an offender to rape another man. It is possible that the men in this study either feared further losing control or attempted to reclaim the control and power lost in the rape through their interactions with the police. Young (1991) describes the police force as a 'cult of masculinity'. Asserting control over the investigative process could have been an attempt by participants to maintain and be viewed as masculine by the police. Weiss (2010) identified that during the process of men talking about the emasculating experience of rape, men attempt to demonstrate masculinity in their talk by referring to narratives of heavy drinking or fighting. Similarly, in the present study, the men reported to the police how they had fought back in the rape. Hegemonic masculinity draws on notions of men being physically robust and in control, it is possible that in describing attempts to fight back, this could be as Weiss (2010) suggests, a way for the men to counteract the feminine connotations associated with victimisation.

Control was an important factor in participants continuing to seek help. Often disclosures were made at a point when participants perceived themselves to have lost control and 'broken down'. It is possible that the concept of help seeking is difficult for men. Participants often framed the help they received as an extension of friendship, possibly as a way to normalise the experience, and to position themselves as equals rather than recipients of help or victims. Addis and Mahalik (2003) suggest that help seeking is a complex process for men. They suggest that men learn gendered attitudes of self-reliance and emotional control which can impede help seeking (Addis & Mahalik, 2003).

The present study's findings indicate that participants benefited from counselling and had a desire to talk to someone about the rape, but felt that formal services were not suitable for male survivors. Similarly, Washington (1999) argued that therapeutic interventions delivered to men had little sensitivity towards their unique experience. The participants in this study expressed the importance of having someone listen to their story, and combined this with a desire for more constructive practical help. This would give support to Coxell and King's (1996) suggestion that help for male survivors could be delivered in two phases; early

and delayed management. They suggest that early management could focus on humanistic, supportive listening and delayed management on more specific interventions such as cognitive-behavioural approaches. To extend their suggestion, the participants in this study seemed to benefit from an active approach to managing the after-effects of rape, and one participant spoke of finding group work a benefit to this. Given that the other men spoke of a lack of opportunity to share their experience with others it is possible that survivor-led group work could be a benefit for the men. However, as warned by one participant in this study, taking support outside of mainstream organisations (such as the NHS) and relying on survivor networks can further silence men in that available help from the NHS was seen to have a normalising effect.

#### 4.2.4 Identity

The findings indicate that participants experienced the rape as having spoilt their existing identity and that they were in the process of rebuilding identities in an attempt to recover from the rape whilst also managing the consequences and after-effects of rape. This shattered sense of identity is in line with findings by Pretorius and Hull (2005), who suggested that the male victims in their study had their previously held identity and sense of self deconstructed in the aftermath of rape. They suggested that even if the 'shackles of rape' can be removed, the men in their study remained wary of the 'enduring threat' that being a victim of rape presented to their health and happiness (Pretorius and Hull, 2005, p.8). Some participants in the present study similarly portrayed their new identities as fragile, however for others there was a sense that they had grown and become stronger after the rape. A recent concept of 'post-traumatic growth' (Linley & Joseph, 2004) has emerged in the trauma literature that suggests if survivors develop a self-structure that is "congruent between self and experience" it enables them to go beyond previous levels of functioning (Joseph, 2004, p. 108). Post-trauma growth has been reported in a sample of female rape survivors (Grubaugh & Resick, 2007), it would be of interest to investigate this concept further with survivors of male rape.

Many of the participants made reference to trauma when speaking about the consequences of the assault. They described having experienced “flashbacks” (Robert, line 80), “triggers” (Steve, line 859) and would “relive previous experiences” (Tim, line 119). This is consistent with other research, such as by Walker, Archer and Davies (2005b), in their study, male rape survivors completed measures looking at psychological functioning and indicated that they had a high frequency of intrusive thoughts about the rape and recognised avoidance of feelings and situations. The participants in this study made reference to the consequences of assault being a prevailing feature. It was suggested by Mezey and King (1989) that the distressing consequences of male rape can be experienced for years afterwards; King (1990) suggests that male victims of sexual assault are more likely than their female counterparts to experience long-term psychiatric difficulties, possibly as a result of their different responses to the assault (Kaufman *et al.*, 1980)

A central theme running throughout the men’s accounts in this study was of the anger they were experiencing and having to attempt to control themselves. One participant explained having attended a course of anger management but other participants did not reference receiving any help for this. Pretorius and Hull (2005) described how the participants in their study felt ‘extreme anger at what they experienced’, suggesting that anger was held towards the rape experience. However, in this study, the anger seemed to be more pervasive in the participants’ lives, a sense that it was ‘simmering’ constantly within the men and would be more acute at the times they deemed themselves to have lost control. This could be an important finding in relation to the design of therapeutic work with survivors of male rape. Therapeutic work designed for female rape and domestic violence survivors has started to look at helping female survivors reconstruct identities following violence by men. This work involves aiding the women to look for ‘counter-acts’ and times when they resisted violence (Goldberg Wood & Roche, 2001). This approach could be beneficial for male survivors to challenge ideas of loss of control.

### **4.3 Implications for Practice**

The findings of the present study highlight how difficult men who survive rape may find it to access services, based on service design, societal discourses of what it means to be a man and experiences with the police. The police and clinical services need to be mindful of the stigma and taboo that surrounds male rape and sensitive to the feelings of shame that these men may be facing and possibly preventing them from presenting at services. Below I outline how clinical psychologists could utilise their skills in the areas of clinical practice, consultation and research to improve the experience of help-seeking for men and encourage those who have been raped to engage.

Within individual client work, clinical psychologists need to be mindful of how difficult men may find it to name and talk about their rape experience. The men in this study appreciated the time and space to talk and valued listening. Clinical psychologists need to be able to demonstrate to male survivors of rape that it is ok to talk and they can bear witness to their accounts. Clinical psychologists should be involved in looking at and reorganising services so that men have clear pathways in place to access help that is designed with their specific needs in mind. Consideration should be given to pathways to psychological care from physical health settings, given men are most likely to first present at services for medical attention.

Little opportunity exists for men to be able to share their experience with other survivors thus clinical psychologists could work at the level of service design to set up groups or spaces where men have the possibility to meet other men and possibly to reciprocate the help they receive in group situations. Further, there is scope for clinical psychologists to offer consultation and supervision to survivor-led organisations and counselling services. This could enable others to be able to tolerate hearing men's accounts and think of how to deliver the message to men that it is ok to talk.

Clinical psychologists are well placed to work with the police in improving pathways for reporting rape. Clear reporting processes that explain to men what



will happen at each stage of the investigation could ease anxiety and the need for control in the investigation process. Clinical psychologists could deliver training and supervision to police officers supporting them to work with male survivors. Training for police officers could involve awareness of male rape, how dominant discourses of masculinity may affect men reporting, and basic counselling skills.

Clinical psychologists should work as advocates for male survivors of rape. More work needs to be done on a societal level to convey that male rape is a social problem and highlight the need for services to be in place for male survivors. Clinical psychologists could work to advise government policies on campaigns for male rape to raise public perception and dispel rape myths in society.

#### **4.4 Future Research**

The present study explored men's experiences of help seeking and how they construct their experience of being a male survivor of rape. More qualitative work is needed to better understand this experience both within survivor accounts and of those they come into contact with. Though recruitment from this population is difficult, it would be useful to speak with male survivors of rape who have not accessed services or reported to the police.

More work is needed in particular to guide clinicians on what types of therapy are suited to male survivors of rape and when this help is best delivered.

For future research, it would be important to speak with people who have worked with or come into contact with male survivors of rape, how they construct the male survivor and how they experience offering help to this population. It would be interesting to use a method such as conversation analysis between survivors and police officers to research how the police interact with men reporting rape, and to look at how power is used in conversation (Rapley, 2012).

## **Part II**

### **4.5 Limitations of the Research**

#### **4.5.1 Sample selection**

I was challenged by the process of recruiting men to the present study and it is important to acknowledge that the men who did participate may not be representative of men in general who have survived rape and sexual assault. The men who participated in the study are likely to over-represent men who are willing, at some level, to reveal and to discuss the assault. For instance, one participant in the study spoke about how he managed the aftermath of rape by telling everyone what had happened to him. It would seem reasonable to suggest that men who are less rehearsed at talking about rape would be less likely to come forward to participate in research.

Four participants in the study were recruited through Victim Support. These men spoke about having been involved in a research project for Victim Support and it is possible that in talking about other crimes that had been committed against them this was a rehearsed narrative that had been used to talk to Victim Support previously, and perhaps not as symbolic as I had detailed in the analysis of how difficult it was to talk about male rape. However, of these four participants the amount of speech given to other crimes was extremely varied and also occurred in the two participants not recruited this way. One participant was recruited to the present study through social media and had not reported to the police or been involved with any other research. The issues that he described corresponded with the other participants that could have been argued to be more practised at talking.

#### **4.5.2 Thematic Analysis**

The use of thematic analysis has been criticised in a number of ways. Joffe and Yardley (2004) argue that it “abstracts issues from the way that they appear in life, organising material according to the researcher’s sense of how it connects,

rather than the inter-relationship of themes in the participant's mind or lifeworld" (p.66). It also risks decontextualising speech; by moving text into different categories and codes there is a danger that the analysis loses the context of the speech it was derived from (Mishler, 1986). When reviewing my own research I took steps to ensure transparency and rigour in the research process. Cho and Trent (2006) review the issues pertaining to evaluation of qualitative research and conclude that no single approach is adequate for all forms of qualitative research. However, Cho and Trent (2006) advocate that in research looking at interpretation and social change, reflexivity of the researcher's subjectivity and how this is influenced throughout the research is important. For the research to be as transparent as possible I kept a reflective journal from the beginning of the literature review through to the analysis phase, this is discussed within section 4.6; 'Researcher reflexivity'.

Further to my own reflexivity, I tried to show sensitivity to the data by providing a wide range of extracts from all participants to evidence my interpretations, particularly when I moved the analysis from more semantic to latent themes. I also reviewed the analysis through supervision to ensure I had not become wedded to particular interpretations or ideas in the data.

#### 4.5.3 Transferability

Transferability has been defined by Henwood and Pigeon (1992) as "applying the findings of a study in contexts similar to the context in which they were first derived" (p.108). Given the qualitative nature of the present study and the aims of the research, the transferability of the findings was less a priority than the exploratory aim to examine how this group of men experienced help-seeking. Nevertheless, transferability need not be immediately rejected. A view put forward by Stake (1994) suggests that although each participant's case is unique, it is an example within a broader group which can have usefulness outside of this present study. As recommended by Lincoln and Guba (1985) I have provided a detailed account of the setting in which the data was collected and the contextual factors that impinge on the case (Shenton, 2004) to allow the reader to make

their own inferences on the applicability of the findings outside of the present study.

## **4.6 Researcher Reflexivity**

In an attempt to be transparent and to outline the impact of the researcher on this piece of work I have outlined my personal reflections on the research process, including extracts from my reflective journal.

### **4.6.1 Researcher and Participant Relationships**

I felt I developed a good rapport with all participants, and I felt privileged that participants were able to share personal and at times very distressing stories with me that they had attempted to keep hidden from their loved ones. At times I found myself having to carefully negotiate my role as researcher in meeting with participants. Below is an extract from my reflective journal written on the way to meet one of the participants:

I received a text from Lee confirming that he is still able to meet today despite the snow. I reply thanking him and also make a comment about the snow. During the train journey I receive numerous text messages about the weather. I notice I become uncomfortable with the friendly nature of the texts.

(Reflective journal, Sixth Interview, January 2013)

I received varying amounts of contact from the participants in the time before we met and afterwards. I reflected on how difficult it might have been for participants to agree to take part in the research having never met me and having disclosed to very few people about their rape experience. I was mindful to attempt to remain as neutral as possible throughout interviewing the men.

#### 4.6.2 Reflections on the Interview Process

At times I noticed I had not asked questions that would have been useful from a research point of view to clarify information or to explore ideas further with the participants. For instance, in transcribing Robert's interview, I note not having asked a question around an issue that has been reported in the literature.

I note that Robert describes the effect the rape has had on his relationship and he says it has affected his ability to 'maintain' a relationship. I feel frustrated that I did not ask Robert whether he has experienced any difficulties with sexual intimacy following the rape

(Reflective journal, transcribing third interview, Nov 2012)

Sexual dysfunction following rape and sexual assault has been reported in the literature on male rape (Mezey & King, 1989). Yet I did not ask any of the men directly in the study if they had experienced any sexual difficulties as a consequence of the rape. Partly I did not ask these questions as I did not want to script the interviews or to impose questions that the literature outlines as problems. However, at times there was a natural point in conversation, such as the interview with Robert where it would have been appropriate to ask participants further questions. I recognised that I was held back from asking these questions at times as I felt overwhelmed by participants' emotions and was tentative to on the one hand gain information for the research but to also do this in a way that felt comfortable for the participants, being mindful that we were only meeting for the one occasion and to keep this as contained as possible.

At other times I noticed that I did not ask some questions that may have clarified some points in the analysis. Below is an extract from my reflective journal written after interviewing Howard:

I feel that at times Howard was reluctant to acknowledge that I was asking him some questions either ignoring these or talking over them.

(Reflective journal, second interview, Oct 2012)

It is possible that had I been more explicit in asking Howard and the other participants why they felt it was important that I heard about these other crimes this could have made the analysis less speculative

#### 4.6.3 Bearing Witness

At times the privilege of bearing witness to the participant's stories also felt to be a personal weight of the research. Witnessing the participants' being upset during the interviews was an uncomfortable process, one that impassioned the research but I also became aware that in order to be able to analyse the data with integrity to the topic I would need to distance myself from the emotional content. It was at times difficult to approach the material from an intellectual base and not an emotional perspective, however keeping a reflective journal was a useful process to alert me to times when I was becoming more emotionally moved. I was also able to draw on supervision in being able to think about my response to the material I was analysing and what I was privileging in the write up.

### **4.7 Reviewing the Quality of the Research**

By definition, qualitative research involves subjective interpretation (Finlay, n.d.) and as Altheide and Johnson (1994) argue the very reason for using qualitative research is to highlight the 'meaning, richness and magnitude' of the subjective experience of social life. I have been clear in the process of the research that this piece of work is my interpretation of the data, and I have been cautious to not draw conclusions beyond the scope of the present study. The interviews conducted with the participants are representative of one interaction and a construction of one particular meeting, a product of time and space (Spencer & Ritchie, 2012).

The usefulness of concepts such as reliability and validity outside of quantitative research have been contested by qualitative researchers (Finlay, n.d.). Nevertheless, several researchers have outlined how qualitative research can still respond to questions of 'trustworthiness' (Shenton, 2004, p.63). For instance, in their work Spencer and Ritchie (2012) outline three guiding principles for

reviewing the quality of qualitative research that are relevant across different epistemological perspectives: contribution; rigour and credibility. These principles are addressed below.

#### 4.7.1 Contribution

Contribution refers to “the value and relevance of research evidence” (Spencer & Ritchie, 2012, p.229). The present study provides an account of how men who have been raped talk about their experience. I recognise that this is an account of six participants who took part in the research and acknowledge that some schools of thought would argue that no overarching meaning can be found given that the interviews are context specific (Spencer & Ritchie, 2012). I have provided Information about the participants, and the characteristics of their rape and sexual assaults in order to contextualise the sample. Giving the reader information about the context of the research allows them to make a judgement about whether the findings might be relevant to the wider literature and to clinical practice.

#### 4.7.2 Rigour

Rigour refers to the auditability, reflexivity and defensibility of the research (Spencer & Ritchie, 2012). To ensure auditability of the research I detail in section 2.8 how I have adhered to Braun and Clarke’s (2006) guidelines for conducting thematic analysis, I have also provided an audit trail from the generation of initial codes to reviewing the thematic map in appendices 17 to 24, allowing the reader to judge the process of the research, decision-making and methodological competence for themselves. To demonstrate reflexivity in the research process, I have outlined in section 2.7 ‘Reflexive statement’ and section 4.6 ‘Researcher reflexivity’ how my personal interpretations and positions could have influenced the data. Further, I have included extracts of my reflective journal to ensure transparency. To ensure defensibility of the research I have outlined the aims for the present study, choice of methodology, ethical issues, sample selection and epistemological position in the ‘Methodology’ chapter.

#### 4.7.3 Credibility

Credibility is defined as “the defensibility and plausibility of claims made by the research” (Spencer & Ritchie, 2012, p.230). Lincoln and Guba (1985) suggest that one step to achieve credibility in qualitative research is through the use of ‘member checks’; having participants read their interview transcripts and the research report so they can comment and agree/disagree with the researchers findings. I was unable to use this method for the present study as only one out of the six participants wanted to see a copy of their transcript. Instead I have used direct quotations in the analysis to demonstrate the basis for my interpretations. As outlined in the methodology section I also adhered to a clear and consistent approach to transcribing the interviews and re-read transcripts against the original taped interviews to ensure accuracy (Braun & Clarke, 2006).



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[www.met.police.uk/sapphire](http://www.met.police.uk/sapphire)

## APPENDICES

### Appendix 1: Search Strategies for the Literature Review

An initial scoping literature search was conducted to identify relevant papers, which were scanned for key words. The key words and how they were paired are shown below:

- S1     Male
- S2     Men
- S3     S1 or S2**
- S4     Victim\*
- S5     Crime victim
- S6     Persecut\*
- S7     Survivor
- S8     S4 or S5 or S6 or S7**
- S9     Rape
- S10   Sexual assault
- S11   Sexual abuse
- S12   Sexual harassment
- S13   Non-consensual sex act
- S14   Sexual offen\*
- S15   Sexual molestation
- S16   Sexual victim\*
- S17   S9 or S10 or S11 or S12 or S13 or S14 or S15 or S16**
- S18   S3 + S8 + S17**

These were searched for in the following databases: PsychInfo (1806 – present), PsychArticles, MEDLINE, CINAHL, Google scholar

Using the above strategies 947 articles were identified. All titles and abstracts were checked for relevance to male sexual assault. Articles were rejected if they were not written in English or did not refer to male victims of sexual assault.

In addition to searching the above database Google Scholar was searched to find individual articles that were relevant.

### **Psych-info and psych-articles (via EBSCO) literature search**

<b>Search number</b>	<b>Search criteria / words</b>	<b>Number of articles</b>
S1	Male	337,777
S2	Men	159,110
S3	S1 or S2	446,043
S4	Victim*	43,329
S5	Crime Victim	4,353
S6	Persecut*	2,927
S7	Survivor	18,436
S8	S4 or S5 or S6 or S7	60,515
S9	Rape	7,126
S10	Sexual Assault	4,183
S11	Sexual Abuse	22,229
S12	Sexual harassment	2,653
S13	Non-consensual sex act	555
S14	Sexual offen*	4,339
S15	Sexual molestation	207
S16	Sexual victim*	5,039
S17	S9 or S10 or S11 or S12 or S13 or S14 or S15 or S16	34, 878
S18	S3 + S8 + S17	837

### **CINAHL Plus (via EBSCO) literature search**

<b>Search number</b>	<b>Search criteria / words</b>	<b>Number of articles</b>
S1	Male	793,110
S2	Men	62,504

S3	S1 or S2	802,787
S4	Victim*	12,849
S5	Crime Victim	64
S6	Persecut*	219
S7	Survivor	1,915
S8	S4 or S5 or S6 or S7	14,859
S9	Rape	2,816
S10	Sexual Assault	1,800
S11	Sexual Abuse	8,800
S12	Sexual harassment	13
S13	Non-consensual sex act	145
S14	Sexual offen*	524
S15	Sexual molestation	28
S16	Sexual victim*	1,087
S17	S9 or S10 or S11 or S12 or S13 or S14 or S15 or S16	11,731
S18	S3 + S8 + S17	83

### **Medline (via Web of Knowledge) literature search**

<b>Search number</b>	<b>Search criteria / words</b>	<b>Number of articles</b>
S1	Male	9,652,415
S2	Men	1,062,670
S3	S1 or S2	117,018
S4	Victim*	31,140
S5	Crime Victim	2,679
S6	Persecut*	6,974
S7	Survivor	19,958
S8	S4 or S5 or S6 or S7	51,893

S9	Rape	42,087
S10	Sexual Assault	9,881
S11	Sexual Abuse	47,686
S12	Sexual harassment	15
S13	Non-consensual sex act	3
S14	Sexual offen*	10,233
S15	Sexual molestation	328
S16	Sexual victim*	16,179
S17	S9 or S10 or S11 or S12 or S13 or S14 or S15 or S16	30,075
S18	S3 + S8 + S17	27



## **Appendix 2: Charities Contacted During Recruitment Process**

1. SURVIVORS UK
2. Mankind UK
3. The London centre for personal safety
4. Treetops
5. Rape and sexual abuse counselling (RASAC): Hampshire
6. Rape and sexual abuse support centre (RASASC): Guildford
7. Basingstoke rape and sexual abuse crisis centre (BRASACC)
8. Respect UK
9. MPower
10. Rape Crisis
11. South Essex Rape and Incest Crisis Centre
12. The Survivors trust
13. SURVIVORS Manchester
14. Living Well
15. The Beacon
16. Terrence Higgins Trust
17. Jig-Saw
18. Mens advice line
19. Sexual violence alliance (SEVA) UK

## Appendix 3: Research Advertised on SURVIVORS Manchester Website

The screenshot shows the Survivors Manchester website on an iPad. The browser address bar displays 'www.survivorsmanchester.org.uk/rese'. The page title is 'Researching Male survivors of Sexual Assault - Survivors Manchester'. The website header includes the Survivors Manchester logo with the tagline 'break the silence, it stops with us!' and the slogan '...break the silence'. Contact information 'info@survivorsmanchester.o' and social media links for Twitter, Email, and Facebook are present. A navigation menu contains links for Home, About Us, Impact, Survivors Support, Supporters, Breaking The Silence, and News. The breadcrumb trail reads 'Home » News » Researching Male survivors of Sexual Assault'.

### Researching Male survivors of Sexual Assault

Posted on October 12, 2012 by in [News](#)

As we have stated many time, research into sexual abuse is minimal and when it comes to research into male survivors of sexual abuse there is even less. So whenever we are contacted by ethically approved researchers looking into this under-researched area, we genrally want to be able to offer support where we can.

Catherine Pitfield, Trainee Clinical Psychologist with Camden and Islington NHS Foundation Trust, is looking at gaining an understanding into how male victims of sexual assault decide to seek help or report their crime. She hopes that the research would contribute to an understanding of what factors might influence a victims decisions to report the crime and the impact of this reporting experience on the person.

In order for her to do this, she needs to talk to male survivors, which is where Survivors Manchester can help with posting this message.

“ Have you been the victim of a sexual assault? Would you be able to help with a research project investigating your experience of this crime? ”

If you would like to take part you will be invited to meet with the researcher for an interview where you can discuss your experiences confidentially.

You will be reimbursed for your travel expenses.

Catherine is looking to speak to 8 – 12 men who are over 18 years of age, experienced the 'non-consensual sexual act' over the age of 18 and are currently not involved in court proceedings.

For more information please contact:  
**Catherine Pitfield**  
E: [malesurvivorstudy@gmail.com](mailto:malesurvivorstudy@gmail.com)

Tags: [research](#)

No comments yet.

#### Leave a Reply

Name (Required)

Mail (will not be published) (Required)

Website

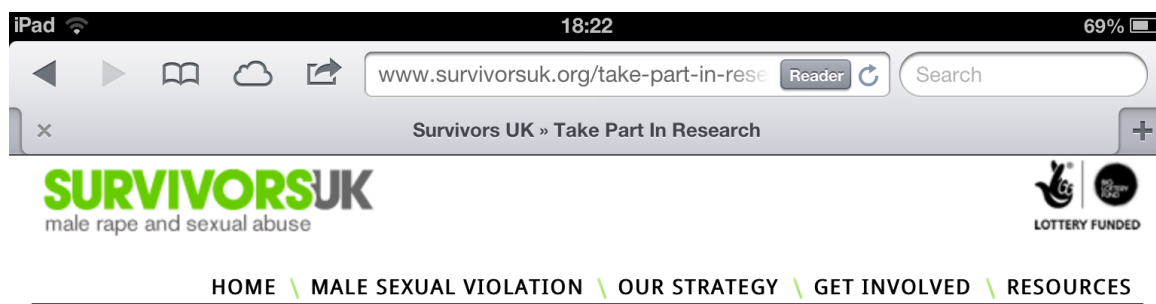
**Breaking the Silence**

**Media & Downloads**

**DONATE TODAY**

The simplest way you can help donating. Times are hard, money is tight but don't forget (no matter how small the amount) times you've heard the phrase) penny counts! Survivors Manchester is registered with [Everyclick.com](#).

## Appendix 4: Research Advertised on SURVIVORS UK Website



Print PDF

### Current research projects

We are inviting interested researchers to collaborate with us. We will facilitate research that will be published in peer-reviewed academic journals. Please [click here](#) to complete our contact us form to send us details of your enquiry.

#### **Anonymous & confidential survey on suicidal feelings**

You don't have to feel depressed or suicidal to take part in this study. Would you like to spend 20 minutes helping us identify factors that might cause distress in men and women? The survey is anonymous & confidential and conducted by qualified professionals.

If you want to take part, or for more information, please click on this link:

[https://surveys.qualtrics.com/SE/?SID=SV\\_6MrvD7RFwOWdrxz](https://surveys.qualtrics.com/SE/?SID=SV_6MrvD7RFwOWdrxz)

This research has been approved by the UCL Research Ethics Committee. They are particularly keen to hear from more men for this study.

#### **Help seeking behaviours of men who have experienced sexual violation**

Catherine Pitfield, Trainee Clinical Psychologist with Camden and Islington NHS Foundation Trust, is looking at gaining an understanding into how male victims of sexual assault decide to seek help or report their crime. She hopes that the research would contribute to an understanding of what factors might influence a victim's decisions to report the crime and the impact of this reporting experience on the person.

In order for her to do this, she needs to talk to male survivors, which is where SurvivorsUK can help with posting this message.

#### ***"Have you been the victim of a sexual assault? Would you be able to help with a research project investigating your experience of this crime?"***

If you would like to take part you will be invited to meet with the Catherine for an interview where you can discuss your experiences confidentially.

You will be reimbursed for your travel expenses.

For more information please contact:

Catherine Pitfield

E: [malesurvivorstudy@gmail.com](mailto:malesurvivorstudy@gmail.com)

### Past research projects we've supported

## **Appendix 5: Research Confirmation to Advertise on LivingWell Australia Website**

Research

[GFoster@anglicaresq.org.au](mailto:GFoster@anglicaresq.org.au)

Hi Catherine

Thanks for sending info about the research. FYI I posted info on the research in our news section with a copy of the info sheet on the front page of the Living Well website.

[www.livingwell.org.au](http://www.livingwell.org.au)

Please let me know of the outcome, be it some months, years, down the line.

Good luck

Gary

**Dr Gary Foster**

**Manager Anglicare Southern Queensland Sexual Assault Services**

**Living Well**

[www.livingwell.org.au](http://www.livingwell.org.au)

[www.livingwellaus.tumblr.com](http://www.livingwellaus.tumblr.com)

Email: [gfooster@anglicaresq.org.au](mailto:gfooster@anglicaresq.org.au)

Phone:

Fax:

---

## Appendix 6: Tumblr Website

<http://malesurvivorstudy.tumblr.com/>

iPad 20:01 57%

malesurvivorstudy.tumblr.com/ Search

Untitled

+ Follow Join Tumblr

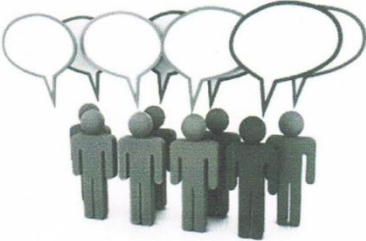
RSS ARCHIVE

# MaleSurvivors of Sexual Assault

Have you been the victim of a sexual assault?

Would you be able to help with a research project investigating your experience of this crime?

If you would like to take part you will be invited to meet with the researcher for an interview where you can discuss your experiences confidentially.



You will be reimbursed for your travel expenses

For more information please contact  
Catherine Pitfield  
telephone:  
email: [malesurvivorstudy@gmail.com](mailto:malesurvivorstudy@gmail.com)

I need your help!

6 MONTHS AGO  
2 NOTES  
#MALE SURVIVORS

## Appendix 7: Participant Letter

Dear Sir,

RE: Participation in Research Project.

I have enclosed some information for you to read in relation to the research project. It includes the following information:

- **Information sheet:** This will give you information on what the research entails, what you will be required to do and your confidentiality rights
- **Consent form:** You will be required to sign this prior to the interview should you choose to participate.

If you would like to take part in the research or have any questions about the enclosed information please contact me via email or telephone:

Email: [malesurvivorstudy@gmail.com](mailto:malesurvivorstudy@gmail.com)

Thank you

Yours Sincerely,

Catherine Pitfield

Trainee Clinical Psychologist

## Appendix 8: Participant Information Sheet

# Male Survivors of Sexual Assault

### PARTICIPANT INFORMATION SHEET

#### UNIVERSITY OF EAST LONDON

School of Psychology

Stratford Campus

Water Lane

London E15 4LZ



#### **Consent to Participate in a Research Study**

The purpose of this letter is to provide you with the information that you need to consider in deciding whether to participate in a research study. The study is being conducted as part of my Professional Doctorate in Clinical Psychology degree at the University of East London.

#### **Project Description**

Rape and sexual assault are severe and harmful crimes, with serious consequences for the victims and their loved ones. Most research to date has focused on the experience of a female victim to a male perpetrator. As such literature and help for male victims is said to be behind that for females.

The aim of this work is to gain an understanding into how male victims of sexual assault decide to seek help or report their crime. This is in order to understand how people may be supported to report their crime and how male victims may seek help from other services.

### **What will happen if I take part?**

The study is recruiting men who have been victims of a 'non-consensual sexual act'. This would involve answering some questions based on your experiences after the crime, and your decision making of whether to report the crime or seek help from other services. You will be asked to read and sign a consent form. You will then take part in an interview with a female researcher. The interview will last approximately one hour. There are no right or wrong answers to the questions in the interview, you are free to talk about anything you feel relevant. This interview will take place on a time and date that is convenient for you. You will be reimbursed reasonable travel expenses. The interview will be digitally recorded and transcribed (typed into text). The transcribing will be done by the researcher, all identifying names and other material will be omitted for confidentiality purposes.

### **Do I have to take part?**

It is your decision as to whether you take part in the study or not. If you decide to take part please contact the researcher via email or telephone. You are free to withdraw at any time and you will not be asked to give any reason.

### **What are the possible advantages and disadvantages to taking part?**

It is not anticipated that there will be any disadvantages associated with taking part in this research.

It may be that in discussing your experiences participants become upset, or experience some discomfort. This can be raised with the researcher and the interviews can be moved onto another topic or stopped altogether.

The advantages of taking part are that you will be providing information that could help to increase the understanding of men's perspectives on reporting non-consensual sexual acts to the police and legal system. It is hoped that this could impact on service delivery in your community.

### **Confidentiality of the Data**

All interviews will be confidential and anonymous, so your name or the names of anyone you talk about will not be disclosed to anyone else. Comments you make in your interview will be used in the write of the project however all identifying information will be removed.

Audio files of interviews will be deleted following transcription of the interview and electronic copies of anonymised transcripts will be kept for three years following completion of the study.

Only the researcher's supervisors and examiners will be able to read extracts from the anonymised transcriptions of interviews.

Your participation in the research will remain anonymous. Only the researcher will know the identity of those involved.



**Has the research obtained ethical approval?**

The research has obtained ethical approval from the School of Psychology Research Ethics Committee, University of East London.

**Contact for further information:**

Please feel free to ask me any questions. If you are happy to continue you will be asked to sign a consent form prior to your participation. Please retain this information sheet for reference.

If you have any questions or concerns about how the study has been conducted, please contact the study's supervisor [Dr Ken Gannon, School of Psychology, University of East London, Water Lane, London E15 4LZ. [K.n.gannon@uel.ac.uk](mailto:K.n.gannon@uel.ac.uk)]

or

Chair of the School of Psychology Research Ethics Sub-committee: Dr. Mark Finn, School of Psychology, University of East London, Water Lane, London E15 4LZ.  
(Tel: 020 8223 4493. Email: [m.finn@uel.ac.uk](mailto:m.finn@uel.ac.uk))

Thank you in anticipation.

Yours sincerely,

**Catherine Pitfield**

Trainee Clinical Psychologist

## **Appendix 9: Consent Form**

### **CONSENT FORM**

#### **UNIVERSITY OF EAST LONDON**

#### **Consent to participate in a research study**

##### **Male Survivors of Sexual Assault : To tell or not to tell?**

I have the read the information sheet relating to the above research study and have been given a copy to keep. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed and the procedures in which I will be involved have been explained to me.

I understand that my involvement in this study, and particular data from this research, will remain strictly confidential. Only the researcher(s) involved in the study will have access to identifying data. It has been explained to me what will happen once the research study has been completed.

I hereby freely and fully consent to participate in the study which has been fully explained to me. Having given this consent I understand that I have the right to withdraw from the study at any time without disadvantage to myself and without being obliged to give any reason.

Participant's Name (BLOCK CAPITALS)

.....

Participant's Signature

.....

Researcher's Name (BLOCK CAPITALS)

.....

Researcher's Signature

.....

Date: .....

## **Appendix 10: Interview Schedule**

### **INTERVIEW SCHEDULE**

Introductions will take place prior to the interview. Participants will be given an idea of what to expect from the interview (i.e. length of time, informing them they can take a break if they need to). They will then be asked to read and sign the consent form. Participants will then be invited to 'co- author' the interview by adding points onto the agenda that they feel are salient to the topic. Once this is completed the interview will commence:

#### **Background information:**

- It would be useful if you could tell me a little bit about yourself before the incident happened, who you were, what you liked doing, how you spent your time.

#### **Setting the scene for talking:**

- If we could spend some time thinking about how you talk about what happened to you
- What words do you use and are comfortable with using to describe your experience?

#### **Event:**

- If you could tell me about your initial response after the incident
- How did you make sense of what happened to you?
- What factors influenced who you told about the incident?

#### **Decision to report:**

- How did you make the decision of whether to report the crime to the police?
- What factors influenced your decision?
- Is there anything that would have helped you to have reported it?

#### **Decision to seek help:**

- Did you seek help from any services after the incident?
- What factors influenced who you spoke to / where you went?

#### **Experience of telling others:**

- If you told someone, how did you decide who to tell?
- What did you think of their response?
- Was there more you would have liked them to do?
- What sort of things would have helped?

#### **Reflecting:**

- Looking back on what happened, what advice would you give others?

## Appendix 11: Ethical Approval

### ETHICAL PRACTICE CHECKLIST (Professional Doctorates)

**SUPERVISOR:** Kenneth Gannon

**ASSESSOR:** Mary Spiller

**STUDENT:** Catherine Pitfield

**DATE (sent to assessor):** 26/06/2012

**Proposed research topic:** Male Victims of Sexual Assault : The Experience of Reporting Sexual Assault to the Police

**Course:** Prof Doc Clinical Psychology

1. Will free and informed consent of participants be obtained? YES
2. If there is any deception is it justified? N/A
3. Will information obtained remain confidential? YES
4. Will participants be made aware of their right to withdraw at any time? YES
5. Will participants be adequately debriefed? YES
6. If this study involves observation does it respect participants' privacy? NA
7. If the proposal involves participants whose free and informed consent may be in question (e.g. for reasons of age, mental or emotional incapacity), are they treated ethically? NA
8. Is procedure that might cause distress to participants ethical? NA
9. If there are inducements to take part in the project is this ethical? NA
10. If there are any other ethical issues involved, are they a problem? NA

#### APPROVED

	YES, PENDING MINOR CONDITIONS	
--	-------------------------------	--

#### MINOR CONDITIONS:

Need to make it clear to the participant how long they have to withdraw data

#### REASONS FOR NON APPROVAL:

Assessor initials: MS Date: 4<sup>th</sup> July 2012

<b>RESEARCHER RISK ASSESSMENT CHECKLIST (BSc/MSc/MA)</b>
--

**SUPERVISOR:** Kenneth Gannon

**ASSESSOR:** Mary Spiller

**STUDENT:** Catherine Pitfield

**DATE (sent to assessor):** 26/06/2012

**Proposed research topic:** Male Victims of Sexual Assault : The Experience of Reporting Sexual Assault to the Police

**Course:** Prof Doc Clinical Psychology

Would the proposed project expose the researcher to any of the following kinds of hazard?

- |    |  |    |
|----|--|----|
| 1  | Emotional                              | NO |
| 2. | Physical                               | NO |
| 3. | Other<br>(e.g. health & safety issues) | NO |

If you've answered YES to any of the above please estimate the chance of the researcher being harmed as: HIGH / MED / LOW

**APPROVED**

YES		
-----	--	--

**MINOR CONDITIONS:**

**REASONS FOR NON APPROVAL:**

Assessor initials: **MS** Date: 4<sup>th</sup> July 2012

## SCHOOL OF PSYCHOLOGY

Dean: Professor Mark N. O. Davies, PhD, CPsychol, CBiol.



### School of Psychology Professional Doctorate Programmes

To Whom It May Concern:

This is to confirm that the Professional Doctorate candidate named in the attached ethics approval is conducting research as part of the requirements of the Professional Doctorate programme on which he/she is enrolled.

The Research Ethics Committee of the School of Psychology, University of East London, has approved this candidate's research ethics application and he/she is therefore covered by the University's indemnity insurance policy while conducting the research. This policy should normally cover for any untoward event. The University does not offer 'no fault' cover, so in the event of an untoward occurrence leading to a claim against the institution, the claimant would be obliged to bring an action against the University and seek compensation through the courts.

As the candidate is a student of the University of East London, the University will act as the sponsor of his/her research. UEL will also fund expenses arising from the research, such as photocopying and postage.

Yours faithfully,

Dr. Mark Finn

Chair of the School of Psychology Ethics Sub-Committee

Stratford Campus, Water Lane, Stratford, London E15 4LZ  
tel: +44 (0)20 8223 4966 fax: +44 (0)20 8223 4937  
e-mail: mno.davies@uel.ac.uk web: www.uel.ac.uk/psychology



The University of East London has campuses at London Docklands and Stratford  
If you have any special access or communication requirements for your visit, please let us know. MINICOM 020 8223 2853



## Appendix 12: Email RE: Ethics Amendments

-----Original Message-----

From: Mark Finn

Sent: 24 September 2012 13:22

To: Kenneth Gannon

Subject: RE: Ethical application amendments

Dear Ken,

Having read the revised application I am happy to approve the amendments to this research with the following conditions.

Catherine is advised not to post notices in NHS waiting rooms as the research does not have NHS ethics approval and I can therefore envisage difficulties with such postings.

Recruitment cannot go outside the strategies and restrictions referred to in the application.

Can the Participant information sheet be amended to say that the research has been approved by the School of Psychology Research Ethics Committee rather than the UEL REC.

While there is indication that participants in distress will be referred to appropriate support organisations, there is also a suggestion that Catherine will offer support in the first instance (as I read it). She will need to be clear that this is not appropriate.

Please can you let Catherine know of this approval.

Regards,

Mark

## Appendix 13: Confirmation of Change of Thesis Title

### SCHOOL OF PSYCHOLOGY

Dean: Professor Mark N. O. Davies, PhD, CPsychol, CBiol.

uel.ac.uk/psychology



Catherine Pitfield

18 December 2012

Student number: 1037642

Dear Catherine

#### Notification of a Change of Thesis Title:

I am pleased to inform you that the School Research Degree Sub-Committee has approved the change of thesis title. Both the old and new thesis titles are set out below:

**Old thesis title:** Male Victims of Sexual Assault: The Experience of Reporting Sexual Assault to the Police.

**New thesis title:** Male Survivors of Sexual Assault: To tell or not to tell?

Your registration period remains unchanged. Please contact me if you have any further queries with regards to this matter.

Yours sincerely,

A handwritten signature in black ink that reads 'James J. Walsh'.

Dr James J Walsh  
School Research Degrees Leader  
Direct line: 020 8223 4471  
Email: j.j.walsh@uel.ac.uk

cc. Kenneth Gannon

Stratford Campus, Water Lane, Stratford, London E15 4LZ  
Tel: +44 (0)20 8223 4966 Fax: +44 (0)20 8223 4937 MINICOM 020 8223 2853  
Email: mno.davies@uel.ac.uk





## Appendix 14: Support Services: Information Sheet for Participants

### Male Survivors of Sexual Assault

Thank you for participating in this study.  
It may be that you would like to seek further support or speak to someone further after taking part.

Below is a list of support numbers that can be contacted for you to speak about your experience in confidence:

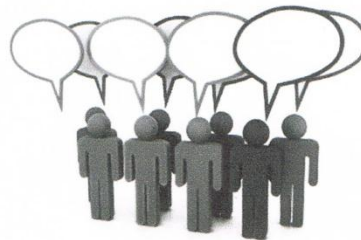
Survivors UK : 0845 122 1201

Samaritans : 08457 90 90 90

MIND : 0300 123 3393

Victim Support: 0845 30 30 900

If you would like further support please speak to your GP or other mental health professional.



Thank you.

## **Appendix 15 – Braun and Clarke’s (2006) Guidelines for Thematic Analysis**

### Phases of Thematic Analysis

<u>Phase</u>	<u>Description of the process</u>
1. Familiarising yourself with the data	Transcribing data, reading and re-reading the data, noting down initial ideas.
2. Generating initial codes	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.
3. Searching for themes	Collating codes into potential themes, gathering all data relevant to each theme.
4. Reviewing themes	Checking if the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic map of the analysis.
5. Defining and naming themes	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme.
6. Producing the report	The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a report of the analysis.

(Braun & Clarke, 2006, p.87)

## Appendix 16: Transcription Key

(.)	Short pause (less than 1 second)
(..)	Longer pause (over a second)
[text]	Clarificatory information
/	Overlapping speech
<u>Text</u>	Word(s) emphasised
[...]	Indicates where text not relevant to the point has been removed

## Appendix 17: Example of an Annotated Transcript

taking charge of  
 intervention.  
 protection of officer?  
 before criticising practice  
 to praise with.

189 Steve: This is erm, I'll tell you what. This is what was kind of funny, I was going  
 190 to say and then I got sidetracked. [Name] the officer in charge, who I have great  
 191 respect for, I'd said erm, no fuss. I was actually working, the following day  
 192 would you believe it, how I did that I don't know. But I did, it was my way of  
 193 surviving I think in retrospect / CP: Ok / This has happened now, deal with it.  
 194 CP: Ok / So I'm in work, I have an assistant, assistants there at the time. I'm a  
 195 dog groomer / CP: Ok /. And erm they come along, I often joke, I joked about it  
 196 in the court as well, you have to joke about shit don't you. Erm, I said no fuss. I  
 197 was expecting just one man, come along, take a statement, go away, come  
 198 back a week later, cos I never know, cos I never done this before.  
 199 wish to move on?

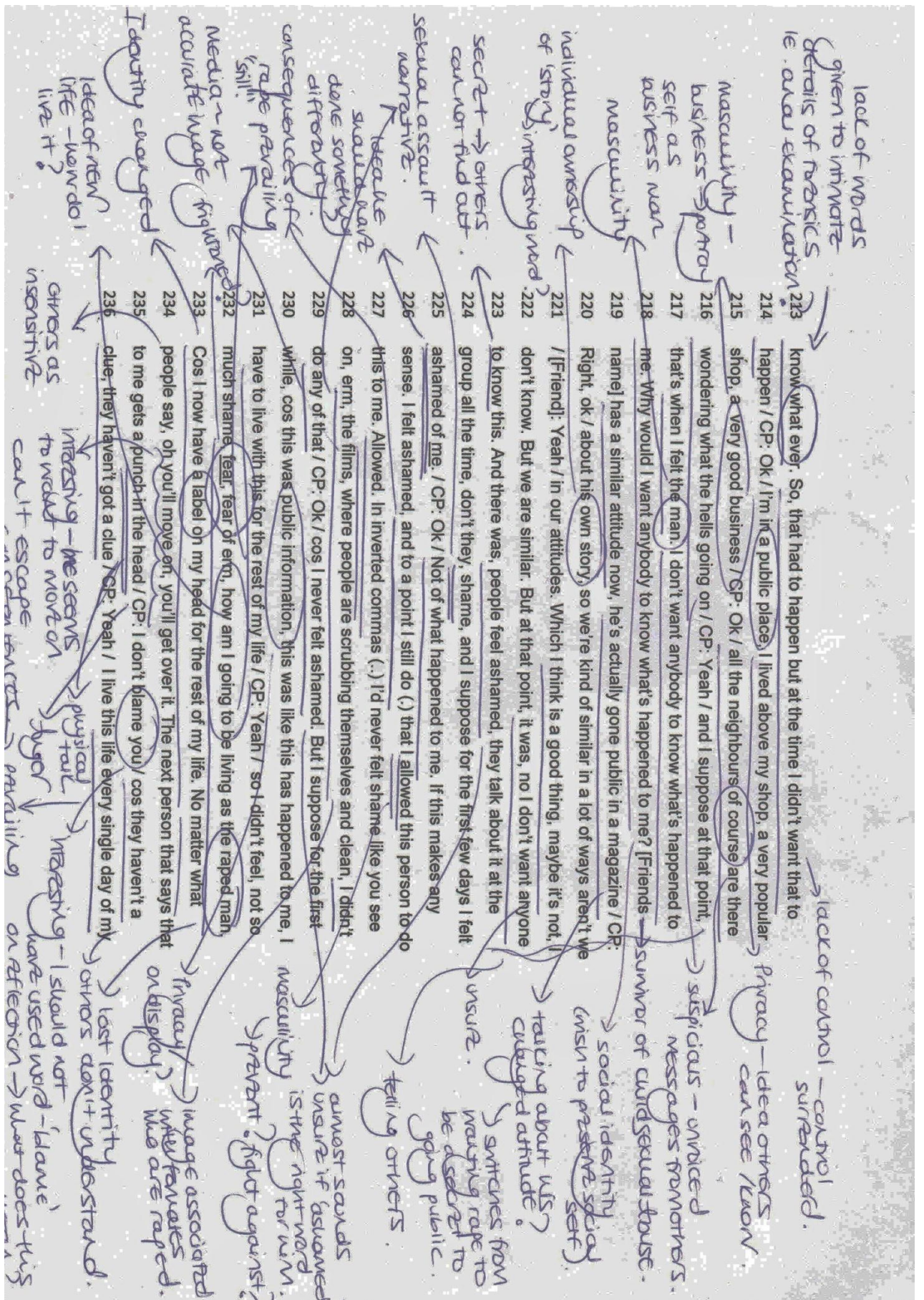
masculinity  
 - working  
 rape positioned  
 with death.  
 - figured /  
 surviving.

200 CP: Yeah. So is this the first crime you'd ever reported?  
 201 this & could have closed down some  
 202 Steve: I'd reported the odd little stupid thing like everybody you know, you  
 203 know, burglary I had once and that stuff / CP: Right / well there's nothing daft  
 204 about burglary but you know what I mean / CP: Yeah / not as serious as this,  
 205 yeah first main thing. And he promised me it would be low key, but the very fact  
 206 that he believed me, so it's a double edge thing here, he believed every single  
 207 word I was saying, so before you know it it was like hill street blues in my little  
 208 poxy shop / CP: Ok / there was bloody police everywhere [laughs] / CP: Right /  
 209 and I'd said low key and an hour later they were everywhere and there was a  
 210 helicopter going to [place name] park to find evidence, cos that's where I went  
 211 to. All sorts, oh it was a nightmare. Erm, the forensics came and they were  
 212 doing the fingerprinting and blood, they were testing for, and semen and you

'no fuss', 'low key'  
 idea of maintaining  
 privacy.  
 'more I went to' →  
 not referenced / elsewhere  
 spoken about  
 that we want someone → little speech  
 given to rape.

use of humour  
 normalise?  
 diffuse?  
 positive experience of  
 police  
 idea rape is isolated incident  
 coping - way to cope?  
 proactive  
 idea calling it about  
 it - have overcome it?  
 lack of knowledge - reporting  
 process  
 idea could not  
 imagine anything worse /  
 cannot be result of happening.  
 forensics - not spoken about  
 more invasive forensics - ie.  
 nasal examination, finger prints  
 taken over.  
 lost control.  
 with police  
 idea no one  
 else was being  
 raped? not as  
 common?  
 not like others?  
 idea could not  
 imagine anything worse /  
 cannot be result of happening.  
 forensics - not spoken about  
 more invasive forensics - ie.  
 nasal examination, finger prints





## Appendix 18: Codebook

No.	Initial Code	Data Extract (line number)
1.	Setting the scene of the assault	
2.	Unexpected attack	
3.	Physical injury sustained	
4.	Violent nature of assault	
5.	Unable to fight back	
6.	Finding reasons as to why assaulted	
7.	Physical harm used as proof sexual assault happened	
8.	Perpetrator description	
9.	Language of sexual assault	
10.	Others use of language insensitive	
11.	Silence of male sexual assault	
12.	Difficult to name assault experience	
13.	Euphemisms	
14.	Physical help prioritised	
15.	Believed	
16.	Lying	
17.	Self-blame	
18.	Anti-blame talk	
19.	Shame	
20.	Disclosure happens at 'breaking point'	
21.	Attempt to preserve social image of self	
22.	Sexual assault positioned alongside death	
23.	Taking control	
24.	Fear	
25.	Fear of perpetrator	
26.	Secrecy around assault	
27.	A want for privacy	
28.	Medical team positioned as ally	
29.	Importance of listening	
30.	Anger	
31.	Stigmatisation of mental health	
32.	Stigmatisation of sexuality	
33.	Implied unvoiced message from others	
34.	Implied unvoiced message from the police	
35.	Vulnerable	
36.	Home as a safe place	
37.	Importance of getting a conviction	
38.	Homosexuality as visible feature	
39.	Linking sexuality and sexual assault	
40.	Changed masculinity	
41.	Portray self as acting against masculinity	
42.	Hegemonic masculinity	
43.	Expert position: Knowledge of police	
44.	Expert position: Knowledge of services	

45.	More to me than sexual assault	
46.	Immediate consequence of sexual assault	
47.	Longer term consequence of sexual assault	
48.	Suicide	
49.	Trauma: Memories	
50.	Trauma: Reliving	
51.	Trauma: Flashbacks	
52.	Consequence of disclosure	
53.	Protection of self	
54.	Confronting fears	
55.	Hierarchy of suffering	
56.	Other people important factor in reporting to police	
57.	Other people important factor in participant getting help	
58.	Identity: Victim	
59.	Identity: Spoilt	
60.	Identity: Sexual assault part of who you are	
61.	Identity: Personal growth	
62.	Identity: Fragile sense of self	
63.	Wish to move on and forget	
64.	Sexual assault as an isolated incident in victims life	
65.	Rebuilding life	
66.	Relationships	
67.	Difficulties with intimacy post assault	
68.	Secondary victimisation	
69.	Fear of social judgement	
70.	Isolation	
71.	Victim positioned / treated as suspect	
72.	Seeking retribution	
73.	Wish for justice	
74.	Sense of injustice	
75.	Training need for police	
76.	Mental health and the police not compatible	
77.	Portray self as different to others prior to sexual assault	
78.	Protection of others	
79.	Idea of talking as helpful	
80.	Difficult to talk	
81.	Psychiatric diagnostic labels	
82.	Perception that sexual assault is too horrid for others to tolerate	
83.	Pre-conceived Ideas about court process	
84.	Help seeking: Police perceived to be closely linked with support services	
85.	Disclosing is brave	
86.	Time reference: sexual assault	
87.	Time reference: consequence of sexual assault	
88.	Importance of shared experience	

89.	Importance of informal support	
90.	Can not understand if not experienced male sexual assault	
91.	Influence of rape myths	
92.	Media	
93.	Pre conceived ideas of mental health services	
94.	Positive counselling experience	
95.	Negative counselling experience	
96.	Psychological support	
97.	Medical support	
98.	Psychological support desired	
99.	Lack of services for male victim	
100.	A want for constructive and practical help	
101.	Formal service structures not suitable for male victim	
102.	Formal support depicted as friendship	
103.	Importance of humour	
104.	Services difficult to negotiate	
105.	What helped process of healing	
106.	Active participant in own healing process	
107.	Advice to services	
108.	With hindsight wishes had (or pleased to have)reported to police	
109.	With hindsight wishes had not reported to police	
110.	Negative experience of police	
111.	Complaints against police	
112.	Difficult to complain against police due to internal police structures and relationships	
113.	Positive experience of police	
114.	Previous encounters with the police influence perceptions of police	
115.	Police experienced as intimidating	
116.	Avoidance of face to face disclosure	
117.	Decision to tell others	
118.	Others need to be forthcoming in approaching conversation on sexual assault	
119.	Decision to report to police	
120.	Confidentiality	
121.	Compassionate response by others	
122.	Preference to disclose to a female	
123.	Gender of other not important for disclosure	
124.	Avalanche of involvement	
125.	Unclear reporting process	
126.	Lack of communication once reported to police	
127.	SOIT officer involvement	
128.	Court process	
129.	Court outcome	
130.	Sexual assault not focus of court case	



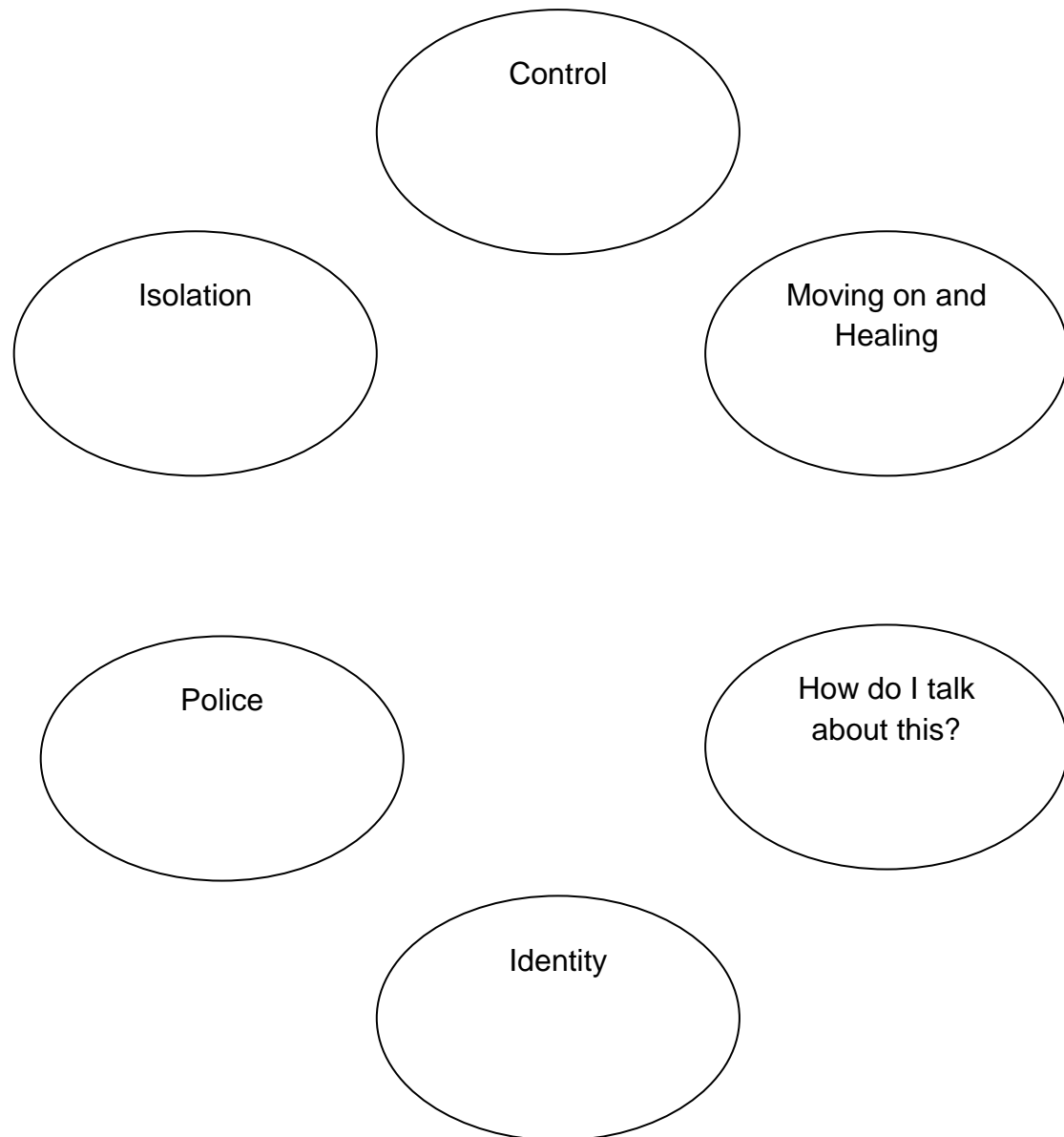
131.	Argumentative talk with police	
132.	Lack of control in reporting process	
133.	Forensic process	
134.	Returning to the scene of the crime	
135.	Interview process: Omitted questions	
136.	Interview process: Talking about the act of the sexual assault	
137.	Interview process: Using documents to detail what is hard to say	
138.	Interview process: Terminating talk/detail of sexual assault	
139.	Interview process: Abstract talk; hard to explain.	
140.	Interview process: Use of humour	
141.	Interview process: Other crime / victim talk	
142.	Interview process: Motivation to take part in research	
143.	Interview process: Dissociated talk	
144.	Interview process: Helpful process to speak	

## Appendix 19: Coded Extract

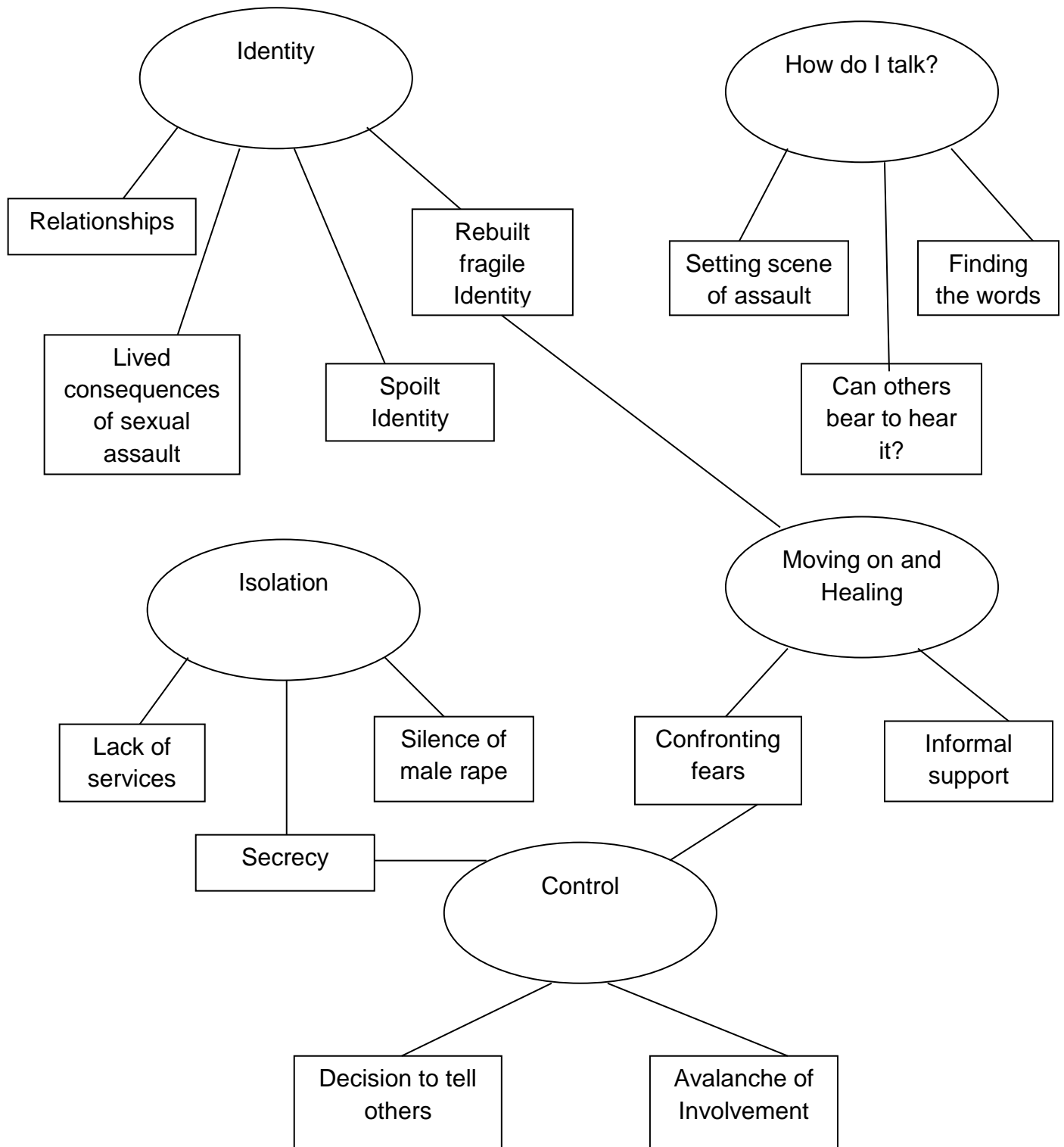
No.	Initial Code	Data Extract (Line Number)
145.	Avalanche of involvement	<p>Howard: 186 – 194: And one of the officers erm, he was the first on the scene, and he was explaining to me the next procedure, what was going to happen and what have you. So we were going to go back to [village name] police station / CP: Right / and I'm going to be seen by a medical examiner, forensic (.) examination, and what have you</p> <p>Howard: 263 – 284: the following day he came again, give us an update of different things, and showing you, showing me some of the cct, erm, video tape / CP: Right ok / which was taken from various parts of the village where they had them and what have you / [.....] ...and then I had to go down about three or four days later, they asked me if I could go down to the station (.) to do a taped video of erm, of everything you know. /</p> <p>Steve: 189 – 218: I'd said erm, no fuss. I was actually working, the following day would you believe it, how I did that I don't know. But I did, it was my way of surviving I think in retrospect / CP: Ok / This has happened now, deal with it. / CP: Ok / So I'm in work, I have an assistant, assistants there at the time. I'm a dog groomer / CP: Ok /. And erm they come along. I often joke, I joked about it in the court as well, you have to joke about shit don't you. Erm, I said no fuss. I was expecting just one man, come along, take a statement, go away, come back a week later, cos I never know, cos I never done this before. [...]And he promised me it would be low key, but the very fact that he believed me, so it's a double edge thing here, he believed every single word I was saying, so before you know it it was like hill street blues in my little poxy shop / CP: Ok / there was bloody police everywhere [laughs] / CP: Right / and I'd said low key and an hour later they were everywhere and there was a helicopter going to [place name] park to find evidence, cos that's where I went to. All sorts, oh it was a nightmare. Erm, the forensics came and they were doing the fingerprinting and blood, they were testing for, and semen and you</p>

		<p>know what ever. So, that had to happen but at the time I didn't want that to happen / CP: Ok / I'm in a public place, I lived above my shop, a very popular shop, a very good business / CP: Ok / all the neighbours of course are there wondering what the hells going on / CP: Yeah / and I suppose at that point, that's when I felt the man. I don't want anybody to know what's happened to me. Why would I want anybody to know what's happened to me?</p> <p>Steve: 514 – 527: There was, er, one particular time [laughs] craziness. The jury wants to go and see the old shop (..) I understand, that's perfectly fine. No problem. So I'm in my new shop and I spent the day upstairs, I closed the shop for the few weeks, whatever. / CP: Yeah / I nearly lost my business. And er, I'm upstairs, looking out the window, the jury drove by in a mini bus with two erm, motorbikes. Coppers on motorbikes. And they stopped at my <u>new</u> shop, and I waved at them [laughs] and I thought, what the fuck? [laughs] what's going on? I knew that day they were going to the old shop, but it would only be a few miles up the road / CP: Right ok / and for whatever reason they must have wanted to see the new shop. And I had actually rebuilt my business, and managed to actually do that / CP: Yeah / which I did. I'm proud of that. But the fact that the police men on motorbikes and the <u>cavalry</u> are stopping outside and a police car behind the jury. Cos to protect the jury, I understand that / CP: Yeah / He could have had anything happen to the jury. Understandable. But why not just tell me?</p>
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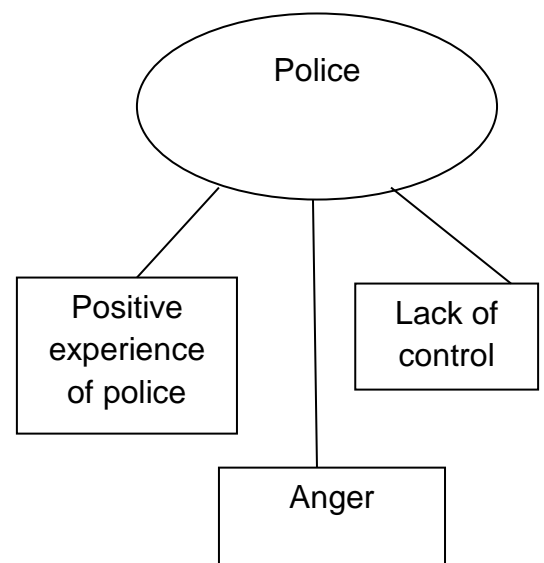
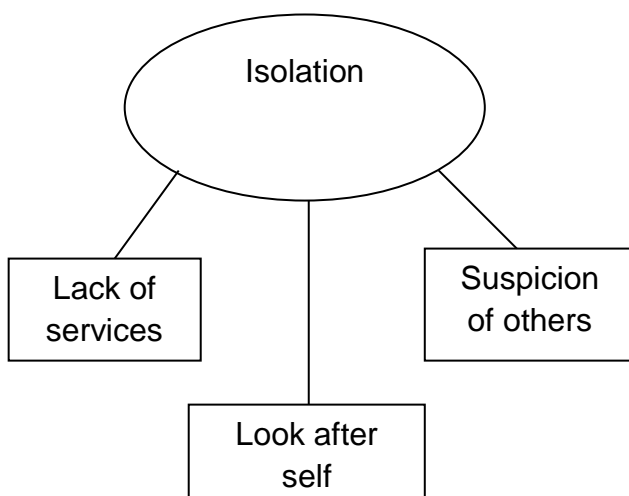
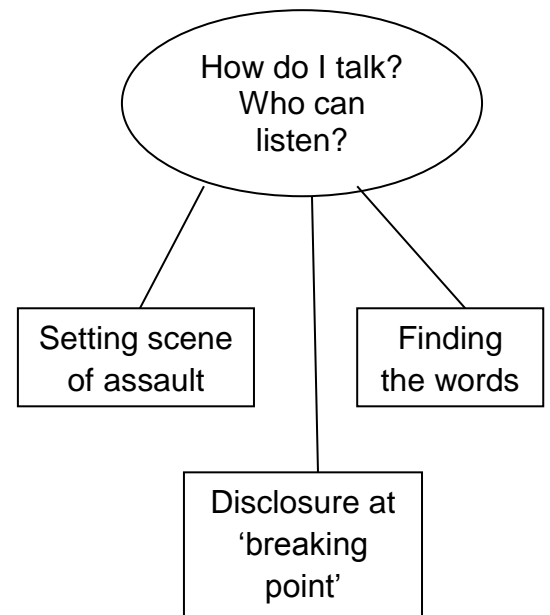
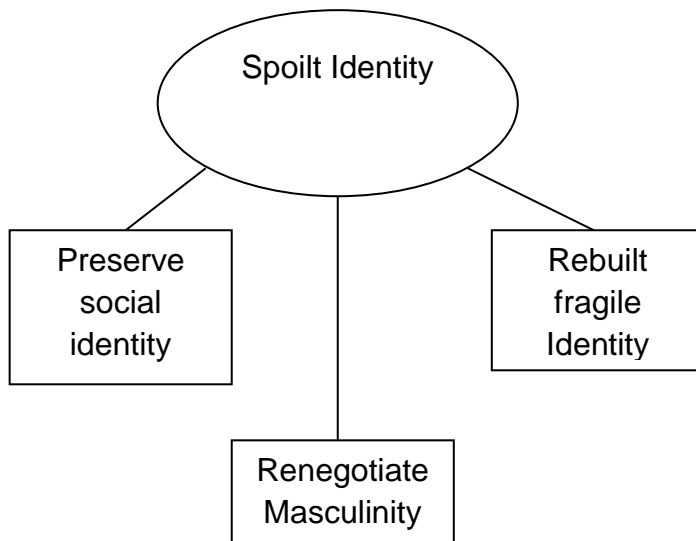
## Appendix 20: Initial Thematic Map / Provisional Themes



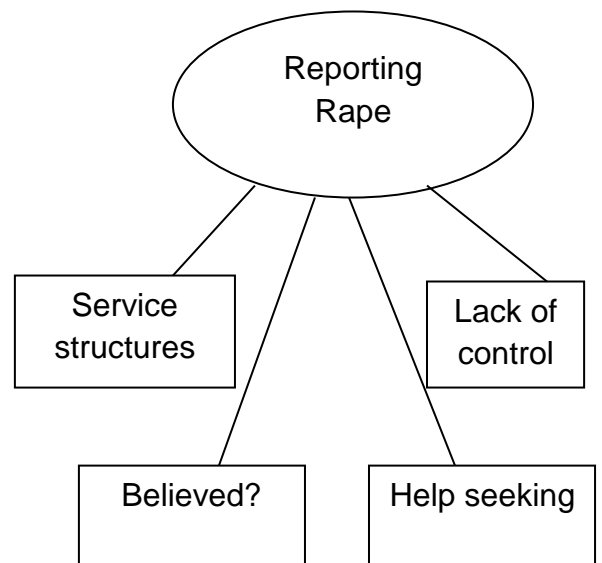
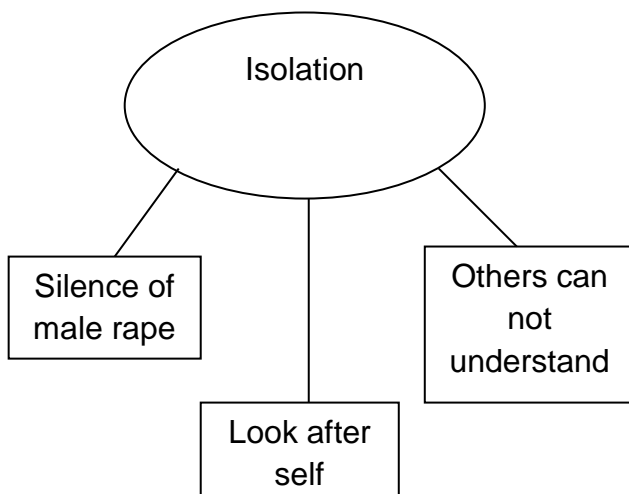
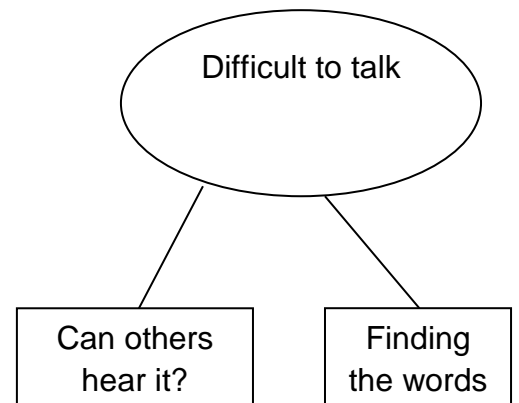
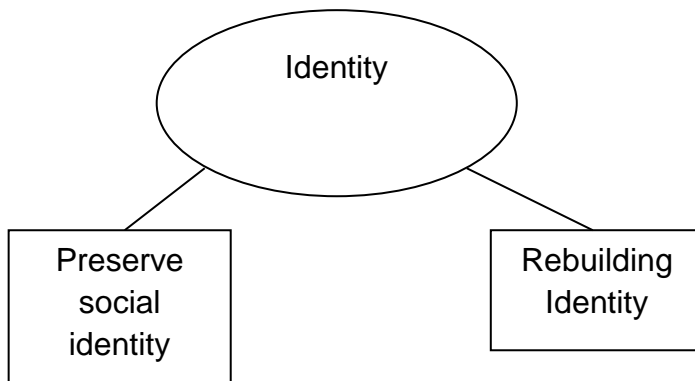
## Appendix 21: Thematic Map One



## Appendix 22: Thematic Map Two



### Appendix 23: Thematic Map Three



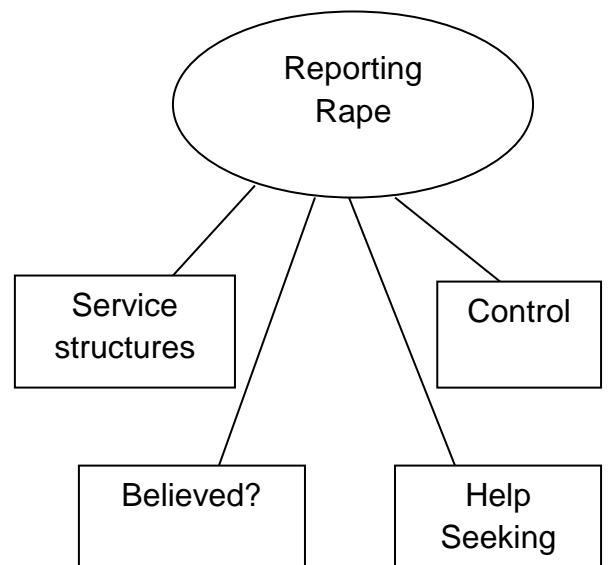
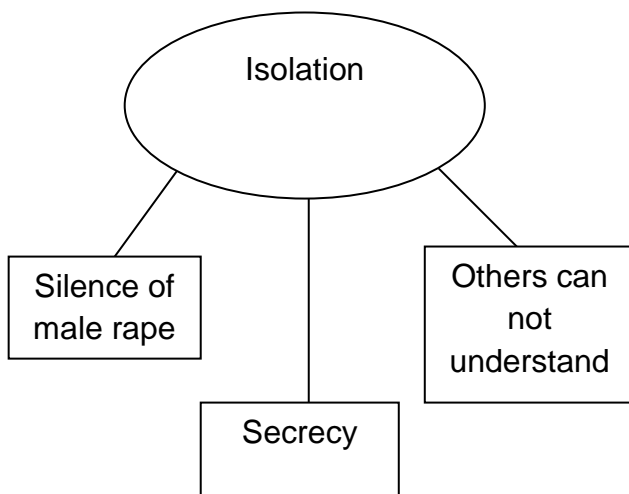
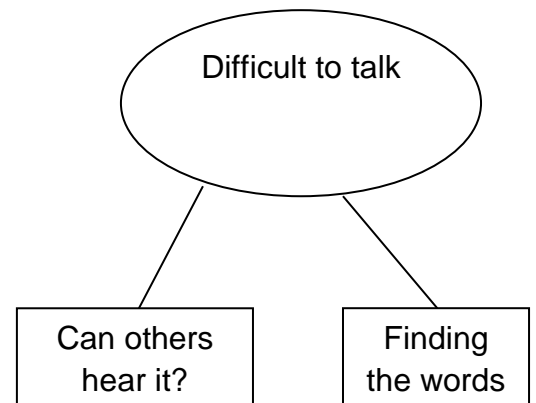
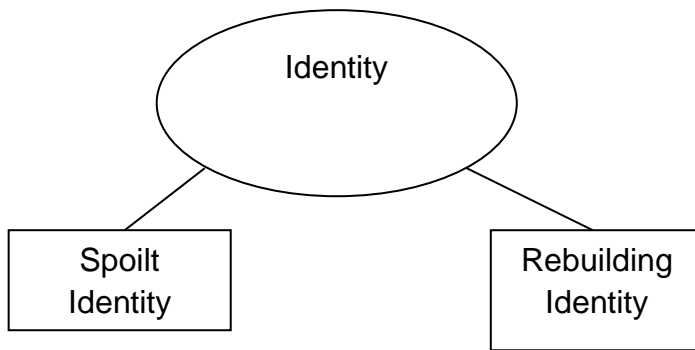
## **Appendix 24: Detailed Process of Defining Thematic Map**

Themes depicted in 'Thematic Map Three' were reconsidered for internal homogeneity and external heterogeneity. In particular a reconsideration of the theme 'Police' meant that this was changed to 'Reporting Rape', as this more accurately captured the stories that all the participants told of how they made their decisions to disclose the rape to others, not just to the police service. Further I felt that the sub-theme of 'positive experience of the police' did not capture the complexities of the responses and feelings voiced by the participants towards the police. On closer examination of the data and coding system, positive experiences of the police could be held within other sub-themes such as 'believed' and 'help seeking' which would reflect the data more precisely. The sub-themes of 'anger' and 'lack of control' were not deemed distinct enough to be considered separate, 'lack of control' seemed to be the trigger for the men's anger in their stories and as such was collapsed down.

From here, I reviewed the themes again, as although I felt the main themes accurately captured the data set I was unsure the sub-themes accounted for the wealth of data in each of the themes. Under the theme 'Reporting rape', the sub-theme 'lack of control' was broadened to 'control', this allowed for stories of lack of control to still be captured whilst also encompassing stories of when participants had attempted to reclaim control such as in the court room and through initiating complaint procedures against the police. An additional sub-theme of 'Help seeking' was created, as elements of the data around 'service structures' seemed too distinct to be included in the same category. Under the theme 'Isolation', the sub-theme 'look after self' was changed to 'secrecy', as this captured additional data on how the participants spoke of taking measures in private, too on the one hand look after their physical injuries, whilst at the same time ensuring others would not know they had been raped. The sub-themes of 'Identity' were re-worked to capture three distinct notions in the data. An idea that the sexual assault had changed the participants past identity was captured under 'spoilt identity' and the sub-theme 'rebuilding identity' spoke to the data extracts that involved the rape being acknowledged as part of who you are and too stories of growth.



## Appendix 25: Thematic Map Four



## Appendix 26: Defining and Naming Themes

Name of Theme	Definition
<b>Theme One: Difficult to Talk</b>	Refers to the struggle participants faced in talking about being a rape survivor and the difficulties of voicing what happened.
Sub-theme: Finding the words	Refers to how participants struggled to find the vocabulary to speak about their experience and the ways the men negotiated individually to be able to tolerate speaking.
Sub-theme: Can others hear it?	Refers to participants concerns that rape was too difficult for others to be able to hear or bear.
<b>Theme Two: Isolation</b>	Refers to participants own silence and the silence throughout society on male rape, leaving men alone to come to terms with the experience.
Sub-theme: Silence of male rape	Refers to participants previous lack of knowledge and disbelief of male rape and how once participants are raped there is very little available in society to help survivors understand their experience.
Sub-theme: Secrecy	Refers to participants attempts and wishes for others to know as little as possible about their experience.
Sub-theme: Other's can not understand	Refers to participants feeling that other's can not understand unless they have been in that situation and how a shared experience with another is helpful.
<b>Theme Three: Reporting Rape</b>	Refers to how participants took the decision to report rape to the police and disclose their experience to others.
Sub-theme: Believed?	Refers to the importance of being believed by others and the influence of rape myths in the men determining whether others will believe them.
Sub-theme: Control	Refers to how control can be lost upon disclosure and attempts by the men to reclaim this control throughout reporting or disclosure.
Sub-theme: Help-seeking	Refers to how men access services and construct the relationships they have with services.
Sub-theme: Service structures	Refers to the services available to men and the disparity between what is available and what is desired.
<b>Theme Four: Identity</b>	Refers to how participants saw and managed their own identity. Management of their social identity was particularly salient following rape.

Sub-theme: Spoilt Identity	Refers to how participants experienced their old identity being spoilt by the rape experience. Involving management and acceptance of the consequences of the rape experience.
Sub-theme: Rebuilding Identity	Refers to how participants came to integrate the rape experience into their identity and rebuild their lives. A sense that their 'new' identities were somewhat fragile.