

## Male survivors of sexual assault and rape

Sarah Crome

**In Australia there has been an increasing consciousness surrounding sexual crimes and their impact, and this extends to a marginalised yet significant group: male victims. To date, the abuse of males is still underrepresented in our literature, statistics and programs pertinent to sexual abuse. This resource document provides a current overview of research and information concerning male survivors of sexual assault and rape. Men's experiences can differ from women's, and the context and the effects of male sexual assault varies across children, adolescents and adults. As for females, the current social and political context influences the incidence, reporting and reactions of survivors, treatment options and ultimately community awareness of the sexual assault of males.**

Note: The terms 'victim' and 'survivor' will be used interchangeably throughout.

### Definitions: parameters and legal variations

Like all forms of sexual assault, under-reporting of male sexual assault poses a considerable challenge for the development of meaningful and reliable methods of data collection. Furthermore, there is limited consensus on how male sexual assault is actually defined in a legal and clinical sense - although there is more specificity regarding the definition of sexual crimes against male children (Crome, McCabe, & Ford, 1999; Waliski & Herring, 2005). Deficiencies also exist in detailed research and data relating to services in relation to male sexual assault. Up until the last 15 years, information about sexual assault was only accessible indirectly, such as through services victims might attend to deal with symptoms (for example, depression) and coping mechanisms (for example, drug abuse), rather than services that relate directly to sexual assault.

### Theoretical perspectives

Historically, male sexual assault has been regarded as a subset of homosexual behaviour (Foster, 2005), an association still common in the literature. Yet there also exists a consistent view that male sexual assault, particularly in institutions such as prisons, is a way of exerting power (Jones, 2000). It is viewed as a consequence of male dominance, and as a violation of human rights (Sivakumaran, 2005). Like the exploitation and assault of women and children, mounting evidence now shows that boys and adult males are victims of 'patriarchal' power relations, and vulnerable to sexual assault. This is because male sexual abuse is closely connected to traditional sex-role socialisation and gendered 'patriarchal' power relations.



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A problem with many theories describing violent crime is that they fail to address males as victims, and the consequences of stereotypes of masculinity. The issue of what it means to be a 'male', and how masculinity is stereotyped is particularly important in understanding how and when the sexual assault of males occurs, and the way that men are affected by it. In a popular stereotype of masculinity, men are stereotyped as being only active rather than passive participants in sexual activity. Such a stereotype assumes men are able to protect themselves. Because being a victim of sexual assault challenges this stereotype, this can create difficulties for males expressing weakness or vulnerability, and seeking support. An example is how the sexual abuse of men in literature and films is often minimised or made comical (Hunter, 1990). This has consequences for how police, the judiciary and service providers respond to men who are assaulted.

### Reporting: Avenues and barriers

Disclosure issues for any survivor of sexual assault are significant. Issues of particular significance for male victims might be that, according to the stereotypes outlined above, men and boys are expected to be self-reliant, invulnerable and independent. When sexually abused, their stereotyped role as a male, irrespective of sexual orientation, has been 'damaged' (Crome & McCabe, 2001). Individual men vary to a great degree in the extent to which they identify with this 'stereotypical' masculinity. When a male has been sexually victimised by a male (the most commonly reported form of abuse), this raises questions about their sexuality and their self-identity (Preble & Groth, 2002). This will have varying outcomes for heterosexual, bisexual and gay men. It will also depend on the circumstances surrounding the assault. A number of victims of male-to-male abuse also struggle with issues of homophobia and or 'identifying' with the offender.

Until recently, research on sexually victimised males has mainly addressed the emotional and psychological consequences of rape that are seen in prisons and other institutional settings (such as the military), hospital emergency rooms and psychiatric clinics. The issue of sexual assault of male children and adolescents is now identified through child protection services, the education system and relevant support services. The attention drawn to adult males who have experienced childhood sexual abuse has steadily escalated in the past 20 years in both research and service fields (Bolton, Morris, & MacEachron, 1989; Schulte, Dinwiddie, Pribor, & Yutzy, 1995; Waliski & Herring, 2005).

This increased attention to men's sexual assault is a consequence of the work and achievements of the women's movement in alerting the community to the incidence of childhood sexual abuse and improving service provision to adult survivors. But being a male victim can still have significant implications when treatment options are only within more female-oriented support services. As with any disclosure of sexual abuse, male victims, like females, have to deal with the ambiguity of what equates with consent and coercion, especially when sexually abused by a partner (male or female offender) or when date raped.

The limited avenues in terms of services, skills and policies that address male sexual assault further discourage males to disclose, despite the fact that sexual assault services in most Australian states and territories provide services to males to some extent (Bavinton, 2003; Worth, 2003). Like all forms of sexual assault, there is inadequate recognition of male sexual assault by clinicians, health care workers and researchers, as well as men's reluctance to disclose. Most often males present for therapy for non-abuse related problems such as drug and alcohol abuse, mood disorders, suicidality, pathological anxiety and disrupted relationships (even though they may be affected by the abuse). The tendency of males to express their distress through problematic or 'externalised' behaviours (such as drinking, reckless sexual activity, gambling) can cloud more typical abuse-related symptoms such as post-traumatic stress disorder (PTSD), self-harm or panic disorder. As Poropat and Rosevear highlighted:

These restraints to self-disclosure of sexual assault support the assertion that male victims are less likely to volunteer information about their victimisation than women, and therefore the actual proportion of sexual assault inflicted upon males may be higher than current estimates (cited in Easteal, 1992, p. 227).

## Prevalence and incidence reports

As previously described, reports on male sexual assault and rape of victims of all ages are poorly recorded, unavailable and/or inaccessible. Based on their enquiries, the Victorian Parliamentary Drugs and Crime Prevention Committee (1996) estimated that the vast majority of sexual assaults of adult males go unreported. Figures for children and adolescents are more readily available, with gender breakdown more likely to be recorded. To illustrate this, the following data offer only a brief statistical overview. (Not all jurisdictions could be included; however, those with the most accessible information are highlighted.)

One of the difficulties with data on male sexual assault, indeed sexual assault in general, is the anomalies that result from differences in data sources and reporting periods, such as retrospective self reports over a life time ('prevalence'), annual incidence data, and police administrative reports.

### Snapshot 1 – National and police data

The National Crime and Safety Survey of 2002 (ABS, 2004) indicated that, over a 12 month period, the rate for sexual assault for persons aged 18 and over was 0.2 per cent (33,000 victims) overall; 0.4 per cent (28,300) of females and 0.1 per cent (4,800) of males. Recorded Crime Statistics 2003 (ABS, 2004) indicated police records of sexual assault victimisation involved a total of 18,237 victims: 14,892 for females (149.8 per 100,000) and 3,255 for males (33 per 100,000).

## Victoria

### Victoria police figures for rape and sexual assault combined: male victims, 2000-2005

	2000/01	2001/02	2002/03	2003/04	2004/05
Total number	4,786	4,447	4,251	4,363	4,646
Total females	4,002	3,627	3,404	3,649	3,701
Total males	784	820	847	714	945
Males under 17	605	642	708	586	785
Males over 17	179	178	139	128	160

Source: Victoria Police. (2005). Victoria Police Crime Statistics 2000-2005.

Males represented approximately 16-20 per cent of the total reports for sexual assault and rape combined. Except for 2003/04, there was an increase in reporting of 1 per cent each year. Males under 17 years comprised the bulk of reports.

## New South Wales

The NSW Recorded Crime Statistics (2005) recorded a total of 3,503 sexual assaults for females and 644 for males. Indecent assault, acts of indecency and other sexual offences indicated 4,226 for females and 971 for males. Males represented 15-18 per cent for recorded incidents. Data from NSW and Victoria show a consistent pattern. Although most victims are female, males represent a substantial minority of overall figures.

### Snapshot 2 – Support service data

#### Centre Against Sexual Assault (CASA) – Victoria

Statewide data for all CASAs in 2002-2003 indicate that males represented 19 per cent of clients. A very high percentage of these clients relate directly to the CASA child and youth health service ('Gatehouse') however it is likely that young people occupy a high perception of service use and were assisted within the broader CASA adult, statewide service. Figures for 2004-2005 indicate males represent 20 per cent ( $n = 1,925$ ) of clients. Of the total clients from the child and youth health service ( $n = 1,102$ ), 35 per cent ( $n = 391$ ) were recorded as male. The figures for children indicate high percentages for sexual assault, and reveal a trend of high incidence figures for future adult male survivors of childhood sexual abuse.

#### Service Assisting Male Survivors of Sexual Assault (SAMSSA) - ACT

Figures from July 2003 to December 2005 indicated that SAMSSA was providing services to an average of 30 clients at any point in time. For those directly supported, they received an average of two to three sessions of counselling and consultation. The data indicated that the majority of the males identified as heterosexual. New clients made up approximately 70 per cent of service figures at the end of each recorded six-month period.

In terms of records of offences, Victoria and New South Wales offer the most accessible and comprehensive statistics. Some Australia states and territories have inadequate or absent records of sexual offences against adults prior to 1994 (Crome, McCabe & Ford, 1999). Until progressive law reforms during the 1970s internationally, most jurisdictions did not recognise that males could be assaulted. This directly affects statistical records. The current crime and service data are indicating a slow but steady increase in both reporting and service provision for male victims of sexual assault. This reflects both an increased political and community awareness of the crime, an amassing of relevant data and the availability of support services for male survivors.

## Assault circumstances: Victim characteristics and risk factors

### Children and adolescents

Common myths surrounding the sexual abuse of boys include views that downplay the impact of the abuse, particularly the psychological impact, and also the myth that perpetrators are invariably homosexual males (Mezey & King, 2000).

Factors that affect the severity of the impact of male child sexual assault include:

- the nature and closeness of the relationship between the boy and the abuser;
- the frequency of the abuse and its nature, duration, and extent;
- the use of force, aggression and threats;
- the gender of the perpetrator; and
- the age of the child (Durham, 2003; Hunter, 1990).

While there is no prototypical circumstance that boys may find themselves in when abused, compared to girls, boys are more likely to be:

- abused outside the home;
- victim to extra-familial abuse;
- abused by males and/or females; and
- abused around witnesses (Hussey, Strom, & Singer, 1992; Tardiff, Auclair, Jacob, & Carpentier, 2005).

Risk of sexual abuse escalates if a boy is a runaway, has a learning disability, is subject to other forms of maltreatment in the home, comes from an impoverished and/or single-parent family and is in a hospital or institutional-type setting. Like girls, boys can be victims of multiple incidents including sex rings and prostitution. McMullen (1990) regards 'rent boys' (the modern boy/youth prostitute), as one of the most neglected and at-risk groups of males. Many come from out-of-home care situations and are 'on the run' from various institutions and have

significant psychological issues. In many instances, however, it is difficult to disentangle 'risk factors' from the 'effects' of sexual abuse.

Boys are also more likely than girls to be victims of female offenders (Tardif et al., 2005), however the bulk of offenders are male (Durham, 2003). The limited research and understanding surrounding female perpetrators limits our understanding of the impact this has on a young man's developing sexuality, psychological profile and self-identity. Kasl (cited in Hunter, 1990) referred to a link between adolescent male sex offenders and a history of sexual abuse by females, and argued that the incidence is likely to be higher than anticipated.

### Adults

**Institutionalised assault.** It is common knowledge that men can be sexually abused in custodial settings, such as prisons and correctional facilities. The official statistics underestimate the true rate of these crimes. Factors that are associated with risk and circumstances contributing to assault are: men who have sex with men are at a greater risk of assault; interracial violence escalates risk; many men in prison have a history of childhood sexual abuse and this is believed to increase risk. Denborough (2005) cited the Australian study of Heilpern (1998) where one quarter of the sample of prisoners aged 18-25 reported one or more instance of sexual abuse while in prison. Worryingly, there was no evidence that separate prisons for younger prisoners decrease the incidence. Male sex aggression, including towards other males, is normalised in many institutions besides prisons and extends to the military, university campuses, schools, gangs and sporting clubs.

**Non-institutionalised assault.** Crome (1997) conducted a comparative data analysis of adult male rape victims and female victims. The main predictors of the impact of assaults included: the nature of the attack including multiple assailants; nature and frequency of sexual acts; level of violence including weapons; nature of coercion including drugs and alcohol; injuries sustained; relationship with the perpetrator; resistance by victim; sexual response of the victim; reporting behaviour and nature of support systems; sexual identity/preference of the victim; sex-role stereotyping; and prior existing life stressors such as previous abuse/mental health issues.

Key gender differences were that males are more likely to experience the following: rape by more than one assailant; violent acts of anal penetration; abuse outside the home (if also abused as a child); and abuse by both sexes.

## Impact on survivors

In understanding the impact of the abuse on survivors, clinicians and support workers need to differentiate between survivors being victimised as opposed to traumatised. Sexual victimisation refers to a situation in which one is exploited in a sexual manner. Traumatization refers to how the

victimisation damages individuals' psychosocial adjustment or development – in other words, the consequences of the abuse (Preble & Groth, 2002).

Child and adolescent victim responses generally follow a developmental pattern. The immaturity of the younger child may increase the likelihood of regressive responses, while the older child may resort to running away or drug taking. How the families or carers respond is pivotal in their experience. Specifically, boys and young men who were victims of child sexual abuse may struggle with confusion/anxiety over sexual identity, inappropriate attempts to reassert masculinity and recapitulate the victimising experience (Watkins & Bentovim, 1992).

There is much debate and confusion surrounding the transition from victim to offender. Some males who have been assaulted fear they may become an offender. This fear often has pervasive and ongoing effects for the ways in which such men conduct their lives (such as having contact with children or even the decision of whether to have children of their own). There is research that supports the relationship between having experienced inappropriate sexual behaviour and being sexually abusive towards others; however, a prior experience of abuse is neither necessary nor sufficient as an explanation for subsequent abusive behaviour (Durham, 2003). The complexity of risk factors that implicate sexual offending, and the ambiguity surrounding sexual abuse reporting makes for no definitive conclusions. Despite the lack of clear evidence, and the absence of a causal connection, the 'victim to perpetrator' cycle is influential in the popular and therapeutic discourse surrounding the sexual abuse of males.

In summary there are many reported psychological, psychiatric and behavioural disturbances of male child victims. Common examples include: intense sexual behaviour; compulsive masturbation; urination and defecation problems; hyperactivity and aggression; fantasy and withdrawal; prostitution; anxiety disorders such as severe phobias; clinical depression; personality and character disorders; distrust of males; disrupted self-identity development; suicidal thoughts; self harm; drug abuse; learning problems; sleep disorders; school problems; and delinquency. These children and youth represent a disproportionately high percentage of the population in care and correctional facilities. Many young people find themselves embedded in cyclical victimisation and continue to be abused, sexually or otherwise in their key relationships (Dorais, 2002; Spataro et al., 2004).

Like boys, adult male survivors of childhood sexual abuse and adult abuse tend to suffer psychiatric disorders, relationship difficulties and behavioural problems. Mood (for example, depression), anxiety (for example, post traumatic stress disorder) and personality (for example, borderline) disorders are commonly linked with sexual abuse. Self-harming and compulsive behaviours including self-mutilation, reckless behaviour (for example., driving

dangerously), drug and alcohol abuse and work addiction are widespread complaints. Suicidal thoughts and suicide attempts are not uncommon (Mezey & King, 2000). Divorce, infidelity, isolation and a myriad of lifestyle difficulties can feature in their lives. This is consistent with symptoms and impacts experienced by female survivors of sexual assault. Of particular relevance to males are sexual orientation conflict, homophobia, male specific sexual dysfunction and compulsions, masculine identity confusion and fear of women.

Overall, reactions to assault of both sexes tend to be similar, ranging from reactions clearly associated with the sexual abuse experience to other experiences including distorted perceptions of self, family disruption, and broad-ranging difficulties in their adjustment. Factors that can be different for male and female survivors of adult assaults are: sexual patterns of behaviour; socially defined sex-role expectations; physical (somatic) complaints; as well as drug and alcohol dependency (Crome & McCabe 1995). For example, men may show disruption in sexual behaviour more in the form of moderate-to-severe dysfunction, whereas women may have more altered patterns of sexual interaction such as decreased frequency of sexual contact. Males may also tend to resort to drug and alcohol abuse marginally more often than female survivors.

Two large-scale reviews of studies in the US, however, show that a substantial number of adults who report having had adult-child sexual contact as a minor do not report any ongoing adjustment problems (Rind & Tromovitch, 1997; Rind, Tromovitch, & Bauserman, 1998). In particular, Rind and Tromovitch argued from their review that males and females' experiences of child sexual abuse are not necessarily equivalent, as they found across the studies that a greater proportion of females reacted negatively. This is perhaps due to differences between males and females – with less males reporting that their experiences of adult-child sexual contact involved coercion or a family member, and that the age at which it occurred was older than for females (Rind & Tromovitch, 1997).

## Treatment options

Men can find it difficult to seek support due to particular sex-role socialisation and limited support options in terms of treatment and therapy. Families, friends, individual psychotherapists, medical professionals, volunteer organisations, sexual assault support centers, related health professionals and alternative health professionals all have a role to play in their recovery. There are arguments for and against an exclusively male treatment approach and ultimately the survivor decides what works for him on the proviso that options are offered and made available (Bavinton, 2003). Some men feel safer working with women, especially in the context of emotional repression and relationship struggles. Others need the opportunity to explore issues of sexuality, masculinity/vulnerability and sexual behaviour with men (some term

this the “nuts ‘n bolts” of the abuse experience). Many men have a number of therapists over time for different stages of their recovery.

In terms of actual treatment options and methods, the general principles of offering support and treatment to boys and men who have been sexually assaulted are similar to those described for females (Mezey & King, 2000). All therapeutic interventions—including crisis responses—must be safe, developmentally appropriate and mindful of the chronological age of the survivor at the time of treatment and at the time of the abuse. Whether through individual therapy, group therapy, bodywork, family therapy, mixed-gender approaches and/or a combination of these, specific processes and skills pertinent to male victims are likely to be necessary. These include: understanding the complexity of the masculine role; exploration and confrontation of sex-role stereotypes; realising the processes and impact of male violence; recognising the experience of power and vulnerability; and addressing the relationship of male sexual identity/preference to sexual abuse (Hunter, 1990). As for women and girls, the needs of men and boys will be unique and therefore a diversity of client-centred options are necessary.

## Policy initiatives

Even with the increase in reports and treatment of male sexual assault over the past 15 years, there have been few large-scale policy initiatives in any Australian jurisdiction that address male sexual assault. Procedural advice and criteria for justice, health and support workers are limited or non-existent.

There are some funded initiatives and educational material available to the public, and these are the result of individuals, some health services and specific support groups. An example is the booklet “Who can a man tell?” produced by the Education Centre Against Violence, Sydney (2000). It provides information for men who were sexually assaulted as children. Non-government agencies and volunteer organisations also produce material. In terms of counselling and support, in Victoria and NSW for example, men can receive treatment at any specialist sexual assault service. There is currently a funded, male-specific service operating in the ACT (SAMSSA). Boys and youth identified as ‘at-risk’ are generally supported through child-specific support agencies.

During the 1990s, ‘pro-feminist’ elements of the emerging men’s movements gained momentum, providing opportunity for considering the health and emotional needs of men. Many women’s services were also involved in these efforts. The legitimacy of these concerns arose from the feminist and gay liberation movements (Bavinton, 2003). Worth (2003) highlighted that in 1995/96, there was public debate regarding the lack of services for male victims of sexual assault. Prior to this was a political shift in theoretical understandings of the role of men in Western societies and the lack of male access to health and welfare services.

In 1996, the Drugs and Crime Prevention Committee of the Victorian Parliament released recommendations specific to adult male victims of sexual abuse. This was the first major Australian inquiry at a state level. Reviews of services (particularly rural ones), practice manuals and even police standing orders were recommended. The committee also recommended that the definition of rape and sexual penetration within the *Crimes Act 1958* be reviewed to include situations where the victim is forced to penetrate the offender. Further to this was a recommendation that a review of the rules of evidence be undertaken to ensure that, just as a victim’s past sexual activity cannot be raised in evidence, nor should their sexual orientation. Their investigations concluded with further recommendations for professional training and a specific inquiry into sexual assault within the correctional environment, including private prisons. In the last 12 months, a renewed interest has been noted with a significant number of agencies and peak bodies requesting access to the report. This may be indicative of possible review and reform in the not so distant future.

Effective policies about male sexual assault, as with sexual assault in general, require a prevention framework that is both victim and offender directed. Primary goals include preventing the abuse in the general population through:

- risk avoidance in public settings (for example, harm minimisation strategies for recreational drug use);
- risk avoidance in private settings (for example, teaching young children protective behaviours and strategies for responding with concerns about unwanted behaviours; creating awareness of the potential for adolescent and adult males to be coerced into unwanted sex by partners, and that rape of males can occur in the context of both heterosexual and gay relationships);
- legislative deterrence; and
- environmental directives (for example, cameras in public areas such as train stations or nightclub districts).

The secondary level involves early intervention with those identified as particularly at risk for either offending or victimisation. However, there are ethical limitations, as victims should not be held responsible for preventing assaults, and there may be limits on the ability to accurately identify ‘at-risk’ groups, given that sexual assault of males does occur across a variety of contexts.

Finally, at the tertiary level, the focus is on attempts to minimise the long-term harm following sexual assault through counselling, improving community awareness and support services, and law reform in order to better respond to victims giving evidence in the justice system (Neame, 2003). At all levels of such a framework, male-specific sensitivities and directions require development and need to be woven into an effective framework.

## Service responses and limitations

Uncertainties regarding the data, difficulties surrounding legislation, and reporting anxiety, complicate the issue of responding effectively to male sexual assault. When a man presents to a sexual assault service, the interaction includes the survivor, the worker, the service and system within which the service sits. Nationally, sexual assault services for males are not comprehensive across all settings (Griffiths, 2003). There is a debate about the best way to assist male victims of sexual assault.

The Victorian Centres Against Sexual Assault (CASAs) emphasise in their policy that sexual assault counselling is best provided in a specialist service with sensitivity to minority group issues. Male victims are an example of such a group. In NSW, sexual assault workers can be trained in working with male survivors and all services are mandated to offer services for men. Many sexual assault services for women follow the general policy that there are more similarities than differences between victims regardless of gender and specific guidelines for working with males are not necessary, even if they support staff working specifically with males (Worth, 2003). An example is a group for men attached to 'Respond South Australia' – an adult childhood sexual abuse service funded by the South Australian Government (see 'Service Profile' in *ACSSA Aware 11*, May 2006, p. 27).

Existing services for women and children have been broadening their target group to include men. However, there is limited inquiry into how the service can be promoted for male survivors so that they know it exists for them, or how to challenge contradictory ideas and images about men and sexual violence in the community. There is the argument that separate services designated for men achieve this simply by their existence (Bavinton, 2003).

The SAMSSA Model is a pioneer service for male sexual assault victims auspiced by the Canberra Rape Crisis Centre (ACT). Unlike other jurisdictions, designated sexual assault support services in the ACT have always been community-based. After much assessment and piloting since 1997, it now operates a three-day per week, 9am to 5pm service for male survivors and those supporting them. It is the result of a partnership between government and community-based services, women's services and men's services. SAMSSA is a male-positive, gay-affirming and pro-feminist service.

Despite this public debate surrounding the lack of services and assistance for men, it is clear that funding integrity remains paramount. Griffiths (2003) emphasised that it is crucial that designated women's health funds for sexual assault support are not sidetracked into providing services for men. This accountability is also emphasised as a major issue for those working with male sexual assault survivors – whether child, youth or adult. As well as being a minority group of victims, this group also produces the majority of

offenders. This raises ethical and practical questions. Ethical questions might include: How do we deal with male victims who are also perpetrators and disclose their own abusive behaviours after some months in treatment? Practical questions include: How do you overcome funding restraints to offering after-hours sessions that are often wanted by men, without in any way drawing funding away from services for women victim/survivors? How do both males and females feel sitting *together* in a specialist service? (see Worth, 2003).

Continued research, ongoing service assessments, legislative review and improved reporting systems will enable change over time, as well as some creative risk taking. Since the 1960s, the women's movement, together with the pro-feminist men's movement, has transformed community responsiveness to sexual assault and it continues to fight for reform. Like females, male sexual assault survivors have a struggle ahead of them, however they have at least stepped off the starting block.

## Conclusion

Male sexual assault, like all acts of violence, is a violation of personal integrity. The experience of victimisation can also conflict with certain dominant notions of masculinity in patriarchal societies, characterised by sexism and homophobia, contribute to fear of disclosure for male victim/survivors of sexual assault. Like all underreporting, this results in inadequate data to enhance our understanding of the crime. Inadequate legal definitions of the crime and a scarcity of support services further mask the real extent and impact of male sexual assault.

Like female survivors of sexual assault, males struggle with traumatic symptoms and disrupted lives. Some of these symptoms may be in relation to their sexuality and the masculine role, requiring specialist support and creative options for treatment to assist their recovery. An adequate range of services and agency responses is only part of the vision required to understand and respond effectively to male sexual assault. As Bavinton (cited in ACSSA, 2003) stated:

The other impediment to the recognition of the impact of sexual violence for boys and men is the attitude that even if it does happen, they are not harmed or affected by it, that sexual abuse is not really an important issue for our community (p. 18).

The community surrounding the boy or man needs to be the target for support and reform. The community not only includes the survivor, but also their supports, the offenders and the society that cultivates the context in which the assault occurs.

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