

Male survivors' experience of sexual assault and support: A scoping review

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ARTICLE INFO

Keywords:

Male rape
Male sexual assault experience
Male sexual assault support
Male survivors
Male victims

ABSTRACT

To develop future care pathways for adult male survivors of sexual assault relevant published studies must be appraised. Here we present a scoping review of the anglophone literature. Using a systematic search strategy, we addressed two main review aims: i) to describe studies about the experience of the sexual assault and ii) to describe studies about experiences of support. Studies were included if they comprised original, empirical, peer-reviewed academic research published in English between 1990 and 2023. 1453 items were screened for inclusion. 60 articles were eventually included: 45 on the experience of adult sexual assault and 15 articles on the experience of support. Included studies tended to be from the USA and UK and the majority used qualitative designs. Studies on experience of assault employ diverse definitions and are often limited to distinct contexts (intimate partner violence, military). Studies on experiences of support are distinctly limited but suggest major challenges to support seeking, particularly risks of secondary victimisation. The literature is relatively impoverished in relation to almost all aspects of men's experience of adult sexual assault. Currently there is insufficient knowledge to inform the development of appropriate care pathways. Programmatic research is urgently needed in this area.

1. Introduction

1.1. Background

Research on female sexual assault dominates research on adult sexual violence (Turchik & Edwards, 2012). This is understandable given most survivors of sexual assault are women. In contrast, research on male survivors of sexual assault (hereafter 'male rape') has been considerably less common (Javaid, 2018; Turchik & Edwards, 2012). This has been changing in recent years, however, alongside growing public awareness that men can be victims of adult sexual assault as well as women (see e.g., Hammond et al., 2017). Recent high-profile cases such as that of the serial rapist Reynhard Sinaga, convicted 2018–20 of raping 44 men in Manchester, UK, and thought to have raped more than 200 men in total, have further highlighted the pressing need to expand our focus to include male survivors within research on adult sexual assault. Beyond this singular exceptional case, for the year ending March 2020, the Crime Survey for England and Wales (CSEW) estimated that 618,000 women and 155,000 men aged 16 to 74 years experienced sexual assault (including attempts) in the last year. This is a prevalence

rate of approximately 3 in 100 women and 1 in 100 men (Office for National Statistics, 2020). So, while the figures for men are substantially lower than for women, they remain substantial. These figures are also very likely an underestimate, given the reluctance of men to report being a victim of sexual assault (Javaid, 2018; Pettyjohn et al., 2022; Pino & Meier, 1999). Indeed, data from the National Intimate Partner and Sexual Violence Survey suggest nearly 1 in 4 men in the U.S. experienced some form of contact sexual violence in their lifetime (Center for Disease Control, 2020).

The neglect of male rape is not surprising given the inconsistency in international legal recognition of this specific form of sexual violence (Hammond et al., 2017; Javaid, 2018). In the UK, for instance, there was no offence of male rape until 1994, only the crime classification of 'buggery (unconsenting penile-anal penetration)', that carried a lesser charge than (female) rape. And, even in the most recent 2003 Sex Offences Act in the UK, rape is limited to penile penetration only, and therefore can still only be committed by men, so potentially denying the full range of instances in which a person may feel themselves to have been raped (McLean, 2013). In the USA by contrast, penetration may be by any body part or object, with offences categorised as 'sexual assault'

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in the UK being categorised as ‘rape’ in the USA. And, as Hammond et al. (2017) point out this situation is further complicated by the fact that many states and countries do not recognise male rape or sexual assault at all if perpetrated by a woman. It has been argued that the recognition of sexual assault and rape against men, where it has occurred, has helped to promote greater recognition of sexual violence against men (Hammond et al., 2017; McLean, 2013; Rumney, 2009). Not only do these variations in the legal status of male rape fail to provide a consistent acknowledgement of this form of violence as a crime, and thereby further reinforce associated stigma, but they also risk considerable confusion with regard to conceptual definitions within the academic literature on the topic.

1.2. Male experience and myths

Male and female experience of adult sexual assault will almost certainly be different in a number of substantive ways, with the role of masculinity likely central to how men make sense of this experience (Javaid, 2018; PettyJohn et al., 2022). Men are less likely to report being a victim of rape than women (Pino & Meier, 1999). They also face different barriers to reporting than women, including lack of awareness and education, and stigma, often associated with homophobia (Javaid, 2018; Scarce, 1997). In contemporary societies, it remains the case that the most valued form of masculinity is what Connell (1995) termed ‘hegemonic masculinity’, even if some theorists have begun to debate its continuing place in society (see e.g., Anderson, 2009; Diefendorf & Bridges, 2020; O’Neil, 2015). Hegemonic masculinity is what most people would still associate with ‘being a man’ including - for instance - heterosexuality and physical strength (Connell, 1995; de Visser et al., 2009). Connell (1995) and Connell and Messerschmidt (2005) describe hegemonic masculinity as a cultural expression of manhood that serves to position men (and women) in a gender power hierarchy. At the top of this cultural hierarchy are the ‘strong’ men, who embody physical and mental toughness, with more culturally subordinated expressions of gender whether that is femininity or e.g., gay masculinities below them. Any sign of (stereotypical) femininity by a man serves to undermine their position in the hierarchy, especially where it involves a perception - or even accusation - of homosexuality (Connell & Messerschmidt, 2005). Even the suggestion of homosexuality, thought of theoretically as a man that is inherently feminine and so a threat to patriarchal dominance (Connell, 1995), risks a man being symbolically relegated down the gender hierarchy, potentially damaging their psychological sense of ‘being a man’.

Being a survivor of male sexual assault is - in these terms - therefore a profound challenge to hegemonic masculinity (Javaid, 2018; PettyJohn et al., 2022). Indeed, arguably the most common male rape myth is that male rape does not - cannot - occur: it is only women who can be raped (DeJong et al., 2020; Struckman-Johnson & Struckman-Johnson, 1992). Along with this denial myth, myths relating to blame, sexuality and trauma have also been identified (DeJong et al., 2020; Struckman-Johnson & Struckman-Johnson, 1992). Blame myths revolve around the idea that the male victim was in some way to blame for the attack. In a similar fashion to victim-blaming in female rape, these myths locate blame upon the victim for not being sufficiently ‘careful’ or better able to fight off their attacker. A particularly common myth surrounding male rape is that both victims and offenders must be gay (Tomlinson & Harrison, 1998), as ‘real men’ cannot be raped (Lisak, 1993). Finally, the trauma myth involves the minimisation of the psychological impact of male rape by suggesting that sexual assault/rape does not have a profound or significant impact on men. All four myths stem from hegemonic masculinity, the belief that men are heterosexual ‘real men’, able to resist an attack, while also being much less affected by their emotions than women, and thereby much more psychologically resilient (Javaid, 2018; PettyJohn et al., 2022). Furthermore, and somewhat ironically, men are themselves more likely than women to support these myths about male rape, especially when the perpetrator is a woman (Chapleau

et al., 2008; Rosenstein & Carroll, 2015). It has been suggested that it is because male rape most often involves sexual activity between two men that we have seen this topic historically neglected (Sandesh, 2005). Whether that argument is true or not, it is undoubtedly the case that these rape myths have helped perpetuate the marginalization of male sexual assault and inhibit help seeking behaviours (PettyJohn et al., 2022; Turchik & Edwards, 2012).

1.3. Psychological impact

It is only recently that there has also been discussion about men’s responses to sexual victimisation and considered attention paid to examining the psychological and behavioural consequences of such experiences (Lowe & Rogers, 2017). Although men vary in their response to male sexual assault (Mezey & King, 2000; Scarce, 1997), studies have demonstrated long-term negative effects (see Lowe & Rogers, 2017, for a good overview). Problematic reactions include anxiety, depression, increased feelings of anger and vulnerability, loss of self-image, emotional distancing, self-blame, and self-harming behaviours (e.g., substance abuse and suicide), along with sexual dysfunction, problems with intimate relationships, and difficulties with sexual orientation and/or sense of masculinity (see e.g., Coxell & King, 2010; Monteith, Holliday, et al., 2019; Peterson et al., 2011; Tewksbury, 2007; Vearnal & Campbell, 2001; Walker et al., 2005a, 2005b). As would be expected with such a traumatic event, PTSD has also been observed (Snipes et al., 2017), and it is clear that adult male sexual assault may have a profound and complex impact on the victim, mediated by their cultural context and beliefs about sex, gender and power (PettyJohn et al., 2022). There is, therefore, a pressing need to understand more about the meaning-making processes underpinning this experience such that we might improve service provision to enable successful pathways to recovery.

1.4. Objectives

A fundamental starting point for building scientific knowledge, and consequent policy and practice interventions, in the service of male survivors of adult sexual assault is first to understand the meaning of the event itself for the male survivors. Grasping the phenomenology of these events is a crucial starting point for identifying successful pathways to recovery that may then inform relevant parties of the most effective way to intervene and develop effective service provision. A subsequent but equally important element is to understand the experience of telling others and seeking help. That is, better understanding the present experience of encounters with formal (professional services) and informal (friends and family) support is likely important to successful recovery, and particularly the avoidance of revictimization. In summary, we need to properly understand the nature of this experience, how men make sense of it, and what is experienced as helpful - and what is not - to inform the future design of interventions that best meet the needs of these men.

As a first stage in this enterprise, this scoping review has two main review aims: i) to describe the current published literature about the experience of sexual assault among adult men, and ii) to describe the current literature about experiences of support (formal and informal) provided for male survivors of adult sexual assault.

2. Methodology

2.1. Scoping reviews

The review was conducted using the recommendations outlined in the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist (Tricco et al., 2018). Scoping reviews, like systematic reviews, use rigorous and transparent techniques to comprehensively identify relevant literature

pertaining to a specific issue (Arksey & O'Malley, 2005; Pham et al., 2014). A scoping review is broader than a systematic review however, being designed to map a body of literature on a topic (Arksey & O'Malley, 2005). Scoping reviews allow for the inclusion of a broad array of literature in terms of both content and method, crucial when seeking to establish the knowledge base in a novel area (Arksey & O'Malley, 2005; Pham et al., 2014). In part because of this broad focus for data collection, scoping reviews tend not to critically appraise evidence for quality or bias but instead seek "...to map the literature on a particular topic or research area and provide an opportunity to identify key concepts; gaps in the research; and types and sources of evidence to inform practice, policymaking, and research" (Daudt et al., 2013, p. 8).

2.2. Search strategy

The search was conducted first in June 2021 and then updated Feb 2023. It consisted of two phases. The first involved formal, sequenced academic database searches, using specified key terms, while the second involved supplementary searches designed to identify any relevant material still outstanding (see Table 1). The first formal search used CINAHL (full-text – nursing and allied health), APA PsycARTICLES, and the Web of Science Social Sciences Citation Index. The second stage informal search included searches of reviews, reference lists and Google Scholar.

2.3. Inclusion criteria

Material was identified for inspection if it comprised original, peer-reviewed academic research published in English between 1990 and 2023, focusing on adult (18 years old and above) male survivors of sexual assault in legally and culturally similar Anglophone contexts, and for which the full text was accessible. Items were discarded if they did not report original research (e.g., a review, article, opinion piece, or letter), or the focus was on childhood sexual assault, non-sexual violence, or policy and practice (other than when founded on the experience of the service user). Material also had to relate to the *experiential pathway* of the adult survivor of male sexual assault; either experience of the event, or experience of support. Experience was defined as making sense of the event from the perspective of the survivor and support included experience of disclosure and encounters with informal (e.g., family, friends) and formal (e.g., police, health services, counselling and psychotherapeutic) support.

2.4. Exclusion criteria

We screened 1167 items identified via databases and 286 items identified via other methods (reviews, reference lists, Google scholar and author searches), totalling 1453 items for inclusion. Items were

Table 1
Database search themes and keywords.

Search	Theme	Key words/terms
1	Sexual assault/ rape	sex* assault; sex* abus*; rape; domestic violen*; intimate partner violen*; intimate partner abuse; partner violen*; partner abuse; partner aggress*; sexual victim*; male victim*; sex* misconduct; sex* harassment; dating violen*; domestic violen*; sex* aggress*; sex* assault perpet*; sex* offend*; sex* coercion; sex* offences; unwanted sex; non-consensual sex*
2	Gender identity – male	male; man; men; husband; male partner; male surviviv*; masc*; gay; straight; hetero*; bi*; cis man; trans man; trans*; LGBT
3	Adulthood	adult experience; adult; experience; lived experience; surviviv*; living with; service use; service provision; policy; practice; therapeutic response; therapy; psychotherapy; couns*; treat*

excluded where duplicated and for not meeting the inclusion criteria. Reasons for exclusion included: no specific focus on sexual assault/violence, not original research (most commonly an article or review), female-only sample or measures feature male-on-female scenarios/female victims, descriptive data only, could not access full text, no specific focus on male victimisation/data analyzed by gender, childhood sexual abuse/ASA and CSA combined/age of abuse unclear, focus on perpetration not victimisation, sexual coercion/harassment not sexual abuse, focus on reliability/validity of measure, and policy and practice, and lack of focus on experience of event or support. This resulted in a total of 1371 items being excluded (1103 that had been obtained via database searches and 268 that had been obtained via other searches).

2.5. Data extraction

We extracted data on country in which the research was conducted, methodology, study design, population, sampling strategy and sample. Data on the findings and conclusions was also extracted for analysis. In studies reporting findings beyond adult male sexual assault (e.g., studies examining male and female experience) data relating to male survivors of adult sexual assault was extracted only, unless other material was particularly pertinent to the analysis.

3. Results

3.1. Search and selection results

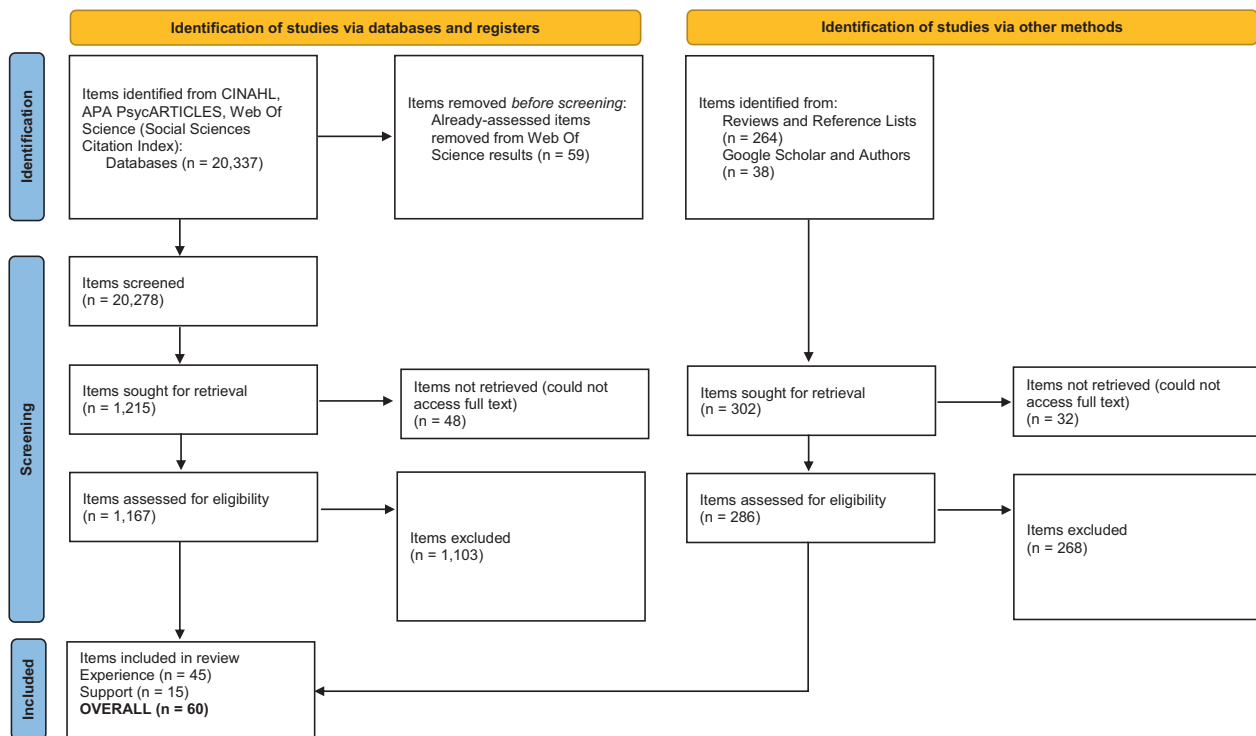
In total 60 articles were included in the final data extraction and included in this analysis (see Fig. 1). This includes 45 articles focused on the experience of adult sexual assault for men and 15 articles on the experience of support, including informal support (e.g., from friends and family) to professional support (from e.g., police services, medical and health care professionals). The following section presents an analysis of methodology and the themes that appear across the 60 articles. The analysis is divided in to two main sections, each addressing one of the review aims. Each of these main sections is sub-divided in to two further sections, the first focusing on the study designs and methodology of the relevant articles and the second on the thematic content of the findings. See Table 2 and Table 3 for a summary of the characteristics of the included studies (full data extraction tables available on request).

3.2. Experience of adult sexual assault for men

3.2.1. Methodology

Of the 45 articles extracted, 25 were from the USA, 9 from the UK, 6 Canada (albeit one with an international sample and scope), 2 New Zealand, 1 Australia, 1 Germany and 1 Hong Kong. Date of publication ranged from 2003 to 2022, with 33 of the 45 (73 %) of articles published since 2017. It clearly is a very young literature that has been primarily conducted in North America and the UK. Thirty-two articles adopted a qualitative methodology, 7 quantitative and 6 were mixed methods. Twenty-two studies used interviews or focus groups, 18 surveys, and 5 used a variety of other methods. These included 2 case studies, 2 secondary data analyses and 1 mixed method study. In terms of discipline, 21 studies were psychology, 14 sociology/social work, 5 criminology/legal studies, 2 health/medical and 3 other (education, disability studies and liberal arts).

Samples were recruited from a variety of populations. Twelve studies recruited via LGBTQ organisations/venues, Ten university students, 5 military veterans, 5 via victim/survivor organisation. The remaining thirteen studies recruited from the general population (e.g., via social media advertising, through dating apps or direct approach in street), current or past prison population, used secondary data or were case studies. Sixteen (36 %) studies comprised a young sample (18–30 years), with the remaining studies involving a range of men from 18 to 82 years. Thirty-four studies had an ethnically mixed sample. One study had a



From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021;372:n71. doi: 10.1136/bmj.n71. For more information, visit: <http://www.prisma-statement.org/>

Fig. 1. PRISMA flow chart.

white only sample and 10 did not report ethnicity. Of those with a mixed sample the majority appeared to be at least approximately representative of the specific cultural context albeit a number were clearly not. Sixteen studies had a sample that included heterosexual and gay, bisexual and queer (GBQ) men, 13 GBQ only, 5 heterosexual only and 11 did not report sexual orientation. In the latter case, it was generally assumed that the sample was heterosexual only. Six studies reported including transmen along with cisgender male participants. Most studies did not collect or report information about gender identity, while some chose to specifically exclude transmen.

3.2.2. Thematic analysis of content

3.2.2.1. Conceptual definitions. There was considerable variation in conceptual definitions being deployed. A number of studies focused explicitly on rape, sexual assault, or sexual victimisation (Chan, 2014; Javaid, 2017; Martin-Storey et al., 2022; Meyer, 2021, 2022; Monteith, Gerber, et al., 2019; Purnell, 2019; Walker et al., 2005a; Widanaralage et al., 2022). These studies focused on heterosexual and gay and bisexual male experience. However, even this conceptual category was not consistent, with studies conflating adult and childhood sexual assault (e.g., Chan, 2014) or including symbolic violence alongside physical violence and/or unwanted/coercive sex alongside rape/assault (e.g., Martin-Storey et al., 2022). Some of the conceptual difficulty herein undoubtedly reflects the ambiguity and uncertainty – clearly apparent in this data – among men themselves about what constitutes a sexual assault.

Several studies focused on intimate partner violence (IPV) rather than sexual assault/rape per se. We have included those studies on IPV that explicitly refer to sexual assault/rape but these are relatively few in number (Bates, 2020; Bates & Carthy, 2020; Bates & Weare, 2020; Kubicek et al., 2016; Machado et al., 2020; Oliffe et al., 2018; Stults et al., 2020). It is unclear whether sexual assault/rape is consistently part of the experience of intimate partner violence. This very limited

data suggests that intimate partner violence is not a key context for sexual assault. That said, this could be as much a product of a lack of research focus on the topic, as empirical evidence in support of such a claim. There is some limited discussion about sexual coercion occurring within the context of intimate partner violence but a much smaller number of instances of sexual assault/rape. There is a clear need for studies specifically on sexual assault/rape within the context of intimate partner violence, as this issue tends to be currently obscured or otherwise neglected within extant studies.

There is also a body of work that seek to examine the experience of unwanted sex as opposed to sexual assault per se (Braun et al., 2009; Fagen & Anderson, 2012; Ford, 2018, 2021; Ford & Becker, 2020; Ford & Maggio, 2021; Gaspar et al., 2021; Quinn-Nilas et al., 2018). This has been described in the context of opposite and same-sex sexual encounters. Findings mostly concern how men are either incapacitated in some way (e.g., through excess alcohol consumption) and/or struggle to resist situational pressures that are often gendered or otherwise marked by cultural expectations. This is marked out as a distinct literature but there is no conceptual clarity about the distinction. Confusingly, there are also studies focused on ‘unwanted sexual experiences’ and ‘sexual victimisation’ that include unwanted sex alongside sexual assault (Gavey et al., 2009; Griswold et al., 2020; Littleton et al., 2020) and others that use the broader term ‘nonconsensual sexual interactions’ or ‘sexual coercion’, treating consent as a continuum rather than binary (Krahe et al., 2003; McKie et al., 2020; McKie et al., 2021; Mutchler, 2000). Finally, there was one study using the concept ‘forced to penetrate’ as the analytic category (Weare, 2018). It appears important to further examine the concepts of ‘sexual assault’, ‘unwanted sex’, ‘forced to penetrate’ etc., and whether it is best to treat consent as a continuum or not, to ascertain how men themselves make sense of these distinctions. This will be important to avoid conflation of different – potentially distinct – categories of experience and the imposition of a particular researcher perspective on to this phenomenon that may distort the phenomenology. There is also likely room for considered theoretical discussion of such

Table 2
Included studies on experience of adult sexual assault for men.

Study	Country	Methodology	Design	Population	N	Age range	Focus
Anderson et al. (2019)	USA	Quantitative	Online survey	Bisexual community	245	18–25	Rape acknowledgement
Artime et al. (2014)	USA	Quantitative	Online survey	General male pop	323	18–60	Rape acknowledgement
Bates (2020)	UK	Qualitative	Online survey	Men who have 'experienced control and aggression from a female partner'	161	20–82	Intimate Partner Violence (IPV)
Bates and Carthy (2020)	UK	Qualitative	Online survey	Men who have experienced aggression from a female partner	8	62–82	Intimate Partner Violence (IPV)
Bates and Weare (2020)	UK	Qualitative	Online survey (combined from Bates, 2020 and Weare, 2018)	Men who have experienced female perpetrated IPV	S1: 161 S2: 154	Study 1: 20–82 Study 2: n.r.	IPV
Boyle and Rogers (2020)	USA	Quantitative	Online survey	Undergraduate students at public university	169	18–24	Victim identity
Braun et al. (2009)	New Zealand	Qualitative	In person interviews	Gay and bisexual men who have experienced unwanted sex	19	20–54	Unwanted sex
Carroll et al. (2018)	USA	Quantitative	In-person survey	US military veterans with PTSD	226 (155 male)	n.r.	Military Sexual Trauma (MST)
Chan (2014)	Hong Kong	Qualitative	Focus groups; individual interviews	Male sexual abuse survivors	S1: 12 S2: 10 S3: 8	26–52	Sexual abuse trauma
Dardis et al. (2018)	USA	Quantitative	Postal survey	US military veterans.	2348 (1139 men)	n.r.	Labelling of sexual harassment
Digman (2021)	UK	Qualitative	Case study	People with learning disabilities	2	Early 20s	Disclosure of sexual and physical abuse
Elder et al. (2017)	USA	Qualitative	In person interviews	US military veterans	21	29–70	MST
Fagen and Anderson (2012)	USA	Qualitative	In person interviews	Undergraduate students at large university	20	18–30	Unwanted sex
Ford (2018)	USA	Qualitative	In person interviews	Undergraduate students at private university	39	18–25	Unwanted sex
Ford (2021)	USA	Qualitative	In person interviews	Undergraduate students at private university	110 (52 men)	18–25	Unwanted sex
Ford and Becker (2020)	USA	Qualitative	In person interviews	Gay, Bisexual, Queer (GBQ) men at a private university	18	18–25	Unwanted sex
Ford and Maggio (2021)	USA	Qualitative	In person interviews	College men who reported unwanted sex with a woman.	39	18–25	Unwanted sex
Gaspar et al. (2021)	Canada	Qualitative	In person interviews	Sexual minority men	24	22–59	Unwanted sex
Gavey et al. (2009)	New Zealand	Qualitative	Interviews, focus groups	Gay and bisexual men who have experienced sexual coercion	18	20–54	Unwanted sex/coercion
Griswold et al. (2020)	USA	Qualitative	Online survey	Male college students at Midwest religious liberal arts college.	590	18–22	Unwanted sex
Javaid (2017)	UK	Qualitative	In person interviews	Male rape victims who are HIV positive & non-HIV positive	15	n.r.	Male rape, masculinity, sexuality and HIV
Krahe et al. (2003)	Germany	Quantitative	Self-completion in person survey	General male pop	S1: 247 S2: 153	S1: 14–24 S2: n.r.	Non-consensual sex with women
Kubicek et al. (2016)	USA	Mixed methods	Focus groups, survey & interviews	Gay, Bisexual or MSM young men in relationship	S1: 86 S2: 26	18–25	Gay, Bisexual, MSM and IPV
Littleton et al. (2020)	USA	Mixed methods	Survey	Undergraduate students at public university	58	18–32	Sexual victimisation
Machado et al. (2020)	USA	Qualitative	Online survey	Male IPV victims who had sought help	425 (59 included in analysis)	18–59	IPV
Martin-Storey et al. (2022)	Canada	Qualitative	Online survey	Sexual minority students with experience of sexual violence	223	18–55	Sexual victimisation
McKie et al. (2020)	Canada	Qualitative	Online survey	Gay, bisexual or MSM men in Canada, USA, Europe	350	18–73	Non-consensual sexual experiences
McKie et al. (2021)	Canada	Mixed methods	Survey	Prison population	189	19–74	Non-consensual sexual experiences
Meyer (2021)	USA	Qualitative	In person interviews	Queer men in Atlanta/New York who have experienced sexual assault as an adult	41	n.r.	Sexual assault
Meyer (2022)	USA	Qualitative	In person interviews	Queer men in Atlanta/New York who have experienced sexual assault as an adult	60	18–77	Sexual assault
Monteith, Brownstone, et al. (2019)	USA	Qualitative	In person interviews	Military veterans	18	33–65	MST
Monteith, Gerber, et al. (2019)	USA	Qualitative	In person interviews	Military veterans	18	33–65	MST

(continued on next page)

Table 2 (continued)

Study	Country	Methodology	Design	Population	N	Age range	Focus
Mutchler (2000)	USA	Qualitative	In person interviews	Gay men	30	18–24	Sexual coercion
Oliffe et al. (2018)	Canada	Qualitative	In person interviews	Gay men	14	37–64	IPV
Purnell (2019)	USA	Qualitative	Autoethnography	Male sexual assault survivor	1	31	Sexual victimisation
Quinn-Nilas et al. (2018)	Canada	Qualitative	In person interviews	Undergraduate students	12	17–41	Unwanted sex
Reed et al. (2020)	USA	Quantitative	Online survey	University students	307 (35 men)	n.r.	Rape acknowledgement
Stevens (2017)	UK	Qualitative	Interviews (telephone & in-person)	Former prisoners	26 (24 men)	n.r.	Sexual activity in prisons
Stults et al. (2020)	USA	Qualitative	In person interviews	Young GBQ/MSM men	26	23–28	IPV
Walker et al. (2005b)	UK	Mixed methods	Postal survey	General male pop	40	19–75	Male rape
Weare (2018)	UK	Mixed methods	Online survey	General male pop	154	18–70	Men forced to penetrate women
Weiss (2010a)	USA	Mixed methods	Secondary data analysis	Victims of sexual assault	94	n.r.	Sexual victimisation
Weiss (2010b)	USA	Qualitative	Secondary data analysis	Victims of sexual assault	136 (20 men)	n.r.	Sexual victimisation
Widanaralalage et al. (2022)	UK	Qualitative	Online interviews	Male survivors of sexual assault	9	23–58	Sexual assault
Yap et al. (2011)	Australia	Qualitative	In person interviews	Prisoners and former prisoners	40 (33 men)	20–60	Sexual assault in prison

n.r. = not reported.

Table 3

Included studies on experience of support.

Study	Country	Methodology	Design	Population	N	Age range	Focus
Delle Donne et al. (2018)	USA	Qualitative	In person interviews	General male pop	22	21–47	Barriers and facilitators of help-seeking
Ellis et al. (2020)	USA	Mixed method	Online survey	Male survivors of sexual abuse	88	20–76	Helpfulness of mental health treatment
Gameon et al. (2021)	USA	Qualitative	In person interviews	Students who had unwanted sexual experience	17 (2 men)	18–30	Healing following unwanted sexual experience
Jackson et al. (2017)	USA	Qualitative	Skype-telephone interviews	Gay, Bisexual or Queer men	18	n.r.	Secondary victimisation
Jamel (2010)	UK	Qualitative	Postal survey	Rape survivors (Most UK but also from Australia, Canada, Ireland, USA)	76 (20 men)	19–41	Gender and police experience
Jamel et al. (2008)	UK	Qualitative	Postal survey	Rape survivors (Most UK but also from Australia, Canada, Ireland, USA)	76 (20 men)	19–41	Gender and police experience
Kimerling et al. (2011)	USA	Quantitative	Postal survey	Military hospital veterans	1591	n.r.	Military sexual trauma and patient perception of Veteran Health Administration (USA)
McBain et al. (2020)	USA	Quantitative	Postal survey	Military hospital veterans	1591 (467 men)	21–89	Gender preferences for healthcare among veterans experiencing MST
Meyer (2020)	USA	Qualitative	In person interviews	Gay, Bisexual or queer men who experienced adult sexual assault	21	22–77	Perceptions of negative police experiences
Monteith, Gerber, et al. (2019)	USA	Qualitative	In person interviews	Military veterans with history of MST	18	n.r.	Experience of MST (inc sequelae)
Monteith et al. (2020)	USA	Qualitative	In person interviews	Military veterans with history of MST	50 (18 men)	18–65	Perception of veteran health administration care
Smidt et al. (2021)	USA	Quantitative	Online survey	Undergraduate students in public university	880 (291 men)	18–51	Comparative analysis of perception of institutional betrayal following sexual assault
Street et al. (2019)	USA	Qualitative	In person interviews	Military veterans with history of MST	55 (20 MST men)	20–89	Perspectives on MST communication with VHA providers
Washington (1999)	USA	Qualitative	In person interviews	Sexual assault survivors	6	29–42	Help seeking from social institutions experience
Young and Pruett (2016)	USA	Mixed methods	Secondary analysis of helpline 'callsheets'	Callers to helpline at sexual assault center in SE USA.	116 (58 men)	15–61	Comparison of help-seeking behavior of male and female survivors of sexual assault

conceptual distinctions and their social and political utility.

Finally, there is a substantial body of work on Military Sexual Trauma (MST) (Carroll et al., 2018; Dardis et al., 2018; Elder et al., 2017; Monteith, Brownstone, et al., 2019; Monteith, Gerber, et al., 2019). This clearly relates to sexual assault, including rape, albeit within the specific context of either military conflict or service within the military more broadly. This literature is exclusively based in the USA, focused primarily on veterans, with all of it hospital-based (mostly in

Veteran Association Hospitals). These studies are high quality, providing valuable insights about experience (Monteith, Gerber, et al., 2019), effects (Elder et al., 2017) and treatment (e.g., with regard to PTSD and suicide - Carroll et al., 2018; Monteith, Brownstone, et al., 2019), but it is not known how much of the findings can be transferred to non-veteran populations. It is likely that some findings will be relatively context independent, but probably not all. We have included one study focused on the labelling of sexual harassment in military service by men and

women in this review, as this included consideration of behaviours that could be considered sexual assault (Dardis et al., 2018). The distinction between harassment and assault is not necessarily clear cut and, like those discussed above, requires further conceptual and empirical clarification.

3.2.2.2. Acknowledgement/labelling. Given the historical lack of recognition concerning male sexual assault, it is not surprising that there have been several studies focused on assault/rape acknowledgement and how men label their experiences (Anderson et al., 2019; Artime et al., 2014; Dardis et al., 2018; Reed et al., 2020). These studies are not conclusive nor consistent in their findings, there is a pressing need for more research on this topic. Studies included small samples of men (Dardis et al., 2018; Reed et al., 2020) or relied on convenience sampling (Anderson et al., 2019; Artime et al., 2014), which may have been necessary but expose the findings to risk. There is some emerging evidence - also supported by anecdotal accounts in the literature by clinicians - that men may be less likely to acknowledge and label experiences as assault than women, but even this finding appears to be in need of further contextual clarification, e.g., with respect to the influence of sexual orientation and gender identity. The established relationship between acknowledgement and rape myth acceptance - greater rejection of myths associated with greater acknowledgment - found in the literature on women was supported by Reed et al. (2020). One study also specifically focused on identification as 'victim' or 'survivor' by men and women, with men less likely than women to discuss being a victim with close friends and family but those men identifying strongly as a victim experienced greater distress (Boyle & Rogers, 2020)

3.2.2.3. Masculinity and making sense of the experience. While a good number of studies touch upon the experience of male victims/survivors of sexual assault, there have been relatively few studies that have specifically examined how male victims/survivors of sexual assault have made sense of their experience in any depth (Chan, 2014; Javaid, 2017; Meyer, 2021, 2022; Monteith, Gerber, et al., 2019; Purnell, 2019; Walker et al., 2005b; Widanaralalage et al., 2022). There has also been relatively little attention paid to how masculinity plays into this sense-making process (PettyJohn et al., 2022). Of those studies that explicitly focused on masculinity (Chan, 2014; Javaid, 2017; Monteith, Gerber, et al., 2019) there was consistent evidence that it was a key factor in the difficulties men had in making sense of their assault experiences. There are limitations to the findings, however. Purnell, 2019 is an autoethnographic account that is highly personal. Chan (2014) did not discern between childhood sexual abuse and adult sexual assault nor reported necessary demographic data, resulting in weak findings. Javaid (2017) was specifically focused on the impact of HIV, with Monteith, Gerber, et al. (2019) particularly informative but focused exclusively on male veterans. Meyer (2021, 2022) and Widanaralalage et al. (2022) are two of the strongest studies here for understanding the experience of victims/survivors of sexual assault. That said, Meyer (2021, 2022) focused only on GBM experience, albeit in an impressively large study, and conducted their analysis through a particular theoretical lens. Widanaralalage et al. (2022) by contrast adopted a phenomenological stance with survivors but had a small sample of only nine men in the UK.

Beyond these studies focused on how men make sense of their experience, Weiss, 2010a, 2010b conducted secondary data analysis of victim experiences but not victim's verbatim responses. These studies drew on summary statements of crime reports transcribed by interviewers. As a result, there is a lack of important contextual information missing from the narratives and little evidence about the psychology of such experiences, in particular. Three studies explored sex (consensual, unwanted and violent assault) in the prison context (McKie et al., 2021; Stevens, 2017; Yap et al., 2011). McKie et al. (2021) explored experiences of childhood and adult non-consensual sexual experiences among a prison population. Stevens (2017) examined

experiences of sex more generally in the UK prison context, rather than solely sexual assault. Yap et al. (2011) was more focused on policy and practice than experience of sexual assault per se, even if that was being reported by the participants in this study. There was only one study that addressed male sexual assault and disability found in this review (Digman, 2021), but this is a case study primarily focused on the systematic care failures that enabled the perpetrators to abuse two young men with learning disabilities. This was written without data directly from the two young men, narrated instead by the psychologist author.

3.3. Experience of support

3.3.1. Methodology

Of the 15 articles extracted, 13 were from the USA and 2 from the UK. Date of publication ranged from 1999 to 2021, with 10 of the 15 (67 %) of articles published since 2017. As would be expected, this literature is similar to that focused on experience, mostly very recent and conducted in the USA and UK. Ten adopted a qualitative methodology, 3 quantitative and 2 were mixed methods. Eight studies used interviews, 6 surveys, and 1 used secondary data analysis. In terms of discipline, 7 studies were psychology, 4 health/medical, 3 criminology/legal studies and 1 sociology/social work.

Samples were recruited from a variety of populations. Five studies recruited military veterans, 5 via survivor/victim organisations (and also general public or health bodies), 2 from general public and LGBTQ organisations, 2 recruited university students and 1 used secondary archival data. Sample age ranged from 18 to 89 years in 13 of the 15 studies (87 %), with 2 studies comprising young adults only. Nine studies had an ethnically mixed sample, at least approximately representative of the specific cultural context. Five studies had a white only sample and 1 did not report ethnicity. Six studies had a sample that included heterosexual and gay, bisexual and queer (GBQ) men, 2 GBQ only, 1 heterosexual only and 6 did not report sexual orientation. In the latter case, it was generally assumed that the sample was heterosexual only. Only two studies reported including transmen along with cisgender male participants. Most studies simply did not collect or report information about gender identity while some chose to specifically exclude transmen.

3.3.2. Thematic analysis of content

Relatively little work has been conducted on the experience of formal and informal support for adult male victims of sexual assault. We found only 15 studies in our review, most very recent, suggesting that this is an emerging literature that is yet to be established. Five of the 15 studies were concerned with men's experiences of military support services and veteran hospital experience (Kimerling et al., 2011; McBain et al., 2020; Monteith et al., 2020; Monteith, Gerber, et al., 2019; Street et al., 2019). Much of this work, while undoubtedly valuable, is highly specific to the veteran context. Monteith, Gerber, et al. (2019); Monteith et al. (2020) is arguably most transferable to settings beyond the military. They illuminated the complex and varied ways that male veterans - and likely men, more generally - experience sexual trauma and its consequences. It was clear that there was considerable distrust, stigma and shame, with a need for specific support services for male victims. Three studies concerned the experience of men specifically with the police service (Jamel, 2010; Jamel et al., 2008; Meyer, 2020). These studies, while relatively small, were consistent in showing poor experiences in both the UK and USA with disclosure of sexual assault to the police and the judicial system more widely. There was evidence of a need for greater training and specific support services, particularly one that was more sensitive to the intersection of sexuality and race/ethnicity on sexual assault.

Three studies examined help-seeking behavior and barriers and facilitators therein. Delle Donne et al. (2018) examined barriers and facilitators of help-seeking behavior. Washington (1999) explored the experience of six survivors, focusing specifically on experience of disclosure to social institutions. Young and Pruett (2016) investigated

help-seeking behavior among male and female survivors via an analysis of helpline transcripts. Both identified specific challenges for men in accessing support. Only two studies examined the experience of mental health treatment outside the military veteran hospital context. Ellis et al. (2020) investigated the perceived helpfulness of mental health treatment for male survivors of sexual abuse, suggesting that peer support may be particularly helpful. The study did not distinguish between childhood sexual abuse and adult sexual assault, however, with the majority of participants reporting childhood sexual abuse. Gameon et al. (2021) explored healing processes among university students who had had an unwanted sexual experience. They found a positive disclosure experience and good social support to be key facilitators for healing. Two studies looked at possible risks following disclosure. Smidt et al. (2021) focused on 'institutional betrayal' following disclosure of sexual assault in one US university campus. Jackson et al. (2017) examined the risk of secondary victimisation among sexual minority men disclosing sexual assault. Given the lack of evidence informing practice with male survivors, the risk of secondary victimisation following disclosure is high.

4. Discussion

This is the first scoping review to be conducted on the phenomenology of sexual assault and support among and for adult men (though see PettyJohn et al., 2022 for a related project). We identified 45 studies that addressed the experience of adult male sexual assault and 15 relating to the experience of support, whether formal or informal. Most studies were conducted in North America or the UK and published within the last 5 years. Studies were mostly psychological in disciplinary orientation, though with sociology/social work, criminology/legal studies, and health/medical disciplines also represented. Most studies adopted a qualitative methodology, which is not surprising given the focus on experience in the review. That said, we were surprised to see such high numbers of studies reliant on self-completion surveys rather than interviews or other more obviously experience-oriented methods of data collection. Self-completion surveys have clear utility when engaging in research on difficult to reach populations, they are particularly helpful for preserving anonymity for instance, which is likely very important for many male survivors. That said, there is arguably a need now for more detailed qualitative work if we are to better understand the nature of this experience in more depth.

While there is considerable diversity in the samples, the studies rarely consider whether a sample is representative or reflective of societal demographics. Indeed, there are still a surprisingly high number of studies failing to properly report data on participant ethnicity and other key demographic characteristics. Gay, bisexual and queer (GBQ) men have often been included in the studies reviewed, and there is a good proportion of studies on GBQ men specifically. That said, those studies that include GBQ men in addition to heterosexuals often do this in a relatively cursory manner, with limited or no attempt to specifically recruit GBQ men or explore specific experiences and needs of this population. There is a distinct lack of attention on transmen or other non-cisgender men within the samples. There is rarely any thought to their inclusion and a general lack of reporting about such demographic information.

There is a pressing need for conceptual clarity with respect to how sexual assault is categorised, as there is presently considerable inconsistency. We included studies on unwanted sex in this review (e.g., Ford, 2018, 2021; Ford & Becker, 2020; Ford & Maggio, 2021) but their inclusion under the umbrella of sexual assault is arbitrary, rather than empirically or conceptually informed. While some studies focused specifically on unwanted sex, other studies included unwanted sex alongside sexual assault (see e.g., Griswold et al., 2020; Littleton et al., 2020). There is also a need to separate sexual assault from intimate partner violence (IPV). Studies on IPV understandably include mention of sexual assault but this is rarely considered in any depth. There is limited

evidence at present that IPV is a key context for sexual assault of men, particularly for heterosexuals. There is some emerging evidence about men's acknowledgement and labelling of their experience but still considerable gaps in our understanding of men's first response to an assault event. And finally, there is a lack of research on masculinity and the impact this may have for making sense of an assault experience and recovery.

We found a small but particularly high-quality body of literature focused on military sexual assault and veteran healthcare, all from the USA (see e.g., Monteith et al., 2019b, 2020). The relevance of this literature beyond this group is not known. It is likely that some findings will be transferable, most likely from those studies focused on experience, but not work specifically focused on veteran healthcare support. More generally, there needs to be more thought given to the influence of context on the experience of assault and support. At present, this is neglected and inconsistent, with the notable exception of work focused on military veterans.

We found even less research on the experience of formal and informal support for male sexual assault, with this being a very new literature indeed. There is clearly a pressing need for more research on the experience of support if we are to avoid secondary victimisation (Jackson et al., 2017). While there has been some research on the experience of disclosure to the police, in the UK and USA (e.g., Jamel, 2010; Jamel et al., 2008; Meyer, 2020), there is a woeful lack of information about best practice for police response to disclosure and some evidence for present poor practice. Similarly, there was almost no research on healthcare experience, including experience of psychotherapy. Furthermore, only three studies included the experience of telling partner, family, friends and wider social networks (Gameon et al., 2021; Jackson et al., 2017; Washington, 1999). These studies provided some initial evidence that a positive experience of (informal and formal) disclosure is vital for successful recovery and may also represent a particular risk for secondary victimisation. Informal support is likely a vital element within successful pathways to recovery and yet we currently lack knowledge that might inform advice to the victim and their intimate others. Overall, we do not know what facilitates recovery, beyond some very specific examples, and what might hinder recovery when engaging with professional services. We know even less about informal support and how this might best be mobilised to support male survivors of sexual assault.

4.1. Limitations and directions for future study

While contributing to knowledge about this important topic, this scoping review has limitations. Firstly, the search strategy, while appropriate for this context, necessarily places restrictions on the studies that were found. For instance, like so many Anglophone researchers without resources for translation, we searched for English language articles only. It is possible we have missed relevant articles that were not published in English. Secondly, there are also potential limitations due to database selection and year limits in the search criteria. That said, we believe that our choice of databases, allied to the informal additional searching carried out, mean we have considerable confidence we garnered the vast majority of appropriate studies in this scoping review. We are also confident that the year limits did not unduly restrict the data, particularly given the very young nature of this literature. Thirdly, we must concede that (the necessary) exclusion of material on childhood sexual abuse and female experience, may mean there is a limited risk that some appropriate literature on adult sexual assault was excluded where it was contained within studies on children or female sexual assault. We sought to avoid this wherever possible and have articles that include female experience and childhood sexual abuse in this review. Finally, this review may have been stronger had we adopted a formal system for evaluating the quality of the studies being reviewed (e.g., the MMAT; Pluye et al., 2011). That said, it is not usual to evaluate quality in a scoping review due to the aim of including as wide a range of literature

as possible in such a mapping exercise (Arksey & O'Malley; Pham et al., 2014).

5. Conclusion

While there has clearly been some important recent growth in research on the experience of male survivors of adult sexual assault, this scoping review has highlighted that there remains a pressing need for greater scientific investigation of this topic. If we are to develop evidence-based policy and practice that best meets the needs of these men, there remains much to do, and this review acts as a call to action on this topic. The best quality evidence stems primarily from studies on military sexual trauma and veteran support services, but this is still limited and may also not be applicable to other settings. There is remarkably little empirical evidence about the way that men make sense of their experiences and how this might be affected by factors such as age, ethnicity, masculinity, and sexuality. There is even less evidence about men's encounters with formal and informal sources of support, and what provides the best possible experience and outcomes. Indeed, there appears to have been no studies conducted to date specifically on the experience of disclosure to partner, family, and friends. In summary, we do not yet have a consistent empirically informed understanding about almost any aspect of men's experience of adult sexual assault nor sufficient knowledge to inform best practice regarding provision of services in support of successful pathways to recovery.

Funding

We thank the Open University for providing funding in support of this project.

CRedit authorship contribution statement

DL co-designed and led the overall study. PF co-designed the study. DC conducted the initial scoping review process with DL conducting the final review and completing data extraction. DL drafted the initial manuscript, with all authors contributing to drafting the final version of the paper. All authors approved the final version.

Data sharing

Research data are in the public domain.

Data availability

No data was used for the research described in the article.

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