

Psychological Effects of Male Rape and Barriers to Mental Health Care Through the Lens of Gender Stereotypes

The existence of unwelcome or inescapable male rape is often denied, except perhaps in the prison setting. However, in reality, male rape accounts for a very under-

researched and unacknowledged percentage of sex crimes across the world. Although they are products of societal forces, not inherent biological truths, gender ideals that constitute the common definition of the “masculine man” prevent male rape from becoming openly discussed. Typical male-gendered characteristics that are both embraced by society and self-internalized by victims include: denial of weakness, the importance of emotional and physical control, and the dismissal of any need for help. Although research has extensively explored the psychological effects of female rape victims, male rape victims have been understudied, propagating both societal ignorance towards their existence and detrimental self-blaming effects on the victims’ mental health states. The psychological consequences that male rape victims face are exacerbated by their lack of help-seeking behavior caused by the pervasive societal idealization of heterosexual, masculine gender stereotypes.

Much of the data on male-on-male rape has been gathered from specific samples that may not lend themselves to generalization, such as counseling services, emergency rooms, and genito-urinary medicine clinics. A breakthrough study evaluating the first non-clinical sample of male rape victims discovered that, like their female counterparts, they have much poorer psychological functioning than controls, extending decades after the event (Walker et al., 2005). These individuals experience lower feelings of self-worth, and Post Traumatic Stress Disorder-like symptoms such as re-experiencing images of the rape and fervently avoiding reminders of the trauma. Because these symptoms are similar to those previously discovered in women, the findings of this study imply that our masculine-gendered assumptions are inaccurate and should be challenged. Although the men displayed obvious mental health harm following their assaults, many more men

sought treatment for secondary physical injuries than for the psychological effects of coping with the rape. Of the 40 men total, only 14 survivors sought treatment for their injuries directly following the assault, and only five disclosed the sexual nature of the incident during treatments. This trend may indicate that, in general, male victims themselves are averse to talking about the incident and their emotional disruptions. It may also indicate that they themselves denied psychological disturbances and instead medicalized their symptoms, regarding physical symptoms as more real than the psychological ones. However, as the study indicated, the men's psychological symptoms may have been a threat to their physical health as well.

Results of particular importance indicated that, of the 40 subjects, 19 of the men had attempted suicide and 22 had thoughts of suicide, a grave proportion of the victims. Of the survivors, suicide attempts were associated with younger age, lower academic achievement, and unemployment, but *not seeking psychological help* was the only statistical predictor of suicide. The alarming seriousness of the psychological symptoms of rape on men, and the preventative power that seeking psychological help can have on a victim's mental well-being and subsequent avoidance of suicide, has the potential to empower males to seek help. Yet, this is not a simple task. The fact that typical financial impediments such as lower academic achievement and unemployment were associated with suicide attempts speaks to the intersectionality of social factors that may contribute to the detriment of mental health. These factors may have enormous implications on those male rape victims who simply cannot afford therapy services.

Individual avoidance and financial barriers are likely not the only obstacles to overcome in empowering men to seek help. The sociopolitical pressure that maintains the

silence of male rape is tightly wrapped around ideas of victimization. For the victim, this pressure cultivates self-blame that may ultimately prevent him from getting the help that he needs. It has been shown through typical female-centered research that people often hold rape victims partially responsible for their fates. The theory most commonly cited in explaining the tendency to blame the victim of rape is Lerner's (1980) idea of "just world," whereby people get what they deserve and deserve what they get.

Correspondingly, people will blame the victim to ensure that such an event could never happen to good people, such as themselves.

It has been shown through research that males believe in the idea of "just world" to a greater extent than do females, and attribute more blame to male rape victims than do females (Whatley & Riggio, 1993). It is possible that this attribution phenomenon occurs because female rape experience is statistically more common and the discourse is much more prominent, so females may generally be more able to identify and empathize with rape victims. Male rape victims may therefore face fear of real or imagined scrutiny from their peer groups and social support systems, especially if they are predominately male. This lack of social support given to male rape victims reiterates the necessity for professional psychological care. Walker et al. (2005) showed that male rape victims did not differ from control groups in their views on "just world" factors when the factors were presented outside the context of rape, such as: controllability, justice, luck, and randomness. The consistency in responses between victims and other men without mention of rape may indicate that non-victim males in the Whatley & Riggio study simply showed particular discomfort in addressing rape as a valid issue in general. Yet, this resulting attribution of victim responsibility allows others to adopt a disconnect

between themselves and the crime that denies their own vulnerabilities, propagating societal ignorance and silence.

Idealization of the heterosexual norm, and the common societal stereotype that male rape is primarily committed by homosexuals on homosexuals, may also prevent the open discussion of the crime. Research indicates that these stereotypes are untrue and in fact, male rape is an act of aggression that has been shown to occur with both homosexual and heterosexual assailants who assault men of either sexual orientation (Hickson et al., 1994). It is likely that a lay person's reaction to a rape victim may be influenced by whether or not the victim is heterosexual or homosexual. Discrimination, negative attitudes, and violence against homosexuals are still staggering realities. Indeed, male participants of a research study held male rape victims more responsible for being assaulted when they were described as being homosexual than when described as heterosexual. Participants also rated the sexual assault as being less traumatic and more pleasurable when the victim was described as homosexual (Mitchell et al., 1999). This insensitivity of the trauma may be in part due to generalizations of homosexuals as being promiscuous or inferences that the homosexual nature of male rape may be more pleasurable to a homosexual individual. However, the triumph of the societal association of male-on-male rape with homosexuality may have devastating implications on a victim's help-seeking behaviors following the trauma. For example, a victim may be haunted by sexual identity confusion, may fear judgment, or may be worried about being unsympathetically perceived as "asking for it." Consequentially, the victim may self-internalize shameful feelings about the incident, lending him to psychological suffering in silence.

Despite ideas about men's emotional fortitude, it is clear that the psychological effects of male rape are not less damaging than those extensively studied in females. However, the idealization of typically male characteristics contributes to the disempowerment of male victims and prevents them from taking advantage of the health care system. Because victims are not encouraged to speak out, it is easy for other men in society to promote victim-blaming, and homosexual ideas about male rape. We must break this vicious cycle of silence. Survivors of male rape are not alone and they must gain the respect that they deserve; men within society must be informed of the seriousness of the issue. It is imperative that we continue to expose the existence of male-on-male rape to educate the public, to encourage survivors to actively seek help, and to formulate more effective support services for such individuals.

Works Cited

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