Male Rape: The Silent Victim and the Gender of the Listener

To the Editor: Although the long-term effects of sexual abuse of women by men have been studied extensively, there has been minimal research exploring the effects of sexual assault by men on other men. Until recently, very little attention has been paid to male victims of rape and sexual assault in adulthood; even less attention has been paid to male rape in the military. In fact, there are few studies on even the prevalence of sexual assaults of men in the US Army.[1] Similar to female rape victims, adult male rape victims rarely turn to the legal, medical, or mental health systems for assistance. Personal stories of male rape mirror female rape in terms of a sense of shame, humiliation, and self-blame, but males are even less likely than females to report an assault.

Four male veterans—all victims of male rape—recently presented to a Veterans Affairs (VA) outpatient clinic, providing further insight into this seldom-studied phenomenon.

A common theme emerging in treating male rape victims is a lost sense of manliness. Male victims voice their concern in reconciling their masculine identity with their experience of being raped. One patient reported that he never disclosed it to his wife of 30 years; the sense of stigma from the rape was felt as huge and devastating.

The veterans treated in this VA outpatient setting all reported a preference for a female psychiatrist and difficulty in discussing rape with a male psychiatrist. It is possible that male rape victims experience more negative counter-transference reactions from male psychiatrists. Male psychiatrists may not be free of homophobic reaction, which further hinders patients from articulating the history of the abuse.

None of the 4 victims examined disclosed his rape to any male psychiatrist by whom he was examined. One of the male victims was labeled as "malingering" in spite of 2 severe suicide attempts. The physician became frustrated by the perceived "secretiveness" of the patient and interpreted it as malingering. While patients dread the idea of disclosing the rape to a man and fear how telling would affect them, they also complained that no male psychiatrist had asked them about a possible abuse history. Treatment of rape victims should start with an exploration of our own beliefs about male rape.

Training in this specific area is needed for psychiatric residents as well as for military personnel, the police, emergency department staff, nurses, and general practitioners. The research on sexual assault of women may not be appropriate for men who have been sexually assaulted. Applying research findings from female victims to male victims may lead to damaging behaviors that are harmful to male rape survivors following the assault and in the long term.

Furthermore, it should be explored further if the gender of the listener has a role in the underreporting of male sexual violence. This can help identify the number of male victims of sexual assault, which may allow planning of appropriate clinical services and counseling strategies that may support recovery.

REFERENCE

1. Martin L, Rosen LN, Durand DB, et al. Prevalence and timing of sexual assaults in a sample of male and female US Army soldiers. *Mil Med*. 1998;163(4):213–216.

Patrizia Riccardi, MD
riccardip@aol.com

Author affiliations: Department of Psychiatry, Mercer University, Macon, Georgia.
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