

## Myths About Male Rape: A Literature Review

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Rape myths are one way in which sexual violence has been sustained and justified through history and modern times. However, there has been a dearth of scholarship about rape myths concerning male victims. This paper reviews the historical origins, development, and current manifestations of male rape myths prevalent in Western society. Specifically, we review male rape myths and their origins in the areas of medicine, law, media, the military, and incarcerated settings. The paper also delineates possible means for eradicating male rape myths at the individual, institutional, and societal levels.

*Keywords:* rape myths, male rape, sexual assault, homosexuality, male victims

Although the majority of adult sexual crimes are committed by men against women, sexual assault can be perpetrated by or against members of both sexes. Whereas men are more likely to be the aggressors and women the victims, researchers are not capturing the full range of sexual violence by viewing men as only perpetrators and women as only victims (Robertson, 2010; Struckman-Johnson & Anderson, 1998). Indeed, approximately 3 to 8% of American and British men report having experienced an adulthood incident of sexual assault in their lifetime (Coxell, King, Mezey, & Gordon, 1999; Elliott, Mok, & Briere, 2004; Sorenson, Stein, Siegel, Golding, & Burnam, 1987; U.S. Department of Justice, 2000) and between 5 to 10% of rape victims are male (Coxell & King, 1996; Pino & Meier, 1999; U.S. Department of Justice, 2006). These rates likely underestimate the magnitude of the problem of male rape given that men are often unwilling to report

sexual assault experiences (e.g., King & Woollett, 1997; Walker, Archer, & Davies, 2005b; Widom & Morris, 1997).

In addition to documenting the prevalence of male rape, research suggests that the majority of violent sexual assaults against men are committed by men, with studies of victims who sought related treatment reporting that between 6 to 15% of assaults involved a female perpetrator (Hillman, O'Mara, Taylor-Robinson, & Harris, 1990; Isely & Gehrenbeck-Shim, 1997; Stermac, Del Bove, & Addison, 2004). Rape is also not just a heterosexual issue with 13.2% of bisexual men and 11.6% of gay men reporting a history of rape in adulthood in one study (Balsam, Rothblum, & Beauchaine, 2005). Although studying male sexual assault is an important issue, it has largely been "overlooked, dismissed, or ignored" (Ratner et al., 2003, p. 73) and is an understudied issue (e.g., Chapleau, Oswald, & Russell, 2008; Davies, 2002).

The invisibility and marginalization of male sexual assault is largely because of the perpetuation of rape myths (Kassing, Beesley, & Frey, 2005; Rando, Rogers, & Brittan-Powell, 1998), which have been commonly defined as "prejudicial, stereotyped or false beliefs about rape, rape victims, and rapists" (Burt, 1980, p. 217). The vast majority of scholarly research on rape and rape myths pertains to the female rape victim (Edwards, Turchik, Dardis, Reynolds, & Gidycz, in press). More recently, there has been a focus on the existence of rape myths related to male rape victims, which include: (a) men can-

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not be raped; (b) “real” men can defend themselves against rape; (c) only gay men are victims and/or perpetrators of rape; (d) men are not affected by rape (or not as much as women); (e) a woman cannot sexually assault a man; (f) male rape only happens in prisons; (g) sexual assault by someone of the same sex causes homosexuality; (h) homosexual and bisexual individuals deserve to be sexually assaulted because they are immoral and deviant; and (i) if a victim physically responds to an assault he must have wanted it (Anderson, 2007; Donnelly & Kenyon, 1996; Garnets, Herek, & Levy, 1990; Kassing & Prieto, 2003; Sarrel & Masters, 1982; Struckman-Johnson & Struckman-Johnson, 1992, 1994; Yeager & Fogel, 2006). Anderson (2007) found that in an analysis of hypothetical rape scenarios written by college students of what they perceived to be typical rape incidents for male and female victims, male rape scenarios contained more mythical elements than female rape scenarios.

Only two studies have examined the rates of male rape myths (Chapleau et al., 2008; Struckman-Johnson & Struckman-Johnson, 1992; see

Table 1 for summary and comparison of results). In these studies, college students (with similar demographic characteristics) completed the same 12-item instrument that was modeled after Field’s (1978) Attitudes Toward Rape Scale to examine the rates of six male rape myths for both male and female perpetrators. Struckman-Johnson and Struckman-Johnson (1992) found that between 4 to 49% of male college students and 2 to 27% of female college students endorsed each of the 12 male rape myths. More recently, Chapleau et al. (2008) found that between 2.7 and 45.9% of men and 1.5 and 23.4% of women agreed with these same rape myths. It is notable that while the rates of rape myth agreement for a few of the myths are significantly lower in the later study (e.g., it is impossible to rape a man), many are approximately the same. Some decrease in agreement may be because of increased awareness of sexual assault on college campuses and the unacceptability of sexual aggression communicated through educational and programming efforts (Hinck & Thomas, 1999); however, given that most programming has only

Table 1  
*Rates of Male Rape Myths Across Two Studies*

Items	Struckman-Johnson & Struckman- Johnson (1992)		Chapleau et al. (2008)	
	Men <i>n</i> = 157	Women <i>n</i> = 158	Men <i>n</i> = 146	Women <i>n</i> = 274
It is impossible for a man to rape a man.	22%	18%	3.4%	1.5%
It is impossible for a woman to rape a man.	22%	18%	9.6%	6.2%
Even a big, strong man can be raped by another man. (reverse scored)	23%	9%	8.2%	10.6%
Even a big, strong man can be raped by a woman. (reverse scored)	30%	18%	21.2%	17.2%
Most men who are raped by a man are somewhat to blame for not being more careful.	22%	5%	20.5%	6.9%
Most men who are raped by a woman are somewhat to blame for not being more careful.	44%	12%	32.2%	13.9%
Most men who are raped by a man are somewhat to blame for not escaping or fighting off the man.	22%	8%	16.4%	5.8%
Most men who are raped by a woman are somewhat to blame for not escaping or fighting off the woman.	49%	27%	45.9%	22.3%
Most men who are raped by a man are very upset by the incident. (reverse scored)	4%	3%	6.2%	6.2%
Most men who are raped by a woman are very upset by the incident. (reverse scored)	35%	22%	38.4%	23.4%
Most men who are raped by a man do not need counseling after the incident.	7%	2%	2.7%	2.6%
Most men who are raped by a woman do not need counseling after the incident.	22%	13%	24.0%	11.7%

*Note.* Endorsement in both studies was definite as the person scoring a “4” or above on a 6-point Likert-like scale.

focused on female victims, it is not surprising that there has not been substantial change in rates over the past 15 years. Male rape myths are not only prevalent among the general public and college students, but among counselors, medical trainees, law enforcement, and rape crisis workers as well (Anderson & Quinn, 2009; Donnelly & Kenyon, 1996; Kassing & Prieto, 2003; Struckman-Johnson & Struckman-Johnson, 1992). In fact, Chapeau et al. (2008) found that participants equally endorsed myths about male rape and myths about female rape and there was a strong, positive relationship between participants' endorsement of these two types of myths. In other words, people do not believe female rape myths more or less than male rape myths and people who believe one type of myth, are likely to believe the other. Taken together, these studies underscore that male rape myths are prevalent in U.S. society.

We argue that male rape myths are prevalent because of gender stereotypes and social norms regarding masculinity and male sexuality. The gender role socialization process, rooted in social norms, begins in early childhood (Rando et al., 1998) and appear to have changed little in the past 40 years (Hosoda & Stone, 2000; Kimmel, 2008; Werner & La Russia, 1985). These norms specify that men are expected to live up to the heterosexual masculine ideal (i.e., hegemonic masculinity) and possess traits such as toughness, independence, aggressiveness, and dominance (Herek, 1986; Hosoda & Stone, 2000). Traits such as submissiveness, emotionality, compliance, and homosexuality are not consistent with social norms regarding masculinity (Pleck, 1981). Socially constructed notions of masculinity are not consistent with constructions of the rape victim as feminine, weak, and defenseless (Cahill, 2000). Thus, based on socially constructed definitions of masculinity, "real men" cannot be rape victims (Lisak, 1993). This is consistent with research findings that male victims of rape are blamed more than female victims (Davies, Pollard, & Archer, 2001). Additionally, sexuality is important to the discourse on male rape given that constructions of masculinity are so closely connected to heterosexuality. Because of these close connections, men who are raped are often assumed to be homosexual and less deserving of sympathy and assistance (Graham, 2006). This is consistent with research documenting that gay male

victims are blamed more than heterosexual male victims (Mitchell, Hirschman, & Hall, 1999; Wakelin & Long, 2003), that men assaulted by women (compared to men) are judged to be more likely to have enjoyed the assault (Smith, Pine, & Hawley, 1988), and that homophobia is a significant predictor of male rape myth acceptance (Kassing et al., 2005).

Taken together, male rape myths are endorsed by a substantial segment of the population and are related to social norms regarding masculinity and male sexuality. Rape myths not only perpetuate the occurrence of sexual violence (as demonstrated in studies of female rape myths; Desai, Edwards, & Gidycz, 2008; Loh, Gidycz, Lobo, & Luthra, 2005), but also serve to conceal and minimize male rape, which has devastating consequences for the male victim (e.g., Burnam et al., 1988; Elliott et al., 2004). The purpose of this paper is to discuss the historical origins, development, and current manifestations of male rape myths and to demonstrate their falsehood. We focus specifically on how male rape myths permeate the institutions of medicine, media, law, military, and incarcerated settings. As we focus on these various institutions, we provide a critical analysis concerning how each institution promotes male rape myths and how the institutional presence of rape myths is related to individuals' rape-related attitudes as well as social norms regarding sexual violence. It is our assertion that male rape emanates from the same patriarchal structure as female rape and is related to various systems of oppression, including sexism and heterosexism. Specifically, under a social system of patriarchy, masculine hegemony and heterosexism are valued ideals and these are incongruent with men's experiences of sexual victimization. We conclude with suggestions for future research and implications for decreasing, if not eradicating, male rape myths at various levels of society (i.e., individual and institutional). This is the first known interdisciplinary review paper to summarize the information and research related to male rape myths and to gather this information from interdisciplinary sources. Given the length of the current review, our aim was not to provide a comprehensive summary of all of the information related to these institutions, but to provide readers an informed review on this topic. In some important areas (e.g., religion) there is little or no empirical research on male

rape myths, and thus we did not include them in the current review. We focused specifically on rape myths in the United States, with some information pertaining to the United Kingdom as well, since the majority of research on this topic has come from these two countries, but we also included examples from other regions when relevant.

### Medicine

Medicine is an important institution as its members are responsible for the health of society's people and the transmission of medical information. The advice and opinions of physicians and health care professionals are highly trusted by the American and British public and physicians are respected individuals who possess an asymmetry of knowledge on important issues (e.g., Ford, 2007; Hesse, Moser, & Rutten, 2010). Both historically and currently, there have been aspects of medicine that promote the notion that male sexual assault is related to homosexuality, that homosexuality is a mental and physical disorder, and that male sexual assault is not an important issue.

An understanding of the link between homosexuality and male sexual assault necessitates an understanding of medical opinions toward homosexuality. As early as the 5th century, Roman physician Caelius Aurelianus would link men's passivity and desire to be penetrated during sex with feminine identification and believed this gender-deviant behavior constituted a mental illness (Boswell, 1981). This perceived link has continued into more modern times. Martin (1993) conducted a review of medical opinions toward homosexuality from 1900 to 1950, finding that lesbians were often characterized as deviants who have disobeyed gender norms and that homosexual men were pathologized as having effeminate qualities. Martin concluded that medical writings during this time were used for gender and sexual oppression in various forms. For example, homosexuality was recognized as a formal psychiatric disorder until 1973 and was not removed from the international medical diagnostic manual until 1990.

Although homosexuality is no longer formally recognized as a disorder, male sexual assault has received little attention in the medical literature and there appears to be a lack of

health care provider training on sexual assault, particularly concerning male victims (Anderson & Quinn, 2009; Yeager & Fogel, 2006). Despite earlier recognition of this limitation in knowledge and need for training (e.g., Josephson, 1979) and the fact that crisis center and hospital records indicate that men make up between 3 to 12% of the sexual assault reports they receive (e.g., Grossin et al., 2003; Merchant, Lau, Liu, Mayer, & Becker, 2009; Pesola, Westfal, & Kuffner, 1999), little has changed in the past 30 years regarding health care provider training on male sexual assault. One study of agencies that offer rape crisis services found that 37% of these agencies reported they would not provide services to male victims and several workers voiced negative attitudes and rape myths concerning male victims (Donnelly & Kenyon, 1996). A more recent study found that medical students endorsed more negative and stereotypical attitudes toward male rape victims than female rape victims and male students had more negative views of rape victims of both sexes than female students (Anderson & Quinn, 2009). Therefore, it is not surprising that out of 705 men who sought medical attention following a sexual assault, only 23% in one study revealed the sexual nature of the injury to medical personnel (Isely & Gehrenbeck-Shim, 1997). In another study of 40 male rape victims, only 35% sought medical attention and only 36% of these men revealed the sexual nature of their assault injuries (Walker et al., 2005b).

Despite a dearth of research related to male sexual assault and the myth that men who are raped are not affected, research indicates that men who are raped, in addition to physical consequences such as anal lacerations and bleeding, broken bones, skin and muscosal damage, nongonococcal urethritis, and sexually transmitted infections (e.g., Hillman et al., 1990; Walker et al., 2005b), often have a number of psychiatric sequelae after an assault. Studies have shown that men who have had sexually coercive experiences as an adult are more likely to have a range of psychological problems such as lower self-esteem (e.g., Busby & Compton, 1997; Ratner et al., 2003), increased depressive symptoms (e.g., Larimer, Lydum, Anderson, & Turner, 1999; Ratner et al., 2003), suicidal ideation and engagement in self-harm behaviors (King, Coxell, & Mezey, 2002; Ratner et al., 2003), anxiety and posttrau-

matic stress symptoms (e.g., Elliott et al., 2004), substance abuse and dependence problems (e.g., Burnam et al., 1988; Larimer et al., 1999), social difficulties (Walker, Archer, & Davies, 2005a), and sexual dysfunctions (Elliott et al., 2004) than men without a history of nonconsensual sexual experiences. Contrary to the belief that rape is not as bad for men as it is for women, research generally finds that male victims can experience similar levels of distress and psychological symptoms compared to female victims (Elliott et al., 2004; Pimlott-Kubiak & Cortina, 2003; Struckman-Johnson & Struckman-Johnson, 2006) and evidence suggests that male rape, more so than any other trauma, leads to the highest probability for the development of posttraumatic stress disorder (Kang, Dalager, Mahan, & Ishii, 2005; Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995).

In addition to the psychiatric sequelae of male rape, sexual identity and sexual dysfunction issues are thought to be “among the most severe and longest lasting consequences for victimized men” but these problems have not been well studied (Tewksbury, 2007, p. 31). In a descriptive study of 40 British men who were sexually assaulted, 70% reported long-term sexual identity problems and 68% a “damaged masculine identity” (Walker et al., 2005b). Homosexual victims may experience internalized homophobia and feel that the assault was a punishment for being gay (Garnets et al., 1990), while heterosexual victims may feel confused about their sexuality and masculinity, especially if their body sexually responded during the assault (e.g., Mezey & King, 1992; Scarce, 1997). Although physiological responses (i.e., erection, ejaculation) have been cited as evidence demonstrating a man’s willingness to engage in sexual activity (e.g., Laur, 1966), such reactions are common and medical data has demonstrated that they can be caused by a number of factors such as fear and anxiety (Levin, 2003). These experiences of internalized homophobia and confusion over sexual identity and orientation are likely affected by myths related to the ideas that only gay men are victims of rape, male rape causes someone to be homosexual, and that homosexual and bisexual individuals deserve to be sexually assaulted because they are immoral. Unfortunately, the lack of public awareness and social stigma surrounding male rape likely

serves as a barrier to male rape victims seeking psychological and medical care.

### Media

Tales and reports of male rape date back several centuries, appearing in Roman folklore (Mezey & King, 2000), ancient Greek myths (such as that of Chrysippus and Laius), and Biblical accounts (such as the people of Sodom’s attempts to rape two male angels and the assault of Lot by his daughters). In more modern times, the media, especially TV, has likely been a primary contributor to people’s knowledge of male rape as the media is considered to be the greatest source of crime knowledge (e.g., Fields & Jerin, 1996), despite male rape being depicted only occasionally in mainstream media.

In instances when male rape is reported or depicted by the media, it is often done so in a way that promotes stereotyped views of male rape with rape occurring only in certain settings and involving certain types of people. For example, *Deliverance* and *Pulp Fiction*, two widely viewed films, portray rape scenes that portray the perpetrators as rural, impoverished Southern men, promoting the myth that male rape “only happens in primitive and uncivilized environments, committed by impoverished hill-billy men” (Scarce, 1997, p. 117) and, more generally, that the perpetrators are deviants (Wlodarz, 2001). Wlodarz further notes, in a critical media analysis of Hollywood films, that although anal sex is rarely depicted in Hollywood cinema, several instances of male anal rape were included in films during the 1990s. He argues that films such as *Sleepers* and *Deliverance* serve as “male rape revenge” films where the male victims go to great lengths to regain their sense of masculinity and restore patriarchy and that homosexual men often serve as scapegoats. These films serve to further promote the idea that male rape is associated with homosexuality.

When male rape is presented in fictional media, it is most commonly shown within a prison setting. Prison rape is depicted in both serious (e.g., *American History X*, *American Me*, soap opera *General Hospital*, *Midnight Express*, HBO series *Oz*, *Shawshank Redemption*) and humorous (e.g., *Dirty Work*, *Let’s Go to Prison*, an entire episode of *The Boondocks*, *Where’s*

*Poppa?*) contexts in films and TV shows. The almost exclusive portrayal of prison rape fosters the beliefs that male rape only happens in prisons and is an acceptable consequence of breaking the law. Indeed, Eigenberg and Baro (2003) content analyzed films produced between 1962 and 2000 that depicted male prisoners. These researchers found that the majority of films analyzed depicted prison rape as both common and inevitable, which contrasts with actual data demonstrating that although prison rape is a widespread problem, the majority of prisoners are not raped (Beck & Harrison, 2007; Robertson, 2003). Similarly, a Foucaultian discourse analysis of prison films between 1995 and 2005 found that graphic media depictions of brutal violence, including rape, are common and serve to hinder prison reform and are included simply for the pleasure of the viewers (Mason, 2006).

There is no other type of violent crime that is as commonly depicted as humorous as male rape. From movies to TV series such as *Family Guy* and *Son of the Beach* to late night show hosts and comedians, male rape has been made light of, promoting the myth that it is not a serious issue and likely discourages reporting from victims. It is notable that there have been several serious portrayals of male rape outside of prison such as on *CSI*, British police series *The Bill*, *The Shield*, *Reno 911*, TV film *The Rape of Richard Beck*, and the 2009 Filipino film *Fidel*. Although these more serious depictions of male rape are relatively uncommon and appear to be more prevalent on crime and police dramas, it demonstrates increased attempts to bring attention to the crime of male rape and to show that victims are often deeply affected by these assaults.

Media messages containing male rape myths are not limited to films and TV shows, but also appear in journalism and advertisements. For instance, prison rape was poked fun at in a 2002 7-UP beverage TV commercial (Walker, 2002) while a 2010 online Air New Zealand online competition advertisement for discounted airfare portrayed older unmarried women preying on young men (Sabloff, 2010). Both was deemed offensive by rape organizations and eventually removed, but not before reaching a number of viewers. In a seminal and recent study, Abdullah-Khan (2008) content analyzed U.K. newspaper coverage of male rape between 1989 and 2002, finding that over the years there

has been an increase in coverage of male rape. However, this coverage tends to be stereotypical with approximately 50% of the 413 analyzed articles portraying stereotypical views of male rape, such as male rape as consensual sex, male rape as an exclusively homosexual issue, and alleged male rape victims as liars.

### Law

Although research and numerous case examples have demonstrated that male rape does occur, the law does not always acknowledge these experiences and perpetuates myths such as “men cannot be raped,” “male victims are not affected by rape,” and “male rape is not important.” Male on male rape was historically classified as a crime under “sodomy” laws—along with consensual homosexual activity—and although sodomy laws have existed for centuries, the issue of male rape has only recently been discussed within the context of sexual violence (see Robertson, 2010, for a discussion). Historically, the English common-law crime of rape was defined as “a man having carnal knowledge of a woman not his wife through force and against her will” and generally involved penetration of the vagina by the penis (Lyon, 2004). In 1962, the U.S. rape laws moved away from the common law definition, which was replaced with the United States Model Penal Code definition of rape: “A man who has sexual intercourse with a female not his wife is guilty of rape if . . . he compels her to submit by force or threat of force or threat of imminent death, serious bodily injury, extreme pain, or kidnapping” (Epstein & Langenbahn, 1994, p. 7). In the 1970s, laws in the U.S began becoming more gender neutral and included the possibility of men as victims (e.g., New Jersey’s sex crime laws are all gender neutral, NJSA Chapter 2C: 14), although the Federal Bureau of Investigation (Federal Bureau of Investigation [FBI], 2009) in their crime statistics (sexual crimes against men are counted as “aggravated assaults”) and some states, such as Georgia (GCA 26–2001, § 16–6–1), have continued to use the historical definition of rape.

Although recent strides in the U.S. (as well as in other countries such as England, Germany, and Scotland) regarding the inclusion of legislation protecting male victims have been made, there still exist a number of ways in which male

victims are not protected by law. For instance, in many states, an act of forced anal intercourse (and sometimes oral sex) is termed “forced sodomy” and not “rape” and therefore the legal consequences of committing rape against a man are often different than those for victimizing a woman. Additionally, many states and countries do not acknowledge female-perpetrated sexual coercion as a prosecutable type of sexual aggression and do not recognize male rape or even male sexual assault if it is committed by a woman. This is consistent with historical legal opinions of male rape as noted in a 1952 Yale Law Review article (Forcible and Statutory Rape, 1952): the “role of the man as the initiator of sexual relations and the active partner in the act . . . contributes to the assumption that men cannot be “raped” by a woman” (p. 70). For instance, despite recent legal changes regarding sexual offenses in England and Wales, a female perpetrator of sexual assault against a man still cannot be prosecuted for rape if she forces a man to have sex, but can be prosecuted under other laws. Rape laws, such as those in England and Scotland, like historical common law definitions, often still stipulate contact or penetration by a penis.

In addition to legal definitions of rape, consensual sodomy laws have also played a role in perpetuating male rape myths which likely has discouraged reporting among male victims because of the perceived relation between homosexuality and same-sex rape (Scarce, 1997). Until recently, consensual oral and anal sex could be prosecuted under some sodomy laws in the United States. In the 1986 Georgia case of *Bowers v. Hardwick* concerning a case of consensual anal sex between two men, Chief Justice Warren E. Burger emphasized historical negative attitudes toward sodomy, quoting 18th century legal scholar Sir William Blackstone’s characterization of sodomy as a “deeper malignity than rape” and as “a crime not fit to be named” (Bartee & Bartee, 1992, p. 49). Chief Justice Burger concluded, “To hold that the act of homosexual sodomy is somehow protected as a fundamental right would be to cast aside millennia of moral teaching” (p. 50). Clearly, the decision of this case to uphold the consensual sodomy law was at least partly decided on morality and public opinions of homosexuality. In 2003, the Supreme Court’s ruling on the landmark case *Lawrence v. Texas* would inval-

idate consensual sodomy laws throughout the U.S., with the Court ruling that intimate consensual sexual conduct was part of the liberty protected by substantive due process under the Fourteenth Amendment. Despite changes in the United States, according to the International Lesbian, Gay, Bisexual, Trans, and Intersex Association, laws prohibiting same-sex behavior are still present in 78 countries (International Lesbian, Gay, Bisexual, Trans, and Intersex Association, 2010). Several legal scholars have argued that even when sodomy laws are rarely enforced, that the existence of these laws contributes to the criminalization, discrimination, and marginalization of gays and lesbians (e.g., Goodman, 2001; Leslie, 2000) and this likely prevents the reporting of male rape and increases the confusion between male rape and homosexuality.

To better understand the effects of rape and sodomy laws on male victim’s experiences of sexual assault, several studies have been conducted, mainly in the U.K., to assess male rape survivors’ experience with law enforcement. This research suggests that 10 to 15% of male rape victims report their assaults to the police and for those who report, less than half feel that the police were helpful (Hillman et al., 1990; King & Woollett, 1997; Walker et al., 2005b). Dissatisfied male victims in one study reported that they found the police to be “unsympathetic, disinterested, and homophobic” (Walker et al., 2005b, p. 74). Recent changes in law enforcement, such as having officers who are trained specifically to handle sexual offenses cases, may be improving responses to male victims as in the most recent study, Abdullah-Khan (2008) found that six of seven men who reported their assault were satisfied with the police’s response. Abdullah-Khan also surveyed 79 police officers and found, among other findings, that 34% believed that male rape victims received worse treatment by officers than female rape victims, 46% believed that there is a strong relationship between homosexuality and male rape, and only 24% felt that police statistics accurately reflected the prevalence of male rape. Another recent research study of British police officers and rape survivors found that, although there has been general improvement in services with the inclusion of officers specially trained in sexual offenses, limitations to sexual offense services, such as a dearth in training in assisting

male rape victims, limited resources, and lack of confidence in the judicial process still persist (Jamel, Bull, & Sheridan, 2008). Rumney (2009) reviewed the research on law enforcement services and attitudes toward male rape victims (particularly homosexual victims) and noted three main barriers to the recognition of male rape: (a) denying or minimizing male rape; (b) viewing male rape as less serious than other crimes, especially when homosexual victims are involved; and (c) blaming the victim.

### Military

Sexual violence against the enemy during wartime (and civilians in the occupied areas) has been recorded throughout history and has occurred during most historical and modern armed conflicts (see Sivakumaran, 2007, for a review), with such violence used to emotionally defeat and punish the victims. Historically, male sexual assault was believed to cause the victim to “lose his manhood” and make that person unfit to be a warrior or ruler (Donaldson, 1990). During World War I, famous British officer Thomas Edward Lawrence (Lawrence of Arabia) reported being sexually assaulted by the Turkish chieftan and guardsman after being captured (Lawrence, 1999). Harris (2009) argues that such instances of Judeo-Christian men being raped by their enemies, led to a cultural homophobia where homosexuality is associated with the defeat and helplessness felt during male rape. According to recent statistics, the majority of sexual assaults being reported in the U.S. military are being perpetrated not by enemies or vengeful foreign civilians but by fellow U.S. servicemembers (e.g., Department of Defense [DoD], 2004).

According to DoD figures, 9% of servicemembers reporting sexual assault in 2002 and 2003 were male (DoD, 2004), and slightly over 1% of male Veterans receiving health care from the Veterans Health Administration report having experienced sexual assault or harassment while in the military (Kimerling, Gima, Smith, Street, & Frayne, 2007). These figures are widely believed to be underestimates of the actual prevalence because of servicemembers reluctance to report such crimes and barriers to doing so (see Turchik & Wilson, 2010, for a review). It is important to note that although women are more likely to experience sexual

assault in the military than men, given the greater number of men in the military, the total number of male and female victims is approximately equal according to a recent nationwide sample of veterans (e.g., Kimerling et al., 2007). Some of the laws and policies of the military perpetuate the myth that men cannot be raped. For instance, the U.S. military Uniform Code of Justice’s Article 120 rape law stipulates female penetration, stating that for rape to occur there must be “contact between the penis and vulva” or “penetration . . . of the genital opening” by something other than a penis (Joint Service Committee on Military Justice, 2008, p. IV-70). While it is possible to argue under this law that a woman who forces a man to penetrate her vaginally can be charged for rape, it completely ignores male perpetrated male rape and other instances of female-perpetrated rape. Although male rape can be prosecuted under other sexual offenses in this Article, the fact that male and female rape fall under different offenses implies that they are different and male rape is a less serious crime.

Belkin (2008) argues that the military minimizes instances of male rape in fear that if people found out that male sexual assault (especially if it is perceived as homosexual) occurs and that even trained military men can be victims, it would erode the military’s reputation as a institution consisting of tough, masculine men and enlistment may decrease. In allowing the blame of male rape to be placed on homosexual members, the military is not only contributing to male rape mythology, but allowing sexual violence to continue without punishing the offenders.

Further, homophobia in the military is problematic and not only leads to confusion between homosexuality and same-sex rape, but discourages reporting of male rape, allowing offenders to escape punishment (e.g., Scarce, 1997). Historically, homosexual servicemembers were banned until the 1993 “Don’t Ask, Don’t Tell” policy, which allowed homosexual members to serve under the condition that they did not disclose their nonheterosexual sexual orientation, engage in homosexual behavior, or discuss any personal homosexual relationships (Secretary of Defense, 1993). Further, the Uniform Code of Military Justice Article 125 on sodomy, which banned all servicemen and women from engaging in consensual oral and anal sex, criminal-

ized same sex behavior alongside bestiality as if they were similar crimes (Joint Service Committee on Military Justice, 2008). Researchers concluded that based on an analysis of court-marital appeal records in the U.S. military from January 2000 to June 2001, the sodomy law was much more likely to be enforced against homosexuals than heterosexuals, even though an estimated 75% of heterosexual military servicemembers are believed to have engaged in sodomy according to the military definition (Servicemembers Legal Defense Network, 2002, as cited in Bateman, 2004). Despite the recent repeal of “Don’t Ask, Don’t Tell,” the military has not traditionally welcomed nonheterosexual members and this will likely not change quickly.

### **Incarcerated Settings**

Incarcerated settings, such as jail and prison, are likely the setting for the largest number of male rapes, with a review of the literature suggesting that 7 to 12% of male inmates had been raped with victims experiencing an average of nine assaults while in prison (Robertson, 2003). Despite the number of sexual assaults that take place in institutionalized settings and the overrepresentation of prison rape portrayed in film and TV (Eigenberg & Baro, 2003; Mason, 2006), this issue was largely ignored in society and within the prison systems until recently, suggesting that male rape was simply a condoned behavior within prisons. In fact, a 1994 *Boston Globe* survey found that most Americans polled held indifferent or punitive attitudes toward prisoners with 50% agreeing with the statement “society accepts prison rape as part of the price criminals pay for their wrongdoing” (Sennott, 1994).

The need for reform regarding sexual violence in incarcerated settings is not a recent discovery. Reverend Louis Dwight in 1826 visited prisons in the Eastern and Southern United States and was abhorred by the sexual coercion and rape that occurred in these prisons, naming it a “dreadful degradation” and calling for reform (as cited in Katz, 1976). Despite this early report, one scholar would note that until 1969, there were no U.S. legal decisions related to sexual assault in prison (Levin, 1983–1985). In fact the U.S. Supreme Court did not directly address prison rape until 1994 in *Farmer v.*

*Brennan*. The Supreme Court ruled it was the responsibility of prison officials to protect prisoners from harm and that “deliberate indifference” by officials to prison sexual violence, such as that experienced by a preoperative male-to-female transsexual, constituted “cruel and unusual punishment” and was a violation of the Eighth Amendment. The protection of incarcerated men was not recognized with federal legislation until the Prison Rape Elimination Act of 2003, which mandated a “zero-tolerance” policy for sexual violence in incarcerated populations and called for the development of national standards for the prevention and tracking of sexual violence. Many credit the 2001 “No Escape: Male rape in U.S. Prisons” report by Human Rights Watch (2001), which concluded that sexual violence was common in prisons and was because of indifference, ignorance (real or feigned) by prison officials, and the lack of tracking of violence in prisons, for the development and passage of the Prison Rape Elimination Act. A 2007 report by the Bureau of Justice found that in a nationwide survey of inmates, 4.5% reported one or more incidents of sexual victimization within the past 12 months or since admission to prison, with 2.1% perpetrated by another inmate and 2.9% by prison staff (Beck & Harrison, 2007). Although the new legislation is a step in the right direction, these incidence rates indicate a need for continued reform within the prison.

Although recent legal and policy changes within the American prison system have helped challenge the myth that male rape does not occur in prison, many individuals, including prisoners and correctional officers, continue to endorse the belief that male rape among prisoners is not an important issue or that prisoners who have had consensual sex with men deserve to be raped. For instance, it has been found that one quarter of correctional officers believe that if a prisoner had previously had consensual sex in prison, he was allowing himself to be raped and that homosexual prisoners “get what they deserve” if raped (Eigenberg, 2000). Eigenberg also found that less victim blame, less social distance from inmates, and more concerns about corruption of authority predicted correctional officer’s endorsement of more liberal definitions of rape (i.e., more willing to define coercive acts as rape). Furthermore, among prisoners, Fowler, Blackburn, Marquart, and Mullings

(2010) found that 18.5% of incarcerated men believed that none of the scenarios included in the survey (that were intended to depict a sexual assault) constituted a sexual assault, 14% thought one of the three scenarios was sexual assault, 22.5% believed that two of the three scenarios was sexual assault, and 44% believed that all three scenarios were sexual assault. Taken together, research suggests that rape myths are endorsed by a substantial number of prison officials as well as prisoners themselves.

### Discussion

The goal of this paper was to critically review the literature on male rape myths with regards to their prevalence, historical presence, development, current manifestations, and falsehood. We specifically focused on how male rape myths are present and perpetuated within the institutions of medicine, media, law, military, and incarcerated settings with the ultimate goal of demonstrating how rape myths are deeply rooted not only at an institutional level but are related to stereotyped gender and social roles as well as various systems of oppression, including sexism, heterosexism, and homophobia. We demonstrated that these myths are not simply present among a minority of individuals, but are embedded within our laws, language, policies, media messages, and even within our training and education. We focus the rest of the paper on suggestions for further research within this area and possible means for overcoming male rape myths at the individual, institutional, and societal levels.

### Further Research

Currently, only a small body of empirical research has examined male rape myths and research in this area lags behind that of female rape myths. The majority of male rape myth studies investigate rape perceptions using rape vignettes and college samples. College samples, while important, may lead to an underestimation of their endorsement as at least one study has found that male rape myths are more common among older, less educated men (Kassing et al., 2005). Further research is needed among larger and more diverse samples to estimate the prevalence of male rape myths and explore differences among subgroups, which will also enable researchers to track rape myth endorsement

across time if the same assessment measures are utilized. Although a few self-report measures of male rape myths have been constructed (i.e., Melanson, 1999; Struckman-Johnson & Struckman-Johnson, 1992) these measures have not been used widely across populations and could benefit from further psychometric evaluation (Chapleau et al., 2008). Given that research in this area is relatively new, the utilization of other methods, such as quantitative and qualitative analysis of open-ended questions and rigorous analyses of legal papers, media materials, historical documents, and so forth, may be of particular value in helping to define, assess, and understand male rape myths. Using these varying methodologies across a variety of contexts, researchers could examine the relationship between male rape myth adherence and actual behaviors. For instance, studies are needed examining the influence of myths on disclosure and treatment seeking among male rape victims after an assault, proclivity and actual perpetration of male rape, and differential outcomes across a number of important areas (e.g., outcome in legal trials, treatment of patients, stance of religious leaders, service provision for victims).

Given that rape myths have been found to be highly related to other types of oppressive belief systems (i.e., homophobia, sexism, racism, ageism; Kassing et al., 2005; Suarez & Gadalla, 2010), further exploration of these relationships, as well as research on the formation and underlying mechanisms of rape myths, is also needed. Consistent with a social ecological model of violence prevention (Brofenbrenner, 1977; Valle et al., 2007), research must seek to better understand the complex interplay between how rape myths operate at the individual, relational, community, and societal levels. There is particularly a need for empirical research assessing the presence, manifestations, and effects of male rape myths in religious institutions given that there is no published empirical data to date on this topic.

### Individual Level Change

On an individual level, male rape myths are important to address in the context of screening, treatment, and sexual assault prevention programming. Given that men may be unlikely to come forward for treatment and/or disclose their trauma because of rape myths,

it is important for clinicians to be aware of male rape indicators (Yeager & Fogel, 2006) and to inquire about sexual victimization to gain a more complete client history and convey a willingness to discuss these difficult issues in a nonjudgmental way. Information about rape myths should also be discussed within the context of counseling and medical treatment of male sexual assault survivors. Given that male rape myths may further add to the detrimental consequences of an assault, mental health and medical providers should be prepared to discuss these myths, and related topics such as masculinity, homophobia, gender role conflicts, and sexuality; processing these issues may help survivors overcome the stigma, shame, and self-blame that often accompanies endorsement of rape myths (Kassing et al., 2005). Within prevention programming, male rape myths could easily be included alongside female rape myths, as rape myths are often included in the educational component of sexual assault programs with the goal of debunking these myths by providing facts that refute these myths (Anderson & Whiston, 2005). Instead of only addressing women as potential victims and men as potential perpetrators, a more recent type of programming has focused on men and women as bystanders of sexual assault who have the power to intervene and prevent sexual assault (e.g., Banyard, Plante, & Moynihan, 2004). This type of approach has the potential to lead not only to individual change, but change in peer norms related to both female and male rape. In fact, McMahon (2010) demonstrated that rape myths can influence a person's willingness to intervene as a bystander and concluded that rape prevention programming should include information on both bystander intervention and rape myths.

### **Institutional/Societal Level Change**

On an institutional level there are a number of things that can be done to help reduce if not eliminate male rape myths. Providing mandatory, comprehensive, and ongoing training and education on male rape issues may be a first step within a number of institutions and could be used to educate religious clergy, military commanding officers, medical and psychological health care providers, prison

correctional officers, and other professionals. Similarly, during court cases involving male rape victims it may be important to provide similar education to attorneys, judges, and other legal professionals on the impact of rape myths in legal decisions. Legal and policy reform must continue to strive for equal protection of male victims of rape and sexual assault within the military and prisons, as well as at the state and national level. Recent positive changes related to sexual violence policy in the prison system (e.g., Prison Rape Elimination Act of 2003) and military (see Turchik & Wilson, 2010, for a review) are to be applauded, but the strict enforcement and evaluation of these policies is needed to ensure their effectiveness. Broader reform related to policies that encourage or allow discrimination based on sex, race, sexual orientation, and so forth, are also needed as research has demonstrated that rape myths are part of these broader oppressive ideologies.

Media may be able to provide an avenue for prevention programming, but if news reports, commercials, and movie storylines continue to perpetuate male rape myths and portray male rape as humorous or in a sensationalistic manner, it will likely dull the effectiveness of such interventions. Those within the field of media have a social responsibility to provide accurate and unbiased reports of male rape and when portraying fictionalized rape, such as within prisons, this can be done in such a way that promotes a message of needed reform instead of doing so solely to attract viewers (Mason, 2006). Further, given that male rape myths are embedded within our language, across all institutions, the words chosen to describe rape victims and rape, such as use of the terms "sodomy" or "homosexual rape" or referring to victims broadly using feminine pronouns, can have a negative impact on male victims and contribute to the promotion of rape myths.

In conclusion, male rape myths are rooted deeply in our history, culture, and sociopolitical institutions, and are prevalent today across various levels of society. It is hoped that the current review of male rape myths will allow researchers, policymakers, advocates, and clinicians to gain a better awareness and understanding of these myths. Ultimately we hope this information will help stimulate continued, interdisciplinary work toward eradicating these myths

and their deleterious consequences from our society.

## References

- Abdullah-Khan, N. (2008). *Male rape: The emergence of a social and legal issue*. United Kingdom: Macmillan.
- Anderson, I. (2007). What is a typical rape? Effects of victim and participant gender in female and male rape perception. *British Journal of Social Psychology, 46*, 225–245. doi:10.1348/014466606X101780
- Anderson, I., & Quinn, A. (2009). Gender differences in medical students' attitudes toward male and female rape victims. *Psychology, Health & Medicine, 14*, 105–110. doi:10.1080/13548500802241928
- Anderson, L. A., & Whiston, S. C. (2005). Sexual assault education programs: A meta-analytic examination of their effectiveness. *Psychology of Women Quarterly, 29*, 374–388. doi:10.1111/j.1471-6402.2005.00237.x
- Balsam, K. F., Rothblum, E. D., & Beauchaine, T. D. (2005). Victimization over the lifespan: A comparison of lesbian, gay, bisexual, and heterosexual siblings. *Journal of Consulting and Clinical Psychology, 73*, 477–487.
- Banyard, V., Plante, E., & Moynihan, M. (2004). Bystander education: Bringing a broader community perspective to sexual violence prevention. *Journal of Community Psychology, 32*, 61–79. doi:10.1002/jcop.10078
- Bartee, W., & Bartee, A. (1992). *Litigating morality: American legal thought and its English roots*. New York: Praeger.
- Bateman, G. W. (2004, March 2). Military law: United States. In *glbtq: An encyclopedia of gay, lesbian, bisexual, transgender, and queer culture*. Retrieved from [www.glbtc.com/social-sciences/military\\_law\\_us.html](http://www.glbtc.com/social-sciences/military_law_us.html)
- Beck, A., & Harrison, P. (2007). *Sexual victimization in state and federal prisons reported by inmates, 2007*. Retrieved from <http://bjs.ojp.usdoj.gov/content/pub/pdf/svsfpri07.pdf>
- Belkin, A. (2008). "Don't Ask, Don't Tell": Does the gay ban undermine the military's reputation? *Armed Forces & Society, 34*, 276–291. doi:10.1177/0095327X06294621
- Boswell, J. (1981). *Christianity, social tolerance, and homosexuality: Gay people in Western Europe from the beginning of the Christian era to the fourteenth century*. Chicago: University of Chicago Press.
- Brofenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist, 32*, 515–531.
- Burnam, M., Stein, J., Golding, J., Siegel, J., Sorenson, S., Forsythe, A., & Telles, C. (1988). Sexual assault and mental disorders in a community population. *Journal of Consulting and Clinical Psychology, 56*, 843–850. doi:10.1037//0022-006X.56.6.843
- Burt, M. R. (1980). Cultural myths and supports for rape. *Journal of Personality and Social Psychology, 38*, 217–230. doi:10.1037/0022-3514.38.2.217
- Busby, D. M., & Compton, S. V. (1997). Patterns of sexual coercion in adult heterosexual relationships: An exploration of male victimization. *Family Process, 36*, 81–94. doi:10.1111/j.1545-5300.1997.00081.x
- Cahill, A. (2000). Foucault, rape, and the construction of the feminine body. *Hypatia, 15*, 43–63. doi:10.2979/HYP.2000.15.1.43
- Chapleau, K., Oswald, D., & Russell, B. (2008). Male rape myths: The role of gender, violence, and sexism. *Journal of Interpersonal Violence, 23*, 600–615. doi:10.1177/0886260507313529
- Coxell, A., King, M., Mezey, G., & Gordon, D. (1999). Lifetime prevalence, characteristics and associated problems of non-consensual sex in men: Cross sectional survey. *British Medical Journal, 318*, 846–850.
- Coxell, A. W., & King, M. (1996). Male victims of rape and sexual abuse. *Sexual and Marital Therapy, 11*, 297–308. doi:10.1080/02674659608404443
- Davies, M. (2002). Male sexual assault victims: A selective review of the literature and implication for support services. *Aggression and Violent Behavior, 7*, 203–214. doi:10.1016/S1359-1789(00)00043-4
- Davies, M., Pollard, P., & Archer, J. (2001). The influence of victim gender and sexual orientation on judgments of the victim in a depicted stranger rape. *Violence and Victims, 16*, 607–619.
- Department of Defense. (2004, April). *Task force report on care for victims of sexual assault*. Retrieved from <http://www.defenselink.mil/news/May2004/d20040513SATFReport.pdf>
- Desai, A., Edwards, K., & Gidycz, C. (2008, November). Testing an integrative model of sexual aggression in college men. In A. C. Asoved (Chair), *Sexual violence perpetration: Individual and contextual factors*. Symposium conducted at the annual meeting of the Association for Behavioral and Cognitive Therapies, Orlando, FL.
- Donaldson, D. (1990). Rape of males. In W. Dynes (Ed.), *Encyclopedia of homosexuality* (pp. 1094–1098). New York: Garland Publications.
- Donnelly, D. A., & Kenyon, S. (1996). "Honey, we don't do men": Gender stereotypes and the provision of services to sexually assaulted males. *Journal of Interpersonal Violence, 11*, 441–448. doi:10.1177/088626096011003009
- Edwards, K. E., Turchik, J. A., Dardis, C., Reynolds, N., & Gidycz, C. A. (in press). Rape myths: His-

- tory, individual and institutional-level presence, and implications for change. *Sex Roles*.
- Eigenberg, H., & Baro, A. (2003). If you drop the soap in the shower you are on your own: Images of male rape in selected prison movies. *Sexuality & Culture*, 7, 56–89. doi:10.1007/s12119-003-1018-2
- Eigenberg, H. M. (2000). Correctional officers' definitions of rape in male prisons. *Journal of Criminal Justice Review*, 28, 435–449. doi:10.1016/S0047-2352(00)00057-X
- Elliott, D. M., Mok, D. S., & Briere, J. (2004). Adult sexual assault: Prevalence, symptomatology, and sex differences in the general population. *Journal of Traumatic Stress*, 17, 203–211. doi:10.1023/B:JOTS.0000029263.11104.23
- Epstein, J., & Langenbahn, S. (1994). *The criminal justice and community response to rape*. Issues and Practices. Washington, DC: U.S. Department of Justice, National Institute of Justice. (NCJ 148064)
- Federal Bureau of Investigation. (2009). *Crime in the United States 2009 uniform crime report*. Washington, DC: Federal Bureau of Investigation & U.S. Department of Justice.
- Feild, H. S. (1978). Attitudes toward rape: A comparative analysis of police, rapists, crisis counselors, and citizens. *Journal of Personality and Social Psychology*, 36, 156–179. doi:10.1037/0022-3514.36.2.156
- Fields, C., & Jerin, R. (1996). The media and the criminal justice system. In R. Muraskin & A. Roberts (Eds.), *Visions for change: Justice and the twenty-first century*. Upper Saddle River, NJ: Prentice Hall.
- Forcible and Statutory Rape. (1952) An exploration of the operation and objectives of the consent standard. *The Yale Law Journal*, 62, 55–83.
- Ford, J. (2007). Public trust in doctors undented. *British Medical Journal*, 335, 465. doi:10.1136/bmj.39325.433241.3A
- Fowler, S. K., Blackburn, A. G., Marquart, J. W., & Mullings, J. L. (2010). Inmates' cultural beliefs about sexual violence and their relationship to definitions of sexual assault. *Journal of Offender Rehabilitation*, 49, 180–199. doi:10.1080/10509671003666578
- Garnets, L., Herek, G., & Levy, B. (1990). Violence and victimization of lesbians and gay men: Mental health consequences. *Journal of Interpersonal Violence*, 5, 366–383. doi:10.1177/088626090005003010
- Goodman, R. (2001). Beyond the enforcement principle: Sodomy laws, social norms, and social panoptics. *California Law Review*, 89, 643–740. doi:10.2307/3481180
- Graham, R. (2006). Lacking compassion: Sociological analyses of the medical profession. *Social Theory & Health*, 4, 43–63. doi:10.1057/palgrave.sth.8700063
- Grossin, C., Sibille, I., de la Grandmaison, G., Banasr, A., Brion, F., & Durigon, M. (2003). Analysis of 418 cases of sexual assault. *Forensic Science International*, 131, 125–130. doi:10.1016/S0379-0738(02)00427-9
- Harris, S. E. (2009). From shame to pride: History of recovering from Judaeo-Christian homophobia. *Journal of Bisexuality*, 9, 141–186. doi:10.1080/15299710902881566
- Herek, G. M. (1986). On heterosexual masculinity: Some psychical consequences of the social construction of gender and sexuality. *American Behavioral Scientist*, 29, 563–577. doi:10.1177/000276486029005005
- Hesse, B., Moser, R., & Rutten, L. (2010). Surveys of physicians and electronic health information. *New England Journal of Medicine*, 262, 859–860. doi:10.1056/NEJMc0909595
- Hillman, R., O'Mara, N., Taylor-Robinson, D., & Harris, J. R. (1990). Medical and social aspects of sexual assault of males: A survey of 100 victims. *British Journal of General Practice*, 2, 22–24.
- Hinck, S. S., & Thomas, R. W. (1999). Rape myth acceptance in college students: How far have we come? *Sex Roles*, 40, 815–832. doi:10.1023/A:1018816920168
- Hosoda, M., & Stone, D. L. (2000). Current gender stereotypes and their evaluative content. *Perceptual and Motor Skills*, 90, 1283–1294. doi:10.2466/PMS.90.3.1283-1294
- Human Rights Watch. (2001). *No escape: Male rape in U.S. prisons*. Retrieved from <http://www.hrw.org/reports/2001/prison/report.html>
- International Lesbian, Gay, Bisexual, Trans, and Intersexual Association. (2010). *Illegality of male to male relationships*. Retrieved from <http://ilga.org/ilga/en/article/mwRwJXp1yr>
- Isely, P., & Gehrenbeck-Shim, D. (1997). Sexual assault of men in the community. *Journal of Community Psychology*, 25, 159–166. doi:10.1002/(SICI)15206629(199703)25:2<159::AID-JCOP5>3.0.CO;2-T
- Jamel, J., Bull, R., & Sheridan, L. (2008). Investigation of the specialist police service provided to male rape survivors. *International Journal of Police Science & Management*, 10, 486–508. doi:10.1350/ijps.2008.10.4.101
- Joint Service Committee on Military Justice. (2008). *Manual for courts-martial United States, 2008 ed.* Retrieved from <http://www.jag.navy.mil/documents/mcm2008.pdf>
- Josephson, G. W. (1979). The male rape victim: Evaluation and treatment. *Journal of the American College of Emergency Physicians*, 8, 13–15. doi:10.1016/S0361-1124(79)80441-4

- Kang, H., Dalager, N., Mahan, C., & Ishii, E. (2005). The role of sexual assault on the risk of PTSD among Gulf War veterans. *Annals of Epidemiology, 15*, 191–195. doi:10.1016/j.annepidem.2004.05.009
- Kassing, L., Beesley, D., & Frey, L. (2005). Gender role conflict, homophobia, age, and education as predictors of male rape myth acceptance. *Journal of Mental Health Counseling, 27*, 311–328.
- Kassing, L. R., & Prieto, L. R. (2003). The rape myth and blame-based beliefs of counselors-in training toward male victims of rape. *Journal of Counseling and Development, 81*, 455–461.
- Katz, J. (1976). *Gay American history*. New York: Thomas Cromwell.
- Kessler, C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C. (1995). Post-traumatic stress disorder in the National Comorbidity Survey. *Archives of General Psychiatry, 52*, 1048–1060.
- Kimerling, R., Gima, K., Smith, M. W., Street, A., & Frayne, S. (2007). The Veterans Health Administration and military sexual trauma. *American Journal of Public Health, 97*, 2160–2166. doi:10.2105/AJPH.2006.092999
- Kimmel, M. (2008). *Guyland: The perilous world where boys become men*. New York: Harper Collins Publishers.
- King, M., Coxell, A., & Mezey, G. (2002). Sexual molestation of males: Associations with psychological disturbance. *The British Journal of Psychiatry, 181*, 153–157.
- King, M., & Woollett, E. (1997). Sexually assaulted males: 115 men consulting a counseling service. *Archives of Sexual Behavior, 26*, 579–588.
- Larimer, M., Lydum, A., Anderson, B., & Turner, A. (1999). Male and female recipients of unwanted sexual contact in a college student sample: Prevalence rates, alcohol use, and depression symptoms. *Sex Roles, 40*, 295–308.
- Laur, R. (1966). *The psychology of rape*. North Hollywood: Challenge Publications.
- Lawrence, T. E. (1999). *Seven pillars of wisdom: A triumph*. Hertfordshire, UK: Wordsworth Editions Ltd.
- Leslie, C. (2000). Creating criminals: The injuries inflicted by “unenforced” sodomy laws.” *Harvard Civil Rights-Civil Liberties Law Review, 35*, 103–156.
- Levin, M. (1983-1985). Fight, flee, submit, sue: Alternatives for sexually assaulted prisoners. *Columbia Journal of Legal and Social Problems, 18*, 505–530.
- Levin, R. (2003). The physiology of male and female sexual arousal. In J. Payne-James, A. Busuttill, & W. Smock (Eds.), *Forensic medicine: Clinical and pathological aspects* (pp. 377–389). London: Greenwich Medical Media Ltd.
- Lisak, D. (1993). Men as victims: Challenging cultural myths. *Journal of Traumatic Stress, 6*, 577–580. doi:10.1007/BF00974326
- Loh, C., Gidycz, C., Lobo, T., & Luthra, R. (2005). A prospective analysis of sexual assault perpetration: Risk factors related to perpetrator characteristics. *Journal of Interpersonal Violence, 20*, 1325–1348. doi:10.1177/0886260505278528
- Lyon, M. (2004). No means no?: Withdrawal of consent during intercourse and the continuing evolution of the definition of rape. *Journal of Criminal Law and Criminology, 91*, 277–314. doi:10.2307/3491384
- Martin, K. (1993). Gender and sexuality: *Medical opinion on homosexuality. 1900–1950*. *Gender and Society, 7*, 246–260. doi:10.1177/089124393007002006
- Mason, P. (2006). Prison decayed: Cinematic penal discourse and populism 1995–2005. *Social Semiotics, 16*, 607–625. doi:10.1080/10350330601019975
- McMahon, S. (2010). Rape myth beliefs and bystander attitudes among incoming college students. *Journal of American College Health, 59*, 3–11. doi:10.1080/07448481.2010.483715
- Melanson, P. (1999). Belief in male rape myths: A test of two competing theories (Doctoral dissertation, Queen’s University, 1999). *Dissertation Abstracts International, 59*, 5620.
- Merchant, R., Lau, T. Liu, T., Mayer, K., & Becker, B. (2009). Adult sexual assault evaluations at Rhode Island emergency departments, 1995–2001. *Journal of Urban Health, 86*, 43–53. doi:10.1007/s11524-008-9313-8
- Mezey, G., & King, M. (2000). *Male victims of sexual assault* (2nd ed.). Oxford, UK: Oxford University Press.
- Mezey, G. C., & King, M. B. (1992). *Male victims of sexual assault*. Oxford, UK: Oxford University Press.
- Mitchell, D., Hirschman, R., & Hall, G. C. N. (1999). Attributions of victim responsibility, pleasure, and trauma in male rape. *Journal of Sex Research, 36*, 369–373. doi:10.1080/00224499909552009
- Pesola, G. R., Westfal, R. E., & Kuffner, C. A. (1999). Emergency department characteristics of male sexual assault. *Academic Emergency Medicine, 6*, 792–798. doi:10.1111/j.1553-2712.1999.tb01209.x
- Pimlott-Kubiak, S., & Cortina, L. M. (2003). Gender, victimization, and outcomes: Reconceptualizing risk. *Journal of Consulting and Clinical Psychology, 71*, 528–539. doi:10.1037/0022-006X.71.3.528
- Pino, N. W., & Meier, R. F. (1999). Gender differences in rape reporting. *Sex Roles, 40*, 979–990.
- Pleck, J. H. (1981). *The myth of masculinity*. Cambridge: MIT Press.
- Rando, R. A., Rogers, J. R., & Brittan-Powell, C. S. (1998). Gender role conflict and college men’s

- sexually aggressive attitudes and behavior. *Journal of Mental Health Counseling*, 20, 359–369.
- Ratner, P., Johnson, J., Shoveller, J., Chan, K., Martindale, S., Schilder, A., . . . Hogg, R. (2003). Non-consensual sex experienced by men who have sex with men: Prevalence and association with mental health. *Patient Education and Counseling*, 49, 67–74. doi:10.1016/S0738-3991(02)00055-1
- Robertson, J. E. (2003). Rape among incarcerated men: Sex, coercion and STDs. *AIDs Patient Care and STDs*, 17, 423–30. doi:10.1089/108729103322277448
- Robertson, S. (2010). Shifting the scene of the crime: Sodomy and the history of sexual violence. *Journal of the History of Sexuality*, 19, 223–242.
- Rumney, P. (2009). Gay male rape victims: Law enforcement, social attitudes and barriers to recognition. *The International Journal of Human Rights*, 13, 233–250. doi:10.1080/13642980902758135
- Sabloff, N. (2010). Air New Zealand’s “cougar” ad causes outrage. *Huffington Post*. Retrieved from [http://www.huffingtonpost.com/2010/01/19/air-new-zealands-cougar-a\\_n\\_427966.html](http://www.huffingtonpost.com/2010/01/19/air-new-zealands-cougar-a_n_427966.html)
- Sarel, P., & Masters, W. (1982). Sexual molestation of men by women. *Archives of Sexual Behavior*, 11, 117–131.
- Scarce, M. (1997). *Male on male rape: The hidden toll of stigma and shame*. New York: Plenum Press.
- Secretary of Defense. (1993). *Memorandum on policy on homosexual conduct in the armed forces*. Retrieved from <http://www.qrd.org/qrd/usa/military/1993/Aspin.Directive.On.Ban>
- Sennott, C. M. (1994, May 17). Poll finds wide concern about prison rape, most favor condoms for prisoners. *Boston Globe*, p. 22.
- Sivakumaran, S. (2007). Sexual violence against men in armed conflict. *European Journal of International Law*, 18, 253–276. doi:10.1093/ejil/chm013
- Smith, R., Pine, C., & Hawley, M. (1988). Social cognitions about adult male victims of female sexual assault. *Journal of Sex Research*, 24, 101–112. doi:10.1080/00224498809551401
- Sorenson, S. B., Stein, J. A., Siegel, J. M., Golding, J. M., & Burnam, M. A. (1987). The prevalence of adult sexual assault: The Los Angeles epidemiologic catchment area project. *American Journal of Epidemiology*, 126, 1154–1164.
- Stermac, L., Del Bove, G., & Addison, M. (2004). Stranger and acquaintance sexual assault of adult males. *Journal of Interpersonal Violence*, 19, 901–915. doi:10.1177/0886260504266887
- Struckman-Johnson, C., & Anderson, P. B. (1998). “Men do and women don’t”: Difficulties in researching sexually aggressive women. In P. B. Anderson & C. Struckman-Johnson (Eds.), *Sexually aggressive women: Current perspectives and controversies* (2nd ed., pp. 9–18). New York: The Guilford Press.
- Struckman-Johnson, C., & Struckman-Johnson, D. (1992). Acceptance of male rape myths among college men and women. *Sex Roles*, 27, 85–100. doi:10.1007/BF00290011
- Struckman-Johnson, C., & Struckman-Johnson, D. (1994). Men pressured and forced into sexual experience. *Archives of Sexual Behavior*, 23, 93–114. doi:10.1007/BF01541620
- Struckman-Johnson, C., & Struckman-Johnson, D. (2006). A comparison of sexual coercion experiences reported by men and women in prison. *Journal of Interpersonal Violence*, 21, 1591–1615. doi:10.1177/0886260506294240
- Suarez, E. B., & Gadalla, T. (2010). Stop blaming the victim: A meta-analysis on rape myths. *Journal of Interpersonal Violence*, 25, 2010–2035. doi:10.1177/0886260509354503
- Tewksbury, R. (2007). Effects of sexual assaults on men: Physical, mental and sexual consequences. *International Journal of Men’s Health*, 6, 22–35. doi:10.3149/jmh.0601.22
- Turchik, J. A., & Wilson, S. M. (2010). Sexual assault in the U.S. military: A review of the literature and recommendations for the future. *Aggression and Violent Behavior*, 15, 267–277. doi:10.1016/j.avb.2010.01.005
- U.S. Department of Justice. (2000). *Full report of the prevalence, incidence, and consequences of violence against women*. Retrieved from <http://www.ncjrs.gov/txtfiles1/nij/183781.txt>
- U.S. Department of Justice. (2006). *Criminal victimization, 2005*. Retrieved from [www.ojp.gov/bjs/pub/pdf/cv05.pdf](http://www.ojp.gov/bjs/pub/pdf/cv05.pdf)
- Valle, L. A., Hunt, D., Costa, M., Shively, M., Townsend, M., Kuck, S., . . . Baer, K. (2007). *Sexual and intimate partner violence prevention programs evaluation guide*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.
- Wakelin, A., & Long, K. M. (2003). Effects of victim gender and sexuality on attributions of blame to rape victims. *Sex Roles*, 49, 477–487.
- Walker, J., Archer, J., & Davies, M. (2005a). Effects of male rape on psychological functioning. *British Journal of Clinical Psychology*, 44, 445–451. doi:10.1348/014466505X52750
- Walker, J., Archer, J., & Davies, M. (2005b). Effects of rape on men: A descriptive analysis. *Archives of Sexual Behavior*, 34, 69–80. doi:10.1007/s10508-005-1001-0
- Walker, R. (2002). Unapologetic 7 UP. *Slate Magazine*. Retrieved from <http://www.slate.com/id/2066260>
- Werner, P. D., & La Russia, G. W. (1985). Persistence and change in sex-role stereotypes. *Sex Roles*, 12, 1089–1100. doi:10.1007/BF00288107

- Widom, C., & Morris, S. (1997). Accuracy of adult recollections of childhood victimization: Pt. 2. Childhood sexual abuse. *Psychology Assessment, 9*, 34–46. doi:10.1037/1040-3590.9.1.34
- Wlodarz, J. (2001). Rape fantasies: Hollywood and homophobia. In P. Lehman (Ed.), *Masculinity: Bodies, movies, and culture* (pp. 67–80). New York: Routledge.
- Yeager, J. C., & Fogel, J. (2006). Male disclosure of sexual abuse and rape in primary care. *Topics of Advanced Practice Nursing eJournal, 6*(1). Retrieved from <http://www.medscape.com/viewarticle/528821>

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