Initial Steps in Treating the Male Patient

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Although the prevalence of male rape—within and outside of the military—is increasingly evident, scientific literature on the subject is scant. These clinicians review gender differences in the reaction to sexual assault and outline recommendations for preliminary psychoeducational treatment.

In recent years, high rates of military sexual trauma (MST) for both men and women have been reported, bringing increased attention to this issue. The 2002 VA national MST surveillance data from roughly 1.7 million VA patients indicates that approximately 22% of female veteran patients and 1% of male veteran patients experienced sexual assault while in the military. Since male veterans greatly outnumber female veterans, this means that about 54% of all VA patients who screen positive for MST are men.[1]

As alarming as these numbers may be, other research suggests that they underestimate the magnitude of the problem. For example, several recent studies have estimated the prevalence of sexual assault to be as high as 41% among female veterans[2] and from 3% to 4.2% among male veterans.[3,4] In addition, over the past year alone, the incidence of rape among enlisted men has been reported variously as ranging from 0.4% to 3.7%,[4] calling into question the validity of the VA's national surveillance data.

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Despite the suspected prevalence of MST among men, the issue has been largely ignored by researchers.[5] Scientific literature on sexual assault focuses primarily on women's experiences, especially when it occurs within the military.[4] Consequently, less is known about how to prevent male rape and how to treat the men who have experienced it.

This article reviews available scientific literature on the subject of male sexual assault. It discusses the symptoms experienced by men after sexual trauma, explains how these may differ from symptoms experienced by women, and provides treatment recommendations specific to male survivors. Group psychoeducation is presented as an effective tool both for changing maladaptive cognitions of men who have experienced sexual trauma and for motivating them to seek additional trauma treatment.

RELUCTANCE TO REPORT

Studies that have addressed the issue of male sexual assault suggest that men find it more difficult to report rape than women.[5] Some estimates for the general population indicate that only 5% to 10% of male rapes are ever reported,[6] as compared to 39% of female rapes.[7] Possible reasons for the lower reporting among men include the following misconceptions: men should be able to defend themselves,[8] men cannot be raped, male rape happens only in prisons, only homosexual men are raped, only homosexual men rape other men, and men who are raped are less disturbed by sexual assault than women.[5,9] Such mistaken beliefs may be even more prevalent among military men than they are in other realms of society.[5]

Masculine stereotypes that stigmatize weakness, vulnerability, and homosexuality also may provoke an overwhelming sense of powerlessness and shame in men who are raped. In fact, research suggests that men who survive a sexual attack may be seen by others to be at least partially responsible for the assault.[10] Such perceptions likely discourage numerous men from ever reporting sexual trauma or discussing it with a health care provider.[4]

HOW MEN RESPOND TO SEXUAL TRAUMA

In order to develop and implement the best care for men who have been sexually assaulted, it is necessary to understand their specialized needs. Some research suggests that men and women develop similar psycho-

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logical symptoms in the wake of a sexual assault.[11–13] Specifically, both tend to experience a decline in their ability to trust, a diminished perception of safety in the world, increased shame, disturbances in interpersonal relationships, poor sleep, and other symptoms of acute stress disorder and posttraumatic stress disorder (PTSD).[6] The research that has been conducted on female survivors of sexual assault, therefore, can be useful in guiding our understanding of symptoms and issues troubling male survivors.

There are indications, however, that some responses to sexual trauma are particular to men. For example, following sexual trauma, men have been found to have higher rates of current psychiatric symptoms (41.2% versus 11.3% for women), lifetime history of psychiatric disorders (54.8% versus 28.5% for women), and psychiatric hospitalizations (51.7% versus 17.9% for women).[14] Men also report higher rates of distress following a sexual assault[15] and are more likely than women to experience homicidal ideation and fantasies of revenge.[16] Furthermore, since rape is commonly equated with sex, men who have been raped may, in searching for an explanation for what has happened, experience shame attached to homosexuality[8] and self-doubt concerning masculinity,[6] neither of which is an issue for women who have been sexually assaulted.

In some cases, sexually assaulted men report having ejaculated. This event, often associated with guilt and disgust,[7] may exacerbate any confusion about sexual orientation brought on by the assault and may cause problems with sexual functioning and sexual relationships.[17] In fact, men who have been sexually assaulted tend to have greater difficulties with their sense of self and to engage in dysfunctional sexual behavior more often than their female counterparts.[15] These behaviors include prolonged periods of sexual inactivity, sexual promiscuity, decreased interest in sex, decreased enjoyment of sexual activity, and difficulty touching or embracing their heterosexual partner.[7,17]

Feelings of shame may be heightened further in men who have experienced sexual trauma by the sense of isolation that comes from believing that they are the only ones to have experienced such an attack. Whereas women grow up cautioned against rape, men largely believe it is something that happens only to women or gay men—a belief that is likely perpetuated by the lack of attention male rape receives in the media, public health outreach, and other educational endeavors.[8] Women who are raped usually experience a sense of disbelief and shock that such a horrible thing happened to them, but because many men who are raped had previously thought of the event as being out of the realm of possibility, the shock they experience may be even greater.[8]

Characteristics of the typical male rape also may contribute to the degree of guilt and shame male survivors of rape feel. Preliminary data suggest that men are more likely than women to have multiple sexual assailants[18–20] or to be assaulted by an authority figure.[18] In order to survive attacks of this nature, a man may need to remain frozen and submissive during the sexual assault.[17] Although submission in the face of extreme danger is a self-protective reflex,[21] for men who expect to be able to defend themselves by force or strength in any situation, submissive behavior may be associated with an exaggerated sense of shame, guilt, and humiliation.[17]

TREATMENT MODALITIES

Treatment for PTSD related to sexual trauma has included crisis management, psychodynamic therapy, and pharmacologic intervention.[22] Cognitive behavioral therapy has been studied most frequently, but several manualized treatments designed to help this population are supported empirically. These include stress inoculation training,[23] imaginal and in vivo exposure,[24] and cognitive processing therapy.[25] Such approaches tend to focus on reducing anxiety symptoms, altering the fear network, reducing avoidance, and modifying maladaptive belief structures that have resulted from the trauma. These interventions, which have been in existence for years and have been shown to be effective for female survivors of rape, are implemented regularly in the treatment of PTSD,[22,24,26–29] though no published studies have focused specifically on their efficacy in treating men who have experienced sexual assault.

Previous articles have suggested that group therapy may be the preferred method of treating men who have undergone sexual assault because they generally feel isolated and perceive their experience as being unique.[6,30] Group therapy has been found to promote trusting relationships within the group and the recognition of the commonality of the rape experience, as it reduces group members' sense of isolation.[6]

Since men and women respond differently to sexual trauma, group treatment should be gender specific. This would reaffirm to male patients that other men have been raped and that they are not alone in their experience of sexual trauma. Getting these patients to agree to participate in group treatment, however, may be especially challenging, because men who have undergone sexual trauma

generally report being uncomfortable around other men. Practitioners need to be aware of the reluctance such men might demonstrate at the prospect of acknowledging their experience of sexual trauma in a group of men. These patients may not feel comfortable enough to join a group until they have met with an individual therapist a few times and, thereby, have reduced their anxiety.

PSYCHOEDUCATION: THE FIRST STEP

Gradual treatment often is the best approach for trauma related to sexual assault—and particularly so in the case of male patients. The expectation that these individuals might be ready and willing to engage in trauma work at the start of treatment, especially in a group setting, may be too optimistic. Generally, people who have undergone sexual assault, and men in particular, hold many inaccurate views about this type of trauma and the symptoms associated with it. Providing education in a group setting, therefore, may be a good first step.

In most PTSD treatment protocols, the educational component is completed in one or two sessions before therapy becomes the primary mode of intervention. Within the context of male sexual assault, however, more time may be required to dispel myths about male rape and its consequences. In addition, postponing the discussion of trauma details may help male patients overcome their initial reluctance to enter group treatment by making it less threatening.

TOPICS TO ADDRESS

For men who have experienced sexual assault, the main purpose of group psychoeducation is to decrease their sense of isolation while increasing their comfort in the group setting, their understanding of PTSD symptoms, and their motivation to seek additional trauma-focused treatment. This education, therefore, should focus on responses to trauma, including both bodily stress responses and the development of PTSD symptoms (Table). Other issues that need to be explored include trust, safety, control, sexual orientation, intimacy, guilt, shame, coping, and self-care. Within each of these areas, myths about male rape should be addressed with the goal of dispelling long-held, erroneous beliefs and promoting a change in cognition.

Responses to trauma

A major topic to be covered in sexual trauma educational groups is the body's basic fight, flight, or freeze response to extreme stress and the bodily sensations associated with these responses (such as increased heart rate, heightened alertness, and excessive sweating). Patients should be taught that, while the trauma itself is an atypical event, these stress responses to trauma are completely normal, natural, and necessary for self-preservation. This information may be especially helpful to a man who feels that he should have done more to fight off an attacker.

Trust

Since a traumatic experience involves a major breach of trust, many survivors of such experiences feel betrayed and find it difficult to trust others. Resick and Schnicke describe the process of overaccommodation, in which survivors of sexual trauma change their beliefs to an extreme[25]—deciding, for example, that no one is trustworthy. Although such "black-and-white" thinking protects the individuals from further betrayal, it also may prevent them from having meaningful relationships and participating in various daily activities.

While some trauma survivors stop trusting other people, some lose trust in themselves. Believing that they should have been able to protect themselves from the trauma or prevent it from happening[31] (a belief that tends to be more common among men), these individuals lose confidence in their ability to determine whether a situation is safe and whether their reaction to it will be appropriate.

For such patients, education should focus on how people decide whom to trust. It is important for patients to realize that they can trust different people to varying degrees.[25] Patients should be encouraged to explore their views on trust and to determine the degree to which they trust various individuals in their lives. For men, the ability to trust other men should be a focus of this educational module.

Safety

Sexual trauma severely disrupts a person's sense of safety in the world. As with trust, overaccommodation may come into play with beliefs about safety.[25] Following sexual trauma, individuals commonly start believing that the world is not a safe place and that everyone they encounter is a potential attacker.

The way people respond to feeling unsafe in the world varies. Some individuals withdraw and avoid places and people (especially men) associated with any potential danger, no matter how remote. The education of men who have been sexually assaulted, therefore, must focus on how to determine what and who is safe.

Some time should be spent discussing how the belief that everything and everyone is dangerous may affect a man's life, keeping him isolated and, thereby, possibly placing him in greater danger than the

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things he fears. The therapist should also address the fact that, by avoiding all conceivably dangerous situations, the patient denies himself the opportunity to assess any situation's actual potential for danger.

Control

A major characteristic of a sexual trauma is the experience of loss of control. Trauma survivors often attempt to exert an extreme degree of control over various aspects of their lives, feeling that if only they can control their environment, they will be safe. Others do the opposite. Feeling completely out of control in their lives, they relinquish control entirely and simply float along in life. For men, the idea of losing control can feel especially shaming because of societal pressure on them to remain in control.

The tendency to think in all-or-nothing terms also should be addressed. Discussion should focus on the concept of control as a continuum and on the impracticality of the societal expectation that men always remain in control. It is helpful to encourage patients to think about whether it is realistic to expect anyone to remain in control at all times and how they might change their beliefs on the subject of control so as to improve their daily functioning.

Table. Topics to cover during group psychoeducation for male sexual assault

- **Responses to trauma**—discuss the body's basic fight, flight, or freeze responses to extreme stress and associated bodily sensations, with the aim of normalizing these reactions
- **Trust**—discuss how people decide whom to trust; reinforce the idea that trust may be given in varying degrees (rather than an all-or-nothing approach); address issues of self-trust and trust of other men
- **Safety**—review processes by which people determine what and who is safe; discuss the damaging effects of considering everyone and everything to be dangerous
- **Control**—present the concept of control as a continuum; discuss societal expectations that men remain in control at all times and the effects of these expectations on daily functioning
- **Sexual orientation**—discuss how sexual orientation is determined; dispel myths about rape, especially the idea that rape is an act of sex; explain the physiologic reaction to rape, including sexual responses, to counteract beliefs about "enjoying the rape" or doubts about sexual orientation
- **Intimacy**—describe the effects of trauma on a person's ability and desire to be involved in an intimate relationship; discuss ways of disclosing the trauma and how to identify people with whom they can entrust this information
- **Guilt and shame**—address misconceptions about the prevalence of male rape and whom is to blame for the attack (i.e., the rapist and not the victim)
- **Coping and self-care**—share techniques for managing emotions, coping with stress, and attending to self-care; discuss maladaptive behaviors, such as risk taking, substance abuse, avoidance, isolation, and self-harm

Sexual orientation

For men, concerns over sexual orientation and the disruption of intimate relationships are major facets of the aftermath of sexual assault. Male rape victims' doubts about their own sexuality and the doubts others may have about their sexual orientation can significantly affect their ability or desire to have intimate relationships. Because male survivors of sexual assault tend to equate rape with a sexual act and to believe that this may somehow change their sexual orientation, education should focus on increasing their understanding of how sexual orientation is determined. Myths about rape should be addressed as well, with a specific focus on the fact that rape is an act of aggression, not sex.

Men who have experienced sexual assault also might have problems with sexual performance. This can be related to their reaction during the rape, including erection or ejaculation. Such reactions may suggest to them that they somehow enjoyed the rape or wanted it to happen. This, too, can cause the patient to question his sexual orientation.

The physiologic reaction to sexual intimacy even may become a cue that causes men to reexperience PTSD symptoms and, therefore, may be something they avoid. Explanations of the body's sexual response should be discussed so that this experience can be normalized and beliefs about enjoying the rape or, in the case of heterosexual men, having homosexual tendencies can be challenged.

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Intimacy

Many men who have been sexually assaulted are fearful of being in a relationship due to the self-disclosure it entails. Such men may choose not to disclose the history of assault to their partners, thereby preventing the establishment of true intimacy in the relationship and leading to relationship problems. Their education, therefore, should include information on the effects of trauma on a person's ability and desire to be involved in an intimate relationship, as well as methods for determining people to whom it is safe to disclose the trauma and a means for doing that.

Guilt and shame

Learning that rape can happen to anyone and that it is the rapist, not the person being raped, who is at fault are important steps in eradicating the shame and guilt associated with sexual assault. Commonly, rape survivors hold the belief that "there must be something wrong with me for this to happen to me." This misperception needs to be addressed in an educational group setting. Such a setting may provide the male patient his first opportunity to hear that he is not responsible for being raped. Just being in a group with other men who have experienced the same kind of a trauma can be very powerful and therapeutic.

Coping and self-care

Many patients may lack skills for coping with a world that no longer feels safe. They may experience powerful symptoms and emotions. Avoidance often becomes the patient's primary means of handling unpleasant emotions and situations.[32] When entering treatment, patients may begin to focus on things they have been trying to avoid. Frequently, this process brings up many emotions. Learning how to manage emotions, cope with stress, and attend to self-care are particularly important group topics.

Education in this area should focus on sleep hygiene, relaxation, exercise, seeking social support, self-soothing, and engaging in pleasurable activities. It is also necessary to discuss such maladaptive behaviors as risk taking, substance use, avoidance, isolation, and self-harm. By discussing these topics with male patients, the therapist begins to challenge some of their erroneous beliefs about their trauma, themselves, and their world, and in doing so increases their motivation and readiness for trauma-focused treatment.

OTHER CONSIDERATIONS IN CUSTOMIZING GROUP PSYCHOEDUCATION

Many of the current empirically supported treatments for PTSD related to sexual trauma have been systematically tested on female patients and are directed at this population. The language used in the materials, therefore, tends to be female specific. For male patients, encountering such materials may be very shaming. It may reaffirm their beliefs that sexual trauma is experienced only by women or that only women can get treatment. It is important to alter such materials to make the language either specific to males or gender neutral.

Male survivors of sexual trauma often find it more difficult to interact with other men and may prefer female therapists. Not only do these men find it difficult to admit having been raped to another man, but they may believe that all men are dangerous and are potential attackers. These circumstances often cause female therapists to take on a disproportionate number of sexual trauma cases. Developing a positive relationship with another man, however, can be very important and therapeutic to the male survivor of sexual trauma. For this reason, an ideal sexual trauma educational group for male patients would be conducted by two therapists: one male and one female. The presence of a female therapist provides patients with a sense of security, while the presence of a male therapist makes it easier to challenge erroneous beliefs about men.

BEYOND EDUCATION

Although psychoeducation can be very therapeutic for male patients, it is not enough to bring about a full recovery. After completing the psychoeducational component of group therapy, patients should be encouraged to engage in more specific trauma-related work. It may be useful to employ slightly modified versions of manualized treatments. In particular, editing gender specific language and increasing the amount of time spent on sexual orientation and intimacy issues can be helpful. The continued use of a group treatment format is also important as it allows further exposure to two important populations: men and other sexual trauma survivors.

There is a great need for more research in the area of male sexual assault—both on the reactions to it and the treatment of its sequelae. Various trauma treatments that have been supported empirically for female rape survivors need to be adapted and tested on a male population. As the problem of male rape, both inside and outside of the military, becomes increasingly evident, so too does the imperative to provide well researched and effective treatments to this patient population. ●

Author disclosures

The authors report no actual or potential conflicts of interest with regard to this article.

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