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Abstract

Research on sexual violence and related support services access has mainly focused on female victims; there is still a remarkable lack of research on men who experience sexual violence. Research demonstrates that people who both self-identify as men and are members of sexual-orientation minority populations are at higher risk of sexual violence. They are also less likely to either report or seek support services related to such experiences. The present study is an exploratory one aimed at filling the gap in the literature and better understanding how men, both straight and gay as well as cisgender and transgender, conceptualize, understand, and seek help related to sexual violence. A sample of 32 men was recruited on-line and participated in either a one-on-one in-depth interview ($N = 19$) or one of two focus group discussions ($N = 13$). All interviews and groups were audiotaped, professionally transcribed and coded using NVivo 9 qualitative software. The present analysis focused on barriers to and facilitators of support service access. Emergent and cross-cutting themes were identified and presented, with an emphasis on understanding what factors may prevent disclosure of a sexual violence experience and facilitate seeking support services and/or professional help. Through this analysis, the research team aims to add knowledge to inform the development of tools to increase service access and receipt, for use by both researchers and service professionals. Although this study contributes to the understanding of the issue of men's experiences of sexual violence, more research with diverse populations is needed.

Keywords

male sexual assault, behavioral issues, male on male violence, masculinity, gender issues and sexual orientation, men's health interventions, gay health issues

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The experiences of male victims of sexual violence are not well understood due in part to the limited amount of research conducted to date. The bulk of sexual violence literature in the United States focuses on female victims of sexual violence in part because, according to public safety data (reports to police) and public health survey and surveillance data (surveys and surveillance systems), the majority of victims self-identify as female (Breiding et al., 2014; Pesola, Westfal, & Kuffner, 1999; Sundaram, Laursen, & Helweg-Larsen, 2008). Numerous analysts have noted the scarcity of valid and reliable statistics on and the general impoverished nature of research on men's experiences of sexual violence (Fisher & Pina, 2013; Lowe & Balfour, 2015; Lowe & Rogers, 2017; Peterson, Voller, Polusny, & Murdoch, 2011). Although research focused on men has increased since the 1990s, there is

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still a focus on specific types of violence, such as prison-associated sexual violence (Wolff, Shi, Blitz, & Siegel, 2007) or childhood sexual abuse (Willis, 2009). However, men experience violence outside of childhood and incarceration settings, and at the hands of both women and other men. According to the National Intimate Partner and Sexual Violence Survey (NISVS) (Breiding et al., 2014), almost 1.4% of men experienced completed/attempted forced penetration in their lifetime and another 22% experienced other forms of sexual violence. An earlier nationally representative sample reported that nearly 4% of men reported lifetime adult sexual assault (Elliott, Mok, & Briere, 2004). According to data from the Bureau of Justice Statistics, the rate of rape/sexual assault increased from 1.1 to 1.6 per 1000, a statistically significant difference, between 2014 and 2015 in the United States (Truman & Morgan, 2016).

Gay and bisexual men are more likely to be victims of sexual assault than heterosexual men (Bullock & Beckson, 2011) with estimates of sexual violence experiences ranging from 12% to 54% (Nasrullah, Oraka, Chavez, Valverde, & Dinunno, 2015; NCAVP, 2010). Gay men's experience of sexual violence has been studied primarily in the context of intimate partner violence (Finneran & Stephenson, 2013; Freeland, Goldenberg, & Stephenson, 2016), where significant, adverse effects on mental and physical health outcomes and sexual identity have been described. Gender minorities are also at high risk for sexual violence victimization (Rothman, Exner, & Baughman, 2011), with surveys and needs assessments estimating that about 50% of transgendered persons report unwanted sexual activity (Lombardi, Wilchins, Priesing, & Malouf, 2001; Stotzer, 2009). The first large survey of transgender individuals conducted in the United States reported that 12% of respondents experienced sexual violence and 35% experienced physical assault before adulthood in grades K-12, and 10% of the subjects were a victim of sexual assault solely because they were transgender or gender nonconforming (Grant et al., 2016).

Across gender identity groups, and sexual orientations, rape and sexual assault is underreported; 65% of rapes/sexual assaults went unreported to police between 2006 and 2010 (Langton, Berzofsky, Krebs, & Smiley-McDonald, 2012). Unfortunately these data were not stratified by sex/gender and, as noted above, research on rape and sexual assault, including non-reporting rates, among men is sparse (Lowe & Rogers, 2017). Based on what literature does exist, men, like women, are unlikely to report rape, (Bullock & Beckson, 2011; Tjaden & Thoennes, 2006; Weiss, 2010) with older data indicating that men may be more likely to report to the police if they are physically harmed in addition to the physical harm of rape (Lowe & Rogers, 2017; Pino & Meier, 1999). According to the NISV, when men are raped, it is most

likely that another male is the perpetrator; men were the majority (79.3%) of perpetrators of male rape and made up nearly half (43.6%) of perpetrators of unwanted sexual contact (Breiding et al., 2014).

Sexual violence has devastating physical and psychological consequences that affect well-being and quality of life. Outcomes include posttraumatic stress disorder, psychological distress, sexual dysfunction, sexual risk behavior, self-harm behaviors, and alcohol use and abuse (Brown et al., 2011; Buller, Devries, Howard, & Bacchus, 2014; Davies, Walker, Archer, & Pollard, 2010; Nasrullah et al., 2015; Tewksbury, 2007). Lifelong negative effects are reported sometimes leading to a downward spiral of self-harm and self-medication (Brown et al., 2011; Bullock & Beckson, 2011). Despite the significant, negative consequences of sexual violence against men, it is often an untreated or responded to experience (Davies, Gilston, & Rogers, 2012; Haegerich & Hall, 2011; Light & Monk-Turner, 2009; Lowe & Rogers, 2017). Seeking help and/or support after an assault is a difficult decision for men and women, but appears to be particularly fraught for men (Monk-Turner & Light, 2010). Societal expectations and gender norms influence how men respond to sexual violence victimization (Howard, Debnam, Wang, & Gilchrist, 2011). The legitimacy of male victims often focuses on physical harm as opposed to consent (Graham, 2006). Heterosexual men may be concerned about being labeled weak or gay (Sable, Danis, Mauzy, & Gallagher, 2006) and gay men may be afraid of homophobic responses from health-care providers and/or not being taken seriously by law enforcement (NCAVP, 2010).

Because men and sexual and gender minorities are generally less likely to disclose, they are also less likely to receive support services (Haegerich & Hall, 2011). In addition, they appear to be more likely to seek informal support (e.g., friends)—when their informal network is accepting of their sexual orientation—rather than formal support services (Freeland et al., 2016), since social stigma and perception of sexual and gender minority individuals reduce service access and often render service responses inappropriate (Todahl, Linville, Bustin, Wheeler, & Gau, 2009). This may exacerbate existing distrust of authorities and services among some members of these communities (Xavier et al., 2004). The lack of services specifically tailored for these populations is also a significant barrier. In a survey of 684 intimate partner violence and sexual violence agencies, 94% of responders said that they did not provide services tailored to sexual and gender minority communities (NCAVP, 2010). A more recent study reported that when men seek services related to sexual violence from a health-care facility, they most often accept crisis counseling related to psychological and physical distress; medical care and treatment; prophylactic treatment for STIs and HIV (i.e., post-exposure

prophylaxis or PEP, a course of treatment with antiretroviral medication, which if taken within 72 hr of exposure and completed, prevents acquisition of HIV); and counseling and testing for HIV (Du Mont, Macdonald, White, & Turner, 2013).

There is a significant need for research about barriers to help-seeking related to sexual violence experiences among men, both gay and straight, cisgender (defined as individuals whose gender identity matches the sex they were assigned at birth) and transgender (Brown et al., 2011; Willis, 2009). The men's sexual experiences study (MSES) is an exploratory, descriptive study designed to begin to fill the gap in the literature and gain a more in-depth understanding on how individuals who self-identify as male—both straight and gay, cisgender and transgender—conceptualize, understand, and seek help related to sexual violence experiences. The primary objective of the current research was to inform the development of more effective outreach to cisgender and transgender male survivors of sexual violence living in a major urban area in order to increase the likelihood of help-seeking related to victimization experiences. The project was sponsored by a grant from The Crime Victims Treatment Center (CVTC) and was designed to provide information that will help CVTC increase access to their services for male victims of sexual violence.

Methods

Study Procedures

The research team used both print and on-line media outlets to recruit eligible participants; in an effort to recruit robust numbers of straight and gay, cisgender and transgender men, the team also placed a single ad on a geospatial social networking site popular with gay men and on another general, marketplace website where researchers often recruit study participants. Participants who saw the flyer or clicked on the on-line ad were redirected to the anonymous on-line survey, where the study was described; interested participants engaged in a web-based consent process, before completing the survey. Eligible participants had to (a) identify as either transgender male (assigned female sex at birth but currently identify as male) or cisgender male; (b) be between 18 and 55 years of age; (c) reside in the NYC metropolitan area; (d) report a recent (past year) sexual experience that meets criteria for sexual coercion, harassment or violence; and (e) communicate in English. Sexual coercion, harassment or violence was defined by responding yes or maybe to the following questions: “have you ever had sexual contact (kissed, touched, or done anything sexual) that you consider to be unwanted or without your consent in any way?” and/or “has anyone ever tried or made you have

sex with them, when they knew you did not want to?” If they responded yes, they were asked if it had happened in the past year; if so, they were considered eligible on this criterion. If eligible according to all criteria, potential participants then completed the on-line contact card, collecting minimal contact information (name, phone number and/or email address), so that an appointment could be scheduled. Of the 188 individuals who responded 42% ($N = 79$) were eligible and left contact information; of these, 41% ($N = 32$) made an appointment and engaged in either an interview or focus group. Upon arrival at the research site, participants completed the informed consent process and then engaged in either the in-depth interview or focus group discussion. Two trained and experienced male interviewers/focus group facilitators conducted the individual and group interviews in a private room at the City College campus. Another study personnel (female identified) was in the room in order to assist and take notes, which served as backup to the digital voice file and provided an opportunity for immediate review and preliminary analysis of interview quality and content. This additional person was only in the room if the participant/s consented to their presence. All interviews were digitally audiotaped and transcribed professionally. The transcription service excluded from the transcript identifying participant information that may have been verbalized during the course of the interview (e.g., names). As indicated or requested, participants were provided resources and support in accessing local mental health and victim support services. Using these methods, the researchers conducted 19 in-depth interviews and two focus groups ($N = 13$). The City University of New York Institutional Review Board reviewed and approved the study.

Interview and Focus Group Content

The in-depth interview guide focused on several key areas, including: gender identity and sexual orientation, and their impact on participant's life (e.g., family, relationships, school and work environment); participants' sexual behavior and experiences (current sexual life, first sexual experience, the time they started being sexual, current relationships); the “spectrum of sexual experiences” (good/bad, wanted/unwanted, coerced/not coerced, forced/not forced, and sexual violence) from different perspectives (e.g., participants, peer group, society, average person); “crossing the line” and how that was defined and experienced by participants and their peer groups; access to general support services (therapy, counseling, support groups); access to unwanted sexual experiences-specific support services; barriers to and/or facilitators of service seeking related to unwanted sexual experiences or sexual violence. The focus group guide focused on key

areas such as what the average person and society think about sexual violence against men; participant thoughts on sexual violence against men; "crossing the line" and how it is categorized by participants and their peer groups; participants' and peers' approaches to and perspectives on service seeking related to unwanted sexual experiences or sexual violence. The in-depth interview guide and the focus group guide had slightly different foci in terms of both content and dynamic, as they were conducted in different settings (one-on-one vs. a group setting). The focus group guide attempted to elicit discussions of social norms that would also provide insight into how norms are negotiated through the social interaction of the group.

Analysis

Thematic analyses (Miles & Huberman, 1994) were conducted to identify and describe the main themes that emerged from the data and analyze patterns in the data. The current thematic analysis relied on two core principles of qualitative analysis: contextualizing and categorizing. First, after each interview, to contextualize the data, a transcript summary, and a qualitative memo, describing the interview context and immediate impressions, was developed by the interviewer or project coordinator (the first author, who observed all interviews and groups). All transcripts were read by the first and last authors. Next, in order to categorize the data, coding was conducted by the first author using QSR International's NVivo 9 qualitative software (NVivo qualitative data analysis Software; QSR International Pty Ltd. Version 9, 2010.), and guided by conceptual maps that reflected the interview and focus group guide question domains. As new domains or areas emerged, new codes were added; if an existing code needed subcodes to reflect better the nuance of the text, subcodes were created. Codes developed for the in-depth interviews included: preferred pronoun; gender identity; impact of gender identity (subcodes: family, friends, and work; sexual orientation); current relationship; current sexual activity; first sexual experiences; sex preferences; spectrum of sexual experiences (subcodes: good/bad, wanted/unwanted, coerced/not coerced, forced/not forced); crossing the line; peers' sexual experiences; peers' thoughts on sexual violence; average person thoughts on sexual violence; societal thoughts on sexual violence; participant's thoughts on sexual violence; accessed support services (subcodes: general support; sexual violence support;); not accessed support services (subcodes: barriers, potential benefits). Codes developed for the focus groups included: gender identity, sexual orientation, and average person's thoughts on sexual violence; societal thoughts on sexual violence; participants' thoughts on sexual violence; crossing the

line; peers' service-seeking; peers' identification of sexual violence; and peers' thoughts on sexual violence.

For the purpose of this analysis, the analytic team focused on barriers to and facilitators of support service access. Thus, queries were run on the in-depth interview data for the following codes/subcodes: spectrum of sexual experiences; crossing the line; barriers to help-seeking; general support; sexual violence support; and potential benefits. For the focus groups, the following codes were queried: societal thoughts on sexual violence; participants' thoughts on sexual violence; crossing the line; peers' service-seeking; peers' identification of sexual violence; and peers' thoughts on sexual violence. The analytic team reread the text generated by these queries to identify emergent themes. The team met regularly to discuss the data and aggregate additional codes as needed into the themes. Finally, the analytic team reread all of the transcripts to ensure that the coding and themes identified were congruent with the data and refinements were made as needed. Next, a matrix was created reflecting the major themes and key insights identified with coded text to support each area across interviews. An additional analysis was conducted by rereading the transcripts of the four heterosexual- or straight-identified subjects, in order to identify any unique themes that characterized their interviews or if they aligned with the major themes identified.

Results

Eligibility Survey

Our brief eligibility survey was completed by 188 individuals. About quarter ($N = 49$) was aged 19 to 24 and nearly half ($N = 90$) were between 25 and 35 years of age. Nearly 20% were between 36 and 45 ($N = 24$) or older than 46 ($N = 9$). Of the 188 who completed the survey, 84% ($N = 157$) were assigned male sex at birth, 6% ($N = 11$) female, and 11% ($N = 20$) declined to answer. The majority (78%; $N = 146$) self-identified as male, with another 4% ($N = 8$) identifying as transgender female to male, and 2% ($N = 3$) as transgender male to female. Sixteen percent identified as agender, gender fluid, gender queer, or other ($N = 30$). One percent ($N = 1$) identified as female. The sample was diverse with 31% ($N = 59$) self-identifying as White, 29% ($N = 55$) as Black or African American, 13% ($N = 24$) as Latino/Hispanic, and 6% ($N = 15$) as Asian or Pacific Islander. Over one in 10 participants (15%; $N = 28$) identified as multiracial or other. In terms of sexual orientation, 60% ($N = 112$) identified as gay or lesbian; 16% ($N = 30$) as bisexual; 11% ($N = 20$) as straight; and 2% ($N = 4$) as asexual or other. Just over three-quarters (77%; $N = 144$) reported that they lived in New York City.

In terms of lifetime experiences of sexual violence and/or coercion, 33% ($N = 62$) reported that they had experienced unwanted sexual contact; 16% ($N = 31$) said it has been without their consent and another 10% ($N = 19$) either were not sure if they had experienced it or reported “maybe.” The remainder either did not know, declined to answer, or skipped the item. Just over a third ($N = 72$) reported that they had *not* experienced unwanted sexual contact in their lifetimes. Forty percent ($N = 45$) of those who reported at least one lifetime experience of unwanted sexual contact reported experiencing it in the past year. In terms of attempted or completed forced sex (responding that someone tried or made the participant have sex with them, when the participant did not want to, in their lifetime), just 39% ($N = 73$) reported that they had *not* experienced this in their lifetimes. Of the respondents who reported that they had or may have experienced attempted or completed forced sex in their lifetimes, approximately half (49%; $N = 40$) reported that they had also experienced it in the past year. In terms of seeking support or victims services, of the 114 respondents who reported that they did or may have experienced sexual violence or coercion, just 11% ($N = 13$) reported ever seeking services (Table 1).

In-Depth Interview and Focus Group Samples

Of the 19 in-depth interview participants, the average age was 32, with the youngest participant being 21 and the oldest 47. Twelve participants (63%) self-identified as gay men; four (21%) identified as straight men. One (5%) identified as a bisexual man and another (5%) identified as “shifting” in terms of sexual orientation; one (5%) person (who identified as MTF transgender) reported being sexually active with “queer people.” Seven (37%) in-depth interview participants self-identified as White or Caucasian; four (21%) as Black or African American; three (16%) identified as Latino or Hispanic; and two (11%) as Asian or Southeast Asian. One (5%) identified as Native American Indian (biracial); another (5%) as biracial; and one (5%) did not identify in terms of race or ethnicity. Twelve (63%) participants possessed a BA or BS degree; three (16%) reported having a higher degree (either a Masters’ Degree or MD); and the remainder (21%) were in college. All lived in the New York City metro area, with most participants living in Brooklyn, Queens, or Manhattan (Table 2).

All 13 focus group participants self-identified as gay men. The average age of participants was 32, with the youngest participant being 21 and the oldest 47. Four participants (31%) self-identified as White or Caucasian; five (38%) as Black or African American; three (23%) identified as Latino or Hispanic; and one (8%) as Asian. Eight participants (62%) possessed a BA or BS degree;

Table 1. Sociodemographic and Experiences of Sexual Violence Distributions, MSES Study ($N = 188$).

Factor	Surveys ($N = 188$) N (%)
Sociodemographics	
Age	
19–24	49 (26%)
25–35	90 (48%)
36–45	24 (14%)
46–55	9 (5%)
Other (includes decline to answer)	16 (7%)
Race/ethnicity	
White	59 (31%)
Black	55 (29%)
Hispanic/Latino	24 (13%)
Asian/Pacific Islander	15 (6%)
American Indian/Alaskan Native	0 (0%)
Other (includes multiracial)	28 (11%)
Assigned sex at birth	
Male	157 (84%)
Female	11 (6%)
Other (includes unknown)	20 (11%)
Gender identity	
Male	146 (78%)
Female	1 (<1%)
Transgender female (MtF)	3 (2%)
Transgender male (FtM)	8 (4%)
Agender, gender fluid, and/or gender queer, or other	30 (16%)
Sexual identity	
Straight or heterosexual	20 (11%)
Gay or lesbian	112 (60%)
Bisexual	30 (16%)
Asexual/other	4 (2%)
Participant resides in New York City	
Yes	144 (77%)
No	44 (23%)
Unwanted sexual experiences	
Experienced unwanted sexual contact, lifetime	
No	72 (38%)
Yes, the contact was unwanted	62 (33%)
Yes, the contact was without consent	31 (16%)
Other (including unsure)	23 (14%)
Experienced unwanted sexual contact, past year ($N = 111$)	
Yes	45 (40%)
No	66 (60%)
Forced into unwanted sex, lifetime ($N = 160$)	
No	76 (48%)
Yes	62 (39%)
Yes, maybe	20 (13%)
Decline to Answer	2 (1%)
Forced into unwanted sex, past year ($N = 82$)	
Yes	40 (49%)
No	42 (51%)
Sought services for these experiences ($N = 114$)	
Yes	13 (11%)
No	101 (89%)

Note. FtM = female to male; MtF = male to female; MSES = men’s sexual experiences study.

Table 2. In-Depth Interview and Focus Group Sociodemographic Characteristics, MSES Study (N = 32).

	In-depth interviews (N = 19) N (%)	Focus groups (N = 13) N (%)
Mean age (range)	32 (21–47)	32 (21–47)
Sexual identity		
Straight or heterosexual	4 (21%)	0 (0%)
Gay or lesbian	12 (63%)	13 (100%)
Bisexual	1 (5%)	0 (0%)
Other	2 (10%)	0 (0%)
Race/ethnicity		
White	7 (37%)	4 (31%)
Black	4 (21%)	5 (38%)
Hispanic	3 (16%)	3 (23%)
Asian/Pacific Islander	2 (11%)	1 (8%)
American Indian/Alaskan Native	1 (5%)	0 (0%)
Bi or multiracial	1 (5%)	
Did not identify	1 (5%)	0 (0%)
Education		
HS/GED or less	0 (0%)	1 (8%)
Some college (including current students)	4 (21%)	2 (15%)
Four-year college degree	12 (63%)	8 (62%)
Post-graduate degree	3 (16%)	2 (15%)

Note. GED = general educational development; HS = high school; MSES = men's sexual experiences study.

two (15%) reported having a higher degree (Masters' Degree); two (15%) were in college; and one (8%) had less than a high school education. All lived in the New York City area (Table 2)

Thematic Analysis Results

Here the researchers focus on three primary, emergent themes from the interviews and focus groups: (a) how sexual experiences are defined as sexual violence; (b) barriers to accessing sexual violence support services; and (c) experiences with sexual violence support services. Within each emergent theme, subthemes were identified and are presented here as well. The confirmatory analysis of the four heterosexual-identified participants revealed alignment with the major themes identified across all subjects. Here, the research team presents the interview data first within each theme, followed by the focus group data. Quotations from interview participants are identified by self-reported age, "race," self-identified gender, and sexual orientation. It was not possible to identify individual participants during the focus groups, thus that information is not provided in parentheses after each quotation.

Defining Experiences as Sexual Violence Victimization

Several interview participants described the process of recognizing a sexual experience as one that constituted, or could be identified or labeled as, sexual violence or coercion. Several participants noted that a forced or violent sexual experience was one where consent, whether verbal or otherwise, was not given or retracted. One participant stated very clearly: "The minute you don't want it and you're forcibly told that you have to take it, it's rape." (30 years old, Latino, cisgender, gay). Others, however, did not use words, like force or consent, to define when it happened. One noted, "I mean, yes, you just know when something isn't right. You just get that feeling, I guess. But, I don't know how, I don't know what can trigger it, but just a gut feeling" (29 years old, African American, cisgender, gay). However, identifying consent as a key component of labeling an experience was not consistent or explicit across all participants.

Some gay male participants noted a potential interaction between identifying and labeling *unwanted* sexual experiences and masculine gender norms; they noted that these norms encourage assertive sex-seeking, which may result in difficulty in identifying when "the line" has been crossed. One participant said:

I think that defining crossing lines with gay men sometimes is more difficult in terms of men are taught to be assertive. Men are taught to go after what they want. They're taught to be the asserter, the proactive one, in relationships. ... So, it really is gray in terms of how do you define. Like, when do you know? And, I don't think there is like a definition of how gay men define it, or even how I define it. All I know is I can only define it in the sense, if I'm not interested, and I'm not feeling it, then it's just how I'm feeling. And, I have to then say or do something to stop the sexual encounter (37 years old, Caucasian, cisgender, gay).

Another gay male participant noted that crossing the line might be more common and yet also easier to identify in gay male communities, as opposed to heterosexual ones. He said:

I think there are definitely complexities within how gay men interact with each other sexually that differ from how men overall interact with their partners. I think some of that comes from the nuances of gender imbalances and the inherent power dynamic that comes with that. Right? So, like two gay men, there's usually less of a clear power dynamic, or like expectation of a power dynamic. Right? As opposed to, for example, a man and a woman. So, I think that plays into it. (20 years old, White, cisgender, gay).

Labeling a sexual experience as one that was unwanted, coerced, or forced may be a starting point for disclosing experiences of sexual violence victimization and accessing services. In discussing the process of disclosing that a sexual experience was a sexual violence experience, some participants reported that they had not talked about or disclosed their experiences because they had not realized that the sexual experience they'd had was unwanted or coercive until well after the event. It was only in retrospect or through discussion with friends that they concluded that what they'd experienced had been sexually violent. One participant said, "I think that processing or dealing with experiences often happens with friends or loved ones who you spend a great deal of time with" (31 years old, Black, transgender, queer). One focus group participant said, "For me, the foundation is your support system, is like family or your friends. And all of that, in my opinion, center around whether you'd be willing to say something [about sexual assault]."

In the focus group discussions, participants discussed how the definition and labeling of sexual violence were influenced by individual perceptions and subjective feelings which may vary by situation, as well as the context. "So when you imagine a rape, all of us have something that we imagine rape to be. But there's a lot of stuff that can go up to that point that we consider sexual violence. Even though I could be really pissed, it may not have hit that level of what I expected sexual violence to be. I think there's a level of like that's subjective for everyone that you consider it rape or not." Another participant noted, "There's a huge difference between the legal definition of these things and what feels like—what these things feel like. It can feel like a violation—no meet the legal definition, and you're still sitting there thinking, well, I mean, I didn't feel right, but I didn't meet the text here which says that it has to be these things. So, was it really that?" These participants appear to be identifying a need for validation of feelings around unwanted or negative sexual experiences, ones that may or may not fit legal criteria for sexual assault, which were traumatic and would benefit from a supportive peer response and/or professional support.

Barriers to Disclosure and Accessing Sexual Violence Support Services

Gender/masculinity norms. Two interview participants pointed out that traditional gender norms encourage men to appear to be strong and unemotional, rendering them less able to disclose and process sexual violence experiences. "I think in some ways it's less acceptable for men to discuss their sexual violence. And I think that also, just in general, men are not given systems for the ability to process their emotions, including trauma" (31 years old, Black, transgender, queer). "Men are supposed to be seen

as like these emotionless, sturdy walls that nothing can penetrate. It's a society view of what men are supposed to be. And we're supposed to just get over it and be strong and not show any vulnerability about any kind of sexual violence perpetrated against us or whatever the case may be" (28 years old, Hispanic/Latino, cisgender, gay). Another participant stated: "especially men being raped, or molested, by another man. That's just not something, as men, as little boys, we're taught to be strong. Men don't cry. So, it's different when it happens to a woman, especially by a man. But even then, some cases women won't say anything out of shame" (45 years old, Caucasian, cisgender, gay). "Yeah it makes you feel like you're weak or something, so you don't want to tell" (41 years old, African American, cisgender, bisexual). Some participants indicated that the layered stigmas associated with sexual assault and being gay were strong disincentives for disclosing. One participant stated: "they don't think it happens and if it does it's because gay men deserve it"; they went on to state that people think "you want it. Maybe you're gay and they want it. You know so it's hard. And they keep quiet about it because it's that stigma that you're gay" (47 years old, African American, cisgender, straight); another noted: "it's just like, well, acting like that or advertising yourself as this or choosing to live your life in that way is asking to... Asking for sexual assault" (31 years old, Black, transgender, queer).

Similarly, focus group participants identified the influence of gender roles on men's avoidance of disclosing and seeking help for sexual violence, especially among gay men. According to some participants, gay men are not encouraged to seek support for some of their needs, let alone sexual violence, both because they are men and because they are members of sexual minority groups or communities. Several participants from the groups noted the internalized masculine norms that in many cases seem to reinforce the notion that only "weak" men are raped and/or seek help. The societal stigma around being "weak" and "not masculine enough" prevent men from talking about their experiences. According to one participant, this causes men to be ashamed. "They're ashamed of what happened and what people might think of them, you know?" Another participant added that, "it's a gay thing. It's just like there's just a stigma, like guys can't be raped. There's just that universal subconscious mindset."

Psychological impacts. Some participants who described an experience of sexual violence during the interview reported that they did not want to think about or discuss the traumatic event in order not to think of themselves as weak or identify themselves as "victims." One participant posited that people might not be ready to accept and/or label what happened to them. Thinking and talking about the experience can raise negative emotions, which were

challenging to manage even if a service professional was involved. "When you put yourself in that predicament of speaking to someone about it, a professional about it, it makes you feel a little worse than what you may have felt before" (29 years old, African American, cisgender, gay). For some of the participants this led to rejection of the idea of reaching out for services, with self-reliance being their primary coping approach: "I just need to do something myself and then handle myself, the situation" (34 years old, Latino, cisgender, gay).

One focus group participant noted that the psychological impact of the experience had to reach a certain level before they thought a man would seek support; he said, "There's a level where it has to cross for you to really be traumatized to the point where I should go get help. Right?" Another participant stated that one of his friends who was raped "didn't want to report it or anything. He didn't want to get services. And it wasn't until he saw the guy randomly like in the city just passing that he was like 'I can't, I need to get help'." Another participant described their personal experience with the psychological impact of assault, stating "I didn't realize until like a year and half later how screwy I was doing. Like things weren't working right and a year and a half later I was in therapy and I was talking to a therapist about the whole thing, and then I kind of realized oh, that was kind of a trigger for a lot of the shit I've been dealing with." Some reported that only when the psychological impact occurred and they sought help were they able to recognize and label what had happened to them. Other participants reported experiences where help was not sought until a trigger made them realize that their daily functioning was affected. For example, one participant noted that "you don't even realize it's affecting your life in so many different ways until maybe you get to a point where, okay this is driving me crazy. I have to get help. Because, you know, men generally... We barely go to the doctor for simple things until it gets out of hand."

Cost, insurance, and scheduling issues. Almost half of the participants from both the interviews and the groups identified cost as one of the biggest barriers to seeking services. They stated that support services and professionals' co-pays are expensive and "it just seems like an unnecessary expense. When talking about it now it doesn't seem to be unreasonable, but when you are out in the world it seems like the kind of thing you can push off" (21 years old, White, cisgender, straight). One participant mentioned being busy and scheduling difficulty as important factors which might prevent them from reaching out; "if you are working 9 to 5 or if you are working two jobs or if you have kids, the last thing in your head is how you are going to get through a certain problem" (30 years old, Latino, cisgender, gay). Two participants also reported

difficulties in finding a person who would accept their health insurance. One participant focused on the length of both the services and the single sessions. Short-term services are deemed to be easier to access but not necessarily helpful, since they might not be long enough to deal with the abuse and its psychological consequences. "It may take me longer to that to get at whatever it is I want to say" (31 years old, Black, transgender, queer). The 45- to 50-min sessions seem to be too short to get comfortable going into the traumatic situation and the related feelings. Some focus group participants also brought up money issues; they stated that health-care access is expensive, for example, "what if (counseling/therapy) it's like some of these doctors? Okay, when I self-pay and go to a doctor it's \$100-150 every time I go to that doctor, Out of pocket." Connected to cost, they also noted the time issue, "how many times do I need to see a therapist just to deal with this problem? Am I supposed to go four times a month? That's \$400."

Trust and fit. Some participants also struggled to find the "right fit," a professional who would be "suitable enough" (31 years old, Black, transgender, queer) and understand their perspectives, support them in a non-judgmental way, and create a connection. Another participant noted another barrier is "just finding someone I'm comfortable talking with. Because I may not necessarily be comfortable to talking to just anybody. I need to be comfortable with that person" (45 years old, Caucasian, cisgender, gay). Two participants stated that professionals have to be pretty close to their identity, such as being LGBTQ or LGBTQ-friendly or having an interest in trans-related issues; "I try to find someone who is as close to my identity as possible" (31 years old, Black, transgender, queer); "I do more research into qualifications and specialties." Referring to a therapist that was sought "And I liked her profile and her LGBTQ-friendly status she had" (44 years old, Caucasian, cisgender, gay).

One of the focus group participants stated that the size of a community one comes from can determine one's utilization of services. Speaking about his experiences living in a small town, he said, "you have the family doctor. You have to be very careful with what that family doctor knows, right? Because I'm going to be honest, regardless of what their law says... If your whole family goes there and they all have parties on the weekend or whatever, like that shit ain't staying confidential, especially in a location where everyone hates you for being gay." Despite confidentiality laws and trust that may be established, disclosing and seeking help related to sexual violence experiences in some setting may have unintended and unhelpful consequences on family relationships and social networks.

Experiences with Support Services

General support services. Just two participants reported seeking services specifically around sexual violence experience. A significant portion of the participants had previously utilized or currently utilize general support services such as mental health counseling, therapy, and support groups. One participant who reached out for psychological counseling stated that he felt very uncomfortable because it was “rushed and impersonal” (21 years old, White, cisgender, straight). He reported that the initial visit dealt too quickly with issues that required more time and attention; eventually he was referred to another service provider. In contrast, participants who utilized services emphasized that the therapy had been helpful. It is important to note that the majority of participants who have been in or were currently in therapy were not there as a result of accessing services related directly to their sexual violence/coercion experiences. They all sought services for other stated reasons such as school stress, work stress, or self-improvement. Once they were able to build a “good working relationship” (28 years old, Hispanic/Latino, cisgender, gay) with the professional, they often disclosed and talked openly about sexual violence experiences as well. The positive effect of this was noted by one participant: “the more I talk about it, it helps even more” (45 years old, Caucasian, cisgender, gay).

A smaller portion of the participants attended other types of support groups, such as LGBTQ discussion groups, addiction groups, and so on. Some reported that the groups were sometimes disturbing and uncomfortable, because they include people with a wide range of experiences. For example, one participant who used to smoke marijuana felt extremely uncomfortable attending groups for people with other addictions, where he was in a group with people with crystal meth addictions and significant sexual violence experiences. Another participant reported that he feels more comfortable in smaller, one-on-one settings. In general, groups were assessed to be more complex because of both people involved and the type of facilitator who has to be the “right fit,” even in this case. Some participants described gay centers or drop-in centers as places where people new to the city could go to find support; one participant described his own experience “I didn’t have any friends... so I felt myself that I should go to LGBT center and find someone... I went to LGBT center to comfort myself, to support myself, to find someone who can talk to me” (27 years old, South Asian, cisgender, gay).

Sexual violence support services. Just 2 out of 19 interviewees stated that they had sought help related specifically to a sexual violence experiences. One participant reported that when he did seek services that “they laughed at me

actually. They told me as a dude I was supposed to like it. If I don’t like something, I don’t like it. You all are putting me into a stereotype that I don’t fit in. I was uncomfortable, it actually messed me up” (26 years old, Biracial, cisgender, “shifting”). Another participant attended a group focused on sexual violence experiences. He found it very traumatic at the beginning because people would go into very specific details, more than he and other people could handle. He walked out a couple of times and people would cry, so he defined the experience as “emotionally charged” (30 years old, Latino, cisgender, gay). He also brought up an initial difficulty talking in front of other people and disclosing personal experiences; he felt like he was judged and it took a couple of sessions for him to feel comfortable. Some participants from the focus groups also noted that men—gay and straight—do not seek services for sexually violent experiences. One participant stated “I don’t think most people do. Most people don’t seek help for sexual violence if it happens”; another noted “I know he [a friend who’d experienced sexual assault] didn’t get help for it, so this is something he kept inside and didn’t want to share with people.”

Cross-Cutting Theme: Intersectionality and Help-Seeking

One theme cut across both the interviews and the focus group discussions and thus merits special focus: how existing at the intersection of multiple stigmatized identities influences recognizing and support-seeking around sexual violence. Experiences at the intersections among sexual orientation, gender identity, and race/ethnicity were raised by participants from both the interviews and the groups. One participant said:

being an African American male, that would be a different subject because I get looks and stared at, but I think that’s more me being an African American male than just being a male itself. Like the two are intertwined. The first thing you notice about a person is their gender and their race, you know, or what they perceived race – because you can perceive me to be one thing and I might actually be something else because my skin is darker. You know what I mean? So, perceived race, racial identity, and perceived gender identity. Yeah, those two are two kind of intertwined to have pre-perceptions (47 years old, African American, cisgender, straight).

Related to family life, another participant said, “it’s been a rollercoaster because when I came out as a gay, my dad was... He says I disown you, I don’t want to be your dad. You’re not my son anymore” (45 years old, Biracial, cisgender, gay). Focus group participants also noted how intersectional identities related to their lives and experiences around disclosing sexual violence. One focus group

participant stated, "certain communities you can't open your mouth and say I'm this. Or, I mean, my family is Jamaican, so growing up in the house my mother goes, oh, she still says it. Gay should be killed." "One of my friends, his father kicked him out of the house. So this is what we have to deal with when we open our mouth about our sexuality or rape, you know?" Half of the participants in the two focus groups agreed that being a gay male and utilizing support services constituted a double stigma in many cultures. They also noted that the vast majority of the members of their racial/ethnic communities usually avoided seeking help. "As African American, I grew up, we are not taught to, 'oh, go get counseling for this.' No one talks about getting therapy. That's not even a discussion. Only time you're going to anything is when you have an illness, you've been hurt, like you got a cut" said one participant.

Discussion

In this exploratory study, high prevalences of both lifetime and past year experiences of sexual violence were reported by participants who self-identified as male. They were significantly higher than that reported in a nationally representative survey of men (Breiding et al., 2014), but are consistent with earlier research on gay and bisexual individuals (NCAVP, 2010), who made up the majority of the current sample. There is a strong need for consistent and reliable collection of data on the prevalence and incidence of sexual violence against men and women, with oversampling of sexual and gender minorities, in order to fully understand the scope of sexual violence in the United States. In this study, conceptualizations of violence and disclosures of violence varied across participants; however, several noted that they only labeled their experiences as sexual violence after discussion with friends and/or once their daily functioning was significantly and negatively impacted. Only once they labeled their experience as violence, did they seek help. Very few respondents sought services specifically related to and immediately after their experiences of sexual violence. Taken together, this suggests that the scope and impact of sexual violence is significantly under-recognized by society and those experiencing it, and there is a strong need to connect more effectively men who experience sexual violence to support services in a timely and appropriate manner.

Overall, barriers to help-seeking reported by participants included social (traditional gender roles and norms), personal (shame, identity impacts), and practical (cost, fit) barriers to support service access, consistent with prior research (Braun, Schmidt, Gavey, & Fenaughty, 2009). Although some participants believed they could benefit from support services, most were reluctant to seek sexual violence services specifically, with just two

participants having done so; further, the two who sought services did not describe very positive experiences. Many men seemed more willing to seek generalist support services for life issues, during which sexual violence may or may not emerge. One practical barrier to help-seeking identified was the cost of therapy, where the out-of-pocket fee was identified as problematic and a disincentive, particularly given the discomfort that disclosure often yielded. Increasing the number of free and confidential services for men who experience sexual violence may be a key component to increasing access. While some men found general support/counseling helpful, other participants desired a specific fit, indicating a heterogeneity of needs in this population. The "right fit" and establishing a trusting therapeutic relationship with the professional were identified as important to opening discussions of sexual violence experiences. Several of the gay male participants noted that identifying and labeling sexual experiences as violence may be particularly fraught for gay men, who contend with dominant norms around sexual assertiveness, stigma associated with being gay and specific sexual subcultures within the gay male community. Service providers may need to be grounded in the lived realities of gay men to best support them as they process experiences of sexual violence. This suggests a need to assess the existing state of sexual violence response organizations for responsiveness to the needs of men and sexual and gender minority group members who experience sexual violence.

To increase recognition of sexual violence and access to support services for men in general, it may be important to help men who experience violence to minimize feelings of blame and shame by highlighting the role of consent. This may facilitate discussion among men and help those who experience sexual violence to label their experiences as such. Additionally, outreach may be most effective if it directly targets stereotypes around who can be raped, and acknowledges how both proscribed and internalized masculinity norms influence acknowledgment and help-seeking. Framing the negative labeling of victims and the resultant internalized stigma as a social issue, and not just an individual problem, may help connect the issue to larger social issues related to gay rights and allow men to see sexual violence as a pervasive social issue that affects many individuals. In addition, emphasizing the availability of confidential help or developing anonymous services may address fears around being identified as a victim or being outed as someone who has sex with men or as a male who experienced sexual violence from a female. Additional foci of outreach and education approaches could include involving social and traditional media in spreading awareness of the prevalence of sexual violence among men, and working with teens and young people through school and

youth services. New social media analytic tools allow researchers to understand better the social media discourse around a range of social topics. Research on how sexual violence against men is discussed should be conducted to inform social media-based messaging to raise awareness of the issue, increase the likelihood of self-identification and access to social and other services.

Another possible strategy to increase identification of experiences as violence and help-seeking is a peer-based approach, as many interviewees reported first discussing unwanted sexual experiences with peers. Such discussions often helped in recognizing and labeling what happened. Developing a peer-based information and skills intervention, tailored for specific communities and subcultures, can provide organizations with the mechanisms to better support and/or refer victims to support services. This training could include information on the mid- and long-term impact of sexual violence, as well as a trauma-informed perspective on common responses to sexual violence victimization: delayed recognition and help-seeking. Existing support groups could also implement these education and de-stigmatization aspects. Once men are able to access services, it is critical that agencies offer adequate and culturally sensitive or culturally tailored care. Many participants in the current study pointed out that services are often not well equipped to deal with the intersection of race, socioeconomic status and sexual violence. Participants highlighted the importance of their intersecting identities and of the role of layered stigma in their life experiences and conceptualizations of sexual violence against men. Some service-organizations may not be able to view their work through “culturally specific and identity-based lenses.” Mental health professionals must be trained to attend to the intersection of a person’s various identities and unique narratives. Addressing the lack of services for men who experience sexual violence is a critical public health and social goal. Further research and evaluation of services are needed to identify optimal outreach and response methodologies.

Limitations

This study has several limitations. First, although we engaged in purposive sampling, the sample was essentially one of convenience recruited using primarily web-based outreach. While overall the sample is diverse in terms of ethnicity and age, the size of the sample is small, particularly given the size and diversity of the male population in NYC. As well, the study is set in NYC and thus provides a very specific urban context within which we interpret men’s experiences of sexual violence and access to services. While men in other urban areas and men in nonurban areas may have similar experiences, they also very likely have a different perspective on help-seeking.

While all attempts were made to assure quality and consistency in data collection, such as using a highly skilled interviewer, the use of a comfortable interview environment, and modest participant incentives, some participants may not have been totally comfortable discussing sensitive topics such as sexual violence and help-seeking. Future research ought to include follow-up qualitative interviews to explore in more depth the findings reported here. Given these limitations, we caution that the findings we report are suggestive and that further research is needed in this area.

Conclusions

The current study adds to the understanding of how cis-gender and transgender men conceptualize and seek help related to sexual violence experiences. Supporting men in recognizing when sexual violence has occurred is a critical first step in better addressing the needs of this overlooked population. Connecting men who have been victimized to services and ensuring that the services are tailored to meet men’s unique needs are also important. The barriers to help-seeking identified in this and other studies may be addressed, although resources are needed to support organizations, which may be more accustomed to supporting women, in this goal. Integrating an intersectional approach in existing organizations is needed; supporting the development of new organizations may also be critical to addressing the needs of this population.

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