Sexual assault in men

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Contrary to popular belief, nonconsensual sexual acts perpetrated against men are not uncommon in Australia.

At least 2% of Australian men experience an unwanted sexual act in adulthood.[1] The physical and, especially, psychological sequelae of this act can be similar to those occurring in female victims (see previous article in this series 'Sexual assault in women': *Medicine Today*; September 2004), with a few notable differences. Clinicians should be aware of these in order to understand the male victim's psychological, therapeutic and medicolegal needs.

This article focuses on key issues to consider specifically when dealing with adult male victims of sexual assault.

The male victim

Despite the societal perception that men should be able to defend themselves against a sexual assault,[2] men can be forced to have sex against their will. In common with female victims of sexual assault, men may demonstrate submission in the face of an attack. This survival response often leads to feelings of shame and guilt on the part of the male victim.[3]

Sexual assault is an act of power, control and aggression; being the male victim of a sexual assault implies nothing about a person's sexuality. Thus, victims may identify as heterosexual, bisexual or homosexual, as may assailants.[4]

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Who is at risk?

Men who have sex with men, and male prisoners are at especially high risk of sexual assault.[5,6] Among men who have sex with men, high numbers of sexual partners[7] and/or the environment where casual sex is sought can increase the risk of sexual assault. For incarcerated individuals, sexual violence is an expression of power and dominance and usually occurs on multiple occasions – young, physically small, homosexual men being at highest risk.[6]

Who are the assailants?

Male-to-male sexual assaults on homosexual men may be a form of 'gay bashing' and are sometimes perpetrated by men who are confused about their own sexuality. These assaults may be accompanied by anti-gay verbal abuse, and often involve multiple assailants and physical violence.[8]

Despite the majority of assaults being perpetrated by other men, occasionally women are the assailants.[9] Although a major challenge to gender stereotypes, female-to-male sexual assaults can be facilitated using weapons, multiple assailants or physical restraint by male co-conspirators.[10]

Arousal and consent

Sexual arousal of the victim during the assault does not imply consent. Negative emotional responses such as fright, pain or anxiety can physiologically lead to an involuntary erection and even ejaculation in victims.[11] Not only may this cause major distress to victims, but it may be used by defence lawyers in court to argue consent to the act.

Consequences of sexual assault for adult male victims

Physical consequences of sexual assault include anogenital and nongenital trauma, and acquisition of sexually transmitted infections (STIs), including HIV.[12]

As in female victims of sexual assault, psychological morbidity, such as posttraumatic stress disorder, is common.[13] Specific to male victims is the challenge to their masculinity and temporary confusion for heterosexual victims over their sexual orientation.[14] There is, however, no evidence that sexual assault causes homosexuality in male victims.[14] Subsequent sexual dysfunction may occur, including a lack of interest in or enjoyment from sex,[1] and erectile or ejaculatory dysfunction.[10]

Management of male victims in general practice

Most victims do not disclose nonconsensual sexual experiences to a medical practitioner; of note, male victims may be less likely to disclose an event than female victims.[1] Therefore, clinicians should feel comfortable asking about sexual assault if a man presents with any physical or psychological complaints that are potential consequences of such an event (see the Table). In a clinical setting, the majority of men do not mind being asked about a history of sexual assault,[15] but the topic should be broached in a sensitive manner.

Immediate counselling

After a man's disclosure of sexual assault, the GP can provide some immediate counselling in regard to the commonly encountered psychological concerns. Specifically, the GP can explain that:

- being a victim and submitting to an

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attack is a survival response (not a reflection of lack of masculinity)
- sexual assault is primarily an act of violence (not sex) and a victim's sexual identity is not changed by an assault
- sexual arousal is a physiological response to fear.

Acute referral and examination

Due to the time-dependent nature of physical injury and DNA evidence, if the victim is considering a report to police, he should be referred as soon as possible to the local sexual assault service, where medical and forensic issues can be attended to at the same time. Advice should be given not to eat or drink, defaecate or perform any cleansing before the forensic examination, because this may adversely impact the recovery of forensic evidence.[16] In general, forensic examination may yield evidence of tissue damage for several days after the assault, depending on the severity and type of injuries.

If the victim does not want police involvement, a therapeutic medical examination should be offered. Anal penetration with resultant injury occurs often in male-to-male sexual assaults.[12,17] and careful inspection of this area, including anoscopy when there are symptoms of pain or bleeding, is needed to exclude serious injury. A normal examination can provide great relief and reassurance to victims.

STI prophylaxis

If the assailant is known or suspected to be a gay man, the risk of STIs including HIV may be significant due to the higher prevalence of these infections in homosexually active men.[18] Prophylactic medications to cover common STIs may be considered if it is thought unlikely that the victim will return for follow up. It is preferable to encourage follow up STI screening and to treat any infections subsequently identified, but the medical follow up rate of sexual assault victims is notoriously poor.[19]

A risk assessment for HIV post-exposure prophylaxis (PEP) is vital in victims of male-to-male assaults, because receptive anal intercourse is the highest sexual risk exposure for HIV acquisition,[20] and nonintact mucosa resulting from trauma facilitates HIV transmission.[21] HIV post-exposure prophylaxis is available through public hospitals and sexual health clinics.

Table. Possible sequelae of sexual assault in adult male victims

Sequelae	Clinical features in assault victims
Anogenital trauma	Externally visible injuries (e.g. bruising, lacerations, abrasions) Anorectal pain or bleeding (e.g. from an anorectal laceration, incised wound, or retained foreign body)
Non-genital trauma	Injuries depend on the nature of associated physical assault and may be absent or minor or include bruising, abrasions, lacerations, incised wounds, stab wounds
Sexually transmitted infections (STIs)	Chlamydia and gonorrhoea are the most commonly acquired STIs, and infections may be asymptomatic or minimally symptomatic. Symptoms include urethral discharge and dysuria, or rectal discomfort, pain, bleeding or discharge
Erectile dysfunction	Onset is usually sudden and the victim reports no loss of spontaneous morning erections Usually no underlying physical disease
Confused sexual orientation	Common in heterosexual male victims Transient
Psychosexual dysfunction	Lack of interest in sex Lack of enjoyment from sex 'Performance anxiety'
Psychological or psychiatric problem	Varies according to the disorder (e.g. depression, anxiety or post-traumatic stress disorder)
Substance abuse	Patients may seek help for addiction Complications of substance abuse may prompt presentation (and can be varied) Drug-seeking behaviour

Professional counselling

For all victims of sexual assault, including men, the greatest morbidity results from psychological sequelae. Many Australian sexual assault services provide free counselling to victims who have suffered a recent assault, but not all provide counselling to men. Therefore, it is important to ascertain what services are available locally and whether male victims are seen. A list of Australian sexual assault services can be found online at www.acshp.org.au/sexual_health/assault.htm, with most of those in major Australian cities having a doctor and counsellor on-call 24 hours a day who can be contacted if further information or advice regarding referral is needed.

Conclusion

GPs have an important role in identifying and managing adult male sexual assault victims. An understanding of the issues specific to male victims and knowledge of local services will enable GPs to play a pivotal part in the recovery process. MT

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