



DEPARTMENT OF DEFENSE  
**SEXUAL ASSAULT PREVENTION  
AND RESPONSE OFFICE**



## **Responding to Male Sexual Assault: State of the Science**

August 14, 2017

CPT Karmon Dyches, PhD  
Chief, Research Psychology

Dr. Nathan Galbreath, PhD, MFS  
Deputy Director

[www.sapr.mil](http://www.sapr.mil)

## Agenda



- **State of military men who experience sexual assault**
- **Communication tactics that speak to men**
- **Different response approaches needed**
- **Civilian community call to action**

This presentation explains the military's current data regarding men who have experienced sexual assault and includes lessons learned. I will also **share case scenarios (??)** and examine DoD's recent plan to Prevent and Respond to the Sexual Assault of Military Men and its implication for the civilian community as we strive to implement lasting culture change.

## Plan to Prevent and Respond to Sexual Assault of Military Men



### Working Group: Research Specialists and Stakeholders

- Goals:
  1. Develop a unified communication plan to extend outreach to military men
  2. Improve Service member understanding of sexual assault against men
  3. Ensure existing support services meet the needs of men who experience sexual assault
  4. Develop metrics to assess prevention and response efforts pertaining to men who experience sexual assault

In accordance with the National Defense Authorization Act for Fiscal Year 2016 (NDAA FY16), the DoD is developing the *Plan to Prevent and Respond to Sexual Assault of Military Men*. Sexual assault is generally an underreported crime, but men are far less likely to report than women, in both civilian and military contexts. The plan directs the formation of a working group consisting of subject matter experts that will review existing research and develop strategies to encourage male reporting, improve Service member understanding of sexual assault against men, prevent the crime, and assess the need for male-specific response services.

The DoD will convene a group of research specialists from DoD SAPRO, the Military Services, the NGB, and other relevant stakeholders (e.g., military Surgeons General, Assistant Secretary of Defense for Health Affairs (ASD HA), Office of Diversity Management and Equal Opportunity, and public affairs officers) to work on the following four objectives stemming from required elements in the FY16 NDAA:

1. Develop a unified communication plan to extend outreach to military men,
2. Improve Service member understanding of sexual assault against men,
3. Ensure existing support services meet the needs of male survivors who experience sexual assault, and
4. Develop metrics to assess prevention and response efforts pertaining to men who experience sexual assault.

## Not Just a Women's Issue



### Men

**6,300**

Estimated to have  
experienced sexual assault

**17%**

Accounted for in Unrestricted  
and Restricted Reports to DoD

### Women

**8,600**

Estimated to have  
experienced sexual assault

**43%**

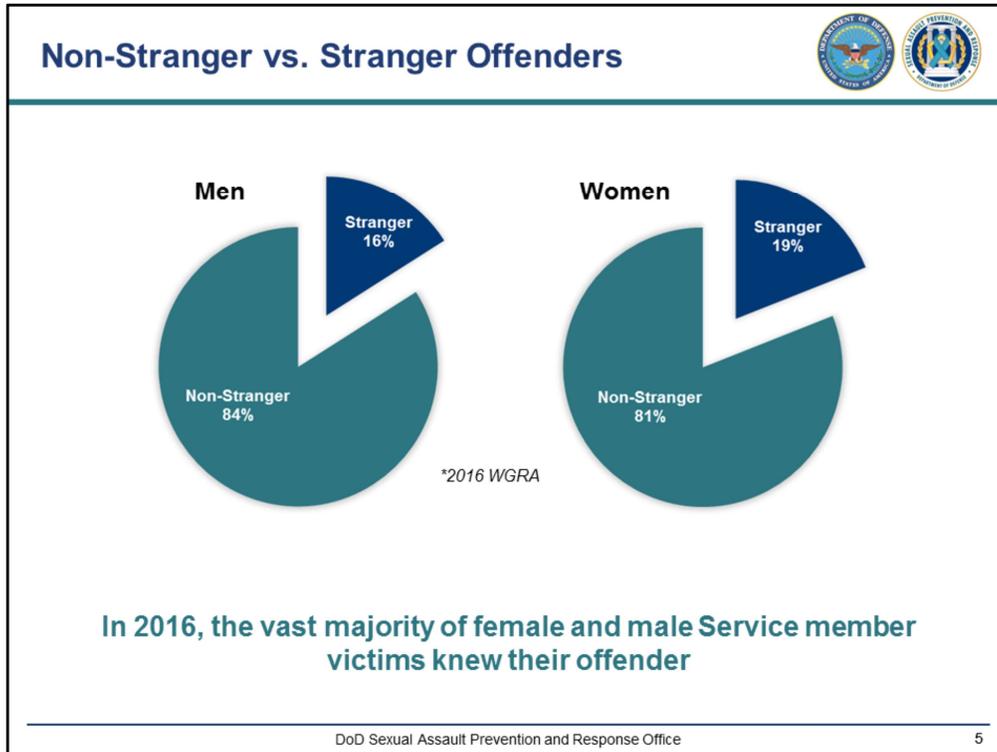
Accounted for in Unrestricted  
and Restricted Reports to DoD

\*2016 Workplace and Gender Relations Survey of Active Duty Members (WGRA)

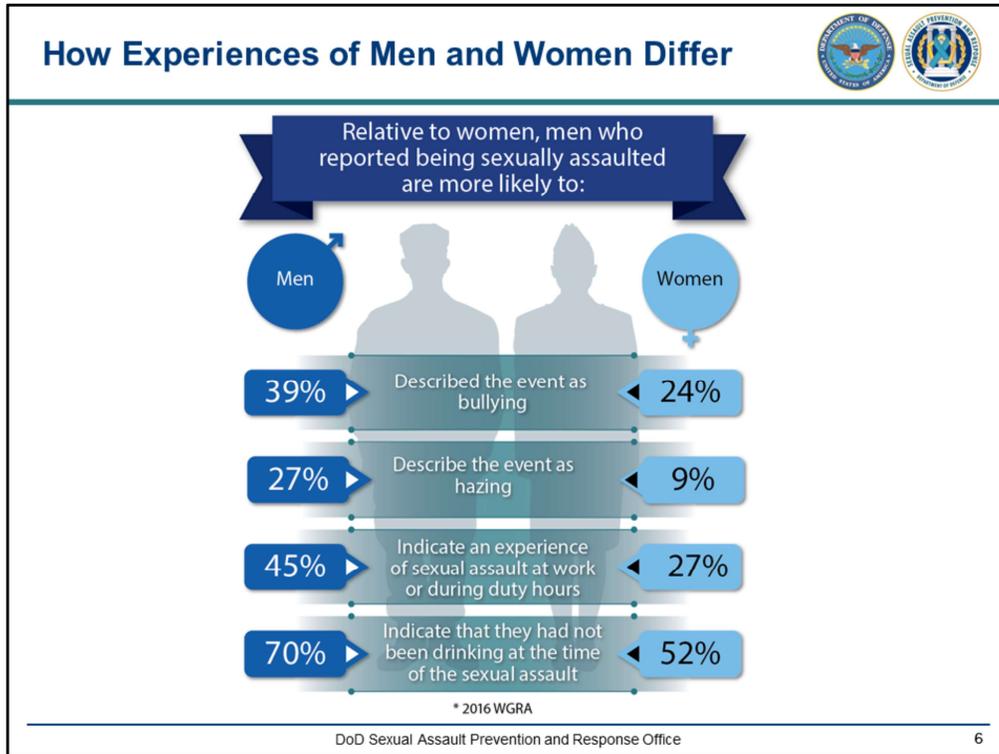
DoD Sexual Assault Prevention and Response Office

4

- Given the military is roughly 85% male, survey estimates reflect that more men experience sexual assault each year than do women
- In FY16, the WGRA estimates that 4.3 percent of active duty women and 0.6 percent of active duty men experienced an incident of sexual assault in the 12 months prior to being surveyed
- Compared to FY14, the FY16 sexual assault rate is statistically lower for both women (from 4.9 percent in FY14 to 4.3 percent in FY16) and men (from 0.9 percent in FY14 to 0.6 percent in FY16).
- The Department received the largest number of reports from men in the 12 years it has been collecting data on sexual assault



- 33% Men were more likely to indicate multiple alleged offenders were involved, both men and women were involved, and all their alleged offenders were all military members.
  - This fits with the definition of hazing, which generally involves groups of members engaging in actions intended to humiliate or otherwise abuse a potential new group member.
- Men who characterized the one situation that had the largest effect on them as hazing or bullying indicated multiple people were often involve and they experienced stalking and/or sexual harassment before the assault, which may indicate such assaults are planned as opposed to spontaneous events.



- Men are far more likely to characterize the one sexual assault situation that had the largest effect on them as hazing or bullying than women.

## Hazing vs. Bullying



- Hazing = Inclusive Behavior
  - Goal: Bring Into the Fold/Brotherhood/Sisterhood
- Bullying = Exclusive Behavior
  - Goal: Belittle, Breakdown, and Disparage
  - Criteria:
    - Power Differential
    - Repetition



DoD Sexual Assault Prevention and Response Office

7

### Note on Hazing Vs. Bullying:

- **Hazing is an inclusive behavior**
  - The hazing act itself might seem mean or demeaning; however the goal is to bring an individual into the fold/brotherhood
- **Bullying is typically an exclusive behavior**
  - Bullying has a very different goal and power dynamic than hazing.
  - For bullying to be operationally correct, a power differential (rank, physical stature, title, etc.) must be present (in favor of the perpetrator of the bullying).
  - Additionally, to be considered true bullying behaviors, the bullying must occur repeatedly over and over again.
  - Finally, the ultimate goal of bullying is to belittle, breakdown, and further disparage (position in the social hierarchy or psychological resilience, for example) the individual.
    - It is NOT to bring them into a group, but to isolate them.

## Promising Practices for Outreach



- Communicate that **men can and do experience sexual assault**
- Target communications to men most at risk, such as:
  - First five years of service
  - Younger than 25 years old
  - Enlisted
  - Deployed Within the Last 12 Months
- Utilize **gender-targeted** communications
- Communicate with **simplistic imagery**
  - <http://currentsolutions.co/4041-2/>
  - <http://www.savedmonton.com/>
- Use a variety of communication modalities
- **Avoid** using the word “victim”
- Use **behavioral language** instead of technical language



DoD Sexual Assault Prevention and Response Office

8

The following promising practices for outreach, training, and response were developed during Interviews with External Stakeholders and from the Men’s Plan Working Group Members:

### **Communicate that men can and do experience sexual assault**

- Normalize men’s reactions to the sexual assault, when appropriate
- Start talking about it

**Target outreach to men who are within their first five years of service, younger than 25 y/o, who are enlisted, and have deployed within the last 12 months, as these characteristics are associated with a higher risk of sexual assault**

- 2016 WGRA found that compared to non-victims, male victims of sexual assault were more likely to have the characteristics described above.

### **Utilize gender-targeted communication materials**

- Turchik, Rafie, Rosen, & Kimerling (2014) found that men prefer gender-targeted materials, although it does not increase mental health care utilization

**Consider using simplistic imagery on communication materials instead of text heavy messaging**

- See examples on slides from these websites

**Use a variety of communication modes to disseminate outreach**

- Marine Corps noted that social media campaigns only reached a limited group of people so communication efforts should not solely rely on social media
- DoN SAPRO developed graphic novel as an innovative way to communicate SAPR messaging, but has yet to be released
- All Services use a variety of communication techniques beyond PowerPoint

**Avoid using the word “victim” in communication language**

- As Male Service Members have the added layer of difficulty when reconciling their masculinity and sexual identity, using the term “Service member” or “Man” is preferred by many males who have experienced a sexual assault

**Use behavioral language instead of technical language**

- “I was touched inappropriately” instead of “I was sexually assaulted”

## Promising Practices for Training



- Provide **examples of** sexual assault in **hazing and bullying** contexts
- **Train leadership** on appropriate ways to interact with and **support men**
- Correct assumptions about men who experience sexual assault **without repeating myths**
- Conduct a portion of training with **separate sessions** for men and women
- Provide **real examples** of men who reported sexual assault and **got the help they needed**
- **Prevention** should focus on what **“to do”** instead of what “not to do”

DoD Sexual Assault Prevention and Response Office

9

### **Give examples of male sexual assault in training and outreach, to include sexual assault in the context of hazing and bullying**

- 2016 WGRA and 2014 RMWS found that men are more likely than women to indicate their sexual assault was an act of hazing/bullying with the intent to abuse or humiliate

### **Train leadership to demonstrate support and empathy for men who experience sexual assault**

- 2016 WGRA found that 50% of men who experience sexual assault and reported are dissatisfied with their leadership’s response; half indicated their leadership did not make them feel supported, nearly half indicated their leadership did not express concern for their wellbeing

### **Correct myths and common assumptions made about men who experience sexual assault in training and outreach**

- Myths about male sexual assault are widely endorsed even by service providers (Turchik & Edwards, 2012; Anderson & Quinn, 2009; Kassing & Prieto, 2003)
- Anecdotal evidence suggests that men who experience sexual assault are routinely assumed to be gay and asked about their sexual orientation by

service providers, a practice that discourages engagement with the response system

**Target outreach to men who are within their first five years of service, younger than 25 y/o, who are enlisted, and have deployed within the last 12 months, as these characteristics are associated with a higher risk of sexual assault**

- 2016 WGRA found that compared to non-victims, male victims of sexual assault were more likely to have the characteristics described above.

**Conduct a portion of sexual assault prevention and response training with separate sessions for men to facilitate discussion of gender-specific issues**

- Research suggests mixed-gender sexual assault prevention programs are generally less effective than single-gender programs (Vladutiu, Martin, & Macy, 2010; Brecklin & Forde, 2001; Breitenbecher, 2000; Schewe & O'Donohue, 1993a; Yeater & O'Donohue, 1999)

**Provide real examples of men who reported sexual assault and got the help they needed**

- Males often fear professional impact, find success stories of men who were brave enough to get help and enjoyed a successful career afterwards

**Prevention should focus on what “to do” instead of what “not to do”**

- Give examples of what “to do” instead of what “not to do” when engaging bystander intervention trainings
- Hazing and bullying can be stopped if one person says “this isn't right, you knock it off”

## Promising Practices for Response



- **Normalize his reactions and feelings**
- Give **control** back
- Provide avenues for **confidential help**
  - SAPR Services and mental health clinics should offer **after duty hours**
- Provide training for **all involved in the response** process
- Address **masculinity and sexuality** as necessary
- Understand that **tonic freezing** is common
- Recognize that **erections** and **ejaculation** are **not consent**
- Ask about **sexual dysfunction** and **intimacy issues** as a provider
- **Do not** ask about **sexual orientation**

DoD Sexual Assault Prevention and Response Office

10

### **Normalizing victims' reactions and feelings**

- Normalize men's reactions to the sexual assault, when appropriate

### **Give control back to victims**

- Find healthy ways for men to take back control of their lives following the assault

### **Provide avenues for confidential help**

- Provide off-base and on-base confidential help
- Other response and health providers should consider offering after-duty care hours to facilitate privacy
- Create male friendly waiting rooms and office spaces

### **Provide training for all involved in the response process**

- Anyone and everyone who will potentially have contact with male victims, should be trained on how to speak to and support with a male who has experienced a sexual assault

### **Address Masculinity and Sexuality as necessary**

- Men face stigma, shame, and guilt after a sexual assault; reassure and validate their feelings
- Male victims of sexual assault may have difficulty reconciling their masculine identity, normatively associated with strength and control, with the experience of being a victim (Davies, 2002; Peterson et al., 2011).

- Male victims may also struggle with their sexual identity; heterosexual men assaulted by men may question why they attracted a man and heterosexual men assaulted by women may question why the experience was unwanted (Mezey & King, 1989; Struckman-Johnson & Struckman-Johnson, 1994; Walker, Archer, & Davies, 2005).
- Additional research is needed to examine how the experiences of male victims may differ depending on their sexual orientation or transgendered status (Davies, 2002).

**Tonic freezing:**

- Men and women who experience traumatic events may be unable to move or speak during the event (Kalaf et al., 2017).
- This reaction is especially common among those who experience sexual assault.

**Erections and Ejaculation is not Consent**

- Unique to men, they can develop involuntary erections or ejaculate in response to stimuli, including a sexual assault.
- Erections and ejaculation does not equal consent, this can be a psychological response to fear

**Ask about sexual dysfunction and intimacy issues**

- Educate providers about the potential for sexual dysfunction problems to stem from sexual assault experiences

**SAPR personnel and leadership should not ask about a mans sexual orientation**

- Refrain from discussing sexual orientation, unless brought up by the victim

## Additional Information Regarding Response



- Men struggle to seek treatment
- Treatment may vary depending on when the assault occurred
- Men tend to cope with externalizing behaviors
- Men have the lowest response satisfaction
  - Responder and Provider Training

*Satisfaction With Responses/Services Received From Individuals/Providers for DoD*

		Higher Response Satisfied	Lower Response Satisfied
		Higher Response Dissatisfied	Higher Response Dissatisfied
		Women	Men
Your unit commander/director	Satisfied	46	25
	Dissatisfied	31	59
Your senior enlisted advisor	Satisfied	42	30
	Dissatisfied	34	61
Your immediate supervisor	Satisfied	42	33
	Dissatisfied	34	53
A Sexual Assault Response Coordinator (SARC)	Satisfied	64	43
	Dissatisfied	13	36
A Uniformed Victim Advocate (UVA) or Victim Advocate (VA)	Satisfied	64	49
	Dissatisfied	14	28
DoD Safe Helpline	Satisfied	34	35
	Dissatisfied	20	32
A medical provider not for mental health needs	Satisfied	57	42
	Dissatisfied	16	32
A mental health provider (e.g., counsel)	Satisfied	61	50
	Dissatisfied	18	24
Special Victims' Counsel (SVC) or Victims' Legal Counsel (VLC)	Satisfied	62	38
	Dissatisfied	11	33
A chaplain	Satisfied	63	43
	Dissatisfied	12	28
Military law enforcement personnel	Satisfied	44	31
	Dissatisfied	24	33
Civilian law enforcement personnel	Satisfied	33	26
	Dissatisfied	25	37
<i>Margins of error</i>		$\pm 6-12$	$\pm 11-15$

DoD Sexual Assault Prevention and Response Office

11

### Treatment Seeking

- Men struggle to seek treatment and acceptance as survivors of sexual assault.
- Some treatment facilities did not believe that sexual assault could even occur among men (Donnelly and Kenyon, 1996)
- Men experiencing sexual assault are often not well-supported and that the lack of treatment options after an assault may contribute to underreporting (Javaid, 2014).
- This observation is supported by research in which men tend to underreport to a greater extent than women, partially due to gender-based stereotypes and culturally-defined roles that impede survivors from reporting the assault (Turchik, Bucossi, & Kimerling, 2014).

### Early vs. Later Treatment

- Depending on whether the victim is seeking treatment soon after the assault or long after the assault, such as years later (Vearnals & Campbell, 2001)
- Early psychological treatment may include providing a supportive context for victims to talk about the assault and address concerns regarding their masculinity and feelings of anger and shame
- Later treatment may involve cognitive-behavioral therapy or similar approaches to address sexual identity concerns, intrusive thoughts, and depression (Vearnals & Campbell, 2001)

### Coping via Externalizing Behaviors

- For some men, the experience of a sexual assault calls into question their masculinity,

sexual orientation, and gender identity (Bell, Turchik, & Karpenko, 2014).

- This contributes to higher instances of self-harm and other negative psychological effects (Walker, Archer, & Davies, 2005).

### **Response Satisfaction**

- Overall, men were *more likely* than women to indicate their leadership did *not at all* provide positive actions as 2016 Workplace and Gender Relations Survey of Active Duty Members as result of reporting sexual assault. This suggests there is a need for increased leadership support for males who experience and report sexual assault.
- Additional training for professionals who work with sexual assault victims is needed to increase awareness and dispel widely endorsed myths about male rape victims.
- For example, medical personnel may require specific education in how to sensitively examine male victims and collect evidence (Davies, 2002).
- Treatment approaches for male victims may also need to address gender/sexual identity issues and externalizing problems (alcohol and drug abuse, angry outbursts, self-harm) that male victims may experience more frequently than female victims

## Civilian Community Call to Action



- Research Needed
  - Self-Blame
  - Affects of Gender and Sexual Orientation
    - Perpetrator on Recovery
    - Response and Treatment
  - Sexual Partners and Relatives
  - First Responder Training and Support
- RAND: Male Needs Assessment
- SAPRO will be reaching out to civilian organizations, funding sources, and universities with calls for research regarding men who experience sexual assault

**Research Needed:** More research is needed into what the specific needs of male victims are, so that these victims receive the most appropriate treatment (Perrott & Webber, 1996). These should go above and beyond treatment for victimization generally.

### Self-Blame

- Self-blame is associated with poorer long-term recovery in female rape victims: those that blame themselves report more anger, hostility, and less trust of others after rape than those who do not blame themselves (Frazier & Schauben, 1994). Male victims experience high levels of self blame and other negative attributions after sexual assault, and experimental studies show that male victims are often blamed more than female victims for rape (Davies et al., 2000a; Ford et al., 1998). Future research needs to address these points in relation to treatment provided for male victims (Davies, 2002).

### Gender & Sexual Orientation

- Attributions towards the assault made by male perpetrator, for example, may revolve round feelings of homophobia, while attributions made by victims of female perpetrators may be very different, such as feelings of guilt about not enjoying a sexual interaction with a woman (Davies, 2002).
- Response and treatment should be tailored to the individual and their unique circumstance.

### Sexual Partners & Relatives

- Support services also need to be available to counsel the sexual partners and relations

of male sexual assault victims to help them to come to terms with their own grief and anger of the situation (Davies, 2002). A wide range of problems can occur in these relationships, such as the male partners coping with the woman's anger and depression, and sexual problems within the relationship, as well as their own trauma of the situation (Silverman, 1992 & Bacon & Lein, 1996).

### **First Responder Training**

- The legal and medical services need to be prepared to meet the needs of male sexual assault victims. Referrals from hospital medical services to support groups that are knowledgeable about male victims should be made available to all victims. Male-specific or gender-neutral literature should also be available for male victims who report to medical or other support services (Scarce, 1997).

### **RAND**

- SAPRO recently commissioned a report from RAND to assess the needs of males in the military. This report will be available in Dec 2017/Jan 2018.

## Contact Information



**Contact SAPRO:**  
[sapro@wso.whs.mil](mailto:sapro@wso.whs.mil)

**Learn More:**  
[www.sapr.mil](http://www.sapr.mil)

**Get Help:**  
877-995-5247  
[www.safehelpline.org](http://www.safehelpline.org)

