



### **D61 Male Sexual Assault: Fifteen Years Later What Has Changed?**

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After attending this presentation, attendees will be able to state two myths surrounding male sexual assault and list two vital factors to be included when reporting male sexual assault.

This presentation will impact the forensic community by assisting the attendee in exploring ways to obtain the history of a male victim of sexual assault in the Emergency Department or other setting when they present with physical or emotional injury associated with sexual assault. Currently most information about sexual assault relates only to the female victim. The attendee will become familiar with strategies for interacting with male sexual assault victims.

The historical perspective about male sexual assault shows abduction and assault of males recorded in Greek mythology and during ancient Roman times. This type of assault signaled total defeat of the male. Males who were penetrated were considered to have lost their manhood and could no longer be a warrior or ruler. Gang rape was the ultimate punishment Romans used for adultery. The Persians and Iranians used male sexual assault for violation of sanctity of the harem.

Male sexual assault is extremely underreported. The National Forensic Protocol (2004) states that one out of every six males will be sexually assaulted. There continues to be multiple myths that support the non-reporting of male sexual assault that plague society.

Male sexual assault has a higher incidence of physical injury that ranges from 13-57% as compared to 10-37% in females. Males are more likely to be beaten than female sexual assault victims. More than 80% of male victims are heterosexual. One of the biggest fears from men after the sexual assault is that they really are homosexual because only gay men would get raped. Another barrier to reporting sexual assault is the high drug use in this population. Males do not want to report the rape because they also have been using drugs and do not wish to disclose this factor to law enforcement along with the report of sexual assault. Male victims are also young and may not be aware of services to help them.

This presentation will review other myths and reasons why males may not report sexual assault. Data collected from over 3,000 sexual assaults of both genders will be explored and discussed. This data will look at the ages of the male victims and race of males, who have reported sexual assault as well as the relationship to the perpetrator. Victim characteristics will also be explored from the data analysis.

Perpetrators are aware how erection and ejaculation confuse the male and they will frequently tell the victim they enjoyed it because they had an erection. They will discourage the male from reporting. This gives the perpetrator an increased sense of control in this crime.

Psychological impact also affects this population with a higher incidence of mental health issues such as depression requiring medication.

Barriers to health care, psychological issues and treatment will be discussed along with a review of current literature in the field of male sexual assault. Several case studies of medical findings in male sexual assault will be presented as well. Key points and best practices will be highlighted for application by attendees in their clinical settings.

### **Male Sexual Assault, Rape, Sexual Assault Database**