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Article 96

# Understanding Rape Myths: A Guide for Counselors Working With Male Survivors of Sexual Violence

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**Abstract**

There is a present gap in the literature regarding male sexual assault (Sleath & Bull, 2010). This article incorporates the existent literature to describe male rape myths and their impact on male survivors of sexual violence. The authors discuss their prevalence in society and refute the ideologies behind them. Finally, the article discusses how these myths can impact the counseling relationship, and identifies the implications these myths pose for counselors.

*Keywords*: sexual assault, male sexual assault, rape myths, counseling

Sexual assault "is defined as an act or attempted attack involving unwanted sexual contact, either forcibly or nonforcibly" (Lee & Jordan, 2014). According to the Rape, Abuse and Incest National Network (RAINN), a sexual assault occurs every 107 seconds in the United States (RAINN, 2015a). The U.S. Bureau of Justice Statistics' most recent report shows that approximately 270,000 women experienced sexual assault (defined as any unwelcome sexual act) in 2010 (Planty, Langton, Krebs, Berzofsky, & Smiley-McDonald, 2013). The National Intimate Partner and Sexual Violence Survey (supported by the Centers for Disease Control and Prevention) reported even higher results, estimating that "nearly 1 in 5 women . . . in the United States have been raped at some time in their lives," with rape being defined as unwanted "forced penetration" (Black et al., 2011, p. 18). This survey also reported that 1 in 2 women have experienced some form of sexual assault during their lifetime.

While research shows that the majority of sexual assault and rape victims are female, it also purports that a significant amount of victims are male. RAINN (2015b)

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reported that 1 out of 33 males in the Unites States have survived rape or a rape attempt. Additionally, Black et al. (2011) estimated that 1 out of 5 males have or will have experienced sexual assault in their lifetime. Victimization frequently occurs in childhood, with an estimated 16% of U.S. males experiencing sexual abuse before the age of 18 (Dube et al., 2005). In terms of the population, these numbers amount to approximately 2.78 million male survivors of sexual violence living in the United States (RAINN, 2015b). Most often, counselors do not receive specific training in working with sexual violence victims during their graduate schooling, much less with male survivors (Kitzrow, 2002). The number of victims who experience sexual violence speaks to the need for counselors to have knowledge of its prevalence as well as strategies for working with these clients. The purpose of this article will be to introduce and to define the concept of "male rape myths," to identify several common rape myths, and to provide descriptions and refutations of each from current literature. Finally, this article will highlight the counselor's role in working with male victims of sexual assault.

## Impact of Sexual Assault

Many survivors of sexual violence may be living with emotional and psychological difficulties. Experiencing sexual assault or rape can be significantly damaging for any individual and has been shown to result in feelings of depression, shame, anger, anxiety, low self-esteem, and difficulty trusting others (Larimer, Lydum, Anderson, & Turner, 1999; Lisak, 1994, Perilloux, Duntley, & Buss, 2012; Walker, Archer, & Davies, 2005). Sexual violence can also cause survivors to have issues with romantic relationships, sexual intimacy, work satisfaction, and family relationships (Perilloux et al., 2012). Ultimately, sexual trauma can result in the development of eating disorders, substance abuse and suicidal ideation (Ackard & Neumark-Sztainer, 2002; Ullman, Relyea, Peter-Hagene, & Vasquez, 2013).

Regarding the specific experience of male rape victims, a qualitative study by Walker et al. (2005) revealed that each male survivor exhibited at least one type of psychological distress, with the vast majority (more than 90%) of participants reporting symptoms of depression, anxiety, vulnerability, and trauma-related flashbacks. Other disturbances recurrent among the sample were feelings of guilt, increased anger, low self-esteem, emotional withdrawal, drug/alcohol abuse, suicidal ideation, and suicide attempts.

Due to the current prevalence of sexual assault and rape, it is imperative for counselors to maintain a working knowledge of research available on this topic. This is especially true regarding male victims of sexual assault, as they often have significantly fewer crisis and support services available to them than female victims (Davies, 2002; Donnelly & Kenyon, 1996). The dearth in male-oriented services can result in professional counselors working with an increasing number of male sexual assault survivors. This article will add to the literature raising knowledge and awareness regarding the topic of male sexual assault in order to increase counselors' effectiveness when working with this population.

## Male Rape Myths

One factor significantly impacting survivors of male sexual assault is the existence of rape myths. Rape myths are best described as "prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists" (Burt, 1980, p. 217). According to Vandiver and Dupalo (2012), rape myths were first presented in the context of female sexual assault, designed to "explain a set of beliefs that serves as a foundation for sexual aggression toward women" (p. 593). This quotation corroborates the tendency for research literature to focus on female victims over male victims (Davies, 2002; Rentoul & Appleboom, 1997). However, as stated above, research shows that men can also be victims of sexual assault and as such, have their own unique set of male-oriented rape myths.

Societal movements have resulted in the active discouragement and reduction of many traditional rape myths (Lee & Jordan, 2014). These include myths such as: "rape is about sex," "victims of rape deserve to be raped due to their appearance or their neglect of safety issues," individuals "often make false reports based on revenge," and "only strangers lurking in dark alleys commit sexual assaults" (Lee & Jordan, 2014, p. 201). However, there are many faulty beliefs pertaining specifically to male victims and male offenders that have not been dispelled in the same manner. Examples of such beliefs include: male rapists are usually homosexuals, male victims of rape are to blame for not fighting off their assailant, a man who has been raped has lost his manhood, a man who has been raped may become a homosexual, or if a man obtains an erection while being sexually assaulted, then it was not rape (Bullock & Beckson, 2011; Davies, Rogers, & Bates, 2008; Fuchs, 2004; Kassing, Beesley, & Frey, 2005; Sleath & Bull, 2010). These faulty beliefs, which relate specifically to men, are what this article will refer to as male-rape myths (MRMs).

In recent years, there has been a growing body of literature devoted to male rape myths. Several studies have found a significant prevalence of MRM acceptance amongst the general population (Chapleau, Oswald, & Russel, 2008; Kassing et al., 2005; Sleath & Bull, 2010). In a study by Kassing et al. (2005), over 50% of participants demonstrated acceptance of multiple MRMs. This study also found that MRM acceptance was positively correlated with homophobia and certain traditional masculine values (i.e., success, power, competition), and negatively correlated with education level. A similar study showed acceptance rates for various MRMs ranging from 1.5% to 55%, depending upon the myth in question (Sleath & Bull, 2010). Additionally, research has revealed that men are more likely to accept MRMs than women (Chapleau et al., 2008). Especially pertinent to this article is a study by Kassing and Prieto (2003), which found that even counselors-in-training demonstrated acceptance for various male rape myths. According to this study, counseling students were most likely to agree with victim-blaming statements, and a significant portion of the sample supported the belief that male victims "should have shown more resistance" to their attackers (p. 459). This article also reported that younger students were more likely to support rape myths, as well as students who had minimal clinical experience with victims of sexual assault.

## Impact of Rape Myths

Studies have shown that individuals who accept and believe rape myths are more likely to engage in victim-blaming, accept interpersonal violence, and commit acts of sexual violence themselves (Chapleau et al., 2008; Edwards, Turchik, Dardis, Reynolds, & Gidycz, 2011; Kassing et al., 2005; Proto-Campise, Belknap, & Wooldredge, 1998; Sleath & Bull, 2010). Other researchers have claimed that the existence of rape myths perpetuates sexual violence in society by promoting attitudes such as victim-blaming and perpetrator defending (Edwards et al., 2011; Proto-Campise et al., 1998).

Furthermore, the existence of rape myths has been shown to negatively impact victims of sexual assault. Through the perpetuation of victim-blaming, rape myths can retraumatize survivors and discourage them from reporting their assault (Edwards et al., 2011; Kassing et al., 2005; Proto-Campise et al., 1998). Male rape myths in particular can contribute to the lack of services provided to male victims of sexual violence. In a series of interviews by Donnelly and Kenyon (1996), many workers at sexual assault crisis centers demonstrated a belief and acceptance of a number of MRMs. The acceptance of these myths acted as barriers to treatment for male victims, with some centers offering nonresponsive or insensitive services. Some facilities have even been known to refuse services to men. As a representative of such a center stated: "Honey, we don't do men. . . men can't be raped" (Donnelly & Kenyon, 1996, p. 444). This statement is a concrete example of how a male rape myth (men can't be raped) can prevent male victims from receiving necessary treatment. Rape crisis workers also advocate for male victims in a world where societal attitudes on male sexual assault are facilitated by male rape myths. In a qualitative study, Ullman and Townsend (2007) interviewed 25 rape crisis workers on their experiences of barriers that they have faced in advocating for victims. One theme reported by these workers was societal attitudes including gender and sexual orientation bias. A quote by one advocate in the study stated:

> It's even sexist because male survivors are treated horribly. They don't even take it seriously and act like they deserve it. The impression I've gotten is not as if they're saying that it didn't happen, it was just they deserved it or they must have been doing something to condone it or they must be homosexual so it's because of their lifestyle. (Ullman & Townsend, 2007, p. 420)

This quote and the reported theme add to the message that male victims may have difficulty receiving services in regards to their experience of sexual assault. Not only is this a factor in crisis care after an assault has occurred, but also in the medical community. According to Gallo-Silver, Anderson, and Romo (2014), health care literature on breast cancer and in the field of gynecology provides clinical best practices for female patients who have experienced sexual assault; however, they state that there currently is no literature for male patients in the fields of urology and internal medicine. Again, the dearth of literature for male sexual assault survivors can lead to a lack of specialized services that meet client and patient needs.

Considering the psychological disturbances that follow sexual assault, it is imperative that male victims receive the same level of compassion and sensitive treatment that is offered to females. The existence of male rape myths detracts from this compassion and sensitivity and discourages men from seeking help in the wake of a sexual assault. By acknowledging the existence of rape myths and understanding their

inaccuracies, counselors can work to discourage their acceptance within the general population and within professional circles. With awareness, advocacy and training, counselors can help to reduce male victim-blaming, to encourage more services for male survivors, and to ensure that these individuals receive appropriate treatment.

## Discounting Male Rape Myths

The very definition of a rape myth necessitates that the belief be faulty, or outright false. Therefore, in order for an idea or statement to be considered a rape myth, there must be research indicating its inaccuracy. One of the primary purposes of this article is to educate counselors about the inaccuracies of male-specific rape myths in order to encourage their refutation. This section will discuss three of the more prominent MRMs, emphasize their prevalence, and provide a rebuttal to their existence.

### Men Cannot Be Raped

Perhaps the most common male rape myth is the belief that men cannot be raped due to their ability to physically resist and fend off any potential perpetrator (Chapleau et al., 2008; Davies et al., 2008; Donnelly & Kenyon, 1996; Kassing & Prieto, 2003; Sleath & Bull, 2010; Struckman-Johnson & Struckman-Johnson, 1992). Several studies have noted a correlation between victim-blaming and bystanders' perceptions of the victim's resistance, with victims who are perceived to have resisted less receiving less sympathy and more blame for the assault (Chapleau et al., 2008; Davies et al., 2008; Sleath & Bull, 2010; Struckman-Johnson & Struckman-Johnson, 1992). In many cases, individuals who did not resist their assault are viewed to have not been victimized at all. According to Sleath & Bull (2010), 47% of males and 55% of females believe that "the extent of a man's resistance should be a major factor in determining if he was raped" (p. 977). This myth even exists amongst counselors-in-training, with a significant portion of Kassing and Prieto's (2003) population expressing the belief that men should display high levels of resistance in instances of sexual assault. Furthermore, victim-blaming is even more prevalent if the perpetrator is female. Chapleau et al. (2008) reported that 25% of men and 10% of women stated a man is directly at fault for his sexual assault if he is unable to resist a female perpetrator. These studies demonstrate the larger belief that men are able to resist attackers and, as a result, are impervious to sexual assault.

The notion that male victims are capable of fending off their perpetrators likely has its foundation in traditional masculine values such as strength, power, and independence (Kassing et al., 2005). However, this belief ignores the real-world context of situations. When interviewing male survivors of sexual assault, Walker et al. (2005) discovered that physical force was a factor in approximately 80% of rapes perpetrated against men, with many victims being punched, beaten, strangled, burned, stabbed, or cut. Approximately 10% of these instances involved the use of a weapon, and approximately 38% involved two or more attackers. This study stated 27% of participants reported resisting or fighting back during their assault. In each case, however, the victims were overpowered and subsequently raped/assaulted. These statistics demonstrate that victims, regardless of their gender, are simply unable to fend off their attacker(s) in certain scenarios.

Furthermore, many sexual assault survivors have stated they "reacted with frozen fear" during their attacks, due to the overwhelming threat to their lives and physical well-being (Walker et al., 2005, p. 74). Such freezing is a common physiological (and evolutionarily adaptive) response when faced with threatening stimuli, and it is an especially common occurrence in instances of sexual assault (Marx, Forsyth, Gallup, Fuse, & Lexington, 2008). And, in cases of rape and sexual assault, freezing precludes escape. So, considering the fact that freezing is a common, evolutionary response to danger, this means that men are subject to such a response in times of bodily peril, and as such, are not always able to resist being sexually assaulted or raped. Another response that male victims may experience physiologically includes erection and ejaculation (Fuchs, 2004). Societal attitudes may perpetuate the belief that if a male has a physiological response, such as an erection, then he essentially "can't be raped." From this perspective, the biological sexual response is seen as a form of consent. Fortunately, research has proved this attitude to be psychologically and physically inaccurate (Bullock & Beckson, 2011; Fuchs, 2004). This will be discussed in more detail later in the article.

Additionally, the idea that men are able to fend off their attackers does not seem to account for date rape and non-violent forms of sexual assault, such as those involving incapacitating substances. Certain drugs, such as Rohypnol (Roofies), and even large amounts of alcohol can render a person confused, disoriented, or even unconscious, leaving them vulnerable to sexual advances from a perpetrator (Beynon, McVeigh, McVeigh, Leavey, & Bellis, 2008; RAINN, 2015c). In these situations, when a victim is unable to think or act clearly, how is resistance possible?

On a final note, judging victims based on their level of resistance seems to ignore instances of childhood sexual abuse. Approximately 16% of males in the United States are sexually abused prior to the age of 18 (Dube et al., 2005). Children, by their developmental status, are less physically and mentally capable of resistance than adults. Therefore, it is unfair to claim that such victims could have and should have been able to resist a sexual predator.

Essentially, the myth that men cannot be raped due to their strength and ability to protect themselves is inaccurate. This myth does not fully recognize the severity and intensity of sexual assault situations, the demobilizing fear that is often present in these situations, or the inability of the victim to control the outcome of that situation. It also does not account for cases involving children or cases of date rape (such as those involving the incapacitation of the victim).

**Victims of Male Rape Are Homosexual**

Another common male rape myth is that men who are raped or sexually assaulted are homosexual. The existence of this belief has been confirmed by a number of studies (Donnelly & Kenyon, 1996; Kassing et al., 2005; Sleath & Bull, 2010). Sleath and Bull (2010) reported that approximately 21% of females and 22% of males agreed with the statement "many men claim rape if they have consented to homosexual relations but changed their minds afterwards" (p. 979). Kassing et al. (2005) reported even higher numbers, with 60% of participants expressing agreement with the same sentence. This particular statement supports the idea that men who are raped by other men are lying about their experience and were willingly seeking out sexual activity due to their orientation. Donnelly and Kenyon (1996) have suggested that this myth can act as a

barrier to men seeking treatment for sexual assault, with their fear of judgment discouraging them from reporting the crime.

The myth that all male rape victims are homosexual is incorrect in two ways. First, it focuses exclusively on male-on-male sexual assault, ignoring the fact that not all perpetrators of sexual violence are male. While studies have shown that males are more likely to commit acts of sexual violence, they do not monopolize the crime. In a study investigating sexual behavior on a college campus, Larimer et al. (1999) discovered that over 5% of females admitted to instigating sexual activity with a partner who was unwilling (as compared to 10% of males). An additional study by Krahe, Waizenhofer, & Moller (2003) indicated that approximately 9% of women utilized "aggressive strategies" when initiating sex with men. These strategies involved the use of physical force, coercion, or the manipulation of the male's inability to consent (i.e., use of alcohol or drugs). Considering these studies relied on self-report measures, it is possible that the frequency of female-male victimization is even higher than originally reported. Women can and do sexually victimize men, which means that the rape of men can be a heterosexual, as well as a homosexual act.

Second, the sexuality of the victim is often irrelevant. Sexual assault is most often about exerting power and control over victims and not about the sexual act itself (Lee & Jordan, 2014). In instances involving the use of physical force (such as those mentioned previously), incapacitation of the victim, or childhood sexual abuse, the victim is typically unable to resist their attacker. Even when the victim is able to provide resistance, they can still be overpowered (Walker et al., 2005). The victim has minimal, if any, control in these situations and as such, their sexual orientation would not factor into whether or not they were raped or assaulted. In these cases, it is the orientation and motivation (power, dominance, revenge) of the perpetrator that contributes to the assault, not the victim.

Of special note is the belief that a man obtaining an erection during a rape or sexual assault signifies his enjoyment and even consent to the assault (thus implying the victim's homosexuality in male-on-male instances of sexual violence). However, the notion that an erection equates to consent and enjoyment of a sex act is a myth in and of itself. In fact, it is not uncommon for male victims to experience erection and ejaculation during a sexual assault. Fuchs (2004) wrote "an erect penis and subsequent ejaculation by a victim is not evidence that the victim was a consenting participant" (p. 121). Fuchs (2004) also discussed the connection between physical arousal and sexual pleasure as well as physical reactions to sexual assault. There are medical and psychological explanations for the male body to sexually respond during severe emotional states such as terror, anxiety, and anger (Fuchs, 2004). Biological sexual responses to extreme anxiety and stress have been reported and should not be considered as consent. Bullock and Beckson (2011) added to the literature on male physiological responses to sexual assault, reviewing studies finding that erections and ejaculations are not completely under voluntary control of victims and can occur in traumatic scenarios experienced by male victims. The myth that men who have an erection or ejaculate during an assault are consenting to sexual intercourse can be especially damaging. Many men experience confusion and shame when their mind and their body are responding in different, incongruent ways (Fuchs, 2004). Consent is not implied when the physiological response

of an erection occurs, whether it is in male-on-male assaults, or female-on-male assaults (Bullock & Beckson, 2011; Fuchs, 2004).

**Male Survivors of Sexual Violence Do Not Need Treatment**

The final rape myth this article will discuss is the belief that if a man is raped or sexually assaulted, he is emotionally stable and not in need of treatment. While this myth may sound ludicrous at first glance, it is still supported by a significant percentage of the population. Roughly 18% of female and 27% of male participants in Sleath and Bull's (2010) experiment reported the belief that males enjoy sex being forced upon them. This statement implies that men do not suffer adverse consequences of being raped, but actually enjoy and find pleasure in the act. This myth is especially prevalent for male victims of female-perpetrated sexual assault. According to Struckman-Johnson and Struckman-Johnson (1992), the majority of their participants agreed that a man raped by another man would be emotionally distraught and in need of therapy. However, when discussing the rape of a man by a woman, 35% of men and 22% of women believed that the man would not be emotionally distraught, and a significant portion of these individuals stated that mental health treatment was unnecessary in these situations.

A plethora of research has shown, however, that male survivors of sexual assault do experience cognitive and emotional distress and are in need of mental health treatment following rape or sexual assault. As stated in the introduction, survivors of sexual assault (including male survivors) can develop depression, anxiety, shame, interpersonal difficulties, intimacy issues, eating disorders, substance abuse and suicidal ideation as a result of their trauma (Ackard & Neumark-Sztainer, 2002; Larimer et al., 1999; Perilloux et al., 2012; Ullman et al., 2013; Walker et al., 2005).

In a study pertaining specifically to male victims of sexual violence, Walker et al. (2005) expanded upon the experiences of these survivors. According to this study, almost 98% of victims experienced depression following their assault, with 55% of them contemplating suicide and 47.5% attempting suicide. Furthermore, 27.5% developed eating disorders, 52.5% began abusing drugs, and 62.5% began abusing alcohol. Finally, 77.5% of victims reported a decrease in self-esteem, 70% described confusion regarding their sexual identity, and 92.5% admitted to an increase in their anxiety levels. As one individual stated, "I have felt like I have been living in a void since the assault. I suffer panic attacks, mood swings, total depression . . . I feel like I have no future" (p. 76). Another victim disclosed: "I dream of killing myself to forget what happened" (p. 77). Reviewing the qualitative statements of these individuals, as well as the statistical descriptions of their mental health symptoms, the idea that men are undisturbed by sexual assault and not in need of treatment is completely false.

Additionally, the psychological repercussions of male sexual assault are not limited to crimes committed by male perpetrators, but include acts in which the aggressor was female (Larimer et al., 1999; Struckman-Johnson, 1988; Struckman-Johnson & Struckman-Johnson, 1994). Larimer et al. (1999) reported men who engaged in sexual activity against their will exhibited more depressive symptoms than control groups. In a separate study of over 200 college men, 49 reported being pressured or forced into sexual activity by a female (Struckman-Johnson & Struckman-Johnson, 1994). Of these instances, two involved physical restraint, two involved threats of harm, and 27 involved the use of alcohol to incapacitate the victim. Of the victims, 15 men experienced

emotional disturbances following the assault, including fear, anger, embarrassment, loss of control and confusion regarding their sexual orientation. While this statistic suggests fewer psychological consequences than victims of male-on-male sexual assault, the data is still significant, as are the real-life experiences (depression, confusion, fear) of these individuals.

## Implications

The prevalence of male rape myths, along with the existing number of male survivors of sexual violence, results in several implications for professional counselors. First, it is imperative that counselors acknowledge the existence of rape myths and the adverse effects they cause for male survivors. The research literature has provided repeated evidence that male rape myths exist, and that many individuals (including counselors) believe them (Chapleau et al., 2008; Kassing et al., 2005; Kassing & Prieto 2003; Sleath & Bull, 2010). Furthermore, the research suggests that MRMs can negatively affect male victims of sexual violence, contributing to increased shame through aspects such as victim-blaming (Edwards et al., 2011; Kassing et al., 2005; Proto-Campise et al., 1998). It is important for counselors to be mindful of these factors, along with the subsequent discrimination and judgment society often directs toward male survivors. Several of these survivors have stated that the treatment following their assault was just as traumatizing (and sometimes more detrimental to their mental health) than the assault itself (Walker et al., 2005). The issues that arise for males as a result of rape myths are likely to be brought up in treatment, and clients would benefit from processing the resulting emotions with their counselors.

When working with male clients, counselors should also keep in mind the first rape myth discussed by this article: Men cannot be raped. While many individuals might disagree with this statement, there is still an innate bias in society that depicts sexual assault and rape as a women's issue, and not a men's issue (Vandiver & Dupalo, 2012). As counselors, it is important to be aware of this societal bias, as well as any potential biases or prejudices the professional might hold (Kassing & Prieto, 2003). When conducting initial screenings or intake interviews, it is recommended that practitioners inquire about previous sexual abuse, regardless of the gender of the client (Friedman, Samet, Roberts, Hudlin, & Hans, 1992; Gallo-Silver et al., 2014). Physicians' patients have even indicated a preference for ongoing inquiries into abuse history throughout the course of treatment (Friedman et al., 1992). It is not wise to assume that, just because a client is a male, he has not experienced sexual assault or abuse.

In line with the myth that men cannot be raped is the myth that they are not emotionally disturbed by the assault (Chapleau et al., 2008; Sleath & Bull, 2010; Struckman-Johnson & Struckman-Johnson, 1992). Society's perceptions of men as emotionally stoic individuals might work their way into the therapy room, and counselors must be aware of how this myth can negatively affect their interactions with male clients (Winder, 1996). For example, some male clients might display a flat affect while recounting an instance of sexual assault. Counselors might unconsciously view such a presentation as a sign that the male has not been affected by his assault, or has sufficiently recovered. This is not always the case. Rather, as with female victims of sexual violence, this type of presentation might indicate emotional avoidance (Bicknell-

Hentges & Lynch, 2009). It is important for counselors to recognize such avoidance and explore the client's deeper emotional experience, as opposed to assuming he is unaffected by his trauma history.

The myth regarding the sexuality of male victims has implications as well. This myth, when accepted, can directly contribute to victim-blaming and a dismissal of the severity of the victim's experience. It can invalidate the victim and make him hesitant to seek help, or hesitant to disclose information (Donnelly & Kenyon, 1996). First and foremost, counselors must be careful not to make assumptions about the sexuality of their client after he discloses being sexually assaulted or raped. Whether the client reports being assaulted by a man or a woman, the counselor does not know the client's sexual orientation until he chooses to disclose that information. Many males have expressed confusion regarding their sexual orientation in the aftermath of sexual assault, as well as a fear of judgment from others (Struckman-Johnson & Struckman-Johnson, 1994; Walker et al., 2005). It is imperative that counselors recognize these elements so they do not unintentionally contribute to the client's fear and confusion, instead helping them discuss and process these emotions.

A final aspect for counselors to consider is this: when working with a victim of rape or sexual assault, the personal experience of the survivor should be the focus. The research referenced in previous sections illustrates lower instances of sexual assault for men than women (Black et al., 2011). It also suggests that male-on-male rape is more violent than other types of rape and that the psychological consequences for victims of female-on-male rape might be less severe than male-on-male or male-on-female rape (Walker et al., 2005). While these statements have data and research to support them, when counseling a victim of sexual assault, it is their experience that matters, not the experiences of others. A certain percentage of men may not experience emotional disturbances after being sexually assaulted by a woman (Struckman-Johnson & Struckman-Johnson, 1994). However, a different percentage of men DO experience these disturbances, and these are the ones most likely to seek out help through counseling. Reactions to assault will vary, and counselors must remember to focus on the client's personal perspective and experience rather than interject their own beliefs and assumptions.

Future research on specific ways to work with male survivors of sexual assault is indicated (Davies, 2002). Currently, there are many treatment modalities for working with survivors of sexual assault, though few are gender specific. Common short- and long-term interventions include psychological first aid, trauma focused cognitive behavior theory (TFCBT), exposure therapy, eye movement desensitization and reprocessing (EMDR), relaxation training, and mindfulness and body-based treatments (Lee & Jordan, 2014; Van der Kolk, 2014). Based on the number of sexual assault survivors, both male and female, it is imperative for counselors to have training in one or more evidence-based treatment models for working with this population. As more research and awareness is gained about the experiences of male sexual trauma victims, continued training is imperative. Additionally, advocacy and psychoeducation for communities, individual clients, and families are places to start for counselors interested in working with male sexual assault. The following Web sites focus on male sexual abuse/assault and may be helpful for counselors, clients, communities, and family members: https://1in6.org/, http://www.jimhopper.com/, and http://www.malesurvivor.

org/. RAINN is also an educational resource for professionals and survivors alike: https://www.rainn.org/.

## Conclusion

This article has discussed the prevalence and impact of male sexual assault, as well as the existence of male rape myths. The authors provided a refutation of several of those myths, along with implications for counselors and recommendations for training and education to work with male sexual assault survivors. This broad overview serves as a first step for counselors in building their knowledge and skills in working with this population. Through more research, advocacy, and training, it is the authors' hope that continued discussion in our field will reduce shame and promote the understanding and support of male victims who have experienced any form of sexual violence.

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