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The Sexual Victimization of Men in Sweden

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Thanks

I want to give a heartfelt thank you to every professional and man who participated in this study. The men's bravery and strength in telling their stories touched me and made me determined to make a paper that does justice to this important subject. They shared a great variety of perspectives and every single one brought something important to this study. I also want to thank Marie Bergström, my wonderful supervisor.

Abstract

This study examined the sexual victimization experienced by men in Sweden. All types of sexual acts that were done against the true will of the person (regardless if the person explicitly said no or not) were regarded as sexual victimization. Areas of investigation were: common characteristics of male sexual victimization in Sweden, how men define their experiences, what effects sexual victimization have on men and how men with a history of sexual victimization feel treated in Swedish society. Four professionals who met sexually abused men in their daily work were interviewed to gather preliminary data. This data (together with other established surveys on sexual abuse) formed the basis of a questionnaire about men's experiences of sexual victimization. The questionnaire was then published online and answered by 136 men (between 18 and 75 years old) who had at least one experience of sexual victimization. The results indicated that the majority of perpetrators of male sexual victimization were women (69.4 %). Experiences of helplessness and not being seen as a valid victim in society due to one's gender was a dominant theme in the gathered accounts. Men reported varying degrees of effects of the victimization on their personal lives, where some experienced little to no effect and others reported serious symptoms of PTSD. Less serious events of sexual victimization could also yield profound negative effects on the victims. Only 14.0 % had received professional help after their experiences.

Keywords: Sweden, male, sexual victimization, sexual abuse, rape, sexual coercion, unwanted sex.

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Introduction

Research concerning sexual victimization has grown vast in the past 45 years with areas concerning women's experience of rape having received most attention (Fisher & Pina, 2013). For many years, however, the sexual abuse happening to women was ignored. Insistent problematization by feminist thinkers, research into the field, and victims speaking out despite shaming were essential in revolutionizing thinking about sexual abuse. Though it is still ignored in parts of the world, the sexual abuse of women has been established as a serious issue worthy of social and legal interventions today (Stemple & Meyer, 2014; Ståhl & Kazemi, 2010). Unfortunately, a branch of sexual victimization that remains understudied is that of male victims. Some researchers have suggested that the help, understanding and support male victims receive in society is more than 20 years behind that of female victims (Fisher & Pina, 2013).

Contrary to prevailing belief, male experience of sexual victimization is common. Stemple and Meyer (2014, p. 19) assessed American incident data and found that it revealed an "alarmingly high prevalence of both male and female sexual victimization". Estimates of percentages of men who have suffered sexual assault usually fall somewhere between 5-20%, although they vary greatly depending on the definitions and samples used (Björklund & Boman, 2016; Peterson, Voller, Polusny, & Murdoch, 2011). Using the conservative number of the two, that would mean around 200,000 men (15 years and older) in Sweden have been victims of sexual assault. Considering that the amount of unreported cases of sexual abuse is high (Marten & Selin, 2008), and that several surveys demonstrate that the issue of undetected cases is even more pronounced with men than with women (Marten & Selin, 2008; McLean, 2013; Rentoul & Appleboom, 1997), the true number of male victims is most probably significantly higher. Furthermore, men's suffering after experiencing sexual abuse has been found to be equivalent to that of women's, with negative health effects like lowered self-esteem, increased anger, disrupted sex life, depression, suicidality and post-traumatic-stress-disorder (Fisher & Pina, 2013; Norén, Kessel, & Westin, 2017; Snipes, Green, Perrin, & Benotsch, 2017). Despite this, Sweden has only one specialized center for male rape and sexual assault victims. Therefore, this staggering amount of men in Sweden with experiences of sexual victimization have little means of receiving adequate help for their experiences (Savage, 2015).

There are severe gaps in our knowledge regarding several types of male sexual victimizations. For instance, very little is known about cases where men are forced to

penetrate another person, either through physical force, manipulation or threats (Weare, Porter & Evans, 2017). Research on the sexual harassment of men is also limited. While a great deal of investigative science has focused on female victims, not much is understood of how sexist and traditional attitudinal factors affect the tolerance of sexual harassment of men (Russel & Oswald, 2016). Up until lately, examinations of female perpetration of sexual assault have also been scarce (Colson, Boyer, Baumstarck, & Loundou, 2013). The reason the subject of female offenders is particularly relevant when it comes to male victims is that there is evidence that women are often perpetrators (and sometimes even the majority of perpetrators) of several types of male sexual victimizations (Fisher & Pina, 2013; Weare, Porter, & Evans, 2017). Oftentimes sexual abuse perpetrated by women is assumed to be less serious and less harmful when compared to the sexual abuse perpetrated by men (Broussard, Wagner, & Kazelskis, 1991; Finkelhor, Williams, & Burns, 1988). This is problematic, as individuals who happen to be victims of women can be met with dismissive and minimizing attitudes (Fisher & Pina, 2013; Russel & Oswald, 2016). But studies have demonstrated that heterosexual assault or rape of a man by a woman is no less traumatic than the assault or rape of a woman by a man (Fisher & Pina, 2013).

Scholars have proposed various explanations as to why victims that don't fit the traditional concepts of sexual assault (such as adult male victims) have received little attention (Stemple & Meyer, 2014). Rape and assault myths are sometimes suggested as being part of such an explanation. Rape myths refer to widely and persistently held beliefs in society that deny, downplay or even justify sexual violence. Such myths can generate prejudiced and false views on sexual assault, victims and perpetrators (Fisher & Pina, 2013). Ideas that female-perpetrated abuse is uncommon or non-existent (Mendel, 1995), that men cannot be raped by women (Fisher & Pina 2013), that male victims experience less harm than women (Scarce, 1997) and that men are sexually insatiable and always welcome sexual contact (Smith, 2012), are all examples of enduring rape and assault myths. Another possible explanation is conformity bias, where scientist may have overlooked data on victimized men due to previously held beliefs (Dutton & Nicholls, 2005). Some also posit that findings on male victims and female perpetrators might be deemed politically unsavory (Gelles, 2007) as such data may be perceived to conflict with current, prominent feminist theories (that place heavy emphasis on men's use of sexual aggression to subordinate women) (Brownmiller, 1993; Stemple & Meyer, 2014). Men additionally find it incredibly difficult to disclose their experience of sexual assault to authorities and people around them (McMullen, 1990; Muehlenhard & Cook, 1988) for fear of being re-traumatized by being victim-blamed and not

believed (Jackson, Valentine, Woodward, & Pantalone, 2017). Regrettably this contributes to masking the magnitude of men's suffering as sexual assault victims, resulting in it becoming less noticeable to scientist and to society as a whole.

Indeed, men and sexual minorities (such as transgendered individuals) are significantly understudied with regard to the immense impact of sexual abuse (Dworkin, Menon, Bystrynski & Allen, 2017). Across the globe, scientists have called for more investigative studies in the field. Ponce-Garcia, Madewell and Brown (2016) stressed the need of a deeper understanding of how men process traumatic sexual experiences. Others have suggested that more knowledge is needed in regards to how society responds to victimized men (Davies, 2002), how gender narratives and scripts influence how victims understand their identity as sexual abuse survivors (Gruenfeld, Willis, & Easton, 2017; Tillapaugh, 2016), and what barriers exist that keep men from disclosing their trauma (Tener & Murphy, 2015).

This study aims to answer the calls of these scientists and give greater voice to the many men who suffer in isolation and silence. Few studies to date have looked at the sexual victimization in Sweden and included male victims. I found only five. All of these broached the subject from different angles and focused on differing aspects of victimization (Victim- and perpetrator blaming, Strömwall, Alfredsson, & Landström, 2013; Partner violence, Lövestad & Krantz, 2012; Sexual violence grey areas, Gunnarsson, 2018; Current state of medical treatment, Lindberg, 2015; Sexuality after victimization, Norén, Kessel, & Westin, 2017; Therapeutic treatment of victimized men, Björklund & Boman, 2016). The present study seeks to build upon these works and investigate men's experiences of being victims of sexual assault in 2018's Sweden, a country that has been acclaimed for its gender equality (Special Eurobarometer, 2017). Perhaps such information can also give indications on what it is like for sexually victimized men in other places of the world (places that might put even less emphasis on offering help for sexually abused male victims).

Constructing an appropriate definition for studying the male experience

Studies that have researched female sexual victimization have often used legal definitions of rape as basis to guide their research definitions (Peterson et al., 2011). This would become problematic however when studying male experiences as current legal definitions are often gender-biased (Fisher & Pina, 2013). For example, in the United Kingdom the law only recognises men as capable of committing rape. There women can merely be accomplices of rape, never principal offenders (Weare et al., 2017). In the United

States similar laws are in effect. For instance, many states specify that rape must by definition involve vaginal penetration (APRI, 2003). This means that men who are unwillingly anally penetrated by both men and women aren't considered rape-victims.

Gruenfeld and her colleagues (2017) additionally found that some sexually victimized men had great difficulties in identifying themselves as rape- or sexual abuse-victims, which further complicates using such terms for research-purposes. For them, embracing such terms could invite an array of negative interpretations about who they are as people (Gruenfeld et al., 2017). Men would consider rape and sexual assault myths such as "raped men lose their masculinity", "men should be emotionally strong enough to cope with being raped" (Kassing, Beesley, & Frey, 2005) and "if a man obtains an erection while being sexually abused he probably enjoys it" (Sleath & Bull, 2010), and understandably be unwilling and resistant to recognize their experiences as sexual abuse. These findings suggest that incorporating words like "rape" or "sexual abuse" in a definition of male victimization for the purpose of researching such phenomenon might be problematic. Not only are the words often legally biased against men, but men have also reported having difficulties with such terms.

Another relevant aspect when creating a workable definition is the traumatic nature of sexual abuse experiences (Larsen & Hilden, 2016). In an effort to maintain a normalized life, traumas that have remained unprocessed can lead a victim to avoid all things resembling or symbolizing the traumatic events (as to not trigger distressing memories). Common things avoided are specific people, places, things and even words (such as "rape") (Hopper, Frewen, van der Kolk, & Lanius, 2007; Taylor, 2006). This further complicates usage of potentially charged words that refer to sexual assault in research. They could potentially selectively scare off those with the most severe experiences and symptoms.

Finally, individuals with experience of sexual assault have been known to dismiss the notion of being victims at all (Gunnarsson, 2018). It's not uncommon for victims to blame themselves for the attacks (Walker, Archer, & Davies, 2005) and for not being able to stop them from happening (Lowe & Rogers, 2017). This could make the victims see themselves as responsible and therefore not true victims.

As such it becomes evident that creating a satisfactory definition of male sexual abuse, that is mindful of the automatic impulses many victims have to dismiss their experiences, is a delicate affair. Additionally, the definition must be wide enough to encompass a broad range of experiences (as the aim of this study is a deeper understanding of the characteristics of male sexual victimization in Sweden, among other things) but not so

broad as to be meaningless.

Sexual victimization. The term sexual victimization is used to define the scope of experiences examined in this study. This term is sometimes used interchangeably with words like sexual abuse and sexual assault. It's a suitable term due to its breadth and low amount of potentially charged words, minimizing the risk of triggering intrusive memories and aversion in victims.

Sexual victimization can be defined as an umbrella term used to refer to all sexually charged acts and behaviours done against another person in spite of his/her true will not to participate (Kelley & Gidycz, 2018). Sometimes persons who are sexually victimized explicitly state or show that they are unwilling participants but for a myriad of reasons sometimes they don't, or can't (Fisher, Cullen, & Turner, 2000). Experiences where the victims don't outwardly demonstrate their resistance still count as sexual victimization. It's easy to understand why by looking at a few examples. For instance, one would not expect a child to be able to verbally tell off a day-care teacher who forces herself upon him sexually. Neither would one presume a man (who fears retaliation) to dare express resistance while his employer non-consensually caresses his body. Research shows that victims are often unable to say no or fight back during assaults (Marx, Forsyth, Gallup, Fusé, & Lexington, 2008). In a study by Walker and his colleagues (2005) 40 male rape victims were analysed and 80 % of them were found to not have resisted at any point during the rape. Instead they had been helplessly frozen in both shock and fear (despite some having prior training in combat and martial arts) (Davies, Rogers, & Bates, 2008). To react with a freeze-like response during threatening situations is sometimes called tonic immobility. In a similar study by Möller, Sondergaard and Helstrom (2017) 298 raped women were assessed and 70 % of them had shown significant tonic immobility during their experienced assaults. This indicates that tonic immobility affects around the same number of men as women. For these reasons it is only logical to include events where someone doesn't show outward resistance while being assaulted when defining sexual victimization.

A broad definition regarding sexual victimization, such as the one employed in this study, is not without drawbacks. Indeed, researchers have previously criticised the employment of these types of definitions in research as being broad to the point of imprecision (Peterson et al., 2011). However, due to the scarcity of prior research dedicated to the male experience of being sexually victimized in Sweden, I argue that such a definition is warranted. Broad definitions more readily allow for collections of diverse perspectives. Furthermore, many men find it difficult to compartmentalize their experiences in terms of

well-established words that describe sexual abuse (Gruenfeld et al., 2017). Using more precise terminology could therefore alienate men who are not yet ready to think of their experiences in such terms, but are otherwise appropriate participants in this study. Therefore, a broad definition is arguably more favourable.

Important to note is that the Swedish equivalent of the term sexual victimization is used in this study when gathering data, as men in Sweden are studied. The term sexual victimization in Swedish is translated to “sexuell utsatthet”. The Swedish term carries a softer connotation than its English equivalent, as the last word translates to vulnerability/exposedness rather than victimhood.

Categories of sexual victimization

The subcategories of sexual victimization utilized in this study aim to be as gender-neutral as possible. In her article, Liz Kelly (1988) proposed that giving victims access to language about sexual violence was the very first step in enabling victims to identify their experiences as sexual abuse. She posited that what remained unnamed, remained invisible. Indeed, there are grounds for suspecting that this is especially true for male victims. Many words in use today that describe sexual victimization (e.g. rapist, child sex abuse, victim, perpetrator) are heavily associated with specific genders (Fisher & Pina, 2013; Gruenfeld et al., 2017; Tsopeles, Tsetsou, Ntounas, & Douzenis, 2012). Such gender-association can even be imbedded in the language itself. For instance, the Swedish word for rapist, “våldtäktsman”, translates directly to “rape-man”. It’s easy to imagine how having sexually victimizing experiences that run counter to relevant terms’ gender-associations (e.g. being a man raped by a woman) can make victims confused about their experiences. For the purpose of this study then, the following gender-neutral terms are defined. To note is that the usage of terms that have obvious gender-associations have also been avoided.

Hands-on abuse. The term sexual victimization can be split into two main groups, hands-on and hands-off abuse. This terminology is inspired by sexual trauma specialist Jeanette Niehof’s (2017) online articles on sexual abuse. The first of these terms, hands-on abuse, encompasses all sexual victimization that involves physical contact between perpetrator and victim (Ekdahl, 2017; Fisher, Cullen, & Turner, 2000; Niehof, 2017). Examples include non-consensual touching of a person’s body, non-consensual kissing, forcing the victim to touch the perpetrator’s genitals, forced oral penetration and rubbing. Hands-on abuse can occur in many types of sexually victimizing events, such as in sexual

harassment, child sexual abuse, sexual coercion and rape.

Hands-off abuse. This phrase refers to all sexual victimization where the abuse doesn't include physical contact between perpetrator and victim. Some examples of hands-off abuse are taking sexual photographs of a victim, forcing a victim to watch sexual acts, targeting someone with sexual allusions and forcing a victim to stimulate themselves (Ekdahl, 2017; Fisher, Cullen, & Turner, 2000; Niehof, 2017). This type of abuse can occur in many types of sexually victimizing events, such as in sexual harassment, child sexual abuse, sexual coercion and rape.

Sexual coercion. This term describes the use of any strategy or tactic to engage another person in sexual behaviours despite the absence of informed and free consent (Abbey, Wegner, Woerner, Pegram, & Pierce, 2014; Farris, Treat, Viken, & McFall, 2008). These coercive tactics strategies may include manipulation through guilt-induction (e.g. promises and flattery) drug or alcohol intoxication of the partner, persistent touching (e.g. kisses and caresses) or the use of verbal pressure or physical force. Sexual coercion thereby also includes behaviours that legally constitute sexual violence and rape (Benbouriche & Parent, 2018; Tedeschi & Felson, 1994).

Rape. The term rape carries vastly different meanings depending on where you are on the globe (Fisher & Pina, 2013) and as such the term is a particular challenge to define. In this research project cases that include the penetration of a victim's body by exploitation of his/her vulnerable state, manipulation, force or threats are referred to as rape (Davies, 2002). Additionally, cases where a person is made to penetrate another either by exploitation of that person's vulnerable state, threats, force or manipulation also considered to be rape (Weare et al., 2017).

Prior research on sexual victimization

When conducting research that touches upon sexual victimization it's important to emphasize findings in prior research on the subject. This is because previous studies have cleared up many myths perpetuated in society about how sexual victimization can and can't happen. Some areas riddled with misconceptions are: what genital response in victims mean about sexual abuse, who can and cannot be a perpetrator and what effects sexual victimization has on victims. For this reason, previous research findings concerning these areas will be disclosed in the coming sections.

A genital response doesn't equate consent or desire. Sexual desire and sexual

arousal are essential components of the human sexual response (Toledano & Pfaus, 2006). The terms are sometimes mistaken for one another but refer to fundamentally differing aspects of the sexual response (Pfaus, 2009). Sexual arousal can be defined as the increased autonomic activation that prepares the body for sexual activity. Examples of sexual arousal include an increase of blood flow to genital tissue (e.g. erections), genital lubrication (e.g. wetness) and an increase in heart rate and breathing rate (Levin & van Berlo, 2004; Toledano & Pfaus, 2006). Sexual desire on the other hand is the “psychological” component. It can be defined as the presence of desire for sexual activity or sexual fantasy (Pfaus, 2009). Sexual desire and sexual arousal are often experienced simultaneously, but not always. They can manifest separately (Toledano & Pfaus, 2006).

There is a common misconception that men cannot sustain erections or lubricate unless they want to partake in sexual acts. In other words, the belief that men who display sexual arousal automatically experience sexual desire. Such an assumption would imply that all penile penetrative cases are consensual from the man’s point of view. But genital lubrication and orgasms are not uncommonly reported by both male and female victims of sexual assault or rape and do in no way prove that the victim consented and/or enjoyed it (Levin & van Berlo, 2004; Walker, Archer, & Davies, 2005). A study by Sarrel and Masters (1982) found that boys and men could get involuntary erections during strong emotions, like fear and embarrassment. Indeed, male victims can get erections and ejaculate during a sexual assault despite overwhelming negative feelings of anxiety, humiliation, anger and terror (Sarrel & Masters, 1982). This is similar to that of female victims, who have reported vaginal lubrication and orgasmic responses while being traumatically raped (Smith, Pine, & Hawley, 1988). As such, physical, sexual responses do not in any way prove sexual desire or consent. For victims these bodily reactions can be traumatic components in and of themselves, provoking self-blame and feelings of confusion and anxiety (Sarrel & Masters, 1982). For example, in rape-cases where heterosexual men are assaulted by other men, it is common for the victims to develop painful, long-term identity-crises where they question their own sexual orientation (partly due to involuntary sexual arousal) (Walker, Archer, & Davies, 2005).

Unfortunately, occasionally genital responses are additionally used to victim-blame the assaulted person. Perpetrators have been known to claim that the genital arousal by the victim was proof of consent. However, such claims have no intrinsic validity and should be disregarded (Levin & Berlo, 2004; Sarrel & Masters, 1982). Astonishingly, despite the overwhelming evidence that erections aren’t proof of consent, rape-trials in England have been known to be automatically dismissed if the victim maintained an erection while being

sexually assaulted. In one trial, the judge dismissed the case because the victim admitted that he had an erection while being raped in prison (Fuchs, 2004).

Prevalence and perpetrator-myths. There is a misconception that male sexual victimization is rare. Studies on the subject, however, point to the contrary trend. In 2011 the National Intimate Partner and Sexual Violence Survey (NISVS) (a comprehensive survey on sexual victimization conducted in the United States) found that the prevalence of experiences of non-censual sex was similar between women and men (1,270 million women and 1,267 million men) (Black et al., 2011; Stemple & Meyer, 2014). This unexpected finding problematized stereotypical assumptions about the gender of victims of sexual assault at the time (Stemple & Meyer, 2014). Child sex abuse is another type of sexual victimization that affects boys in substantial numbers (O’Leary, Easton, & Gould, 2017). Figures suggest that around 5 % of boys 17 years or younger experience penetrative sexual abuse. Other forms of sexual abuse like non-penetrative abuse (e.g., oral sex, masturbation) and hands-off abuse (like voyeurism and flashing) are up to three times that amount (Finkelhor, Hotaling, Lewis, & Smith, 1990; Gilbert et al., 2009;). Furthermore, surveys on sexual harassment in the United States have found that approximately 58 % of women and 50 % of men have experienced at least one sexual harassing behaviour (Ilies, Hauserman, Schwochau, & Stibal, 2003; Waldo, Berdahl, & Fitzgerald, 1998). These prevalence-numbers not only show the degree to which men experience unwanted sexual behaviour, but also demonstrate that they often experience it in similar rates to women (Waldo, Berdahl, & Fitzgerald, 1998).

Additionally, there are stubborn rape and sexual assault myths perpetrated in society about who can and cannot commit sexual assault. For instance, there are myths pertaining to the unlikelihood of female offenders. “Women can do no harm” (Anderson & Struckman-Johnson, 1998) and “because men always want sex, women logically can’t sexually assault them” are both examples of such myths (Smith, 2012). But these misconceptions are demonstrably false. While studies on sexual abuse indeed often indicate a majority of male perpetrators, a substantial number of cases involve female assailants (Russel & Oswald, 2016). Waldo and colleagues (1996) investigated prevalence rates of sexual harassment in over 1,000 men. Of those men 50 % had experienced sexual harassment, 40-52 % by male perpetrators and 30 % by female perpetrators. This shows a considerable amount of female aggressors of sexual harassment. Furthermore, a study by Black and his colleagues (2011) found that in 79 % of the forced-to-penetrate cases the assaults had been carried out by women. This again highlights the substantial amount of female assailants of sexual victimization. Despite such findings, many in society carry assumptions that men cannot be

sexually assaulted by women, and that they cannot be physically forced to penetrate others by them. But Weare and his colleagues (2017) found that the two most common methods employed by female perpetrators in forced-to-penetrate cases were the use of threats (22 % of incidents) and the use of force (15 % of incidents). To add to this, oftentimes sexual abuse perpetrated by women is considered less serious and less harmful when compared to sexual abuse perpetrated by men (Broussard, Wagner, & Kazelskis, 1991; Finkelhor, Williams, & Burns, 1988). But as stated previously research has demonstrated that sexual violence committed by women against men is no less traumatic than the reverse (Fisher & Pina, 2013). As such, societal perception that women are only victims of sexual abuse and men are only perpetrators is not a nuanced reflection of reality.

Effects of being victimized and the reception by others. The effects of being sexually victimized can be numerous in both women and men. There is an idea that runs through society that men aren't effected when forced or coerced into unwanted sexual situations (Peterson et al., 2011). Yet again studies point to the contrary. Depression, anxiety, suicidality, substance abuse, disordered eating and post-traumatic stress disorder have all been shown to correlate with experiences of various types of sexual abuse for both men and women (Burroughs, 2004; Denov, 2004; Dworkin et al., 2017). In a study by Norén and her colleagues (2017) a total of 823 Swedish men and women were screened in regards to effects on their sexuality after sexual victimization. Some of the most common sexual problems reported by victims were disgust towards sex (63 %), shame and guilt when feeling sexual desire (38%) and increased difficulties in having an intimate relationship (48 %). Results also showed that sexual problems after sexual victimization didn't differ notably between the sexes, both men and women reported significant impacts on their lives. Men, however, reported higher levels of guilt, shame and difficulties becoming wet during sex/becoming erect after the assault. Additionally, in forced-to-penetrate cases male victims have reported suffering serious emotional and psychological trauma, analogous to suffering that is recognized in female rape victims (Weare, 2017). In a qualitative study by Orman (1985, in Fisher & Pina, 2013) 24 men were interviewed about their forced-to-penetrate experiences and all described the experienced assaults as immensely traumatic. Several of the men additionally displayed severe signs of post-traumatic stress disorder. Although "was made to penetrate" is not included in current definitions of rape in any country, it has been argued that it should be due to the severe negative health effects of such experiences (Weare, 2017).

A study by Björklund and Boman (2016) that specifically looked at Swedish men's experiences after being raped found that the men reported deep feelings of emptiness,

confusion about their sexuality, shame, guilt and self-hate for being victimized. Feelings of being unmanly, deficient and incompetent have also been reported (Mendel, 1995). These feelings can often act as a barrier for seeking out professional help along with the fears that one will be judged, victim-blamed and have one's experience questioned (Björklund & Boman, 2016; Ullman & Townsend, 2007). It often takes years before men seek help for experiences of sexual abuse (McLean, 2013). In a study that looked at 115 sexually victimized men at a counselling service in the United Kingdom, the mean time transpired between assault and accessed counselling was found to be 16 years (King & Woollett, 1997). Additionally, research has time and time again found that men's fears of being poorly received by professionals is not unfounded. Data indicates that professionals can behave unacceptably in relation to sexually victimized men and women (Björklund & Boman, 2016; Norén et al., 2017; Ullman & Townsend, 2007). It's not rare for men to be re-traumatized after disclosing their experience to others (Jackson et al., 2017, p. 283). In a study by Jackson and his colleagues (2017, p. 283) one man recounted, "The negative responses I got, it just felt like I had been violated again. And it just kind of reinforced the sense of shame, and feeling dirty, and feeling like this is something that I need to just keep to myself". Due to the traumatic nature of sexual abuse, victims also run a risk of being wrongfully diagnosed with other mental and somatic illnesses, and therefore also wrongly treated (Björklund & Boman, 2016). For instance, post traumatic responses have been suggested to sometimes be misdiagnosed as ADHD (Swingle & Swingle, 2016).

This is not to say, however, that all victims report serious impacts on their lives after being unwilling participants of sexual situations, far from it. For instance, in the forced-to-penetrate cases investigated by Weare and colleagues (2017) although a majority of men described negative emotional impacts 5.3 % of the men reported no impact at all. Some scientists, however, have problematized the measurement of negative effects of sexual victimization in men. Struckman-Johnson and Struckman-Johnson (1984) posited that men might unconsciously minimize their experience in an effort to conform to stereotypical ideas of masculinity (such as "men are strong enough to handle unwanted sex"). Therefore, studies reporting on negative emotional effects on men after victimization might be skewed away from the true scope of the emotional damage.

Few studies have looked at sexual victimization of men, and fewer still have looked at the experience of men in Sweden. Studying men in Sweden could be particularly interesting as it is a country well known for its gender-inclusive values (Special Eurobarometer, 2017). This indicates that Sweden, at a higher rate than other countries, embraces traits and

experiences in men that have traditionally been seen as “non-masculine”. How sexually victimized men feel received in a gender-inclusive country might give clues to how men feel received in countries with less acceptance for gender-deviating experiences. The studies that have looked at the male sexual victimization in Sweden have mostly focused on experiences of rape. As sexual victimization can happen in many ways, important perspectives go lost when the phenomenon is only so narrowly explored. The aim of this research-project is therefore to study male sexual victimization in Sweden with a broader lens.

Purpose

Prior research on male sexual victimization shows that men are doubly harmed by their experiences. Firstly, they suffer the trauma itself and secondly they suffer at the hands of a society that often fails to recognize their abuse as worthy of attention. There is work to be done to increase our understanding of men’s experience, why it goes unnoticed and how we can better help these men. For this reason, this study aims to acquire a deeper understanding of the male experience of sexual victimization.

Research Questions

1. What characterizes experiences of male sexual victimization in Sweden?
2. How do men in Sweden define their experiences of sexual victimization?
3. How do experiences of sexual victimization affect men in Sweden?
4. How do men in Sweden feel their experiences are met by society?

Method

Based on the purpose of this study the mixed method dominant/less dominant design was chosen as its research design. The dominant portion of the study consisted of qualitative data-gathering, while the less dominant was quantitative. The mixed method design allowed for investigating the complex issue of sexual victimization on both a macro and a micro level (Morse & Niehaus, 2009), which is particularly befitting fields that have received little prior scientific attention.

To simplify the process of data-collection this study was divided into two main parts. The first part of this research project consisted of a qualitative interview pilot study. During this part semi-structured interviews of professionals were conducted. The professionals were asked about their experiences of working closely with men who had histories of being sexually victimized. These interviews were later analysed with the research questions in mind using analytical induction.

During the second part of this research-project a net-based questionnaire was designed, using the interview pilot-study and prior research as a basis, and launched on online forums. The questionnaire (see Appendix 2) was directed at men who had had experiences of sexual victimization and responses were completely anonymous. The questionnaire asked about what it was like to be a man with experiences of sexual victimization in Sweden. Questions pertained to the actual event of sexual victimization, how the men had coped afterwards, if they had ever shared their experience and how society and others had responded to their experiences. The questions in the questionnaire were both closed (as to allow for quantitative analysis) and open (as to allow for detailed accounts to analyse qualitatively). An anonymous, net-based questionnaire was chosen to investigate these experiences rather than face to face interviews, because researchers have shown that verbally speaking about traumatic events is enormously difficult for victims. Talking about sexual traumatization, even years after it has happened, can be almost unbearable (Knutagård, 2009; Van der Kolk, 2015). Not only would an anonymous questionnaire make it easier for many men to share their stories, but it would also allow them to effortlessly terminate their participation in the study if it became overbearing. Then, when the questionnaire was concluded, the open-ended questions were analysed through analytical induction, and the closed questions were analysed quantitatively in IMB SPSS.

Methodological background and philosophy of science

Analytical induction. There's a general consensus regarding how the analysis of

quantitative data should and should not be conducted. With regards to qualitative data, however, there are many different and established methodological approaches (Bryman, 2012). Therefore, the analysis strategies used in qualitative research have to be chosen based on reflections regarding which methods will best suit the particular type of qualitative data gathered. In the case of this study, the data gathered often resembled diary-like texts (that were responses to open-ended questions in the online-questionnaire). Due to the nature of the open-ended questions in the online-questionnaire the qualitative data quickly turned voluminous and complex as the number of participants grew. Thus, a methodology capable of systematically analysing larger amounts of complicated data was needed. For this reason, the methodology of analytical induction was chosen, as it is a stringent strategy for analysing substantial amounts of complicated data. Another reason this methodology was chosen was because it more readily, in comparison to other qualitative methods like IPA, forces objectivity (Bryman, 2012). As the current study only had one researcher (who had additionally read much about trauma and sexual victimization before embarking on this study) it was deemed that a method that would reduce the risk of biased interpretations of data was needed. As encountering a single case of inconsistency of a hypothesis is enough to reformulate it or seek further data-collection in analytical induction, it's a method that compels impartial data-processing (Bryman, 2012). In the process each hypothesis and theme is checked against all cases, one by one, and if a single case doesn't fit a theory, that theory has to be reworked, discarded or recognized as not concerning such cases. Therefore the method makes it possible to process data in a consistently critical way while placing importance in cases and information that go against the current proposition (Bryman, 2012; Smelser & Baltes, 2001) This makes it more unlikely for a researcher to represent data disproportionately by placing too much importance on few cases that fit his or her biases.

Mixed method design. The mixed method is one of the latest approaches to social science research, used to tackle research questions that are sometimes too complex to be answered by a single method. This type of complexity can arise, for instance, when a researcher wishes to explore questions at both macro-level (e.g. on a group level) and on a micro-level (e.g. individual cases). Traditional ways to tackle such complexities in research have been to conduct more than one research project, each using different methods. But this not only costs twice as much, but also takes twice as much time as a single project. Instead, a mixed-method design research project conducts a single project, but include a supplemental second component that involves a different method for collecting and analysing data. (Morse & Niehaus, 2009). A mixed method design also allows for triangulation by incorporating

multiple analysis strategies. Triangulation is a technique that facilitates validation of data through cross verification (Olson, 2004). Explained simply, by reviewing if the data collected through separate methodologies point to the same results, the legitimacy of the findings can be strengthened.

For these reasons the mixed method dominant/less dominant design was chosen for this study. Based on the research questions a strategy suited for exploring areas characterized by complexity on both macro- and micro-level was necessary. Additionally, the strategy had to work well for investigating fields that had seen little prior research. The mixed method combines both qualitative and quantitative methods (Morse & Niehaus, 2009) and was therefore particularly suited for such a task. The dominant portion of this study was the qualitative research, and the quantitative was the less dominant.

Critical realism. When the philosophical framework was to be chosen in this study, here too certain factors needed to be taken into account. As the methodology employed was a mixed method design, it indicated that the framework used would have to be compatible with both quantitative and qualitative strategies of approaching data. Secondly, the main source of qualitative data came from anonymous respondents sharing diary-like accounts of their thoughts and feelings. This meant that the philosophical approach had to, in some way, accept subjective accounts as meaningful and reflections of real phenomena.

Critical realism fulfils all of these criteria. Originally developed through the works of philosopher of science Roy Bhaskar (1975), this distinctive school of thought has grown formidable in the past decades. Critical realism makes several relevant statements for this study (Pearce & Frauley, 2007). Firstly, it asserts that reality exists independently of our knowledge from it. For example, systemic sexist inequalities exist even if we aren't aware that they do. Reality is always mediated through perceptual filters, so it makes little sense to hold that our knowledge corresponds exactly to what exists. Rather our concepts and categories help us make reference to significant, real world phenomena. Secondly, critical realism asserts that our perceptions are products of partially unobservable processes and relations (Pearce & Frauley, 2007). These unobservable features of life can be known to some degree and must be revealed, in order to explain the existence of empirically perceivable social phenomena. For example, relations of power are not directly observable, but can be inferred to exist from effects seen in the world, for example, economic inequality (Pearce & Frauley, 2007).

This means that critical realism acknowledges that an objective reality exists (compatible with quantitative research), but that it is sometimes invisible to us but through the

effect we see in the world. One way of approaching such invisible realities, it ascertains, is through investigating the perspectives of people who can hint at the empirically existing phenomenon, and observe effects of the phenomenon in the social world (compatible with qualitative research).

For these reasons then, critical realism was chosen as the philosophical framework for this study. Not only is it equally compatible with quantitative and qualitative research (Pearce & Frauley, 2007) but accepts that the accounts of people are meaningful and necessary to give insight into real world phenomena.

Materials

Interview-guide. A semi-structured interview-guide was constructed for the purpose of interviewing the participants of the pilot study (see Appendix 1). It was designed to give the interviews similar directions (as the interviews were semi-structured however, deviating questions were sometimes asked). The questions in the guide were partly inspired by the findings in Björklund and Boman's (2016) study as it specifically concerned Swedish therapists' experiences of working with sexually abused men. The interview-guide was also partly based on Norén and her colleagues' (2017) report on Swedish men and women's sexuality after sexual abuse. As parts of that report looked into men's experience of the health-care system, it gave rise to questions about what health-care professionals themselves would say. The interview-guide consisted of nine questions in total and asked about the interviewees experiences of meeting and working with sexually victimized men.

Questionnaire. A 32-item questionnaire was used to measure Swedish men's experiences of sexual victimization, its aftermath and its perceived effects (see Appendix 2). The questionnaire was constructed using two main sources. Firstly, the information gathered from the pilot interview-study which revealed commonly reported experiences of sexually abused men in Sweden, was used as a basis for some items. This was to see if men would report on these experiences themselves, and perhaps expand on them. Secondly Widamer, Schaper and Thieme's (2000) questionnaire "QoSA" was used as an inspiration for several questions employed in this study. QoSA was designed to investigate the cost of sexual violence to the individual and society, which made some of its questions particularly appropriate to use in this study. The questionnaire was created in Google forms, a survey-creation tool.

The questionnaire employed in this study gathered data on the particular events men

had of being sexually victimized, the effects it had on them, how they had coped with it afterwards and what type of reception they had received from others in regard to their experiences. Many of the questions left space for free-text answers so as to allow the respondents the opportunity to share more detailed accounts of their thoughts and experiences. Including a mix of both open ended and closed questions has been recommended when studying areas where little research has previously been done (Pallant, 2004).

Participants and inclusion criteria

Interview pilot study. The participants of the preliminary interviews consisted of four professionals who met victims of sexual abuse in their daily work, either through face-to-face sessions or internet-based contact. There were two male and two female participants, with ages spanning between 27 and 57 years of age. Two of the interviewees were counsellors and sexologists, one was a certified psychologist, and the fourth worked as a project manager for a research-project focusing on sexually victimized men and women in Sweden. The certified psychologist and one of the counsellors worked mainly with male victims, while the other two worked with both sexes, but mostly women. Their working experience in the field ranged between 2 and 17 years.

The criteria for inclusion were that the participants were currently working in Sweden, that they were working professionally in a field related to sexual victimization and that their work specifically entailed close contact with sexually victimized men. Criteria for exclusion were any prior acquaintanceship with the author of this study.

Questionnaire-study. The number of participants in the questionnaire amounted to 136 individuals, all of whom identified as men. The respondents' ages ranged between 18 and 75 years, but the majority of them were between 18-25 (37.5 %) and 26-35 (38 %) years old. Their current occupations varied greatly, but most of the men were currently under employment (46 %) or studying (30.6 %). For a detailed report on the participants' demographical data, see Table 1. All of the men participating in the questionnaire had had at least one experience in their life that they defined as sexually victimizing.

The criteria of inclusion for responding to the questionnaire were that the participant was 18 years or older, that they identified as male and that they had at least one experience of sexual charged acts being done to them against their will (i.e. sexual victimization).

Table 1. *Demographical data on the participants of the questionnaire*

Characteristic	Number of men	%
Age		
Undisclosed	1	.7
18-25 years	51	37.5
26-35 years	53	39.0
36-45 years	16	11.8
46-55 years	11	8.1
56-65 years	3	2.2
> 66 years	1	.7
Main occupation		
Employed	63	46.3
Student	50	36.7
Self-employed	7	5.1
Long term sick-leave	7	5.1
Unemployed	7	5.1
Leave of absence	5	3.8
Retired	1	.7

Procedure.

Due to the fact that the interview-study was going to lay the grounds for the questionnaire, participants for the interviews were recruited first. When the interviews had been completed and analysed the questionnaire was constructed. It was at this point then, that respondents for the online questionnaire were recruited.

Interview pilot-study. As few people in Sweden work specifically with sexually abused men, finding interview-participants who fit the criteria of inclusion was somewhat tricky. Five organisations located in Sweden, that in some way welcomed men with negative sexual experiences, were contacted. One organisation didn't reply, another had no possibility of partaking due to lack of time, but the other three offered contact-information to possibly interested persons. These contacts were e-mailed/called and all of them were willing to participate in an interview. In total four individuals were interviewed by the author of this study. All interviews were conducted in January 2018. The interviews were done both face-to-

face (with two participants) and over the phone (with the other two). The interviews took between 50 and 80 minutes. Notes were made on the information shared by the interviewees during the entirety of the interview. The interviews were not recorded in any other way as the interviews constituted only an interview pilot-study.

Questionnaire-study. The questionnaire was posted on several online-forums over the span of 16 days in February and early March. In total, 136 valid responses to the questionnaire were recorded (4 were invalid). Since experiences of male sexual victimization is common and men with such experiences move unnoticed in all parts of society, no exclusive types of forums were chosen to share the questionnaire on. The aim of the study was to get a sample of men as broad as possible (to best measure the experience of the “general” Swedish man). Therefore, the questionnaire was posted on forums with varying types of users, such as forums concerning social-life (Quiser.se, Facebook, Familjeliv.se and Hamsterpaj.net, Reddit.com and Ungdomar.se), mental health (Swedish Facebook groups that focus on mental health), hobbies (Gamereactor.se, Fragbite.se, Byggahus.se, Facebook, Kolozzeum.com, Garagdet.org), work (closed Facebook work-groups) and religion (Groups on Facebook that focus on religion). Additionally, the questionnaire was posted in the forums during different times of the day. This was done to avoid procedural bias as, on a group level, respondents online during the day might have been different than those online during night.

As responses started pouring in it became evident that quite a few of the respondents described serious symptoms of post-traumatic stress disorder when replying to the open-ended questions. Post-traumatic stress disorder (PTSD) is a mental health disorder that is sometimes triggered by shocking or terrifying events and often results in great suffering in the afflicted person (American Psychiatric Association, 2013). Therefore, 9 days into the launch of the questionnaire a question was added to screen all new respondents of such symptoms (see question 26.a in Appendix 2). The symptoms listed in the question were based on the diagnosis-criteria in the DSM V (American Psychiatric Association, 2013). This meant that only a portion of the total respondents (60 in total) replied to this question, but enough to gather significant amount of data.

Data Analysis

Questionnaire-study. Out of the 140 responses, four were removed during the analysis of the data. Two of them were responses from men who had reported having no experiences of unwanted sexual experiences and so were ineligible for the study. The other

two were respondents who did not reply to the questionnaire with serious intentions (evident through their flippant replies). The remaining responses of the questionnaire amounted to 136 replies. As question 26.a regarding symptoms of post-traumatic-stress (see Appendix 2) was added at a later date, this question only amounted to 60 replies. For the quantitative portion of the data-analysis, the results on the closed questions of the questionnaire were compiled in IBM's Statistical Package for the Social Sciences, SPSS for short. The results were later presented using descriptive statistics (with their frequency presented in percentages). Due to the ample amount of complex, free-text answers (over 50 pages of text when printed out on A4-papers), and the great variation of men's experiences of sexual victimization, no further statistical analysis was done for fear of producing misleading or erroneous data.

The qualitative portion of analysing the questionnaire-data was the most extensive. The strategy used was analytical induction as explained by Bryman (2015), who describes the process of analytical induction in three initial steps. Firstly, a rough definition of the research question is made (Stage 1). Then a hypothetical explanation of the research question is constructed (Stage 2) after which an examination of all the cases gathered is conducted (Stage 3) (Bryman, 2015).

In the case of this study, there were several research-questions, but the first one was "What characterizes experiences of male sexual victimization in Sweden?" (Stage 1 of Bryman's process of analytical induction). During the early stages of this study while conducting the literary review, several theories emerged as to what victimized men might experience in Sweden, and what would characterize their experiences (Stage 2). One such theory was that a majority of men probably suffer a great deal after sexual victimization due to societal assumptions of what it means to be masculine (e.g. always sexually willing, never emotionally hurt). Additionally, another theory that formed was that men who had sought help through the health-care system would be unhappy with the quality of care they'd received. This was another hypothesis based on not only research but on my own preconceived notions of the Swedish health-care system. With these theories in mind, among many others, I began examining the cases one by one (Stage 3). At this stage, many new theories were generated as I read the data. In the process, previous theories I had had were contradicted by several cases. For instance, indeed several men had been disappointed with the help they had received, but a substantial number of men were happy with the professional aid given to them. But the theory that a majority of men suffering because of gendered stigma appeared to be valid for most of the cases.

At this stage Bryman (2015) illustrates two possible paths. The first states that if

there are no deviant cases to the hypothesis, the hypothesis is considered confirmed (Path A). If however, there are deviant cases not confirming the hypotheses (Path B) then the hypothesis must either be discarded or reformulated to match the deviant cases. If the hypothesis is reformulated, then the new hypothesis must be checked for all cases again.

In the case of above-mentioned research questions then, the one about a majority of men suffering from experiences of sexual victimization (due to sexist reactions from society) was considered confirmed (Path A), and the one that concerned satisfaction of the Swedish health was reworked to fit all cases (Path B). This reworked understanding stated, “Men experience varying degrees of satisfaction with the health care system in regard to their experiences of sexual victimization”, and was then again checked for all cases. During the second examination of the cases, new, more nuanced understandings and themes emerged in relation to the research questions. As soon as a theme was reworked it was checked for all cases again, in order to find deviant cases. For every iteration the premises became more nuanced and representative of the data. This was how the process of analytical induction produced themes in this study, until finally a substantial amount of themes compatible with the gathered data had been established.

Interview pilot-study. Due to the fact that the pilot-study was much smaller than the questionnaire-study, the process of analysing the material wasn't as extensive. The material gathered from the four interviews amounted to 14 A4-pages of written material. In a similar way as described above, analytical induction was conducted in reference to the information gathered from the professional contacts. Common themes and hypotheses were fleshed out from the interview and then cross-referenced between the participants.

Points that reoccurred in the stories of all the participants were established as themes that demanded consideration in the questionnaire. For instance, all four interviewees mentioned that they experienced a great variety in the stories men tell about being sexually victimized. They mentioned, for instance, that far from all harmful sexual forced experiences look like the classical versions of rape, sexual abuse and molestation that one hears in the media, and that many men had a hard time defining what had happened to them. Before taking part of this information, I had contemplated inserting a premade list into the questionnaire that contained several common types of sexual victimization (e.g. rape, molestation, sexual harassment) where the men could pick which type fit their experience best. But as a consequence of all interviewees stressing the point of variation and individuality of experiences, an open-ended question was incorporated into the questionnaire instead (see Question 7 in Appendix 2). This question asked the men to, in as much detail as they felt

comfortable, describe the events that had happened to them. In this manner the information that had risen out of the pilot interview-study (through the process of analytical induction) was incorporated into the questionnaire.

Preunderstanding

My interest in the field of sexual victimization came from personal experiences. It began when several people close to me, both my friends and my family, had started showing symptoms of traumatization. Some of them had suffered traumas of violence, some sexual traumas and some had been traumatized as children by caregivers. Regardless of which type of trauma they had suffered, they all showed similar symptoms and become gradually more depressed as the years went by. My friends and family, in an effort to alleviate their pain, sought help from the health care system and to my horror I saw that none of them received evidence-based treatment for trauma. They received diagnosis after diagnosis, but often the underlying traumatic experience lay undiscovered by the professionals ‘treating’ them, and so their experiences remained unprocessed. I was greatly disappointed by these experiences and for seeing how people close to me were let down by society and the very professionals that were supposed to help them. Thus began my interest in victimized groups in general, including men and women who had been sexually victimized. The thought hit me, if women’s sexual traumas are so often missed by those around them (and even their therapists) what is it like for men? Surely it must be even worse.

And so my preunderstanding entering this study were quite heavily influenced by the despair I had seen around me. I presumed that there would most likely be many stories of men being let down by the Swedish health care system, and assumed that many of them would have been diagnosed with other mental health disorders long before their traumas were discovered. It was important for me to be aware of these preconceived notions when I analysed the data gathered through this study. I wished to be as objective as possible when representing the very important stories these men shared. I made sure to be reflective any time I made a conclusion based on the data that would closely match up with a known prior bias. This strategy allowed me to double check the data and minimize the possible effects of my preunderstandings.

Ethical considerations

The subject of sexual victimization is one of a particularly sensitive nature. It is not unusual that experiences of unwanted sexual contact leave us with a shattered sense of

identity (Björklund & Boman, 2016). For this reason, considerable ethical considerations had to be made.

As has been mentioned, reacting to a person's story of sexual victimization with even subtle scepticism, shaming, minimization or victim-blaming can work to seriously re-traumatize the victim (Jackson et al., 2017). For this reason, it was exceedingly important that the questionnaire and all available information regarding the study was written with unequivocal empathetic respect for these men's experiences. Additionally, long-buried experiences can when prodded trigger depression, impulses to self-harm, explosive anger, disassociations and feelings of helplessness just to mention a few common reactions (Snipes et al., 2017). Therefore, awareness of the potential pain each question could awaken within the respondents was paramount. Questions were made to be skippable so that the respondents could choose not to answer for any reason. To make sure the respondents had access to dependable information about where they could get further specialized help as sexually victimized men if they wanted it, upon completing the survey they were given a list to six organisations that offer help to sexually victimized men (see Appendix 3).

Furthermore, during the construction of the survey the possibility of including respondents with a history of sexual victimization under the age of 18 was considered. This group of very vulnerable and isolated individuals have not been researched much in Sweden, and this would have been an opportunity to finally give them some visibility and a voice in research. Potentially they could also receive contact-information to help-organisations they might not otherwise have known existed. However, due to the elevated risk of children acting out impulsively through self-harm or suicidality (Lockwood, Daley, Townsend & Sayal, 2017), and that their autonomy to remove themselves from painful circumstances is limited, it was decided to not include those under 18 in this study. Regrettably their important perspective was lost, but their safety was the first priority.

Lastly, since this subject is sensitive it was very important to maintain the participant's anonymity. For this reason, only two demographical questions were asked in the very beginning of the questionnaire, and participants were asked to be mindful not to share information that risked reveal their identity.

Results of the interview pilot-study

The results of the interview pilot-study are presented below. The reason professionals (who worked with sexually abused men) were interviewed was to capture the subjective perception of encountering male sexual abuse from an outside-perspective. Three main themes arose from the interviewees joint narratives: *language has power, experiences show remarkable diversity and questions about masculinity*. These themes are further expanded upon by including examples of the interviewee's statements that touched upon the subject matter. As this part of the research-paper only refers to a pilot-study that was mainly used to prepare for the questionnaire, the results will only be presented very briefly.

Language has power

All interviewees in one shape or form referred to how the language used when describing victims, perpetrators and acts of sexual victimization affects society. For instance, one interviewee expressed what a delicate affair it was to use fitting language when working with sexually victimized men as sexual abuse is such a taboo-subject. He mentioned that many men with sexually victimizing experiences had a hard time identifying themselves as victims, and that they often would initially describe their experiences as "bad sex". He would then work together with the men to explore what "bad sex" meant, empathetically and slowly introducing other terms that described what they had experienced (e.g. sexual abuse, rape). Sometimes men came to realize that they had indeed experienced abuse or rape, but sometimes they continued rejecting such strong terms. Another interviewee stated that their organization had made thorough changes not too long ago regarding all of the written material they had made available online. As the subtle nuances of language could mean the difference between feeling welcome to contact a health-care-organization or not, they had changed all previously female-directed texts to be inclusive of all genders.

Experiences show remarkable diversity

All the informants expressed how differing stories of sexual victimization could be. One informant mentioned that many patients came with ideas that rape only happened in very specific ways. Their mental images usually reflected a forest with a woman being violently restrained and then sexually assaulted. This image however was far from the only type of sexually traumatizing experiences they encountered when working with victims of sexual abuse, the interviewees stated. Therefore, the informants had stressed the importance of being open for all kinds of stories, and not to let one's predetermined understandings direct which

events the men were allowed to feel were sexually victimizing or not. It was important, respondents claimed, to keep a very open mind.

Questions about masculinity

A commonly reported effect of being victimized the informants stated, was that questions arose about what the victimizing experience had done to the victims' masculinities. Great shame often followed abuse as well as disrupted sex-lives, depression and identity-crises. One informant described how men were more quiet about their abuses than other groups, because of the perception that being a male victim of sexual abuse affected how much one was worth as a man in the eyes of others'. Fear of being called derogatory words, such as weak, made men keep their experiences inside. As such, the concept of masculinities was indicated to be a great issue with regards to male experiences of sexual victimization.

Quantitative results of Questionnaire-study

The results from the quantitative portion of the questionnaire are presented in this section. This data was accumulated by asking men online to anonymously answer closed questions about their sexually victimizing experiences. The intention of gathering such quantitative information was to assemble a clearer picture of about what characterized male sexual victimization in Sweden. The findings are divided into seven sections: *number of times men were victimized, ages of sexual victimization, places of sexual victimization, characteristics of the perpetrators, becoming aware one has been sexually victimized, disclosing the experience to others* and *health care and the men's mental health*. These categories will be presented in text (as well as with tables) below using descriptive statistics (with frequencies being presented in the form of percentages).

Of significance is that the characteristics of sexual victimization events reported were exceedingly diverse. Some examples of events reported included online harassment, unwanted caressing of a victim's genitals, sexual violence in the form of rape, perpetrators forcing the victims to rub their breasts or genitals, threats against victims to submit to sexual contact and sexual coercion by partners. This means that there are a wide range of experiences reported that this study defines as sexually victimizing and that are included in the calculations.

Finally, it's important to note that all imprecise answers, as well as all answers of "I don't wish to disclose this" or "I don't know", were removed in order to simplify the quantitative analysis-process. For this reason, the response-rate for each question isn't always 136 replies (the total number of responders to the whole questionnaire). Additionally, some men chose to skip some questions.

Number of times men were victimized

88 men (64.7 %) had been sexually victimized multiple times (twice or more) in their lives. 48 men (35.5 %) had experienced only one event. Men who had been victimized multiple times reported a great variety in total number of experiences (see Table 2). For instance, 31 respondents (39.7 %) had been victimized two to four times in their lives, while 11 (9.6 %) had upwards to 30 experiences. 4.4% of the respondents (n=6) reported being victimized over 30 times. Numbers of experiences detailed by these six men stretched between 50 to 250 events. Some of them stated that they had been sexually abused/raped several times a week for years (e.g. when in abusive partnerships, or when abused as children regularly by an adult). See Table 2 for details.

Table 2. Number of sexual victimization events that had happened the men

Number of times	Number of men	%
1 time	48	35.5
2-5 times	31	22.8
6-10 times	28	20.6
11-30 times	13	9.6
> 30 times	6	4.4

Note. In the category “>30” there was a wide spread of reported events of abuse and rape. Four men reported between 150 and 250 experienced events. Out of the 88 men who reported multiple events, ten replies were removed due to ambiguity.

Ages of sexual victimization

As with the number of events experienced, the ages men had experienced sexual victimization was also diverse (See Figure 1). Ages reported ranged from 5 to 49. The most frequent ages reported however were between 12 and 26 years (within that span the age most frequently reported was 18). These results seem to point to that most men fall victims to such abuse somewhere below the age of 30.

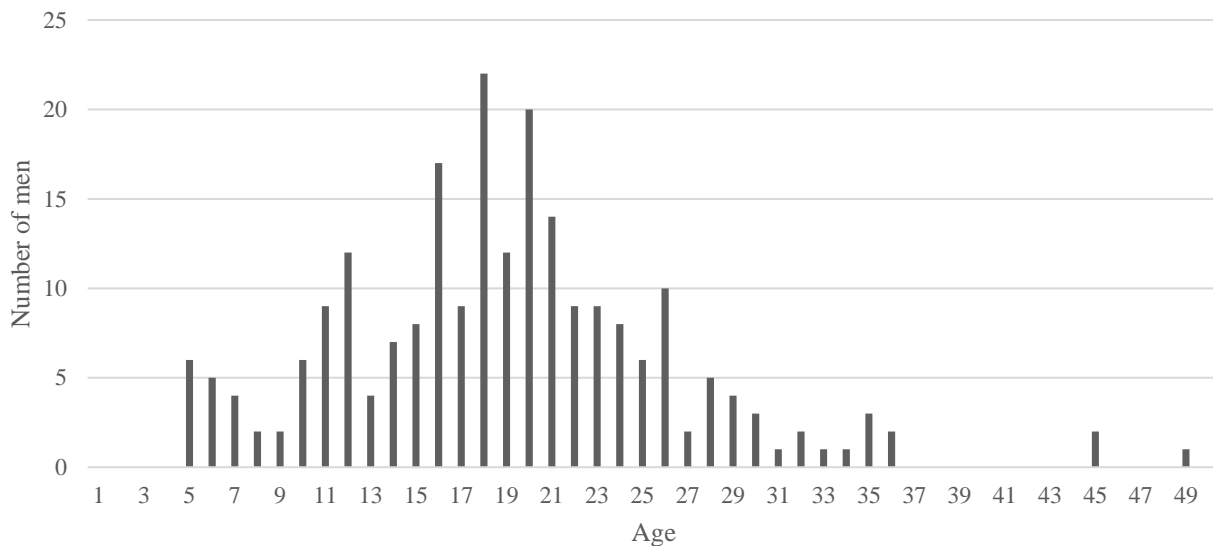


Figure 1. The ages men reported experiencing at least one event of sexual victimization. Some men reported only a single event (during one specific age), while others reported daily abuse over the course of years. Six of the replies were removed due to ages reported being ambiguous or unspecific, meaning 130 responses were used in the making of this graph.

Places of sexual victimization

45 men (33.1%) reported that they had been victimized at home. 43 respondents (31.6 %) had been victimization outside (e.g. on busses, subways). To see a detailed distribution of places reported see Table 3. Important to note is that in the questionnaire, there was no premade option for the men to pick “Party/Bar”. All of the men who reported such places had written them by hand in the free-text box underneath the question.

Table 3. *Places men had experienced sexual victimization*

Place	Number of men	%
At home	45	33.1
Outside	43	31.6
Party/Bar	30	22.1
School	29	21.3
In hotel/another’s house	23	16.9
At work	18	13.2
Other	12	7.4

Note. All of the 136 respondents to the questionnaire disclosed where they had been victimized. The category “School” included places such as school grounds and school trips. In the category other, places like the indoor swimming pools, massage-clinics, sports locker-rooms, the gym, the army and summer camps were included.

Characteristics of the perpetrators

67 respondents (50.0%) reported male perpetrators. Notably 93 men (69.4 %) disclosed that they had been victimized by women. 19.4 % respondents (n=26) had been victimized by perpetrators of both genders.

Friends or acquaintances (e.g. neighbours, class-mates, friend of wife) were reported to be perpetrators by 53 men (39.8 %). 53 men (39.8%) also reported that strangers had assaulted them (e.g. persons at work-related dinners, people in clubs or concerts). To see detailed statistics on the characteristics of the perpetrators reported by the men see Table 4. To note is that out of the ten events that men described involved groups of attackers, only three had involved men. The rest of the seven groups consisted of exclusively female groups that had victimized the men.

Table 4. *Characteristics of the perpetrators*

Characteristic	Number of men	%
Gender		
Female	93	69.4
Male	67	50.0
Other	2	1.5
Relation to perpetrator		
Stranger	53	39.8
Acquaintance/friend	53	39.8
Partner	35	26.3
Groups of individuals	20	15.0
Person in professional position	15	11.3
Extended family	5	3.8
Father	3	2.3
Mother	1	0.7

Note. 134 respondents answered the question about perpetrator-gender and 133 men disclosed which relation they had to the perpetrator. To clarify, the category “Person in professional position” signified those who were in contact with the men as workers, such as doctors, female day-care teachers, colleagues, religious workers.

Becoming aware one has been sexually victimized

33 men (24.3 %) explained that they had become aware that their experiences constituted sexual victimization through others (conversations, hearing about other people’s stories, the #MeToo movement), while 14 men (10.3 %) attributed reflection. 41 responders (30.1%) reported that they had realized the event was abusive because they had said no to the assailant, often many times. 22 men (16.7%) had understood that their experiences could be labeled sexual victimization by how negatively they felt inside while it was happening and afterwards.

The results regarding the time it took for the men to become aware they had been victimized were robustly divided. 46 respondents (33.8%) answered “I understood it immediately” and another 46 men (33.8%) responded with “it took several years for me to understand” (see Table 5). Additionally, those who noted a several year process also reported vastly different time-spans (between 2-20 years). It’s important to note that 10 men (7.4%) reported that they still did not define themselves as sexually victimized, despite having

experiences of sexual acts and behaviours being done to them against their will.

When asked about what type of abuse (hands-on or hands-off abuse) the men had experienced 124 men (91.2%) stated that they had experiences hands-on abuse while 44 (32.3%) had experienced hands-off abuse. 7 men (5.1%) reported that they didn't think either of the expressions described their experiences of sexual acts done against their will.

Table 5. *The time it took for men to become aware they had been sexually victimized*

Time	Number of men	%
Immediately	46	33.8
One day	13	10.3
Couple of days/a week	4	2.9
Couple of months/a year	13	10.3
Several years	46	33.8

Note. In the “Several years” category, there was a great spread in the number of years it had taken. Some men reported that it took them 2-3 years to define what they had been through as sexual victimization or abuse, while others reported 15-20 years. Four of the replies were removed due to times reported being ambiguous.

Disclosing the experience to others

31 men (22.8%) had never told anyone about their experiences while 105 respondents (77.2%) had told at least one person about being sexually victimized. 81 men (74.3%) had told their friends and 48 (44.9 %) had told their partners. To see all the data gathered on disclosure see Table 6. 130 of the victimized men (95.6%) had never reported their incidents to the police. Only 6 men (4.4%) had done so, and none of those cases had led to the conviction of the perpetrator.

Table 6. *Circumstances of men's disclose of their experiences*

Circumstance	Number of men	%
Disclosure		
Had told someone	105	77.2
Hadn't told someone	31	22.8
To whom they disclosed		
Friend	81	77.1
Partner	48	45.7
Family	20	19.0
Health care contact	16	15.2
Other	10	9.5
If they had been believed		
Believed	88	83.8
Believed, but not taken seriously	16	15.2
Not believed	7	6.7

Note. The frequencies in "To whom they disclosed" and "If they had been believed" subcategories were calculated using the 105 men who had disclosed as a basis (not of the total 136). The subcategory "Other" included those that did not fit into other categories, like colleagues, church-personnel, police or online-contacts.

Health care and the men's mental health

117 men (86.0%) had never applied for help with regards to their experiences. Of the 24 men (17.6 %) who got help, half (n=12) were never asked if they had experienced sexual abuse by their health care contact. One man stated that he was asked, but felt he couldn't disclose it. See Table 7 for more details. 29.5 % of the men (n=18) reported no PTSD-symptoms while 23.0 % (n=14), a substantial amount, reported between 5-9 symptoms (such as flashbacks, loss of memory of the event, anxiety).

41 of the men (30.1%) self-reported that the severe health effects they had (e.g. depression, feelings of worthlessness) were partly or wholly due to their experience of sexual victimization. 66 men (48.5%) also shared that they felt affected negatively by various male sexual abuse myths and sexist beliefs (such as "men always want sexual contact, and if they don't then they're feminine").

Table 7. *Men's mental health and contact with health care organizations*

Characteristic	Number of men	%
Type of health agencies contacted		
Not in contact with health agency	117	86.0
Public	12	8.8
Private	12	8.8
Voluntary	6	4.4
If asked about SV by health care contact		
Yes	12	50.0
No	12	50.0
Number of PTSD-symptoms reported		
No symptoms	18	29.5
1-2 symptoms	18	29.5
3-4 symptoms	12	19.7
5-9 symptoms	14	23.0

Note. All 136 respondents disclosed if they had been in contact with a health agency or not. 24 men in total had in some way received aid from such organizations, and as such only 24 of the respondents could respond to the questions about if the health care contacts had asked the men about their experiences. Additionally, the percentages regarding PTSD-symptoms are based on the 61 respondents who answered that question.

Qualitative results of Questionnaire-study

The findings of the qualitative data collection of the questionnaire are presented below in the form of quotes by the men as well as statements regarding the contents they shared. The quotes displayed are Swedish to English translations of the men's written accounts (as the respondents replied in Swedish). However, great care was put into preserving the information and precise nuances of the respondents' original accounts in the translations. Except for details that could potentially reveal the identity of the responders (e.g. name of workplace, place of upbringing, ages) all accounts are presented as the informants expressed them. The results are presented in four themes and subthemes.

Table 8. *Structure of themes.*

<i>Main themes</i>	<i>Sub-themes</i>
<i>Characteristics of the events</i>	Diversity of experiences Reactions during victimization
<i>Effects of the events</i>	Health effects and coping Relationships and sexuality Less severe events can still hurt Mistrust of others Positive outcomes
<i>Reception by others</i>	Received by laughter Men don't count Experiences of health care
<i>What society lacks</i>	Inadequate health care Wishing for societal changes

Characteristics of the events

In this section the information men shared about the sexually victimizing events they had experienced will be presented. Respondents to the questionnaire detailed the incidents in

and of themselves, which methods their perpetrators had used and how they as victims had reacted to the event. Therefore, the data will be presented in the following sub-categories:

Diversity of experiences and Reactions during victimization.

Diversity of experiences. The questionnaire invited the respondents to (if they felt comfortable) describe the events that had happened to them in any amount of detail they desired. And while all stories included the men as unwilling targets of sexual behaviours and acts, the stories the men told were very diverse. One man for example, wrote how he had been sexually harassed online by a much older neighbour when he'd only been seven years old:

He wrote to me and recounted how he was going to rape me. He told me he was monitoring me all the time, and that I shouldn't tell anyone. He tried to make me come over for a sleep over [...] It had made me feel uncomfortable.

Informants also reported being manipulated or forced into touching other people sexually. One respondent recounted how his friend had forcefully grabbed his hands and pressed them against her breasts, and that it still made him angry to think about to this day. Narratives in the material also included unsolicited touching and groping. One man gave the following insight into his work-situation and how he had been groped there:

I was groped and harassed by several of my male colleagues. The boss dismissed my complaints by saying, "that's just the way it is". One of the receptionists was the worst. He would sneak up behind me, rub himself against me, grope my genitals and my backside, lick my neck and ear and call me "daddy". He said he would get me drunk so I would sleep with him [...] when I told him to stop he didn't listen.

Another man wrote that most of the instances he had been groped had been by women at pubs and bars "older women, 40-50 years old, would always grab my genitals or ass when I was in military uniform". Instances of exploitation where men were taken advantage of in vulnerable positions were also mentioned. One man stated that "two female acquaintances of mine demanded sex from me (at a time in my life I was very poor) in exchange for giving me food".

Men also spoke about experiences of sexual coercion. One respondent described how "due to tight foreskin, sex was a very painful experience" for him. It had been so painful that he couldn't endure having penetrative sex, and for this reason he had been continuously

shamed and blamed by his partner. “She questioned my love for her constantly,” he wrote, “and while she did that, she was also quick to attack my role as a man. What kind of a man was I who didn’t want to have sex? ‘all men want sex’”. A second man explained that he was hounded for sex by his partner despite his painful migraine until he had finally agreed. “Eventually I vomited out of pain”, the man wrote.

Men also shared stories about being threatened into complying to the sexual demands of the assailant/assailants. One man described how he had woken up heavily intoxicated at a party with a woman having sex with him, “she told me ‘if you complain I’ll tell everyone you raped me’”. Additionally, men shared stories about sexual partners tricking/forcing them into inseminating them. One man shared such experience with the following words:

I knew she wasn't on any birth-control, so I told her I didn't want to have sex without a protection, and as I stretched for a condom she sat on top of me and slipped inside. She started riding me. I tried to get away but it was hard. (I managed to pull out) and eventually I came on my stomach [...] To my astonishment she took her fingers and wiped up the ejaculate. Then she took her sticky fingers, pressed them inside herself and pleased herself until she orgasmed. [...] afterwards I was annoyed with myself that I had put myself in that situation. I was very worried about the possibility of an unwanted pregnancy and so I suddenly started crying. She comforted me and asked why I was sad, but I avoided replying and just made something up.

Another respondent shared how he had been sexually assaulted, “when I was 15 a girl tied me up and used me however she pleased, she took things and shoved them into me anally”. Accounts of men experiencing attempted rapes also emerged in the material gathered through the questionnaires. One man wrote:

I was physically restrained and almost raped by three women. All of them were pretty intoxicated, and I'd been drinking as well which made it harder for me to fight back against three fully grown people. Eventually I succeeded however and that's why I wasn't raped. It was one of the worst experiences I've ever had in my life.

One respondent explained that there had been attempts to drug him, in the purpose of using him sexually. And so, the stories by the sexually victimized men who responded to this questionnaire were varied.

Reactions during victimization. In the gathered material, men described various ways that they had reacted while being sexually victimized. For instance, respondents disclosed experiences of unwanted physical reactions like erections or ejaculations during the victimizing events. One man who had had voluntary sex with an acquaintance while intoxicated described how he had woken up the morning after and felt regret for sleeping with her. He didn't want to have sex with her another time, but when she awoke she had in a forceful manner initiated sexual contact again. He wrote:

My body reacted even though I didn't want it to at all. [...] She forced her way with me and took what she wanted, there wasn't much of a mutual interaction between us. Afterwards I was ashamed, had anxiety and felt guilty and dirty.

Another respondent who had been sexually assaulted wrote "I was both afraid and distressed but didn't dare resist. Despite my terror I got an erection, I don't know why". Men also reported reacting passively during the actual events. One respondent who had his buttocks pinched by a female colleague wrote "It felt like she tried to display power over me. I was really disturbed and badly affected, but I (didn't do) and didn't say anything to anyone". Another man, who had been sexually harassed and assaulted by a woman, wrote "I lay completely motion-less out of chock" while the events were unfolding.

Respondent's also shared how they were worn down, through for example nagging, manipulation and threats, and how that could make them comply to the victimizing experiences. One man who due to a sensitive penis didn't want penetrative sex, was pressured by a woman to penetrate her. He described how he finally caved in in the following words:

(She) refused to accept it. Eventually she manipulated me to do so anyway, by threatening to end our relationship if I didn't attempt penetrative sex with her multiple times. Oftentimes I said no to her, but sometimes I just couldn't cope and didn't have the energy to say no anymore. It didn't turn out well, and besides being painful it also felt very degrading.

In the material accounts by men who had fought, cried and screamed during the victimizing events also surfaced. One respondent who had been sexually harassed and stalked by a woman all the way to his hotel room wrote:

I heard knocking on my locked door [...] it was her. I refuse to open it but (she was) extremely stubborn. [...] I was both afraid and angry, so I yelled at her to go to hell through the door. But she didn't care.

Another respondent detailed that “despite crying and yelling no” he was photographed sexually while naked when he was 10 years old. One man also detailed how he had tried to wrestle away from a sexual assault.

Effects of the events

Below the information respondents shared about how the sexually victimizing experiences had affected them will be presented. A wide variety of effects were reported by the respondents. For instance, there were accounts of severe, negative and debilitating effects and feelings of anger and disgust. There were also accounts by men who reported that the events hadn't affected them at all. In the material gathered narratives that detailed conflicting emotions and even positive outcomes were also uncovered. For this reason, the data will be presented below in the following sub-categories: *Health effects and coping, Relationships and sexuality, Less severe events can still hurt, Mistrust of others and Positive outcomes.*

Health effects and coping. Men reported severe negative health effects after their experiences. One man used the words, “A part of me died that day [...] It created an enormous emotional wound”. Respondents recounted feelings of self-hate, shame, depression, invisibility, being dirty, problems with intimacy, loss of confidence, disrupted sex-lives, substance-abuse and much more, in response to their experiences. Men also described symptoms of post-traumatic stress syndrome, such as flashbacks, loss of memories about the events, disassociations, nightmares and avoidance of stimuli that reminded them of the events.

Victims described that the negative effects of the event/events had permeated their very being and influenced many central aspects of their lives. One participant wrote “It feels like my whole sense of self was robbed from me”. Another man, who's assailant had become pregnant during the non-consensual sexual act, described his feelings after the event with the following words:

I became horrendously depressed for a very long time and felt like a gigantic idiot. Emotions of colossal guilt and shame. [...] To look (my family and relatives) in the eyes and tell them about everything that had happened is something I wouldn't wish

upon my worst enemy. I'm doing better, but I still go to psychotherapy.

Reports mentioned how coping with such extreme, negative emotions was very difficult. One respondent expressed how the effects of the assaults had been so overpowering that he'd eventually found substance-abuse as a strategy to numb his feelings:

I felt absolutely horrible for many years after the events, aggressive in school, didn't trust anyone. Those were difficult years. I found alcohol as a 12-year old, cannabis at 14 and heavier drugs not long after. They helped quiet what was inside. [...] every time I thought about my childhood I was overwhelmed with feelings of shame. [...] Of course it's hard to definitely say, but I think the experiences (of sexual victimization) were the main reasons for my drug addiction.

Another respondent who had been sadistically, sexually abused for several years "I feel like a fake, like a shell with a dark core that can't be allowed to get out [...] When I was 13 years old I chose to become a prostitute, because it was the only way of getting love". One man, that as a child had been forced to give oral sex to an older neighbour in order to play with his friend, had instead turned to suppression and self-blame to cope with his events:

For a very long time I've suppressed everything that's been even slightly mentally difficult to think about. And for a long time (these thoughts/memories) have been shut inside my own head. Short-term I've seemed more mentally balanced, but in the long run I've been very mentally unstable and depressed. [...] The very short moments I come to think about what happened I mostly think to myself "you're such a disgusting creep, think about something else".

Relationships and sexuality. Avoidance as a coping strategy was mentioned by respondents. For instance, victims described avoiding relationships with other people after their experiences as their confidence and trust in others had been marred. One man stated, "daring to believe I could ever have healthy, working relationships with another person ... that's something I've given up on", and another man simply wrote, "after the event I've chosen to live life without a life-partner".

The men also reported disrupted sexualities. This disruption could take on many different forms, such as feeling a loss of sexual desire, experiencing incessant internal

questioning about their own sexuality and a fear of not being able to perform sexually. Respondents also reported having difficulties with specific sexual actions that reminded them of their past experiences of victimization. Such sexual actions (e.g. having an orgasm, being “ridden”, being orally pleased and being masturbated by someone else) could cause anxiety and a loss of erection. One man recounted how such effects were influencing his sexual life:

I'm too afraid to have sex with people that I don't feel extreme trust for, additionally I get panic attacks if I orgasm when I'm with another person. I also don't dare flirt with people and I feel threatened when others flirt with me. I seldom dare risk getting into love-relationships. I get flashbacks sometimes, anxiety.

Another respondent, who had been extorted into having sex by a woman, wrote “I still doubt I could perform in a sexual situation”.

Less severe events can still hurt. Even the men who had experiences of a less severe nature could report strong negative reactions and feelings afterwards. Men were able to feel persistent anger, anxiety and shame in response to events such as sexual innuendos made about their bodies, single cases of unwanted caresses and single events where they were being pressured to share sexual stories. One man who had unwillingly been made to touch his friend's body wrote, “she grabbed my hands and pressed them against her breasts. [...] when I think about it I often get angry at how she subjected me like that”. Another man, who identified as heterosexual, described a groping-experience he had had in a bar that had left lasting negative emotions:

I was at a gay-bar dancing with some friends and having fun. Some men were flirting with me and one of them, as he was leaving our conversation, groped me between my legs. At the time I was pretty intoxicated and didn't have the time to react. I didn't think much about it in that moment. But now, afterwards, it feels bad and humiliating.

Similar reactions were reported by respondents that had had the time to resist/say no to the person making advances. For instance, one questionnaire-participant recounted an experience he'd had in a massage-clinic where he'd expressed he did not want further sexual contact, and was subsequently listened to:

After 20 minutes the person who'd been massaging me left, and another woman entered. She told me to lay on my back and started massaging my legs. As she was massaging my inner thighs she pushed her hands inside my underwear and asked if I'd like massage there. Horrified I replied 'no', which prompted the lady to leave and the first massage-person to enter again. She started to massage me for a couple of minutes before I stood up and left. [...] when I think about the event I get abrupt feelings of anxiety in my body.

Another man, who had been at a camp and shared a room with several other people, had also been sexually approached but felt he couldn't say no. This had led him to label himself with negative connotations after the event. He described his experience in the following words:

I was alone in my room, making my bed to sleep. I was really tired. Suddenly three intoxicated girls open the door loudly and start half-kissing each other. I'm standing in my underwear and the whole situation just feels uncomfortable for me. [...] I start packing my items, trying to give hints that I'm tired and going to sleep. It doesn't work. After a while they start asking me questions and ask each other questions about me ("Is he good in bed?", among other things). I start feeling really uncomfortable, but I don't dare tell them off (due to their high social ranking at the camp). So, I end up grabbing my boots to walk out in my underwear to stand in the dark forest for around 30 minutes, just waiting for them to leave. [...] When I think about those events sometimes I feel pretty worthless. I feel like a coward/wimp who didn't dare say no.

In this case, the man had been the subject of subtle, unwanted sexual advances. While he had successfully been able to remove himself from the situation, stubborn feelings of not having established his boundaries haunted him and made him label himself negatively as a coward.

Mistrusting of others. Men reported becoming distrustful of people who in age, gender and looks reminded them of their assailant. Accounts described how they felt fear, and anger towards women of certain characteristics. "it's hard for me to trust women around the age she was during the events when I was sexually victimized", one respondent described. "I had a very hard time trusting others, especially women unfortunately," another man who had

been coerced into unprotected, penetrative sex recounted, “I still keep a certain distance even if it’s not my intention. That’s something I’ve had to work very hard with in therapy”. A third man, who had been orally raped by another man, disclosed, “after the event I became much more careful and afraid of aggressive men”.

Positive outcomes. In the material reports by men feeling conflicting emotions regarding their experiences could be found. One specific type of conflict described regarded feelings of being desired while still being non-consensually approached. One man who had been unwillingly grabbed from behind, rubbed and had his ear licked stated, “as a dude who’s not very good looking, the experience made me think ‘at least I’m good looking enough to have my butt pinched’”. Another respondent who had been unwillingly groped by two women at a bar wrote, “A part of me is ashamed that on some level I appreciated the ‘attention’”. Finally, one man who had been sexually stalked and frightened by a woman, wrote that the fearful event also had made him think of himself as more attractive.

A second type of conflict that men reported was feeling physical pleasure while also being heavily traumatized during the experience. One such man, who had been constrained by several women and then forcefully touched until he had ejaculated, described his feelings in the following way:

As a guy you’re supposed to “like it”. In a sense I did, while at the same time feeling humiliated, hurt and disgusting. The emotions were very complex, which probably was what made it so hard. [...] (the conflicting emotions) made the experience incredibly difficult to integrate into my life, for me be able to make a story about what had happened and then move on.

Another man who had been made to penetrate a woman without protection described:

I was confused and felt both sad and betrayed because she hadn’t listened to me (saying no). But at the same time the situation was sexually charged and I felt intense physical pleasure while she rode me, it made it hard to push her away. [...] After she was done I suddenly started bawling.

The man further reported that the experience had brought feelings of depression and self-hate afterwards.

Lastly, within the material reports were found of men who, despite being victimized

and traumatized, could still feel that they had eventually gained something from the experiences of sexual victimization. Respondents reported that the events had increased their understanding of sexual victimization and that they now saw that it could happen to anyone, including “bearded, gruff men”. An increase of awareness for what it must be like for many women was also described. Other accounts included men who stated that the victimization had been tough, but that they today felt they had become stronger. They had become more determined to establish their boundaries, say no and stand up for themselves. One man, with experiences of groping and sexual assault, wrote:

I'm stricter with standing up for myself when I'm in public nowadays. I'm not a tiny person, and I think that especially women who have taken liberties with me thought “I can take it”, because I'm bigger than they are. To the contrary I now make sure to strongly show when I feel that someone has overstepped my boundaries.

Other positive aspects that were reported included increase of openness, self-understanding and of feeling like a strong person that had survived the victimization.

Reception by others

In this section the stories about how the sexually victimized men felt received by others will be presented. Again, there were greatly varying accounts in the material gathered. There were reports by men who described being treated differently as victims of sexual assault because of their sex. Respondents also recounted being compared to female victims and not being seen as equal to them. Reports of men being affected by male sexual abuse myths and sexist beliefs also surfaced, while other accounts stated that they did not feel like they'd been received differently because of their sex. Due to this diversity, the results will be presented below in the three sub-categories: *Received by laughter*, *Men don't count* and *Experiences of health care*.

Received by laughter. Respondents shared experiences of being laughed at and not taken seriously when they had disclosed their experiences. One man, who had been subjected to an older man's groping, wrote:

At a party when my female friend told a similar story to mine she was met seriously with sympathy and support, but when I shared my almost identical story I was met

with laughter. (My story) was just interpreted as a funny little story. That lowered my self-esteem.

Another man, who had also experienced unwanted caressing and rubbing, shared “I was scornfully laughed at by my colleagues when I told them what had happened, and they made sexist comments”. Other men reported that they themselves had told their story in a funny way when they had shared their experiences at first. One man who had been groped by a prominent female politician wrote:

As a man I initially told others about my experience as a strange, funny story, and that I think in and of itself made me realize eventually that it wasn't funny, it was wrong.

One respondent who had forcefully been made to ejaculate by several women, recounted the responses he had received by others:

They believed my story but didn't see it as abuse. They even laughed. It wasn't until I flipped the genders that they understood that it would have been abuse if it was a woman. After I'd done that they started realizing that it was abuse even if it was a man who had experienced it.

Another respondent of the questionnaire told of a harrowing event where he had been sexually assaulted by several women and a man he didn't know at a party. While incapacitated by fear, he had still tried to laugh along with the attackers to hide his terror:

(They) felt me up and started touching my penis. I was both afraid and uncomfortable but didn't dare resist. Despite my fear I got an erection [...] One of the girls rode me until I ejaculated. Another girl sat over my face and pressed her genitals against my mouth. Everyone else just watched and laughed, clapping their hands while the (threatening) man yelled “fuck fuck fuck”. [...] I just did whatever they said, and however weird it might sound I tried to ‘laugh along with them’ to not seem afraid [...] At (the moment I pulled out) the man yelled for the women to make me cum with their hands and so they did. Everybody was laughing and yelling and clapping their hands. [...] It was finally over. I cried that night and felt unwell for a

long time.

This man had been met with laughter and nonchalance at the same time as he was being sexually assaulted.

Men don't count. Men expressed how they had difficulties being accepted as victims by others simply because of their gender. One man who had been sexually stalked and harassed by a woman for a whole day at a work-related educational event explained:

Originally the course leaders dismissed me when I complained to them about it. It wasn't until I mentioned how it would've looked if the sexes were reverse (if I was a woman and she a man) that the course leaders finally took it seriously. The woman was eventually removed from event.

Respondents also mentioned that people around them acted indifferently, or just seemed to accept when others touched the men's bodies without them wanting it. One man who had been grabbed by the neck and forcefully kissed several times recounted:

Some think that because of my gender and size I should just "brush it off" or leave. In the beginning I would, if something happened at for example the dance-floor at a club, tell the bouncer. But I was never taken seriously and so I just stopped doing it. Once a bouncer looked at me while three women aggressively groped my ass and rubbed/humped me in a ring [...] he didn't react at all.

The man in question had tried to push assailants away, and they had resisted. Another respondent, who had been violently sexually victimized by both men and women and had several severe symptoms of post-traumatic stress disorder after his experiences, wrote:

Not too long ago I was at a lecture where 200 people laughed, several of them women, when the lecturer mentioned that men could also be sexually abused. He only talked about female victims of sexual assault the whole lecture, didn't say anything about men, because he said "there weren't any" numbers on it. [...] It embittered me.

Men also expressed having their experiences frequently measured and compared to

the other groups' experiences. One man who had been raped in his sleep said that the common feeling he got from others was "but you're a dude, you're not as vulnerable as women are". Another respondent (that had been sexually abused as a child) wrote "It's been really tough to feel like my experiences don't really 'count'". Respondent's also described that the seriousness in their experiences weren't understood. One man who had been assaulted by two women wrote "I've been told 'sweet! That must've had been nice' (by some people I've told)". Another man who while underage had been restrained, forcefully kissed and groped by two girls (while he had been screaming and fighting for several minutes to get away) expressed his feelings about male victimhood in the following way:

It feels like there aren't really any forums where you can talk about your experiences without getting the feeling that your experiences are NOTHING compared to what women experience.

Lastly men also recounted feeling very alone in their experiences, as a result of male sexual victimization not being talked about. One man with several experiences of being raped by his ex-girlfriend wrote:

More times than I can count I've stumbled upon the numbers that say that 97-98 % of rapists are men. And every time I see that number it makes me feel like some kind of unicorn. Like my experiences are just imagined. I've most often been met with silence when I've disclosed my experiences to those around me.

Experiences of health care. The respondents gave mixed accounts regarding their encounters with health care personnel. While there were accounts of men who had very poor experiences, there were also accounts that expressed appreciation for the way the respondents had been professionally welcomed and accepted with regards to their experiences. One man who had been sexually abused as a child wrote "the person accepted the information. A little bit of the shame I'd carried for 20 years was lifted". Another respondent described how he had been afraid of being judged before going to a therapist, but been pleasantly surprised:

I was afraid of being met with a very harsh and judgemental attitude as I had read about other men who had been received poorly, especially by female therapists that might not be able to keep their private opinions and feelings separate from their

working-role. But I've never been put through something like that. [...] The help from the psychologist has focused a lot on me being able to process my own feelings of guilt.

Men reported that they had been believed by staff, that their stories had been taken seriously and how good that had made them feel. One respondent recounted “they took me seriously, and the whole situation seriously as well. They showed great respect and support”.

There were also accounts where men described negative experiences and unprofessionalism by professionals. One man wrote “the (health care contact) hadn't a clue about what sexual abuse could do to someone”, and another man explained that some of his contacts hadn't believed him. A respondent who had been repeatedly sexually abused by his father as a child and later in life experienced rapes, wrote:

I told my (psychiatrist) health care contact about my experiences, and she said I had only myself to blame since I'd been displaying such promiscuous behaviour.

Another man who had been extorted into giving sexual favours in exchange for a place to sleep, recounted his involvement with the health care system in regard to his experiences:

While in contact with the health care system I told my counsellor that my then partner had been raped, and I asked how I could best be of help to him. The counsellor's answer to that was asking me if what I had said had really been true. I had no confidence in “support” (by the health care system) after that, and never told them about my own experiences.

Another respondent with multiple experiences of rape by his female abusive partner, described how he, while explaining the events that had happened to him, was asked by the therapist if he was the perpetrator of the rapes.

What society lacks

In this section the information men shared about what they felt society lacked regarding them as sexually victimized men will be presented. Men disclosed feeling confused

about health care options for victimized men and wishing for more specialized treatments and help. Reports also detailed a longing for a society that would take them seriously, that would create spaces for sexually victimized men and see them as individuals who also needed to be helped. Therefore, the data will be presented in the following sub-categories: *Inadequate health care* and *Wishing for societal changes*.

Inadequate health care. In the material men recounted how finding help for men who had experiences of sexual victimization wasn't easy. Respondents expressed how seeking it out felt difficult, shameful, and scary. Various reasons as to why they hadn't contacting health care services yet were reported by the men. For instance, they reported that they didn't know where to turn to and that they didn't think they would be believed. Accounts could also be found in the material that detailed that they hadn't felt they needed the help as they had put the events behind them, or that it hadn't been traumatic enough. Respondents additionally shared that they knew that there wasn't substantial help available for victimized men. One man who had looked for health-care for sexually abused men, wrote:

The times I've searched the web for support systems for sexually victimized men I've mainly found agencies that specialize in helping men stop sexually abusing people. That hasn't been relevant for me personally,

There were also accounts of men who felt it was so hard to talk about their experiences of sexual victimization, that they couldn't see themselves doing it even with health care personnel. Other men ascribed the fear of being "seen as weak" if they applied for help, or the feeling that it was just too late for them. One man who had ended up abusing substances to cope with his traumas wrote:

When I realized my experiences of child sexual abuse was the reason for my depression and constantly feelings down I was already pretty deep into my substance abuse. So then at that time, applying for help to deal with the fact that I felt bad for being sexually abused wasn't a priority. Rather, I'd already found a way to deal with my intense feelings of anxiety (the substance-abuse).

Men expressed how they wished that there would be more specialized care for men that had been sexually victimized. One respondent stated:

I wish that there were therapists that specialized in meeting men with victimizing experiences. There are well-established support agencies for women that have been victimized and rightly so, the same should be available for men. [...] I think a greater understanding and more specialised care would help a lot of men.

Another man similarly wrote that he hoped more specialized clinics for sexually victimized men would develop and open in the close future, in addition to the single one there was in Sweden at the moment. One respondent wrote that he wished that help-services online would be developed, to aid also those sexual assault victims who had developed fears of leaving the house. Accounts by men who wished for clearer information about where sexually victimized men could get proper help also emerged.

Wishes for societal changes. Respondents expressed deep desires of seeing a change in society that would increase the understanding that men could be victims, just as any other person could be. One respondent wrote:

I think an effort should be made to increase the understanding that men can be victimized just like, or at least similarly too, how women can be victimized. That there should be a push in society to have sympathy for all, even if the sexual assault victims happen to be men. Especially today it seems like men are almost looked down upon, like there's some cultural element that tells men "you need to take it" and be a man when you're sexually abused.

Wishes that there was more information shared in media and publicly about male victims was also expressed in the material. One man wrote that he wished for people to understand "that men can have involuntary physical reactions" and that those didn't mean they consented to the sexual activity. Another respondent wrote "I wish that regarding consent, there would be space in debates for also women to reflect upon their role (in making sure a partner consents). Right now discussions about consent are very one-sided". The respondent's called for more nuanced discussions in society, where also men's experiences were accepted and taken seriously. One man who had been sexually assaulted as a child expressed:

I wish people would believe individuals who said that something had happened to them, and that the police would take us seriously, and that we would be helped to dare admit

what we had been through, and helped with getting further help. It's hard when you're 12 and you don't know anything about the world.

Discussion

The discussion is divided into four main parts. Each part engages one of the four research questions.

What characterizes experiences of male sexual victimization in Sweden?

Diversity. In this study Swedish men report a remarkable diversity regarding their experiences of sexual victimization. The gathered statistical data, the professionals, and the sexually victimized men themselves all give expression to the multifaceted quality of male sexual victimization. For instance, the male participants report experiencing everything between 1 and 250 events. Some report being victimized as young children, while others are victimized close to their 50s. They describe being groped, stalked, harassed online, raped, extorted sexually, forced to penetrate, taken advantage of while intoxicated, pushed into prostitution, sexually coerced and molested to name a few accounts. They account for becoming victims in their homes, in public places, at parties, in hotels, at work and at school. Furthermore, many different perpetrators, both female and male, target them, such as friends, acquaintances, strangers, co-workers and professionals. These results demonstrate the complex nature of sexual abuse. It becomes difficult to say exactly what characterizes male sexual victimization as the reports that emerge are so varied. Consequently, the conclusion of this study is that what characterises male sexual victimization is diversity. Diversity regarding place of abuse, relationship to the perpetrator, type of victimization and age when victimized.

These results are important as there are persistent misconceptions that male sexual abuse looks a certain way (Jackson et al., 2017). As is demonstrated in this study, there are no strict rules as to how exactly male sexual abuse can occur. Men, just as women, can at any age be sexually assaulted by many different perpetrators and in innumerable ways. And regardless of whether or not male victims currently fit society's standard image of a sexual abuse victim, their experiences also need to be taken seriously.

The remarkable diversity regarding male sexual victimization also has implications for professionals that regularly meet men as clients or patients. Such professionals, doctors, psychologists, police officers and nurses, need be open to any non-consensual sexual experience a man may have, and need to validate them in that experience. It is imperative to convey to the men that regardless of what type of event that occurred to them, how they reacted during the event and how they felt during and after, their experiences are valid and still count as sexual victimization. If professionals aren't open to hearing such experiences, and additionally aren't self-aware of their own biases, they run the risk of missing important

traumatizing sexual experiences in their male clients. This can lead to improper treatment. Furthermore, professionals may inadvertently re-traumatize male patients by even subtly disbelieving their stories, not taking them seriously enough or shaming them (Ullman & Townsend, 2007). Such treatment is of course unacceptable, especially coming from health professionals.

These results can also be seen as an argument for health professionals to always include questions about negative, sexually charged experiences when asking patients about their anamnesis. The responses of the men in this study suggests that men are often fearful of sharing their experiences, and might therefore not open up unless they are explicitly and empathetically asked. Even then they might not share their stories, as was the case with one person in this study. This is indicative of what a difficult subject this can be for victims.

Reactions during abuse differ. The diversity doesn't stop with the circumstances of the sexual abuse. Men also react in many different ways during the sexually victimizing events themselves. For instance, reports by the male participants in this study include freezing out of fear, shouting and screaming, reacting passively, playing along, crying, trying to push the assailant away, laughing and fighting back. Moreover, the men describe situations in which they become erect and ejaculate even though they deeply feel they don't want to participate in the sexual act. These accounts strengthen the already substantial evidence there is that sexual assaults victims cannot always fight back (Davies et al., 2008; Möller et al., 2017), and that unwanted bodily responses like physical pleasure, erection and ejaculation are possible for men despite being traumatized and not consenting (Weare, 2017). Therefore, the results in this study indicate that every aspect concerning male sexual victimization carries great variation, the circumstances of the events, victim and perpetrator characteristics, as well as victim's reactions during the events themselves.

These results highlight the importance of raising awareness of common victim reactions during sexual victimization. As several participants additionally report feeling shame and self-blame with regards to how they reacted during the victimizing events, it can be argued that there needs to be an increase in society's understanding that victims' reactions don't subtract from the severity of a sexual abuse, nor do the reactions shift blame onto the victims from the perpetrator. Furthermore, the results show that it is essential that health professionals, as well as other professions that meet victims, are aware that men do not want to be sexually assaulted just because they get erections, ejaculate, react passively or play along. Awareness in professionals that male victim's reactions during abuse don't make them responsible for being victimized is also crucial.

Scientists have theorized that passive reactions during sexual violence and abuse are adaptive responses, as rapists often react to the actions of their victims in much the same way that animal predators respond to prey (with increased aggression in case of struggle) (Marx et al., 2008). Some rapists only complete the rape if the victim struggles. Therefore, a passive response may be the one most likely leading to lesser harm or even escape (Marx et al., 2008). This might explain why so many men in this study self-report not struggling physically during their assaults. It is important to note that a passive response (tonic immobility) is not a voluntary response by a victim, rather it is the body reacting on its own (Marx et al., 2008). For the reasons mentioned, among numerous others, it is absolutely inappropriate to fault victims for their bodily responses.

Perpetrators permeate society. The men report a wide variety of perpetrators. Friends and acquaintances, partners along with strangers and family members are all substantially described as assailants by the victimized men in this study (39.8 %, 26.3 %, 39.8 % and 6.8% respectively). This makes it difficult to say what specifically characterizes perpetrators of male sexual victimization. Rather the results suggest that there are no typical aggressors. Seemingly any person, even those that society would deem as unlikely perpetrators, may victimize men and boys. Furthering this point, an alarming amount of men (11.3 %) report having been sexually victimized by people in professional positions. Prominent female politicians, colleagues, religious workers, female day-care teachers, health care personnel and teachers are all among the described assailants. This highlights the troubling reality that professions with built in authority over people most likely contain numerous individuals who abuse that power to victimize men (and likely other groups). This phenomenon is well known with regards to child sex abuse (Sullivan & Beech, 2002) and female victims (Zurbriggen, 2000), but is not as explored when it comes to male adult victims. This data therefore shows that it is an issue worthy of concern and serious attention also in relation to adult men.

Female perpetrators dominate. A substantial amount of the victimized men (50.0 %) describe male assailants. Surprisingly however, a clear majority (69.4 %) report female perpetrators. The men moreover describe severe abuse, such as anal rape, threats to kill unless the victim complies sexually, drugging and sexual extortion, all perpetrated by exclusively women. In addition, out of the self-reported sexual victimizing events carried out by groups, seven out of ten were committed by entirely female groups. These grim accounts may suggest that abuse done by women is more frequently than previously thought no less severe than that of male perpetrators. It also begs the question of how common experience of female

perpetrated sexual abuse really is with men, when such a small sample yields such severe results.

Determining if the statistics obtained are accurate representations of male sexual victimization in today's Sweden (or if the data is anomalous) is difficult. Female perpetuated sexual abuse of men is globally an understudied and largely ignored field (Fisher & Pina, 2013) and Sweden is no exception. As such there is little prior research and statistical data to compare the results of this study with. A somewhat comparable study from America however found similar percentages to those in this research project. In their study of over 7,400 men, 79 % made-to-penetrate cases had included female perpetrators, and 84 % cases of male sexual coercion had women assailants (Black et al., 2011). The reason why the clear majority of participants in this study report female committers, while female perpetrators of sexual assault have traditionally been thought of as rare (Benbouriche & Parent, 2018), is a complex question.

As women are seen as unlikely perpetrators of sexual abuse in society (Tsopelas et al., 2012), men might be reluctant to report them in questionnaires and forms. Conceivably, the increase in dialogues about sexual abuse, consent (Green, 2018) and gender norms the past few years, may make men more aware of the abusive nature in their own sexual experiences. In fact, several participants in this study accredit the #MeToo-movement, a world-wide movement against sexual abuse (Zacharek, Dockterman & Edwards, 2017), as a key-component in their understanding that they too had been sexually assaulted. Therefore, as society as a whole becomes more inclusive and sexual assault is more broadly discussed, men might understand their own experiences better and feel more inclined to report their non-consensual experiences carried out by women. This may be one reason as to why the ratio of female perpetrators in this study is higher than expected.

The large percentage of reported female assailants in this study is worrying as it hints at the magnitude of a problem largely ignored in today's society. Female perpetrators may not typically be assumed to be a danger to men and boys, and therefore, as society is less suspicious of them, women may be able to victimize men more easily and without consequence. This is expressed by the participants themselves, as several men recount being met with ridicule or congratulations after disclosing their experiences of being sexually assaulted by women.

How do men in Sweden define their experiences of sexual victimization?

The vast majority of men in this study define their non-consensual sexual experiences

as sexual victimization. Interestingly however, several men (7.4 %) state that what they experienced was not sexual victimization (despite detailing incidents that fit the definition of sexual victimization as used in the survey). Similarly, 5.1 % of participants report that their experiences fit neither hands-off nor hands-on abuse.

These results demonstrate that victimized men can define similar experiences of sexual assault with varying terms and, in fact, sometimes don't identify themselves with expressions relating to sexual victimization at all. It is important to note that each questionnaire-question in this study asking the participants to define their experiences contains definitions of what the terms sexual victimization, hands-off or hands-on abuse refer to. This is done to lower the risk of men interpreting the words and terms in different ways, and it is therefore noteworthy that some men with experiences of non-consensual sexual events still rejected the term sexual victimization.

What is also thought-provoking is that over 40 % of participants, several of them with experiences of severe sexual assault, report months to several years passing before understanding that their experiences counted as sexual victimization. 24.3% participants state that their realization arose after conversing with others about their experiences, or seeing others discussing similar things happening to them. Therefore, for many men simply fulfilling the criteria for sexual victimization doesn't seem to be enough to identify themselves as victims, rather a sometimes time-consuming process, where understanding is allowed to grow slowly, is required. This may partly explain why some participants in this study reject identifying themselves with terms concerning sexual abuse despite fulfilling the criteria.

It is possible that men feel emotionally motivated to reject terms pertaining to sexual abuse as they, for instance, run counter to gender norms and ideals (e.g. men shouldn't be victims, only women are sexually assaulted). To some, thinking of themselves in such terms may be so uncomfortable and foreign that they automatically reject the thoughts. This may also play part in the resulting data in this study. As denial and rejection is often subconscious (Kaldy, 2014) the men may be unaware that this is happening. Björklund and Boman (2016) claim that elaborating on which experiences count as sexual victimization when asking men about their experiences (and making sure to state that men are also abused) increases the number of men who report sexual victimization. This proposes that male victims are constrained by the language currently in use and are not aware that their experiences count. The participants in this study point out this phenomenon themselves, by explicitly stating that they feel that their experiences, because they are men, aren't seen as valid. The professionals interviewed also give voice to this occurrence by explaining that they often have to help

sexually victimized men acquire a language that more accurately describes their experiences (e.g. “sexual abuse” instead of “bad sex”).

These results point to the importance of speaking gender-neutrally when talking about sexual assault, and that explicitly expanding upon definitions concerning sexual victimization to be more inclusive of male experiences might be of aid to male victims.

How do experiences of sexual victimization affect men in Sweden?

Serious consequences. Not all men experience negative health effects after sexual victimization, but this study indicates that a substantial amount of men do. The results from both the qualitative and quantitative portions of this study show that men can suffer immensely after being sexually victimized. The participants report disrupted sex lives, strong feelings of shame, crippling self-hatred, unmanliness, depression, isolation, feeling dirty, having problems with intimacy and substance abuse to name a few accounts. 23 % of the men furthermore disclose experiencing between five and nine major symptoms of PTSD. Of course, the screening of PTSD-symptoms in this study is imprecise and does in no way replace proper assessment by professionals, but it does give an indication of the well-being of the sexually victimized men in a quantitative way. The screening of PTSD-symptoms hints that possibly every fourth sexually victimized man is severely negatively affected by the event. Such serious, and sometimes harrowing, consequences are in line with prior research regarding male sexual victimization (Fisher & Pina, 2013; Norén et al., 2017; Snipes et al., 2017), and are therefore expected.

Interestingly however, participants report that even less severe cases of sexual victimization, such as single cases of sexual comments or unwelcome caresses, sometimes result in long-lasting anger, self-blame, anxiety and feelings of humiliation. Some men report such negative feelings lasting years after the “less serious” incident. These results are important as they clearly illustrate that men are not unbothered by unsolicited touches or infractions upon their bodies, as is unfortunately often assumed (Stemple et al., 2014). As little research has been done on less severe incidents of sexual victimization (and what they can mean for men) these results are particularly noteworthy. They demonstrate that sexually charged, non-consensual experiences don’t have to be of a severe nature in order to have profound negative effects on men, and that such events deserve to be taken seriously.

Men in this study furthermore report mistrusting people who physically resemble their assailant (in for instance age, personality, gender and looks). Regardless of the characteristics of the assailant, their attributes can trigger fear and resentment in victims when

seen in other people. This is demonstrated by several participants that express general mistrust and fear directed at individuals of the same gender as their assailant. Health professionals could gain by being aware of this phenomenon. It is important to note that the anger and resentment these men express, even if it is difficult to listen to, is not personal. Rather, it is the result of traumatic and fearful experiences that the men need help processing.

This data taken together illustrates how sexual victimization, including less serious examples, can cut deep into men's lives and profoundly affect them. Participants report developing emergency survival strategies in order to escape the intensely negative feelings resulting from their victimizing experiences. Certain survival strategies are helpful to the men in the short term, but end up doing long term damage (e.g. prostitution, substance abuse, avoidance of intimacy and sex, suppression of feelings and memories). These dysfunctional strategies make the men miss out on aspects of life often considered pleasurable and fulfilling, which may further contribute to their poor well-being.

Evident by the serious effects mentioned in this section, male sexual victimization needs to be taken seriously in both severe and less severe cases. It is important that health professionals reflect on their preunderstanding on how sexual victimization can impact men, and make sure to be open to any experience male clients may have. Men need to be validated in their experienced consequences, be they none, severe, or anything in between.

Positive emotions. Naturally, studies on male sexual victimization predominantly report on the very negative feelings men have in connection to being sexual victimised (Fisher & Pina, 2013; Snipes et al., 2017). In this study however, several men express partly positive feelings tied to their experiences. For instance, some participants describe feeling distress and victimhood when they were groped, while at the same time disclosing that the groping made them feel more desired and attractive. Some men recount being terribly traumatized while simultaneously feeling intense physical, sexual pleasure. These types of contradictory experiences leave some participants confused, ashamed and angry with themselves.

As such experiences of sexual victimization can give rise to strong, complex and sometimes conflicting emotional responses. The results posit that positive emotions tied to experiences of sexual victimization do not diminish the event's damage to the victim. In fact, positive emotions might even increase negative feelings and self-criticism. It is possible that positive feelings in relation to a victimizing experience may increase the chance that a male victim blames himself, wondering if he must've wanted it since he in some way felt positive about it. It is important that health care professionals, and society, validate these men in their experiences and also validate that this must not be the case at all. No amount of physical

pleasure or positive outcomes diminishes the fact that the sexual act is non-consensual and a breach of the man's will and autonomy.

How do men in Sweden feel their experiences are met by society?

Male victims feel unacknowledged in society. The results suggest that men do not feel like they are regarded seriously as victims in society. Both the qualitative narratives by the participants and the quantitative portion of the questionnaire overwhelmingly detail this phenomenon. The men report being disbelieved, laughed at, compared to other victims who “have it worse”, ignored, dismissed and even congratulated for their sexual victimizing experiences. While many participants who share their experiences report that they are believed by their listeners, a substantial amount of them (15.2 %) feel like they are not taken seriously anyway.

This demonstrates how sexually victimized men have to fight for their own visibility and acceptance in Sweden, oftentimes against mocking attitudes and minimization. It also illustrates how men struggle against sexism and gender norms in society, as they are often assumed to always be thankful receivers of any sexual contact (and if they are not, it is just assumed that they will just be able to remove themselves from the situation). As this study shows, along with many research projects before it, these premises are entirely incorrect and only work to victimize men who have experienced sexual assault further. Possibly, an increase in media coverage regarding sexual abuse, that includes information about male sexual victimization, female perpetrators and male rape myths, could help raise awareness of the phenomenon on a societal level. Such efforts could ideally make it easier for victimized men to become acknowledged and empathetically understood by the general public.

Swedish society is failing victimized men. The results of this study portray an image of men as particularly vulnerable in society when it comes to sexual victimization. A clear majority (95.6%) of the sexually victimized men in this study disclose never reporting the incidents to the police, and 82.4 % describe never seeking professional help due to fears that it is too late or that they won't be believed, to name a few concerns. While several men report being happy with the professional help they received, some of the participants share experiences of health care treatment that demonstrate an unacceptable level of unprofessionalism. Half of the men in this study who had been in contact with health care agencies reported that they had never been asked about their history of sexual victimization. The men also disclose improper behaviour from health professionals, where some men describe having the truthfulness of their stories questioned by their health care contact, or

even being victim-blamed by them. Considering that a small sample of 24 men yields accounts of such serious health care breaches, it begs the question of how common such experiences really are.

Therefore, it becomes evident that the Swedish support system for sexually victimized men is deficient and currently failing many of these very vulnerable individuals. Unsurprisingly the participants give voice to wishes of more specialized treatment options for male victims, as well as clearer guidelines for where victimized men can get specialized help.

The strengths and limitations of the study

Research design. The research design employed in this study is a mixed method dominant/less dominant design. The study's broad focus on men in Sweden and all their experiences of sexual victimization fit well with the mixed method design. The design allows for an expansive amount of experiences and perspectives to emerge both qualitatively and quantitatively. In the case of this study it gave the unique opportunity of being able to study extensive amount of statistical data, and whenever curiosity struck, to also look at individual replies in detail (that often contained rich stories about why the men had replied as they had to the closed questions). This is a strength in this research paper, as there is little prior research in this specific field such data provides nuanced and meaningful data. This made the mixed method design fit well with this study. It allowed for investigating several aspects of the phenomenon of male sexual victimization.

However, the wide focus that the mixed method design allows for is also a weakness. When researching something this broadly, it becomes difficult to make claims that are strengthened by a robust amount of data. Rather, careful claims have been made in this study backed up by only a couple of data-points, as a multitude of aspects of the phenomena were investigated.

Participants. With a sample of only 136 men, it is difficult to say to which extent the men who participated in this study (and their experiences) reflect upon the nearly 4.7 million individuals of male gender in Sweden (Mildh & Göransson, 2015). Another weakness in this study is that the individuals who were studied were predominately young men, most often below the age of 35. It is possible that older men's experiences of sexual victimization differ greatly from this sample, and would give additional insight into the lives of sexually victimized men. The same can be said about the perspectives of sexually victimized boys who were also missed in this study. And so, despite the ambition of researching a sample of men that could represent the whole male population in Sweden, the sample used lacked several

types of men. Additionally, the recruitment-process of this study was entirely executed online in mostly closed forums that required memberships to join. Not all men use the internet regularly, not all men use Facebook and not all men choose to apply for memberships in closed sub-forums online. Therefore, one can posit that the men might have shared common, unknown attributes that may have shifted the data in one direction or another.

Procedure. Regarding the procedure of this study, the interviews in pilot study were not audio-recorded. In hindsight this is a substantial flaw in the design of the study. All interpretations of the gathered data were made several days or even weeks after the interviews had taken place. This means that much of the information shared during the meetings was probably lost, just as the finer nuances were. Such loss of data increases the risk that the interpretations are based on after-constructions of what the researcher remembers, rather than what was really said. Another failing in the study regarded the measuring of symptoms of post-traumatic stress disorder. As I had no control group, and no data exists on how many symptoms men in Sweden will averagely self-report, it is impossible to use the data gathered to say something substantial about what that data means. Perhaps the average man would report more symptoms of PTSD than the participants of this study did, perhaps less or perhaps the same amount. Regardless, the data becomes difficult to put into a meaningful context. Additionally, a lot of the questions that were used in the quantitative analysis had options for free-text results. On the one hand, when men chose to answer freely instead of picking predetermined answers they provided valuable additional information to the study. On the other hand, the open-ended answers were sometimes hard to interpret which increased the risk of having the author's biases shift the results.

Data analysis. The method of analysis employed in this study is analytical induction and the philosophical framework employed is critical realism. Using analytical induction in a study such as this one where the qualitative data is very large can prove to be difficult (as each case is analyzed one by one for each theory). And this proved to be the case in this study. As the qualitative data that emerged became very large (over 50 A4 pages) the process of analyzing was time consuming. Using analytical induction also become unproductive in some cases, as the theories/themes sometimes only referred to men with certain characteristics (e.g. only men who had contacted health care) but the method of analysis still calls the researcher to verify the theme by reading through all cases.

The use of critical realism in this study proved to work well. As both quantitative and qualitative data was analyzed, something was needed that could make use of both methodologies. Critical realism claims that not only is subjective data meaningful (such as the

narrative accounts of the men in this study), it can tell us unique truths about real phenomena in the world (such as the culture of male sexual victimization). As such the results from the quantitative and qualitative portions of the study could be used to either strengthen each other (if the data seemed to converge) or cast doubt on each other. After the fact, it is difficult for me to imagine working with another philosophical framework more fitting than critical realism.

Ethical discussion. Researching the subject of male sexual victimization is a sensitive affair for a myriad of reasons. Firstly, if the results of this study are presented in a careless way, there is a risk that it can contribute to already prominent negative stigmas regarding sexually victimized men. Secondly, as narrative data has been collected and presented in this study there is always a risk (no matter how well the data is anonymized) that the informant might be identified. A third reason research on male sexual victimization is sensitive is because men in society are often considered to be perpetrators of abuse, not victims. Studies that show men in the role of the victim, while additionally most frequently being abused by women, might be interpreted as unpalatable politically. It might even garner responses of resistance and immediate dismissal.

One ethical aspect, that I regrettably realized after the study was finished, concerns the publishing of the questionnaire in forums. The forums used for publishing often had nothing to do with sexual abuse, and the questionnaire didn't contain any trigger warnings. As traumatized victims can be triggered by just words, posting the questionnaire without any trigger warnings was in hindsight an ethically careless decision.

Future Research

More research is needed in all aspects of male sexual victimization, how it happens, what victimized men's needs are and how they can best be helped in society. Additionally, further research into female perpetration of sexual victimization is also needed.

Conclusion

Diverse experiences characterize male sexual victimization. On a case by case basis incidents of male sexual victimization carry great variety in terms of circumstances of the events, victim and perpetrator attributes, type of abuse and reactions during the assault. Men furthermore define their experiences in various terms. Some men completely reject notions of sexual victimization and similar expressions, while others embrace them. Moreover, men can experience everything between no consequences to very serious consequences after experiencing sexual victimization, and it is important that health professionals are aware of

the breadth of experiences possible after male sexual victimization. Important to note is also that less severe events of sexual assault can lead to serious consequences for victims. Lastly, sexually victimized men in Sweden largely feel ignored and ridiculed in society. This study demonstrates the severity of male sexual victimization in Sweden, and that it is a phenomenon worthy of both concern and attention.

References

- Abbey, A., Wegner, R., Woerner, J., Pegram, S. E., & Pierce, J. (2014). Review of Survey and Experimental Research that Examines the Relationship Between Alcohol Consumption and Men's Sexual Aggression Perpetration. *Trauma, Violence & Abuse, 15*(4), 265-282. doi:10.1177/1524838014521031
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- American Prosecutors Research Institute (APRI) (2003). State rape statutes. Retrieved May 1, 2018, from http://www.ndaa.org/pdf/vaw_rape_statute.pdf
- Anderson, P. B., & Struckman-Johnson, C. (1998). *Sexually aggressive women: Current perspectives and controversies*. New York: Guilford Press.
- Benbouriche, M., & Parent, G. (2018). Sexual coercion: Thinking and understanding sexual violence beyond sexual offenders. *Sexologies*, doi:10.1016/j.sexol.2018.02.001
- Björklund, I. & Boman, S. (2016). Män utsatta för sexuella övergrepp: Erfarenheter från ett psykoterapeutiskt arbete. *RFSU*.
- Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011) *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report*. [online] National Center for Injury Prevention and Control and Centers for Disease Control and Prevention.
- Broussard, S., Wagner, N. G., & Kazelskis, R. (1991). Undergraduates students' perceptions of child sexual abuse: The impact of victim sex, perpetrator sex, respondent sex, and victim response. *Journal of Family Violence, 6*, 267–278.
- Brownmiller, S. (1993). *Against our will: men, women, and rape*. New York: Fawcett Books.
- Bryman, A. (2012). *Social Research Methods (4e)*. Oxford, UK: Oxford University Press.
- Burroughs, D. S. (2004). Female sexual abusers of children. *Children and Youth Services Review, 26*(5), 481–487.
- Colson, M., Boyer, L., Baumstarck, K., & Loundou, A. (2013). Female sex offenders: A challenge to certain paradigmes. Meta-analysis. *Sexologies, 22*(4), e109. doi:10.1016/j.sexol.2013.05.002
- Davies, M. (2002). Male sexual assault victims: a selective review of the literature and implications for support services. *Aggression and Violent Behavior, 7*, 203-214. doi:10.1016/S1359-1789(00)00043-4

- Davies, M., Rogers, P., & Bates, J. (2008). Blame toward male rape victims in a hypothetical sexual assault as a function of victim sexuality and degree of resistance. *Journal of Homosexuality, 55*, 533–544.
- Denov, M. S. (2004). The long-term effects of child sexual abuse by female perpetrators: A qualitative study of male and female victims. *Journal of Interpersonal Violence, 19*(10), 1137–1156.
- Dutton, D. G., & Nicholls, T. L. (2005). The gender paradigm in domestic violence research and theory: Part 1—The conflict of theory and data. *Aggression & Violent Behavior, 10*(6), 680-714. doi:10.1016/j.avb.2005.02.001
- Dworkin, E. R., Menon, S. V., Bystrynski, J., & Allen, N. E. (2017). Review: Sexual assault victimization and psychopathology: A review and meta-analysis. *Clinical Psychology Review, 56*, 65-81. doi:10.1016/j.cpr.2017.06.002
- Ekdahl, J. (2017). *Sexualitet och sexuella problem: Bedömning och behandling enligt kognitiv beteendeterapi*. Lund: Studentlitteratur.
- Farris, C., Treat, T. A., Viken, R. J., & McFall, R. M. (2008). Sexual coercion and the misperception of sexual intent. *Clinical Psychology Review, 28*(1), 48-66. doi:10.1016/j.cpr.2007.03.002
- Finkelhor, D., Hotaling, G., Lewis, I. A., & Smith, C. (1990). Sexual abuse in a national survey of adult men and women: Prevalence, characteristics and risk factors. *Child Abuse and Neglect, 14*, 19-28.
- Finkelhor, D., Williams, L., & Burns, N. (1988). *Nursery crimes: Sexual abuse in day care*. Newbury Park, CA: Sage.
- Fisher, B. S., Cullen, F. T., & Turner, M. G. (2000). *Sexual victimization of college women*. Rockville, Washington DC: National Institute of Justice.
- Fisher, N. L., & Pina, A. (2013). An overview of the literature on female-perpetrated adult male sexual victimization. *Aggression and Violent Behavior, 18*(1), 54-61. doi:10.1016/j.avb.2012.10.001
- Fuchs, F.S. (2004). Male Sexual Assault: Issues of Arousal and Consent. *Cleveland State Law Review, 93*, 94-121.
- Futter, S., & Mebane Jr, W. R. (2001). The Effects of Rape Law Reform on Rape Case Processing. *Berkeley Women's Law Journal, 16*(1), 72-139.
- Gelles, R. J. (2007). The Politics of Research: The Use, Abuse, And Misuse Of Social Science Data—The Cases of Intimate Partner Violence. *Family Court Review, 45*(1), 42-51. doi:10.1111/j.1744-1617.2007.00127.x

- Gilbert, R., Widom, C. S., Browne, K., Fergusson, D., Webb, E., & Janson, S. (2009). Burden and consequences of child maltreatment in high income countries. *The Lancet*, 373, 68-81. doi:10.1016/S0140-6736(08)61706-7
- Green, J. (2018, June 25) #MeToo Has Implicated 414 High-Profile Executives and Employees in 18 Months. *Time*. Retrieved from <http://time.com/5321130/414-executives-snared-metoo/>
- Gruenfeld, E., Willis, D. G., & Easton, S. D. (2017). "A Very Steep Climb": Therapists' Perspectives on Barriers to Disclosure of Child Sexual Abuse Experiences for Men. *Journal of Child Sexual Abuse*, 26(6), 731-751. doi:10.1080/10538712.2017.1332704
- Gunnarsson, L. (2018). "Excuse Me, But Are You Raping Me Now?" Discourse and Experience in (the Grey Areas of) Sexual Violence. *NORA: Nordic Journal of Women's Studies*, 26(1), 4-18. doi:10.1080/08038740.2017.1395359
- Hopper, J. W., Frewen, P. A., van der Kolk, B. A., & Lanius, R. A. (2007). Neural correlates of reexperiencing, avoidance, and dissociation in PTSD: Symptom dimensions and emotion dysregulation in responses to script-driven trauma imagery. *Journal of Traumatic Stress*, 20(5), 713-725. doi:10.1002/jts.20284
- Ilies, R., N. Hauserman, S. Schwochau, & J. Stibal. (2003). 'Reported Incidence Rates of Work-related Sexual Harassment in the United States: Using Meta-analysis to Explain Reported Rate Disparities. *Personnel Psychology* 56(3), 607-631.
- Jackson, M., Valentine, S., Woodward, E., & Pantalone, D. (2017). Secondary Victimization of Sexual Minority Men Following Disclosure of Sexual Assault: 'Victimizing Me All Over Again...'. *Sexuality Research & Social Policy: Journal of NSRC*, 14(3), 275-288. doi:10.1007/s13178-016-0249-6
- Kaldy, J. (2014). Denial: When It Helps, When It Hurts. *Caring for the Ages*, 15(10), 1-7. doi:10.1016/j.carage.2014.09.001
- Kassing, L. R., Beesley, D., & Frey, L. L. (2005). Gender Role Conflict, Homophobia, Age, and Education as Predictors of Male Rape Myth Acceptance. *Journal of Mental Health Counseling*, 27(4), 311-328.
- Kelley, E. L., & Gidycz, C. A. (2018). Posttraumatic stress and sexual functioning difficulties in college women with a history of sexual assault victimization. *Psychology of Violence*. doi:10.1037/vio0000162
- Kelly, L. (1988) How Women Define Their Experiences of Violence. In Yllö & Bograd. *Feminist Perspectives on Wife Abuse (pp. 114-132)*, Thousand Oaks,

CA: Sage Publications.

- King, M., & Woollett, E. (1997). Sexually assaulted males: 115 men consulting a counseling service. *Archives of Sexual Behavior*, 26(6), 579-588.
- Knutagård, H. (2009). "men du har ju blivit våldtagen": om våldtagna mäns ordlöshet. Malmö : SRHR, Socialmedicinska enheten, Universitetssjukhuset MAS, 2009.
- Larsen, M., & Hilden, M. (2016). Male victims of sexual assault; 10 years' experience from a Danish Assault Center. *Journal of Forensic and Legal Medicine*, 43, 8-11.
- Levin, R. J., & van Berlo, W. (2004). Sexual arousal and orgasm in subjects who experience forced or non-consensual sexual stimulation -- a review. *Journal of Clinical Forensic Medicine*, 11(2), 82-88.
- Lindberg, J. (2015). *Orsak: våldtäkt: om våldtagna män i medicinsk praktik*. Stockholm: Carlsson.
- Lockwood, J., Daley, D., Townsend, E., & Sayal, K. (2017). Impulsivity and self-harm in adolescence: a systematic review. *European Child & Adolescent Psychiatry*, 26(4), 387-402. doi:10.1007/s00787-016-0915-5
- Lowe, M., & Rogers, P. (2017). The scope of male rape: A selective review of research, policy and practice. *Aggression & Violent Behavior*, 35, 38-43. doi:10.1016/j.avb.2017.06.007
- Lövestad, S. & Krantz, G. (2012) Men's and women's exposure and perpetration of partner violence: an epidemiological study from Sweden. *BMC Public Health*, doi:10.1186/1471-2458-12-945
- Marten, P.L. & Selin, K.H., (2008). *Rapport 2008:23 - Brottsutvecklingen i Sverige fram till år 2007*, Stockholm: Brå-brottsförebyggande rådet.
- Marx, B.P., Forsyth, J.P., Gallup, G.G., Fusé, T., & Lexington J.M. (2008). Tonic Immobility as an Evolved Predator Defence: Implications for Sexual Assault Survivors. *American Psychological Association*.
- McLean, I. A. (2013). 4: The male victim of sexual assault. *Best Practice & Research Clinical Obstetrics & Gynaecology*, 27, 39-46. doi:10.1016/j.bpobgyn.2012.08.006
- McMullen, R. (1990). *Male rape: breaking the silence on the last taboo*. London: GMP Publishers.
- Mendel, M. P. (1995). *The male survivor: the impact of sexual abuse*. London: Sage.
- Mildh, L. & Göransson, I. (2015) Nu är männen fler än kvinnorna i Sverige. *Statistiska centralbyrån, Sverige*.
- Morse, J. M., & Niehaus, L. (2009). *Mixed method design: principles and procedures*.

- Walnut Creek, CA: Left Coast Press.
- Muehlenhard, C. L., & Cook, S.W. (1988). Men's self-reports of unwanted sexual activity. *Journal of Sex Research, 24*, 58–72.
- Möller, A., Söndergaard, H. P., & Helström, L. (2017). Tonic immobility during sexual assault - a common reaction predicting post-traumatic stress disorder and severe depression. *Acta Obstetricia Et Gynecologica Scandinavica, 96*(8), 932-938.
doi:10.1111/aogs.13174
- Niehof, J. (2017) Hands off-övergrepp. Vidunova. Retrieved from:
<http://jeanetteniehof.se/information/hands-off-overgrepp/>
- Norén, L., Kessel, D., & Westin, T. (2017). *Sexualitet efter sexuella övergrepp – den dolda problematiken*, Stockholm: Hela mig.
- O'Leary, P., Easton, S. D., & Gould, N. (2015). The Effect of Child Sexual Abuse on Men: Toward a Male Sensitive Measure. *Journal of Interpersonal Violence*.
- Olson, W. (2004) Triangulation in Social Research: Qualitative and Quantative Methods Can Really Be Mixed, Ormskirk: Causeway Press.
- Pallant, J. (2004) *SPSS Survival Manual: a step by step guide to data analysis using SPSS*. New York, NY: Open University Press.
- Pearce, F., & Frauley, J. (2007). *Critical realism and the social sciences: heterodox elaborations*. Toronto: University of Toronto Press.
- Peterson, Z. D., Voller, E. K., Polusny, M. A., & Murdoch, M. (2011). Prevalence and consequences of adult sexual assault of men: review of empirical findings and state of the literature. *Clinical Psychology Review, 31*(1), 1-24.
doi:10.1016/j.cpr.2010.08.006
- Pfaus, J. G. (2009). REVIEWS: REVIEWS: Pathways of Sexual Desire. *The Journal of Sexual Medicine, 6*1506-1533. doi:10.1111/j.1743-6109.2009.01309.x
- Ponce-Garcia, E., Madewell, A. N., & Brown, M. E. (2016). Resilience in Men and Women Experiencing Sexual Assault or Traumatic Stress: Validation and Replication of the Scale of Protective Factors. *Journal of Traumatic Stress, 29*(6), 537-545.
doi:10.1002/jts.22148
- Russell, B. L., & Oswald, D. (2016). When Sexism Cuts Both Ways. *Men & Masculinities, 19*(5), 524-544. doi:10.1177/1097184X15602745
- Rentoul, L., & Appleboom, N. (1997). Understanding the psychological impact of rape and serious sexual assault of men: a literature review. *Journal of Psychiatric and Mental Health Nursing, 4*(4), 267-274.

- Sarrel, P. M. & Masters, W. H. (1982) Sexual Molestation of Men by Women. *Archives of Sexual Behavior*, 11(2), 117-131.
- Savage, M., (2015, June 17). Sweden announces first center for raped men. *The Local*. Retrieved from <https://www.thelocal.se>
- Scarce, M. (1997). *Male on male rape: The hidden toll of stigma and shame*. New York: Perseus Books.
- Sexual harassment. 2018. In *Merriam-Webster.com*. Retrieved April 21, 2018, from <https://www.merriam-webster.com/dictionary/sexual%20harassment>
- Sleath, E., & Bull, R. (2010). Male rape victim and perpetrator blaming. *Journal Of Interpersonal Violence*, 25(6), 969-988. doi:10.1177/0886260509340534
- Smelser, N. J., Baltes, P. B. (2001) *Analytic Induction, International Encyclopedia of the of Social & Behavioral Sciences*. Berlin: Pergamon.
- Smith, B. V. (2012). Uncomfortable Places, Close Spaces: Female Correctional Workers' Sexual Interactions with Men and Boys in Custody [article]. *UCLA Law Review*, 6, 16-90.
- Smith, R. E., Pine, C. J., & Hawley, M. E. (1988). Social cognitions about adult male victims of female sexual assault. *Journal of Sex Research*, 24, 101–112.
- Snipes, D. J., Green, B. A., Perrin, P. B., & Benotsch, E. G. (2017). Rape and Posttraumatic Stress Disorder (PTSD): Examining the Mediating Role of Explicit Sex-Power Beliefs for Men Versus Women. *Journal of Interpersonal Violence*, 32(16), 2453-2470.
- Special Eurobarometer 456 (2017) *Gender Equality 2018: Gender Equality, Stereotypes, and Women in Politics*. Brussels: OIB.
- Stemple L, Meyer I. The Sexual Victimization of Men in America: New Data Challenge Old Assumptions. *American Journal of Public Health* [serial online]. June 2014;104(6): e19-e26. Available from: Business Source Complete, Ipswich, MA. Accessed April 20, 2018.
- Struckman-Johnson, C., & Struckman-Johnson, D. (1994). Men pressured and forced into sexual experience. *Archives of Sexual Behaviour*, 23, 93–114.
- Strömwall, L., Alfredsson, H. & Landström, S. (2013) Rape victim and perpetrator blame and the Just World hypothesis: The influence of victim gender and age. *Journal of Sexual Aggression*, (2), 207. doi:10.1080/13552600.2012.683455
- Ståhl, T., Eek, D., & Kazemi, A. (2010). Rape Victim Blaming as System Justification: The Role of Gender and Activation of Complementary Stereotypes. *Social Justice*

- Research*, 23(4), 239-258. doi:10.1007/s11211-010-0117-0
- Sullivan, J., & Beech, A. (2002). Professional Perpetrators: Sex Offenders Who Use Their Employment to Target and Sexually Abuse the Children With Whom They Work. *Child Abuse Review*, 11(3), 153-167. doi:10.1002/car.737
- Swingle, M. K., & Swingle, P. G. (2016). Are You Sure It's AD(H)D? *Biofeedback*, 44(1), 35-41. doi:10.5298/1081-5937-44.1.05
- Taylor, S. (2006). *Clinician's guide to PTSD: a cognitive-behavioral approach*. London: Guilford, 2006.
- Tedeschi, J. T., & Felson, R. B. (1994). *Violence, aggression, and coercive actions*. [Electronic resource]. Washington, DC: American Psychological Association.
- Tener, D., & Murphy, S. (2015). Adult disclosure of child sexual abuse: A literature review. *Trauma, Violence, & Abuse*, 16(4), 391–400. doi:10.1177/1524838014537906
- Tillapaugh, D. (2016). Resisting Erasure: Critical influences for men who survived sexual violence in higher education. *Social Alternatives*, 35(3), 11-17.
- Toledano, R., & Pfaus, J. (2006). The Sexual Arousal and Desire Inventory (SADI): A Multidimensional Scale to Assess Subjective Sexual Arousal and Desire. *Journal Of Sexual Medicine*, 3(5), 853-877. doi:10.1111/j.1743-6109.2006.00293.x
- Tsopelas, C., Tsetsou, S., Ntounas, P., & Douzenis, A. (2012). Female perpetrators of sexual abuse of minors: What are the consequences for the victims? *International Journal of Law and Psychiatry*, 35, 305-310. doi:10.1016/j.ijlp.2012.04.003
- Ullman, S., & Townsend, S. (2007). Barriers to working with sexual assault survivors: A qualitative study of rape crisis center workers. *Violence Against Women*, 13(4), 412-443. doi:10.1177/1077801207299191
- Van der Kolk, B., (2015). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York: Penguin Books.
- Waldo, C. R., Berdahl J. L., & Fitzgerald L. E. (1998). “Are Men Sexually Harassed? If so, by Whom” *Law and Human Behavior* 22, 59–79.
- Walker, J., Archer, J., & Davies, M. (2005). Effects of Rape on Men: A Descriptive Analysis. *Archives of Sexual Behavior*, 34(1), 69-80. doi:10.1007/s10508-005-1001-0
- Weare, S. (2017). ‘Oh you’re a guy, how could you be raped by a woman, that makes no sense’: Towards a case for legally recognizing and labelling ‘forced-to-penetrate’ cases as rape. *International Journal of Law in Context*, 14(01), 110-131. doi:10.1017/s1744552317000179

Weare, S., Porter, J., & Evans, E. (2017) Forced-to-penetrate cases: Lived experiences of men, *Faculty of Arts & Social Sciences*.

Widamer, U., Schaper, K. & Thieme, F. (2000) Questionnaire on sexual abuse. *Ruhr-Universität Bochum Sociology Faculty*. Retrieved from:

http://www.academia.edu/3124648/Questionnaire_on_sexual_abuse

Zacharek, S., Dockterman, E., & Edwards, H.S. (2017, Dec 6) The Silence Breakers. *Time*.

Retrieved from <http://time.com/time-person-of-the-year-2017-silence-breakers/>

Zurbriggen, E. L. (2000). Social motives and cognitive power-sex associations: Predictors of aggressive sexual behavior. *Journal of Personality and Social Psychology*, 78(3), 559-581. doi:10.1037//0022-3514.78.3.559

Interview guide

1. Can you tell me a little about yourself? (name, title, work-experience in the field)
 2. How did you come to work with sexually abused men?
 3. Could you describe a regular day for you at your workplace?
 4. How do you work with men who have experiences of sexual trauma?
 5. In what ways do the victimized men often contact you and your organisation?
 6. What are the biggest challenges that you face when it comes to working with sexually abused men?
 7. What experiences do you see that are common with men who have experienced sexual abuse?
 8. Do you have any thoughts about how the sex of a victim might affect their experience of being a victim, and being received as a victim in society?
 9. If I remembered just one thing from our conversation today, what would you wish that that would be?
-

Frågor om mäns erfarenheter av sexuell utsatthet

Enkäten är en del i en studie som ingår i en psykologexamen. Syftet med studien är att undersöka mäns erfarenheter av sexuell utsatthet och sexuella övergrepp, vilken hjälp de får och hur dessa erfarenheter påverkat mannens självbild och känsloliv. För att kunna delta måste du vara minst 18 år gammal, identifiera dig som man och ha erfarenheter av sexuellt laddade händelser som skett mot din egentliga vilja. Du svarar helt anonymt på enkäten. Använd inte namn eller annan tydligt identifierbar information när du svarar på frågorna.

Vid frågor kan du när som helst kontakta mig.

Jag är djupt tacksam för din medverkan,

*Obligatorisk

Innan du sätter igång

I formuläret nedan används orden "negativ sexuell upplevelse" för att syfta på alla former av sexuellt laddade händelser som skett mot din egentliga vilja. Detta kan vara sådana sexuella handlingar du explicit uttryckte och visade att du inte ville delta i men behöver inte vara det. Det kan vara att du i stunden inte vågade eller kunde säga nej, eller att du på något sätt manipulerades in i situationen. Det kan även vara situationer du hotades eller pressades att delta i. När du ser "negativ sexuell upplevelse" användas nedan syftar det alltså på hela spektrumet av sådana erfarenheter. Man kallar ibland sådana upplevelser för att ha blivit sexuell utsatt.

1. 1. Alder *

Markera endast en oval.

- 18-25 år
- 26-35 år
- 36-45 år
- 46-55 år
- 56-65 år
- Äldre än 66 år
- Vill ej uppge

2. 2. Vilken är din huvudsakliga sysselsättning just nu? *

Markera endast en oval.

- Anställd
- Egen företagare
- Studerande
- Pensionär
- Långtidssjukskriven
- Tjänstledig
- Arbetssökande
- Hemarbetande
- Övrigt: _____

3. 3. I vilken ålder var du med om den negativa sexuella händelsen? *

4. 4. Hur många gånger var du med om negativa sexuella händelser? *

Markera endast en oval.

- En gång (Gå till fråga 6)
- Flera gånger

5. 5. Om det var flera gånger, ungefär hur många gånger var du med om de negativa sexuella händelserna?

6. 6. Var skedde händelsen/händelserna? Du kan markera flera alternativ. *

Markera alla som gäller.

- Hemma
- Skolan
- På arbetet
- Utomhus
- Övrigt: _____

7. 7. Kan du i så mycket detalj som du känner dig bekväm med beskriva vad du var med om?

8. Vem var det som utsatte dig? Du kan markera fler alternativ. **Markera alla som gäller.*

- Partner
- Bekant
- System
- Bror
- Mamma
- Pappa
- Annan släkting
- Kollega
- Någon i professionell position (såsom polis/läkare/lärare eller andra yrkesroller)
- Främling
- Grupper av individer
- Vill ej uppge
- Övrigt: _____

9. 8.a Vilket kön hade den/de som utsatte dig? Du kan markera flera alternativ. **Markera alla som gäller.*

- Kvinna
- Man
- Annat alternativ
- Vill ej uppge
- Övrigt: _____

10. 9. Var du omedelbart medveten om att du hade blivit sexuellt utsatt? **Markera endast en oval.*

- Ja (Gå till fråga 11)
- Nej
- Jag skulle inte definiera mig som att ha blivit sexuellt utsatt. (Gå till fråga 13 på nästa sida)

11. 10. Hur lång tid tog det för att förstå att du blivit sexuellt utsatt?

12. 11. Vad var det som gjorde dig medveten om att du blivit utsatt?

13. 12. När du blev medveten om att du hade blivit sexuellt utsatt, hur fick förståelsen dig att känna dig?

Markera endast en oval.

	1	2	3	4	5	6	7	
Förståelsen gjorde mig deprimerad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Jag kände mig bättre

Hands-on och Hands-off övergrepp

Sexuella övergrepp kan delas in i två övergripande kategorier, hands-on och hands-off övergrepp. Hands-on övergrepp är alla fysiska handlingar, exempelvis att någon tar på din kropp, kysser dig, att du tvingas att tillfredsställa en annan, penetrering av föremål eller samlag som sker mot din vilja. Exempel på hands-off övergrepp är att tvingas bevittna sexuella handlingar, att sexuella anspelningar görs mot en, att bli fotograferad eller tvingad att tillfredsställa sig själv. Både hands-on och hands-off övergrepp är sexuella övergrepp (Niehof, 2017).

14. 13. Vilken typ av övergrepp upplever du att du har varit med om? Du kan markera flera alternativ. *

Markera alla som gäller.

- Hands-on övergrepp
- Hands-off övergrepp
- Inget av dem
- Övrigt: _____

15. 14. Har du berättat för någon om dina negativa sexuella erfarenheter? *

Markera endast en oval.

- Ja (Gå till fråga 16)
- Nej

16. 15. Vad känner du har gjort att du inte berättat för någon? (Gå sedan till fråga 18)

17. 16. Vem var det du berättade för? Du kan markera flera alternativ.*Markera alla som gäller.*

- Vän
 Partner
 Familjemedlem
 Vårdkontakt
 Övrigt: _____

18. 17. Trodde personen/personerna dig?*Markera endast en oval.*

- Ja
 Ja, men de såg inte allvaret i det.
 Nej
 Övrigt: _____

19. 18. Har du sökt stöd eller hjälp genom någon offentlig-, privat- eller frivillig verksamhet efter händelsen? **Markera endast en oval.*

- Ja (Gå till fråga 20)
 Nej

20. 19. Vad är anledningen till att du inte sökt dig till någon stödverksamhet? (Gå sedan till fråga 25)

21. 20. Vilken typ av verksamhet har du sökt hjälp av?*Markera alla som gäller.*

- Offentlig verksamhet
 Privat verksamhet
 Frivillig verksamhet
 Övrigt: _____

22. 21. Hur känner du att du blev bemött då?*Markera endast en oval per rad.*

	Dåligt	Mindre bra	Varken bra eller dåligt	Bra	Mycket bra
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. **22. Vad är det som gör att du känner så?**

24. **23. Frågade de dig om du någonsin hade blivit sexuellt utsatt?**

Markera endast en oval.

- Nej, de frågade inte mig.
- Ja, de frågade men jag kände inte att jag kunde berätta.
- Ja, de frågade mig och jag berättade.
- Övrigt: _____

25. **24. Hur hjälpsamma har officiella stödverksamheter varit för dig?**

Markera endast en oval.

	1	2	3	4	5	6	7	
Inte alls hjälpsamma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Mycket hjälpsamma

26. **25. Hur känner du att händelsen/händelserna har påverkat hur du ser dig själv? ***

27. **26. Hur känner du att händelsen/händelserna har påverkat ditt liv? ***

28. **26.a När vi är med om obehagliga händelser uppkommer ibland vad som kallas för akuta stressreaktioner. Det kan dröja innan dessa märks. Alternativen nedan är några vanliga sådana. Markera de du känner igen dig i, om några.**

Markera alla som gäller.

- Nedstämdhet
- Lättirritation
- Likgiltighet
- Lättskrämdhet
- Koncentrationssvårigheter
- Påträngande minnen av det som hände (flashbacks).
- Försök att undvika allt som påminner om händelsen.
- Mardrömmar
- Ont i kroppen.
- Minnesförlust
- Inga alternativ passar in på mig.
- Vill ej uppge.
- Övrigt: _____

29. **27. Polisanmäldes händelsen/händelserna? ***

Markera endast en oval.

- Nej (Gå till fråga 29)
- Ja

30. **28. Vad resulterade polisanmälningen i?**

Markera endast en oval.

- Personen dömdes.
- Personen dömdes inte.
- Övrigt: _____

31. **29. Vilken hjälp skulle du önska fanns för dig och andra i din situation? ***

32. **30. Tror du att ditt kön haft påverkan på hur du tänkt och känt kring dina upplevelser? I så fall på vilket sätt?**

33. **31. Tror du att ditt kön påverkat hur du blivit bemött i samhället gällande dina upplevelser? I så fall på vilket sätt?**

34. **32. Har du fler tankar eller funderingar? Vill du tillägga någonting? Dela gärna med dig nedan.**

Tack! Ditt svar har nu mottagits.

Tack för att du ville delta i denna enkät och att du delar dina viktiga upplevelser.

Du är inte ensam i dina erfarenheter och det finns hjälp att få om du känner behov av stöd. Följande verksamheter specialiserar sig i just negativa sexuella upplevelser, såsom övergrepp, utsatthet och våldtäkt, och välkomnar personer för hjälp och stöd.

Föreningen Storasyster

Ideell förening som vänder sig till personer i alla åldrar som utsatts för våldtäkt eller andra sexuella övergrepp. Erbjuder anonym chatthjälp och sexologiskt stöd.

<http://www.foreningenstorasyster.se/wordpress/>

RFSU-kliniken

Mottagning för vuxna över 20 år. Här kan du få sexualrådgivning och hjälp och stöd efter ett övergrepp. Erbjuder psykoterapeutisk rådgivning per telefon.

<http://www.rfsu.se/sv/RFSU-kliniken/>

Stockholms mansmottagning

Välkomnar alla som identifierar sig som män för samtal och stöd. Erbjuder hjälp efter negativa sexuella erfarenheter.

<http://www.jarvamansmottagning.nu/>

Södersjukhusets akut för våldtagna

Vänder sig till de som blivit utsatta för sexuella övergrepp för senast 1 månad sedan.

goo.gl/5rHhj8

Privat verksamhet

Du kan också söka hjälp privat genom leg. psykologer som specialiserar sig i just bearbetning av trauma och sexuell utsatthet. Vanliga evidensbaserade behandlingsmetoder för traumatiska upplevelser är bl.a. EMDR och TF-KBT.

Vårdguiden

För att läsa mer om vad sexuell utsatthet kan innebära, och var du kan få hjälp, kan du besöka Vårdguidens hemsida.

<https://www.1177.se/Tema/Sex-och-relationer/Vald-och-overgrepp/Sexuella-overgrepp/>

Tack för ditt mod.