

**Barriers to Males Reporting Sexual Offences**

1. Laaraib Khan and 2. Michael Mathura

1 &amp; 2 Leeds Trinity University, United Kingdom

M.Mathura@leedtrinity.ac.uk

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**Abstract**

Male sexual victimisation remains a pervasive yet under-recognised phenomenon, with substantial evidence indicating that a significant proportion of men experience sexual violence during their lifetime. Despite this, reporting rates remain disproportionately low, reflecting a complex interplay of social, cultural, and institutional barriers. This review critically examines these factors, drawing on interdisciplinary literature from psychology, sociology, criminology, gender studies, and public health. Key barriers identified include traditional masculinity norms, stigma, fear of homophobia, family honour and cultural expectations, media representations, institutional distrust, secondary victimisation, and the scarcity of male-specific support services. Intersectional vulnerabilities related to race, ethnicity, sexual orientation, socioeconomic status, and disability further exacerbate these challenges. The discussion highlights the implications for practice, policy, and research, emphasising the necessity of multi-dimensional, evidence-informed strategies. Recommendations include public awareness campaigns, culturally sensitive interventions, institutional reforms, trauma-informed care, and the development of male-focused support mechanisms. Addressing these barriers is essential for promoting disclosure, ensuring equitable access to support and justice, and upholding the rights and dignity of all survivors of sexual violence.

**Keywords:** *male sexual assault, underreporting, stigma, masculinity, intersectionality, institutional barriers*

## **Introduction**

Sexual violence is a pervasive global issue with profound psychological, physical, and social consequences for survivors (Campbell, 2008; Berkich, 2009). While research on female victimisation has grown considerably over the past decades, male sexual victimisation remains comparatively underexplored (Campbell, 2008; Berkich, 2009). Recent estimates suggest that a substantial proportion of sexual assaults involve male victims; yet reporting rates among men are disproportionately low, indicating systemic, cultural, and social barriers that inhibit disclosure (Krahe & Berger, 2017; Hébert et al., 2016). This underreporting has critical implications not only for the individual well-being of survivors but also for public health policy, legal justice, and societal recognition of male sexual victimisation.

One of the central challenges in addressing male sexual assault lies in the social construction of masculinity. Societal norms frequently portray men as strong, stoic, and invulnerable, fostering an environment where vulnerability is perceived as a weakness. Male survivors often internalise these expectations, experiencing shame, guilt, and fear of being perceived as “unmanly” (Addis & Mahalik, 2003). Compounding these pressures, societal attitudes often trivialise or dismiss male victimisation, particularly in cases where the perpetrator is female or when the assault challenges heteronormative assumptions (Hébert et al., 2016; Davies et al., 2019).

Cultural factors further exacerbate these barriers. In collectivist and minority communities, the prioritisation of family honour and social reputation may discourage disclosure, as survivors fear social ostracism or familial reprisal (Fontes, 2004; Liang et al., 2005). Intersectional vulnerabilities such as race, ethnicity, sexual orientation, and socioeconomic status also influence reporting behaviours, placing some male survivors at heightened risk of isolation and marginalisation (Finneran & Stephenson, 2013; Ward et al., 2017).

Institutional factors represent another significant barrier. Male survivors often encounter secondary victimisation within healthcare and legal systems, including disbelief, procedural insensitivity, and a lack of male-specific support services (Davies et al., 2019; Male Survivor, 2025). Furthermore, low prosecution rates for sexual offences against men reinforce perceptions that reporting is futile, perpetuating cycles of silence and mistrust in formal institutions (Office for National Statistics, 2021).

Despite growing recognition of sexual violence as a critical public health and social issue, male sexual victimisation remains under-researched and under-supported. Understanding the complex interplay of social, cultural, and institutional factors that inhibit reporting is therefore essential for developing effective interventions, legal frameworks, and support mechanisms tailored to male survivors' needs.

This article seeks to address the central question: What are the social, cultural, and institutional barriers that prevent male survivors of sexual assault from reporting their experiences, and how can these barriers be addressed through targeted policy, practice, and public education interventions?

By critically reviewing interdisciplinary literature from criminology, psychology, gender studies, and public health, this study aims to synthesise current knowledge, highlight gaps in understanding, and provide evidence-based recommendations to improve reporting pathways and support mechanisms for male survivors.

## **Methodology**

### **Research Design**

This study employed a critical literature review methodology to investigate the social, cultural, and institutional barriers that inhibit male survivors from reporting sexual assault. A critical literature review extends beyond summarising prior studies by systematically analysing, synthesising, and evaluating existing evidence to identify gaps, contradictions, and implications for policy and practice (Grant & Booth, 2009). This approach is particularly appropriate for examining complex social phenomena like male sexual victimisation, where individual behaviour is intertwined with societal norms, cultural expectations, and institutional structures.

The critical review methodology enables the integration of interdisciplinary perspectives, including psychology, sociology, criminology, gender studies, and public health, to provide a nuanced understanding of underreporting. It allows the identification of recurring themes, theoretical frameworks, and evidence-based recommendations while highlighting areas where empirical data are limited or inconsistent.

## Search Strategy

A comprehensive and systematic search was conducted across multiple electronic databases: PubMed, PsycINFO, Scopus, Web of Science, and Google Scholar. Additional grey literature was sourced from reputable organisations such as the World Health Organisation, Male Survivor, and national government reports. The search targeted studies published between 2000 and 2025 to capture contemporary research on male sexual victimisation and reporting behaviours. Search terms combined keywords and Boolean operators as follows:

- “male sexual assault” OR “male rape”
- “reporting barriers” OR “help-seeking behaviour” OR “disclosure”
- “stigma” OR “masculinity norms” OR “homophobia”
- “cultural norms” OR “family honour” OR “community pressure”
- “institutional barriers” OR “law enforcement” OR “healthcare systems”

Reference lists of included articles were also examined to identify additional relevant studies (snowballing). Searches were limited to studies published in English due to practical constraints, though international studies were included to ensure cross-cultural perspectives.

## Inclusion and Exclusion Criteria

### *Inclusion criteria:*

- Studies explicitly focusing on male survivors of sexual assault, including adult and adolescent populations
- Research examining social, cultural, or institutional factors affecting reporting or help-seeking
- Peer-reviewed empirical studies, systematic or narrative reviews, and high-quality organisational reports
- Studies providing insights into barriers, facilitators, or theoretical frameworks related to male sexual victimisation
- Publications from 2000–2025 to ensure relevance to contemporary social and institutional contexts

### *Exclusion criteria:*

- Studies focusing exclusively on female sexual assault victims without comparative male data
- Publications lacking methodological transparency or rigorous peer review
- Research focusing solely on perpetration or prevention without addressing survivor experiences
- Non-English language studies, conference abstracts, or opinion pieces with limited empirical evidence

### Data Extraction and Management

Data from included studies were systematically extracted using a pre-defined framework to ensure consistency and reliability. Extracted information included:

- Study characteristics: author(s), year, country, study design, population, and sample size
- Contextual variables: cultural or institutional settings, population demographics
- Key findings related to social, cultural, or institutional barriers to reporting
- Theoretical frameworks applied (e.g., stigma theory, intersectionality, minority stress, masculinity norms)
- Recommendations and policy implications

Data were managed using Excel spreadsheets to organise findings by thematic categories and enable cross-study comparison. This structured approach facilitated the identification of patterns, recurrent barriers, and areas of evidence consensus or contradiction.

### Data Synthesis

A thematic synthesis approach was employed to integrate findings across studies. The synthesis involved:

1. Coding extracted data according to recurring themes (e.g., stigma, homophobia, family honour, institutional distrust, healthcare barriers, male-specific support).

2. Comparing and contrasting findings across different cultural, social, and institutional contexts.
3. Critically evaluating the strength of evidence, theoretical grounding, and methodological rigour of each study.
4. Integrating insights to develop a coherent narrative linking social, cultural, and institutional determinants to underreporting among male survivors.

This method allowed the identification of both common patterns and context-specific nuances in reporting barriers, enabling a comprehensive understanding of the phenomenon.

### Quality Appraisal

Although formal meta-analysis was not possible due to heterogeneity in study designs, the included studies were appraised based on:

- Methodological rigour: sample size, study design, reliability of data collection instruments, and analytical approach
- Relevance: direct applicability to male sexual victimisation and reporting barriers
- Theoretical grounding: clarity and appropriateness of frameworks such as Goffman's stigma theory, Corrigan's self-stigma model, intersectionality, and minority stress theory
- Publication credibility: peer-reviewed status and reputation of journals or organisations

High-quality studies were prioritised in synthesis, while methodological limitations and potential biases were critically discussed.

### Ethical Considerations

As this study is a literature review, no primary data collection involving human participants was undertaken. Ethical considerations focused on the responsible reporting of sensitive topics, accurate citation of sources, and respectful representation of survivors' experiences. Particular care was taken to avoid reinforcing stereotypes or stigma related to male sexual victimisation.

### Limitations of the Methodology

Several limitations should be acknowledged:

- Reliance on English-language sources may have excluded relevant studies in other languages, potentially biasing findings toward Western contexts.
- Variation in study populations, settings, and measures of reporting behaviour limits generalisability.
- The review may be influenced by publication bias, as studies reporting male victimisation or barriers may be underrepresented.
- Limited empirical research in low- and middle-income countries restricts understanding of cross-cultural differences.

Despite these limitations, the critical literature review methodology provided a robust framework for synthesising interdisciplinary evidence and generating actionable insights for policy, practice, and future research.

### Literature Review

The scholarly discourse on male sexual victimisation has expanded over the past two decades; however, it remains considerably less developed than research focusing on female survivors (Hébert et al., 2016; Krahe & Berger, 2017). Despite increasing recognition that men can and do experience sexual violence, male sexual assault continues to be underreported, under-recognised, and theoretically marginalised (Javaid, 2015; Bullock & Beckson, 2011). Empirical studies indicate that a significant proportion of men experience sexual victimisation across their lifespan, with prevalence estimates suggesting that approximately one in six men globally has endured some form of sexual violence (World Health Organisation, 2020; Sivakumaran, 2007). However, reporting rates among male survivors remain disproportionately low due to intersecting social, cultural, and institutional barriers (Davies, Pollard & Archer, 2019; Addis & Mahalik, 2003). These disparities between prevalence and disclosure highlight systemic failures within legal, healthcare, and support structures to identify, validate, and adequately respond to male survivors (Rumney, 2009; Easton, Saltzman & Willis, 2014). Consequently, this section critically examines interdisciplinary research from psychology, sociology, criminology, gender

studies, and public health to explore the complex interplay of stigma, masculinity norms, heteronormative assumptions, and institutional deficiencies that contribute to the silencing of male sexual victimisation.

## **Social Factors**

### *Gender Norms and Masculinity*

One of the most widely recognised barriers to reporting sexual assault among men is the societal construction of masculinity. Traditional norms emphasise strength, emotional resilience, independence, and sexual dominance, leaving little space for vulnerability or victimisation (Addis & Mahalik, 2003). Men who experience sexual assault often internalise these expectations, perceiving disclosure as a failure to meet societal standards of manhood. This internalised pressure manifests in feelings of shame, self-blame, and fear of social ostracism (Krahe & Berger, 2017).

Public perception further reinforces these barriers. Male victims are often dismissed or ridiculed, particularly when the perpetrator is female, reflecting societal assumptions that men are always willing participants in sexual activity (Hébert et al., 2016). This minimisation of male victimisation creates a dual burden: survivors must contend with both internalised stigma and external disbelief, which collectively discourage reporting.

### *Stigma and Shame*

Stigma surrounding male sexual assault is pervasive, deeply rooted, and shaped by multiple intersecting societal norms. According to Goffman's (1963) seminal theory, stigma emerges when an individual possesses an attribute that is socially discrediting, positioning them as "other" or "spoiled" in the eyes of society. In the context of male sexual victimisation, the act of being overpowered or violated is often seen as incompatible with dominant ideals of masculinity, resulting in survivors being perceived as weak, emasculated, or complicit in their victimisation (Javaid, 2015; Krahe & Berger, 2017). This dynamic contributes to *public stigma*, manifesting through disbelief, ridicule, blame, or social distancing from peers, family members, and wider communities (Bullock & Beckson, 2011; Davies, Pollard & Archer, 2019).

Corrigan's (2004) self-stigma model further illuminates how survivors internalise these public attitudes, progressing from awareness of societal stereotypes to agreement with them, ultimately applying them to oneself. For male survivors, this process often results in intense feelings of shame, guilt, self-blame, humiliation, and fear of negative judgment (Easton et al., 2014; Addis & Mahalik, 2003). Many internalise beliefs that they should have been able to prevent the assault, or that "real men" are not victims, reinforcing psychological distress and secrecy (Hébert et al., 2016).

Disclosure of sexual violence is therefore frequently perceived as a direct challenge to established social and gender identities. Survivors fear being seen as "less masculine," "weak," or even sexually deviant, particularly in societies where hegemonic masculinity equates manhood with physical strength, emotional control, and sexual dominance (Connell & Messerschmidt, 2005; Javaid, 2015). Such fears are not unfounded; studies indicate that men who disclose sexual assault are often met with scepticism, homophobic insinuations, or accusations of complicity (Rumney, 2009; Sivakumaran, 2007). For some, the risk of being labelled as homosexual, particularly in communities where same-sex relations are stigmatised or criminalised, further deters reporting (Finneran & Stephenson, 2013).

Moreover, societal denial of male victimisation contributes to a silencing effect. Public discourse and policy frameworks traditionally frame sexual assault as a crime against women, leading male survivors to feel invisible, misunderstood, or excluded from available support systems (Hébert et al., 2016; WHO, 2020). This erasure reinforces isolation and contributes to reluctance to seek help or engage with formal support services (Easton et al., 2014).

Collectively, the interplay between public stigma, self-stigma, and gendered expectations produces a climate of shame that severely inhibits disclosure. By understanding these psychosocial mechanisms through established theoretical models such as those of Goffman (1963) and Corrigan (2004), the silencing of male survivors can be seen not as a personal failing but as a predictable response to systemic stigma embedded within cultural constructions of masculinity and victimhood.

### *Fear of Homophobia*

Fear of homophobic judgment is a significant deterrent to reporting sexual assault among male survivors. Many men express concern that disclosing victimisation, particularly in cases involving male perpetrators, may lead others to assume they are homosexual or question their sexual identity (Davies, Pollard & Archer, 2019; Javaid, 2015). In heteronormative societies where heterosexual masculinity is positioned as the normative ideal, male-male sexual assault is frequently interpreted through a sexual orientation lens rather than one of violence, coercion, or power (Connell & Messerschmidt, 2005; Rumney, 2009). As such, survivors may fear being subjected to homophobic ridicule, exclusion, or violence, particularly in cultural contexts where homosexuality is highly stigmatised or criminalised (Sivakumaran, 2007).

This fear is intensified by prevailing myths that equate male sexual arousal during assault with consent, further reinforcing the false narrative that a survivor's sexual orientation is implicated in the incident (Bullock & Beckson, 2011). Moreover, internalised homophobia or the fear of being perceived as gay can exacerbate shame, confusion, and identity conflict among heterosexual survivors (Addis & Mahalik, 2003). Men may also perceive sexual victimisation by another man as incompatible with their masculine identity, viewing it as an attack not only on their bodies but also on their heterosexual status and social standing (Hébert et al., 2016).

For LGBTQ+ male survivors, the reporting process is further complicated by intersecting stigmas related to sexual orientation and victimhood. Finneran and Stephenson (2013) highlight that men who identify as gay or bisexual often face victim-blaming attitudes within both heterosexual and LGBTQ+ communities, where sexual assault may be minimised or normalised. Minority stress theory suggests that LGBTQ+ individuals experience chronic stress due to societal stigma, discrimination, and internalised prejudice, which may make disclosure of sexual assault even more psychologically burdensome (Meyer, 2003). Consequently, LGBTQ+ survivors may fear being blamed for "placing themselves at risk" or being further marginalised within already exclusionary environments.

Overall, fear of homophobic perceptions, whether external or internalised, creates an added psychological and social burden for male survivors, contributing to silence, delayed disclosure, or complete avoidance of formal reporting systems.

## **Cultural Factors**

### *Family Honour and Community Expectations*

Cultural norms play a critical role in shaping male survivors' willingness to disclose sexual assault, particularly within collectivist and honour-based societies. In such contexts, collective identity, social cohesion, and familial reputation often take precedence over individual experience or emotional well-being (Fontes, 2004). Reporting sexual victimisation may therefore be perceived not only as a personal disclosure but as a threat to family honour and communal standing, resulting in suppression of disclosure. Within honour-shame cultural frameworks, male victimhood is especially problematic, as it challenges normative expectations of male strength, control, and social dominance (Javaid, 2015; Hébert et al., 2016). The fear of being seen as having failed to uphold masculine responsibility can lead to silence in order to preserve both personal dignity and familial reputation.

Male survivors from immigrant, ethnic minority, and religiously conservative communities often experience intensified pressure to adhere to cultural expectations around masculinity, loyalty, and discretion (Liang et al., 2005). This pressure may manifest through fears of ostracism, community stigma, or familial reprisal if disclosure is perceived as tarnishing the family's public standing (Fontes, 2004). Additionally, cultural expectations regarding sexual purity and honour may result in blame being assigned to the survivor for failing to prevent the assault, further reinforcing secrecy (Rumney, 2009).

Research in East Asian, Middle Eastern, and South Asian communities demonstrates that concerns over family reputation, intergenerational expectations, and community surveillance are central deterrents to reporting sexual assault (Liang et al., 2005; Finneran & Stephenson, 2013). Survivors may fear that disclosure could lead to social isolation, disruption of marriage prospects, or community shame. Within diaspora communities, these pressures can be compounded by the desire to maintain a positive image in host societies, further reinforcing silence (Fontes, 2004).

Consequently, concerns surrounding honour and community expectations create cultural barriers that intersect with stigma, masculinity norms, and institutional distrust, significantly reducing help-seeking behaviours among male survivors across diverse cultural backgrounds.

### *Media Representation and Cultural Disbelief*

Media and public discourse frequently position men as aggressors rather than victims, reinforcing a dominant cultural script in which sexual violence is portrayed as

an act committed by men against women (Benedict, 1992; Hébert et al., 2016). This gendered framing contributes to the pervasive misconception that men are inherently physically capable of resisting sexual assault, thereby rendering the idea of male rape seemingly implausible or contradictory to hegemonic masculinity norms (Connell & Messerschmidt, 2005; Javaid, 2015). As a result, male sexual victimisation is often trivialised, sensationalised, or erased from mainstream representation, leading to what some scholars term the 'invisibility' of male survivors within public consciousness (Rumney, 2009; Krahe & Berger, 2017).

These cultural narratives are not merely symbolic but have tangible implications for institutional responses. Research indicates that law enforcement, legal personnel, and healthcare professionals may approach male reports of sexual assault with heightened scepticism or minimisation, driven by embedded assumptions that male victimhood is rare, exaggerated, or incongruent with normative gender roles (Davies, Pollard & Archer, 2019; Easton, Saltzman & Willis, 2014). When male survivors fear that their experience will be disbelieved, mocked, or dismissed by authorities, they are less likely to engage with formal reporting mechanisms.

Furthermore, the persistence of media narratives that frame men exclusively as perpetrators undermines broader societal recognition of male sexual victimisation, limiting the development of responsive policy frameworks, survivor-focused services, and public awareness campaigns (Javaid, 2015; WHO, 2020). This contributes to a continuous cycle in which underreporting reinforces perceptions of rarity, which in turn sustains disbelief and neglect in institutional and cultural contexts.

In this way, cultural disbelief perpetuated through media representation not only inhibits disclosure but also structurally invalidates male survivors' experiences, contributing to their marginalisation within both societal and institutional frameworks.

### *Intersectionality and Minority Stress*

The intersection of race, ethnicity, sexual orientation, socioeconomic status, and disability significantly shapes reporting behaviours and help-seeking patterns among male survivors of sexual violence. Intersectionality theory posits that individuals who occupy multiple marginalised identities experience discrimination not as additive but

as interlocking forms of oppression that create unique vulnerabilities (Crenshaw, 1991). As such, male survivors from minority backgrounds often face layered barriers to disclosure, shaped not only by gender norms but also by broader systems of racial, cultural, sexual, and social inequality (Javaid, 2015; Hébert et al., 2016).

Empirical studies indicate that Black and Latino male survivors in the United States report heightened distrust toward law enforcement and social institutions due to historical experiences of systemic racism, police brutality, and legal inequities (Ward, Jewkes & Peacock, 2017). This institutional distrust is further compounded by community expectations that men of colour embody strength and resilience in the face of adversity, disclosing sexual victimisation appears incompatible with racialised masculine ideals such as “hypermasculinity” or “toughness” (Connell & Messerschmidt, 2005). Fear of judgment, rejection, or cultural shame within close-knit ethnic communities often leads to silence as a means of preserving familial respect and social legitimacy.

Similarly, LGBTQ+ male survivors encounter compounded stigma due to homophobia, heteronormative masculinity expectations, and societal assumptions that sexual violence involving same-sex perpetrators is either consensual or less harmful (Finneran & Stephenson, 2013; Rumney, 2009). Minority stress theory suggests that LGBTQ+ individuals experience chronic stress from societal stigma, discrimination, and internalised prejudice, which may further intensify trauma-related shame and inhibit reporting (Meyer, 2003). Survivors often fear being blamed for their victimisation or subjected to intrusive questioning about their sexual practices rather than receiving empathetic support (Davies, Pollard & Archer, 2019).

Men from lower socioeconomic backgrounds may face additional barriers due to limited access to trauma-informed care, lack of knowledge about available services, and fear of economic repercussions tied to disclosure (Easton, Saltzman & Willis, 2014). Those with disabilities may also experience heightened vulnerability due to power imbalances, dependence on caregivers, and the perception that their testimony will be disbelieved or discredited (WHO, 2020).

Collectively, these findings underscore the necessity of culturally competent, intersectionally informed support services that acknowledge the specific social,

cultural, and structural challenges facing marginalised male survivors. Without approaches that recognise the interconnected nature of identity-based stigma, support systems risk perpetuating exclusion and reinforcing silence among the most vulnerable populations.

## **Institutional Factors**

### *Law Enforcement and Underreporting*

Institutional barriers within the criminal justice system represent a critical determinant of male survivors' reporting behaviours. A substantial body of research indicates that distrust of law enforcement is a primary reason for nondisclosure among male victims (Davies, Pollard & Archer, 2019; Easton, Saltzman & Willis, 2014). Male survivors frequently express concerns that authorities will disbelieve their accounts, minimise the seriousness of the assault, or attribute blame to the victim, particularly when gendered stereotypes about male strength and sexual dominance are present (Bullock & Beckson, 2011; Rumney, 2009).

Fear is reinforced by the structural realities of reporting. Statistical analyses in England and Wales indicate that male victims' reports are substantially less likely than female victims' reports to result in formal charges or successful prosecutions, contributing to the perception that engaging with the criminal justice system is futile (ONS, 2021; Hébert et al., 2016). Low prosecution and conviction rates are compounded by procedural challenges, including invasive or insensitive questioning, a lack of male-specific protocols, and a scarcity of trained officers attuned to the needs of male survivors (Davies, Pollard & Archer, 2019).

Institutional distrust among male survivors is further exacerbated by the broader cultural context in which male sexual victimisation is underrecognised. When law enforcement personnel operate within frameworks that implicitly view men as perpetrators rather than victims, survivors may anticipate stigma, disbelief, or secondary victimisation, leading to delays in reporting or complete avoidance of formal channels (Javaid, 2015; Connell & Messerschmidt, 2005). This phenomenon aligns with theories of procedural justice, which suggest that perceptions of fairness, respect,

and legitimacy are critical determinants of individuals' willingness to engage with legal institutions (Tyler, 2006).

Overall, institutional barriers create a self-reinforcing cycle: cultural stereotypes diminish the credibility of male victims, procedural shortcomings limit the effectiveness of reporting, and low rates of successful prosecution reinforce the perception that disclosure is futile. Breaking this cycle requires systemic reforms, including gender-inclusive training for law enforcement, male-specific investigative protocols, and broader public campaigns to validate male sexual victimisation (WHO, 2020; Male survivor, 2025).

### Healthcare and Secondary Victimisation

Healthcare systems can inadvertently act as barriers when professionals lack adequate training in recognising and responding to male sexual victimisation. Male survivors frequently encounter secondary victimisation in clinical settings, which may manifest as dismissive or minimising attitudes, inadequate trauma assessment, or inappropriate assumptions regarding sexual orientation, consent, or credibility (Davies, Pollard & Archer, 2019; Easton, Saltzman & Willis, 2014). Such negative interactions can compound the psychological and emotional trauma associated with the assault, reinforcing feelings of shame, self-blame, and isolation (Hébert et al., 2016; Addis & Mahalik, 2003).

The concept of secondary victimisation highlights how institutional responses, intended to provide care, can unintentionally exacerbate survivors' distress. Campbell and Raja (1999) note that insensitivity, scepticism, or procedural rigidity in professional settings can replicate aspects of the original trauma, undermining trust in formal support systems. Male survivors are particularly vulnerable to these dynamics due to societal assumptions that men are less likely to experience sexual victimisation or require psychosocial support (Javaid, 2015; Bullock & Beckson, 2011).

Trauma-informed care frameworks emphasise the importance of recognising the prevalence and impact of trauma, ensuring survivors feel safe, empowered, and validated during interactions with healthcare providers (SAMHSA, 2014). When male survivors encounter services that are not trauma-informed or gender-sensitive, they

may avoid seeking mental health care, psychosocial counselling, or medical assistance altogether, which limits opportunities for recovery and intervention (Finneran & Stephenson, 2013).

Moreover, institutional shortcomings such as limited availability of male-specific support programs, absence of clear clinical guidelines, and low professional awareness further constrain access to care (Male survivor, 2025; WHO, 2020). These systemic gaps highlight the need for targeted professional training, implementation of trauma-informed protocols, and the creation of male-inclusive clinical environments to reduce barriers to disclosure and support.

### *Scarcity of Male-Specific Support Services*

A notable institutional barrier for male survivors of sexual assault is the limited availability and accessibility of services specifically designed to meet their needs. Support mechanisms such as counselling, advocacy, crisis intervention, and safe housing are often developed with female survivors as the primary target population, leaving men with comparatively fewer resources (Male survivor, 2025; Davies, Pollard & Archer, 2019). This gendered focus reflects broader societal assumptions that sexual assault predominantly affects women, reinforcing the marginalisation of male victimisation within institutional structures (Benedict, 1992; Hébert et al., 2016).

The absence of visible, male-focused services contributes to feelings of invisibility and societal undervaluation among male survivors, which may exacerbate shame and discourage help-seeking behaviours (Easton, Saltzman & Willis, 2014; Javaid, 2015). Without access to tailored support, men may be less likely to receive trauma-informed care, engage with advocacy programs, or participate in peer-support networks that facilitate recovery (Bullock & Beckson, 2011; Finneran & Stephenson, 2013).

Research indicates that the development of male-specific services is not merely a matter of equity but also of efficacy. Male survivors often report feeling more comfortable and validated in environments where services are explicitly inclusive of men, where counsellors are trained to recognise male experiences of sexual assault, and where outreach materials and programs challenge gendered stereotypes about

victimhood (Male survivor, 2025; WHO, 2020). In addition, male-focused services can address barriers related to stigma, homophobia, and cultural expectations, offering safe spaces where survivors can disclose experiences without fear of judgment or disbelief.

Overall, the scarcity of male-specific support services perpetuates cycles of silence and underreporting, highlighting the need for policy reforms, targeted funding, and institutional initiatives aimed at creating inclusive, gender-sensitive pathways for male survivors to access care and justice.

### *Summary of Literature*

The literature demonstrates that reporting sexual assault among male survivors is shaped by a complex interplay of social, cultural, and institutional factors. Traditional masculinity norms, pervasive stigma, and fears of homophobic labelling intersect with cultural expectations surrounding family honour, reputation, and social conformity, creating powerful social and psychological deterrents to disclosure (Easton et al., 2014; Addis & Mahalik, 2003; Fontes, 2004; Javaid, 2015). These pressures are further compounded by systemic inadequacies within institutional frameworks, including secondary victimisation in healthcare and law enforcement settings, low prosecution and conviction rates, and the scarcity of male-specific support services (Davies, Pollard & Archer, 2019; Bullock & Beckson, 2011; Male survivor, 2025; ONS, 2021).

Intersectional vulnerabilities magnify these barriers, particularly for men from racial, ethnic, sexual, and socioeconomic minority groups, as overlapping forms of oppression intensify distrust of formal systems and heighten fear of stigma and community judgment (Crenshaw, 1991; Ward, Jewkes & Peacock, 2017; Finneran & Stephenson, 2013). The convergence of these social, cultural, and institutional factors illustrates that underreporting is not merely an individual behavioural issue but rather a structural and societal phenomenon.

Addressing these entrenched barriers requires a multi-dimensional, evidence-informed approach. This includes public awareness campaigns to challenge gendered myths, culturally sensitive and intersectional interventions, institutional reforms to

reduce secondary victimisation, and the development of accessible, male-focused support mechanisms (WHO, 2020; Male survivor, 2025; Javaid, 2015). Such comprehensive strategies are essential for creating environments in which male survivors can safely disclose sexual assault, access appropriate care, and pursue justice without fear of stigma, marginalisation, or disbelief.

## **Discussion**

This review highlights the multifaceted barriers that male survivors of sexual assault face when considering disclosure and help-seeking. Across the literature, social, cultural, and institutional factors converge to create a pervasive environment of silence, shame, and marginalisation. Traditional masculinity norms emerge as a primary social barrier, framing men as physically strong, emotionally resilient, and sexually dominant. These gendered expectations render the concept of male victimhood difficult to reconcile within societal narratives, leading survivors to fear being perceived as weak or less masculine (Addis & Mahalik, 2003; Connell & Messerschmidt, 2005; Javaid, 2015). The internalisation of these norms is compounded by stigma, which operates both externally through public shaming, disbelief, or ridicule—and internally, through self-blame, guilt, and psychological distress (Goffman, 1963; Corrigan, 2004; Easton et al., 2014).

Cultural factors further exacerbate barriers to disclosure. In collectivist and honour-based societies, family reputation and social cohesion are prioritised over individual well-being, particularly for men whose victimisation may be perceived as a threat to familial honour (Fontes, 2004; Liang et al., 2005). Media and public discourse reinforce this marginalisation by consistently portraying men as perpetrators rather than victims, thereby contributing to the societal invisibility of male sexual assault (Benedict, 1992; Rumney, 2009). Intersectional vulnerabilities further intensify these barriers: men from racial, ethnic, sexual, or socioeconomic minority backgrounds navigate compounded stigma, distrust of institutions, and fears of community reprisal, which collectively heighten the risk of underreporting (Crenshaw, 1991; Ward, Jewkes & Peacock, 2017; Finneran & Stephenson, 2013).

Institutional factors represent another critical dimension of underreporting. Male survivors frequently cite distrust of law enforcement, low prosecution and conviction

rates, and inadequate healthcare responses as central deterrents (Davies, Pollard & Archer, 2019; ONS, 2021). Secondary victimisation, experienced in both legal and medical contexts, occurs when professionals dismiss, minimise, or misinterpret male survivors' experiences, often reflecting societal stereotypes about masculinity, sexuality, and consent (Bullock & Beckson, 2011; Easton, Saltzman & Willis, 2014). The scarcity of male-specific support services compounds these systemic failures, leaving survivors with limited options for counselling, advocacy, or safe spaces (Male survivor, 2025; WHO, 2020).

Collectively, these findings indicate that underreporting is not simply an individual behavioural issue but rather the outcome of entrenched societal, cultural, and institutional dynamics. The interaction between stigma, masculinity norms, cultural expectations, and institutional shortcomings produces a cumulative effect, where disclosure is perceived as risky, futile, or socially unacceptable. The persistence of these barriers reinforces a cycle of silence, invisibility, and inadequate support, further marginalising male survivors and limiting opportunities for justice and recovery.

The discussion also underscores the necessity of applying intersectional and trauma-informed frameworks when designing interventions. Intersectional approaches recognise that vulnerabilities are not uniform; instead, they are shaped by overlapping social identities, including race, ethnicity, sexual orientation, and socioeconomic status (Crenshaw, 1991; Meyer, 2003). Trauma-informed care principles emphasise the importance of recognising the prevalence and impact of trauma, providing safe and supportive environments, and avoiding practices that could retraumatise survivors (SAMHSA, 2014). Applying these frameworks can mitigate barriers within healthcare and legal institutions, foster trust, and enhance help-seeking behaviours among male survivors.

Finally, the review highlights gaps in the current literature and practice. Despite growing recognition of male sexual victimisation, research remains less developed than studies on female survivors. Empirical evidence is often limited by small sample sizes, cross-sectional designs, and underrepresentation of diverse cultural and minority populations (Hébert et al., 2016; Krahe & Berger, 2017). Moreover, institutional reforms and public awareness initiatives targeting male survivors are insufficiently implemented, leaving structural barriers largely unaddressed.

In conclusion, the evidence demonstrates that male sexual victimisation is a complex, multi-layered phenomenon, shaped by the intersection of societal norms, cultural expectations, and institutional inadequacies. Effective responses require a holistic, multi-level strategy that addresses stigma, challenges harmful constructions of masculinity, enhances institutional trustworthiness, and expands male-focused support mechanisms. Only by acknowledging and actively dismantling these barriers can society create an environment in which male survivors are empowered to disclose, seek support, and achieve justice.

## **Conclusion**

Male sexual victimisation remains a pervasive yet under-recognised public health and social justice issue, shaped by the intersecting influences of societal norms, cultural expectations, and institutional inadequacies. This review demonstrates that underreporting among male survivors is not simply a matter of individual choice or reluctance but the cumulative result of entrenched stigma, hegemonic masculinity, homophobia, cultural pressures, and systemic shortcomings within legal, healthcare, and support institutions. Intersectional factors, including race, ethnicity, sexual orientation, socioeconomic status, and disability, further amplify these barriers, rendering certain populations particularly vulnerable to marginalisation, isolation, and silence (Crenshaw, 1991; Ward, Jewkes & Peacock, 2017).

The evidence highlights that social and cultural constructions of masculinity discourage disclosure by framing vulnerability and victimhood as antithetical to male identity, while homophobic attitudes, family honour norms, and community expectations further inhibit help-seeking behaviours (Addis & Mahalik, 2003; Fontes, 2004; Finneran & Stephenson, 2013; Javaid, 2015). These pressures intersect with institutional failures, including distrust of law enforcement, secondary victimisation in healthcare and legal settings, low prosecution and conviction rates, and the scarcity of male-specific support services (Davies, Pollard & Archer, 2019; Male survivor, 2025; ONS, 2021; WHO, 2020). Collectively, these factors create a climate in which male survivors are effectively silenced, perpetuating cycles of underreporting and marginalisation.

Addressing these complex barriers requires a holistic, multi-level, and evidence-informed strategy. Public awareness campaigns must challenge societal myths about male victimhood and promote accurate, empathetic portrayals of male survivors in media and education. Institutions must implement trauma-informed, gender-sensitive protocols that validate experiences, prevent secondary victimisation, and enhance trust. Culturally competent and intersectional interventions are essential to meet the needs of men from diverse racial, ethnic, and sexual minority backgrounds, as well as those with disabilities or socioeconomic disadvantage. Expanding male-specific support services, including counselling, advocacy, shelters, and peer networks, is crucial to providing safe, accessible, and affirming pathways for recovery.

From a research perspective, further empirical investigation is needed to examine male sexual victimisation across different cultural, social, and institutional contexts, with particular attention to longitudinal outcomes, minority populations, and intersectional vulnerabilities. Understanding how social, cultural, and institutional factors interact over time will be vital for informing effective interventions, policy reforms, and service delivery models.

Ultimately, recognising and responding to male sexual victimisation is both a social justice imperative and a public health priority. By dismantling the entrenched social, cultural, and institutional barriers that prevent disclosure, society can promote healing, ensure equitable access to support and justice, and affirm the rights and dignity of all survivors of sexual violence. In doing so, we move closer to a comprehensive, inclusive approach to sexual assault prevention and survivor care one that validates male experiences, addresses systemic inequities, and fosters resilience and empowerment among all victims.

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