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Compiled by: **SEXUAL ASSAULT RESOURCE CENTRE**

Web site: <http://wchs.health.wa.gov.au/services/s/sarc.htm>

Produced by the Women's and Children's Health Service

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Information for men who have experienced **Sexual Assault or Sexual Abuse**

Sexual Assault Resource Centre (SARC)

CRISIS LINE
(08) 93401828 (24 hours)

Freecall 1800 199 888

COUNSELLING LINE
(08) 9340 1899 (24 hours)

BUSINESS TELEPHONE
Telephone (08) 93401820
Facsimile (08) 9381 5426

PO Box 842. SUBIACO WA 6904

INTRODUCTION

This leaflet has been developed to help raise awareness and dispel the myths that surround male sexual assault and sexual abuse.

Men can experience many of the same issues experienced by women who have been sexually assaulted or abused, but there are also specific issues that affect men. Very few men come forward after an assault. Many are ashamed to seek help because they thought that it could never happen to them or to any other man. Current research indicates, however, that 1 in 6 men have experienced child sexual abuse and 1 in 10 men will experience sexual assault.

THE SEXUAL ASSAULT RESOURCE CENTRE (SARC)

The Sexual Assault Resource Centre (SARC) has a Medical and Forensic Service and a Counselling Service. SARC is a free 24-hour 7 days a week emergency service that offers assistance and support to any person, male or female, aged 13 years and over who has experienced any form of unwanted sexual contact or behaviour, either recently or in the past.

SARC is a confidential service and will not disclose information to another party without a person's prior consent, unless there are concerns for that person or another person's safety.

SARC is not part of the Police service. Involving police is always the choice of the person.

Recent Sexual Assault

SARC defines recent sexual assault as any unwanted sexual contact or behaviour that has occurred within the previous 2 weeks.

People who have been sexually assaulted within a 2 week period can contact the SARC 24-hour crisis line on 9340 1828 (or Freecall 1800 199 888) to gather information about and access to a

- medical service
- forensic service
- counselling service

The crisis line is answered by a nurse who will assess the caller's immediate medical needs. SARC is staffed by a team of female counsellors and doctors.

Past Sexual Assault and Sexual Abuse

People who have been sexually assaulted or sexually abused more than 2 weeks ago and want crisis counselling support are able to contact the SARC 24-hr counselling line on (08) 9340 1899 and speak to a counsellor.

SARC also offers individual and group counselling support to people who have experienced sexual assault or sexual abuse in the past. These services can be accessed by contacting the counselling line during business hours.

WHAT IS SEXUAL ASSAULT AND SEXUAL ABUSE?

Sexual assault is a crime of violence, where a person uses their power and control to dominate another.

Sexual assault can be any sexual behaviour or act that is threatening, violent, forced, coercive or exploitative and to which a person has not given or was not able to give their consent.

It can take many forms-

- Exhibitionism
- Voyeurism
- An unwanted sexual touch
- Being forced to masturbate or watch another masturbate
- Being forced, coerced or bribed to view pornographic images
- Being forced to give or receive oral sex
- Being forced to perform sexual acts on themselves or others
- Sexual penetration of a person by penis, object or other parts of the body into the vagina, anus or mouth.

Sexual abuse occurs when someone in a position of power and authority over another (adult or child) has taken advantage of that person's trust and respect to involve them in sexual activity. Any of the above acts can be involved.

Sexual abuse can occur between:

- A child and an older child or adult
- A disabled person and a carer
- A patient and a medical practitioner
- A counsellor and a client
- A parishioner and a clergyman/woman
- Sexual partners

Sexual harassment that can involve sexual comments, dirty jokes, leering and wolf whistles can also be considered to be abusive.

Myths about sexual assault, sexual abuse and men

There are many myths that have been perpetuated in this area. These myths have the effect of blaming the victim for what has happened and excusing the assailant for their behaviour. Myths help to maintain secrecy and shame around the issue.

Myth: A child can initiate the behaviour and participate willingly.

Reality: In the case of a child, whatever the child's actions or reactions, the adult is always responsible.

Myth: Men cannot be sexually assaulted because they can fight off an attacker.

Reality: Men are sexually assaulted regardless of their size, strength or appearance.

Myth: If a man assaults another man or male child he must be gay.

Reality: Most men who assault other males are heterosexual and often in a relationship with a woman. Sexual assault is an act of power and control, not an expression of sexuality.

Myth: If a man is abused or assaulted by another male, he will become gay.

Reality: Being abused or assaulted does not determine or change a person's sexual preference.

Myth: Only gay men are sexually assaulted.

Reality: Both heterosexual and homosexual men can be sexually assaulted.

Myth: A man cannot be sexually assaulted by a woman. They should consider themselves lucky they are getting sex!

Reality: Although men are usually assaulted by other men, men can be assaulted by women. Any unwanted sexual behaviour can be frightening and humiliating.

Myth: Sexual abuse occurs within a loving relationship.

Reality: Sexual abuse is an abuse of power and trust, which may have long term effects on a person's life. It is never part of a loving, healthy relationship.

Myth: People who are sexually abused as children will grow up to be abusers.

Reality: The vast majority of people who are sexually abused as children do not become perpetrators of sexual violence.

Myth: Sexual assault and abuse occurs in dark, unfamiliar places with strangers.

Reality: Approximately 70% of perpetrators of sexual violence are known to their victim.

Myth: Erection and ejaculation during a sexual act means that a man enjoyed and consented to it.

Reality: Erection and ejaculation are normal bodily responses to physical stimulus. This does not indicate the person is consenting to or enjoying the experience. Some assailants are aware of how these bodily responses can confuse their victim and use this to make the person feel they are responsible for the assailant's behaviour and to discourage the reporting of the crime.

Myth: For a sexual assault to take place considerable force or a weapon must be used.

Reality: Although this is sometimes the case, assaults often occur without weapons or a lot of force. Coercion, fear, shock, intoxication, surprise and drink spiking may render a person unable to say 'no' or be able to fight off an assailant.

Myth: People affected by alcohol and/or drugs are asking to be assaulted.

Reality: Being intoxicated can mean that a person is not able to consent to sex.

Myth: Wearing 'provocative' clothing means people are asking for or are responsible for the assault.

Reality: Whatever the victim of an assault wears, they are never responsible for the actions of the assailant.

MEDICAL AND FORENSIC ASPECTS OF SEXUAL ASSAULT

Medical issues

A person who has experienced sexual assault may be concerned about physical injury or about contracting a sexually transmitted infection.

SARC doctors specialise in treating people who have been sexually assaulted and can assist by responding to any medical concerns a person may have.

Forensic examinations

People who have experienced sexual assault can choose whether or not to report the assault to the police. If a person wants to report, it is a good idea to have a forensic examination. This is best done by SARC doctors, but may also be performed in a hospital Emergency Department or by a GP. If a person is undecided about reporting

to the Police, forensic swabs can be stored at SARC for 3 months. This gives the person time to make a decision.

A forensic examination involves looking for evidence to support the person's story of being sexually assaulted.

There are 3 components:

1. A general examination of the body and documenting any injuries such as cuts or bruises
2. Examining the ano-genital area and documenting any injuries
3. Taking forensic swabs of the assailant's DNA from areas where bodily fluids such as semen or saliva may be evident.

The sooner forensic specimens can be collected, the more likely that DNA will be detected. If assaulted in the mouth, swabs need to be taken within 24 hours of the assault. If assaulted anally, swabs need to be taken within 48 hours.

Physical injuries

SARC doctors document injuries such as bruises and cuts, but are not able to treat injuries. Serious injuries or injuries requiring treatment, such as cuts needing stitches, need to be treated by a GP or in a hospital Emergency Department.

Trauma to the anus can cause tears in the anus or the rectum and may worsen haemorrhoids (piles) or cause temporary problems when using the bowel. Persistent pain around the anus or in the abdomen should not be ignored. It is also important that anal bleeding, particularly when using the bowels is not ignored. If a person experiences these problems, then they should go to a hospital Emergency Department or their GP.

A very rare occurrence is a bleeding laceration in the bowel with the ongoing passage of fresh blood and feeling unwell. This requires **urgent medical attention** at a hospital Emergency Department.

Constipation may occur as a secondary consequence to the pain and trauma of an assault. Burning or stinging when passing urine may also occur and can be dealt with by a GP.

Sexually Transmitted Infections (STIs)

Receptive fellatio

If oral sex has occurred, sexually transmitted infection can occur. If the assailant had a cold sore, for instance, Herpes Simplex type 1 could be passed on. This can result in small, painful or itchy clear blisters on the penis.

Fellatio

If a person has been forced to perform oral sex on the assailant's penis, then infection is unlikely, however, it is still considered advisable to have swabs for STI's performed to exclude this possibility.

Anal penetration

If anal penetration has occurred, SARC doctors or a GP will test for STIs.

The most common STIs are

- Chlamydia and gonorrhoea: tested for by rectal swabs, throat swabs and/or urine samples. SARC doctors can offer antibiotics which may prevent a person contracting these infections.
- HIV: tested by blood tests immediately after an assault and at 1 and 3 months after an assault. **The incidence of contracting HIV is low.** SARC doctors can offer information about this. A 30-day course of antiviral medication is available which may reduce the chances of contracting HIV. This treatment needs to be commenced as soon as possible after an assault and at least within 72 hours.
- Syphilis: tested by blood tests after an assault and at 1 and 3 months post assault. This is treatable with antibiotics.
- Hepatitis C: passed by blood to blood contact and tested by blood test after an assault and at 1, 3 and 6 months post assault. SARC doctors can provide information about Hepatitis C and refer a person to a specialist if this is necessary.
- Hepatitis B: tested by blood tests after an assault and at 1 and 3 months post assault. SARC doctors or a GP can offer possible prevention with the use of a vaccination and immunoglobulin given within 72 hours of an assault. SARC recommends that every person ask their doctor about the vaccination program whether or not they have been assaulted.

SARC doctors do not test for all sexually transmitted infections so it is possible that some may become apparent after a period of time. This includes herpes and genital warts. If blisters or lumps appear in the ano-genital area a GP should be consulted.

Alcohol and Drug use

Many people who have experienced sexual assault or abuse may increase their alcohol and/or other drug use as a way of dealing with the trauma of the experience. If substance use is becoming a problem, support and counselling is available by contacting the ADIS 24-hour free telephone counselling service Tel: (08) 9442 5000 or 1800 198024 for country callers.

WHERE DO I GET MORE INFORMATION?

This leaflet does not provide information about the emotional impact of sexual abuse or sexual assault, the legal process or resource information.

“Information for People Who Have Experienced Sexual Assault or Sexual Abuse” is a booklet produced by SARC, which provides additional information covering these topics.

This booklet can be obtained by contacting SARC during business hours on (08) 9340 1820. This booklet is also available on the SARC Internet site at <http://wchs.health.wa.gov.au/services/s/sarc.htm>

People are encouraged to speak to a SARC counsellor to discuss their concerns or to gather more information.

Additional information on Sexually Transmitted Infection, testing and treatment may be obtained by contacting

Men's Line	(08) 9332 8401
WA AIDS Council (WAAC)	(08) 9482 0000
AIDS Line	(08) 9482 0044
Royal Perth Hospital Sexual Health Clinic	(08) 9224 2178

Fremantle Hospital Sexual Health Clinic	(08) 9431 2149
Derbarl Yerrigan - Aboriginal Medical Service	(08) 9421 3888
Hepatitis C Council	(08) 9328 8538
Freecall	1800 800 070

Information about alcohol and other drug use can be obtained from:

Alcohol and Drug Information Service (ADIS).	(08) 9442 5000
Country callers	1800 198024