Out of the Darkness: Male Adolescents and the Experience of Sexual Victimization

Gina Yellin Bogin

Although various research studies all report considerable numbers of men who have been victims of sexual aggression, there seems to be a lack of awareness of male victims in our schools. Due to this lack of awareness, male victimization is often not considered when assessing a male student’s behavior. Boys are routinely referred for disciplinary action rather than to supportive services for assessment. This article discusses male adolescents and the experience of sexual victimization. It discusses Rape Trauma Syndrome, academic issues, school-safety issues, and sexual-identity issues that may be experienced after victimization. Different treatment methods are suggested. Furthermore, therapeutic issues that are unique to the male experience are contemplated. Finally, the school social worker’s role in both prevention and assisting these students is considered.

Key words: adolescents; male rape; Rape Trauma Syndrome; sexual identity; school safety; school social workers

The Pupil Personnel Services team listened as Jamie’s advisor described what was going on. Since winter break Jamie’s grades have been dropping and Jamie seems to have lost interest in school and peers. Jamie has been seen crying in the halls or bathrooms; however, there does not appear to be a reason for this behavior. If approached, Jamie reacts with anger. The dean added that Jamie has had some other behavioral problems in school lately.

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including tardiness and missed classes. The dean is wondering if Jamie has started to abuse substances. Jamie’s English teacher reported that Jamie is having difficulty concentrating. The social worker stated, “I have not yet met Jamie, but it seems to me that she is displaying symptoms of PTSD. Could she have been sexually assaulted over break?” The advisor quietly explained, “Jamie is a boy.”

The assumption underlying this quiet clarification is that males are rarely, if ever, victims of sexual assault. Unfortunately, this assumption runs counter to many research studies which indicate that males are victimized at significant rates. Although research studies vary in their conclusions about the prevalence rate of male victimization, they indicate that considerable numbers of men have been victims of sexual aggression (Anderson, Reis, & Stephens, 1997; Finkelhor, Hotaling, Lewis, & Smith, 1990; Gartner, 1999; Mendel, 1995; Scarce, 1997). Clinicians who are unaware of the nature and prevalence of male victimization may fail to ask assessment questions that would enable men to acknowledge their victimization and its possible consequences (Bera, 1995; Coxell & King, 2002).

**Adolescence: A Risky Business**

Outside of the prison system, research indicates that young men and women in high school and college are part of the group most at risk for being sexually assaulted (Finkelhor, 1995; Finkelhor & Dzuiba-Leatherman, 1994; Isely, 1998; Struckman-Johnson & Struckman-Johnson, 1992; Whealin, 2002). It is important, however, to keep in mind one caveat to this assessment, which is that it has been questioned whether or not the higher reported incidence of males in this age group is due to a higher incidence or to older men being less likely to report assault (Groth & Burgess, 1980; Mendel, 1995). Elements that contribute to the

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1. Throughout this discussion the term victim is used rather than survivor or another such term because at the point that most school social workers interact with the students they are more likely to be at the beginning of their journey from victim to survivor.

2. For the purposes of this paper sexual aggression and sexual victimization cover the continuum of sexual victimization from sexual harassment to rape (sexual assault). Several studies quoted in this paper look at only one aspect of sexual aggression as indicated by the terminology. Differences in prevalence rates may be due to the differences in operational definitions used in the studies. The studies quoted in this paper had average prevalence rates for sexual assault of 17.5 percent. and for sexual harassment they averaged 76 percent.
high school/college age group's risk level include previous childhood victimization, social inexperience, and activities common to this age group, such as dating, drinking, and substance abuse (Ottens & Black, 2000). Despite male high school students being in this high-risk group, there is a lack of awareness of male sexual victimization within high schools. This lack of awareness may be problematic, because "while the number of men who are victims of sex crimes is unknown, a growing body of evidence suggests that such victimizations are more prevalent in our society than previously realized. . . . Such sexual victimization can be developmentally very disruptive and result in significant levels of psychosocial dysfunction" (Isely, 1998, p. 311).

**Importance of Assessment: Adolescents' Reactions to Sexual Victimization**

Sexual victimization may be particularly difficult for adolescents, as they are going through puberty and awkward bodily change. Adolescence is the time when a child is challenged with a variety of psychobiological changes, the resolution of which paves the way to adulthood. It is a state of crisis in which the primary developmental challenge is answering the question "Who am I?" (Erikson, 1968). In the course of resolving the conflicts of adolescence, the adolescent develops a sense of identity. During adolescence, even students with positive self-images struggle with fitting in, loneliness, and self-doubt. The role of child no longer seems to fit, yet the adolescent is not sure of his or her own sense of identity as an emerging adult. They are trying to hold onto their childhood at the same time as they are trying to gain autonomy from their parents.

Appearances, sexual identity, and dating issues are a concern. Adolescents' perceptions of how their peers react to them define their self-worth. They adjust behaviors and dress to fit in with the larger social group. Adolescents devour media and have a propensity to imitate those in the media whom they admire and identify with. Cultural norms about manhood are modeled to them through the media. Heroes are made of television and movie characters, like Jackie Chan, who display power through their ability to defend themselves no matter how many others are attacking them. When males who have been socialized to believe that they cannot be overpowered are sexually victimized, their understanding of the world changes as they are faced with the vulnerabilities of their humanness.

For the young man who has experienced any form of sexual victimization, adolescence is an especially difficult time. Consequences noted by
adolescent high school boys who indicated they had experienced sexual and/or physical aggression included behavioral problems in school, feeling unattractive, crying for no apparent reason, missing classes in school, substance abuse concerns, and difficulty with sexual communications (Anderson et al., 1997).

Sexual Identity and Sexual Assault

Sexual victimization may make it difficult for male adolescents to understand their sexual identity (Rogers & Tremaine, 1984; Scarce, 1997; Watkins & Bentovim, 2000). This feeling may be intensified if the victim has a physical response to the assault (Coxell & King, 2002; Illinois Coalition against Sexual Assault [ICASA], 2000). A heterosexual man raped by another man may feel that he was assaulted because he was perceived by the perpetrator as being gay, and he may wonder if the perpetrator’s perception is correct (Coxell & King, 2002; Gartner, 1999; Groth & Burgess, 1980; Mendel, 1995; Scarce, 1997).

Even when a man is secure in his own sexual identity, he may fear being labeled as homosexual by others (Groth & Burgess, 1980). Homosexual victims and victims who are perceived to be homosexual are often subjected to secondary victimization by support service personnel with whom they come into contact after the assault (Donnelly & Kenyon, 1996; Washington, 1999). Secondary victimization occurs when the victim is treated with disrespect, such as the police, medical personnel, or others blaming him for what has happened.

Closeted homosexual males may be afraid that if they seek support their sexual identity will be revealed publicly (Struckman-Johnson, 1991). Adolescents who are questioning their sexual identity may fear being ostracized. In order to divert attention from themselves, they may lash out violently against other adolescents who are perceived or identified as being gay (Groth & Burgess, 1980; Mendel, 1995).

The victimization of a person that is based on the person’s actual or perceived sexual orientation is considered a hate crime. Gay and lesbian victims who are raped due to their sexual orientation have been found to have more negative psychological effects from the assault than non–hate crime victims (Coxell & King, 2002).

Female Perpetrator Consequences

Another group of men who face negative attitudes are those who are raped by women. The idea of a woman as the perpetrator of sexual
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assault against a man "... confronts our assumptions about what it is to be male and female" (King, Coxell, & Mezey, 2000, p. 12). A man's core sense of masculinity is threatened when the rapist is a woman, one whom he responds to physiologically (Coxell & King, 2002; Struckman-Johnson, 1991). A man whose pre-assault sexual identity is heterosexual may wonder if his lack of enjoyment of the sexual experience means that he is homosexual (Coxell & King, 2002; Groth & Burgess, 1980).

For the aforementioned and other reasons, heterosexual men raped by women are reluctant to seek help (King, Coxell, & Mezey, 2000; Mitchell, Hirschman, & Hall, 1999; Musialowski & Kelley, 1987 [as cited in Struckman-Johnson, 1991]; Struckman-Johnson, 1991). Although the literature indicates that a woman raping a man can have serious emotional consequences for the victim (Mendel, 1995; Struckman-Johnson, 1991), there is a myth that men enjoy the sexual activity and therefore do not need therapeutic support (Musialowski & Kelley, 1987 [as cited in Struckman-Johnson, 1991]; Struckman-Johnson, 1991).

Societal Gender Values and Myths and the Experience of Sexual Victimization

Socialization includes the myths that male rape doesn't happen, that it only happens to homosexual men, that men enjoy it, that men are strong enough to prevent sexual assault, and that men wouldn't physically respond if they really were raped (Struckman-Johnson & Struckman-Johnson, 1992). The experience of male sexual assault is affected when rape myths become part of the organization of self. Rape myths give men false comfort that they cannot be victims of sexual aggression (Burt, 1991). On the other hand, from early childhood, women are warned that they are vulnerable to assault (Gordon & Riger, 1989). Therefore, gender socialization results in men and women experiencing sexual assault differently (Gilbert & Scher, 1999; Warshaw & Parrot, 1991). Although women are socialized to perceive the possibility of sexual victimization, sexual victimization may be a total shock for a male victim.

Men are hardly, if ever, warned of their vulnerability (Calderwood, 1987). Men are far more aware of the possibility that they could be struck by lightning on a golf course than they are of the more likely possibility that they might be raped. When men are assaulted, their socialization "... lead(s) to shame about admitting being a victim, or even a psychological repression and denial of that position. Literally, boys cannot see themselves as being a victim, especially of sexual abuse" (Bera,
They are socialized to be strong and masculine, with the corollary idea that strong, masculine men cannot be victimized.

**School-Safety Issues**

Unfortunately, males can be victimized, and the experience may have harmful effects. Adolescents who have been victimized may manifest their distress in many negative ways, including aggressiveness, defiance, poor grades, and school avoidance (Calderwood, 1987; Fineran & Bennett, 1999; Finkelhor, 1995; Frazier, 1993; Goguen, 2002; Hamblen, 2002; Rogers & Tremaine, 1984; Scarce, 1997). Victimized young men are at higher risk for dropping out of school (Fineran & Bennett, 1998) or acting out behaviorally (Anderson et al., 1997), which can result in their being expelled from school.

These adolescents may also experience nightmares, an intensified startle reaction, fear, alienation, and intrusive thoughts about their victimization. They may act out sexually, abuse substances, run away, or attempt suicide (Calderwood, 1987; Finkelhor, 1995; Goguen, 2002; Mezey & King, 1989; Rogers & Tremaine, 1984). They may act impulsively or engage in self-injurious behaviors (Finkelhor, 1995; Hamblen, 2002). Post-rape male victims are more likely than female victims to demonstrate their pain through hostility or committing violent crimes (Calderwood, 1987; Frazier, 1993). Therefore, reducing the negative impact of sexual victimization is important for the safety of our schools.

**Academic Progress and Sexual Aggression**

Another concern for schools is that the aftermath of such sexual victimization can impede a student’s academic progress (Fineran & Bennett, 1999). This consequence is a problem for school systems, as the current No Child Left Behind legislation puts schools under pressure to make sure that all children are making academic progress. The legislation measures whether a school is properly educating students through the use of standardized educational testing. These evaluation methods put pressure on teachers to cover a vast amount of curriculum while forcing them to ignore teaching more social and/or emotional material, which is not covered on the standardized tests.

**Post Traumatic Stress Disorder: Rape Trauma Syndrome**

Students may not be emotionally available to learn after experiencing sexual victimization, because they may develop post-traumatic stress dis-
order (PTSD). Sexual assault and other interpersonal traumas are more likely to result in PTSD than other types of trauma (Boney-McCoy & Finkelhor, 1995; Hamblen, 2002). PTSD is a set of common reactions to a traumatic event. This disorder is characterized by “(1) difficulty falling or staying asleep, (2) irritability or outbursts of anger, (3) difficulty concentrating, (4) hypervigilance, and (5) exaggerated startle response” (American Psychiatric Association, 1994, p. 428). This disorder has been studied by people working with Vietnam War veterans and people working with victims of various forms of sexual aggression (Crowder, 1995).

Burgess and Holmstrom (1974) studied the difficulties common to female victims of sexual assault as they move from the immediate crisis state through the long-term effects. They first coined the term Rape Trauma Syndrome (RTS) to describe the phases victims went through as they reorganized their lives and came to grips with the experience of the assault. Currently, RTS is considered to be a specific form of post-traumatic stress disorder (Byington, 1995).

Comparison of Male Victims to Female Victims

Although males and females share many aspects of RTS, there are differences in their experiences. The female perspective, which is helpful in understanding the experience of sexual victimization, does not consider issues unique to the male experience. Cultural stereotypes and differences between the socialization of males and females produce diverse reactions to sexual victimization (Groth & Burgess, 1980; Kaufman, 1984; Mendel, 1995). For a male who is sexually assaulted, the feminine experience of being at the mercy of another is an attack on his masculinity and self-efficacy and is also a devaluation of his status in society. “A central and uniquely male aspect of their reaction to sexual abuse is their struggle to understand, overcome, and integrate into their selves, experiences antithetical to our cultural notions of maleness” (Mendel, 1995, p. 2).

Although it may change with time, immediately post-rape men are more likely than immediately post-rape women to be very controlled in their emotional reactions (Coxell & King, 2002; Kaufman, Divasto, Jackson, Voorhees, & Christy, 1980). Male clients tend to retell their stories of the abuse in a matter-of-fact manner. Women tend to retell their stories with fewer specific details but with more explanation of the emotions they felt during the assault (Crowder, 1995).

After the acute crisis stage, male victims are more likely than female victims to externalize their symptoms by acting out and abusing substances (Coxell & King, 2002; Ketring & Feinauer, 1999). On the other
hand, female victims tend to internalize their symptoms, showing signs of depression, anxiety, and disassociation (Ketring & Feinauer, 1999). Because men encounter more difficulties in dealing with emotions and interpersonal relationships after victimization than women do, men are harder to treat than women. They may require more time to establish a concordance and trusting therapeutic relationship (Gartner, 1999).

**Victim Blaming: Acquaintance versus Stranger Sexual Victimization**

The difficulties experienced by victims are intensified by a society that tends to be supportive of rape (Brownmiller, 1975; Coxell & King, 2002; Sanday, 1981). Society has a high tolerance for violence, promotes competition, and socializes boys to be aggressive (Brownmiller, 1975; Sanday, 1981). Furthermore, our society puts the responsibility for preventing sexual victimization on the victim. Society expects men to fight back if threatened. However, most men who are sexually victimized are so overwhelmed by disbelief that they submit to the assault (Coxell & King, 2002; Struckman-Johnson, 1991). When men report being sexually assaulted, they are often subjected to intense victim blaming (Mitchell et al., 1999).

Victim blaming, which is difficult for all victims, may be more intense when the victim is a homosexual man (Washington, 1999). Gay men may be justified in fearing that society will react to them with the victim-blaming idea that “he asked for it” and that the assault was less traumatic than if it had happened to a heterosexual (Mitchell et al., 1999).

Victim blaming offers a false sense of safety, because others believe if they do not do the “stupid” thing the victim did, they will not be victimized. Furthermore, the victim may engage in behavioral self-blame that allows him to regain a sense of control by falsely believing that all he needs to do to be safe is to change his behavior (Bennice & Resick, 2002).

PTSD and self-blame are intensified when the rapist is an acquaintance (Campbell, Sefl, Barnes, Ahrens, Wasco, & Zaragoza-Diesfeld, 1999; Coxell & King, 2002; Illinois Coalition Against against Sexual Assault [ICASA], 1988). The victim may blame him- or herself for using poor judgment and trusting the perpetrator (ICASA, 1988). This attribution of blame due to an internal trait is characterological self-blame. Treatment for this type of self-blame requires reappraisal of dysfunctional thoughts, identification of thinking errors, and generation of more rational responses (Bennice & Resick, 2002).
Victim/Perpetrator Cycle

Another common concern of male victims is that they are destined to become perpetrators (Mendel, 1995). School social workers can assist students in understanding that this idea is a myth. Assault happens to a victim, but it does not dictate who he becomes. "The therapist can play a tremendously beneficial role if he or she can help the survivor know that perpetration need not be his fate. Moving beyond survival entails putting this preoccupation to rest in favor of confidence in one's own non-abusiveness" (Mendel, 1995, p. 214).

Although most victims of sexual aggression do not become perpetrators, boys are more likely to gravitate toward the perpetrator role than the powerless role of the victim (Gartner, 1999; Mendel, 1995). The lack of support services for male victims contributes to the victim/perpetrator cycle. "In other words, the societal denial of male victimization is itself a part of rape culture; the invalidation of the experience of the male victim contributes to sexual aggression by males" (Mendel, 1995, p. 94).

Impact of Societal Attitudes on Reporting of Male Victimization

Societal attitudes toward the rape of men deter men from seeking support after an assault (Frazier, 1993; Gartner, 1999; Isely, 1998; Kaufman, 1984; Mendel, 1995; Mitchell et al., 1999; Scarce, 1997; Washington, 1999). In order to avoid the negative effects of societal attitudes toward male sexual victimization, men may attempt to hide the experience of sexual victimization. The literature indicates that underreporting of male victimization is pervasive. Seeking help threatens a man's self-concept and masculinity (Coxell & King, 2002; Pino & Meier, 1999). For men who have been socialized to stand on their own, seeking help may add to feelings of disgrace that they are already experiencing as a result of the assault. They may feel that seeking rape crisis counseling is additional evidence of their weakness (Cotton & Groth, 1984).

Cultural Considerations

Men may decide not to seek support on their own because of cultural norms (Carbonell, 2001), especially when the culture emphasizes machismo (Frolich & Montemayor, 2002). Cultures that place great value on virginity before marriage may encourage victims to be silent, as acknowledging rape may have repercussions (Congress, 2000). Other barriers include cultural beliefs that seeking professional help is shameful, language barriers, and, for illegal immigrants, fear of deportation.
It is important for the social worker to understand and be sensitive to cultural proscriptions.

**Adolescents: Silence May Not Be Golden**

Adolescent victims may stay silent for all the same reasons adult men do, making it difficult for high school personnel to be aware of them. Furthermore, adolescents may avoid revealing their abuse for fear that their parents will blame them. This fear may be related to the assault occurring at a party or another place their parent did not approve of their attending.

Boys’ reluctance to report being abused by another male will increase as they approach puberty, because of their increasing awareness of societal homophobia (Finkelhor, 1995; Watkins & Bentovim, 1992). There is a greater chance that they will disclose the abuse when a school social worker is aware of the potential for male sexual victimization and questions the possibility of victimization.

**Long-Term Impact of Sexual Victimization**

Disclosure of victimization increases the chance that the student will receive appropriate therapeutic intervention. Receiving this intervention is important, as research has shown that the risk of long-term negative impact from the assault is increased when the trauma is not addressed. Groth & Burgess (1980, p. 809) discovered that even though male victims "made concerted efforts to resume their usual lifestyle as quickly as possible ("I tried to get all organized... get to class... get everything done so I didn't get totally behind"), on long-term follow-up they reported unresolved issues when the rape was not adequately addressed as a trauma at the time it occurred."

The theme of long-term consequences of victimization is prevalent in the stories of victims of clergy abuse. The victims' feelings festered for years and finally burst forth with the media exposure to the problem. Men reported that after their abuse they had trouble trusting anyone, had terrors and dissociative experiences, and got involved with pornography. Women reported that they became promiscuous or got involved in abusive relationships. Many of the victims reported that they struggled with substance abuse, depression, and anxiety and that smells, sounds, or incidents activated terrifying flashbacks for decades after the abuse (Boodman, 2002). One man described the experience as remaining "a prisoner of his past" (Boodman, 2002, p. A01).
Assessment Practices: The Benefit of Sensitive Questioning

The likelihood of a male student being a prisoner of his past decreases when school social workers are aware of male victimization. Increased awareness of sexual victimization increases the likelihood that a student will be asked about the possibility of sexual victimization during an assessment. Because more high school social workers are aware of female victimization than male victimization, during the assessment process, females are being asked about sexual victimization more often than males. Service provision and “[r]esearch [are] as much influenced by questions that are not asked as by questions that are asked” (Rentoul & Appleboom, 1997, p. 267). Asking males as well as females about sexual aggression can facilitate their acknowledging their experience and receiving services appropriate to their needs.

Capitalizing on Student Strengths

When a student does disclose an assault, the school social worker needs a repertoire of interventions to help the student. For the student to regain a sense of control, the social worker should support him in his journey, rather than trying to control the direction his healing takes. “We need to be at their side each step of the way, not at the finish line pulling them toward us” (Johnson & Alford, n.d., p. 8).

Brief treatment models offer the school social worker an effective menu of options for assisting these students within the time constraints and large caseloads common in the high school setting. These techniques are useful in helping a student create a meaning of his or her experience that recognizes his or her strengths and counters the negative impact of stereotypical gender messages and sexual assault myths. In telling his or her story the student needs to describe his or her own identity (Saari, 1991). In describing themselves, the student victims identify strengths that they can then utilize to regain a sense of control in their lives.

Once strengths are identified, social workers should be cautious that the strengths acknowledged by the student are genuinely felt. Male gender-role socialization may cause male victims to project a tough image and thus mask their pain. They may do so by professing to have strengths they do not feel secure in or by hiding the sexual victimization behind another presenting problem. Rushing to reframe the client to a “survivor” from a “victim” may encourage this toughing-it-out behavior. It may be more useful to help the male victim to reframe the victim label to one of a man who has experienced sexual assault, because the implicit
message in the term survivor is that one has dealt with his or her victimization and moved on (Mendel, 1995; Meyer, 2000). The overuse of the term survivor may encourage denial or minimizing of the trauma suffered by the victim (Meyer, 2000). This denial or minimizing would isolate the student from the therapeutic support he has sought.

**Developmental Orientation**

Therapeutic support is nurtured by the establishment of a therapeutic relationship. Establishment of a therapeutic relationship is affected by the developmental level of the student. Adolescents, who are struggling to form individual identity while developing relationships, may be hesitant to develop a relationship with a social worker who moves too quickly toward therapeutic intimacy (Johnson & Alford, n.d.). Quickly moving toward therapeutic intimacy is especially difficult for victims of sexual aggression, as they have already had their trust breached when they were sexually violated by another human being. This experience may lead to their employment of defense mechanisms to protect their self.

The type of defense mechanisms that he or she employs is a significant component of the student's developmental level. For example, projection is usually used by those with lower levels of maturity (Goldstein, 1998). Thus, an immature student may be more prone to bullying another student who is the target of his or her projection. Children using projection may give clues to the source of their anxiety by the type of comments they make about other students. For example, a boy who is anxious about his sexual identity after an assault may bully others with comments such as "you're gay" and "fag." A more mature student may use repression, a defense mechanism more common to the later stages of development (Goldstein, 1998). This student may appear fine and then act out violently when repressed feelings are triggered. Discovering the source of anxiety for students who use repression takes considerable scrutiny because the students are not consciously aware of the source of their stress (Goldstein, 1998).

**Clinical Applications with Adolescents in the High School Setting**

When working with males who have experienced sexual aggression, certain clinical practices have been shown to promote therapeutic gain.

**Cognitive-Behavioral Therapy**

"Cognitive-behavioral therapy seems to be the most promising treatment currently available for sexual assault survivors" (Bennice & Resick,
Furthermore, therapeutic gain can be enhanced by combining cognitive techniques with psychodynamic interventions (Bennice & Resick, 2002; Northcut, 1999).

The integration of psychodynamic and cognitive therapies acknowledges the time limitations of the high school setting while taking advantage of the developmental orientation of psychodynamic theories (Springer, 1999). While psychodynamic techniques bring into consciousness the unconscious past, cognitive techniques are aimed at the here and now or the ego and the experience of the current reality. Cognitive methods are particularly useful in helping clients gain objectivity toward their cognitive patterns or schemas that trigger automatic reactions (Beck, Rush, Shaw, & Emery, 1979). The school social worker can help students look at how these schemas affect their experiences. Helping the student understand his internalized view of masculinity and how it has affected his experience of sexual aggression is a significant therapeutic intervention (Gill & Tutty, 1999).

Narrative Therapy

Narrative therapy can be used to support the process of recovery by helping the student understand how his dominant life stories organize his experiences. Through this processing, the client can gain insight into how the victimization has affected his sense of self and future expectations (Bennice & Resick, 2002). Through the process of retelling the story and reinterpreting the experience, the student who is afraid of life's future challenges can be freed from beliefs that inhibit his growth and recovery.

Group Therapy

Group therapy has been shown to be an effective method of treatment for victims of sexual aggression (Crowder, 1995; Goguen, 2002; Isely, 1991). Group therapy offers the student the opportunity to rework dysfunctional narratives by enabling him to see the disparity between the way he sees himself and the way his peers see him (Land, 1998).

Male survivors of sexual aggression should be in groups with other male survivors (Crowder, 1995; Isely, 1991). The benefit of gender matching is that adolescents are naturally peer focused. Peer groups comprised of other victims encourage students to talk about their experiences and to realize that they are not alone. In talking about his experience with others, the student's traumatic reactions are alleviated and his experience is validated and normalized (Crowder, 1995; Goguen,
As with all student groups, confidentiality about the nature of the group and the group discussions must be maintained. As a high school social worker, I have found it helpful to let the group work on other student problems until they build a rapport. After the group has developed a comfort level and trust, then the issue of sexual victimization can be introduced if the students have not already introduced it on their own.

**Social Workers as Agents of Change**

In addition to direct work with male students, the school social worker can provide information on male victimization to faculty, staff, parents, and students. These people will benefit from information about the signs that might indicate an adolescent has been sexually victimized and about available support services. Awareness of appropriate community resources can be increased by including their literature with other support service literature available in the school. Additionally, the social worker can work with the faculty to incorporate the issue of male victimization into health and other appropriate class curriculums.

Adding questions about sexual victimization to both male and female students' assessment protocols can make a difference in the school social worker's ability to service victims. An added benefit of this tactic is that it does not use up any additional resources; it only requires awareness that males and females may have been subjected to sexual victimization. Furthermore, it increases awareness of the issue by presenting it in social/emotional histories in a manner similar to the reports on female students.

Finally, the social worker can be instrumental in designing, implementing, and evaluating a comprehensive prevention program. A comprehensive program ranges from precluding the possibility of sexual victimization to providing intervention supports for individuals who have been victimized (Carbonell, 2001).

**Primary Prevention**

The first level of prevention, primary prevention, is concerned with providing protection for everyone by precluding the possibility of sexual aggression. Primary prevention of the occurrence of violence is simpler and less expensive than intervention afterward (MacNeil & Stewart, 2000). Primary prevention would involve reeducation about the unacceptability of all forms of sexual aggression. To reduce aggression, children would need to be socialized into cooperation rather than competition (Scarce, 1997). “Competition leads to a ‘go it alone’ way of dealing
with others and their feelings—a need to feel invulnerable and always in control or the aggressor, rather than admitting being the victim or loser" (Bera, 1995, p. 95). Cooperation leads to mutual support.

In order to implement programs on male victimization, the school social worker will need the cooperation of the teaching staff and school community. Gaining cooperation for programs addressing the issue of sexual victimization may be difficult. Asking schools to support awareness of male victimization runs counter to current male gender roles. However, not intervening when there are early signs of interpersonal violence puts individuals at risk for more serious forms of violence.

Secondary Prevention

Secondary prevention, which is concerned with protection of the individual, would have to begin by acknowledging that all males are not born with innate methods of protecting themselves. If needed, they should be trained in self-defense and self-assertiveness (Scarce, 1997). They need to be educated about the risks of sexual victimization and alerted to the signs of potential danger. Environmental risks, such as poverty and exploitive work or social situations, should be assessed and mediated (Scarce, 1997).

Tertiary Prevention

If primary and secondary prevention are ineffective, the aftereffects of the aggression should be mitigated with tertiary prevention/intervention services. Work done by high school social workers with student victims of sexual aggression is mostly at the tertiary level of prevention.

These services include providing direct services to students or connecting them to community services. Services needed include medical care to prevent physical effects, such as sexually transmitted diseases; mental health services to reduce the effects of PTSD; and legal services, which allow the victim to seek legal recourse against the aggressor (Scarce, 1997).

Conclusion

School social workers' efforts to support their students' academic progress are impeded by cultural gender stereotypes of masculinity that inhibit the acknowledgment of male sexual victimization. As male students who present with behaviors similar to Jamie's are assessed, the possibility that they might be a victim of sexual assault should be con-
sidered. Otherwise, male students who have been victimized will be left alone to deal with the denial, misunderstanding, and deafening silence surrounding their experience.

The issue of male rape needs to be brought out of the dark shrouds of ignorance, stereotyping, and misunderstanding. It may be comforting to believe that male sexual aggression is confined to prisons or isolated to the past child abuse by clergy; however, male victimization is not exclusive to prisons and churches. Prevalence rates of victimization of males who have never been imprisoned are too high to be related to just one religious organization.

If children are not to be left behind, society must recognize and provide resources to support victims of sexual aggression regardless of gender. School support service personnel who approach the issue of male victims through stereotypic lenses will not be prepared to handle the problems or needs of sexually assaulted males. School social workers can bring the issue of male victimization out of the darkness and help these students receive the support they deserve.

References


