

**‘I feel permanently traumatised by it’: Physical and emotional impacts reported by men forced to penetrate women in the UK**

Whilst there is a growing body of empirical and theoretical research on men’s experiences of sexual violence, particularly when perpetrated by other men (see e.g. Abdullah-Khan, 2008; Walker, Archer, & Davies, 2005), the issue of female-to-male sexual violence, and in particular forced-to-penetrate (FTP) cases, has largely been excluded from the research agenda. This article analyses quantitative and qualitative data on the physical and emotional impacts on men who have been FTP a woman. This data comes from the first empirical study on this issue in the UK. Such cases involve a man being FTP a woman either orally, vaginally, or anally with his penis, and without his consent. The term FTP is used here because women cannot be convicted of rape as principal offenders in the UK. The definitions of rape found in the three legal jurisdictions of the UK (England and Wales, Scotland, and Northern Ireland), all require penile penetration of the victim by the perpetrator. Consequently, only men can be convicted of rape as principal offenders, with women as secondary offenders, i.e. accomplices. Where a woman forces a man to penetrate her, she will be charged with a lesser offence, for example in England and Wales this would be ‘causing a person to engage in sexual activity without consent’ (discussed in detail later in the article).

Before proceeding, it is worth stating that despite assumptions that a man physically cannot be FTP a woman without his consent, it is, in fact, biologically possible for this to occur. Indeed, research has consistently reported that men can obtain and sustain erections even where they are not sexually aroused and/or are experiencing negative emotions such as anxiety, fear, or terror (Sarrel & Masters, 1982, p. 118). Therefore, sexually responding to a woman’s advances or touch “is not necessarily indicative of [a man’s] pleasure or consent” (Fisher & Pina, 2013, p. 57). It is possible that such arousal is unwanted and simply reflects a physiological reaction to stimulation.

This article examines the impacts of compelled penetration as a specifically gendered form of sexual violence experienced by men and perpetrated by women, and therefore the study does not compare the findings presented here with experiences of female or male rape victims. By focusing specifically on the ways in which male victims interpret and respond to FTP experiences, it “allows for both a delineation of [compelled penetration as a *type* of sexual victimisation] and an exploration of the way in which men frame their sexual victimisation experiences” (Weiss, 2010, p. 278). In this way, a more rigorous understanding of FTP cases, as well as meanings of these experiences for men, can be developed. As noted by O’Sullivan, Byers, and Finkelmann (1998), “it is the meaning or phenomenology of men’s ... experiences of sexual coercion that provides the most valid index of this social problem” (p. 179).

### **Literature Review**

There is a growing body of research into the impacts of sexual violence (see e.g. Mezey & King, 1989; Walker et al., 2005) and domestic abuse (see e.g. Hines & Douglas, 2010; Randle & Graham, 2011) on men. However, there has been a scarcity of empirical investigation into the physical and emotional impacts of non-consensual sexual experiences on men *when perpetrated by women*. Most importantly in the context of this study, to-date the emotional and physical impacts on men, *specifically in FTP cases* have not been considered. Rather, existing research has focused on the (typically emotional) impacts that a *range* of non-consensual sexual experiences have on men when perpetrated by women (see e.g. Krahe, Scheinberger-Olwig, & Bieneck, 2003; Struckman-Johnson & Struckman-Johnson, 1994). Thus, where compelled penetration has been considered, it has featured as one part of studies that have also explored a variety of other non-consensual sexual interactions, or has been considered in comparison to the experiences of women who have been raped (see e.g. Struckman-Johnson, 1988). This has somewhat confounded findings, making it difficult to

identify the emotional impacts that specifically arise in FTP cases. Moreover, the physical impacts of this, and other forms of sexual violence perpetrated by women against men, have received almost no consideration, often being noted more in passing when reporting research findings (see e.g. Sarrel & Masters, 1982, as an exception).

Whilst evidence as to the emotional harms experienced by men in FTP cases is difficult to identify, it is possible to ascertain some commonalities in the impacts of non-consensual sexual interactions with women when broadly conceived. Most frequently, existing research has found that men have reported limited or mild negative emotional impacts following non-consensual sexual experiences with women (see e.g., O'Sullivan et al., 1998; Struckman-Johnson & Struckman-Johnson, 1994). For example, Krahe et al. (2003) measured the affective impact of men's non-consensual sexual interactions with women and found that "only a small proportion of men ... rated their experience as very upsetting ...." (p. 168).

Although the majority of research in this area has been quantitative in nature, the limited qualitative data has provided some insights into the range of reactions reported by men regarding female-initiated non-consensual sexual contact. These have included:

a sense of loss of control ... a sense of bewilderment and embarrassment ... lingering doubts about one's heterosexuality if he resisted a sexual opportunity with a woman ... fear, anger, and resentment of a woman's physically aggressive behaviour [and] a fear of telling others about the incident because they may not believe him or may doubt his sexual identity (Struckman-Johnson & Struckman-Johnson, 1994, p. 112).

Thus it is evident that whilst existing studies have found that men most frequently report that they are not negatively affected by women's sexual aggression, the responses to such experiences are not homogenous, and, in fact, men "experience a range of reactions to the incident" (Oswald & Holmgren, 2013, p. 87). Indeed, whilst less frequent within existing research, "some men report substantial distress in response to sexual coercion by a woman" (Byers & O'Sullivan, 1998, p. 163).

In terms of the physical harms experienced by men as a result of female-perpetrated sexual violence, there is a dearth of research on this issue. Rather than physical injuries, the small number of studies which have considered this issue have found that sexual dysfunction is commonly reported, for example “complete adversity to sex or, conversely sexual promiscuity ... and problems with the sexual act [which they performed non-consensually]” (Walker et al., 2005, p. 71). The lack of research on physical harms immediately highlights this as an area that would benefit from future scholarship to develop understandings of the scale and scope of this impact.

In summary, whilst existing research suggests that men typically do not experience significant emotional impacts as a result of non-consensual sexual experiences with women, the limited number and scope of existing studies is problematic. Indeed, the impacts of female-perpetrated sexual violence on men are under-researched. This is particularly the case in relation to physical impacts, which have received little-to-no consideration. As noted above, the existing data gathered in the area is overwhelmingly quantitative in nature, thus limiting the understanding and nuance that is often only revealed when qualitative data is included (see e.g. Struckman-Johnson & Struckman-Johnson, 1994, as an example of one of the few studies that incorporates qualitative data). Moreover, whilst a few studies have focused specifically on men’s non-consensual sexual encounters with women (see e.g. Krahe et al., 2003), the majority have considered men’s emotional reactions in comparison to the impacts for women in cases of male perpetrated sexual violence (see e.g. O’Sullivan et al., 1998; Struckman-Johnson, 1988), as well as comparing the responses of men in relation to perpetrators of different sexes (see, e.g. Struckman-Johnson & Struckman-Johnson, 1994). The majority of studies have involved participants from North America (see e.g. O’Sullivan et al., 1998; Weiss, 2010), making it almost impossible to develop any level of understanding about the experiences of men outside of this geographical area, including within the UK.

Finally, it is notable that much of the research is outdated having being conducted in the 80's and 90's, thereby highlighting the need for more contemporary research in this area.

The findings presented in this article, focusing specifically on FTP cases, therefore provide a much-needed addition to the limited research in the area. For the first time, quantitative and qualitative data are used to explore the physical *and* emotional effects on men, *specifically in FTP cases*. Moreover, the data presented here relates to the experiences of men in the UK, a geographical location where this issue has not previously been explored. Thus these research findings begin to address gaps in knowledge on a previously unconsidered issue of relevance to academics, practitioners, and policy-makers working in the field of sexual violence, particularly where it is perpetrated by women against men.

## **Method**

### **Design and Materials**

An online survey, hosted by *SurveyMonkey*, was used for data collection between December 2016 and the end of January 2017. This was chosen as the most appropriate method of data collection to preserve participant anonymity and to maximise participant numbers. An online survey was the easiest way to preserve anonymity as participants did not need to meet with the researcher or disclose identifying information. Whilst this meant that identities and the authenticity of answers could not be confirmed, anonymous participation was important for increasing response rates (Best & Krueger, 2008, p. 219), as well as encouraging participants to discuss personal and potentially traumatic experiences in a truthful and detailed manner, even if they believed that their experiences were stigmatising or shameful (Kennedy, 2008, p. 28). Indeed, research has found that “sensitive questions are best asked by more impersonal, self-administration methods as they lead to higher levels of reporting” (Bowling, 2005, p. 287-8) and reduce social desirability bias (Bowling, 2005, p. 285-286). To preserve anonymity throughout the process, participants could also withdraw

anonymously by providing an identifier code during the survey, and then emailing this to the researcher if they wished to withdraw within two weeks of completing the survey. Anonymity was further enhanced by participants being provided with instructions on how to set up temporary email addresses for withdrawal emails, to prevent identification by using personal email accounts. Potential participant numbers were unknown due to the absence of previous research on this issue within the UK, and so an online survey provided the flexibility needed to engage with this unknown factor and to maximise participant numbers.

A project website was set up to provide information to potential participants, which also contained a link to the survey. The website details were shared widely on social media, and information about the survey also featured in news media across the UK, both online and in print form. Details of the project and links to the website were distributed via email to organisations such as Survivors Manchester, working with men who have experienced sexual violence, who then forwarded the details on to potential participants as appropriate. In advertising and describing the survey, the term ‘forced to penetrate’ was defined as encompassing *any*, and *all*, cases where a man engages in penile penetration of a woman without his consent, and could include non-consensual penile penetration of a woman’s vagina, mouth, or anus. To try and prevent response (and non-response) biases, different examples of such circumstances were provided, with it being made clear that these formed part of a non-exhaustive list. Prior to completion of the survey, participants were provided with an information page containing detailed information about the scope of the survey.

Ethical approval was granted by [the author’s academic institution]. Guidance and support was offered to participants with contact information for specialist support organisations provided before and after completing the survey. Participants could skip questions they did not want to answer to minimise distress. The survey asked the same substantive questions of all participants, but they could take slightly different ‘routes’

through, depending on both the questions answered, and the answers given to certain questions. These two factors meant answers to every question were not provided by every participant. Consequently, details are provided on the number of responses given to the questions discussed in this article.

### **Procedure**

A mixed methods approach to data analysis was taken with the collection of both quantitative and qualitative data in relation to the physical and emotional impacts of participants' most recent FTP experience. Focusing on most recent experiences, rather than, for example, 'worst' experiences, was a conscious decision in an attempt to represent a 'typical' experience of sexual aggression from a woman (O'Sullivan et al., 1998, p. 193). Participants were asked about the context and circumstances of their most recent experience, and the aggressive strategies used by female perpetrators.<sup>1</sup> A list of aggressive strategy options (see table 1) was adapted from the *Sexual Experiences Survey – Short Forms Victimization (SES-SFV)* (Koss et al., 2006), with participants asked to select the one which most closely reflected the strategy used by the woman in their most recent FTP experience.

Participants were also asked whether they had suffered physical injuries, either to their genitalia or any other body part. If they answered in the affirmative, an open-ended follow up question asked them to provide more details about their injuries. To measure the emotional impact, participants were asked to indicate whether their most recent experience had had a negative emotional or psychological effect on them. Reflecting previous research in the area (see e.g. Krahe et al., 2003; O'Sullivan et al., 1998), ratings were made on a unipolar scale, with end points labelled 'no negative impact' (1) and 'a severe negative impact' (10), and a mid-point labelled as 'a reasonably negative impact' (5). Those who indicated an impact of

---

<sup>1</sup> The circumstances of victims' FTP experiences and the aggressive strategies used by female perpetrators is not the focus of this article and thus will not be addressed, except in relation to their relevance to physical and emotional harms experienced by participants. For a detailed engagement with the aggressive strategies used by women as found in this study see: redacted for reviewing.

over one on the scale were then asked to describe, in as much detail as possible, the impacts experienced. Allowing participants to describe “the aftermath of their experiences themselves” (Byers & O’Sullivan, 1998, p. 159) was especially important to recognise that whilst men may experience compelled penetration in broadly similar circumstances, the “meaning[s] given to [their experiences] and the psychological response[s] [may] differ in crucial ways” (Byers & O’Sullivan, 1998, p. 159-160).

The quantitative data from the closed survey questions (e.g. involving discrete options or a range of choices) underwent frequency and descriptive analysis to determine how often participants reported suffering physical harm and the severity of emotional impacts. Cross-tabulations were used to determine whether there were relationships between participant demographics (e.g. age at the time of their most recent FTP experience, relationship with the perpetrator etc), the context within which the harm occurred (e.g. the aggressive strategy used by the female perpetrator) and the nature and degree of harm reported. Cross-tabulations were also run to see if there were relationships between experiencing physical harm and the degree of emotional harm reported. Significance tests were run on the results but no significant relationships were found between any of these variables. Frequency analyses were also run in relation to demographic and experience variables to ascertain their impacts on physical injuries and the severity of emotional harm. Qualitative data was open-coded using NVivo. Thematic analysis (Braun & Clarke, 2006) was undertaken to identify key patterns and thematic structures, and to draw out emerging narratives.

### **Participants**

Participants were self-selected, identifying themselves as having been FTP a woman. One hundred and fifty-nine men participated in the study, resulting in a usable dataset involving 154 participants. Five of the responses were removed because they were clearly completed as hoaxes based on the ‘juvenile’ or incoherent answers provided. For example, in

response to the question on why the participant had felt unable to explain how they had sustained their injuries to the medical personnel treating them, one response was ‘Rosie still had her finger in my anus.’ Participants were asked to provide a range of demographic information. One hundred and forty-eight men provided their age at the time of completing the survey, with the average being 38 years. The youngest participant was 18 years old (the minimum age to participate) and the oldest was 70. Based on 153 responses, the average age of participants during their most recent FTP experience was 27 years, with a range of between two and 61 years. In terms of sexual orientation, 134/154 men described themselves as heterosexual, 17 as bisexual/bicurious, and three as homosexual. All 154 participants disclosed their country of residence, coming from all countries within the UK, but with the highest number from England (72%). Participants were also asked about their relationship with the female perpetrator at the time of the compelled penetration incident they were reporting. All 154 participants answered this question with the majority disclosing that they knew the woman: 79 men (51.3%) were in or had been in an intimate relationship (e.g. girlfriend/ fiancée/ wife) with her, and 43 (27.9%) indicated that they knew her as an acquaintance or friend.

## **Results**

### **Physical injuries**

Participants were asked whether they had experienced any physical injuries, either to their genitalia or to any other body part, as a result of their most recent FTP experience. One hundred and nineteen participants answered this question, with the majority (84 (70.6%)) indicating that they had not suffered any injuries. Of the 35 men who reported physical injuries, this most frequently occurred in the context of the female perpetrator using coercion as an aggressive strategy (10/35 (28.6%), see table 1). Physical injuries were most frequently reported by those who were aged 16-25 years during their most recent FTP experience, with

14/35 (40%) men who reported injuries being in this age bracket (see table 2). This is perhaps unsurprising with the majority of respondents (67/153 (43.7%)) within the whole sample being within this age range when their most recent experience occurred. The majority of men who reported injuries (20/35 (57.1%)), received them from a partner or ex-partner (see table 3). This is again perhaps expected, reflecting the fact that just over half (79/154 (51.3%)) of the respondents within the whole sample were in, or had been in, an intimate relationship with the female perpetrator. Forced vaginal penetration was most frequently associated with physical injury, with 18/35 (51.4%) men who answered both relevant questions reporting this. This was followed by those who experienced multiple different types of penetration e.g. vaginal *and* oral, with 15/35 (42.8%) participants disclosing injuries. Only two men who were forced to orally penetrate a woman suffered physical harm (5.9%), and no participant who was forced into anal penetration disclosed injuries.

Of the 35 (29.4%) men who reported injuries, 33 answered the open-ended follow up question, describing these injuries in as much detail as possible. Thematic analysis of the qualitative data revealed groupings of injuries to either the genital area, and/or to the head, neck, and (to a lesser extent) the chest. For those who reported injuries to their genitalia, these varied in severity from bruising, e.g. 'having her vagina thrust on my semi-erect penis caused severe bruising', to tearing, e.g. 'a partially torn foreskin' and 'my penis was torn round the head of the shaft through the use of force.' One participant suggested that he had caught a sexually transmitted infection from his partner during his FTP experience; 'she did not ... protect me from catching diseases.' Bruises, cuts, and scratches were also reported to the head, neck, and chest, e.g., 'hand marks on my neck from being choked' and 'scratches to chest and neck.' Another participant described suffering burns after 'cigarettes were lit and stubbed out on [his] eyelids and chest.'

During analysis of the injury descriptions, it appeared that some participants were describing injuries *associated with* but not necessarily arising *directly as a result of* their most recent FTP experience. This most often occurred where they had experienced compelled penetration on multiple occasions, or where their injuries occurred in the context of an abusive relationship, with one element of the violence being FTP their female partner. For example;

Countless [physical injuries]. Concussions were an everyday thing, bruises to the body and wrists, loads of scratches from nails all over, anal lacerations from nails, genital trauma, I think possibly a broken rib at one point, but never had it looked at. Choking was usual, so was bruising to the neck.

As participants' narratives are central to this project, these responses have not been removed or re-categorised in anyway, but rather the issue has been noted here when reporting the findings for transparency.

### **Emotional harms**

One hundred and fifteen participants rated the emotional impact of their most recent FTP experience on the 10-point scale provided. The mean rating given by participants was 6.2, suggesting that being FTP a woman had negative emotional impacts for respondents. Ten – a severe negative impact – was selected most frequently, with 24/115 (20.9%) participants indicating that this reflected their experience (see table 4).

Some noteworthy findings were uncovered when analysing responses where participants had rated the emotional impact of their experience, and also provided data in relation to other factors being considered. One hundred and fifteen participants answered questions on both the physical and emotional harms experienced. The 35 participants who suffered physical injuries reported experiencing, on average, more negative emotional impacts on the 10-point impact scale (mean = 7.12, median = 7) than those who did not suffer injuries

(mean = 5.89, median = 6). Moreover, certain aggressive strategies used by female perpetrators resulted in higher average negative emotional impacts. Participants who reported the use of force by a female perpetrator experienced the highest average<sup>2</sup> negative emotional impact (mean = 7.2, median = 8), followed by those who experienced coercion (mean = 6.7, median = 7) (see table 5).

The relationship between participants and perpetrators appears to be related to average emotional harm ratings (see table 6), although there is not much variation in mean impacts reported. Men who reported being FTP a female relative experienced, on average, the worst emotional harm (mean = 7, median = 8.5). In relation to the type of penetration participants were forced to engage in (see table 7), men who experienced multiple types of compelled penetration during the most recent FTP incident (e.g. oral and vaginal, or vaginal and anal etc.) reported, on average, the highest levels of emotional harm (mean = 6.8, median = 7.5). Finally, looking at participants' ages at the time of their most recent experience, men aged 46-55 (mean = 7.8, median = 9) and those aged 15 and younger (mean = 7.6, median = 9.5) reported experiencing, on average, the worst emotional harm (see table 8).

The 109 participants who rated the emotional impact above '1' on the scale were asked to describe the impacts experienced. Ninety participants answered this question, providing qualitative data. Three men suggested the emotional impact was minimal, e.g., 'emotionally not too bad as I just ignore it'. For many of the other 87 men, multiple impacts were reported simultaneously. For example, anxiety existed alongside depression and other mental health issues; 'I suffer from diagnosed class 1 depression and anxiety. I was a very outgoing and happy person before this girl did what she did to me, now I am an empty shell

---

<sup>2</sup> As can be seen in table 5, a rating of 9 was provided where the female perpetrator acted with two or more people to compel penetration. However, as only one of the four participants who reported this aggressive strategy rated the emotional impact of their experience, an average could not be ascertained and thus further discussion on this finding is excluded. It is however included in the table for consistency.

of what I once was.’ Thus, while the range of different emotional harms experienced will be noted separately, there is overlap between those discussed in many cases.

Anxiety of varying levels appeared as one of the most frequently reported emotional impacts; ‘for a while it troubled me, I have tried to push it out of my mind as much as possible, but every so often it contributes to my anxieties and mental health issues’; ‘I get very anxious and stressed and have lost jobs because of it’. Feelings of isolation were also frequently reported. Most often this related to an inability to develop relationships with women and/ or to engage in sexual intimacy; ‘I have found it difficult to form and sustain relationships with women’; ‘I’ve never dated since’; ‘I have pretty much given up on relationships and sexual partners altogether.’ Several men reported that being FTP a woman impacted their sex drive and ability to maintain an erection; ‘I still struggle to this day to maintain an erection even though I am in a loving relationship’; ‘I avoid sex unless I am 100% confident that I will not get hurt physically or emotionally.’ Linked to feelings of isolation, many men reported mistrust of women; ‘It turned me from someone who was relatively trusting to being hyper vigilant and wary of strangers, especially women’; ‘Absolute fear of women, and relationships.’ More broadly, feelings of social isolation were reported, e.g., ‘I shut myself away and refused to socialise’; ‘Hesitant to go out of the house alone ...’ Similarly, a lack of trust of people in general was also disclosed, ‘Slightly more wary of people’; ‘It’s destroyed my family. I have no trust in anyone.’

Several of the participants reported feelings of anger. For one man this anger was directed towards himself; ‘I also felt angry with myself for not having found a way of preventing this ...’ Another man explained how his anger impacted upon his relationships; ‘I do not like arguments with partners anymore and “make up sex” is totally out of the question now, it just makes me angrier.’ Most frequently however, participants’ anger was directed towards the societal, legal, and criminal justice responses to, and perceptions of, their

experiences, 'I get very angry when people talk about rape but can't conceive of female perpetrators'; '[e]xtreme anger that police and society will not/ do not accept it happens.'

Feelings of shame also emerged. For one of the three participants who identified as homosexual, his feelings of shame directly linked to his sexuality; 'although I felt dirty because of being gay I felt entrapped with no one to turn to or talk to about what was happening.' For other participants, their shame linked into feelings of self-worth, their bodies, and their masculinity; 'Disgust. Self-loathing. Self-incrimination ("how could I let this happen?")'; 'Left me feeling humiliated, confused, embarrassed, ashamed and out of control of what I do with my body'; 'I feel ashamed and less of a man. I should be ready for any kind of sex anytime.'

At its most extreme, the emotional distress led to self-destructive behaviours, self-harming, and suicidal thoughts and attempts, e.g., 'I ... was extremely suicidal'; 'Nightmares, self-harming ... hating myself.' Drug addiction and abuse was linked to their FTP experiences for two participants; 'my drug abuse increased greatly after this rape ...' Increased alcohol use and addiction was also reported; 'for years after the experience I turned to drink.' Links were also made by two of the men with their offending behaviours.

As was noted in relation to physical harms, some participants did not seem to discuss emotional impacts solely in relation to their most recent FTP experience. For some this appeared to be because they had experienced sexual violence on multiple occasions, either from the same woman, or from several different women. This made it difficult for some of them to identify whether the emotional distress they felt was associated with their most recent experience, or whether it was also attributable to other abuse experienced. For example;

It's hard to know about that experience in isolation as I was sexually abused my mother until the age of 12 ... This rape I think re-enforced all the previous abuse and people's reactions afterwards really upset me and left me feeling ashamed, angry and humiliated.

This has again been noted to ensure transparency in reporting the results.

## Discussion

### **Most men did not suffer physical injuries as a result of their most recent FTP experience**

Less than a third of participants (35/119 (29.4%)) reported experiencing physical injuries. It is difficult to make direct comparisons between these findings and those within existing studies due to the lack of research on physical harms experienced by men as a result of female-perpetrated sexual violence. Perhaps the most obvious assumption that could be made in relation to the relatively low frequency with which physical injuries were reported, is “that women cannot [or do not] inflict ... much physical harm” (Oswald & Holmgren, 2013), especially on men who are viewed as physically stronger and more aggressive, and thus able to defend themselves. It is also possible to suggest that the lack of physical injuries means that FTP cases are not worrisome or problematic, the implication here “being that the use of force determines concerns about victimisation” (Stemple & Meyer, 2014, p. e20). Similarly, the infrequent reporting of physical harm may “erroneously [be equated with] consent” (Fisher & Pina, 2013, p. 57). As Fisher and Pina (2013) note, “a man who does not display physical injuries after a female perpetrated assault, may be viewed by others as having been involved in consensual sex and later regretting it” (p. 57), because it is assumed that “injuries corroborate credibility and non-consent” (Gash & Harding, 2018, p. 5).

Whilst these are all *possible* interpretations of the data, one point which should not be overlooked is that a lack of injuries does not automatically indicate the seriousness or severity of the sexual aggression experienced (see e.g. Morgan, Brittain, & Welch, 2012; Tewksbury, 2007). Nor does it denote consent on the part of victims. Physical injuries are undoubtedly *evidentially* helpful, particularly in cases of sexual violence where it is usually the victims’ word against the perpetrators’, “which, without evidence, will inevitably come down to a question of credibility” (Gash & Harding, 2018, p. 6). They may also be relevant to the

sentencing of the perpetrator if successfully convicted (see e.g. Sentencing Council, 2014, p.10). However, there is no requirement within UK laws for injuries (or indeed force) to be present in cases of sexual violence, reflecting a sustained move away “from physical force as a defining and necessary component of sexual victimisation” (Stemple & Meyer, 2014, p. e20). Any experience of sexual violence “can still be labelled [as such], and indeed [be] prosecuted ... without the existence of ... injuries” (Redacted for review). Therefore, the relatively low reporting rate of injuries in this study should not be used to undermine or discredit the experiences of men who are FTP women.

Although not *required* to prove the existence of this form of sexual violence, the injuries experienced by the 35 participants who reported them challenge pervasive societal and gender stereotypes around women’s inability to cause physical harm to men. This is meaningful because it directly feeds into stereotypes which suggest that compelled penetration by women is impossible because men are ‘bigger and stronger’ (Davies, 2013, p. 94). Indeed, what can be seen where men have reported physical injuries, is that common assumptions about men’s relative size and strength in comparison to women does not prevent either compelled penetration from happening, or men being injured as a result. Whilst nothing is known about the physicality of participants and their perpetrators in this study, it is clear that constructions of masculinity, which posit men as physically able, and willing, to defend themselves (Hines & Douglas, 2010) are problematized, particularly where physical injuries are reported, but also where they have not occurred.

For those who reported injuries, this was most frequently in the context of a female perpetrator using coercive strategies, such as threats and blackmail, to compel penetration (see table 1). This is perhaps somewhat unexpected and may raise questions around how such injuries came about if violence was not used. This is particularly so because the use of force as an aggressive strategy less frequently resulted in injuries (see table 1). One explanation for

this could be that although participants identified coercive strategies being used, these could have escalated at some point during the incident into the use of physical force, with harm actually being inflicted. That is to say that participants may have identified coercion as the primary strategy used by the perpetrator and therefore this is how they have categorised it, even if some physical force was used. Another explanation could be that the FTP incident occurred in the broader context of an abusive relationship where coercion and physical injuries regularly interlinked. As it is not clear from participants' responses how or why injuries arose where coercion was the strategy identified, future research might consider developing clarification in this area. In particular, whilst it has been recognised that severe domestic abuse victimisation puts men at risk for sexual assault victimisation (Hines, Armstrong, Reed, & Cameron, 2012, p. 936), considering whether there is a link specifically between FTP cases and domestic abuse is something that is yet to be explored and could usefully form part of the future research agenda.

### **Challenging assumptions around emotional harms experienced by men**

The responses to questions on emotional impacts were more complex than those on physical harms. In some ways this reflects existing research, where it has been 'found that men who have been the targets of women's sexually coercive advances experience a range of reactions to the incident' (Oswald & Holmgreen, 2013, p. 87). What is noteworthy in this study is that the mean emotional impact rating (6.2 on the 10-point scale) was higher than the mid-point of the response scale, and '10' (a severe negative impact) was the most frequently selected option on the 10-point scale (see table 4). These findings demonstrate higher levels of emotional harm than found in existing research, where most frequently men have reported limited or mild negative emotional impacts following non-consensual sexual experiences with women (see e.g. Krahe et al., 2003; O'Sullivan et al., 1998; Struckman-Johnson & Struckman-Johnson, 1994). The higher levels of emotional harm reported here could be

because this study is the first to look *specifically* at compelled penetration, whereas others have looked at a *range* of non-consensual sexual behaviours perpetrated by women.

Compelled penetration has similar characteristics to what is legally recognised as rape within the UK (redacted for review), and therefore the severity of this form of sexual violence may explain the more serious impacts on men. The use of a purposive sample in this study, compared to random or stratified sampling used in other studies, could also explain the higher levels of harm reported. Similarly, differences in participant demographics could be a factor. Many of the previous studies looking at men's experiences of women's sexually coercive behaviour have involved college students in the United States (see e.g., Larimer et al., 1999; O'Sullivan et al., 1998), whereas this study uses a cross-sectional sample from the UK.

Regardless of the explanation, the findings presented here make clear that for many participants the emotional impact of being FTP a woman was very negative (see table 4). Indeed, 55/115 (47.8%) respondents rated the impact as being in the reasonably severe - severe negative range of 7-10 on the 10-point scale. This directly contravenes gender and sex role scripts around men, masculinity, and (heterosexual) sex where "men are expected to be the initiators of sexual encounters" (Oswald & Holmgren, 2013, p. 84), "to maintain a constant vigilance for sexual opportunities, and pursue ever-increasing levels of intimacy" (O'Sullivan et al., 1998, p. 191). Traditional sex scripts portray men as "sexually insatiable [with the consequence that] virtually all sex is welcome" (Stemple & Meyer, 2014, p. e20) all of the time. This stereotype was noted (and dismissed) by one participant who explained, 'I don't agree with it, but as a heterosexual male, it's assumed that I'm "always up for it" with a woman, regardless.'

These rigid sex roles and understandings of masculinity are hugely problematic and "contribute to dismissive attitudes towards male sexual victimisation" (Stemple & Meyer, 2014, p. e20) in multiple ways. First, they assume that men will *always* consent to sexual

activity with a woman, meaning that “coercive contact by a woman [is likely to be viewed] as a ‘sexual experience’, not a violation of will” (Struckman-Johnson & Struckman-Johnson, 1994, p. 113). Secondly, and consequently, such stereotypes mean that there is a general societal “(mis)perception that men do not experience trauma or stress at the hands of an intimate partner, especially ... a woman” (Oswald & Holmgreen, 2013, p. 87). Thirdly, even if some negative impacts *are* recognised, the gendered construction of masculinity allows for the effects on men to be minimised, thus allowing for an interpretation of the experience as one that is “consistent with their masculine identity” (Davies, 2002, p. 206). That is to say that because they engaged in sexual intercourse, an activity that is “‘sex role congruent’ ..., the negative emotional reaction is mitigated” (Struckman-Johnson & Struckman-Johnson, 1994, p. 113). The findings from this study challenge such assumptions, demonstrating the complex and frequently severe negative emotional impacts experienced by men as a result of this form of non-consensual sexual violence.

In terms of relationships between the severity of emotional harm and demographic and data variables, no significant relationships were found. However, some noteworthy findings emerged from analyses. As noted above, participants who suffered physical injuries experienced, on average, more serious negative emotional impacts than those who did not. Participants who reported use of force as the aggressive strategy used by the female perpetrator also experienced the highest average negative emotional impact, when compared to other aggressive strategies used (see table 5). The higher impact ratings for incidents which involved the use of force, and/or resulted in physical injuries, could reflect the fact that in these situations men may more clearly view their masculinity as being directly undermined or threatened. As noted by Krahe et al. (2003), “succumbing to sexual aggression from a woman violates the male sex-role stereotype of strength and invulnerability, especially vis-à-vis women” (p.173). Therefore, where a woman uses force against a man to compel penetration,

this directly threatens “the traditional view of masculinity, which dictates that men should be strong [and] assertive” (Davies, 2002, p. 204). Similarly, where a woman causes injuries in the context of compelled penetration, this violates the expectation that a man should be able to defend himself from assault or injury at the hands of a (‘weaker’) woman. Thus, the higher average emotional harms reported in relation to these particular aspects of victimisation may be explained by the fact that they most clearly “undermine the dominant ideals of masculinity” (Weiss, 2010, p. 277).

Analyses also highlighted that where the female perpetrator was a relative, the highest levels of emotional harm, on average, were reported (see table 6). The relative relationships identified included a mother and a sister. The higher average emotional impacts reported here could reflect participants’ feelings of betrayal and abuse of trust, as well as reflecting the complex dynamics and feelings that exist within familial relationships (Finkelhor & Browne, 1985). The highest average emotional harms were also reported in those who were aged 15 or younger during their most recent experience and those aged 45-55 (see table 8). In relation to those under the age of 16 (the legal age of consent in the UK), the reporting of higher negative emotional impacts is perhaps unsurprising. Indeed, it has been widely recognised that children who are sexually abused can be detrimentally impacted in terms of their emotional wellbeing and mental health in the short, medium, and longer terms (Fisher, Goldsmith, Hurcombe, & Soares 2017, p. 5-6). However, for those aged 45-55, the higher average negative emotional impacts reported are more difficult to explain in the context of existing research. Indeed, there is generally a lack of research into the experiences of older victims of sexual violence (Bows, 2017). As such, developing insights into the experiences of older male victims of female-perpetrated sexual violence (including FTP cases) could usefully form the basis of future research.

### **Harms, the law, and legal discourse**

The harms experienced by men in FTP cases are also relevant to law and legal discourse, where evidence of harm is used as a justification both for the criminalisation of certain behaviours (see e.g. Feinberg, 1984; Mill, 2001), and the severity of the law's response through sentencing (The Criminal Justice Act 2003, s143(1); Sentencing Council, 2004). Currently, FTP cases cannot be prosecuted as rape under United Kingdom (UK) laws due to the requirement of penile penetration of the victim's vagina, anus, or mouth by the perpetrator,<sup>3</sup> rather than the victim being the one FTP the perpetrator. Prior to the enactment of The Sexual Offences Act 2003 (SOA 2003), "Setting the Boundaries", a recommendation paper on sexual offences law reform in England and Wales, was published. It stated, in relation to FTP cases, that "we have also noted concerns about women who compel men to penetrate them. We do not regard that as rape, but as a serious assault on the man's sexual autonomy" (Home Office, 2000, p. 31). They were explicit that FTP cases were not "the equivalent of rape" (Home Office, 2000, p. 15). As a consequence, FTP cases are currently prosecuted under the SOA 2003, s.4; causing a person to engage in sexual activity without consent. This section of the Act defines sexual activity broadly, encompassing situations such as where "a victim is forced to; carry out a sexual act involving their own person, such as masturbation, to engage in sexual activity with a third party, who may be willing or not, or to engage in sexual activity with the offender, e.g. a woman forces a man to penetrate her" (CPS, N.D.). As a result, s. 4 "creates two separate offences because the maximum sentence differs depending on proving penetrative or non-penetrative activity" (CPS, N.D.).

The implication of FTP cases being criminalised under the SOA 2003, s.4, rather than the s.1 offence of rape, is that the impacts of compelled penetration for men are not as severe as for victims of rape (as stated in "Setting the Boundaries"). Whilst, as set out at the outset of

---

<sup>3</sup> For the law in England and Wales see The Sexual Offences Act 2003, for Scotland see The Sexual Offences (Scotland) Act 2009, and for Northern Ireland see The Sexual Offences (Northern Ireland) Order 2008.

this article, its aim is not to take a comparative approach to the *experiences* of rape victims, instead focusing on FTP cases as a specifically gendered form of sexual violence, making some brief comparisons regarding the legal response here are necessary to provide context for the points being made. This is because the different approach taken in FTP cases also extends to sentencing. Where penetration is involved in a s.4 offence (i.e. FTP cases), the sentencing range is from a community order to life imprisonment (Sentencing Council, 2014, p. 21). This can be compared with rape, where the offence range is 4 years custody – life imprisonment (Sentencing Council, 2014, p. 9). Whilst it is common to use the maximum sentence as a measure of the seriousness of an offence, it is recognised that the minimum term imposed is also “intended to reflect the seriousness of the offence committed” (Fitz-Gibbon, 2016, p. 49). Thus, it is possible to see how the perceptions around (lesser) harms, and the (lesser) seriousness of FTP cases, have translated into legislative and sentencing approaches, with a community order, rather than a custodial sentence, forming the minimum sentence in FTP cases.

The clear legislative and sentencing distinctions made between FTP and rape cases, and references to compelled penetration as being a “serious assault on a man’s sexual autonomy” (Home Office, 2000, p. 31), reflect expectations in relation to men’s sexuality, as well as suggesting that the harms experienced by men in FTP cases are significantly less severe than in cases of rape (see, e.g. redacted for review). The findings in this study, which highlight that many men experience severe levels of emotional harm, demonstrate a need for further research in this area to develop an evidence base around harms experienced by men as a result of female-perpetrated sexual violence, with the potential for such work to inform legal discourse, policies, and practice.

### **Concluding thoughts**

The findings presented here evidence that men *are* FTP women and that such experiences *are* non-consensual. They also demonstrate the complex, harmful, and damaging emotional impacts that such experiences can have on men. Many participants described suffering from mental health issues as a result of being FTP a woman, varying in seriousness and severity, from anxiety and depression to suicidal thoughts and attempts. They also reported how the negative emotional impacts were serious enough to impact upon their lives, their relationships, and their behaviours in a variety of ways. The majority of participants did not report suffering physical injuries as a result of their most recent FTP experience, but those who did reported a range of injuries to their genitalia, heads, and upper bodies. Although no significant relationships were found between demographic and experience variables, analyses highlighted that when certain variables were present, participants more frequently reported physical injuries, as well as higher average levels of emotional harm.

As with any empirical research, there are limitations to this study, both in relation to the methodological approach taken and the data collected. The sample size is relatively small and is purposive in nature. Therefore, claims as to the potential *prevalence* of this form of sexual violence within the UK cannot be made, with this being an area where future research is needed. Similarly, when exploring the impacts of demographic and experience variables on the reporting of physical and emotional harms, some of the groups included small frequencies, thus potentially limiting the strength of some of the conclusions drawn. However, this is currently the *only* study in the UK providing an account of men's experiences of compelled penetration and the physical and emotional impacts of this form of sexual violence. Whilst a substantial amount of detail was provided by participants, particularly in relation to the emotional impacts of compelled penetration, "because the research relied on self-reports ... verifying the nature and extent of the mental health difficulties was not possible, and consequently, these outcomes may have been under- or over

reported” (Randle & Graham, 2011, p. 105). Similarly, the use of a unipolar rating scale to quantify emotional impacts, ranging from ‘no negative effect’ to ‘a severe negative effect’, made it difficult to detect the existence of any positive reactions to compelled penetration (however unlikely these may arguably be for victims of non-consensual sex) (Krahé et al., 2003, p. 173). Like all studies asking participants to disclose negative affective impacts of non-consensual sexual experiences, ratings and descriptions of experiences were made retrospectively. Therefore, it is possible that the accounts and ratings provided in this study “were coloured by [participants’] current feelings that may have been [more or] less intense than ... at the time of the incident” (Krahé et al., 2003, p. 173). Moreover, using an online survey for data collection meant that it was not possible to further clarify participants’ responses, as would be possible when using a different data collection method, e.g., semi-structured interviews. Finally, the representativeness of the sample used in this study is difficult to ascertain, not least because participants were self-selecting and the issues of ethnicity, class, and race, were not considered. Future research may benefit from dealing with some of these limitations, for example by considering the diversity of participants and issues of intersectionality.

The findings from this study problematise gender and sex-role scripts around men and masculinity, highlighting a need for damaging stereotypes to be challenged to ensure that men who experience compelled penetration (and other forms of female-perpetrated sexual aggression) have their experiences appropriately acknowledged and responded to. The findings also demonstrate an urgent need for more research to develop fuller and more nuanced understandings of the harms experienced by men in these cases. This evidence base could be used to inform legal and criminal justice responses to such cases, and could include, if necessary, law reform to ensure appropriate recognition of the seriousness of this form of sexual violence (redacted for review).

Whilst being both novel and significant in the context of academic scholarship, the findings presented here are also relevant to practitioners, particularly those working within the criminal justice context. The police, health care specialists, and support services are amongst those most likely to encounter and engage with men who have experienced compelled penetration. Therefore, it is vital that they recognise and understand the physical and emotional impacts that can arise for men in FTP cases, to ensure that appropriate support is put into place for these survivors, and where appropriate, policies and practices are revised.

**Tables**

Table 1

*Reporting of physical injuries by aggressive strategy used by female perpetrator (by descending frequency) (n=35)*

<u>A woman forced you to penetrate her without your consent by:</u>	<u>N</u>	<u>%</u>
Telling lies, threatening to end the relationship, threatening to spread rumours about you, making promises you knew were untrue, or continually verbally pressuring you after you said you didn't want to, showing displeasure, criticising your sexuality or attractiveness, getting angry but not using physical force, after you said you didn't want to	10	28.6
Using force, e.g. holding you down with their body weight, pinning your arms, restraining you, or having a weapon	7	20
Forcing you to penetrate her when you were asleep or unconscious from consensually drinking alcohol or using drugs, and when you came to (regained consciousness) you could not give consent to or stop what was happening	7	20
None of the options present	5	14.3
Threatening to physically harm you or someone close to you	4	11.4
Forcing you to penetrate her after you had been drinking alcohol and were conscious but too intoxicated (drunk) to give your consent to or stop what was happening	2	5.7
Acting together with two or more people to force you to penetrate her where you had made it clear that you did not give your consent to what was happening or were unable	0	0
Encouraging or pressuring you to drink alcohol until you were too intoxicated (drunk) to give consent to or stop what was happening, or giving you a drug without your knowledge that made you too incapacitated (out of it) to consent or stop what was happening	0	0

Table 2

*Reporting of physical injuries by age during most recent FTP experience – grouped participants age ranges (by descending frequency) (n=35)*

<u>Age during most recent FTP experience (years)</u>	<u>N</u>	<u>%</u>
16 – 25	14	40
26 – 35	9	25.7
46 – 55	5	14.3
≤ 15	4	11.4
36 – 45	2	5.7
56 +	1	2.9

Table 3

*Reporting of physical injuries by relationship with female perpetrator during most recent FTP experience (by descending frequency) (n=35)*

<u>Relationship with female perpetrator</u>	<u>N</u>	<u>%</u>
Intimate partner / ex – partner	20	57.1
Acquaintance / friend	9	25.7
Other	4	11.4
Relative	1	2.9
Stranger	1	2.9

Table 4

*Emotional impact of most recent forced to penetrate experience (by descending frequency) (n=115) (SD=2.9)*

<u>Emotional impact of experience</u>	<u>N</u>	<u>%</u>
10 (severe negative impact)	24	20.9
3	18	15.6
8	14	12.2
5	13	11.3
6	11	9.6
9	9	7.8
7	8	7
4	7	6.1
1 (no negative impact)	6	5.2

2	5	4.3
---	---	-----

Table 5

*Average emotional impact by aggressive strategy of female perpetrator (by descending mean score) (n=114)*

<u>A woman forced you to penetrate her without your consent by:</u>	<u>Mean</u>	<u>Median</u>	<u>N</u>
Acting together with two or more people to force you to penetrate her where you had made it clear that you did not give your consent to what was happening or were unable	9	9	1
Using force, e.g. holding you down with their body weight, pinning your arms, restraining you, or having a weapon	7.2	8	14
Telling lies, threatening to end the relationship, threatening to spread rumours about you, making promises you knew were untrue, or continually verbally pressuring you after you said you didn't want to, showing displeasure, criticising your sexuality or attractiveness, getting angry but not using physical force, after you said you didn't want to	6.7	7	40
Threatening to physically harm you or someone close to you	6.4	7	5
None of the options present	6.1	5.5	18
Forcing you to penetrate her when you were asleep or unconscious from consensually drinking alcohol or using drugs, and when you came to (regained consciousness) you could not give consent to or stop what was happening	5.5	5	22
Encouraging or pressuring you to drink alcohol until you were too intoxicated (drunk) to give consent to or stop what was happening or giving you a drug without your knowledge that made you too incapacitated (out of it) to consent or stop what was happening	5.2	5	5
Forcing you to penetrate her after you had been drinking alcohol and were conscious but too intoxicated (drunk) to give your consent to or stop what was happening	4.3	3	9

Table 6

*Average emotional impact by relationship with female perpetrator (by descending mean score) (n=115)*

<u>Relationship with female perpetrator</u>	<u>Mean</u>	<u>Median</u>	<u>N</u>
Relative	7	8.5	4
Partner/wife/ girlfriend/ fiancée (including exes)	6.6	7	57
Stranger	6.2	5.5	6
Other	5.9	5	15
Acquaintance / friend	5.6	5	33

Table 7

*Average emotional impact by type of compelled penetration (by descending mean score) (n=115)*

<u>Type of penetration</u>	<u>Mean</u>	<u>Median</u>	<u>N</u>
Multiple	6.8	7.5	40
Vaginal	6.2	6	65
Oral	5.1	5.5	8
Anal	2	2	2

Table 8

*Average emotional impact by age during most recent FTP experience (by descending mean score) (n=114)*

<u>Age during most recent FTP experience (years)</u>	<u>Mean</u>	<u>Median</u>	<u>N</u>
46 – 55	7.8	9	7
≤ 15	7.6	9.5	10
26 – 35	6.4	6.5	30
36 – 45	6.3	6	13
16 – 25	5.7	6	52
56 +	4.5	4.5	2

### References

- Adbullah-Khan, N. (2008). *Male Rape: The Emergence of a Social and Legal Issue*. Hampshire: Palgrave MacMillan.
- Best, S., & Krueger, B. (2008). Internet Survey Design. In N. Fielding, R. Lee, & G. Blank (Eds.), *The SAGE Handbook of Online Research Methods* (pp.217-235). London: SAGE Publications.
- Bowling, A. (2005). Mode of questionnaire administration can have serious effects on data quality. *Journal of Public Health, 27*(3), 281-291.
- Bows, H. (2018). Practitioner Views on the Impacts, Challenges, and Barriers in Supporting Older Survivors of Sexual Violence. *Violence Against Women, 24*(9), 1070-1090.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101.
- Byers, E., & O'Sullivan, L. (1998). Similar but different: Men's and women's experiences of sexual coercion. In P. Anderson and C. Struckman-Johnson (Eds.), *Sexually Aggressive Women: Current Perspectives and Controversies* (pp. 144-168). New York: Guildford Press.
- Crown Prosecution Service. (N.D.). *Rape and Sexual Offences – Chapter 2: Sexual Offences Act 2003 – Principal Offences, and Sexual Offences Act 1956 – Most commonly*

*charged offences – Legal Guidance*. Retrieved from <https://www.cps.gov.uk/legal-guidance/rape-and-sexual-offences-chapter-2-sexual-offences-act-2003-principal-offences-and>

Davies, M. (2002). Male sexual assault victims: a selective review of the literature and implications for support services. *Aggression and Violent Behavior, 7*, 203-214.

Davies, M. (2013). Effects of Victim Gender, Age, and Sexuality on Perceptions of Sexual Assaults Committed by Women. In B. Russell (Ed.), *Perceptions of Female Offenders: How Stereotypes and Social Norms Affect Criminal Justice Behaviours* (pp.93-100). New York: Springer.

Feinberg, J. (1984). *Harm to Others: The Moral Limits of the Criminal Law*. New York: Oxford University Press.

Finkelhor, D., & Browne, A. (1985). The traumatic impact of child sexual abuse: A conceptualization. *American Journal of Orthopsychiatry, 55*(4), 530-541.

Fisher, C., Goldsmith, A., Hurcombe, R., & Soares, C. (2017). *The impacts of child sexual abuse: A rapid evidence assessment (Summary Report)*. *Independent Inquiry into Child Sexual Abuse*. Retrieved from <https://www.iicsa.org.uk/key-documents/1533/view/IICSA%20Impacts%20of%20Child%20Sexual%20Abuse%20Rapid%20Evidence%20Assessment%20Summary%20%28English%29.pdf>

Fisher, N., & Pina, A. (2013). An overview of the literature on female-perpetrated adult male

victimization. *Aggression and Violent Behavior*, 18(1), 54-61.

Gash, A., & Harding, R. (2018). #MeToo? Legal Discourse and Everyday Responses to Sexual Violence. *Laws*, 7(2) 21, 1-24, <https://doi.org/10.3390/laws7020021>,

Hines, D., Armstrong, L., Reed, K., & Cameron, A. (2012). Gender Differences in Sexual Assault Victimization Among College Students. *Violence and Victims*, 27(6), 922 – 940.

Hines, D., & Douglas, E. (2010). A Closer Look at Men Who Sustain Intimate Terrorism by Women. *Partner Abuse*, 1(3), 286 – 313.

Home Office. (2000). *Setting the Boundaries: Reforming the law on sex offences (Volume 1)*. London: Home Office Communications Directorate.

Kennedy, J. (2008). Anonymity. In P. Lavrakas (Ed.), *Encyclopedia of Survey Research Methods* (pp.27-28). London: SAGE Publications.

Koss, M., Abbey, A., Campbell, R., Cook, S., Norris, J., Testa, M., ... White, J. (2006). The Sexual Experiences Short Form Victimization (SES-SFV). Tuscon, AZ: *University of Arizona*

Krahé, B., Scheinberger-Olwig, R., & Bieneck, S. (2003). Men's reports of Nonconsensual Sexual Interactions with Women: Prevalence and Impact. *Archives of Sexual Behavior*, 32(2), 165-175.

Larimer, M., Lydum, A., Anderson, B., & Turner, A. (1999). Male and Female Recipients of Unwanted Sexual Contact in a College Student Sample: Prevalence Rates, Alcohol Use, and Depression Symptoms. *Sex Roles*, 40(3-4), 295-308.

Mezey, G., & King, M. (1989). The effects of sexual assault on men: A survey of 22 victims. *Psychological Medicine*, 19, 205-209.

Morgan, L., Brittain, B., & Welch, J. (2012). Multiple Perpetrator Sexual Assault: How Does it Differ from Assault by a Single Perpetrator? *Journal of Interpersonal Violence*, 27(12), 2415-2436.

Mill, J.S. (2001). *On Liberty*. Kitchener: Batoche Books.

O'Sullivan, L., Byers, E., & Finkelman, L. (1998). A comparison of male and female college students' experiences of sexual coercion. *Psychology of Women Quarterly*, 22, 117-195.

Oswald, D., & Holmgren, L. (2013). Female Sexual Aggression on College Campuses: Prevalence, Correlates, and Perceptions. In B. Russell (Ed.), *Perceptions of Female Offenders: How Stereotypes and Social Norms Affect Criminal Justice Behaviours* (pp.77-91). New York: Springer.

Redacted for reviewing

Redacted for reviewing

Randle, A., & Graham, C. (2011). A review of the evidence on the effects of intimate partner violence on men. *Psychology of Men and Masculinity*, 12(2), 97-111.

Sarrel, P., & Masters, W. (1982). Sexual Molestation of Men by Women. *Archives of Sexual Behavior*, 11(2), 117-131.

Sentencing Council. (2004). *Overarching Principles: Seriousness Guideline*. Retrieved from [https://www.sentencingcouncil.org.uk/wp-content/uploads/web\\_seriousness\\_guideline.pdf](https://www.sentencingcouncil.org.uk/wp-content/uploads/web_seriousness_guideline.pdf)

Sentencing Council. (2014). *Sexual Offences: Definitive Guide*. Retrieved from <https://www.sentencingcouncil.org.uk/wp-content/uploads/Sexual-Offences-Definitive-Guideline-web5.pdf>

Stemple, L., & Meyer, I. (2014). The Sexual Victimization of Men in America: New Data Challenge Old Assumptions. *American Journal of Public Health*, 104(6), e19-e26.

Struckman-Johnson, C. (1988). Forced Sex on Dates: It Happens to Men Too. *The Journal of Sex Research*, 24, 234-241.

Struckman-Johnson, C., & Struckman-Johnson, D. (1994). Men Pressured and Forced into Sexual Experience. *Archives of Sexual Behavior*, 23(1), 93-114.

Tewskbury, R. (2007). Effects of Sexual Assaults on Men: Physical, Mental and Sexual Consequences. *International Journal of Men's Health*, 6(1), 22-35.

Walker, J., Archer, J., & Davies, M. (2005). Effects of Rape on Men: A Descriptive Analysis. *Archives of Sexual Behavior*, 34(1), 69-80.

Weiss, K. (2010). Male Sexual Victimization: Examining Men's Experiences of Rape and Sexual Assault. *Men and Masculinities*, 12(3), 275 – 298.