

# Sexual abuse against gay and bi men brings unique stigma and harm

30 August 2019, by Joan M. Cook And Amy Ellis



Gay, bi and trans men experience unique harms from sexual abuse and often struggle to resolve their sexuality as a result. Credit: [ArtOPhotos/Shutterstock.com](https://www.shutterstock.com/ArtOPhotos)

As trauma psychologists, we're leading a [team](#) to help alleviate psychiatric distress in gay, bi and trans males who have been sexually abused or assaulted. In collaboration with two nonprofit organizations, [MaleSurvivor](#) and [Men Healing](#), we recruited and trained 20 men who have experienced sexual abuse to deliver evidence-based online mental health interventions for sexual and gender minority males—an umbrella term for individuals whose sexual identity, orientation or practices differ from the majority of society.

This [study](#) should help men in this group who have been sexually assaulted know that they are not alone, that they are not to blame for their [abuse](#), and that healing is possible.

But, there are some things that trauma psychologists already know about these men, such as how prevalent [sexual abuse](#) of men is and ways to help men recover.

## All too common, all too traumatic

At least [1 in 6](#) boys are sexually abused before their 18th birthday. This number rises to [1 in 4 men](#)

across their lifespan.

The rates of sexual abuse and assault are even [higher](#) in boys and men from [sexual minority populations](#).

Sexual violation in gay, bisexual, transgender and intersex individuals often complicates their sense of self, and how they fit, or don't fit, into LGBTQ+ culture and communities. Such abuse may even impact their [reaching out for help or reporting traumatic events](#) as they fear stigmatization or victim-blaming.

Men and women who have experienced sexual abuse and assault are at risk for a wide range of medical, behavioral and sexual [disorders](#). They have high rates of several psychiatric [disorders](#), including post-traumatic stress disorder, substance abuse and dependence, depression and anxiety, as well as greater risk for suicide. They also have more educational, occupational and interpersonal [difficulties](#) than non-abused men. Further, sexual trauma is linked to [medical illnesses](#), increased [health care utilization](#) and poor quality of life.

But, sexual minority males who have experienced sexual trauma face even greater [health disparities](#). Gay and bisexual men with histories of childhood and adult sexual victimization are more [likely](#) to report greater numbers of sexually transmitted infections, increased sexual risk for human immunodeficiency virus, and higher sexual compulsivity than men with no history of sexual assault. In addition, sexual minority male survivors exhibit more negative psychological outcomes related to their sexual identities, such as lower [self-esteem](#), distorted sense of self and [difficulties](#) forming healthy adult intimate relationships.

The cumulative impact of sexual abuse, in conjunction with individuals' sexual minority status, also can result in higher rates of sexual re-victimization, as well as anti-gay violence and

[discrimination](#).

## Discrimination galore

Gay and bisexual men are also exposed to significant [minority stress](#), a term used to describe the sociopolitical stressors placed on individuals as a result of their minority status. Sexual orientation disparities start relatively early in development. LGBTQ+ individuals are [disproportionately](#) exposed to day-to-day discrimination, peer and parental rejection, unsupportive or hostile work or social environments, and unequal access to opportunities afforded to heterosexuals, including marriage, adoption and employment nondiscrimination.

Chronic expectations of rejection, internalized homophobia, alienation and lack of integration with the community can understandably lead to problems with [self-acceptance](#). As a result, a sexual minority male who has experienced sexual abuse may feel deficient, inferior or impaired. Further, they may view themselves as shameful, undesirable, undeserving, or incapable of forming a loving relationship.

Many sexual minority males who have experienced sexual abuse internalize harmful beliefs that make it harder for them to heal. These [myths](#) include the false belief that men cannot be forced to have sex against their will; that men who become sexually aroused or have an erection when assaulted must have wanted or enjoyed it; and that real men should welcome any opportunity to have sex.

These men often bottle up additional detrimental myths, such as men become gay or bisexual because they were sexually abused, and sexual minority men are obsessed with sex, and that they molest children at [higher rates](#) than straight men. Sexual [minority](#) males who have been abused are not born with these beliefs. They learn them from their families, religion, society and the media. But, the more men hold these beliefs to be true, the harder it is for them to move forward in their psychological recovery.

## Getting the help to heal

These men typically [do not seek formal mental](#)

[health treatment](#). Or they take, on average, decades to do so. This is consistent with research on predictors of engagement in [mental health services](#) in the larger population, as well as in those recovering from trauma. In general, [men seek mental health assistance at lower rates than women](#). Similarly, in survivors of a broad range of [traumatic events](#) with [post-traumatic stress disorder](#), [decreased mental health service use](#) was related to being male.

Additionally, despite similar rates of military sexual trauma in men and women, men are [less likely to seek and utilize professional help](#). Men are even less prone to seeking counseling when they have been most [severely assaulted](#) through penetration.

There are many hurdles to male sexual abuse survivors receiving needed mental health care. When encountering perceived authority figures, such as health care providers, these men sometimes experience harsh judgment and distrust. In addition, when initiating psychological services, they may have difficulty finding knowledgeable and experienced health care providers who understand the [nuances specific to male sexual abuse](#) and, consequently, [won't disclose](#) their sexual trauma.

Nondisclosure of sexual abuse may also be due to a male's own lack of understanding of what abuse is. This is in line with [research](#) that found that the majority of men who endorsed survey items or behaviors indicating sexual abuse did not actually label themselves as sexual abuse survivors. Not disclosing one's sexual trauma history is associated with [increased emotional distress](#), while self-disclosure and seeking mental [health](#) services are related to psychological well-being.

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