

ORIGINAL ARTICLE

Psychological Impact of Sexual Assault on Males: An Open Secret in Our SocietyAsif Azeem¹, Sikandar Ali², Tashfeen Bin Nazir³, Zawar Shah⁴**ABSTRACT****Objective:** To determine the psychological impact of sexual assaults among males during their childhood.**Study Design:** Descriptive cross-sectional study.**Place and Duration of Study:** Combined Military Hospital Okara from 2nd August 2022 to 20th March 2023.**Materials and Methods:** We consecutively sampled 204 subjects who were given proforma to record demographic data including age, socioeconomic status, ethnicity, being victim of sexual assault, relationship to the assailant, numbers of sexual assault, and mode of sexual assault. Post-traumatic stress disorder (PTSD) check list and Trauma symptom check (TSC) list was applied on participants reporting sexual assault and SPSS 23 used for data analysis.**Results:** Out of 204 study participants 33 (16.1%) males experienced sexual assault while 27 (81.8%) victims experienced PTSD with trauma symptoms of sleep disturbance in 18 (54.5%), sexual dysfunction experienced by 6 (18.1%), anxiety felt by 13 (39.3%), depression presented in 5 (15.1%), while 2 (6.0%) individuals experienced dissociation. Victims of sexual assault, assailant and number of sexual assaults were highly correlated with mode of sexual assault, trauma symptoms (except dissociation), and PTSD ($p < 0.001$)**Conclusion:** Sexual assault on males during their childhood is strongly associated with significant psychological distress.**Key Words:** *Male, Post-Traumatic Stress Disorder, Sexual, Trauma.***Introduction**

Sexual assault is a traumatic experience that can have lasting psychological effects on victim irrespective of being male or female.¹ Females are considered vulnerable and predisposed to sexual assault therefore societal attitudes and sympathies are more focused towards female survivors of sexual assault,² while males are perceived as strong, aggressive less predisposed to sexual assault as result male victims of sexual assault remain relatively invisible and unsupported.³ In general female victims of sexual assault are supported and encouraged to raise their voice and cry for help, whereas on the other hand male survivors of sexual assault find it

difficult to voice their agony due to shame, discrimination and stigma attached to the incident therefore it is no surprise that incidents of sexual assault on males are under reported.⁴ A survey conducted in United States by the National Intimate Partner and Sexual Violence Survey (NISVS) noted that approximately 1 in 26 men experience sexual violence in their lifetime.⁵ This survey has also suggested that these statistics are likely to be an underestimate, because many male survivors of sexual assault do not report their traumatic experiences to law enforcement agencies and neither seeks medical or mental health care.⁵

Similar to female gender sexual assault on males can lead to a range of psychological consequences such as depression, anxiety, sexual dysfunction, dissociation, disturbed sleep, post-traumatic stress disorder (PTSD), and substance abuse.^{6,7} Acknowledgement of the impact of sexual assault on male survivors, understanding and empathic attitude and sound awareness about their experiences and unique needs is vital and of prime importance in making these victims confident enough to come up and seek assistance.⁸ This study intends to explore the frequency and psychological impact of sexual assault on males in our society which is otherwise male oriented and there is taboo

¹Department of Psychiatry

Combined Military Hospital, Okara

²Department of Psychiatry

Combined Military Hospital, Mangla

³Department of Psychiatry

Armed Forces Post Graduate Medical Institute, Rawalpindi

⁴Department of Psychiatry

Combined Military Hospital, Pano Aqil

Correspondence:

Dr. Asif Azeem

HOD Psychiatry

Combined Military Hospital, Okara

E-mail: drasifbajwa@yahoo.com

Received: May 30, 2023 ; Revised: March 05, 2024

Accepted: March 11, 2024

for males in admitting being victim of sexual assault as observed by Imtiaz⁹ in his study with emphasis that further research is needed to explore the experiences of sexual assault on males. Hence, there is need to establish facilities like support services, counseling for male survivors to heal and recover to improve mental health and wellbeing.

It is important to highlight the fact that even in developed countries like United States it is very difficult for male survivors of sexual assault to come up and report as the sheer concept of male being victim of sexual assault is clouded with taboo and stigma.⁵ Therefore, it is not hard to understand that in under developed and conservative country like Pakistan how hard it would be for males to report a sexual assault. Unfortunately, there is scarcity of local literature on the subject. Therefore, we aim to ascertain the frequency of sexual assault on males in our society and establish its relationship with psychological impact in a local Pakistani sample for better management and planning.

Materials and Methods

This cross-sectional study was conducted after approval of Ethical Review Committee vide cert Ser No 01-1-22 at Combined Military Hospital Okara between October 2022 to March 2023. A total sample size of 204 was obtained by using OpenEpi sample size calculator based on the results of study conducted by Avais and Narijo¹⁰ where anticipated population proportion was 17% with odds ratio 4. We consecutively sampled 204 subjects using convenience nonprobability sampling technique. All newly reporting patients at general medical reception of male gender aged 18-50 years were included. Patients with past or present psychiatric history, patients with chronic medical conditions and patients having history of substance abuse were excluded. Participants after informed consent were given a proforma to fill that recorded demographic details of age, economic status, ethnicity, victim of sexual assault (yes/no, those who answered yes were asked to proceed further with questions), sexual assault committed by (stranger/someone known), number of sexual assault (once/more than once), anal penetration (yes/no), oral sexual assault (yes/no), sexual touching (yes/no), attempted anal penetration (yes/no).

Post-traumatic stress disorder check list-DSM5 (PCL-

5) was used to assess PTSD.¹¹ It has two parts. The first part contains a check list of stressful and scary events with possible yes/no reply. Those individuals who replied yes to any stressful or scary event out of list of fifteen were moved to second part of checklist. The second part contains a checklist for PTSD with possible replies (not at all, a little bit, moderately, quite a lot and extremely). A score of thirty-three is taken as clinical PTSD.

To assess trauma related problems, the trauma symptom check list – 40 (TSC-40) was used.¹² It contains forty questions with four-point frequency scale ranging from 0 to 3 (never too often). It has subscales (dissociation, anxiety, depression, sleep disturbance and sexual problem). The score for each subscale is the sum of the relevant items identified in the check list. The total TSC score is from one to forty. Software SPSS 23 was used for analysis. Economic status, area of dwelling, ethnicity, being victims of sexual assault, assailant, method adopted by assailant and number of sexual assaults were depicted as frequencies and percentages. PTSD check list and TSC-40 scores were also shown as frequencies and percentages. To find correlation between variable Chi squared test was applied to assess statistical significance which was taken as 5% ($p \leq 0.05$).

Results

The mean age of participants in this study was 22.8 ± 4.4 while 68 (33.3%) belonged to lower socio-economic class, 115 (56.4%) middle class and 21 (10.3%) participants were of upper socio-economic class. Participants from urban areas were 68 (33.3%) and 136 (66.7%) were from rural areas. Participants of Punjabi ethnicity was 147 (72.1%), 5 (2.5%) were Sindhis and 52 (25.5%) were Pathans. Participants who experienced sexual assault were 33 (16.1%) while 171 (83.8%) did not experience any sexual assault. In 9 (27.2%) sexual assault was committed by a stranger but 28 (84.8%) were victims of sexual assault by someone known. Sexual assault was committed by taking advantage of position in 21 (63.6%), 5 (15.1%) of assailant used physical force, 8 (24.2%) exploited emotionally, while 1 (3.0%) threatened physical harm to commit sexual assault. Sixteen (16) (48.4%) victims experienced sexual assault once and 21 (63.6%) suffered sexual assault more than once. With regards to nature of sexual

assault 30 (90.0%) victims suffered sexual touching, 29 (87.8%) suffered attempted anal penetration, 24 (72.7%) recalled oral sex while 28 (84.8%) of victims suffered anal penetration (Table-I).

PTSD was experienced by 27 (81.8%) of victims. Trauma symptoms among victims of sexual assault were sleep disturbance in 18 (54.5%), sexual dysfunction in 6 (18.1%), anxiety felt by 13 (39.3%), depression experienced by 5 (15.1%) while 2 (6.0%) individuals experienced dissociation (Table-II).

For analysis of mode of sexual assault, trauma symptoms and PTSD data was stratified for age, economic status, area of dwelling, ethnicity, victims of sexual assault, assailant, and number of sexual assaults. No correlation was found between mode of sexual assault, trauma symptoms (except anxiety which was correlated with ethnicity) and PTSD when assessed with age, economic status, area of dwelling and ethnicity ($p > 0.05$). Victims of sexual assault, assailant and number of sexual assaults were highly correlated with mode of sexual assault, trauma symptoms (except dissociation), and PTSD ($p < 0.05$) (Table-III).

Table I: List of Demographic and Study Variables.

S.No	Category	Frequency, n (percentage, %)
1.	Age (n=204) Mean \pm SD	22.8 \pm 4.4
2.	Economic Status (n=204) Lower class Middle class Upper class	68 (33.3%) 115 (56.4%) 21 (10.3%)
3.	Area of dwelling (n=204) Urban Rural	68 (33.3%) 136 (66.7%)
4.	Ethnicity (n=204) Punjabi Sindhi Pathan Others	147 (72.1%) 5 (2.5%) 52 (25.5%) 0 (0)
5.	Victims of sexual assault (n=204) Yes No	33 (16.1%) 171 (83.8%)
6.	Sexual assault committed by (n = 33) Stranger Someone known	9 (27.2%) 28 (84.8%)

7.	Method of sexual assault (n = 33) Emotional exploitation Threatened physical harm. Took advantage of position Used physical force. Combination of methods	8 (24.2%) 1 (3.0%) 21 (63.6%) 5 (15.1%) 2 (6.0%)
8.	Number of sexual assault (n = 33) Once More than once	16 (48.4%) 21 (63.6%)
9.	Attempted anal penetration. (n = 33)	29 (87.8%)
10.	Anal penetration (n = 33)	28 (84.8%)
11.	Oral sex (n = 33)	24 (72.7%)
12.	Sexual touching (n = 33)	30 (90.9%)

Table II: Frequency of Trauma Symptoms and PTSD among Males after Sexual Assault

S.No	Category	Frequency, n (percentages, %) n=33
1.	Symptoms of trauma Depression Anxiety Sexual dysfunction Dissociation Sleep disturbance	5 (15.1%) 13 (39.3%) 6 (18.1%) 2 (6.0%) 18 (54.5%)
2.	Post-traumatic stress disorder	27 (81.8%)

Discussion

Sexual abuse in males is a less appreciated reality in Pakistan therefore it has been less explored.¹³ In Pakistan people feel uncomfortable to discuss the issue of male sexual abuse, as a result problem has always been pushed under the carpet. Like other societies Pakistani society is also attuned to the misconception that males are less vulnerable and less likely to be the victims of sexual abuse.³

It has been observed that sexual abuse in either gender can lead to long term consequences especially penetration of some kind in males is associated with greater psychological impact. Gravity of consequences caused by sexual abuse is not dependent on the gender of assailant, but the duration of abuse and identity of the abuser as observed by Scholte in his study.¹⁴ This study has also

Table III: Correlation between variables with trauma symptoms and PTSD

S.No	Category	Mode of Sexual Assault				Method of assault	Trauma symptoms					PTSD
		Attempted Anal penetration	Anal penetration	Oral	Touch		Dep	Anx	S: dys	Diss	Sleep	
1.	Age	0.772	0.703	0.642	0.816	0.999	0.903	0.423	0.909	0.904	0.424	0.787
2.	Economic status	0.740	0.830	0.261	0.296	0.772	0.738	0.402	0.511	0.823	0.199	0.636
3.	Area of dwelling	0.356	0.174	0.598	0.411	0.141	0.459	0.096	0.682	0.443	0.612	0.252
4.	Ethnicity	0.012	0.008	0.001*	0.015	0.055	0.020	0.001*	0.059	0.676	0.001*	0.005
5.	Victim of assault	0.001*	0.001*	0.001*	0.001*	0.001*	0.001*	0.001*	0.001*	0.025	0.001*	0.001*
6.	Assailant	0.001*	0.001*	0.001*	0.001*	0.001*	0.001*	0.001*	0.001*	0.001*	0.001*	0.001*
7.	Number of sexual assaults	0.001*	0.001*	0.001*	0.001*	0.001*	0.001*	0.001*	0.001*	0.009	0.001*	0.001*

* *p* value < 0.001 is considered statistically significant

dep (depression), Anx (Anxiety), S: dys (sexual dysfunction), Diss (Dissociation), PTSD (post-traumatic stress disorder)

noted that 21 (63.6%) out of 33 victims were sexually abused more than once by a known assailant.

In one study Avais¹⁰ has quoted a survey of 2016 on Pakistani population that about 17% of children were survivors of sexual abuse in addition highlighting that the boys were more vulnerable as compared to the girls (1 in 7 girls and 1 in 5 boys). It was also important to note that in 80% of cases sexual abuse was committed by someone known.¹² Similar results were noted in this study where 33 (16.1%) out of 204 participants admitted having suffered sexual abuse and 28 (84.8%) out of 33 victims claimed to have been abused by someone known. A systematic review conducted by Dworkin¹⁵ indicates that prevalence rate of sexual assault on male's ranges from 0.3% to 55.5%.

Pakistani studies have highlighted that majority of cases of male sexual abuse take place in province of Punjab followed by Sindh and Khyber Pakhtoon Khwa.¹⁶ Similarly in this study Punjabi victims were more as compared to other ethnicities in addition majority belonged to rural areas but it is important to mention that as this study was conducted in the city of Punjab therefore it is natural to have more Punjabi representation thereby inflating the numbers of Punjab ethnicity.

Results of this study show that 97% of male victims suffered from sexual touching, 87% experienced attempted anal penetration followed by anal penetration and oral sexual abuse. Research by Thomas¹⁷ observed that 86% of male victims

experienced unwanted touching, 38% experienced attempted anal penetration while 46% experienced anal penetration.

Assessment of psychological impact revealed that 27 out of 33 (81.8%) victims experienced post-traumatic stress disorder after sexual assault. After traumatic event of sexual assault 54% of individuals suffered from disturbed sleep. Anxiety was more frequent as compared to depression followed by sexual dysfunction or problems with sexual life. It is important to highlight that only two victims of sexual assault experienced dissociative symptoms. Khan¹⁸ has also noted positive correlation of PTSD among males experiencing sexual assault.

Age of the victim, economic status, ethnicity, and area of dwelling had no correlation with mode of assault, method of assault, PTSD or trauma symptoms except that for unknown reasons there was correlation between ethnicity, presence of anxiety and sleep disturbance among victims of sexual assault. On the other hand, victims, identity of assailant and number of sexual assaults experienced were strongly correlated with mode of sexual assault, method of assault, PTSD, and symptoms of trauma except that dissociative symptom of trauma had no correlation. Similarly study by Kiss¹⁹ also finds association between adverse mental impact with identity of the assailant and number of sexual assaults.

Conclusion

Sexual trauma in male especially during childhood is

associated with significant psychological distress. Being male or masculine do not guarantee or provide immunity against sexual abuse. More work needs to be done in Pakistan to create awareness and sensitizing the issue.

Limitations of Study

Authors acknowledge the limitations of this study being cross sectional design doesn't help in determining the reasons why and how ethnic background leads to disturbed sleep and anxiety and why after sexual assault symptom of dissociation is not that frequent. Furthermore, study cannot comment on why mode of sexual assault, method of sexual assault and symptoms of trauma were correlated with victims, identity of assailant and number of sexual assaults.

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CONFLICT OF INTEREST

Authors declared no conflicts of Interest.

GRANT SUPPORT AND FINANCIAL DISCLOSURE

Authors have declared no specific grant for this research from any funding agency in public, commercial or nonprofit sector.

DATA SHARING STATMENT

The data that support the findings of this study are available from the corresponding author upon request.

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