

Male sexual violence: an integrative review*Violencia sexual masculina: una revisión integradora**Violência sexual masculina: uma revisão integrativa***Carolina Pimentel Machado¹**

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Armada de Oliveira**Submission:** 06-24-2021**Approval:** 07-20-2021**Abstract**

The aim was to identify the studies carried out on sexual violence, with male victims, and an integrative review was carried out. Data were collected from the Virtual Health Library, Latin American and Caribbean Health Sciences Literature, International Health Sciences Literature, Online Scientific Electronic Library and Nursing Database. The sample had three publications in the English language, after applying the descriptors used. It was identified that care for male victims of sexual violence is deficient, compared to female victims. Knowledge of this scenario is important, in the sense that health teams, especially nurses, are better prepared from a technical and emotional point of view to deal with this type of situation.

Descriptors: Delivery of Health Care; Nursing Care; Nursing; Men's Health; Sex Offenses.**Resumén**

El objetivo fue identificar los estudios realizados sobre violencia sexual, con víctimas masculinas, y se realizó una revisión integradora. Los datos se obtuvieron de la Biblioteca Virtual en Salud, la Literatura de Ciencias de la Salud de América Latina y el Caribe, la Literatura de Ciencias de la Salud Internacional, la Biblioteca Electrónica Científica en Línea y la Base de Datos de Enfermería. La muestra incluyó tres publicaciones en idioma inglés, luego de aplicar los descriptores utilizados. Se identificó que la atención a los hombres víctimas de violencia sexual es deficiente, en comparación con las mujeres víctimas. El conocimiento de este escenario es importante, en el sentido de que los equipos de salud, especialmente las enfermeras, están mejor preparados desde el punto de vista técnico y emocional para enfrentar este tipo de situaciones.

Descriptores: Atención a la Salud; Atención de Enfermería; Enfermería; Salud del Hombre; Delitos Sexuales.**Resumo**

Objetivou-se identificar os estudos realizados sobre violência sexual, tendo como vítimas pessoas do sexo masculino, sendo realizada uma revisão integrativa. Os dados foram coletados na Biblioteca Virtual de Saúde, Literatura Latino Americana e do Caribe em Ciências da Saúde, Literatura Internacional em Ciências da Saúde, Biblioteca Eletrônica Científica On-line e Banco de Dados de Enfermagem. A amostra contou com três publicações no idioma inglês, após a aplicação dos descritores utilizados. Identificou-se que é deficiente o atendimento às vítimas de violência sexual do sexo masculino, comparando-se com as do sexo feminino. O conhecimento deste cenário é importante, no sentido de que as equipes de saúde, especialmente os enfermeiros, sejam melhores preparados do ponto de vista técnico e emocional para lidar com este tipo de situação.

Descritores: Atenção à Saúde; Cuidados de Enfermagem; Enfermagem; Saúde do Homem; Delitos Sexuais.

Introduction

Law No. 12.015/2009 modified Title VI of the Special Part of Decree Law No. 2,848/1940 – Penal Code and Article 1 of Law No. 8.072/1990, which deals with heinous crimes, including how sexual crimes, situations that violate sexual dignity, sexual freedom and creating the concept of sexual vulnerability, in addition to considering a crime, any form of sexual exploitation¹⁻³.

In this context, rape came to be framed in Article 213 of the Brazilian Penal Code with a new wording: "To constrain someone, through violence or serious threat, to have a carnal conjunction or to practice or even allow another libidinous act to be performed with him"².

Sexual violence is defined as: "any sexual act, attempt to carry out a sexual act or unwanted sexual innuendo, or actions to market or otherwise use a person's sexuality through coercion by another person, regardless of their relationship with the victim, in any context, including the home and the workplace"⁴.

Studies indicate a general movement in the direction that sexual violence from a public health point of view results from the combination of several risk factors at the individual, community, and social levels, and combating sexual violence requires the involvement of several sectors, namely: health, education, social assistance and criminal justice⁴.

The consequences arising from an act of sexual violence are difficult to measure, and affect directly, in addition to the victims, their families. In the context of the victim's health, the damage caused is significant and often irreparable. It is noteworthy that most survivors end up being infected by STI/Aids, directly impacting their emotional and physical state.

Cases of sexual violence taken to Public Hospitals must be referred to teams that are well-prepared both from a psychological and technical point of view, so that efficient and appropriate care can be provided.

Among the professionals involved in caring for victims, the role of nurses stands out, who must be attentive to identify the signs and symptoms of an act of sexual violence and act in accordance with the care protocol of the Health Department of Paraná, which is a of references in service in the country.

According to this protocol, the first and fundamentally important step is the reception that must be carried out with ethics, privacy, confidentiality, and secrecy. The nurse must confirm the time between sexual violence and seeking care and whether the aggressor used condoms or not⁵.

The preliminary information collected must be registered in the medical record so that the victim does not repeat the fact several times, then the clinical care is provided by the doctor. Cases of sexual violence must be reported immediately (24 hours) to the Municipal Health Department⁵.

As sexual violence is also a public health problem, the State is obliged to guarantee victims of sexual violence access to adequate services and support⁴.

This research assumed that the issue of sexual violence involving male victims is still little explored and addressed by the academic community, which contributes to the lack of knowledge and unpreparedness of nurses when caring for these victims. The aim of this article was to identify studies carried out on sexual violence involving male victims through integrative research in national and international articles (English language), using previously defined descriptors and, based on the results found, to propose actions aimed at improving the knowledge of nurses facing the care of male victims of sexual violence.

Methodology

This study was based on an integrative review. The integrative literature review can be defined as: a method characterized by a broad methodological approach to reviews that allows the inclusion of multiple studies with different research designs to understand the phenomenon studied, combining both theoretical and empirical data, including definitions, concepts, theories, and analysis of methodological problems of a particular topic⁶.

The integrative review method can be used in research carried out in other areas, in addition to the areas of health and education, as it enables the capacity for scientific knowledge so that the researcher can approach the problem to be explored, having the possibility to visualize the production scientific research already carried out and the evolution of the theme over time and, check possible research opportunities⁷.

Therefore, according to these authors, this technique should be adopted when one intends to carry out an analysis and synthesis of the scientific knowledge already produced on the investigated topic. The method followed the following steps: creation of the guiding question, definition of descriptors, search in specialized databases, tabulation of results and analysis.

With the selected descriptors, we proceeded to the association of filters available in the specialized database and, aiming to carry out a more precise search, the following inclusion criteria were established: available full texts, Portuguese, and English languages and that have as publication period the years from 2013 to 2018. As exclusion criteria, articles that escaped the theme and context, duplicated and incomplete were discarded. This search was carried out between the period of December 4, 2018, to January 4, 2019.

The flowchart below, Figure 1, demonstrates the process of selecting the articles in an objective and summarized manner of this integrative review.

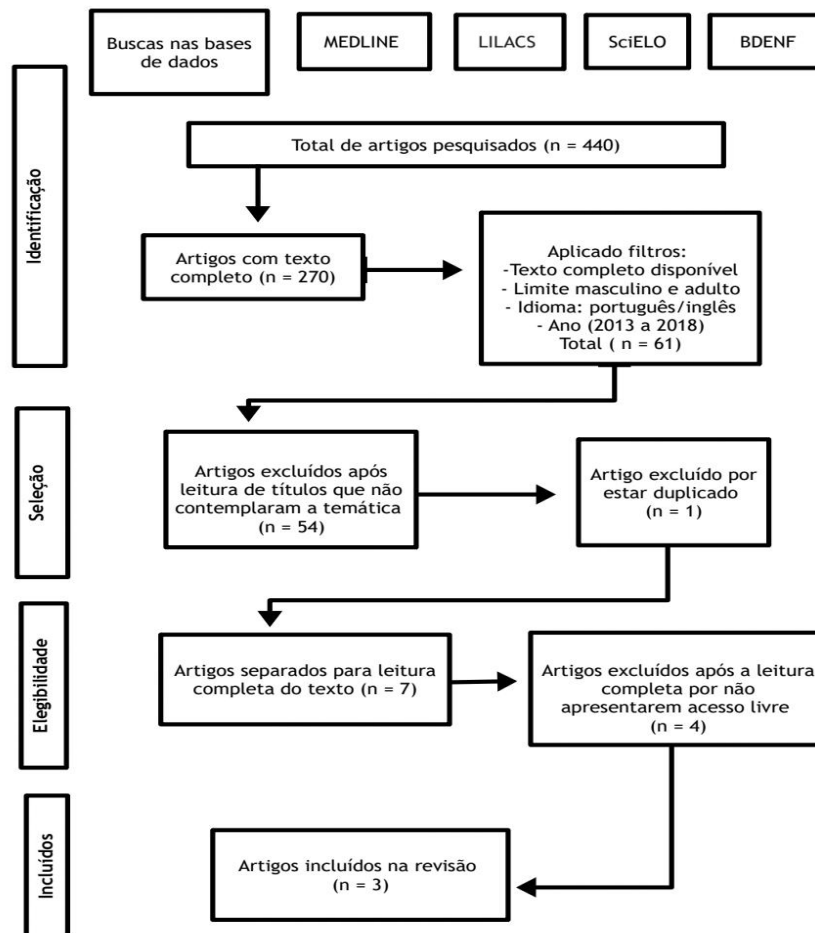
The guiding question was created using the strategy P = Population, I = Interest, Co = Context (PICO): Are nurses trained to care for male patients who have been sexually assaulted?

The descriptors used were defined using the Descriptors in Science and Health (DeCS) tool, totaling 3 selected descriptors, namely: Men's Health, Nursing, and Sexual Violence.

The electronic bibliographic survey was carried out on the bases contained in the Virtual Health Library (VHL), Latin



Figure 1. Flowchart of identification, selection, and inclusion of publications in the integrative review sample. Rio de Janeiro, RJ, Brazil, 2019



Results

The results and analyzes of selected publications, such as: title, year, language, bibliography, database, and work objective, are presented in Chart 1 below. The

evidence and degree of recommendation also contained in the Table are in accordance with the Oxford Center for Evidence-Based Medicine model.

Chart 1. Publications located in databases on sexual violence and men's health according to title, year, language, bibliography, database, objective, evidence, and degree of recommendation. Rio de Janeiro, RJ, Brazil, 2019

Title	Year of Publication	Language	Data base	Objective	Evidence and Degree of Recommendation
The male victim of sexual assault	2013	English	MedLine	Assist health professionals in caring for men who are victims of sexual violence.	2B
Sexual violence against men and boys in conflict and forced displacement: implications for the health sector	2017	English	MedLine	Describe the challenges and suggest improvements in the provision of health care to male victims of sexual violence.	2B
Out of the shadows? The inclusion of men and boys in conceptualizations of wartime sexual violence	2016	English	MedLine	Fully integrate male victims into concepts of sexual violence.	3B

The entirety of this research deals with the male victim of sexual violence, pointing out statistics, society's

points of view, the psychological consequences and the health services made available to the victims⁸.



Studies carried out and cataloged in Western countries such as the UK, USA and Nordic countries showed that on average 5% to 10% of registered rape cases have male victims⁸.

Articles numbers 2 and 3 in Table 1 address more specifically cases of sexual violence in conflicts involving men and recognize that cases of this nature are gradually increasing, although girls and women are the group that is even more affected. A major shift took place in 2013 towards the inclusion of male victims in international policies on wartime sexual violence. The UN Security Council has documented a high rate of sexual violence against men, including rape, forced sexual acts, and castration in the former Yugoslavia conflict. In the Middle East, refugees shared stories of sexual violence, including torture and rape against men, particularly in Syria. Within this context, humanitarian health workers did not know how to deal with this type of situation, they did not know where to refer them to medical care and psychosocial services. A manager of gender-based violence programs in Iraq described that doctors and nurses during post-rape care training commented on and were surprised by the plight of male victims of rape^{8,9}.

According to the Sexual Violence Referral Center at St Mary's Hospital in Manchester, UK, despite being a much smaller group compared to female victims of sexual violence, cases of sexual violence involving men are the most common. In eastern Democratic Republic of Congo, a population-based survey found that nearly a quarter of men (23.6%) had experienced sexual violence. Another survey by the Médecins Sans Frontières organization found that of 429 refugees who fled violence in Central America, 17% of men reported experiencing sexual abuse while in transit through Mexico^{8,9}.

Discussion

Society in general maintains the understanding that sexual violence involving men are rare cases, as they believe they can resist and that these episodes occur in prisons, in addition, it understands that men must be strong enough to deal with this situation. Comparing the rape between male and female victims, the stronger the stereotype of male rape, we have a greater culpability of the male victim of such crime, while the blame attributed to the rapist is reduced. Therefore, perceptions of masculinity are therefore more influential when considering male rape than perceptions of femininity about male-female rape¹⁰.

In general, male victims feel more guilty than female victims, this makes men suffer for feeling that their masculinity has been diminished in society¹⁰.

It was also noted the scarcity of health services aimed at attending men victims of sexual violence when compared to services available to women, in addition to the existence of barriers to accessing this care. Service protocols for cases of sexual violence involving men are also rare. The need for specific guidance to health teams on how to provide assistance to victims of male sexual violence and dispel myths about male sexual victimization is imperative^{8,10}.

In the United Kingdom, Reference Centers were created for the treatment of victims of sexual violence, but 25 years after the creation of these Centers in Manchester, what can be seen is assistance to women victims, mostly to the detriment of men, which still portrays the existence of barriers to the treatment of male victims of sexual violence⁹.

A relevant fact is that the perpetrators of sexual violence, whose victims are men, most often use objects to perform penetration and that penile rape is significantly present when the victims are women. Men are generally raped by two or more people, thus suggesting a constancy of "collective rapes"^{8,10}.

The psychological effect is profound in cases of violence and especially those of a sexual nature, producing destabilizing and multidimensional consequences, such as depression, anxiety, post-traumatic stress disorder and suicidal ideation. Data from the St Mary's Center indicate that male victims are more likely to try to deny the case of violence suffered. The percentage of 41.6% of female victims who return for treatment contributes to this statement, while the percentage is 27.6% when it comes to men. Psychological trauma in men is mainly due to the idea of conflict with the dominant sex role and the presumption that males are sufficiently aggressive and strong to avoid any contact of a sexual nature with other men. The study found that male victims had significantly higher levels of suffering compared to female victims, due to a variety of context- and culture-specific factors, including shame, fear of community discovery, and stigma. resulting social impact, in addition to fear of reprisals. Damage to the victims' health is mainly presented through sexually transmitted diseases including HIV, incontinence, genital and rectal involvement, infertility and sexual dysfunction^{8,10}.

Another study carried out in London, involving 115 men, in a psychological treatment service, found that the time elapsed between the practice of sexual violence and the service was at least 16 years¹⁰.

At the international level, there is another obstacle to be considered that contributes to discourage men from reporting cases of sexual violence that they have suffered is that in at least 79 countries, sodomy is considered a crime. victims of male sexual violence in their definitions of rape. Police classify cases of sexual violence involving men as abuse or general bodily harm, prosecuted at most as torture or beatings⁹.

Conclusion

As we can see from the discussion of the results, male sexual violence is a subject that has been little discussed in Brazil and that no study found specifically addressed the training of nurses to care for male clients who are victims of sexual violence. It was sought then, studies involving this topic in the international scope which, although they are also scarce, provided 3 (three) articles that were used as sources for this study.

There is a need for studies on sexual violence against males to be produced nationwide. The greater the number of studies available, the better the care provided by nurses and other health professionals involved in the care will be.



People close to victims should encourage registration and referral to organs competent bodies.

It was found that some factors contribute to the scarcity of studies on the subject, highlighting men's difficulty in reporting this type of violence, fear of suffering prejudice by society and their own shame for the situation they experience.

It is a fact that cases of sexual violence involving men are fewer compared to cases involving women, but they need the same level of attention and importance by the

authorities. We must not only see man as the aggressor, but as a victim as well.

Training and a training program for nurses must be implemented within the scope of the Health Departments in the country so that an efficient care for these victims can take place.

The article sought to draw attention to the important need to produce national literature on sexual violence involving male victims that will provide a more solid and concrete knowledge about the aspects and particularities of this issue.

References

1. Brasil. Lei n.º 12.015, de 7 de agosto de 2009. Altera o Título IV da Parte especial do Decreto Lei n.º 2.848, de 7 de dezembro de 1940 - Código Penal que dispõe sobre crimes hediondos [Internet]. Brasília (DF): Brasil; 2009 [acesso em 19 dez 2018]. Disponível em: http://www.planalto.gov.br/ccivil_03/_ato2007-2010/2009/lei/l12015.htm
2. Brasil. Lei n.º 2.848/1940, de 7 de dezembro de 1940. Código Penal [Internet]. Brasília (DF): Brasil; 1940 [acesso em 19 dez 2018]. Disponível em: <https://www2.camara.leg.br/legin/fed/declei/1940-1949/decreto-lei-2848-7-dezembro-1940-412868-publicacaooriginal-1-pe.html>
3. Brasil. Lei n.º 8.072, de 25 de julho de 1990. Dispõe sobre os crimes hediondos, nos termos do art. 5º, inciso XLIII, da Constituição Federal, e determina outras providências [Internet]. Brasília (DF): Brasil; 1990 [acesso em 19 dez 2018]. Disponível em: http://www.planalto.gov.br/ccivil_03/leis/l8072.htm
4. Organização Pan Americana da Saúde (OPAS). Organização Mundial da Saúde (OMS). Neste Dia Laranja, OPAS/OMS aborda violência sexual e suas consequências para as vítimas [Internet]. Brasília (DF): OPAS/OMS; 2018 [acesso em 19 Dez 2018]. Disponível em: <https://www.paho.org/pt/noticias/25-7-2018-neste-dia-laranja-opasoms-aborda-violencia-sexual-e-suas-consequencias-para>
5. Secretaria de Estado de Saúde (SES). Protocolo para atendimento às pessoas em situação de violência sexual [Internet]. Curitiba (PR): SES; 2017 [acesso em 16 mai 2019]. Disponível em: <https://criminal.mppr.mp.br/arquivos/File/ProtocoloViolenciaSexualSESA.pdf>
6. Souza MT, Silva MD, Carvalho R. Revisão integrativa: o que é e como fazer. Einstein. 2010;8(1). DOI: 10.1590/S1679-45082010RW1134
7. Botelho LLR, Cunha CCA, Macedo M. O método da revisão integrativa nos estudos organizacionais. GeS [Internet]. 2011 [acesso em 19 jan 2019];5(11):121-136. Disponível em: <http://www.gestoesociedade.org/gestoesociedade/article/view/1220/906>
8. Chynoweth SK, Freccero J, Touquet H. Sexual violence against men and boys in conflict and forced displacement: implications for the health sector. *Reprod Health Matters*. 2017;25(51):90-94. DOI: 10.1080/09688080.2017.1401895
9. Touquet H, Gorris E. Out of the shadows? The inclusion of men and boys in conceptualisations of wartime sexual violence. *Reprod Health Matters*. 2016;24(47):36-46. DOI: 10.1016/j.rhm.2016.04.007
10. Mclean IA. The male victim of sexual assault. *Best Practice & Research Clinical Obstetrics and Gynaecology*. 2013;27(1):39-46. DOI: 10.1016/j.bpobgyn.2012.08.006

