

Unspoken victims: A national study of male rape incidents and police investigations in South Africa

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Background. The burden of sexual violence has been well described in children of both sexes and in women, but there is minimal literature on adult male rape victims. Studies of adult male rape victims have mainly been conducted among incarcerated males or military personnel, and in high-income countries.

Objectives. To describe the epidemiology, occurrence and reporting of rape cases involving male victims, both child (<18 years old) and adult, in South Africa (SA).

Methods. The study consisted of a nationally representative sample of case dockets maintained by the SA Police Service of rape incidents reported in 2012. A retrospective review of the dockets provided sociodemographic information on the victim and suspect, the circumstances of the rape and the medicolegal services provided to the victim. Data on male victims were analysed using Stata 13 to test for significant differences between child and adult male victims.

Results. The study comprised 209 male victims, including 120 (57.4%) children and 89 (42.6%) adults. The findings showed that there were significant differences in the occurrence and reporting of rape of male victims by age. Adult males experienced more violent rapes, perpetrators were more likely to be armed and often humiliated the victim, and rapes were more likely to occur in institutional settings. Adult males reported incidents of rape earlier and therefore had visible non-genital injuries during the medical examination. In contrast, more child rapes involved known perpetrators, occurred in a home and perpetrators were more likely to act kindly to the victim after the incident. This parallels the patterns in rape circumstances seen in female adult and child victims.

Conclusions. While there is political commitment to understanding sexual violence against women as a societal problem, work on such violence against men lags behind and is little understood. Rape of males needs to be acknowledged, and their vulnerabilities to sexual abuse and rape need to be addressed. Prevention efforts to end violence against women and girls, especially in relation to children, can be used to address violence against men and boys.

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Sexual violence is traumatic and has adverse effects in the short and long term, irrespective of the age and gender of the victims. The global burden and negative health effects of sexual violence are well documented from studies with children (boys and girls) and with women.^[1-3] While globally there is acknowledgement of rape of boys as a societal and public health problem, rape of adult males is often unacknowledged and evidence from studies is limited.^[4] A global review of the literature showed that the prevalence of adult male rape varied widely between studies, but was significantly higher among military personnel, prison inmates, and gay and bisexual men than in men from the general population.^[4]

In South Africa (SA), the way in which rape was defined until 2007 made it legally impossible for men to be victims of rape (although they could be victims of the lesser offence of indecent assault).^[5] The enactment of the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 expanded the definition of

rape to all forms of sexual penetration without consent, irrespective of gender. Notwithstanding the enactment of legislation, it is almost impossible to deduce the extent of male rape in the country, firstly because of the likelihood of under-reporting by adult victims and secondly because the published annual police statistics of reported cases are not sex disaggregated.^[6] Under-reporting of male rape to the police may be attributed to social, cultural and service-related factors, which have been well described in studies of female victims.^[7] There is evidence that the reporting of rape may be considerably more challenging for males because of prevailing gender stereotypes.^[8] While police statistics have limitations, studies of case dockets provide valuable insights and an evidence base of the burden of sexual violence against males, including its occurrence, case management by different service providers in the health and criminal justice system and case attrition. Such studies are vital to inform evidence-based sexual violence response and prevention.

A large, national population-based study on adult male rape is lacking, leading to reliance on data from prison, institution or localised community-based studies.^[9-11] More data are available from studies of children and men who have sex with men (MSM).^[12-14] Nonetheless, there is a gap in the literature on rape among adult men in the general population. In this article, we describe the epidemiology, occurrence and reporting of rape involving male victims, both child and adult, using data collected from a nationally representative sample of case dockets of incidents documented by the SA Police Service (SAPS) in 2012.

Methods

Setting

In SA, victims of rape who report to the police have a case file, commonly referred to as a docket, opened for their case. The case docket is a movable file in which all records of documents and proceedings pertaining to a reported case are stored. SAPS National Instruction 3/2008 contains guidelines for police in relation to their role in the investigation of such offences.^[15] The police case-investigation process involves taking statements and collecting forensic evidence, followed by identifying, locating and arresting perpetrators.

In keeping with the national directives and instructions on conducting a forensic examination on survivors of sexual offence cases in terms of the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007, victims reporting cases at a police station should be taken to a public health facility.^[5] The healthcare provider must undertake a medicolegal examination and document findings on a medicolegal (J88) form, as outlined in the standardised procedures. The Sexual Assault Evidence Collection Kit (SAECK) for children or adults is used to collect samples for DNA analysis during the medical examination. Victims should also be treated for injuries and be given access to appropriate medical care at a health facility.

In this article, rape refers to the definition of rape in the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 as 'an act of sexual penetration of a victim, without their consent'.^[5] This includes someone inserting their genital organ into the mouth, anus or genital organs of a victim; inserting a part of someone's body, such as a finger, into the anus or genital organs of the victim; inserting any object, such as a stick or a bottle, into the anus or genital organs of the victim; or inserting genital organs of an animal into the mouth of the victim. This definition includes rape or attempted rape of a male or female at any age, as well as compelled rape, which is when a person unlawfully and intentionally compels a third person, without their consent, to commit an act of sexual penetration. Sexual offences that are not classified as 'rape matters' were excluded. We use the legal definition of the term 'child' as set out in the Children's Act 38 of 2005 to mean a person <18 years of age.^[16]

Design

Data were collected through a retrospective cross-sectional study, exploring the investigation, prosecution and adjudication of all rape cases reported in SA in 2012. A multistage random sampling approach was employed to select a nationally representative sample of case dockets. At the first stage, a random sample of 170 police stations was selected from the 1 134 police stations in the country, using probability proportionate to size stratified by province and police station caseload. For the second stage, 30 cases were systematically sampled from each of the selected police stations, based on lists of all rape cases reported at the stations between 1 January and 31 Decem-

ber 2012. All cases were selected from police stations where <30 cases were reported during the year. Based on a sample size calculation that accounted for the percentage of dockets that would potentially be missing, a precision estimate for arrests and a design effect, a sample of 600 cases from 20 police stations was required per province, with 360 cases required from 12 police stations in Northern Cape Province. This calculation was made for all rape cases. For this article, the analysis was restricted to cases from the sample that involved male victims only.

Data collection started in late 2014. As an objective of the primary study was to describe the prosecution and adjudication of rape cases reported to the police, a 2-year period was considered to be a sufficient length of time to allow for the majority of court cases to be completed. Case dockets typically contained victim and witness statements, medicolegal examination (J88) forms, forensic reports, such as DNA results, cellphone evidence, ballistics reports, arrest documents, charge sheets and investigators' diaries. Researchers were trained to extract the relevant information from selected case dockets using a structured abstraction paper form. The information collected through these forms included sociodemographic details on the complainant and suspect(s), including age, race, occupation and relationship with each other. For example, the occupation of the victim was defined as professional for all white-collar or professional jobs, blue-collar for domestic work, selling, trading, farm work or other blue-collar work, security if the victim was in the police service or the army or was a security guard; victims could also be students or unemployed persons.

Information was collected on the circumstances of the rape – when and where it occurred, what the victim was doing, whether force and weapons were used, and victim responses after the rape.

The location of the rape was grouped into four categories, i.e. the home of the victim or perpetrator, places with other people nearby (e.g. shops, bars, nightclubs, cars, taxi ranks, public toilets, education premises), open public spaces (e.g. roadways, derelict buildings, alleyways, parks, sport areas, fields) and institutions (e.g. health facilities, children's homes, police cells). Data were also collected on what the perpetrators did after the rape. This included either leaving the scene without further engaging with the victim, trying to be 'good' to the victim (e.g. helping them to get home, apologising or offering them money), or treating the victim 'badly' after the rape (e.g. humiliating, threatening or being aggressive to the victim, or preventing the victim from reporting the rape).

Finally, there was information on case management in the police investigation, including medicolegal services, i.e. when the case was reported, collection of victim and witness statements, SAECKs, DNA evidence; detection and arrests of suspects; withdrawal of cases and reasons; and processing of SAECKs and DNA evidence by the SAPS Forensic Science Laboratory. Researchers also scanned and saved J88 forms without removing them from the case dockets. Thereafter, three experienced medical doctors extracted data from the scanned J88 forms onto a separate coding sheet. The sheet was used to abstract data on the healthcare provider who completed the J88 form, the medical and gynaecological history of the victims, the findings on physical, genital and anal examination and on the quality of completion of the J88 form. Medicolegal examinations were done in a health facility (clinic, community health centre or hospital), in a crisis centre that may/may not be positioned within a health facility, or other places. These included general practitioners' offices, police stations or vague locations.

The data were entered from the respective paper forms into EpiData (EpiData, Denmark) and imported into Stata 13 (StataCorp.,

USA) for cleaning, analysis and generation of new variables. The main dataset containing information from the case dockets was merged with data from the J88 coding. The age of the victims was recoded into a binary variable, i.e. child (<18 years of age) v. adult (≥18 years of age). Comparative analysis of child v. adult male rape was done with tabulations and Fisher’s exact testing. We also controlled for time between the rape and completion of the J88 form for certain variables from the medicolegal examination, i.e. whether injuries were identified and forensic evidence was collected. For all results, 95% confidence intervals are presented.

Ethical approval

Ethical approval for the study was obtained from the SA Medical Research Council’s Ethics Committee (ref. no. EC020-11/2013) and permission to access case dockets was granted by national and provincial commissioners of SAPS and the national director of public prosecutions. Each selected case was allocated a random anonymised study ID, and no identifying information was recorded on any of the tools. Police stations were coded, and the linked information was kept securely by the primary researcher so that cases could not be identified.

Results

The study comprised 209 male victims, including 120 (57.4%) children (<18 years of age) and 89 (42.6%) adults. Table 1 presents the sociodemographic characteristics of the victims. One in 7 victims had some disability reported in the docket. A smaller proportion of child victims (9.2%) were reported to have some form of disability than adult victims (19.3%). Table 2 provides some details regarding the circumstances of the rape. Significantly more child than adult victims were raped within home settings (50.9% v. 23.6%) by family members (26.9% v. 6.0%). Perpetrators were therefore more likely to use coercion or persuade child victims (88.8% v. 74.7%) than using force during the sexual encounter. They were also more likely to try to be ‘good’ to child than adult victims after the rape (5.9% v. 0.0%).

However, more adults than children (44.9% v. 4.2%) were likely to be raped in institutional settings, with the highest proportion occurring in prisons or police cells (25.9% v. 1.7%) and health facilities (19.1% v. 2.5%). Perpetrators against adult victims compared with child victims were very much more likely to be fellow prisoners or inmates at institutions (36.9% v. 2.9%) and to be armed and/or use force (67.4% v. 48.3%), and there were often others colluding in the rape (25.8% v. 2.5%). Most of these perpetrators were unemployed (77.3% adult victims v. 48.7% child victims), whereas most perpetrators of child rape compared with adult rape were school or college students (33.3% v. 4.6%). The majority of perpetrators in all rape incidents were male (97.1%), although 2.9% of male victims

did report being raped by a female. Adult victims were more likely to report immediately to the police than child victims (41.2% v. 8.6%).

Almost three-quarters of victims (72.3%) had completed a J88 form – 80 (66.7%) child victims and 71 (79.8%) adult victims (*p*=0.036). Male rape victims were mainly examined in health facilities (50.3%) and crisis centres (27.8%), but a fair number were also examined in other locations, such as police stations and general practitioners’ offices (Table 3). Adult victims were more likely to have non-genital injuries than child victims (29.6% v. 13.8%), although anal injuries were the most common form of injury in all male victims (55.0%). Adult victims were also more likely to have forensic specimens collected than child victims (66.2% v. 41.3%). However, the association between age of the victim and non-genital injuries and forensic specimen collection was lost when adjusted for time between the rape and the examination.

Discussion

The findings show that there are significant differences in the occurrence, reporting and effects of rape of male victims by age. Adult males experienced more violent rapes, involving the use of physical force: perpetrators were more likely to collude with other people, be armed and insult or humiliate the victim. Adult males reported incidents of rape earlier than children and therefore still had non-genital injuries visible during the medical examination. In these cases, it was also possible to collect specimens for DNA testing compared with children, who delayed reporting. In contrast, more of the child rapes involved known perpetrators and occurred in a home setting, and perpetrators were more likely to behave ‘kindly’ to the victim after the incident.

Research in SA showed that there is a dominant masculine culture with notions of patriarchy deeply embedded that could deter men from reporting violence victimisation.^[17] Research in the UK found that while 30% of female rape victims reported their incidents, only 15% of male rape victims reported their incidents to the police.^[8] Male rape myths also hamper reporting of cases to the police.^[18] Being a victim of rape or sexual violation may be considered to be a show of weakness, thus hampering the official reporting of incidents by males, especially if these attitudes and beliefs are held in higher regard with specific groups of men. While society holds the notion of sexual exploitation of children unacceptable, including that of young boys, rape of adult males is met with scepticism regarding the victim’s masculinity and sexuality.^[11]

In this study, the risk of rape for incarcerated adult males was very high. This is especially important when one considers that SA is believed to have the ninth-largest prison population in the world.^[19] For SA men, as in most other countries, institutional settings create a position where they are highly susceptible to abuse. Although

Table 1. Sociodemographic characteristics of male rape victims by age

Characteristics	Total, n (%)*	<18 years		≥18 years	
		n (%)*	95% CI	n (%)*	95% CI
Victim disabled	28 (13.5)	11 (9.2)	5.1 - 15.8	17 (19.3)	12.3 - 29.0
Occupation of victim					
Unemployed	-	-	-	57 (71.3)	-
Blue collar	-	-	-	8 (10.0)	-
Professional	-	-	-	2 (2.5)	-
Security	-	-	-	6 (7.5)	-
Student	-	-	-	7 (8.8)	-

CI = confidence interval.
*Total sample size varies per variable owing to missing data.

Table 2. Circumstances of the rape by age of male victims

Circumstances	Total, n (%)*	<18 years		≥18 years	
		n (%)*	95% CI	n (%)*	95% CI
When rape occurred					
Weekday	124 (62.3)	71 (63.4)	54.0 - 71.8	53 (60.9)	50.3 - 70.6
Weekend	75 (37.7)	41 (36.6)	28.2 - 46.0	34 (39.1)	29.4 - 49.7
Location of rape					
Victim's/perpetrator's home	81 (39.1)	60 (50.9)	41.8 - 59.8	21 (23.6)	15.9 - 33.6
Place with other people nearby	29 (14.0)	20 (17.0)	11.2 - 24.7	9 (10.1)	5.3 - 18.4
Open public space	52 (25.1)	33 (28.0)	20.6 - 36.8	19 (21.4)	14.0 - 31.1
Institution	45 (21.7)	5 (4.2)	1.8 - 9.8	40 (44.9)	35.9 - 55.4
Perpetrators					
Single	177 (87.2)	104 (89.7)	82.6 - 94.1	73 (83.9)	74.5 - 90.3
Multiple	26 (12.8)	12 (10.3)	5.9 - 17.4	14 (16.1)	9.7 - 25.4
Sex of perpetrator					
Male	199 (97.1)	114 (98.3)	93.3 - 99.6	85 (95.5)	88.6 - 98.3
Female	6 (2.9)	2 (1.7)	0.4 - 6.7	4 (4.5)	1.7 - 11.4
Relationship with perpetrator					
Stranger or someone known by sight	46 (24.5)	24 (23.1)	15.9 - 32.2	22 (26.2)	17.9 - 36.7
Family member	33 (17.6)	28 (26.9)	19.2 - 36.3	5 (6.0)	2.5 - 13.6
Someone known	75 (39.9)	49 (47.1)	37.7 - 56.8	26 (31.0)	22.0 - 41.7
Fellow prisoner/inmate at an institution	34 (18.1)	3 (2.9)	1.0 - 8.6	31 (36.9)	27.2 - 47.7
Perpetrator/s armed and/or used force	116 (56.6)	58 (48.3)	39.0 - 57.3	60 (67.4)	57.0 - 76.4
Perpetrator/s used coercion	154 (82.8)	95 (88.8)	81.2 - 93.5	59 (74.7)	63.9 - 83.1
Others colluded in the rape	26 (12.4)	3 (2.5)	1.0 - 7.5	23 (25.8)	17.8 - 36.0
Victim abducted	48 (23.0)	27 (22.5)	15.9 - 30.9	21 (23.6)	15.9 - 33.6
Victim resisted and/or tried to get away	175 (86.6)	102 (88.7)	81.4 - 93.3	73 (83.9)	74.6 - 90.3
Forms of sexual acts					
Vagina by penis	13 (6.6)	4 (3.5)	1.3 - 9.1	9 (10.7)	5.6 - 19.4
Anus by penis	169 (85.7)	97 (86.7)	78.9 - 91.8	72 (84.7)	75.4 - 90.9
Oral/digital by penis/other object	14 (7.1)	8 (7.1)	3.6 - 13.7	6 (7.1)	3.2 - 14.9
Perpetrator masturbated or made victim masturbate him/her	5 (2.5)	4 (3.6)	1.3 - 9.2	1 (1.2)	0.2 - 8.0
Perpetrator/s' action after the rape					
Left the scene	76 (36.5)	40 (33.6)	25.6 - 42.6	36 (40.5)	30.7 - 51.0
Tried to be 'good' to the victim	12 (5.8)	10 (8.4)	4.6 - 15.0	2 (2.3)	0.6 - 8.6
Was 'bad' to the victim	47 (22.6)	25 (21.0)	14.6 - 29.3	22 (24.7)	16.8 - 34.8
Victim's action after rape					
Reported to police or clinic	45 (22.3)	10 (8.6)	4.6 - 15.2	35 (41.2)	31.2 - 51.9
Went to friend or relative to be accompanied	97 (48.0)	68 (58.1)	49.0 - 66.8	29 (34.1)	24.8 - 44.8
Delayed reporting	60 (28.7)	39 (33.3)	25.4 - 42.4	21 (24.7)	16.7 - 35.1
Time from rape to reporting to police					
Within 3 days	138 (69.0)	70 (62.5)	53.1 - 71.0	68 (77.3)	67.3 - 84.9
Within 4 - 7 days	30 (15.0)	20 (17.9)	11.8 - 26.1	10 (11.4)	6.2 - 19.9
>1 week after the rape	32 (16.0)	22 (19.6)	13.3 - 28.1	10 (11.4)	6.2 - 19.9

CI = confidence interval.

*Total sample size varies per variable owing to missing data.

some efforts have been made in other countries to provide a more accurate measure of sexual violence in prisons,^[4,20,21] this needs to be further pursued in the SA setting. Furthermore, overcrowding and understaffing in prisons, which have been found to increase the risk of rape, are common in SA.^[21,22] Rape perpetration is also associated with delinquency and criminality, hence resulting in an elevated risk among incarcerated men.^[23] Much work needs to be done to test prevention strategies in prison settings globally,^[20] while further research is also required on rape within other institutional environments, such as the military, health facilities and children's homes.

It was noted that, as with female rape victims, males constituted the greatest proportion of perpetrators. In most cases, perpetrators

were known to the victim, but stranger rape was also common. The perpetrator's need to display power and dominance is considered to be a major motivator for rape, irrespective of the sex of the victim.^[21] Likewise, in this study most perpetrators who interacted with the victim continued their aggression towards the victim, either threatening or insulting them, more so with adult victims. Coercion was very commonly used by perpetrators, especially in younger victims, and previous research has found that perpetrators use aggression, abuse of trust and power, and tempt victims through the provision of material goods.^[24] Grooming has been noted in a wide range of child sexual abuse crimes, which is often used when the perpetrator is known to the victim. In this study, perpetrators

Table 3. Information from the medicolegal examination differentiated by age of male victims

	Total, n (%) [*]	<18 years		≥18 years	
		n (%) [*]	95% CI	n (%) [*]	95% CI
Location of examination					
Health facility	76 (50.3)	44 (55.0)	43.9 - 65.6	32 (45.1)	33.9 - 56.8
Crisis centre	42 (27.8)	24 (30.0)	20.9 - 41.0	18 (25.4)	16.5 - 37.8
Other	33 (21.9)	12 (15.0)	8.7 - 24.7	21 (29.6)	20.1 - 41.2
Examiner					
Doctor	123 (82.6)	68 (87.2)	77.7 - 93.0	55 (77.5)	66.2 - 85.8
Nurse	26 (17.5)	10 (12.8)	7.0 - 22.3	16 (22.5)	14.2 - 33.8
Any injury recorded					
Non-genital injuries	98 (64.9)	51 (63.8)	52.6 - 73.6	47 (66.2)	54.4 - 76.3
Genital injuries	3 (2.0)	2 (2.5)	0.6 - 9.5	1 (1.4)	0.2 - 9.5
Anal injuries	83 (55.0)	48 (60.0)	29.8 - 51.3	35 (49.3)	37.8 - 60.8
Forensic specimens collected	80 (53.0)	33 (41.3)	31.0 - 52.4	47 (66.2)	54.4 - 76.3

CI = confidence interval.
^{*}Total sample size varies per variable owing to missing data.

used other ways of asserting control over adult males, such as having others collude in the rape or by being armed.

Our study provides evidence of female-to-male rape, but shows that among reported cases the proportion is significantly lower than male-to-male rape. This may be a true reflection of rapes, but may also reflect higher reporting of male-to-male than female-to-male rape. Research among adolescents has shown that this is not as rare as might be imagined and that cases are often not reported.^[24] Research in the UK found that males were more likely to report sexual assault when another male was the perpetrator compared with a female.^[25] Future research should explore differential reporting by male rape victims.

For males who reported a rape in 2012, more child victims delayed reporting, with fewer eventually undergoing a medicolegal examination and having evidence collected. This is consistent with other SA and international research on the reporting of child sexual abuse.^[26] Collings *et al.*^[26] found that disclosure patterns were independently predicted by the victim, victim-perpetrator relationship type, perpetrator age and frequency of the abuse. Younger children are more likely to disclose what happened in a vague, partial or incomplete manner, thus leading to a delay.^[26] This would limit the identification of a suspect by DNA analysis and could influence the outcome of a court case. All victims were found to have a high proportion of injuries, with half having anal injuries, which poses a high risk of HIV transmission. The higher prevalence of non-genital injuries in adults was because of physical force used by the perpetrator, but the delayed reporting in child victims may have influenced detecting these injuries in children.

Young boys and girls were at higher risk of being raped within a home setting through coercive methods by either a family member or someone close to them, especially other students.^[1] This is consistent with other research, which estimates that victims of child sexual abuse know their abusers in 60 - 80% of cases.^[27,28] As such, more perpetrators helped child victims get home than adult victims. More needs to be done to improve the protection and care of children by ensuring that there are safe spaces for children to live and study. Educating children on the dangers of sexual abuse should begin at a young age.

Most victims and perpetrators were unemployed. Socioeconomic conditions have a complex relationship with the experience and perpetration of rape, which varies in different contexts. Poverty places people in positions where they may be more vulnerable to exploitation and harm, and at greater risk of being sexually abused.^[7]

In SA, socioeconomic conditions have been reported to have multiple indirect links to rape perpetration and victimisation through the increased risk of childhood trauma, low resistance to peer pressure and gender-inequitable attitudes.^[29] As such, prevention efforts have been investigating these linkages and studying counteractive strategies, such as microfinancing programmes, in reducing the risk of rape experience in females.^[30] We need to further research the pathways between socioeconomic conditions and male sexual victimisation. Qualitative studies with male offenders and inclusion in quantitative studies would also help to understand this further.

Study limitations

The study was conducted on cases of rape reported to the police, and findings are therefore not generalisable with regard to all rapes that occur in the country, as the degree of under-reporting among male rape victims of different groups remains unknown. Despite all efforts, we were unable to locate several dockets, and open cases were not included in the sample and not replaced. The findings of this study were limited to information available in the dockets and on J88 forms. There were instances where documents or information was missing, incomplete or difficult to decipher. The data analysis in this article was limited by the small number of men in the study, as the sample size was based on all rape cases. However, the sample does provide a sufficient representation of cases reported by male victims in 2012 in SA. As this was a cross-sectional study with retrospective collection of data, the temporal relationships between some of the risk factors for male rape victimisation could not be fully assessed. Due to the sample size, cluster analysis was not done.

Conclusions

Research on male rape victims in SA has been limited in the past, and this study has provided data from a nationally representative sample of male rape cases that were reported to the police. Males in SA are most vulnerable to rape during childhood and while in institutional settings as adults. While there is political commitment and advances to understanding sexual violence against women as a societal problem, work on such violence against men and boys lags behind and is little understood. Rape of males needs to be acknowledged, and their vulnerabilities to sexual abuse and rape should be addressed. Population-based surveys to measure the prevalence of rape victimisation among males may be necessary, and in a context of limited research funding this could be done through existing surveys, such as the demographic and health surveys that

already measure violence against women. Further efforts are required to protect boys and men, especially in high-risk environments. All parties within the criminal justice system should be willing and able to assist male victims of rape.

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- Dartnall E, Jewkes R. Sexual violence against women: The scope of the problem. *Best Pract Res Clin Obstet Gynaecol* 2013;27(1):3-13. <https://doi.org/10.1016/j.bpobgyn.2012.08.002>
- Jina R, Thomas LS. Health consequences of sexual violence against women. *Best Pract Res Clin Obstet Gynaecol* 2013;27(1):15-26. <https://doi.org/10.1016/j.bpobgyn.2012.08.012>
- Hillberg T, Hamilton-Giachritsis C, Dixon L. Review of meta-analyses on the association between child sexual abuse and adult mental health difficulties: A systematic approach. *Trauma Violence Abuse* 2011;12(1):38-49. <https://doi.org/10.1177/1524838010386812>
- Peterson ZD, Voller EK, Polusny MA, Murdoch M. Prevalence and consequences of adult sexual assault of men: Review of empirical findings and state of the literature. *Clin Psychol Rev* 2011;31(1):1-24. <https://doi.org/10.1016/j.cpr.2010.08.006>
- South Africa. Criminal Law (Sexual Offences and Related Matters) Amendment Act No. 32 of 2007.
- South African Police Service. South African Police Service Crime Statistics 2018/2019. Pretoria: SAPS, 2019. <https://www.saps.gov.za/services/crimestats.php> (accessed 31 July 2019).
- Jewkes R, Abrahams N. The epidemiology of rape and sexual coercion in South Africa: An overview. *Soc Sci Med* 2002;55(7):1231-1244. [https://doi.org/10.1016/s0277-9536\(01\)00242-8](https://doi.org/10.1016/s0277-9536(01)00242-8)
- Weiss KG. Male sexual victimization: Examining men's experiences of rape and sexual assault. *Men Mascul* 2010;12(3):275-298. <https://doi.org/10.1177/1097184x08322632>
- Jewkes R, Sikweyiya Y, Morrell R, Dunkle K. Understanding Men's Health and the Use of Violence: Interface of Rape and HIV in South Africa. Pretoria: Gender and Health Research Unit, South African Medical Research Council, 2009.

- Andersson N, Ho-Foster A. 13 915 reasons for equity in sexual offences legislation: A national school-based survey in South Africa. *Int J Equity Health* 2008;7:20. <https://doi.org/10.1186/1475-9276-7-20>
- Gear S. Behind the bars of masculinity: Male rape and homophobia in and about South African men's prisons. *Sexualities* 2007;10(2):209-227. <https://doi.org/10.1177/1363460707075803>
- Dunkle KL, Jewkes RK, Murdock DW, Sikweyiya Y, Morrell R. Prevalence of consensual male-male sex and sexual violence, and associations with HIV in South Africa: A population-based cross-sectional study. *PLoS Med* 2013;10(6):e1001472. <https://doi.org/10.1371/journal.pmed.1001472>
- King G, Flisher AJ, Noubary F, Reece R, Marais A, Lombard C. Substance abuse and behavioral correlates of sexual assault among South African adolescents. *Child Abuse Neglect* 2004;28(6):683-696. <https://doi.org/10.1016/j.chiabu.2003.12.003>
- De Vries H, Eggers SM, Jinabhai C, Meyer-Weitz A, Sathiparsad R, Taylor M. Adolescents' beliefs about forced sex in KwaZulu-Natal, South Africa. *Arch Sex Behav* 2014;43(6):1087-1095. <https://doi.org/10.1007/s10508-014-0280-8>
- South Africa. National Instruction 3/2008: Sexual Offences, 2008.
- South Africa. Children's Act No. 38 of 2005.
- Morrell R, Jewkes R, Lindegger G. Hegemonic masculinity/masculinities in South Africa: Culture, power, and gender politics. *Men Masculin* 2012;15(1):11-30. <https://doi.org/10.1177/1097184x12438001>
- Javida A. Male rape myths: Understanding and explaining social attitudes surrounding male rape. *Masculin Soc Change* 2015;4(3):270-297. <https://doi.org/10.17583/mcs.2015.1579>
- Ashmont A. Raped by the system: A comparison of prison rape in the United States and South Africa. *Pace Int Law Rev* 2014;26:54.
- Barth T. Relationships and sexuality of imprisoned men in the German penal system – a survey of inmates in a Berlin prison. *Int J Law Psychiatry* 2012;35(3):153-158. <https://doi.org/10.1016/j.jlpp.2012.02.001>
- Robertson JE. Rape among incarcerated men: Sex, coercion and STDs. *AIDS Patient Care STDs* 2003;17(8):423-430. <https://doi.org/10.1089/10872910332277448>
- Steinberg J. Prison Overcrowding and the Constitutional Right to Adequate Accommodation in South Africa. Johannesburg: Centre for the Study of Violence and Reconciliation, 2005.
- Jewkes R, Sikweyiya Y, Morrell R, Dunkle K. Gender inequitable masculinity and sexual entitlement in rape perpetration South Africa: Findings of a cross-sectional study. *PLoS ONE* 2011;6(12):e29590. <https://doi.org/10.1371/journal.pone.0029590>
- Sikweyiya Y, Jewkes R. Force and temptation: Contrasting South African men's accounts of coercion into sex by men and women. *Cult Health Sex* 2009;11(5):529-541. <https://doi.org/10.1080/13691050902912783>
- Hammond L, Ioannou M, Fewster M. Perceptions of male rape and sexual assault in a male sample from the United Kingdom: Barriers to reporting and the impacts of victimization. *J Investig Psychol Offender Profiling* 2017;14(2):133-149. <https://doi.org/10.1002/jip.1462>
- Collings SJ, Griffiths S, Kumalo M. Patterns of disclosure in child sexual abuse. *S Afr J Psychol* 2005;35(2):270-285. <https://doi.org/10.1177/008124630503500207>
- Craven S, Brown S, Gilchrist E. Sexual grooming of children: Review of literature and theoretical considerations. *J Sex Aggress* 2006;12(3):287-299. <https://doi.org/10.1080/13552600601069414>
- Hall RC, Hall RC. A profile of pedophilia: Definition, characteristics of offenders, recidivism, treatment outcomes, and forensic issues. *Focus* 2009;7(4):522-537. <https://doi.org/10.4065/82.4.457>
- Jewkes R, Nduna M, Jama-Shai N, Chirwa E, Dunkle K. Understanding the relationships between gender inequitable behaviours, childhood trauma and socio-economic status in single and multiple perpetrator rape in rural South Africa: Structural equation modelling. *PLoS ONE* 2016;11(5):e0154903. <https://doi.org/10.1371/journal.pone.0154903>
- Fulu E, Kerr-Wilson A, Lang J. Evidence Review of Interventions to Prevent Violence against Women and Girls. Pretoria: Department for International Development, 2014.

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