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Male rape

Victims need sensitive management

Sexual assault of men has long been recognised as a means of humiliating opponents by conquering soldiers,^{1,2} as a feature of sexual torture or aggression,^{3,4} or as a sexual outlet in institutions where heterosexual activity is impossible.⁴ There is, however, a reluctance to recognise that male sexual assault also occurs in ordinary societies.

This reluctance stems from three factors. Firstly, rape is popularly—and wrongly—regarded as a sexually motivated crime in which a highly sexed man is tempted by a vulnerable, attractively dressed woman.⁵ Although rape is a sexual act, it is motivated by a wish to dominate and degrade the victim.⁶ Most rapists have alternative outlets for sexual gratification, many take little notice of their victim's physical attributes, and some may experience sexual dysfunction during the assault.^{7,9} Secondly, men are considered strong enough to defend themselves against a sexual assault. Strength unfortunately bears little relation to the ability to resist. Both men and women are likely to react to sudden and extreme personal threat with frozen helplessness.^{10,11} Particularly in attacks on men, assailants may also exploit a position of trust to gain a psychological advantage.¹² Thirdly, in English law the term "rape" is restricted to forced penile penetration of the vagina and thus cannot apply to sexual assaults against men. Forced anal penetration of a man is considered to be non-consensual buggery and carries a lesser penalty.

Forced penetrative sexual assault of men has many parallels with rape of women in the circumstances of the offence and reactions of victims.^{6,12-16} Both heterosexual and homosexual men may be assaulted, although attacks against homosexuals are proportionately more common and may be a thinly disguised form of "queer bashing."^{12,16,17} Less is known about the sexuality of assailants, but often they are predominantly heterosexual.^{6,12} Anal or oral penetration is common and is sometimes accompanied by physical battery.^{12,16} Sexual

assault of men by women is rare and the victims are usually men who are peculiarly vulnerable psychologically or physically.¹⁸

The rape trauma syndrome, in which phobic anxiety, depression, somatic complaints, and behavioural changes follow from an assault, occurs in both men and women.^{12,19} Men often develop sexual dysfunction and ambivalence about their sexual identity. Homosexuals may be disgusted by their own sexuality, believing that it was a factor in attracting the assailant, while heterosexuals may consider their sexual identity to have been challenged: that a man can be overpowered and penetrated makes him less than a man. There is little evidence, however, that sexual assault of heterosexual men has any lasting influence on their sexual orientation.¹²

It is impossible to estimate the prevalence of male rape. Sexual assault of women often goes unreported,^{5,20} and men seem even more reluctant to report it. Many heterosexuals fear that they will be perceived as homosexual, and homosexuals regard the police as antihomosexual.^{7,12} In the United States, where many states have gender blind rape laws, reported rapes of men contributed 5-10% of total rapes reported.²¹ The number of cases of male rape has also increased in the United States, one study reporting an increase from none to 10% in three years in the late 1970s.¹³

Men who present with genital and perineal injuries should be questioned sensitively about the possibility of sexual assault.²² Those who do report the assault require careful assessment with a view to legal proceedings.¹⁶ Although there is a lack of consensus on the need for HIV testing of women victims,^{23,24} the anal trauma that occurs in male rape may make transmission of HIV more likely, so men should be screened for HIV.¹⁶ Doctors unfamiliar with examining rape victims must not hesitate to take expert guidance. Psychological support and counselling should be provided, with psychiatric referral in cases of protracted or severe emotional difficulties.

Survivors is the principal voluntary organisation set up in Britain exclusively to counsel men who have been assaulted.* Although some victim support schemes offer help to male victims, there is a great need for the specialised rape services already catering for women to include men as well. A well publicised, expert service could do much to overcome the stigma of male rape and the reluctance of men to report it. Finally, the English law needs to recognise the seriousness of sexual attacks that do not come within the current narrow definitions of rape—and which affect both men and women.^{9,25}

MICHAEL B KING

Senior Lecturer,
Academic Department of Psychiatry,
Royal Free Hospital School of Medicine,
London NW3 2QG
*Telephone: 071 833 3737 or 071 833 8116.

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A fresh start for health

Can be read two ways

The Labour party's health policy document, published last week (8 December, p 1293), will make frustrating reading for many within the NHS. On the one hand, those suspicious of Labour's claim that it is the only realistic alternative to a fourth Conservative administration will find little unequivocal evidence to allay those suspicions. By contrast, those inclined to give Labour the benefit of the doubt will find much which is heartening and likely to be good for the NHS.

A key theme running through is that the NHS is first and foremost a public service within which markets and market forces have no role. The document therefore commits Labour to reversing almost all of the present government's changes. For those suspicious of Labour's new identity there is a way of reading the document which will reinforce these suspicions. For a start it commits Labour to placing a greater emphasis on just about everything concerned with health. The document promises that a future Labour government will give greater priority to health promotion, disease prevention, community care, the needs of very elderly people, the development of medical technology (p 19), staff development, and so on. In addition to these priorities, each section of the document commits Labour to a set of wide ranging reforms. For example, the section on health promotion and the prevention of ill health commits a Labour government to restoring the value of child benefit; creating a new Ministry for Food and Farming; working with the Sports Council towards an integrated approach to sports and exercise; supporting a nationwide programme of new for old needles and syringes exchange; and bringing back free eye tests and dental checks. There are many more promises like this.

For those fed up with current NHS policies yet sceptical of Labour's capacity to be business like and tough minded enough to improve on them there is at first sight little here on which to draw comfort. Yet again, Labour seems to want to be all things to all people. No one could argue that the commitments and reforms included in *A Fresh Start for Health* are not well intended. Indeed, many are clearly desirable and long overdue. But doesn't the fact that there are so many imply strongly that Labour has not yet learnt that admirable statements of intent accompanied by a string of uncosted commitments are no substitute for a clear set of priorities and a coherent statement of policy? For that is how many within the NHS are likely to read this document.

For those sufficiently fed up with current policies to take the trouble to read the document more carefully, however, there is another, more exciting, more optimistic (for the NHS), and at least as credible an interpretation of what

Labour is promising. This interpretation comes through most strongly in section four, "Delivering good value." Here the document comes closest to addressing the question of priorities and of how Labour will pay for its promises. This statement appears at the outset: "Labour's commitment to increase the funding of the NHS makes us all the more determined to ensure that we get value for money from the health service. We will encourage changes in the management of the service which will make it a more efficient public service." And later: "Labour will want [managers'] partnership in providing an efficient, modern health service that provides value for money, but does so in order to meet the social priorities of a public service not to provide the rate of return of a private business."

Two things are particularly important about these (and similar) statements appearing in a Labour party policy document so close to a general election. Firstly, phrases referring to the efficient management of the service would have been unthinkable in a policy document produced by the "old" Labour party. Secondly, given the experiences of the past two or three years, there are probably few readers of the *BMJ* who would not applaud both statements.

And this is not all. A careful reading of the fourth section of the document implies strongly that Labour really has discovered the importance of clear priorities and good management. More specifically, this section implies that Labour is now committed to a definite process of realising its priorities and commitments. Having declared that a Labour government will (over the life of the next parliament) make good the underfunding of the NHS, the document then says that it will set explicit public health targets for health authorities to ensure that the additional funds are used to reflect priorities and achieve value for money. These targets will be adapted to local circumstances and then be embodied in performance agreements; "flexibudgeting" will ensure that authorities which perform well against their targets are rewarded; and Labour will establish quality and technology commissions to encourage and promote best practice throughout the service so that these arrangements lead to improvements throughout the NHS (rather than to inequalities between well and poorly managed authorities).

This approach to managing priorities and changes in the service is, in principle, a clear alternative to the quasimarket approach so beloved by the present government. Such an approach would allow a Labour administration to move the service towards a new set of priorities in line with the availability of additional resources while providing a reasonable guarantee that existing resources are providing value for money.

It would be tempting to know which reading of the document is the more accurate reflection of Labour thinking. Perhaps we will yet find out: the first page of the document says that it "does not mark the conclusion of our process of policy making, but is an invitation to the public to join with us in determining the policies of the next government." The present government would do well to take note of Labour's intentions. In particular, should the public discover that the second reading of *A Fresh Start for Health* is the more accurate the number of those working within the NHS who are still unwilling to vote Labour is likely to fall dramatically.

GORDON BEST

King's Fund College,
London W2 4HS

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