

## Building bridges: overcoming gender perspectives

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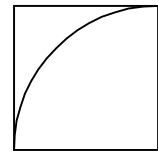
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### Abstract

The issue of male sexual abuse is a challenge towards the female-male polarisation, where the stereotypical belief is based on male as perpetrators and female and children as victims. Instead of this the presenters focus on the question, how does society create victims. They share different approaches and experiences from Australia and Europe on male survivor issues.

How can the suffering of actual and further generations be reduced by addressing male survivor issues early in life. The presenters share concepts and experiences, and also provide bridges between the health care sector and the justice system when dealing with male survivor outcomes.

### Introduction

People often question me, why I work in the field of sexual abuse. Aren't there any pleasurable ways to make your money? Further in the discussion they often mention that the sexual abuse field is a woman domaine; because only women can be sexually abused. I then often say: stop, stop here, let me give you some facts. Often I start with an case example as I will do it here. After this I will give you some explanations.

*I was born April 11<sup>th</sup> 1972. My parents stayed together till I was four. My mother was addicted to alcohol and drugs. She often hit me. I had to go to the hospital twice; once due to concussion, once she broke my arm. Both times she said it was an accident. The day finally came, when my parents had a fight, and my father threw my mother against a wall. Their marriage was over, and I didn't see her again until a couple of years ago.*

*I then moved in with my aunt. She was my father's sister, who had three children at about my age. I was a very difficult child. I stayed there for two years. When something went wrong I was always blamed. My usual punishment was being locked in my room, without any food. Sometimes she hit me. She was also an alcoholic. I was impossible, I broke all my toys and before I went to sleep I would repeatedly bang my head against the wall. She would get angry*

*with me and tie me to the bed. But this didn't work. So I was then moved to my grandmother's house.*

*Here I was happy. She didn't try to control me all the time, and took good care of me. This is when I started school. I was still a difficult child. I was often thrown out of class. Then I would run away and make a nuisance of myself. I would still bang my head, and my grandmother would give me drops in my water to help calm me down. I often had to go to the doctors. My grandmother couldn't cope any longer and I was put into care in the French spoken part of Switzerland. I was forced to learn French, which was extremely difficult for me.*

*When I was ten, my father remarried. My stepmother was a policewoman. We all moved to another community. Because I was still badly behaved I was referred to social services for psychological assessment. I would still bang my head. My stepmother would pull my hair and hit me with her shoe. My father was at work and didn't know what was going on. I was totally under her control. One day I felt encouraged to tell everything to a woman in the neighbourhood whom I trusted. She told my stepmother. She then threatened to put me in a children's home if I did this again. I was terrified, she would give me three minutes in order to get home from school and if I was late I was punished. I was never allowed to bring anyone home, nor was I given permission to play with other children. My stepmother often used to dress only in her knickers. It's still hard for me to talk about this abuse, even today. I often question myself as to whether it is true at all.*

*When my father noticed that I had bruises, my stepmother would make up a story to explain the marks. She had forbidden me to cry when she tortured me. During the summer time I was placed on a farm. I liked it a lot. When it was time to leave I cried and the farmer said I could come again. I spent all vacations and all my free time there. There I could escape my stepmother. But when I returned home she tortured me even more. When I was sixteen I began an apprenticeship. I quickly came into contact with drugs. Then, everything happened within a short period of time. First I snorted heroin, then I began chasing the dragon. At the age of 17 I started injecting. A school teacher taught me how to do it. When I was 18 I went to the pub for the first time. When I arrived back home my stepmother was there waiting. She held on to me and started blaming me for what had happened, when I calmly told her to shut her mouth and to leave me alone. She just laughed. I then hit her and broke her nose, since then she never hit me again. When my father asked her what had happened, she said: "Ohh, I fell down".*

*Finally my father divorced. For a month me and my father lived together in the same place. He never realized that I was an addict. When he came into my room and saw me injecting, he left the room without saying a word. But then he came back with a handgun shouting at me: «If you use a needle again in this room, then I will kill you». I then moved out. I have never been able to talk to my father about any of this. Talking was definitively not his forte.*

## **Male Survivors**

In general one may assume that sexual abuse primarily affects women, they are considered to be the victims, and male are the perpetrators. All of us have learned this lesson over the last two to three decades. Almost no researcher ever questioned this stereotypical believe – which is considered as the politically correct way of thinking. Almost no research was ever undertaken to examine sexual abuse among the male population. It is a well known fact, that as long as there is no data, the problem does not exist. By simply not asking the right questions society as a whole contributes to this bias. Science is not as neutral as it is often perceived. Take a psychiatric textbook for example, and have a look. Male

survivor issues do not exist. Have another look at the problem of suicide. There is no link to sexual abuse in psychiatric textbooks neither. Look at the psychiatric disorders in general; again, there is no link to sexual abuse.

There is not even a denial, there is just silence about male survivor issues. Males are not considered as victims, especially not of sexual abuse. The perpetrators are male, parole. Women's perspective is still dominant, which can be seen for example in the «International Violence against Women Survey», initiated by the United Nations Institute, which is currently being undertaken. By only focussing on women's issues research contributes to uphold the wrong perception. Building bridges – the title of our contribution – will hopefully help to overcome this gender polarisation. Talking about male survivor issues does not intend that males will once again dominate women; we do not intend to claim the territory in the field of sexual abuse, rather want to contribute to overcome abuse, whether committed against women or men does not matter. All human beings – whether female or male – deserve that their bodily and emotional integrity is respected. The Convention on the Rights of the Child - when claiming that our communities have to protect children from all forms of abuse - knows a gender neutral position and addresses issues for both gender, female and male.

One of the most reliable surveys on sexual abuse, the SAVI report (Sexual Violence and Abuse in Ireland, 2002) reveals that 42% of all women and 28% of all men experience sexual abuse. This is not a one in a hundred comparison, but almost one to one. Four of every ten women and three of every ten men experience sexual abuse. This is not solely a female topic, but a male as well. It is important to note, that the SAVI Report was conducted by the Dublin Rape Crisis Center.

### **The aftermath of sexual violence**

Due to the continuing false perception about male sexual abuse victims it is harder for men to talk about their experiences. Women give permission to other women to talk about sexual abuse. There are numerous victim support services for women. Women learn about boundaries, they are no longer accused of lying, they are no longer blamed with being responsible when supposedly dressed provocatively, etc. Contrary to the situation of women, men are not “allowed” to talk about their devastating experiences. Sexual abuse fundamentally undermines the male role model. For as long as victims see themselves as weak, incapable of defending themselves and similar issues, they will blame themselves – only an open discussion about the subject will help to overcome this hurdle. Even professionals are often not aware about the magnitude and the resulting consequences of the abuse, and therefore contribute to the silence which still covers the topic.

Affected men need support. They suffer. Many of them kill themselves. Many become addicts, which often means, they kill themselves slowly. They are detached from their feelings, they are not given permission to talk about their experiences, they are blamed of exaggerating, etc. Men do not cry. It is their burden to carry, parole. No matter how severely they are injured. Often they become offenders themselves. It can be estimated that about two thirds of all sexual-offenders have been victims of abuse themselves. It is really not intended to excuse their behavior by mentioning this fact, on the contrary. It's an evidence based fact, which is often addressed as the transgenerational circle of violence. If men start to talk about their experiences they reveal the veil which still covers the topic. However, it is not easy for victims to talk about their devastating experiences, as the case example illustrates. This man still has nightmares, when he starts talking about it, he realizes how much power his stepmother still has over him – the past still haunts him inescapably.

## What helps?

The first step is an open and unambiguous discussion about the subject matter. The circle of violence and the roots of sexual violence have to be addressed by professionals. The male role model and its contribution to sexual violence must be challenged. This is how society contributes in calming down affected male. We must learn to think in attachment theory's concepts, as sexual violence is best understood from attachment theory (Meloy 1992). Attachment intervention must be integrated into traditional psychotherapeutic intervention strategies (Lewis 2001 ??). Treatment providers must provide a vision for male survivors: there is a way to overcome the past experience, which still may haunt them (nightmare, panic attacks, flash backs, etc.). They will not forget what has been done to them, but they will learn to fight for their rights: talking about their experiences to each other. Overcoming this huge taboo, overcoming the gender-bias and crossing this bridge of human-attachment, when they feel encouraged to proceed their recovery journey, by those sharing their view, supported by themselves, and by professionals which have learned to understand them.

Knowledge is the basis for effective professional interventions (Hibbard et al. 1990). If a physician has no understanding about phantom pain, he will misdiagnose a man complaining about cold toes, who's leg has been amputated years ago, and where there are no toes at all. The basis for understanding traumatic effects on body and mind was laid by Pierre Janet, who wrote his doctoral dissertation in 1889 «L'automatisme psychologique» (The psychological automatism), when he described how trigger mechanism related to past traumatic experiences cause bodily and emotional reactions including spacing out – unavoidable, it just happens. One may try to suppress their anxiety reactions, but they will fail. These are survivor mechanisms in order to cope with dangerous situations – at every phone call a man in his fifties experiences a fearful reaction accompanied by heart beating and profound sweating, then this is an automatic reaction, caused by (unconscious) memories related to sexual abuse when he was a young boy, and his uncle used to call, he would immediately know, what kind of desire would be expressed by his uncle – even when his mother would answer the phone first, and then call: Come on sweetie, it's your uncle ...! The sexual abuse was as inevitable as the amen in the church.

Professionals seeing male survivors of sexual abuse require a profound knowledge about Attachment Theory, psychotraumatology, sexology, neurodevelopmental issues and effective treatment intervention techniques. They must also be familiar with forensic and legal issues, as well as offender strategies. Without specific training, they will fail – are there training opportunities available? As long as sexual abuse of males is not seen as a public health problem there will be a lack in curricular training. "The cold toes" then are misdiagnosed as liars, as exacerating subjects, as wimp; with the result, that this man will remain alone with «the dirty secret» and silence will prevail. Society will then be calmed down staying peaceful: *what a wonderful life ...*

## Differences and Similarities in female and male survivors of sexual abuse

The differences between female and male survivors are not as great as one may assume. Both have to overcome the taboo when they start talking about their experiences. Here are some similarities, some similarities however, and finally some differences.

Similarities:

- both are victims of sexual-offenders
- both need specific traumafocussed treatment
- there is no mandatory reporting in cases of sexual violence (at least here in Europe)
- their relatives need treatment and support

- there is a high risk for developing psychiatric disorders for both genders
- Suicidality is often not linked by professionals to past sexual abuse experiences
- There is a considerable risk of becoming a sexual predator for both genders

Similarities, however ... :

- both male and female victims are notoriously under-reported
- confusion within the justice system, regulating authorities, and professional bodies about the true nature of sexual abuse (stereotypical beliefs)
- male victims are more unlikely to disclose the abuse

differences:

- almost no research on male sexual abuse survivors
- no public discussion on male sexual victimisation issues
- stereotypical belief: men cannot be sexually abused against their will (note: women faced the same allegations some decades ago)
- gender role forbids men to talk about victimisation
- mainstream perception sees men exclusively as perpetrators
- strong homophobic reaction when talking about personal issues (man to man)

Many of the differences are well known for those working in the field and were discussed some decades ago for female survivors. Despite the creation of new diagnostic categories (PTSD and DID, in the DSM III, 1980), specific diagnostic and treatment opportunities are still hard to find for both genders (Friedmann 2006).

## Conclusion

Male sexual abuse is still a taboo. Both scientific research (by not considering the subject) and mainstream discussion of sexual violence (female as victims, male as perpetrators) contribute to perpetuating this false perception. However, evidence based knowledge gained from male survivors' experiences clearly indicate, that sexual abuse and other forms of traumatisation of men are highly prevalent. Talking about male-survivor issues doesn't mean, that men will minimise the impact of sexual abuse on women or that men will use this subject to excuse predatory behavior – on the contrary. Sexual abuse is a burden which affects both male and female; it's a huge burden for society due to the transgenerational effect and the creation of future sexual predators, and it is a huge economic burden.

Building bridges means a variety of things:

- Understanding male sexual abuse survivor issues
- Overcoming gender-bias
- Learning from the feminist movement about the public discussion of sexual abuse issues and adapting it to the male situation
- Offering services for victims of sexual abuse for both genders
- Helping to create safer life conditions for both genders

Today's vision is, that intervention and prevention in sexual violence cases is possible, and that the very first step is to talk openly about the issue for the benefit of both men and women. Now, you probably understand why I'm involved in this work. As a physician I see these men with "cold toes" in my

treatment. How can I help them, how can I understand their problem? I had to learn it, I had to listen to them – they then became my teachers. They taught me how to help others. Thanks for these lessons.

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