

SEXUAL ASSAULT OF MALES

**Peter Poropat
Psychology Department
University of Queensland
and
Lifeline Brisbane**

**Dr Wendell Rosevear
Gay and Lesbian Health Service
and
Brisbane Correctional Centre
Queensland**

THE MOST STRIKING FACT TO BE FOUND IN REVIEWING CURRENT INFORMATION regarding the sexual assault of males is that nearly all writers who specifically address male victimisation begin by commenting on the lack of recognition given by the public, professionals, and researchers to males who are victims of sexual assault, whether the perpetrator be male or female. All forms of abuse are inherently difficult to research because of the secrecy and denial that tends to accompany them. However, lack of social awareness of abuse creates a vicious cycle of silence by restricting victims from seeking assistance and limiting professional ability to identify victims, thereby placing restraints on the ability of researchers to obtain information about abuse to help raise social awareness and develop effective responses.

Despite the wide problems that remain regarding the recognition of abuse in society, remarkable changes have occurred in western cultures in the preparedness to respond to some forms of abuse. Workers and researchers have played vital roles in the development of specialist programs to alleviate child abuse and neglect, inter-spousal violence, sexual victimisation of women, and so on.

The process by which nearly all of the currently identified abuse areas have come to be acknowledged as social problems has involved the incidence of victimisation initially being recognised as much more severe than commonly recognised. The publication of research more closely reflecting actual rates of victimisation in the community have typically been

accompanied by increases in social awareness and responses. As the public and professions become more aware of abuse, more victims seem to be empowered to seek assistance. Workers such as psychologists, social workers, counsellors and nurses become more skilled at identifying the problems, with a recursive result in increased government, community and academic awareness of the issues. This paper aims to encourage recognition of the need for an increase in resources to investigate and respond to male sexual victimisation, and thus to redress the imbalance indicated in the limited research available.

Recognition of Male Sexual Assault

Sexual assault (SXA) tends to be viewed as male violence to women and, subsequently, there has been very little research or attention given to the problem of male victimisation (McMullen 1990). This is reflected in the relative numbers of publications addressing male victimisation. References identified in computer assisted searches using the terms 'rape', 'sexual assault', 'sexual offences', or 'incest'—which deal principally with male victims of SXA—comprise only 2–3 per cent of all references listed for the period 1987–1992 (PsycLit 1992).

In a recent extensive review of the available literature about child SXA of males, Watkins and Bentovim claim that research about sexual abuse of boys:

has clearly lagged behind that of girls, partly because it is seen as an uncommon, if not rare, problem and partly because it was doubted that sexual abuse had significant effects on boys or their subsequent development (Watkins & Bentovim 1992, p. 197).

The available research on SXA of adult men is negligible, even in comparison to research examining SXA of boys. Comparative data on the SXA of adult men and women is also rare (exceptions include Anderson 1981–82; Kaufman 1984; Kaufman, Divasto, Jackson, Voorhees & Christy 1980) and, therefore, adult gender comparisons are severely limited. This lack of academic attention given to male victims of SXA relative to female victims parallels social attitudes.

Public recognition of victims of sexual assault

Public recognition of victims of SXA is similarly biased towards women. It is uncommon for public education programs to provide information regarding the prevalence of male victimisation, and those that do, tend to devote substantially more attention to female victims. Community groups that have been formed to address rape law reform sometimes exclude men and are expressly concerned only with male attacks of women. Some rape crisis centres refuse to respond to male victims. Consideration of male victimisation is seen by some feminists as confusing the issue of male violence to women (McMullen 1990).

Laws are often examined by writers in the area of abuse as reflective of community values and attitudes. Legal definitions of SXA have tended to exclude males as victims, or to represent their victimisation as a lesser crime to the rape of women (McMullen 1990). For example, in Queensland the crime of rape is defined as 'carnal knowledge of a female without her consent or with her consent, if it is obtained by force, or by fear of bodily harm, or by means of false or fraudulent representations as to the nature of the act, or, in the case of a married woman, by personating her husband'. Penile, digital or artificial penetrations of

non-vaginal orifices have historically been deemed to be less serious crimes compared to rape; hence rape of males has historically been regarded as a lesser crime to female rape.

Rape law reform has resulted in most Australian states broadening their definitions of rape to recognise non-consensual anal and oral penetration of women *and* men, and the manipulation of objects by a person of either sex into the vagina or anus of a female or the anus of a man (Centre Against Sexual Assault 1990). However, even with such reforms, large sections of the public maintain much more restrictive definitions of rape (Howard 1988). It is unlikely that social attitudes have caught up with the many changes in abuse law reform that have occurred over the last decade. The effectiveness of such laws are dependant upon the awareness of the public and the professionals who are involved in their implementation.

Defining Sexual Assault

There is little consensus regarding definitions of SXA. Although most theoretical definitions involve concepts of sexual penetration, the use of force or intimidation, and lack of consent, there remain many unresolved issues (Bourque 1989). Some unresolved issues that may be pertinent to an understanding of male sexual victimisation involve examining the influence of gender relationships on boundaries between SXA and non-abusive behaviour; for example, how do the boundaries of acceptable contact vary between fathers' and mothers' relationships with their daughters and sons. Considering the wide research suggesting a strong relationship between experience of SXA and subsequent SXA by females and particularly males (*see* Watkins & Bentovim 1992, for a literature review), it may be important to include modelling of sexually abusive behaviour to children as SXA.

Sexually-related abusive behaviour that may be more extreme amongst young male groups (relative to female) involving informal initiation rites, may also often be unrecognised as SXA because the perpetrators demonstrate no overt sexual attraction to their victims and/or because victims can be restrained from reporting by peer pressure. Much of this violence seems to be driven by a desire to sexually humiliate the victim and thus should be termed SXA. Examples of such behaviours would include the once well-known military ritual of blackballing, where a group of men would shoe-polish the victim's testicles forcing him to then scrub this sensitive area clean.

Whatever the definition of SXA, it is clear that the broader the definition the more cases will be identified as victims. For example, if it were deemed sexual abuse for children of eight to ten years to touch their parent's genitals, incidence rates from one study would suggest that 50 per cent of girls are sexually assaulted by their mothers and 30 per cent by their fathers, and 40 per cent of boys are assaulted by their mothers and 20 per cent by their fathers (Rosenfeld, Bailey, Siegel & Bailey 1986).

Comparable definitions for male and female sexual assault

Comparable definitions for male and female SXA are necessary to examine similarities and differences between the abuse of men and women. If comparisons are to be legitimate, application of the same definitions and methods of obtaining data to men and women is necessary. There are, however, some practical and theoretical problems with comparing men and women's experience of abuse.

The single major problem is that, regardless of the actual differences between men and women, the vast majority of people have clear stereotypes about what men and women generally want, do and think (Brannon 1978; Cicone & Ruble 1978). The fact that stereotypes are widely held, together with actual generalised differences between men and women, indicates that the contexts for male and female victimisation will inevitably be quite different. Given the real and imagined differences between men and women, applying any operational or theoretical definition of SXA may create artificial biases, if these differences are ignored. Sometimes it is only with the benefit of hindsight that such biases are identified.

The definition of sexual assault adopted for this paper is as follows:

One person's use of another person by means of authority (for example, as employer, parent, teacher, doctor, and so on), force, or threats of force or injury, to attempt to satisfy their own needs through sexual contact with the other and without the expressed, informed, consent of the other (thereby denying the other's rights and choices).

In reviewing literature in the area of male victimisation, strict criteria as to acceptable research must be relaxed because there is so little research to review. Common problems with research on SXA include the use of widely varying theoretical and operational definitions of SXA, very small samples, reliance on anecdotal and clinical or criminological reports, lack of comparison groups, lack of objective measures, use of retrospective reports, and, importantly for the current paper, failure to conduct gender analyses (Watkins & Bentovim 1992). There may be a number of confusing disparities also arising due to reliance in Australia on American and English studies. Unless otherwise stated, these methodological limitations should be taken as applying to any of the studies cited.

Prevalence Research

Estimates of the incidence of SXA can vary greatly depending on the actual incidence, the use of biased samples, the potential for different methods of obtaining data to exacerbate problems of self-reporting, and the degree of inclusiveness of the definition of abuse used.

It might be argued that the bias amongst academics, professionals, and the public towards concern for female relative to male victims of SXA, is appropriate to relative severity of these problems. In order to accurately assess the relative severity of these problems, it would be necessary to use a representative sample methodology which:

- minimises under-reporting for men and women;
- is fully crossed for gender of victim and perpetrator, and that;
- examines the prevalence and frequency of forms of SXA and other forms of abuse (for example, physical abuse, emotional abuse);
- the impact of this abuse on victims; and
- estimates the subsequent costs to society.

No such study has yet been reported.

Peters, Wyatt and Finkelhor (1986) reported a review of incidence data collected from eleven community samples, five college student samples, and three volunteer samples. Prevalence ranged from 3 per cent to 31 per cent for males, and 6 per cent to 62 per cent for females. Such widely varying data illustrate the necessity of employing comparable methods of data collection for making comparisons between male and female victimisation. It might be assumed from such data that the ratios of male to female victimisation is about 1:2. Community studies, interestingly, tend to find higher ratios of male to female victimisation compared to clinical studies (Watkins & Bentovim 1992).

Criminological data typically report even lower proportions of SXA cases involving male victims. Incidence from crime statistics are difficult to interpret due to widely varying definitions of terms, the fact that many forms of SXA are labelled physical assault or other crimes, and the widely acknowledged fact that the vast majority of cases involving SXA go unreported. Yet such statistics are often relied upon to provide incidence data.

Most analyses of SXA reported from crime statistics indicate the vast majority of victims are female. For example, after amendments in New South Wales which redefined SXA to include offences committed against men, only 7.5 per cent of complainants were male (Bonney 1985). These data of course include victimisation of adults and therefore are not readily comparable to the child SXA statistics given above. Nevertheless, even this rate would suggest that SXA of males is a widespread problem.

Professionals who work with various victims and/or offenders, should be aware of the silence that surrounds abuse, and that, unless workers are alert to risk factors, and skilled in methods of sensitively exploring clients' circumstances, much abuse in people's lives tends to remain unidentified. Ignorance of the prevalence of different forms of abuse, including sexual victimisation of males, can cause workers to get a distorted perception of abuse occurrences, because abuse tends not to be identified unless it is looked for. For this reason, clinical and criminological incidence data is always suspect. There is no way currently of knowing, for example, whether abuse-related professionals are equally likely to identify different forms of victimisation. Given the limited literature and that male victimisation is seen as a relatively unimportant problem, it is likely that many workers are inadequately trained in identifying SXA in male clients or encouraging males to disclose. Subsequent failures to identify male victims will thereby reinforce the belief that male victimisation is rare thus maintaining a cycle of denial.

Considering the likely exacerbation of sample bias problems in clinical and legal data, the best evidence available—that is community samples—suggests that between about 25 per cent and 45 per cent of childhood victims of SXA are boys (Watkins & Bentovim 1992). This is much higher than estimates, such as one male in nine victims, which were commonly accepted ten years ago (Watkins & Bentovim 1992). It is clear that females are more frequently victims of SXA, but disparities in the prevalence of male and female victims appear to be much smaller than is acknowledged by public or professional responses.

It should be noted that there appears to be a strong post-pubertal decline in the ratio of male compared to female cases of SXA (Cupoli & Sewell 1988; Rimza & Niggerman 1982). Although it has been suggested this decline may be due to under-reporting (Watkins

& Bentovim 1992), it may also be caused by a decline in SXA vulnerability of males relative to females. Men are generally more able to defend themselves against attackers than women. However, adult men are still at risk, especially when offenders are assisted by other men and/or weapons. Vulnerability to attack is consistently cited as risk factor for various forms of abuse whether the victim be male or female. Not surprisingly, higher rates of victimisation of males are reported amongst groups that are less able to defend themselves or to seek redress. These groups include prisoners, children, homeless boys, psychiatric patients and homosexuals (McMullen 1990; Watkins & Bentovim 1992).

Who is the Abuser?

Males are consistently found to be more frequently both perpetrators or victims of violent assault with the notable exceptions of victims of SXA and date/spouse abuse victims (*see* National Committee on Violence 1990). Heterosexual men are more often perpetrators of SXA than homosexual men, whether the victim is male or female (McMullen 1990). Females constitute the majority of male offender victims. Whereas the vast majority of offences against girls are committed by individuals known to the victim, it appears that boys are more frequently abused by strangers or extrafamilial offenders (Watkins & Bentovim 1992). This may be because parents are less protective of boys.

A minority of male SXA victims are abused by women (Bentovim, Boston & Van Elburg 1987; Dimock 1988; Faller 1989a). Although child victims of female offenders have been considered to be mostly female (*see* Russell & Finkelhor 1984), three more recent studies suggest that female offences to females, as compared to female offences to males, are a minority (Faller 1989b; Hiller & Goddard 1990; Johnson 1989). It has been argued that female sexual offences are often seen as normative sexual experience or of little consequence because the abuse was frequently regarded as positive (Dimock 1988). However, case studies of individuals abused by females demonstrate that the effects of this SXA can be devastating (*see* Sheldon & Sheldon 1989) even though abuse by women is less likely to include threats or use of force (Johnson & Shrier 1988). The most commonly reported relationships between female offenders and their male victims include mothers, sisters, and baby-sitters. Initial descriptions of female offenders as predominantly psychotic (Rosenfeld 1979) have been clearly discounted by subsequent research (Krug 1989; McCarty 1986). Very little research has considered female SXA of other adults, although lesbian SXA has been noted as a serious problem by one author (Hart 1986).

There is a serious lack of information about male or female perpetrators of SXA to boys (Watkins & Bentovim 1992). Most information is drawn from clinical literature and parallels descriptions of male abusers of women; for example, male abusers are described as having problems of dependency and power issues (McMullen 1990). Several studies reviewed by Watkins and Bentovim (1992) have suggested that perpetrators of child SXA are more likely to have been victimised themselves than the general population. A history of victimisation is almost always found amongst female offenders. Male victims, however, appear to be more likely than female victims to subsequently sexually offend. It should be noted that the majority of SXA victims do not offend.

Gender and Under-reporting of Sexual Assault

Watkins and Bentovim conclude from their review of child SXA prevalence research that:

the discrepancy between the general survey and clinical study samples, along with the differences within these samples between the male and female abuse ratios, strongly suggests that abused boys have not been coming to public attention to the same extent as sexually abused girls (Watkins & Bentovim 1992, p. 200).

Numerous other writers have similarly concluded that under-reporting of SXA is more of a problem with male compared to female victims (Blanchard 1986; McMullen 1990). For example, the finding that more male child-sexual-assault victims, compared to girls, are reported by third-parties supports the proposition that males are less likely to self-disclose SXA (Watkins & Bentovim 1992). Under-reporting of SXA can be due to restraints to victim disclosure and/or professional failure to detect SXA.

Commonalities in restraints to male and female disclosure of SXA have been widely discussed in clinical literature (*see* Watkins & Bentovim 1992; McMullen 1990 for literature reviews). Victims often inappropriately assume responsibility for the SXA, or fear that others will consider them responsible. Guilt regarding experiences of arousal while being victimised is commonly cited as a consequence for victims of abuse. This guilt, however, may be complicated for males by homophobic responses. Males also may be more likely to experience sexual arousal during victimisation, and to interpret this obvious arousal (such as an erect penis or ejaculation) as confirmation of their responsibility for the act.

Male and female victims may be unable to report the victimisation due to lack of self-confidence. Shock or more severe post-traumatic reaction can similarly disable victims. Very often, though, the major reasons for victims failing to report involve perceptions of negative or unhelpful consequences if they do so. Victims fear disclosure of abuse will lead to further emotional pain; for example, humiliation, reliving the experience, facing the abuser. They may fear becoming stigmatised or degraded as a victim. Victims are sometimes disgusted with themselves, to the extent they fear others will reject them. They may fear publicity and/or other invasions of their privacy. Incest victims may fear the loss of a parent. Often the abuser may be a threat to the victim's future safety if SXA is reported. Additionally, victims may feel that no-one can help them, they may not want to burden others with a problem that in any case seems unresolvable.

Particular restraints to male self-reporting of SXA have been commonly linked to gender cultures (McMullen 1990; Watkins & Bentovim 1992). Hierarchical systems, such as commonly found in western culture, such as the United States, Australia and the United Kingdom, offer definite advantages to men. However, it is also important to recognise that patriarchy poses specific restraints on the disclosure of abuse by male victims. Patriarchy is described as a social arena for competition and survival of the fittest, where for every champion or winner, there has to be many losers (McMullen 1990). Denial or degradation of loser/victim status is vital to the stability of systems founded upon inequality and domination. Thus in aggressive male cultures, men are often afraid to be seen as weak, non-masculine, or 'easy prey' for further victimisation.

Most western boys are socialised into a gender-culture which values self-reliance, competitiveness, material or political achievement, and sexual proficiency, while discouraging disclosure of sadness, fear, inadequacy or homosexuality (Finkelhor 1986). Men generally are less expressive of negative experiences than women (with the exception of anger—*see* Wood, Rhodes, & Whelan 1989), and may be more likely to be negatively evaluated if they do disclose (*see* Derlega & Chaikin 1976). Men less frequently seek professional assistance

for depression or anxiety, despite being three times more likely than women to suicide (Goldman & Ravid 1980; Nolen-Hoeksema 1987).

Male victims often fear the consequences of being labelled as homosexual. Anderson expresses this problem succinctly by stating:

the victim perceives that his actual or presumed homosexuality is targeted for attack (Anderson 1981–82, p. 145).

Given the high levels of homophobia likely in a society that until very recently jailed consenting adult homosexuals, it is ironic and tragic that homophobia appears to have such deleterious consequences for heterosexual as well as homosexual male victims.

There is also evidence that male victims are more likely than women to receive negative responses to reports of abuse. Two studies of undergraduate attitudes (Broussard & Wagner 1988; Smith, Pine & Hawley 1988) found subjects (in particular men) were likely to attribute more responsibility for the SXA to male compared to female victims.

These restraints to self-disclosure of SXA, while requiring empirical validation, tend to support the assertion that male victims are less likely to volunteer information about their victimisation than women, and therefore the actual proportion SXA inflicted upon males may be higher than current estimates. Further research is clearly needed to determine the relative impact of these restraints to victims seeking help.

Indicators of Sexual Assault

Given the problem of under-reporting, it is vital that professionals who commonly come into contact with victims are alert to indicators of abuse. Unfortunately, due to a lack of empirical research, the reliability of indicators of SXA is often very uncertain. This places a strain on workers who are often aware of the negative consequences of failure to identify and respond to SXA versus the consequences of an unfounded allegation.

The connection between physical abuse and sexual abuse appears to be stronger with boy victims of SXA than girls (Watkins & Bentovim 1992), and therefore suspected victims of physical assault should also be considered at risk of SXA. Several studies have suggested that boys are also more likely to be sexually assaulted with their sisters rather than in isolation (*see* Faller 1989b; Finkelhor 1984; Vander Mey 1988) and therefore any identification of SXA in a family should alert workers to the possibility of SXA of other children *including* boys. The relationships between SXA and other forms of abuse needs further investigation. Alcoholism, personality disorders, disruption of family relationships, excessive physical punishment and emotional neglect are also associated with male victimisation (Genius, Thomlison & Bagley 1991). Self-harming behaviour, attempted suicide, or thoughts to self-harm, may also indicate past or continuing sexual victimisation.

Factors which contribute to vulnerability of victims—for example, social isolation, oppressive power relations, lack of resources, membership of minority groups—may also serve as indicators of increased risk of abuse. Further research is clearly needed. However, in identification of risk factors, care should be taken to avoid blaming victims for their abuse. The fact that vulnerability figures so largely as a risk factor suggests that victims are often merely vehicles for the perpetrators' demonstration of their power (McMullen 1990). Vulnerability should never be interpreted as an invitation for SXA or other abusive behaviour.

Damage Caused by Sexual Assault

Many of the indicators of SXA relate to current understanding of the effects of SXA victims. If male victims are to be readily identified, then understanding of the commonalities and differences between the effects of SXA of men and women is needed.

Commonalities in the impact of SXA of men and women have been noted by several researchers (*see* Anderson 1981–82; Bruckner & Johnson 1987; Masters 1986; Mezey & King 1989). All the major symptoms noted as resulting from SXA of females—shock, depression, anxiety, low self-esteem, learned helplessness, guilt, distrust, sexual and relationship problems, drug and alcohol dependency—have also been noted in male victims (Genuis, Thomlison & Bagley 1991; McMullen 1990; Singer 1989; Watkins & Bentovim 1992).

Differences in the impact of SXA of men and women need to be evaluated in terms of the consequences for both victims, perpetrators, and subsequently for our culture. Most current conclusions regarding differential SXA effects for males and females are drawn from scattered case studies or small clinical samples (Watkins & Bentovim 1992), and therefore require further empirical validation.

In terms of child SXA, a number of studies cited by Watkins and Bentovim (1992) suggest that the effect of SXA on boys is minimal or less than the effects on girls, although the authors suggest that further research is needed to eliminate under-reporting as an explanation of these results.

Two differences that seem clear from Watkins and Bentovim's research review (1992) is that males are more likely to be subjected to anal penetration and that the sexual victimisation of boys is more frequently accompanied by physical abuse. Both of these differences disproportionately predispose male victims to physical damage as a consequence of abuse. Anal intercourse increases the risk of transmitting sexual disease, including HIV/AIDS, due to the increased likelihood of fluid to blood contact. The high proportion of male SXA victims suffering anal abuse, combined with the likelihood of trauma to the rectal region, may explain why studies suggest physical signs of SXA are more frequent amongst male compared to female victims. Some studies have suggested boys suffer more severe abuse than females (*see* Bentovim, Boston & Van Elberg 1987). In relation to adult victims Calderwood (1987) claimed that male rape victims often sustain more physical injuries than do females.

Externalised and internalised effects of SXA have been suggested as typifying (respectively) male and female responses to victimisation (*see* Schacht, Kerlinsky & Carlson 1990). For example, diagnostic categories of depression and anxiety appear to be more common with females, while antisocial behavioural disorders and substance abuse are much more common amongst men and boys (American Psychiatric Association 1987). Externalised responses may make male victims less likely to attract sympathy and concerned inquiry. Victim determination to be self-reliant and controlled may also contribute to under-reporting of SXA effects. Gender cultures and the differential effects of SXA to males appear to reflect each other. The external/internal descriptions of male and female reactions to SXA fit well with current stereotypes. Masculine identity confusion (Dimock 1988) and fear of being labelled homosexual (compounded if the victim did not resist or became aroused) have been related to an apparent need in many male victims to reassert their

masculinity and power with aggressive and antisocial behaviours (Watkins & Bentovim 1992).

The relationship between victimisation and increased risk of offending has been noted with a variety of sex-offender populations including females. Recognition of the previous victimisation of male-offenders may be restrained by the concern that offenders may adopt a victim stance to justify their unacceptable behaviour. Nevertheless the increased risk of becoming a perpetrator has inappropriately been excluded in the assessment of adverse long-term effects of SXA (Watkins & Bentovim 1992). If increased risk of offending is included amongst the consequences of abuse, it may well be that the social costs of SXA of males is greater than that of females, since costs would then include not only those of the male victim/offender himself, but also those of his subsequent female and/or male victims.

Treatment

There has been a paucity of research directed towards evaluating and developing the effectiveness of various modalities or components of treatment for male victims of SXA (Watkins & Bentovim 1992). Most therapeutic methods explained in the literature for male victims however suggest group therapy is a preferred treatment (*see* Bruckner & Johnson 1987). Groups may encourage self-acceptance and acknowledgment of abuse through client recognition of commonalities in their experiences with others. Group programs may help males to recognise that they are not that unusual, but rather that SXA and abuse are widespread in our culture amongst men and women. However, it is becoming increasingly recognised that symptoms can vary greatly between victims, depending on the nature and frequency of abuse, and that different symptoms may also be apparent at varying times after the abuse (Calderwood 1987). Group programs may therefore have difficulty in responding to individuals with greatly varying needs, and perhaps should be supplemented with individual therapy.

The preferred gender of therapists remains an unresolved issue. Boy victims of SXA are often described as mistrusting of adult men (*see* Myers 1989) and therefore it has been suggested that women may be more appropriate workers with these victims, particularly in disclosure interviews (Frosh 1988). However, given the likelihood of sex-role confusion and inappropriate modelling of masculine behaviour by the offender, others have argued for an exclusively male treatment approach, focusing on the clarification of sexual confusion, positive identification with the masculine gender, and the development of the ability to sustain intimate relationships (*see* Dimock 1988). In a study which addressed this issue, 264 adolescent males attending a clinic for sex offenders were questioned as to their preference and comfort in talking about sex with a male versus a female interviewer. Males who themselves had been victims of sexual and/or physical abuse preferred a female interviewer. Those subjects victimised by males showed the greatest preference for female interviewers, although those abused by females also preferred a female interviewer (Kaplan, Becker & Tenke 1991). However, the authors suggest that self-disclosure about SXA may be facilitated when interviewers of both genders are available.

Victims who are also offenders pose difficult problems for treatment. There is a dramatic disparity in the literature in terms of treating victims and perpetrators of abuse. For example, therapists are encouraged to respond empathically to an identified victim while empathy for clients identified as perpetrators is often seen as encouraging of denial,

minimisation, or justification of abuse. In practice this may translate into a predisposition to react to males as perpetrators and women as victims. Such a bias is likely to restrain the disclosure of male victimisation and female offending. Recognition of SXA of males by men and women challenges such approaches.

Methods of working with men and women who are both victims and perpetrators in a manner where they feel encouraged to overcome denial, minimisation, and justification of their abusive behaviour, and cease to blame themselves for their own victimisation, are needed. Considering that externalised reactions to victimisation (including sexual offending) may be more common with males, recognition of SXA of males may promote the development of therapeutic processes which set limits on abusive acting out, while empathically helping the client to label and cope effectively with their own traumatic reactions to SXA (*see* Schacht, Kerlinsky & Carlson 1990). Our own subjective experience in working with male and female victims/perpetrators is that not only is this possible, but that acceptance of self and other, accompanied by encouraging acknowledgment (non-denial) of one's own abuse *and* victimisation, enhances treatment for both victimisation and offending, while modelling to clients important features of healthy relationships.

Conclusion

From a structuralist perspective, acknowledgment of SXA by victims, perpetrators, the general population, and professional services, is needed to obtain accurate information from which effective social interventions can be developed. Failure to acknowledge SXA of males as a social and personal problem maintains silence and causes secondary victimisation. Cultural gender differences suggest particular disadvantages for male victims of SXA. One possible gender difference which may have profound consequences for the enculturation of the sexes arises from the conclusion that both males and females are most often sexually assaulted by other males. That women are most often victims of male violence has tended to bring females together, to support each other in their coping with and/or working actively to prevent SXA. The victimisation of men by men however appears to drive males apart, either through fear (for example, a homophobic reaction) or anger. Social isolation of men from other men may in fact promote current gender differences associated with abuse.

At the moment, service delivery is determined by a range of factors that do not lead to an objective allocation of social resources to problems of abuse. Anyone who has had a hand in seeking resources for social problems will have an understanding of the discriminatory nature of funding processes. Resources for social problems tend to be allocated according to the pressure that can be brought to bear on politicians, which often involves some form of assessment of community awareness. Not surprisingly most advocates of problem areas need to begin therefore by raising community awareness. Allocation of non-government resources (for example, community organisations) is similarly linked to public awareness of social problems. Unfortunately, public awareness is often slow to recognise issues and, even if public awareness is raised, without avenues for this to be translated into resources, little change is likely to occur.

In presenting the case that male victims of SXA are underserved in our current cultural context, it would be erroneous to suggest that female victims are overserved. It is

perhaps inevitable that attempts to gain recognition for male victims will be seen as a threat to resources for women. Our own position is that services for both male and female victims are underserved. The case for underservicing of women has been capably argued elsewhere. If a lack of resources for women is evident however, then this only strengthens the case that services for male victims are even more impoverished. It is the responsibility of society and its power brokers to ensure that sufficient resources are directed for all victims of SXA.

References

- American Psychiatric Association 1987, *Diagnostic and Statistical Manual of Mental Disorders*, (3rd edn, revised), American Psychiatric Association, Washington DC.
- Anderson, C.L. 1981–82, 'Males as sexual assault victims: multiple levels of trauma', *Journal of Homosexuality*, Special Issue: Homosexuality and Psychotherapy, vol. 7, nos. 2–3, Winter-Spring, pp. 145–62.
- Bentovim, A., Boston, P. & Van Elburg, A. 1987, 'Child sexual abuse—children and families referred to a treatment project and the effects of intervention', *British Medical Journal*, vol. 295, pp. 1453–7.
- Blanchard, G. 1986, 'Male victims of child sexual abuse: a portent of things to come', *Journal of Independent Social Work*, vol. 1, no. 1, Fall, pp. 19–27.
- Bonney, R. 1985, *Crimes (Sexual Assault) Amendment Act 1981: Monitoring and Evaluation*, New South Wales Bureau of Crime Statistics and Research, Sydney.
- Bourque, L. B. 1989, *Defining Rape*, Duke University Press, Durham.
- Brannon, D. 1978, 'The male sex-role', *Journal of Personality and Social Psychology*, vol. 34, pp. 634–43.
- Broussard, S.D. & Wagner, W. 1988, 'Child sexual abuse: who is to blame?', *Child Abuse and Neglect*, vol. 12, pp. 563–9.
- Bruckner, D.F. & Johnson, P.E. 1987, 'Treatment for adult male victims of childhood sexual abuse', *Social Casework*, Special Issue: Child Sexual Abuse, vol. 68, no. 2, February, pp. 81–7.
- Calderwood, D. 1987, 'The male rape victim', *Medical Aspects of Human Sexuality*, vol. 21, no. 5, May, pp. 53–5.
- Centre Against Sexual Assault 1990, *CASA House Statistics 1989/90*, Melbourne.
- Cicone, R. & Ruble, E. 1978, 'Sex-role stereotypes and socialisation of the male child', *Journal of Personality and Social Psychology*, vol. 36, pp. 302–12.
- Cupoli, J.M. & Sewell, P.N. 1988, '1059 children with a chief complaint of sexual abuse', *Child Abuse and Neglect*, vol. 12, pp. 151–62.

- Derlega, V.J. & Chaikin, A.L. 1976, 'Norms affecting self-disclosure in men and women', *Journal of Consulting and Clinical Psychology*, vol. 44, no. 3, pp. 376–80.
- Dimock, P.T. 1988, 'Adult males sexually abused as children: characteristics and implications for treatment', *Journal of Interpersonal Violence*, vol. 3, no. 2, June, pp. 203–21.
- Faller, K.C. 1989a, 'Why sexual abuse—an exploration of the intergenerational hypothesis', *Child Abuse and Neglect*, vol. 13, pp. 543–8.
- 1989b, 'Characteristics of a clinical sample of sexually abused children: how boy and girl victims differ', *Child Abuse and Neglect*, vol. 13, pp. 281–91.
- Finkelhor, D. 1984, 'Boys as victims: review of the evidence', in *Child Sexual Abuse: New Theory and Research*, ed. D. Finkelhor, Free Press, New York.
- 1986, 'Abusers: special topics', in *A Sourcebook on Child Sexual Abuse*, ed. D. Finkelhor, Sage, Beverly Hills.
- Friedrich, W., Beilke, R.L. & Urquiza, A.J. 1988, 'Behaviour problems in young sexually abused boys: a comparison study', *Journal of Interpersonal Violence*, vol. 3, no. 1, March, pp. 21–8.
- Frosh, S. 1988, 'No man's land? The role of men working with sexually abused children', *British Journal of Guidance and Counselling*, vol. 16, no. 1, January, pp. 1–10.
- Genuis, M., Thomlison, B. & Bagley, C. 1991, 'Male victims of child sexual abuse: a brief overview of pertinent findings', *Journal of Child and Youth-Care*, Special Issue: Child Sexual Abuse, vol. 1–6, Fall.
- Goldman, N. & Ravid, R. 1980, 'Community surveys and sex-differences in mental illness', in *The Mental Health of Women*, eds M. Guttentag, S. Salasin & D. Belle, Academic Press, New York, pp. 31–55.
- Hart, B. 1986, 'Lesbian battering: an examination', in *Naming the Violence: Speaking Out About Lesbian Battering*, ed. K. Loebel, Seal Press, Washington DC, pp. 173–189.
- Hiller, P.C. & Goddard, C.R. 1989, 'The sexually abused child: female and male victims compared', *Children Australia*, vol. 15, no. 3, September/October, pp. 20–24.
- Howard, J.A. 1988, 'A structural approach to sexual attitudes: interracial patterns of adolescents' judgements about sexual intimacy', *Sociological Perspectives*, vol. 31, pp. 88–121.
- Johnson, T.C. 1989, 'Female child perpetrators: children who molest other children', *Child Abuse and Neglect*, vol. 13, pp. 571–85.

- Johnson, R.L. & Shrier, D. 1987, 'Past sexual victimisation by females of male patients in an adolescent medicine clinic population', *American Journal of Psychiatry*, vol. 144, no. 5, May, pp. 650–2.
- Kaplan, M.S., Becker, J.V. & Tenke, C.E. 1991, 'Influence of abuse history on male adolescent self-reported comfort with interviewer gender', *Journal of Interpersonal Violence*, vol. 6, no. 1, March, pp. 3–11.
- Kaufman, A. 1984, 'Rape of men in the community', in *Victims of Sexual Aggression: Treatment of Children, Women and Men*, eds I.R. Stuart & J.G. Greer, Van Nostrand Reinhold, New York.
- Kaufman, A., Divasto, P., Jackson, R., Voorhees, D. & Christy, J. 1980, 'Male rape victims: non-institutionalised assault', *American Journal of Psychiatry*, vol. 137, pp. 221–3.
- Krug, R.S. 1989, 'Adult male report of childhood sexual abuse by mother: case descriptions, motivations and long-term consequences', *Child Abuse and Neglect*, vol. 13, pp. 111–19.
- Masters, W.H. 1986, 'Sexual dysfunction as an aftermath of sexual assault of men by women', *Journal of Sex and Marital Therapy*, vol. 12, no. 1, Spring, pp. 35–45
- McCarty, L.M. 1986, 'Mother-child incest: characteristics of the offender', *Child Welfare*, vol. 65, pp. 447–58.
- McMullen, R.M. 1990, *Male Rape: Breaking the Silence on the Last Taboo*, Gay Men's Press, London.
- Mezey, G. & King, M. 'The effects of sexual assault on men: a survey of 22 victims', *Psychological Medicine*, vol. 19, no. 1, February, pp. 205–9.
- Myers, M.F. 1989, 'Men sexually assaulted as adults and sexually abused as boys, 13th Annual Canadian Sex Research Forum Conference (1986, Vancouver, Canada)', *Archives of Sexual Behaviour*, vol. 18, no. 3, June, pp. 203–15.
- National Committee on Violence 1990, *Violence: Directions for Australia*, Australian Institute of Criminology, Canberra.
- Nolen-Hoeksema, S. 1987, 'Sex differences in unipolar depression: evidence and theory', *Psychological Bulletin*, vol. 101, pp. 259–82.
- Peters, S.D., Wyatt, G.E. & Finkelhor, D. 1986, 'Prevalence', in *A Sourcebook on Child Sexual Abuse*, ed. D. Finkelhor, Sage, Beverly Hills CA.
- PsycLit 1992, CD–Rom Database, Silver Platter, Boston, Massachusetts.
- Rimza, M.E. & Niggerman, E.H. 1982, 'Medical evaluation of sexually abused children: a review of 311 cases', *Paediatrics*, vol. 69, pp. 8–14.

- Rosenfeld, A.A. 1979, 'The clinical management of incest and sexual abuse of children', *Journal of the American Medical Association*, vol. 242, pp. 1761–4.
- Rosenfeld, A.A., Bailey, R., Siegel, B. & Bailey, G. 1986, 'Determining incestuous contact between parent and child: frequency of children touching parents genitals in a non-clinical population', *Journal of the American Academy of Child Psychology*, vol. 25, pp. 481–4.
- Russell, D. & Finkelhor, D. 1984, 'Women as perpetrators: review of the evidence', in *Child Sexual Abuse: New Theory and Research*, ed. D. Finkelhor, Free Press, New York.
- Schacht, A.J., Kerlinsky, D. & Carlson, C. 1990, 'Group therapy with sexually abused boys: leadership, projective identification, and countertransference issues', *International Journal of Group Psychotherapy*, vol. 40, no. 4, October, pp. 401–17.
- Shelden, V.E. & Shelden, R.G. 1989, 'Sexual abuse of males by females: the problem, treatment modality, and case example', *Family Therapy*, vol. 16, no. 3, pp. 249–58.
- Singer, K.I. 1989, 'Group work with men who experienced incest in childhood', *American Journal of Orthopsychiatry*, vol. 59, no. 3, July, pp. 468–72.
- Smith, R.E., Pine, C.J. & Hawley, M.E. 1988, 'Social cognitions about adult male victims of female sexual assault', *Journal of Sex Research*, vol. 24, pp. 101–12.
- Vander Mey, B.J. 1988, 'The sexual victimisation of male children: a review of previous research. First European Congress on Child Abuse and Neglect (1987, Rhodes, Greece)', *Child Abuse and Neglect*, vol. 12, no. 1, pp. 61–72.
- Watkins, W.G. & Bentovim, A. 1992, 'The sexual abuse of male children and adolescents: a review of current research', *Journal of Child Psychology and Psychiatry and Allied Disciplines*, vol. 33, no. 1, January, pp. 197–248.
- Wood, W., Rhodes, N. & Whelan, M. 1989, 'Sex differences in positive well-being: a consideration of emotional style and marital status', *Psychological Bulletin*, vol. 106, no. 2, pp. 249–64.