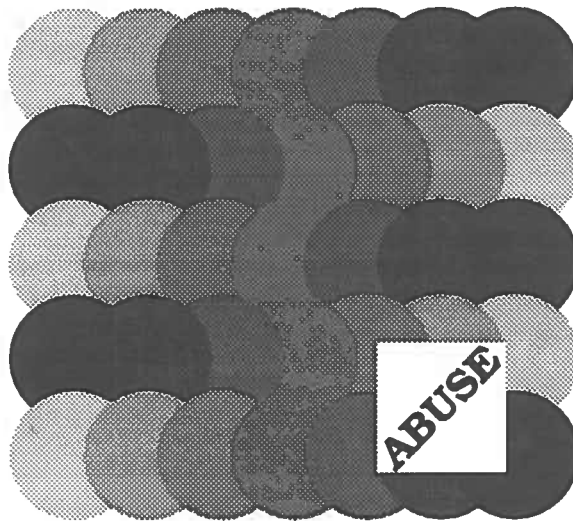


# Sexual abuse in males



The feminist movement of the 1960s brought to the fore the problems of wife abuse, rape and child sexual assault. As a result, in the 1970s and 1980s, numerous books, articles and studies were published on the subject of sexual assault. However, the majority of this literature concerns females rather than males as sexual abuse survivors.

Recent research indicates that minimally, 2.5 to nine percent of men are survivors of sexual abuse, i.e., sexual assault and rape.<sup>1</sup>

Large-scale studies of sexual abuse show an even higher rate of male victimization, for example, victimization rates of eight to 14 percent.<sup>2</sup> According to David Finkelhor, the male victimization rate may be even higher.

"There may be one male victim for every two female victims of sexual abuse and most of these cases are under-reported," he said.<sup>3</sup> Conservative estimates set the figure at 2.5 to five percent of boys under age 13 being abused annually.

"Based on a population of 22 million boys in this country under age 13, one would expect 46,000-92,000 assaults to occur each year. In 1984, 22,000 cases of boy sexual abuse were substantiated by child protective services. Boys constituted 22 percent of the 100,000 cases."<sup>4</sup>

Sexual abuse occurs when a person who is in a position of greater power, strength, authority or experience violates that right for his or her own sexual gratification. This includes sexual exploitation by an older caretaker as well as attacks by a stranger.

Experts in the field agree that the incidence of sexual abuse and rape of men and boys is considerably under-reported because men and boys tend not to report being victimized, due to the shame and stigma associated with being in the victim or passive role.<sup>5</sup>

There also is the issue of homosexuality. Since the majority of perpetrators of male children and adolescents are also males, the male victim may be reluctant to reveal he has been abused for fear of being seen as a homosexual by his friends or family. In other cases, survivors do not report the abuse because of physical or other threats.

In addition, two prevailing but false attitudes militate against male-reported abuse, 1) the belief that sexual abuse or rape is less harmful to males than to females and, 2) the belief that on some level males experience any form of sexual contact as pleasurable.

"Some people are not at all convinced that an adolescent boy with all those hormones coursing through his body can have a sexual experience that would be considered to be abusive," according to Asher.<sup>6</sup> They may view the sexual acts as inappropriate sex play or as consensual sex play rather than what they are—forced sex. Consequently, boy victims often are denied needed support.

Furthermore, just as it is assumed erroneously that boy children are able to take physical abuse better than girl children, it often is assumed erroneously that the sexual abuse of boys causes no permanent or serious harm. Yet it is the experience of clinical men-

tal health workers that males, like females, can suffer from many psychological aftereffects associated with sexual abuse, for example, the development of substance abuse problems, depression, posttraumatic stress disorder symptoms, difficulty with intimacy and low self-esteem.

Studies have found that over 75 percent of adolescent female prostitutes and 63 percent of male prostitutes were abused sexually as children.<sup>7</sup> Other studies have found that anywhere from 33-75 percent of imprisoned male sex offenders were abused sexually as children.<sup>8</sup>

Although research on the relationship between child sexual abuse and illicit drug use is limited, preliminary studies show sexual victimization as being related directly to subsequent drug abuse.<sup>9</sup> It also has been found that male runaways evidence substantially higher rates of physical and sexual abuse than do random samples of males and that sexually abused runaways differ from physically abused runaways in their "extreme withdrawal from all types of interpersonal relationships."<sup>10</sup>

Just as we routinely inquire about war experiences with our clients, it is important that we inquire about child sexual abuse because male survivors, even more than female survivors, are likely to use denial as a coping mechanism. In addition to asking about incest, we can ask if the client had sexual experiences with any significantly older person or was ever coerced into sexual activity as a child.

Childhood sexual assault can be suspected when, 1) the veteran's addiction to alcohol, food or drugs persists despite progress in processing war experiences, 2) the veteran suffers from cyclical or persistent sexual dysfunction, 3) the veteran frequently is abusive to his spouse and children, 4) the veteran is unable to leave or change a relationship with a physically and/or emotionally abusive woman or, 5) the veteran frequently is suicidal and/or homicidal, especially when faced with the loss of a new love relationship.

#### VETERANS WITH BULIMIA

The literature on eating disorders notes that bulimia among males, especially black males, is extremely rare. However, the author has seen several bulimic veterans almost all of whom are incest survivors (needless to say, incest is psychologically more damaging than abuse from a stranger).

All the bulimic veterans entered counseling with drug and/or alcohol problems, but these addictions were controlled with the help of group counseling concerning war issues and with participation in self-help groups such as Narcotics Anonymous or Alcoholics Anonymous. The bulimia, however, persisted or arose after progress was made on the drug and/or alcohol problems and on resolving war issues.

Most of these clients were as loathe to admit that they binge and purge as they were to admit to being sexually abused as children. Yet in each case they eventually realized that the root of their bulimia was in being sexually abused as a child by a family member—a fact which they once swallowed, could not accept, and which they symbolically acknowledged,

then rejected, via the binge-purge cycle.

In each case, the veteran was married or living with a woman who also had been abused physically and/or sexually as a child by a family member (not strangers). The wife tolerated the veteran's mood swings and inconsistent behavior for the same rea-

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sons the veteran tolerated the wife's mood swings and inconsistencies. They each did not feel that they deserved consistent love, nurturance and care, and they both suffered from low self-esteem as a result of their abuse experiences.

#### ADDICTION PROBLEMS

Not all Vietnam veteran incest survivors seen were bulimic, but they all had an addiction problem of one sort or another, usually to alcohol, drugs and/or sex. Almost all described their incest experiences as being more difficult and painful to deal with than their war experiences. In general, they preferred to work on their incest in individual counseling rather than join a group such as Incest Survivors Anonymous, a self-help group modeled after AA. The shame and stigma associated with incest status made it difficult for them to share in group counseling.

This tendency for male sexual abuse survivors to prefer individual to group counseling has been noted in the literature.<sup>11</sup> Yet increasing numbers of male sex abuse survivors are "coming out" and groups are forming. To date, the only book available for the male sex abuse survivor is *Victims No Longer: Men Recovering from Incest and other Sexual Child Abuse*, by Mike Lewis, Nevraumont Publishing Co., New York, N.Y., 1988. ■

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from p. 9**

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<sup>6</sup>Asher, op cit, p. 2.

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