

Welcome to the Autumn edition of ASCA's *e-Health* newsletter. In this edition we feature Mike Lew, a leading world expert in men's recovery from child abuse. Mike who will be touring Australia in 2010 courtesy of ASCA in collaboration with SECASA. With Mike's April tour rapidly approaching, time is running out to book into his professional workshops or to recommend his retreat or one-day survivor workshops to clients. Information about his tour is included below. In support of Mike's tour we are also featuring an edited version of one of Mike's articles, which focussed on sexual issues in treatment and recovery.



Adult Male Survivors of Sexual Abuse: Sexual Issues in Treatment and Recovery

By Mike Lew, M.Ed. (edited)

Background

I shall use masculine pronouns in this article, as it is about male survivors. It must be emphasized, however, that there are far more similarities than differences in the issues and experiences of boy and girl victims, men and women survivors. This is as true about sexuality as it is in other areas of life.

In an ideal situation, a child's development would be uncontaminated by maltreatment. In the course of his maturation he would feel his feelings, fantasize and experiment with peers, learn about himself, and eventually arrive at an understanding of his sexuality.

Sexual child abuse interrupts this developmental process by imposing upon the child victim:

- adult sexuality before he is ready
- unhealthy adult sexuality
- lies

One reasonable perspective on healing from sexual child abuse is that, in large measure, it consists of: a) learning that one has been lied to; b) determining the nature and extent of these lies; and c) discovering truths that work for the

survivor to replace the lies he was taught. This is a difficult, prolonged and often painful process.

Cultural Attitudes

As we examine cultural attitudes toward victimization and masculinity, we must realize that boy victims and adult male survivors are also aware of these beliefs. They know that our culture is quite clear that men are not supposed to be victims. They worry that if men are not victims, it must mean that victims are not men. Thus, in a misogynistic society, victimization becomes "feminization." When male survivors begin to articulate their concerns they ask questions that boil down to variations on one theme, "Why me?" "Why did this happen to me?" "Why was I singled out?" "What is wrong with me?" Since most abuse is perpetrated in isolation and secrecy, child victims don't know that it is being done to millions of other children. They believe that they were singled out because there is something wrong with them, often carrying these beliefs into adulthood.

The questions are asked somewhat differently by >

heterosexual and gay male survivors and by victims of male or female abusers.

Heterosexual Male Survivors

The way heterosexual male survivors abused by a man articulate their worry is, “Why me? Is there something about me? Does this mean that I’m really gay?” (This occurs even if the survivor has never experienced same-sex attraction.) Some of their confusion stems from the homophobia that is endemic in our society. One of the many dangerous effects of homophobia is the confusion of same sex abuse with homosexuality. One of my favorite quotes is, “If you hit someone over the head with a frying pan, you don’t call it cooking”. Same gender sexual child abuse is no more a homosexual relationship than opposite gender sexual child abuse is a heterosexual relationship. Both are violations of positions of power and trust; both are child abuse. That we fail to recognize them as the same problem speaks to our society’s confusion about sex, sexual abuse, and homophobia.

Gay Male Survivors

Gay men who were abused by a man ask the question in two ways, and clinicians must understand the importance of both forms of the question. The first way the question is framed is, “Is this (the abuse) what made me gay?” Although there is no convincing evidence of a causal link between childhood sexual trauma and adult homosexuality, the myth (and sometimes the hope) persists. For those gay men who struggle with the burden of internalized homophobia, the idea of a “cause” of their homosexuality raises the hope of a “cure.” As they pursue their self-exploration, the vast majority of men who experience this conflict find (often reluctantly) that their same-sex attractions antedated the abuse. They are left with having to acknowledge and understand themselves both as gay men and survivors.

The second—and more painful—form of the question as asked by gay men is, “Did this happen to me because I’m gay?” Sadly, due to cultural homophobia, in many instances the answer to this question is, “Yes.” All societies define some traits and behaviors as acceptably male and others as female. While the specifics differ from culture to culture, members of any society learn the values and norms of their group.

Our culture, while paying lip service to valuing diversity in our children, holds fairly rigid expectations of acceptably male or female behaviors, appearance, and interests. A child who does not conform to

these gender-based expectations is more likely to be shamed, teased, and isolated—by adults as well as by his peers. In a sexist society this is especially true for male children. This isolation may lead to increased vulnerability to the attention of a sexual predator. Abusers are often adept at discovering the lonely, vulnerable child, and taking advantage of his genuine need for attention and displays of caring. That the child responds to these attentions is never his fault, but may lead him to think that he “wanted” or “looked for” the abuse. Abusers are only too happy to transfer responsibility onto the child’s shoulders. It is imperative that the counselor/therapist understand and communicate clearly to the survivor that abuse is never deserved or the fault of the victim. Understanding and overcoming shame are among the most vital—and difficult—aspects of recovery.

When the Abuser is a Woman

Men who were abused by women, face an additional form of conflict. Regardless of their age or stage of development, our culture expects boys to be “little men.” And we expect men to be excited by sex with women under any circumstances. Despite the subjective experience of the boy victim, abuse by a female perpetrator is less likely to be defined as abuse, and therefore less apt to be disclosed. When it is disclosed it is more likely to be minimized, romanticized (as initiation into manhood), or joked about (“You were lucky to get it so young.”). Thus the child victim is faced with a paradox: if he was aroused by or enjoyed any part of the experience, he isn’t likely to define it as abusive; if he didn’t enjoy it, he may worry that he might be gay.

Extreme Perspectives

The environment of the abused child is one of extremes. A world of victimization and survival has little room for shadings and tonality—life situations are often defined in all or nothing terms. Activities, relationships and people must be perfect or they are dismissed as worthless—or else defined as dangerous. Any middle ground is likely to shrink into insignificance. There are good reasons why this is so, but a world view such as this is unlikely to be compatible with a satisfying life. As with so many aspects of a survivor’s life, perfectionism plays out in the sexual realm. Sex can feel like a matter of survival, as in many instances it once was. Relaxation becomes difficult or impossible, often leading to dysfunction, which in turn increases the anxiety. At its most extreme, sexual intimacy can trigger flashbacks. >

Normalcy

Most survivors have an abiding concern with what constitutes normalcy. It makes sense that they would. As was noted earlier, they are trying to understand reality apart from the lies they were taught.

It is not uncommon for survivors to find pain easier to experience than pleasure. Pleasure may be treated with suspicion, even being equated with perpetration. It doesn't feel as though one has a right to pleasure. For some survivors pain itself becomes eroticized. Others eroticize humiliation—as fantasy or in sexual activity—either as the humiliator or the person being humiliated—sometimes in both roles. For some, sex takes the form of reenacting the trauma; others see it as a way of attempting to feel powerful or in control. Concerns and questions about sex are often kept hidden—sources of shame or embarrassment—since men are supposed to know all about sex.

Components of Recovery

It is not possible to provide a single program of sexual recovery for male survivors, since there are a wide variety of experiences of victimization and the specific needs of individuals in recovery are similarly wide-ranging. However, there are some common threads:

- As in other areas of healing, a huge part of sexual recovery involves psychoeducation and reeducation. Often the learning process of the therapist or educator parallels that of the client. Both need to learn to overcome impatience and accept that recovery is slow, long-term, and often painful. Vanquishing the sexual fears and habits of a lifetime does not occur overnight. Neither does accepting oneself as a healthy, sexual adult: one who deserves intimacy and pleasure without having to submit to abuse.
- As part of this process, men as well as women need to come to accept that they have the power to establish and maintain reasonable boundaries around sex, including the right to choose not to be sexual unless it is right for them
- They need to learn that their responses are understandable given their past histories—that sexual abuse is not the definition of who they are, but was something that was done to them. Reclaiming pleasure and sexuality is a key part of their recovery process. Survivors need, as one male survivor put it, “mega-permission”—to set aside performance pressures and perfectionism—to experiment and to play, to make mistakes, to feel and express their feelings—and to set boundaries.

- Negative body image needs to be challenged, as does the idea that all affection needs to be sexualized. Overall, in virtually every instance, the needed healing is far more about intimacy than about sex. Establishing comfort with touch, snuggling, cuddling and communication as valid activities (whether or not they lead to sex) is another vital aspect of recovery.
- At the other extreme, survivors must examine any obsessive or compulsive activities (including sexual activities). This must be done to understand the degree to which these are numbing behaviors that temporarily block painful emotions, but ultimately interfere with an integrated life. In therapy, the survivor and therapist must cooperate to discover more appropriate activities to replace the old numbing strategies.

Therapeutic Stance

The most helpful professional stance is one of respect, encouragement and honesty – a respect born of the understanding that the survivor is a person of courage, intelligence and creativity. If he were not, he would not have survived the trauma. Encouragement of one's client is based on the therapist's belief that recovery is possible. This belief is continually reflected to the survivor, especially when he is feeling most hopeless and discouraged.

The counselor must offer honesty to contradict the lies. Honesty, including willingness to learn and to acknowledge the professional's own mistakes without defensiveness: modeling a real person rather than an image of perfection. To accomplish this, helping professionals need to become familiar with issues of sex, sexuality and abuse—and be comfortable talking about them. We need to explore our own experience with, attitudes toward, and feelings about abuse, gender and sex. The support of partners, non-abusive family, and friends can be crucial to the survivor's recovery.

Wider perspective

In addition to our own work and our work with clients, as professionals we must stand up visibly and vocally against the voices of ignorance, denial, minimization, rationalization and deception that surround sexual abuse and recovery. Making changes in the wider world and educating the public and other professionals is a therapeutic imperative. It is impossible for survivors to recover fully in a society that will not look at the issues. Becoming active educators and change agents is an essential clinical imperative.



Conclusion

There are far more similarities than differences in the experiences and needs of men and women survivors of sexual child abuse. The differences that exist are more often those of emphasis rather than of kind, deriving from different cultural expectations of boys and girls, and our attitudes toward gender, sexuality, and abuse.

Male survivors face particular challenges in their recovery, including widespread lack of understanding of male victimization. Due to shame and fear, male survivors often find it difficult to accept the experience as abusive, to disclose that they were abused, and to seek help in their healing.

The fact that this form of abuse is inflicted sexually commonly leads male survivors to have deep-seated concerns about their sexuality and masculinity. These concerns can be expressed in a variety of forms, including sexual dysfunction, difficulties in relationships, trust issues, isolation, substance abuse, eating disorders, fears and phobias—and sexual addictions and compulsions. Recovery from the effects of sexual child abuse is difficult, often painful, and requires extensive work—particularly in the area

of sexuality. However, genuine recovery is real and possible.

To work effectively with male survivors, the helping professional must work through his or her own issues and experiences with sexuality, abuse, and homophobia. The therapist must be present, knowledgeable, responsive and encouraging: reflecting the reality of recovery especially when the survivor is feeling most fragile and unsure. It is also important to help educate one's peers and the general public about abuse and recovery, thus creating a safer world for all survivors.

References

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- Lew, M. (1999). *Leaping upon the mountains: Men proclaiming victory over sexual child abuse*. Boston: Small Wonder Books and Berkeley, CA: North Atlantic Books.
- Maltz, W. (1991). *The sexual healing journey*. New York: HarperCollins.
- Spiegel, J. (2003). *Sexual abuse of males: A model of theory and practice*. New York: Taylor & Francis Books.
- An extended bibliography on male survivor issues is available at the author's Web site: www.nextstepcounseling.org.

Child Sexual Abuse Victims at Risk

By Rick Nauert PhD, Senior News Editor Psych Central

<http://psychcentral.com/news/2010/02/16/child-sexual-abuse-victims-at-risk/11494.html>

Reviewed by John M. Grohol, Psy.D. on February 16, 2010

A new Australian study suggests victims of child sexual abuse are at increased risk of suicide and accidental fatal drug overdose later in life.

Dr Margaret Cutajar, a psychologist from Monash University, Melbourne, and her co-authors, Professors James Ogloff and Paul Mullen, investigated rates of fatal self-harm in 2,759 people who were medically ascertained as being victims of child sexual abuse (CSA) between 1964 and 1995.

They found significantly higher rates of suicide and accidental fatal drug overdose in the CSA cohort compared with age-limited national data for the general population, with relative risks of 18.09 for suicide and 49.22 for accidental fatal drug overdose in CSA victims.

The study is found in the *Medical Journal of Australia*, a publication of the Australian Medical Association. For full article see http://www.mja.com.au/public/issues/192_04_150210/kal11105_fm.html

NEW DIRECTIONS IN COUNSELLING AND RECOVERY

For health professionals

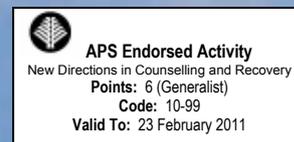
Spend a day with Mike Lew and gain the insights, strategies and the support you need to work effectively with male survivors of child abuse.

ASCA in, conjunction with SECASA, is bringing Mike Lew, M.Ed., a leading world expert in the field of adult male recovery from childhood abuse, to Australia.

Mike has worked with thousands of men and women in their healing from the effects of childhood sexual abuse, rape, physical violence, emotional abuse and neglect.

Mike is a psychotherapist and cultural anthropologist who brings a multifaceted approach to a subject that sadly crosses every cultural and economic group.

To book in to one of Mike's powerful sessions, simply visit www.asca.org.au/mikelew and follow the prompts for registration.



Mike's NEW DIRECTIONS IN COUNSELLING AND RECOVERY workshop dates

Location	Date	Time	
Sydney	9 April 2010	9 am–5.00 pm	A one day workshop for health professionals
Melbourne	15 April 2010	9 am–5.00 pm	A one day workshop for health professionals
Perth	23 April 2010	9 am–5.00 pm	A one day workshop for health professionals
Darwin	27 April 2010	9 am–5.00 pm	A one day workshop for health professionals

VICTIMS NO LONGER

For male survivors of child abuse

The **Victims No Longer** workshops and multi-day retreats are designed for men who are recovering from trauma during boyhood and/or adolescence.

Who should attend?

This workshop is for non-offending male survivors of all sexual child abuse, rape, physical violence, emotional abuse, abandonment and/or neglect and though primarily designed for adult male survivors of child abuse, men who were assaulted as adults are welcome. The sessions offer a recovery experience in a safe, powerful environment for shared healing which addresses the specific needs of male survivors.

What can you expect at a Mike Lew event?

Recovery from the trauma of child abuse is a complex process. One important step for male survivors is finding a safe place to work with other men. There is great power and healing in telling your story in the company of other men who can listen to you, will believe you and have had similar experiences.

The **Victims No Longer** workshop and retreat provide male survivors with an opportunity for:

- Making connections with other male survivors.
- Sharing personal histories.
- Expressing feelings in a supportive, non-abusive environment.
- Discussing the effects of childhood abuse in adult life.
- Talking about trust, intimacy, sexuality and relationships.
- Exploring strategies for survival and healing.
- Establishing a support network for continued personal recovery.
- Setting goals for the future.

To book into one of Mike's one-day workshops for male survivors visit www.asca.org.au/mikelew or call 1300 657 380.

To register for the 3 day retreat call Maxwell Clarke at SECASA on 03 9928 8741 or email Maxwell.Clarke@southernhealth.org.au

VICTIMS NO LONGER male survivors workshop dates

Location	Date	Time	
Sydney	10 April 2010	9 am–5.00 pm	A one day workshop for male survivors
Melbourne	16–18 April 2010	9 am–5.00 pm	A three day retreat SECASA
Adelaide	21 April 2010	9 am–5.00 pm	A one day workshop for male survivors
Perth	24 April 2010	9 am–5.00 pm	A one day workshop for male survivors
Darwin	28 April 2010	9 am–5.00 pm	A one day workshop for male survivors