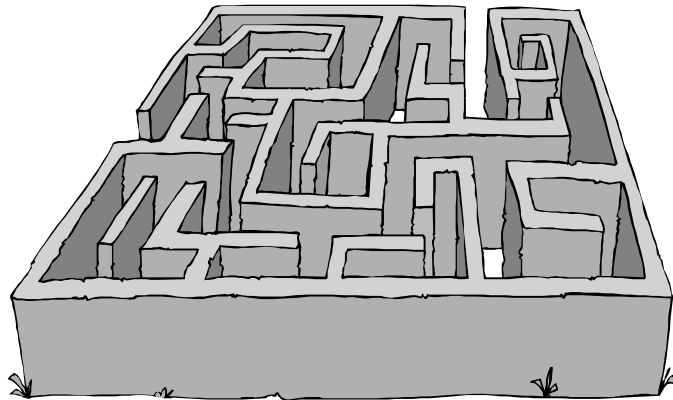




# The Invisible Boy: Revisiting the Victimization of Male Children and Teens



**The Invisible Boy:**  
**Revisiting the**  
**Victimization of Male**  
**Children and Teens**



Our mission is to help the people of Canada  
maintain and improve their health.

*Health Canada*

Prepared by: Frederick Mathews, Ph.D., C. Psych.

The opinions expressed in this report are those of the author and do not  
necessarily reflect the official views of Health Canada.

Également disponible en français sous le titre  
*Le garçon invisible*  
*Nouveau regard sur la victimologie au*  
*masculin : enfants et adolescents*

For additional copies, contact:

**National Clearinghouse on Family Violence**

Health Canada

Health Promotion and Programs Branch

Health Issues Division

Address Locator: 1918C2

18th Floor, Jeanne Mance Building, Tunney's Pasture

Ottawa, Ontario K1A 1B4

Tel: (613) 957-2938 or 1-800-267-1291

Fax: (613) 941-8930

FaxLink: (613) 941-7285 or 1-888-267-1233

TTY: (613) 952-6396 or 1-800-561-5643

Internet Homepage: <http://www.hc-sc.gc.ca/nc-cn>

Contents may not be reproduced for commercial purposes, but any other  
reproduction, with acknowledgements, is encouraged.

This publication can be made available in/on computer diskette/large  
print/audio-cassette/braille, upon request.

© Minister of Public Works and Government Services Canada 1996

Cat. No.: H72-21/143-1996E

ISBN: 0-662-24429-X

---

# Table of Contents

|  |           |
|--|-----------|
| <b>Introduction: Opening the Door to Male Victims</b> . . . . .                          | <b>7</b>  |
| Why the Need for a Male-Inclusive Perspective? . . . . .                                 | 8         |
| Why the Need to Re-Vision Male Victimization? . . . . .                                  | 10        |
| Purpose of The Invisible Boy . . . . .   | 11        |
| <br>   |           |
| <b>Chapter 1. Prevalence: A Many-Sided Story</b> . . . . .                               | <b>13</b> |
| Sexual Abuse of Boys and Teen Males . . . . .  | 14        |
| Sibling-on-Sibling Sexual Abuse . . . . .  | 18        |
| Sexual Harassment . . . . .  | 19        |
| Male Prison Rape and Sexual Assault . . . . .  | 21        |
| Physical Abuse, Neglect and Emotional Maltreatment . . . . .                             | 21        |
| Sibling-on-Sibling Physical Abuse . . . . .  | 22        |
| Corporal Punishment . . . . .  | 22        |
| Community, School and Institution-based Violence . . . . .                               | 23        |
| Suicide . . . . .  | 24        |
| Street Youth . . . . .   | 24        |
| Prostitution . . . . .   | 24        |
| Children with Disabilities . . . . .   | 25        |
| Professional Response to Male Victims as a<br>Factor in Determining Prevalence . . . . . | 25        |
| Media Images of Violence Toward Boys and Young Men . . . . .                             | 25        |
| <br>   |           |
| <b>Chapter 2. Perpetrators of Male Victimization</b> . . . . .                           | <b>27</b> |
| Sexual Abuse . . . . .   | 27        |
| Teen Perpetrators . . . . .  | 27        |
| Strangers vs. Acquaintances . . . . .  | 28        |
| Female Perpetrators . . . . .  | 28        |
| Dynamics of Female-Perpetrated Abuse . . . . .   | 29        |
| Physical Abuse and Neglect . . . . .   | 31        |
| Corporal Punishment . . . . .  | 32        |
| <br>   |           |
| <b>Chapter 3. Effects of Victimization on Males</b> . . . . .                            | <b>35</b> |
| Sexual Abuse . . . . .   | 35        |
| Physical Abuse, Corporal Punishment and Neglect . . . . .                                | 38        |
| The Consequences of “Male Sexual Licence” . . . . .                                      | 39        |

|   |               |
|---|---------------|
| <b>Chapter 4. Implications . . . . .</b>                                    | <b>40</b>     |
| Implications for Research . . . . .   | 40            |
| Implications for Assessment, Treatment<br>and Program Development . . . . . | 42            |
| A Repeating Cycle of Violence? . . . . .                                    | 45            |
| Implications for Staff Development and Program Supervision . . . . .        | 47            |
| The Search for a More Inclusive Framework for Analysis . . . . .            | 49            |
| The Messages We Give to Male Victims . . . . .                              | 52            |
| How Would Things Be Different if We Acknowledged Male Victims? .            | 53            |
| Beginning with Ourselves as Adults . . . . .                                | 54            |
| <br><b>Resources and Bibliography . . . . .</b>                             | <br><b>57</b> |

---

## Acknowledgements

**The Invisible Boy: Revisioning the Victimization of Male Children and Teens** was prepared by the Canadian Foster Family Association (CFFA) on behalf of the National Clearinghouse on Family Violence of Health Canada.

The CFFA would particularly like to thank those who assisted in the preparation of the manuscript: Judy Urquhart, Len Kushnier, Veronica Marsman, Philip Quigley; the Family Violence Prevention Division and the National Clearinghouse on Family Violence of Health Canada for their support to the project; and the project staff, Dr. Fred Mathews and John Meston.

Linda Lelièvre  
President  
Canadian Foster Family Association





# Opening the Door to Male Victims

*“Since we are sometimes compelled against our will by persons of high rank to perform the operation, by compression is thus performed: children, still of a tender age, are placed in a vessel of hot water, and then when the parts are softened in the bath, the testicles are to be squeezed with the fingers until they disappear.”*

*Paulus Aegineta  
1st Century A.D.*

This opening quote from Sander Breiner’s book, *Slaughter of the Innocents: Child Abuse Through the Ages and Today*, is a stark reminder that the story of male child abuse is an old one. The passage is an instruction to those who wanted to get around a law passed by the Roman emperor Domitian prohibiting the castration of boys who were subsequently placed in brothels or sold for “buggering.” At the turn of the twentieth century, boys were routinely circumcised without anesthetic as a “treatment” for things such as hyperactivity and masturbating (De Mause, 1988). However, anyone who believes that this inexcusable treatment of male children or youth is a thing of the past should consider the following:

- An episode of a comedy television program about summer camp features the sexual abuse of a “canteen boy” by an adult camp counsellor.
- A Canadian newspaper advertises a board game, “101 Uses for a Severed Penis.”
- Another television program portrays mother/son incest in a comedy sketch about phone sex.
- A newspaper article about a mother who left her 11-year-old son tied and gagged in a closet quotes a social worker at the trial as saying, the boy had been “very prone to lying, stealing, and manipulating, was disruptive in class, and was generally an unpleasant kid.”

What these few examples illustrate are some of the themes that will be explored in the pages of this document; namely, the existence of a double standard in the care and treatment of male victims, and the invisibility and normalization of violence and abuse toward boys and young men in our society.

Despite the fact that over 300 books and articles on male victims have been published in the last 25 to 30 years, boys and teen males remain on the periphery of the discourse on child abuse. Few workshops about males can be found at most child abuse conferences and there are no specialized training programs for

clinicians. Male-centred assessment is all but non-existent and treatment programs are rare. If we are talking about *adult* males, the problem is even greater. A sad example of this was witnessed recently in Toronto. After a broadcast of *The Boys of St. Vincent*, a film about the abuse of boys in a church-run orphanage, the *Kids' Help Phone* received over 1 000 calls from distraught adult male survivors of childhood sexual abuse. It is tragic in a way no words can capture that these men had no place to turn to other than a *children's* crisis line.

The language we use in the current discourse on violence and abuse masks, minimizes or renders invisible certain realities for male victims. Terms such as "family violence" have become co-terminus with "violence toward women," particularly on the part of husbands, fathers or other adult male figures. Male teens, boys, male seniors, male victims of sibling-on-sibling violence and female abusers disappear in this term.

Canada lags far behind other Western democracies in the study of male victims and their male and female abusers. In fact, among the large and growing number of research studies on male victims only a small number are Canadian. Social policy development, public education, treatment programs and research funding, and the evolution of a more inclusive discourse on interpersonal violence that reflects the male experience are all long overdue.

---

### **Why the Need for a Male-Inclusive Perspective?**

A "male-inclusive" perspective on violence and victimization must be, of necessity, dynamic and evolutionary, since male victims are only just beginning to speak out about their experiences. As they do, their stories will continue to challenge many of our long-held and status quo assumptions about abuse victims and perpetrators. It is important to keep in mind that male victims are not a homogeneous group, and over time it is likely that a number of perspectives will evolve. Heterosexual, gay and bisexual, Native/Aboriginal, disabled/challenged, and visible and cultural minority males will all add different aspects to the story of male victimization.

There are, however, four basic components to the concept of "male-inclusive." First, the need to articulate a male-centred point, or points, of view, which reflect the diversity of men and boys in the Canadian population. Second, the need for male victims to search for balance as they struggle to heal the emotional, physical, mental and spiritual aspects of their lives. Third, the need to honour and protect female victims' gains and acknowledge the contributions women have made in breaking the silence about violence and abuse. Fourth, the need to evolve a vision of combining both males' *and* females' stories into a coherent and inclusive

perspective that all of us will be able to own and use in the struggle to reduce and eliminate interpersonal violence and abuse in our society. Sadly, as male victims' stories reveal, we are still a long way from realizing any of these goals.

Male victims report great pain, frustration and some anger at not seeing their stories reflected in the public discourse on violence and abuse. Several large-scale Canadian studies about interpersonal violence conducted in the past several years have reported the findings pertaining to only female victims. Many academic papers written about victims of violence purport to be "balanced," yet typically bring only a faint male "voice" to the analysis. From a conceptual standpoint, many also make the mistake of accepting and using, uncritically, a woman-centred-only model of victimization. Male victims also find much of this work dehumanizing and dismissive of their experiences. They feel many writers and thinkers in the field have delineated the boundaries of the discourse on violence and abuse – boundaries that leave males out.

Male victims frequently find that therapists, counsellors or other types of caregivers trained with female-centred models of victimization are unable to help them. Consequently, they are likely to simply abandon therapy, leaving unexplored many of the issues relating to their victimization experience and to their deeper healing.

Male victims, like female victims before them, have encountered their share of critics and detractors, people who refuse to believe them, ignore prevalence statistics, minimize the impact of abuse, appropriate and deny males a voice, or dismiss male victimization as a "red herring." When prevalence statistics are given for male victimization, it is common to hear the response that the vast majority of abusers of males are other males, a belief which is simply not true. This comment is usually intended to frame male victimization as a "male problem." It is also insensitive and perceived by male survivors as being victim-blaming. While challenges and criticisms to concepts and theories are valid, and an important part of the evolution and development of any field, denial, minimization and silencing is harmful, abusive and damaging to any victim.

In many respects, male victims are where female victims were 25 years ago. Most of us forget the enormous opposition the women's movement encountered as women began to organize and claim a voice to speak against violence and name their abusers/offenders. The services and supports that exist presently for women were hard won and yet are still constantly at risk of losing their funding. By comparison, there really is no organized male victims "movement" per se. Males, generally, are not socialized to group together the way women do, to be intimate in communication or to see themselves as caregivers for other males. In short,

much of what male victims need to do to organize a “movement” requires them to overcome many common elements of male socialization, all of which work against such a reality ever happening.

---

### **Why the Need to Re-Vision Male Victimization?**

The subtitle of this work, “Revising the Victimization of Male Children and Teens,” extends an invitation to the public and professionals alike, to “look again” and “re-vise” their knowledge and understanding with respect to violence and abuse, and to make it inclusive of a male perspective. On the face of the evidence presented in the pages of this report, the invitation is compelling.

Much of the current thinking and discourse, both public and professional, about abuse and interpersonal violence is based on a woman-centred point of view. This is neither right nor wrong, good nor bad, but rather the result of who has been doing the advocacy. However, as a result of this history, victims have a female face, perpetrators a male face. Because of this image of perpetrators as having a male face, violence in our society has become “masculinized” and is blamed exclusively on “men” and “male socialization.” Although there is without question a male gender dimension to many forms of violence, especially sexual violence, simple theories of male socialization are inadequate to explain why the vast majority of males are *not* violent.

Violence is even blamed on the male hormone testosterone. The irony in this argument is not lost on male victims. While women have been struggling to get out from under the stigma that they are at the mercy of their hormones, males are being accused of being at the mercy of testosterone.

Male victims walk a fine line between wanting to be heard and validated, to be supportive of female victims and to be pro-woman, while challenging assumptions they feel are biased stereotypes. Their challenges to some of these stereotypes are often met with accusations that they are misogynists, part of a “backlash” against feminism, or have a hidden agenda to undermine women’s gains. If any of these accusations are true, they must be confronted by all of us. But if they are based only on the fear that recognition of males as victims will threaten women’s gains, then that is the issue we should be discussing right up front, not minimizing male victims’ experiences in a competition to prove who has been harmed the most. Nonetheless, it is important for all of us to recognize that it may be difficult for many women to listen to male victims’ stories until they feel safe in this regard.

Sadly, male victims and their advocates risk a lot to challenge the status quo and experience much pressure to remain silent. It is ironic that the pressure males feel to remain silent replicates, at a social level, the same patterns of silencing, denial and minimization they experienced at the hands of their offenders. If we do not face the fact that we need to heal the “gendered wounds” of both women and men, then we will compromise the search for gender peace.

Finally, and perhaps the most important reason to re-vision our understanding, is because men and teen males are not, in any substantial way, joining women in the struggle to end all forms of interpersonal violence. Part of the reason for this may be because males do not see their own stories reflected in public discussions about violence and abuse. If one were to rely solely on the media to convey the male experience, few stories would be known beyond the more sensational cases involving several church-run orphanages or provincial training schools. It is not uncommon to hear male students express resentment toward high school anti-violence curricula that presumes them to be abusers, harassers, rapists and sexual assaulters in waiting. Indeed, it is difficult to feel part of a collective social movement against violence when one’s own experiences are dismissed, excluded or minimized. It is evident from even a casual review of this material that much of it contains biased stereotypes and unchallenged assumptions about “male anger,” “male aggression” and “male sexuality.” All too often, these writers take as a starting point a caricature of the worst imaginable elements of “masculinity” and assume it applies to all male persons.

As males begin to tread upon the path broken by women, they are summoning the courage to bring their own voices to the public and professional discourse about violence and abuse. If we want males to engage in true dialogue, then we have to be open to hearing *their* criticisms, *their* experiences, *their* pain.

---

## **Purpose of The Invisible Boy**

**The Invisible Boy** is intended for a wide readership. Readers may find some of the issues or research presented in the document new or surprising, maybe even a little controversial. Others may find no surprises at all, but instead a confirmation of what they have experienced, observed themselves or believed all along. In any case, it is perhaps most important to see the document, not as a definitive statement of the male experience (we are too early in the struggle for that), but rather as a “snapshot in time” of some of the controversies, challenges, knowledge gaps and unexplored issues pertaining to the male experience of victimization. If it spurs the reader to further explore the literature, encourages the therapeutic community to expand its knowledge base about victims and perpetrators, or widens public debate on abuse to make it more inclusive, then it will have achieved its purpose.

Readers would be well advised not to read into the pages of **The Invisible Boy** any diminishment of women's experience with respect to violence and abuse. Unimaginable numbers of women and girls are harmed by violence every day in Canada. Women's stories need to be heard, believed and respected without denial or minimization. We must resist attempts to place male and female victims into a competition for resources or credibility. We can no longer afford the divisiveness along gender lines that permeates discussions about male and female victims' experiences. If we are to advance the anti-violence movement at all in Canada, we have to move more toward "gender reconciliation" and away from the bullying of one another that passes for advocacy in many public discussions.

Ideally, male and female victims' stories should be told side by side so that we may be better able to observe and understand how inextricably intertwined their experiences are. However, such a task is beyond the scope of the present project. Because their experiences are poorly understood, underreported, largely unacknowledged and outside much of the public and professional discourse, **The Invisible Boy** will focus primarily on males and bring together in one place many of the strands of male victims' experiences.

Many questions remain unanswered. Why is it that Canada, a country that prides itself on being a compassionate and just society, lags behind other countries in advocacy for male victims? Why has the media refused to give equal coverage to male victimization issues? Why do we consistently fail to support adult male victims? Why do we support a double standard when it comes to the care and treatment of male victims? Perhaps the simplest answer to all the above is the fact that much of what constitutes male victimization is invisible to us all, especially male victims themselves. **The Invisible Boy** will explore these and other issues in the following pages.

# Prevalence: A Many-Sided Story

How extensive is the abuse and victimization of males? The numbers tell many different stories depending upon where you look, what theoretical framework you use for analysis, what your definition of abuse and victimization is, and what sources you consult. On this basis, there are several different ways to answer the question.

If we use only the commonly reported categories of physical abuse, sexual abuse or psychological maltreatment and neglect, then we obtain one picture. However, if we add corporal punishment, suicide, community and school-based violence, and violence in sports and entertainment, the story becomes more complicated. Still other areas could be added if we unpacked the term “family violence” and explored in more clinical depth commonly used descriptors, such as “hard-to-manage children and youth,” “parent-child conflict,” “difficult children,” “dysfunctional families,” “problem teen behaviour,” “conduct disorder,” “oppositional-defiant disorder,” or “attention deficit disorder,” to name a few. In general population health surveys, when we use terms such as “sexual contact” or “sexual touching” instead of “sexual assault” or “sexual abuse,” the prevalence numbers increase substantially. This is because males often do not see their sexual experiences in strict clinical and legal terms such as “abuse.”

Other categories could be added if we more closely examined the concept of “at-risk.” For example, boys in the United States are more likely than girls to be diagnosed with behavioural and mental disorders, more likely to be admitted to psychiatric hospitals, twice as likely to suffer from autism, eight times more likely to be diagnosed with hyperactivity, more likely to become addicted to drugs and alcohol, and more likely to drop out of high school (Kimbrell, 1995).

The picture becomes complicated further when we add the everyday lived experiences of male children and youth in care of the state, living in foster homes, group homes, with legal guardians or in young offender custodial facilities. We could also add male senior abuse, male victimization in sibling-on-sibling violence, abuse of male spouses or other intimate male partners, abuse of same-sex male partners and violence toward males with disabilities, including children, teens and adults. Finally, we would need to add the stories of homeless young people, street kids and male adolescents using prostitution as a means to survive.

It quickly becomes apparent that the stories of many types of male victims have yet to be told. Although the field of child abuse has gained much credibility in public and professional discourse, it is easy to forget that it is still a new area of study. Definitions of abuse, prevalence data, theories of victimization and offending, and models for assessment and treatment continue to evolve. We are still far from possessing an exhaustive or comprehensive knowledge of the subject. We simply have not had enough time to test many of our ideas empirically, nor do we even know all the questions that need to be asked.

Although the abuse field in general has gained credibility, we must never forget that it is an emotionally and politically charged area of interest, a point victims and advocates forget at their peril. Reasoned discussion can be difficult, research evidence is frequently dismissed or ignored in the interest of politics, and many people in the public and professions alike still do not believe that something like child sexual abuse is a widespread and serious social problem. For example, as recently as the mid 1970s, the predominant view of incest in the psychiatry profession was that it was extraordinarily rare (Freedman, Kaplan and Sadock, 1975).

For male victims, the situation is even more precarious. Many cultural and other barriers must be crossed by boys, teen males, the professional community and the public even to be able to acknowledge male victimization experiences as abuse. For example, gay males have to “come out” to disclose their abuse, and so typically remain silent. Stated simply, if we do not go looking for male victims, we will not find them. If we do not explore issues of abuse with males, they will not tell us their stories. Consequently, and all too typically, the first time a teen or adult male offender obtains any help with his victimization is when he has come to the attention of the legal system because of his offences (Sepler, 1990).

---

## **Sexual Abuse of Boys and Teen Males**

Virtually all of the discussion about the prevalence of male victimization in Canada and elsewhere is based on “official” statistics; that is, numbers derived from case reports to some public authority such as hospitals, police or child welfare agencies. However, it is evident from an examination of general population health surveys that male victimization is greatly underreported – far more than it is for females.

In the *Ontario Incidence Study of Reported Child Abuse and Neglect*, girls were the subject of 54% of investigations (25 016) and boys 46% (21 426) (Trocme, 1994). Teenage males accounted for 14% of parental and 18% of non-parental sexual



abuse allegations. However, when cases involving minor-aged children (8-11 years) were examined, it was found that boys accounted for 42% to 44% of sexual abuse allegations.

In 1984, the federal government published the now widely known two-volume study, *Sexual Offenses Against Children*, also known as the “Badgley Report.” Many aspects of male victimization detailed in this large-scale national study still have not made it to public or even professional awareness. A look at some of the prevalence data in this study reveals an astonishing fact about the prevalence of male sexual abuse.

If we take as a starting point the findings of the study pertaining to prevalence, we discover that 1 in 3 males (33%) and 1 in 2 females (50%) reported being the victims of unwanted sexual touching in their lifetimes. About 4 in 5 of these incidents happened while the person was a child or youth. Assuming we have a population of 29 million people, divided equally by gender, these percentages yield the following prevalence rates.

**Table 1**  
**Child Abuse Prevalence Rates in Canada by Gender**

| Males                | Females          |
|----------------------|------------------|
| 29 000 000 Canadians |                  |
| 14 500 000 @ 33%     | 14 500 000 @ 50% |
| =                    | =                |
| 4 785 000            | 7 250 000        |

From these simple arithmetic calculations we can see there are close to five *million* male victims of some form of unwanted sexual touching in Canada. Given that male victimization is more underreported than it is for females, these numbers should be viewed as a minimum estimate.

For the category of *sexual assault*, about 3 in 4 victims in the study were female, 1 in 4 was a boy. The study also found that the proportion of sexually assaulted males increased with age, while the reporting dropped, dramatically so after puberty. In the *National Population Health Survey*, 90% of males and 75% of females did not report their abuse experience. Overall, female victims were twice as likely to report their sexual abuse experiences.

The study also reported findings about female perpetrators who have received absolutely no public or professional attention, specifically, “exposure” to males and use of juveniles working in prostitution. Both of these findings are ignored in discussions about prevalence rates pertaining to males. In the sub-study of

*National Police Force Survey* findings (Badgley, 1984), the report reveals that males account for 99.4% of charges laid for exposure, women .06%. However, in the *National Population Health Survey* (Badgley, 1984), 77.6% of victims of both sexes reported being exposed to by males, while 22.4% of victims reported being exposed to by females. In these incidents, 33% of males reported unwanted exposure of a female's genitalia. One in thirteen exposures to females were by females, 1 in 20 involved exposure of a female's genitalia. In spite of the reported levels of female exposure in the *National Population Health Survey*, only a small fraction of female exposers end up being reported or charged.

In the *National Juvenile Prostitution Survey*, 50% of the 229 juveniles involved in prostitution reported that they were approached for sexual services by an adult female, 62% of the males and 43.4% of the females. In 75% of these incidents, the services were for the woman herself, the remainder were for a male acquaintance. Twenty-two percent of the male juveniles and 20% of the female juveniles had been approached by women 3 times or more. However, in this and other studies, males still represent more than 95% of the consumers of sexual services provided by juvenile and adult males and females working in prostitution.

In the United States, child victims of violent sex crimes were more likely to be male (Office of Juvenile Justice and Delinquency Prevention, 1995). Evidence suggests that boys are more likely than girls to be physically and sexually abused at the same time (Finkelhor, 1984). Research exploring differences in severity of sexual abuse experienced by male versus female victims suggests that males experience more invasive types of abuse, more types of sexual acts and abuse at the hands of more perpetrators than females (Baker and Duncan, 1985; Bentovim, 1987; DeJong, 1982; Dube, 1988; Ellerstein, 1980; Finkelhor et al., 1990; Gordon, 1990; Kaufman et al., 1980; Reinhart, 1987). However, it is likely that these findings fail to consider that it is the seriousness of the abuse that brought the incident involving a male victim to the attention of official agencies in the first place. Male victims tend not to report less severe types of sexual abuse, especially those involving female perpetrators.

Table 2 provides a picture of the sexual abuse prevalence rates for different populations of males. The samples and the rates range widely. It is interesting to note the high abuse rates in the background of male sex offenders.

**Table 2**  
**Prevalence Rates for Sexual Abuse among Males**

| Authors                      | Sample   | Prevalence<br>% |
|------------------------------|--|-----------------|
| <b>Canada</b>                |  |                 |
| Badgley (1984)               | General Population Health Survey                                 | 14.0            |
| Violato and Genuis (1992)    | Canadian university students                                     | 14.0            |
| <b>United States</b>         |  |                 |
| Finkelhor et al. (1990)      | American National Survey   | 16.0            |
| Condy et al. (1987)          | American college men   | 16.0            |
| Fromuth and Burkhart (1987)  | American undergraduate students                                  | 24.0            |
| Stein et al. (1988)          | American Community Sample  | 12.2            |
| Urquiza (1988)               | American undergraduate students                                  | 32.0            |
| Cameron et al. (1986)        | American National Survey   | 16.0            |
| Risin and Koss (1987)        | Males under 14 years of age                                      | 7.3             |
| Condy et al. (1987)          | Male prisoners (abused<br>by female perpetrators only)           | 46.0            |
| Groth (1979)                 | Adult male sex offenders   | 33.0            |
| Petrovich and Templer (1984) | Adult male sex offenders (abused<br>by female perpetrators only) | 59.0            |
| Johnson (1988)               | Boys (4-13) who sexually abused                                  | 49.0            |
| <b>Britain</b>               |  |                 |
| Baker and Duncan (1985)      | British National Survey  | 8.0             |

Prevalence rates for male victims as a total of the whole sexual abuse victim population can be found in Table 3.

**Table 3**  
**Male Victims as a Percentage of All Sexual Abuse Victims**

| Authors                       | Sample  | Prevalence % |
|-------------------------------|---|--------------|
| DeJong et al. (1982)          | Hospital study  | 17           |
| Ellerstein and Canavan (1980) | Hospital study  | 11           |
| Finkelhor and Hotaling (1984) | Review of sexual abuse literature                             | 10 - 33      |
| Neilson (1983)                | Treatment program estimates                                   | 25 - 35      |
| Pierce and Pierce (1985)      | Child abuse hotline study                                     | 12           |
| Ramsay-Klawnsnik (1990a)      | Child protection referrals<br>Confirmed cases of sexual abuse | 39<br>45     |
| Rogers and Terry (1984)       | Hospital study  | 25           |
| Grayson (1989)                | Clinician interviews  | 25 - 50      |

### **Sibling-on-Sibling Sexual Abuse**

Sibling incest is another area that has only started to enter the discourse and has been impeded because many persons fail to label it as abuse. Obtaining a full picture of the prevalence of sexual abuse at the hands of siblings is made difficult because many children, teens and adults see the behaviour as “sexual curiosity” or “experimentation.” Some victims may view it as “mutual exploration.”

In strict legal and clinical terms, it is sometimes difficult to label these sexual acts as “offending” behaviour unless we look at the age of the children, age differences between victim and perpetrator, power related to age, intellectual functioning, size and strength, victim impact, or consider if the older sibling was in a position of authority, i.e., baby-sitting. In other cases the “offending” child may be “abuse reactive”, acting out against a smaller or weaker sibling, because they themselves are being abused. Much sibling-on-sibling sexual abuse does not show up in official statistics on crime or prevalence because the perpetrators are under 12 years of age.

Some put the figure of sexual abuse of males by siblings at 6% (Pierce and Pierce, 1985a), 13% (Finkelhor, 1980), and 33% (Thomas and Rogers, 1983). Longo and Groth (1983) found that among the family victims of juvenile offenders, 20% were either sisters, stepsisters, or adopted sisters, 16% were foster brothers, and 5% were brothers.

---

## Sexual Harassment

Women have struggled for years to bring their experiences, concerns, and fears with respect to sexual harassment to public discussions about violence and victimization. Their advocacy efforts have succeeded in raising our consciousness about the subtleties and impact of harassment on girls, teen females, and women in many working and learning environments. Though more work still needs to be done, sexual harassment is now recognized as a serious issue for women. It is also an issue for males. However, as with any issue pertaining to victimization, males struggle against biased stereotypes and a double standard. Even raising the issue of sexual harassment of males raises eyebrows and draws stares or looks of disbelief.

Unfortunately, when trying to determine the prevalence of sexual harassment toward males, we are faced with the same problem of Canada lagging behind other western democracies. The European Community has produced a 93-page report on sexual harassment entitled, *The Guide to Implementing the European Code of Practice on the Dignity of Women and Men at Work*. In this report, 19% of German males and 21% of young Frenchmen reported suffering unsolicited sexual advances (*Globe & Mail*, 1993). Though females are more likely to experience sexual harassment, virtually no research has been undertaken in Canada that documents the prevalence of sexual harassment of males. The issue of sexual harassment among gay males has not even surfaced in the discourse.

One exception is a recently published study concerning high school student-to-student sexual harassment. However, it quickly falls into the trap of biased reporting and interpretation. A brochure promoting the study contains the following paragraph:

*“In a recent survey done in Ontario high schools, over 80 per cent of girls said they had been sexually harassed. Boys said their harassment was often complimentary or teasing: few of them said they felt unsafe or that the harassment interfered with their lives, unless their harasser was another male.”* (Ontario Second School Teachers’ Federation (OSSTF), 1994)

Most would read this and not give it a second thought. However, what makes this kind of statement worrisome is that it supports biased and harmful stereotypes about males and reinforces a double standard. And, there are other problems.

First, the overall percentage of males reporting being sexually harassed is not given, so it is difficult to compare anything to the 80% figure reported for girls.

Second, when asked, “Are you ever *afraid* of being sexually harassed?”, approximately 70% of the girls and 30% of the male students said “Yes”. Between one-quarter and one-third of the males said “Yes,” they were afraid of being sexually harassed. This is hardly a small number. But perhaps more importantly, it gives the authors no defensible position to diminish the seriousness of the issue for boys simply because prevalence of harassment toward girls may be higher.

Third, the authors also make qualitative judgments about the impact on boys without recognizing that male students are less likely to report harassment, more likely to diminish any negative impact, more likely to withhold expressions of fear, and more likely to normalize the experience since males are socialized to value, and view as being positive, “sexual overtures” from females. We need to ask ourselves if we would accept at face value comments of the young women in the study saying that they took their harassment as a compliment or teasing.

The above critique does not diminish the important contribution of the work or the hard efforts of those who are trying to protect students from harassment. It is also not a diminishment of the fact that girls typically experience more fear, discomfort and emotional consequences from being harassed. The problem is that the authors, in their comments and interpretation of the findings, reinforce harmful stereotypes that will only perpetuate the problem of student-to-student sexual harassment, especially when it involves a male.

Because public awareness of sexual harassment is only just beginning to emerge, it is not uncommon to encounter people who believe that boys cannot be sexually harassed because, as males, they have “power.” While it is true that sexual harassment is about power, a definition of “power” using only political or economic terms is too narrow to apply to the lives of children and teens. It is also too limited if we assume that *only* males have power by virtue of their gender. Physical attractiveness, age, popularity and even “personality” can be forms of “social power.” For example, how seriously is a school administrator or a youth’s peers likely to take the complaint of a pimply, skinny or “nerdy” type male who is “rated” or sexually teased and taunted by an attractive and popular female? What if the male in the above example was younger or a visible minority student whose first language was not English and the female student was Caucasian? What if the male student was from a strict religious background that viewed any form of “sexual” talk or contact as inappropriate and offensive? From this perspective, sexual harassment can also be an issue of basic human dignity. It can also be about violation of another person’s religious beliefs or cultural norms and values.

---

## **Male Prison Rape and Sexual Assault**

The most overlooked form of sexual assault in our society happens to males in the form of prison rape. Studies concerning the prevalence of sexual assault never mention this form of sexual violence. In fact, there is no research available that documents the sexual assault of teen and adult males in prisons or closed custody facilities, though it is thought to be a common occurrence. It is easy to dismiss the plight of these males because of their diminished status as “offenders.” It is all too easy to be without compassion for these males until you consider that many are victims and survivors of all forms of childhood abuse and maltreatment.

---

## **Physical Abuse, Neglect and Emotional Maltreatment**

The sexual abuse of children and youth has dominated much of the research activity, advocacy, and many of the media stories about child abuse published in the past 10 years, despite the fact that it accounts for only about 14% of all forms of indicated or substantiated maltreatment (NCCAN, 1994). In the United States, neglect accounts for 49% of maltreatment cases, physical abuse 23% and emotional maltreatment 5%. Medical neglect 3%, other 9% and unknown 3% constitute the rest. This is particularly significant when one realizes that boys, especially in the younger age categories, tend to be the majority of victims of physical abuse and emotional maltreatment.

In the *Ontario Incidence Study of Reported Child Abuse and Neglect*, boys were found to be overrepresented in the area of physical abuse. Boys accounted for 59% of investigated cases in the 0 to 3 years of age category, 56% in the 4 to 7 year category, 55% in the 8 to 11 year category, and 44% in the 12 to 15 year category. In the area of emotional maltreatment, boys accounted for 54% of all investigations. The incidence rates were highest for boys 4 to 7 year of age (69%) and lowest for those 8 to 11 (33%). In the area of neglect the numbers are roughly equal, except for children 8-11 where boys represent 55% of cases. This study does not report substantiation rates for males vs. females, which have been found to be much lower for males, especially for cases involving sexual abuse (Powers and Eckenrode, 1988). Rosenthal (1988) found that boys in all age categories received significantly more serious physical injuries than girls, with the most severe occurring in male children under 12.

The Ontario study reports that physical abuse rates were slightly higher for girls in the 12 to 15 year age group (56%) and makes the claim that girls in this age category are generally at higher risk of physical abuse than boys. Similar findings have been reported elsewhere (Johnson and Showers, 1985; Russell and Trainor, 1984; Walker et al., 1988). However, what this interpretation fails to

consider is boys are less likely to report, their abuse is less likely to come to the attention of authorities, and boys are more likely to fight back owing to their average greater physical size at this age (Gelles, 1978; Russell and Trainor, 1984). However, there is evidence to suggest that physical abuse of adolescents of both sexes is underreported (Garbarino, Schellenbech and Sebes, 1986; Powers and Eckenrode, 1988; Farber and Joseph, 1985; Pelcovitz et al., 1984; Libbey and Bybee, 1979).

---

### **Sibling-on-Sibling Physical Abuse**

As in the case of sexual abuse, sibling-on-sibling violence is a serious problem that is greatly underreported (Steinmetz, 1977). This type of violence is overlooked by parents and rendered invisible by expressions such as “rough-housing,” “sibling rivalry,” or “squabbling.” Boys are sometimes even encouraged to fight to “toughen them up” and get them ready for the “real world.”

Almost all American children are violent toward their brothers and sisters (Straus et al., 1980). In this research, 83% of boys and 74% of girls attacked a brother or sister. Fifty-nine percent of boys and 46% of girls attacked a brother or sister severely.

Although the most overlooked and ignored form of “family violence,” sibling-on-sibling violence is of significant consequence to boys and young men. According to Straus, sibling violence occurs more frequently than parent-child or husband-wife violence, boys in every age group are more violent toward their siblings than are sisters, and the highest level of violence occurs when a boy has only brothers.

---

### **Corporal Punishment**

The issue of corporal punishment has just begun to emerge in the child abuse discourse. We are beginning to witness challenges to the appropriateness of certain sections of the *Criminal Code* that sanction the use of physical force in the discipline or correction of children. The concern is that corporal punishment is part of a continuum with spanking at one end and physical abuse and homicide at the other. It can sometimes be very difficult to assess when a parent or caregiver has crossed the line. However, regardless of whether the force was intended as abuse or discipline or correction, the effect on children is harmful (Yodanis, 1992; Vissing et al., 1991).



Corporal punishment is of particular concern to males. In Canada, 70% of the victims of non-sexual assault under the age of 12 are boys (Statistics Canada, 1991). It is evident that boys are physically hit more often than girls (Bryan and Freed, 1982; Gilmartin, 1979; Knutson and Selner, 1994; Maccoby and Jacklin, 1974; Newson and Newson, 1989; Wauchope and Straus, 1990).

Studies published in the United States show that between 93% and 95% of young adults report being corporally punished during their childhood or teen years (Bryan and Freed, 1982; Graziano and Namaste, 1990). Parent surveys report that approximately 90% of adults use corporal punishment to discipline and correct the behaviour of their children (Wauchope and Straus, 1990; Straus, 1983).

---

### **Community, School and Institution-based Violence**

Community and school-based violence among children and adolescents is a topic that has gained prominence in the media and education circles. A recent newspaper story reported that researchers at the University of New Hampshire, using a random sample of children 10 to 16 years of age, found that 1 in 10 boys (10%) in the United States suffered a non-sexual genital assault, usually a kick by someone their own age (*Globe & Mail*, 1995). The rate for girls was 2%. The researchers in this study also reported that 40% of the perpetrators were girls. Boys who wore glasses or had other physical limitations were three times more likely to be kicked. One year after the kicking, 1 in 4 boys still suffered depression from the incident.

In 1990, Statistics Canada conducted a study of patterns of criminal victimization. It found that the risk of personal victimization was highest for persons who are male, young, single and residents of urban areas. In a study of approximately 1 000 middle-level students in Ontario, 29% of Grade 6 boys reported being beaten up and 22% robbed while at school compared to 19% and 10% for Grade 6 girls. In this same study, overall, boys and girls were found equally likely to be victims or perpetrators of violent acts (Ryan, Mathews and Banner, 1993). This is not surprising considering that boys and girls up to the age of puberty are roughly the same size. In a Calgary study involving 962 middle and high school students, 47.5% of the males and 26.6% of the females reported being slapped, punched or kicked while in school during the past year (Smith et al., 1995). In Canada, violence toward young males in the form of gay-bashing at school or in the community is another rarely discussed problem.

In the United States, 72% of juvenile homicide victims were male. Forty percent of juvenile homicide victims were killed by family members, mostly parents. Fifty-three percent of boys were killed by their fathers and slightly more than

half (51%) of the girls were murdered by their mothers (OJJDP, 1995). Also reported in this study was the fact that Caucasian males comprised 83% of suicides of persons under the age of 20, and that for every two youth aged 0 to 19 who were murdered in the United States in 1991, one youth committed suicide.

---

## **Suicide**

Canada has one of the highest suicide rates in the Western world. A little under 2% of all deaths in Canada are caused by suicide, and almost four times as many males as females commit suicide annually. Suicide rates for young people have increased remarkably since the 1950s, especially for young males in their late teens and early twenties (Health Canada, 1994). Gay male teens and Native youth are at especially high risk.

---

## **Street Youth**

In various developing countries, the number of street children is estimated to range between 10 and 100 million, and the vast majority are boys (World Health Organization, 1995). In Canada, males and females on the street appear to be equally at risk for physical violence, with most perpetrators being someone the youth considered a friend or someone else they knew on the street (Janus et al., 1995). In this study, physical abuse was the most frequently given reason why these youth left home. The physical abuse was most often perpetrated by a biological parent, and most often by the mother. In other studies of runaway youth, Powers and Eckenrode (1987) found that 42.3% of males (57.7% of females) were the victims of physical abuse, 37.9% of emotional abuse (62.1% for females) and 47.7% of neglect (52.3% for females). McCormack et al. (1986) found that 73% of female and 38% of male runaways were physically abused.

---

## **Prostitution**

Sexual abuse is also high among teens involved in prostitution (Mathews, 1989). Thirty percent of juvenile females and 27.4% of juvenile males involved in prostitution reported an incestuous sexual experience. By the age of 13, 62.8% of the females and 77% of the males reported being sexually experienced, compared to general population samples of 1.7% and 5.4% respectively

(Badgley, 1984). Of course, these numbers do not reflect the fact that 100% of males and females under the age of 16 who sell sex to adults are being sexually abused by their customers.

---

### **Children with Disabilities**

Sixty-one percent of children and teens with developmental disabilities, including pervasive developmental disorders and mental retardation, experience harsh forms of physical discipline (Ammerman, 1994). Graham (1993) found that handicapped boys and girls are equally at risk for sexual abuse. Handicapped male and female adults in institutions are also physically abused in large numbers (Roehrer Institute, 1995; Sobsey and Varnhagen, 1988).

---

### **Professional Response to Male Victims as a Factor in Determining Prevalence**

One problem with trying to understand the true prevalence rate of male victimization is how the present picture has been affected by factors pertaining to professional practice. Here we have to look at the low substantiation rates of all forms of maltreatment, especially in younger children. Substantiation rates are always higher for adolescent populations, typically because teens are easier to interview and are better able to articulate to investigators what happened to them.

This is even more of an issue for male victims. When boys are victimized, they tend to be seen as less in need of care and support (Watkins and Bentovim, 1992). They are also blamed more for their abuse (Burgess, 1985; Broussard and Wagner, 1988; Whatley and Riggio, 1993) and their offenders are held less accountable (Burgess, 1985). In one of the most troubling studies, Pierce and Pierce (1985) found that male victims, despite being subjected to *more* invasive types of abuse and *more* types of sexual acts than female victims, were 5 times *less* likely to be removed from their homes.

---

### **Media Images of Violence Toward Boys and Young Men**

Looking past the more conventional forms of research and other types of information about violence and abuse, it is easy to find media images supporting male victimization. Women have long argued for greater accountability on the

part of the media to refrain from using harmful, sexist and objectifying images of females in advertising and entertainment. Males are also now beginning to raise their own concerns.

Violence toward males is so normalized in our society that it has become invisible to the average person. So too have the images reinforcing harmful stereotypes about males and masculinity. For example, we expect males to be physically strong and capable or “rough and tumble,” thus we ridicule in comics and comedy films the short, skinny or sensitive male. Unfortunately, young men who try to live up to the impossible standards set by bodybuilders are starting to kill themselves through the use of steroids.

Our insensitivity to male victims can be viewed in the depiction of male abuse in popular media images, commercials, comedy films and television programs, and the “funnies” or comic sections in any Canadian newspaper (Mathews, 1994). Watch *America’s Funniest Home Videos* for a few weeks and you will inevitably see some male being injured in the testicles through a sports activity, boisterous animal, energetic child or some other mishap. A commercial for an American fast food company shows one of the characters from the sitcom *Seinfeld*, being hit in the testicles with a hockey puck.

Widely syndicated comic strips, such as *Fox Trot*, *For Better or Worse* and *Nancy*, portray girls or teen siblings punching, hitting with an object or breaking the glasses of male siblings or classmates. Other comic strips, such as *Beetle Bailey* and *Andy Capp*, routinely feature violent acts toward adult males. A recently released children’s film, “*Tom and Huck*,” portrays one of the boys being punched in the face by the female character Becky, a scene played without violence in the original movie and book. Another recent film, the “*Beverly Hillbillies*,” features a young woman named Elly-Mae wrestling with a high school male peer and stomping on his testicles. Prison rape, injury to a man’s testicles, sexual abuse of boys by women under the guise of “initiation” and other behaviours, easily identifiable as physical or sexual abuse and assault when they happen to girls or women, are exploited for “humour” so regularly that they have basically become a norm in comedy films and entertainment (Mathews, 1994).

---

# Perpetrators of Male Victimization

---

## Sexual Abuse

Most of the data that have shaped our view of sexual abuse perpetration have been drawn from case report studies, official crime statistics, police reports and the records of child welfare agencies. Using case report studies, it is evident that the majority of sexual abusers of girls, boys, women and teen girls are heterosexual males (DeJong et al., 1982; Ellerstein and Canavan, 1980; Faller, 1987; Farber et al., 1984; Reinhart, 1987; Showers et al., 1983; Spencer and Dunklee, 1986). Ramsay-Klawnsnik (1990a) found that boys were abused by adult males 33% of the time and by adolescent males 12% of the time. Rates of abuse of males by natural fathers have been reported in 20% of cases by Pierce and Pierce (1985), 7% by Ellerstein and Canavan (1980), 29% by Faller (1989), 14% by Spencer and Dunklee (1986) and 48% by Friedrich et al. (1988). Stepfathers were found to be the abuser in 28% of cases (Pierce and Pierce, 1985). Although, there are no studies of same-sex sexual assault or “date rape” among teen gay males, evidence from a study of adult gay males suggests that other gay or bisexual males may represent the majority of perpetrators (Mezey and King, 1989; Waterman, Dawson and Bologna, 1989).

## Teen Perpetrators

Abuse of males by adolescent perpetrators is well documented in the literature. Rogers and Terry (1984) found that 56% of male victims were abused by teen males compared to 28% for females. Longo and Groth (1983) found that 19% of the sibling incest offenders were female. Others have also documented high rates of abuse of males by adolescents (Ellerstein and Canavan, 1980; Showers et al., 1983; Spencer and Dunklee, 1986). Longo and Groth (1983) found in their study that adolescent sex offenders (81% of whom were male, 19% female) abused brothers in 16% of cases and 5% of cases respectively. In most cases of sibling incest, the victim was younger than the perpetrator (Pierce and Pierce, 1987). Sibling incest perpetrators often have low self-esteem, deep-seated feelings of inadequacy and emptiness, and are isolated, immature loners who prefer the company of younger children (Groth and Laredo, 1981; Shoor et al., 1966).

## **Strangers vs. Acquaintances**

Boys appear more likely than girls to be abused by multiple perpetrators (Faller, 1989; Finkelhor and Hotaling, 1984; Rogers and Terry, 1984). Some research reports that boys are more likely to be abused by strangers (Finkelhor, 1979; Rogers and Terry, 1984). Faller (1989) reports that teachers, day-care providers, boy scout leaders and camp staff accounted for 24% of abuse of males. Risin and Koss (1987) report that family members were abusers in 22% of cases, strangers in 15% of cases, babysitters in 23% of cases, neighbours, teachers or friends of the family in 25% of cases, friends of siblings in 9% of cases, and peers in just under 6% of cases. However, overall, it appears that boys, like girls, are more likely to be abused by someone they know (Faller, 1989; Farber et al., 1984; Fromuth and Burkhart, 1987, 1989; Risin and Koss, 1987; Rogers and Terry, 1984; Showers et al., 1983; Spencer and Dunklee, 1986).

Findings from research on intrafamilial abuse of boys vary, with rates ranging from 20% to a high of almost 90% (Pierce and Pierce, 1985; Finkelhor et al., 1990). Some report that the majority of sexual abuse experiences for boys are extrafamilial (Farber et al., 1984; Risin and Koss, 1987; Showers et al., 1983). However, overall, it does appear that boys are more likely than girls to be abused outside the family and by non-family members.

## **Female Perpetrators**

As recently as 10 years ago, it was a common assumption that females did not or could not sexually abuse children or youth. Even some professionals working in the field believed that women represented only about 1% to 3% of sexual abusers at most. However, mounting research evidence about sexual abuse perpetration at the hands of teen and adult females has begun to challenge our assumptions, though these earlier and dated views still tend to predominate.

The percentage of women and teenage girl perpetrators recorded in case report studies is small and ranges from 3% to 10% (Kendall-Tackett and Simon, 1987; McCarty, 1986; Schultz and Jones, 1983; Wasserman and Kappel, 1985). When the victim is male, female perpetrators account for 1% to 24% of abusers. When the victim is female, female perpetrators account for 6% to 17% of abusers (American Humane Association, 1981; Finkelhor and Russell, 1984; Finkelhor et al., 1990). In the Ontario Incidence Study, 10% of sexual abuse investigations involved female perpetrators (Trocme, 1994). However, in six studies reviewed by Russell and Finkelhor, female perpetrators accounted for 25% or more of abusers. Ramsay-Klawnsnik (1990) found that adult females were abusers of males 37% of the time and female adolescents 19% of the time. Both of these rates are higher than the same study reported for adult and teen male abusers.

## **Dynamics of Female-Perpetrated Abuse**

Some research has reported that female perpetrators commit fewer and less intrusive acts of sexual abuse compared to males. While male perpetrators are more likely to engage in anal intercourse and to have the victim engage in oral-genital contact, females tend to use more foreign objects as part of the abusive act (Kaufman et al., 1995). This study also reported that differences were not found in the frequency of vaginal intercourse, fondling by the victim or abuser, genital body contact without penetration or oral contact by the abuser.

Females may be more likely to use verbal coercion than physical force. The most commonly reported types of abuse by female perpetrators include vaginal intercourse, oral sex, fondling and group sex (Faller, 1987; Hunter et al., 1993). However, women also engage in mutual masturbation, oral, anal and genital sex acts, show children pornography and play sex games (Johnson, 1989; Knopp and Lackey, 1987). The research suggests that, overall, female and male perpetrators commit many of the same acts and follow many of the same patterns of abuse against their victims. They also do not tend to differ significantly in terms of their relationship to the victim (most are relatives) or the location of the abuse (Allen, 1990; Kaufman et al., 1995).

It is interesting to note in the study by Kaufman et al. (1995) that 8% of the female perpetrators were teachers and 23% were babysitters, compared to male perpetrators who were 0% and 8% respectively. Finkelhor et al. (1988) also report significantly higher rates of sexual abuse of children by females in day-care settings. Of course, Finkelhor's findings should not surprise us given that women represent the majority of day-care employees.

Research on teen and adult female sexual abuse perpetrators has found that many suffer from low self-esteem, antisocial behaviour, poor social and anger management skills, fear of rejection, passivity, promiscuity, mental health problems, post-traumatic stress disorder and mood disorders (Hunter et al., 1993; Mathews, Matthews and Speltz, 1989). However, as in the case of male perpetrators, research does not substantiate that highly emotionally disturbed or psychotic individuals predominate among the larger population of female sexual abusers (Faller, 1987).

There is some evidence that females are more likely to be involved with co-abusers, typically a male, though studies report a range from 25% to 77% (Faller, 1987; Kaufman et al., 1995; McCarty, 1986). However, Mayer (1992), in a review of data on 17 adolescent female sex offenders, found that only 2 were involved with male co-perpetrators. She also found that the young women in this study knew their victims and that none experienced legal consequences for their actions.

Self-report studies provide a very different view of sexual abuse perpetration and substantially increase the number of female perpetrators. In a retrospective study of male victims, 60% reported being abused by females (Johnson and Shrier, 1987). The same rate was found in a sample of college students (Fritz et al., 1981). In other studies of male university and college students, rates of female perpetration were found at levels as high as 72% to 82% (Fromuth and Burkhart, 1987, 1989; Seidner and Calhoun, 1984). Bell et al. (1981) found that 27% of males were abused by females. In some of these types of studies, females represent as much as 50% of sexual abusers (Risin and Koss, 1987). Knopp and Lackey (1987) found that 51% of victims of female sexual abusers were male. It is evident that case report and self-report studies yield very different types of data about prevalence. These extraordinary differences tell us we need to start questioning all of our assumptions about perpetrators and victims of child maltreatment.

Finally, there is an alarmingly high rate of sexual abuse by females in the backgrounds of rapists, sex offenders and sexually aggressive men – 59% (Petrovich and Templer, 1984), 66% (Groth, 1979) and 80% (Briere and Smiljanich, 1993). A strong case for the need to identify female perpetrators can be found in Table 4, which presents the findings from a study of adolescent sex offenders by O’Brien (1989). Male adolescent sex offenders abused by “females only” chose female victims almost exclusively.

**Table 4**  
**Victim Gender Based on Who Previously Abused the Perpetrator**

| Gender of Perpetrators' Own Victimizer | Gender of Victim  |                  |
|--|-------------------|------------------|
|  | Male or Both<br>% | Female Only<br>% |
| Male only                              | 67.5              | 32.5             |
| Female only                            | 6.7               | 93.3             |

Berkowitz (1993), in a Winnipeg-based study of sexually abused males in treatment groups, found the following rates of perpetration.



**Table 5**  
**Gender of Abusers of Male Victims in Treatment Groups**

| Gender of Abusers                 | N  | %     |
|-----------------------------------|----|-------|
| <b>Intrafamilial Abuse (N=54)</b> |    |       |
| Male perpetrated                  | 54 | 100.0 |
| Female perpetrated                | 39 | 72.2  |
| <b>Extrafamilial Abuse (N=55)</b> |    |       |
| Male adult                        | 50 | 90.9  |
| Female adult                      | 30 | 54.5  |
| Male adolescent                   | 39 | 70.9  |
| Female adolescent                 | 24 | 43.6  |

### **Physical Abuse and Neglect**

In the *Ontario Incidence Study*, 41% of investigations of child maltreatment were for physical abuse, compared to 24% for sexual abuse, 30% for neglect, 10% for emotional maltreatment and 2% for other forms of maltreatment. There were two or more forms of suspected maltreatment in 12% of investigations. In 27% of the cases, maltreatment was substantiated, 30% suspected and 42% unsubstantiated. Forty-nine percent of investigated children were male, and 35% of children investigated because of suspected sexual abuse were male (Trocme, 1994). In Ontario, 34% of investigated children lived with both biological parents, 19% with a biological parent and a step parent, 36% with a single mother and 6% with a single father. Social assistance was the primary source of income for 38% of children investigated. At least 17% lived in subsidized housing.

In the United States, figures provided by the American Association for the Protection of Children (1985) reveal that most physical abuse and most minor and major injuries of children are perpetrated by women. Other research evidence indicates that mothers represent the majority of physical abusers and neglecters of children (Johnson and Showers, 1985; Rosenthal, 1988). Archambault et al, (1989) found that mothers are the major perpetrators of physical abuse for both male and female runaways.

It is evident that much of the physical abuse and neglect of children occurs in single mother-led families living in high-stress environments. Stressed to the limit, these mothers take out their frustrations on their children. Some of these mothers are also victims of spousal violence, child abuse or suffer from a number of current and chronic life stressors. Because mothers typically are the primary

caregivers of children and spend more time with them, it makes sense that they would show up in larger numbers in the statistics on child physical abuse and neglect.

Although females account for more of the physical abuse and neglect of children, there is some evidence that males inflict more serious injuries on their victims, particularly male victims (Rosenthal, 1988). Fathers are also 2 times more likely than mothers to be the perpetrator in cases involving child fatalities (Jason and Anderek, 1983). In other studies, no sex differences, in terms of severity of abuse or child fatalities in two-parent families, were found (Gelles, 1989; Greenland, 1987). However, because women still tend to be the primary caregivers to children, the emotional impact of mother-perpetrated abuse, regardless of the form, may be greater on children than a father's abuse.

The greater physical harm caused to children by fathers is likely attributable to the greater physical strength of males generally, but also to the disinhibiting effects of alcohol and, to a lesser extent drugs, which factor prominently in parental abuse of children and youth (Cavaiola and Schiff, 1988). For all forms of child maltreatment, parent risk factors, such as alcohol abuse, drug abuse, mental health problems and inter-parental violence, show up as risk factors, but especially for physical abuse and neglect (Trocme, 1995).

When the abuse starts is likely to have some impact on its course, duration and consequences, though there is still insufficient research to map a predictable developmental path and sequelae. In general, abuse can follow one of three paths: abuse that begins in childhood and ends when the child reaches adolescence; begins in childhood and continues through adolescence; or begins in adolescence (Lourie, 1979). The duration can range from 1 month to over 15 years. The average duration is approximately 5 years (Farber and Joseph, 1985).

---

## **Corporal Punishment**

Much of the use of corporal punishment by parents, teachers, day-care providers or various institution-based professionals goes unnoticed, or is not labelled as being abusive, because it is viewed as an acceptable function for an adult in the role of parent, *locus parentis* or caregiver. This is due, in part, to widespread cultural norms in North American society sanctioning the use of force in the correction and discipline of children and youth, and a "just world" view that children who misbehave, are difficult to control or anger adults deserve to get a spanking.

But it is also because much of this form of maltreatment does not come to the attention of authorities unless it is severe. As in the case of inter-spouse abuse, we have historically viewed incidents of violence within families as a “domestic” concern or a private family matter, though significant strides have been made to improve this situation in Canada. However, we have not yet begun to accord children the same type of compassion and concern we are beginning to give female spouses.

Almost all American parents endorse the use of corporal punishment and use it routinely on infants, older children and teens alike, though usage tends to decrease the older the child gets. However, more corporal punishment appears to be directed at boys than girls. More males report being hit by parents and more parents report hitting sons than daughters (Straus, 1994). In this same study, sons recall being equally likely to be hit by both parents, whereas adolescent daughters are a third more likely to be hit by their mothers. The most chronic pattern of hitting, in terms of frequency, is mothers hitting adolescent sons, the lowest is for fathers hitting daughters. Two thirds of mothers with toddlers hit them three or more times per week. Other studies have also found higher rates of mothers hitting adolescent children (Wauchope and Straus, 1990).

When an adolescent is hit, both parents usually do it, especially if the child is a boy. When a son is hit, fathers do it 23% of the time, mothers 23%, and both parents 53%. When a daughter is hit, fathers do it 20% of the time, mothers 39%, and both parents 41%. The highest rate of hitting teens occurs in middle-class families (Straus, 1994).

Several theories summarized by Straus (1994) offer some explanation of why boys are hit and punished more often than girls: they misbehave more; boys are encouraged to be more active which may subtly encourage misbehaviour; it is part of training boys for anticipated adult male roles of provider/protector; and it is used to toughen boys up. The gender of the parent administering corporal punishment is also likely to influence our perceptions. Because of our stereotypes of women as nurturers or “natural” caregivers, we are less likely to attribute malicious intent to mothers or other females. Instead, we tend to view women’s use of physical abuse or corporal punishment as a sign of stress. We are also likely to overlook, or give only passing concern to, cases where a female caregiver uses physical force or corporal punishment toward an older male child or teen. However, theories that explain mothers’ use of violence toward children and teens solely in terms of stress, fail to acknowledge and factor in these gender-specific issues of particular consequence to male victims.

It is generally believed that parental stress owing to conditions of poverty or low socioeconomic status (SES) contributes to children being “at risk.” However, the research is inconclusive. Erlanger’s review of the literature on corporal

punishment reported no remarkable relationship between use of corporal punishment and socioeconomic status. Others have found higher rates for lower-income families (Bryan and Freed, 1982; Stark and McEvoy, 1970). One study found that corporal punishment rates are highest for middle-class families (Straus, 1994). This same study also found that while fewer lower-SES adolescent parents may hit their children, those that do hit do it more often.

Personal beliefs, life experience, attribution and social learning all appear to play a role in predicting the use of corporal punishment. Parents who believe hitting a child is not abuse and that it works to correct misbehaviour, attribute the child's misbehaviour to premeditation or provocation, attribute the behaviour to internal characteristics of the child that are within their control, observe their partner administer force, or who feel powerless in the face of the misbehaviour are most likely to use corporal punishment or physically abuse their children (Bugental, et al., 1989; Dibble and Straus, 1990; Dietrich et al., 1990; Dix and Grusec, 1985; Fry, 1993; Institute for the Prevention of Child Abuse, 1990; Walters, 1991). The more parents believe in the use of corporal punishment, the more likely they are to use it, and the more likely they are to apply it harshly (Moore and Straus, 1987).

# Effects of Victimization on Males

Most of the literature on the impact of abuse has been written about female victims and thus tends to reflect a female-centred perspective. There has become, in Fran Sepler's words, a "feminization of victimization" (1990). That is not to say that this literature cannot be applied to male victims. There are likely more similarities than differences between male and female victims.

Questions typically surface in discussions about victimization concerning which gender suffers the greatest impact from abuse. Watkins and Bentovim (1992) in a review of the literature were unable to find clear evidence that either males or female victims are harmed more by their victimization experiences. However, the question itself is self-defeating given the wide range of peoples' resilience and ability to cope, personal resources, the availability of social supports and individual differences, to name only a few.

One problem that arises when trying to assess the impact of abuse of either gender is separating out which consequences are immediate or short-term reactions from those that are likely to be enduring. Another problem is the difficulty of assessing impact for children and youth who have experienced two or more types of maltreatment. Individuals, family environments, developmental and cultural contexts also differ widely, as do things such as previous levels of mental and physical health or intellectual or cognitive functioning. Further complicating the matter is that most of the recent research on impact has been conducted on *sexual* abuse victims and survivors. Consequently, it is difficult to make generalized statements about impact that apply to all victims, even of similar types of abuse.

---

### Sexual Abuse

Numerous factors have been cited as contributing to an enduring or harmful outcome: duration and frequency of abuse, penetration, use of force, abuse by family members or other closely related person, lack of support following disclosure, pressure to recant, multiple other problems in the family, and younger age (Browne and Finkelhor, 1986; Conte and Schuerman, 1987; Finkelhor, 1979; Friedrich et al., 1986; Russell and Finkelhor, 1984; Tsai et al., 1979). For males, the added dimension of not being able to disclose their abuse for fear of being labelled "gay," a weakling or a liar may amplify the effects of these other

factors. Even when males do disclose, few supports and services are available and few professionals possess the skills and knowledge necessary to work effectively with male victims.

It is widely assumed that males are more likely than females to “act out” in response to their abuse. They develop social problem behaviours such as sex offending, assault, conduct disorder or delinquency, and appear to be more inclined to engage in health-damaging behaviours such as smoking, drug abuse, running away or school problems leading to suspension (Bolton, 1989; Friedrich et al., 1988; Kohan et al., 1987; Rogers and Terry, 1984).

Females are thought, generally, to internalize their response and “act in” or develop more emotional problems, mood and somatic disorders, resort to self-harming behaviours and become vulnerable to further victimization. Although there is some merit to this perspective, it does apply gender role stereotypes, and is not consistent with current research on the impact of abuse on males. Males, generally, may be just as likely to experience depression as females, they just are not given much permission to express it. Males are expected to be stoic and to just “snap out of it.”

Males generally do not discuss their feelings or go to therapists for help so they are not likely to show up in the statistics on depression. Because boys have little permission to discuss their feelings, depression in males may be masked as bravado, aggression or a need to “act out” in order to overcompensate for feelings of powerlessness. Depressed male victims are also likely to be hiding in the statistics on suicide, addictions and unexplained motor vehicle fatalities. If males are indeed more likely to engage in acting out behaviours, it may simply be the result of us not allowing them to be vulnerable or to be victims.

However, the literature does provide overwhelming evidence of emotional disturbance in male victims. Anxiety, low self-esteem, guilt and shame, strong fear reactions, depression, post-traumatic stress disorder, withdrawal and isolation, flashbacks, multiple personality disorder, emotional numbing, anger and aggressiveness, hyper-vigilance, passivity and an anxious need to please others have all been documented (Adams-Tucker, 1981; Blanchard, 1986; Briere, 1989; Briere et al., 1988; Burgess et al., 1981; Conte and Schuerman, 1987; Rogers and Terry, 1984; Sebold, 1987; Summit, 1983; Vander Mey, 1988). Compared to non-abused men, adult male survivors of sexual abuse experience a greater degree of psychiatric problems, such as depression, anxiety, dissociation, suicidality and sleep disturbance (Briere et al., 1988).

Childhood sexual abuse has been found in the backgrounds of large numbers of men incarcerated in federal prisons (Diamond and Phelps, 1990; Spatz-Widom, 1989; Condy et al., 1987). Because males are more likely to be physically and

sexually abused concurrently, they may be more conditioned to see sex, violence and aggression as inseparable. This may provide us with clues to explain why male victims appear to sexually abuse or assault others more often than females, why their anger and frustration may be more other-directed than girls, why boys appear to develop a stronger external locus of control, and why they appear to possess a diminished sensitivity to the impact of the abuse on their victims.

However, sexual offending is just one possible consequence for male victims. Most do not become sex offenders (Becker, 1988; Condy et al., 1987; Freeman-Longo, 1986; Friedrich et al., 1987; Friedrich and Luecke, 1988; Groth, 1977; Kohan et al., 1987; Petrovich and Templer, 1984). Some males become “sexualized” resulting in increased masturbation or preoccupation with sexual thoughts or use of sexual language. Others develop fetishes (Friedrich et al., 1987; Kohan et al., 1987).

Male victims experience a number of physical symptoms similar to females. Common problems are sleep disturbances, eating disorders, self-mutilation, engaging in unsafe sexual practices, nightmares, agoraphobia, enuresis and encopresis, elevated anxiety and phobias (Adams-Tucker, 1981; Burgess et al., 1981; Dixon et al., 1978; Hunter, 1990; Langsley et al., 1968; Spencer and Dunklee, 1986). Male victims also experience psychosomatic health problems normally associated with experiencing high levels of chronic long-term stress, receive sexually transmitted diseases, and become injured through rough touching, penetration or object insertion or, in extreme cases, are killed. In preschool boys and male infants, failure to thrive, early and compulsive masturbation, hyperactivity, sexual behaviour with pets, sexual touching of other children that re-enacts the abuse and regression in speech or language skills have been found (Hewitt, 1990).

Being sexually abused can leave a young male with an inability to set personal boundaries, a sense of hopelessness and a proclivity to engage in many types of careless or self-destructive behaviours, such as unprotected sex with high-risk partners. It is thus no surprise to find that sexual abuse was also found in 42% of persons with HIV infection (Allers and Benjack, 1991; Allers et al., 1993).

Johnson and Shrier (1987) found that males molested by males were more likely than those molested by females to view themselves as being “gay,” a devalued status in North American society. In this same study, female-victimized males reported the impact of the abuse to be more severe, possibly as a consequence of experiencing a reversal of stereotyped gender roles which placed the female in the more powerful role.

One of the reasons why a male might be more affected by sexual abuse is that it calls into question his whole sexual and personal identity “as a man.” When a male is victimized, he is more likely to experience confusion about sexual identity (Johnson and Shrier, 1987; Rogers and Terry, 1984; Sebold, 1987). Male anatomy may play a key role in forming this perception. Because male genitalia is external, arousal to direct stimulation is more obvious. Obtaining an erection, experiencing pleasurable sensations or having an orgasm is, to the male victim, physical “evidence” that he is homosexual. It also reinforces the male victim’s mistaken belief that he was responsible in some way because he “obviously” enjoyed it. Contrary to popular belief, a male can have an erection and achieve orgasm even when fearful.

Many male victims experience difficulties in intimate relationships as a result of being abused. They have few, if any, close friends, are promiscuous, have difficulty maintaining fidelity with partners, form few secure attachments and often become involved in short-term, abusive and dysfunctional relationships. Many experience few emotionally or physically satisfying sexual relationships and sometimes avoid sex altogether. Others become sexual compulsives, develop sexual dysfunctions or engage in prostitution (Coombs, 1974; Dimock, 1988; Fromuth and Burkhart, 1989; Johnson and Shrier, 1987; Krug, 1989; Lew, 1986; Sarrel and Masters, 1982; Steele and Alexander, 1981; Urquiza, 1993).

---

### **Physical Abuse, Corporal Punishment and Neglect**

There appears to be some truth to the notion that violence begets violence. Children with a history of physical abuse and corporal punishment are more aggressive, possess fewer internal controls for their behaviour, have higher rates of involvement in crime and violence as adults, and are more likely to abuse siblings or attack parents (Bandura and Walters, 1959; Bryan and Freed, 1982; Eron, 1982; Hirschi, 1969; Sears et al., 1957; Straus et al., 1980; Welsh, 1978; Widom, 1989). Men and women who were physically punished are also more likely to abuse their partners or spouses (Straus, 1991). The highest predictors of involvement in crime and delinquency are: being hit once per week or more at 11 years of age and having a mother, at that age, with strong beliefs in, and a commitment to, corporal punishment (Newson and Newson, 1990).

There is some evidence to suggest that adults hit as adolescents are more likely to develop depression or engage in suicidal ideation than those who are not hit, regardless of sex, socioeconomic status, drinking problems, marital violence or whether children witnessed violence between their parents. In fact, the more one is hit the greater the likelihood that depression will be a consequence (Straus, 1994).



Straus suggests four consequences of corporal punishment. At the *immediate* level, it leads to escalation, where a resistant child forces the parent to use increasing amounts of force which could cause serious injury. At the *developmental* level, the more corporal punishment is used, the more it will have to be used because the child will be less likely to develop internalized controls for behaviour. At the *macro-cultural* level, corporal punishment creates a society that approves of violence to correct wrongdoing. At the *inter-generational* level, it increases the chance that when the child is an adult he or she will approve of interpersonal violence, be in a violent marriage and be depressed.

Assessing the impact of neglect is difficult, since its effects are likely to be inseparable from problems related to living in a dangerous or high-stress home environment, living in an unsafe neighbourhood or community, living in poverty, poor parental skills, parental mental health problems, parental criminality or substance abuse or addiction, and inter-parental violence. Here, the effects are likely similar for male and female victims. Health problems related to non-organic failure to thrive, dental caries, malnutrition, anemia and low levels of immunity protection could also be expected.

---

### **The Consequences of “Male Sexual Licence”**

Males, generally, have more permission to be sexual persons in our society. A double standard of morality has been applied to males and female for centuries. The fact that there are no “positive” or flattering terms such as “sowing his wild oats,” “boys will be boys” or “ladies man” for females gives vivid illustration to this point. It is generally assumed that having “licence” to be a sexual person is an advantage. Males are seen to get power from obtaining or taking sex, women from withholding sex.

However, sexual licence has serious consequences for male victims. It increases a boy’s susceptibility to sexual abuse by promoting or encouraging participation in sexual activities. It promotes secrecy because boys are afraid to report sexual experiences that go wrong for fear they are responsible and blameworthy. It affects our perceptions as professional caregivers, encourages victim blaming and supports minimization of the impact on victims of male-on-male sexual assault or female-perpetrated sexual assault. It causes males to expect female sexual contact. It promotes risk-taking sexual behaviour and creates expectations for males that they must be the initiators of sex and have sexual knowledge and experience.

# Implications

---

### Implications for Research

As one might expect from any new field, the literature regarding male victimization lacks cohesion, particularly in the area of sexual abuse. Samples are wide ranging. Some studies provide no definition of sexual abuse. Some include only hands-on offences. Some apply a definition of abuse only when the age difference between the victim and the perpetrator is five or more years. Some count perpetrators only if they are adults or at least 16 years of age. This would exclude, for example, the sexual abuse of a 10 or 11-year-old boy by a 15-year-old male or female teen. Some subjects were excluded if the male victim admitted to “wanting” or agreed to the sexual activity.

There are still many definitional/conceptual problems in the discourse with respect to what constitutes sexual abuse toward boys and young men. Although definitions of abuse may be spelled out clearly in the law, many of us struggle to see sexual abuse when there is pressured sex between teen male peers; teen girls or adult females expose themselves to boys; adult females use the services of teen males working in prostitution; when women engage in sexualized talk with boys or teen males; or when an adult male or female shows pornography to a boy or teen male. Even if there is agreement about some of these categories when young boys are involved, once a male reaches his teen years, our perceptions readily begin to reflect a double standard.

Imprecision and bias in the selection of research questions greatly affects the findings of studies. For example, terms such as sexual “contact” and sexual “abuse” mean very different things to males who are socialized to expect and enjoy all sexual interactions with females. That is why studies that broaden their definition of sexual abuse and ask males about “sexual experiences” with older teen and adult females yield higher prevalence rates for female offenders. Lower-prevalence-yielding case-report types of studies have shaped most of the professional discourse on child abuse and created an impression of male victimization in the public mind that is largely false and misleading.

Applying a double standard when interpreting findings has also affected our perceptions about impact on male victims. It is not uncommon in studies of males abused by females to find claims that they did not see the sexual contact as “abuse” and viewed it as a neutral or positive experience. Anyone reading these

studies who accepted these accounts at face value could be led to the erroneous assumption that there was, in reality, no *actual* negative or harmful impact. When making this assumption, we forget that males are socialized to minimize the impact of being victimized, especially if the abuser was a female, and often hide their fear or discomfort behind “macho posturing.”

Accepting these self-assessments at face value reinforces stereotypes about males that have unintended consequences for males and females. They maintain a harmful double standard prevalent in the child abuse field. They give a message that male victims can “take it.” They suggest females are not sex offenders but instead “gentle seducers.” They encourage some female sex abusers to deny by supporting a view of themselves as teachers/initiators of sex for their male victims. They support the stereotype that boys are “seduced,” while girls are “raped” or sexually assaulted. They can affect the attitudes, beliefs and behaviours of police officers, physicians, hospital staff, child welfare authorities or anyone else who examines victims for impact or conducts investigations of incidents involving female abusers and male victims. They can cause these same persons to look only at physical injuries to male victims and overlook or minimize their emotional responses. They suggest that, but for our socialization of males and females, girls would be giving the same kinds of “positive” or “neutral” responses. This is most definitely a message we do *not* want to be sending to anyone about children or youth.

We owe it to ourselves and to male victims to ask more probing research questions. For example, if we reframed the experience for these male victims and invited them to consider the differences in power between themselves as children and their adult or teen abusers, to search for feelings of confusion or anxiety before, during or after the sexual contact, and to examine in their adult life the quality or quantity of their intimate and sexual relationships, would they be more likely to respond differently? Would we accept without question from a female victim her assessment that her “sexual contact” with a teen or adult male was not sexual abuse or was just part of her learning about sex? Unlikely. We have to ask ourselves why we simply accept this response from males.

The double standard prevalent in the field of child abuse has created a most unfortunate situation for boys and young men. Female abusers must do something severe and obvious before they will be held accountable as perpetrators. Males must be abused in more severe and obvious ways before we will take them seriously as victims.

Serious gaps also exist in the literature. There has been an extraordinary focus on *sexual* abuse that, relative to the prevalence of other forms of abuse, is out of proportion. It is time for us to focus more time, attention and resources on the

study of physical abuse, including corporal punishment, neglect and emotional maltreatment of children. Male victims represent a majority of the victims in these other types of abuse cases.

We also need to investigate the particular needs of visible, cultural and sexual minority male victims. The impact of victimization on a boy or young man, along with our response to his needs and issues, can be greatly affected by his membership in one or more of these categories.

Finally, we have to restore some equity in the allocation of resources spent on research and public education in the area of child abuse and interpersonal violence. Single-gender studies focusing on women's concerns predominate. While this has been an important and worthwhile investment of our resources, a single-gender focus on public education and advocacy is impeding the development of a more inclusive and comprehensive picture of interpersonal violence in Canada. Until we possess a better understanding of male victims' issues, we will continue to fall far behind other Western democracies and compromise the vision of achieving real gender equality.

---

### **Implications For Assessment, Treatment, and Program Development**

It is generally assumed that approaches to working with female victims will also work with males. Although there is merit in this belief, our current and predominantly female-centred models of victimization fall short in several important areas and may actually be harmful if carelessly applied to male victims.

The silence, denial and resistance that surrounds the issue of child abuse is particularly problematic for males. Because knowledge about male victimization is very limited in the public mind, featured rarely in media stories and under-researched, victims need to know from the outset that they are not the first or only male who has been abused or harmed. Making sure a male victim understands the prevalence of male victimization can be of significant help in ending the sense of isolation and self-loathing that accompanies a common perception that "I am the only one" or "I do not measure up."

Learning to trust a therapist and even one's own thoughts, feelings and perceptions after having been victimized is a major issue for all survivors. Opening up to a therapist can be an extraordinary challenge for male victims who must also cross a barrier with respect to gender-role socialization that instructs males to be stoic and silent, prevents them from wanting to appear vulnerable and encourages them to be self-reliant. The skill and knowledge of the therapist, and experience working with male victims, is of paramount

importance in facilitating the development of trust in male victims and getting them past these obstacles. Being able to identify for male victims our gender “blindspots” that end up causing or exacerbating many of their problems will help them build confidence and ultimately greater trust in us.

Therapists working with male victims need to have a thorough knowledge of human development across the lifespan. For example, many of the effects of being abused as a boy do not surface until later years. Understanding how abuse can affect childhood development and what the potential sequelae might be, therapists can be more effective guides for a male victim and an important resource for his caregivers, intimate partners or other persons who are supporting him in his healing work.

Conducting a thorough and comprehensive assessment is imperative when working with male victims. Older boys, and teen and young adult males, often find recollections of sexual abuse experiences fragmented or dream-like. Some of this may be related to the age at which the abuse occurred, the fact that the abuse was well “disguised” in otherwise typical child/adult interactions, or seamlessly blended into everyday interactions in a home “environment” that was sexualized. The permission given to males in their socialization to be sexual persons can also confuse memories and distort interpretations of the experience. Sexual abuse often leaves male victims with a traumatized sexuality that can be internalized or interpreted as being a normal “male” sexual response pattern.

Because males are socialized to take charge, be responsible and take care of themselves, physical abuse and corporal punishment can be interpreted as “deserved” and internalized in a negative self-concept that supports self-blame. It can also support the internalization of anger in the form of drug and alcohol abuse, excessive risk taking, suicide and reckless attempts to reassert a distorted sense of one’s own masculinity. All these gender-role-related issues need to be unpacked for male victims.

Another area of special significance to males is in the use of language-intensive and insight-based types of interventions. Boys tend to lag girls in the acquisition and use of language skills (Maccoby and Jacklin, 1974). Some of this may be related to different patterns of brain development or maturation in males and females. The literature on high-risk violent and aggressive male youth, many of whom are victims, is rich with documentation concerning the predominance of language deficits and other learning difficulties. This lag in language development may be one more reason why boys are less likely than girls to disclose their abuse.

However, rarely discussed is the fact that a lag in language development, or even language deficits, may also be based on differential socialization, family and environmental factors, or abuse and neglect issues. Males, generally, are not encouraged to talk about their feelings or personal thoughts. Consequently, few boys and teen males have much experience exploring or expressing inner states of mind and emotion. They are generally more “action” oriented and thus inclined to dismiss a long process of searching for insight in the interest of just “getting on with life.” Using exclusively language-intensive and insight-based types of interventions can push a male victim into a process of therapeutic or healing work that will make him uncomfortable because he is neither able nor prepared to deal with it.

The language of therapy is typically a language about feelings which creates problems for some male victims. Male victims typically struggle with expressions of feeling. This should not be interpreted as a confirmation of biased stereotypes about males as having no feelings or lower levels of “emotional literacy” than females. Males experience the same emotions as females, they are just less likely to be differentiated and articulated. For example, feelings of shame, guilt, humiliation, anxiety, sadness and rage can become bundled together in the form of anger. Since anger is the only “legitimate” feeling they can express, they, and we, often mistake what we are seeing when a male victim expresses anger. Some males are afraid to express any anger at all because of the potential tempest of uncontrollable and jumbled feelings they fear will be unleashed. Some are afraid to express anger because they associate it with violence. Therapists, unaware of these complexities, may invite a male victim to express his anger and end up scaring him off counselling. Conversely, suggestions to a male that he needs to learn techniques to “control” or “manage” his anger can convey a message that it is a “pathology” in need of correction and that his underlying pain and confusion are not legitimate.

That is why it is so important to identify *toxic* versus *righteous* anger for male victims. Toxic anger is a maladaptive, unacknowledged, repressed or misdirected rage reaction that can harm male victims and their relationships with others. Righteous anger has the potential to be empowering once it is understood as a normal and healthy response to the harmful restrictions of male gender roles, to being abused and to a biased, unwelcoming and silencing social environment males face when they attempt to disclose their victimization.

Some male victims become intensely “homophobic,” their anger emerging from self-perceptions and doubts about their “masculinity” or about possibly being “gay.” It is important to help male victims understand that being abused does not “cause” someone to become gay or bisexual. Helping males to understand that this anger stems from a perceived threat to personal beliefs about their “masculinity” and a cultural context that supports anti-gay prejudice is also

important. If we were a gay-positive society, it would be less likely for these homophobic feelings and perceptions to arise. We need to counsel boys and young men that “masculinity” is a social construction that is malleable. Many male victims suffer under the tyranny of a narrowly defined sense of what it means to be a “man.” They need help, support, and encouragement to learn to be themselves, outside of rigid gender-role proscriptions.

Some male victims express no emotions like anger at all but become withdrawn, isolated and depressed. Many males hide their emotions in work-a-holism, perfectionism and over-achieving. All these behaviours can be highly resistant to change, considering that they have the effect of deflecting painful feelings and bring monetary rewards, prestige or social status.

Although abuse of power is the fundamental dynamic behind all forms of victimization, many male victims do not report feeling powerless and do not see themselves as “victims.” While it is important to respect these victims’ points of view, we cannot appear to condone the perpetrator’s behaviour or fail to communicate the legal, moral and ethical issues involved in the abuse of boys or young men by older persons. Being older, larger in physical size, more attractive, wealthier, popular, smarter or in a position of authority are all forms of “social power” that can be used by offenders to trap, seduce, harass, harm or abuse victims.

---

### **A Repeating Cycle of Violence?**

Is there a repeating cycle of violence for male victims? Perspectives vary, and the question defies a simple answer because there are likely many factors that act together to influence a victim’s subsequent behaviour.

Many people believe that males who are victimized automatically become offenders. Some critics argue that if a “repeating cycle” model was true, there would be more female than male sex offenders, since more females are sexually abused than males. However, this argument neglects to consider several facts. First, female sex offending *is* much higher than the case-based research reveals. Second, far more male children *are* sexually abused than case-based research documents show. In fact, male and female children may be *equally* likely to be sexually abused, especially within the family. Also forgotten is the fact that, though sexual abuse of males continues into adolescence, reporting drops off dramatically after puberty. Third, many forms of female sex offending are hard to detect because they have the appearance of being “nurturing” behaviour or do not resemble behaviours perpetrated by males. Compulsive genital washing, inappropriate sleeping arrangements, walking in on children when they are using the bathroom or undressing for bed, sexualized talk, or teasing a child about

his sexual organs or development are some of the less obvious types of behaviours committed by female sex offenders (Mathews, 1989). Fourth, because we socialize girls to not be sexual persons, female offenders may be more likely to express their anger and frustration in the form of passive neglect of children, corporal punishment or physical abuse, or psychological maltreatment.

Other critics worry about the message we send to male victims through this repeating cycle model. Although some male victims, like abused females, do hurt others, the majority do not. Carelessly asking a male victim if he is offending can establish a self-fulfilling prophecy in the young person. It can create or reinforce feelings about being “no good” or “damaged goods.” Critics also worry that male victims exposed to political rhetoric about men being “oppressors” of women may become convinced that offending is their inevitable destiny. We also run the risk of fostering low self-esteem or self-worth by giving a male victim the message that *his* victimization is less important than the victimization of others.

The arguments of still other critics are puzzling. For example, when women or teen girls offend they consider their abuse background or stressful life situations as the “cause” of the offending behaviour, but not for males. These critics do not acknowledge that trauma experienced by males as a result of previous victimization, stress from being unemployed, gender role expectations that they be the primary providers for their families, or mental or physical health problems might also be part of why some fathers lash out at their children or other family members. Basically, this latter view is a representation of the essentialist position of women as victims, males as perpetrators.

However, these above concerns aside, it is evident that many abused persons, male and female, do harm others. And, while it may be possible to speak in general terms about “gendered” responses to previous victimization, violence and aggression, regardless of their form, are not a single gender “problem.” Patterns of intergenerational transmission of violence and aggression from grandparents, to parents, to children have been documented in the literature. Previous victimization has been found in high numbers in the backgrounds of men and women in prisons. A repeating cycle model, while being far from comprehensive, is a valuable conceptual tool that can help us in the search to better understand all forms of abuse and their personal, social and developmental consequences.



---

## Implications for Staff Development and Program Supervision

It is likely that a significant proportion of young offenders, particularly those with a record of crimes involving physical and sexual assault, are victims of abuse in one form or another. Perhaps one of the reasons why we have had such poor success with many of these young people is precisely because we have failed to recognize the abuse and neglect issues that underlie their antisocial behaviour.

Specialized training for professionals in the area of male victimization is woefully inadequate or non-existent. Front-line and supervisory staff of child, youth and family-serving organizations need to become more aware of the large and growing literature on male victimization. Regular and routine staff training in this area must become a standard of practice if we are to better serve male clients and their families.

Because abused boys and young men often struggle with self-concepts about “being a man,” all caregivers must be vigilant to how their own behaviour and expectations of male victims reinforce narrow or stereotyped notions of “masculinity.” Male workers especially need to understand that they are modelling “masculinity” every moment they are with a male child or teen. And, because boys spend so much of their early formative years in the care of mothers and female teachers, women also need to be vigilant with respect to how their behaviour or comments reinforce these narrow stereotypes.

Professionals and other support workers or caregivers to male victims must have a clear understanding of the salient effects of homophobia and one’s own personal view of homosexuality. Personal beliefs of caregivers can and do have a great impact on those whose abuse experiences have left them hypervigilant to the facial cues, body language or affect of others. We all too easily betray our discomfort with same-sex sexual assault or abuse. For a male child or teen victim with a fragile or damaged self-concept, any indication on our part of judgment, revulsion or hypocrisy will only create more woundedness.

All of us, regardless of our professional role, must stop minimizing the impact of abuse on male victims or assuming they can “take it.” The symptoms of abuse are often invisible for boys. By continuing to apply a double standard to male victims, we are reinforcing and supporting violence toward boys and young men in our schools, communities, homes and institutions.

As provincial governments cut back on expenditures, pressure is falling on child welfare agencies to rationalize their services. Some are choosing to discontinue service in cases of extrafamilial child sexual abuse and turn this responsibility over to the police. One immediate problem with this move is that more of these types of cases typically involve male victims. If police investigators do not possess

the training needed to recognize male-specific symptomatology, they may fail to make appropriate referrals or miss important evidence. In intrafamilial cases, child welfare investigators must ask more probing questions so that subtleties such as “sexualized environments” or other less immediately visible factors that impact on a male child’s healthy development can be gathered in assessments. The research evidence suggests cases of abuse involving boys are less likely to be founded, male victims are more likely to be blamed for their abuse and sexual abusers of boys are held less responsible for their actions. All of this points to the need for more awareness on the part of police, child welfare investigators and health care professionals.

In cases of child abuse involving male and female co-perpetrators, we can no longer continue making assumptions that it is the male alone who is responsible or the initiator. Failing to hold the female perpetrator fully accountable harms male victims by denying their experience. It also infantilizes women or teen girls, and reinforces stereotypes that only males abuse.

Teachers and education administrators need to become more vigilant with respect to the level of violence toward male children and youth in schools. Anti-violence curriculum in any form that excludes the reality of violence and victimization for males, that minimizes sexual harassment toward them or that singles them out as the perpetrators will only push boys and young men away. Curriculum materials need to apply an equal focus to teaching boys how to avoid becoming victims. We need to teach girls how to avoid becoming perpetrators, given that female students report being most at peril from other girls in schools (Mathews, 1995). And, any curriculum that problematizes only “male gender” without an equal consideration of how female and male gender roles and expectations are interdependent and mutually limiting is biased and alienating for male students. We can no longer tolerate literature about child abuse and neglect that details the stories of female victims and then parenthetically dismisses the experience of males by simply adding that, “It happens to males too.” Violence and victimization from a male perspective is not always the same as it is for females and needs to be acknowledged separately.

Many violent and aggressive students bring extraordinary personal and family problems to the school environment. Boisterousness, attention deficits, hyperactivity and learning difficulties can mask underlying abuse issues in male students. Education administrators should ensure that all staff receive regular training in the recognition of signs and symptoms of abuse and neglect as they pertain to males. In cases where boys are exhibiting signs of oppositional defiant disorder, conduct disorder or attention deficit disorder (with or without hyperactivity), we should now be ruling in or out the possibility of current and ongoing victimization or an abuse history.

School sports programs present a special challenge. Many “at-risk” youth feel that organized community and school sports programs are a good way to help them “blow off steam” and keep them out of trouble. While it is important to recognize the beneficial effects of sports, in terms of fitness, learning teamwork and building self-discipline, it is essential for coaches or other supervising personnel to convey in no uncertain terms that violence and unnecessary roughness is unacceptable. School sports program staff also need to understand that many male survivors skip gym class and avoid sports altogether. Their fear is having to undress in locker rooms where, by changing into athletic attire or showering, they have to “expose” themselves.

---

### **The Search for a More Inclusive Framework for Analysis**

It is important to remember that child abuse is a relatively new field of study and cannot and should not remain static. If the field is to maintain its integrity and develop as an increasingly more disciplined area within the social sciences, it must remain open to new ideas, challenges to status quo assumptions and new voices.

One of the traps we have fallen into in our study of violence and abuse is that we tend to see things from an “essentialist” perspective. When one takes an essentialist position, one assumes all members of a group, gender, class, culture, etc., are alike; what is characteristic of one individual is characteristic of the whole group, regardless of how individual members may see themselves or interpret their behaviour.

Essentialist ways of thinking lead us to use expressions such as “male violence,” in spite of the fact that most males are not violent. If one used the expression “minority youth crime,” one would see immediately the racism inherent in the statement, since all minority youth would be type cast as a result of the actions of a few. We see the racism in this phrase but the bias in the term “male violence” is invisible. The use of the term “male violence” in the discourse is leading us away from a more comprehensive understanding of interpersonal violence and abuse. Males do appear to be the majority of *sexual* abuse perpetrators, but women are the primary *physical* abusers and *neglecters* of children. Mothers *and* fathers appear to be equally likely to use corporal punishment. Mothers *and* fathers can inflict serious and lethal harm on a child. Since more neglect and physical types of violence are perpetrated against children than sexual abuse, we need to take a serious look at how our terms and concepts are blinding us to a large and neglected part of the abuse problem.

What gets missed in an essentialist perspective is the complexity of social problems and interpersonal relationships and dynamics. Essentialist thinking eventually compromises the integrity of any field because its narrow focus on group characteristics fails to account for individual differences and the impact of situational and other variables on behaviour. We are running into this problem in the child abuse field.

Because women were the early advocates in the abuse field, much of the writing in this area reflects a women's point of view and a predominantly gender-based feminist framework for analysis known in general terms as "patriarchy theory" typified in the work of Herman (1981). In this theoretical view, abuse, particularly sexual abuse, is the result of a "patriarchal culture of male power, male prerogative and male inclination to sexualize all relationships" (Hyde, 1990).

Patriarchy theory is compelling at a first glance because it is based on women's lived experience and the very real political, social and economic inequities women encounter every day. It also has the potential to shed light on many aspects of women's lives, including how social inequities can and do affect mental and emotional health. As a general theory based on women's experience "as a group" it has merit. But it also makes some assumptions about men as a group that, upon close scrutiny, are biased. Male victims are beginning to challenge a strictly gender-based view of violence, victimization, and power relations, because their own lived experiences teach them something very different.

For example, one area where this theory begins to weaken is in its interaction with a class and race analysis. In economic and political terms, a wealthy woman has more social power than a poor or homeless man. A female professional person, such as a physician, judge or lawyer, has more power than an unskilled male worker by virtue of her education, earning power and social influence. A Caucasian female has more social power than a visible minority male. The theory also fails to acknowledge the power that women, as adults and in the role of mother, teacher or child care provider, have over male children.

And there are other problems. The embellishment of patriarchy theory evident in the quotation from Hyde is biased in the way it generalizes a negative stereotype of "male sexuality" to all men. Most men are kind, decent, caring husbands, lovers, partners, colleagues, fathers and friends of women. Men's sexuality varies as much as women's.

It is evident from the research highlighted in this report that interpersonal violence is a complex phenomenon that cannot be reduced to any one single theory. Models based solely on a patriarchal model of gender relations, though

useful, are limited in their ability to explain the many facets of the violence and abuse story. They have also failed to bring males and females together in a common purpose to end violence.

A strictly applied gender-based model also does not fully account for female sex-offending, most notably the abuse of boys by mothers, adult or older teen women, the seduction of minor-aged males by older female teens and women, mother/daughter incest and the sexual abuse of children by teachers, day care providers, institutional caregivers and other women in positions of power or authority (Mathews, 1995). It is also heterosexist and does not account for sexual abuse, sexual exploitation and battering in lesbian relationships (Renzetti, 1992) or male same-sex relationships. In addition, it does not fully account for female use of corporal punishment, neglect and emotional maltreatment of children. Its greatest weakness is that it is not comprehensive. Its greatest strength lies in the fact that it identifies a “power dynamic” that has wider application to all types of social relations.

There are a number of considerations can be applied to a more comprehensive framework to account for abuse. Most would fit under the categories of behaviour, relationship and power. Crowder (1993) provides a useful starting point, particularly in the area of sexual abuse. She defines sexual abuse as “an overt or covert sexual behaviour between two individuals when the following conditions exist: the nature of the sexual act(s) is developmentally inappropriate for at least one of the participants; the balance of power and authority (meaning psychological power, economic power, role status power, etc.) between the two individuals is unequal; and the two individuals have an established emotional connection (such as between a child and a caregiver, or a child and authority figure).”

A model of abuse that is predicated on power imbalances or the misuse of power is a good starting point in our search for a more comprehensive framework because it encourages us to: hold both male and female abusers accountable for their behaviour; empower victims to take control of their healing process and their lives; recognize and validate the victim’s experience; affirm that a victim’s self-knowledge is paramount; link the victim’s individual struggle to a collective one to transform power relations in our society; and focus on power dynamics in the therapeutic relationship (Mathews, 1995).

What is emerging is that different types of abuse may require different explanatory and theoretical models, alone or in combination. For example, a feminist theory of patriarchal gender relations may provide part of the explanation for father/daughter incest, step-father/step daughter sexual abuse and a father’s use of corporal punishment. A power model may more fully

explain women's use of physical violence against boys and teen males, women's sexual use of male children and teens, maternal use of corporal punishment, or sibling-on-sibling violence.

A more inclusive theoretical framework is necessary not only for understanding etiology so that better assessment and treatment programs can be developed, but also to eliminate the double standard that tends to be applied to cases involving male victims of abuse. An "abuse of sexuality" model, a variation of the power abuse perspective, applies to both genders, and gives us a more inclusive conceptual framework to apply to cases such as female exposure to males, and the sexual use of male children and teens by older females (Bolton, 1989). Bolton, reflecting the opinion of Finkelhor (1986), Russell (1983) and Brandt and Tisza (1977), advocates for applying multiple levels of conceptualizing abuse to capture things such as "sexualized environments" in families, sexual misuse of a child or any abusive experience that interferes with a child's healthy development. Bolton's "abuse of sexuality" model describes a continuum of environments that range from the promotion of normalized sexual development in males and females to those that eliminate the possibility of normal development.

The evidence suggests that a comprehensive theoretical framework based on an abuse of power model may be more promising. However, we are still far from having all the answers nor have we even asked all the necessary questions. A more complete and comprehensive understanding of child maltreatment and interpersonal violence will likely be found at the intersection points between a number of theoretical or conceptual models. We will need to take a developmental perspective on the impact of abuse. We will need to grapple with the effects or influence of socioeconomic status, ethno-racial background, gender relations, family systems, parenting skills and knowledge, parental mental and physical health, attachment, cultural norms supporting violence and abuse, drug and alcohol abuse and addictions, stress, intellectual functioning, structural inequities, anti-gay/lesbian prejudice and situational factors. We will also need to examine carefully our schools, institutions, therapeutic practices and the preparation and training of youth-serving professionals for the contribution all make to the problem of encouraging or supporting interpersonal violence and abuse.

---

### **The Messages We Give to Male Victims**

Our minimization and denial of male victimization so permeates our culture that it is in evidence everywhere from nursery rhymes, comic strips, comedy films, television programs and newspaper stories to academic research. We give male victims a message every day of their lives that they risk much by complaining.

Stated succinctly, if a male is victimized he deserved it, asked for it, or is lying. If he is injured, it is his own fault. If he cries or complains, we will not take him seriously or condone his “whining” because he is supposed to “take it like a man.” We will laugh at him. We will support him in the minimization of its impact. We will encourage him to accept responsibility for being victimized and teach him to ignore any feelings associated with his abuse. We will guilt and shame him to keep a stiff upper lip so he can “get on with it.”

When we give a message to boys and young men in any shape or form that their experience of violence and victimization is less important than that of girls and young women, we are teaching them a lesson about their value as persons. We also teach them that the use of violence toward males is legitimate. When we dismiss their pain, we do little to encourage boys and young men to listen to, and take seriously, women’s concerns about violence and victimization. When we diminish their experience or fail to hold their male and female abusers fully accountable, we support their continued victimization.

---

### **How Would Things Be Different if We Acknowledged Male Victims?**

How would our society be different if we recognized and supported male victims? We would have to acknowledge how gender role conditioning denies boys a rich emotional life and cuts them off from whole parts of their essential selves. We would begin to understand how child-rearing practices in the form of emotional and physical withdrawal from sons “to toughen them up” early in their lives compromises their ability to form secure and nurturing attachments. We would begin to see how male gender itself is a risk factor that can magnify the effects of all forms of abuse and channel it in violent, aggressive and reckless acts directed toward the self or others. We would finally acknowledge the overwhelming research evidence concerning the amount of physical abuse, sexual abuse, psychological maltreatment, neglect and corporal punishment of male children and teens by females, without minimization.

We would have to recognize that if there is a male gender dimension to many forms of overtly expressed violence, its causes need to be linked to the routine and normalized violence toward males prevalent in our society, violence in the form of child abuse and neglect, psychological maltreatment, corporal punishment and male-gender role socialization. We would finally realize that all the forms of violence toward boys and teen males discussed in this document are the common everyday lived experience of most males rather than the exception. We would no longer tolerate humorous or entertaining media images of males or females as victims of violence or biased journalism that fails to report the whole picture of child abuse and neglect and interpersonal, family and community violence.

We would recognize that regardless of our own theoretical starting points, male victims have their own voice, their own meanings for their experiences. If we remain ignorant of, overlook or fail to explore their stories, we will miss much of what we need to engage them in therapy and healing. We will construct for them the origins and courses of their difficulties. We will shape and mold them to the limitations of our own personal and professional world views. We will, through the use of our professional practices, reproduce the same dysfunctional and disempowering patterns of communication and relationship many of these males found in their families of origin or the environments in which they grew up.

We would recognize that solving the complex problem of violence in our society will never be achieved until all the stories and voices of victims of violence are heard, until men and women of good will begin to work side by side, and until the means of our collective struggle toward peace reflect respect, compassion and inclusion as our minimum standard. We will recognize, finally, that means *are* ends. It is in the selection of our means where we are most conscious and able to make inclusive decisions about our future direction. From a postmodernist perspective, in any inclusive process of consensus building toward some goal, one cannot see the end from the starting point. Thus, if the means we choose toward the creation of a more just society are anything but, we can only arrive back where we started.

---

### **Beginning with Ourselves as Adults**

Perhaps, the greatest responsibility for the plight of boys and young men lies with adults. We are the ones who conduct single-gender and biased research. We are the ones who present to the media more political opinions about male victimization than provide objective, empirically-based information. We are the ones who help maintain biased stereotypes about boys and young men that keep them trapped in their silence. We are the ones who help reinforce in the public mind an image of strong and resilient male victims who are, in truth, human beings suffering in much pain, isolation and loneliness.

Adults, especially those who work in the child abuse field, are the eyes of Canadian society in this area of human suffering. It is up to us to speak *against* abuse and injustice, and *for* compassion and inclusion. If we do not open ourselves to self-criticism, conscientiously and continually reflect on our assumptions, methods and standards of practice, or allow ourselves to become trapped in rhetoric, then it is we who will become the ones who will pose the greatest threat to the credibility of the field.



Finally, we all need to reflect on the simple wisdom that we cannot take others – children, teens, the public or other professionals – past where we are in terms of our own self-awareness and understanding because we do not possess a map for the journey. We cannot pretend to be a community in search of justice while tolerating a double standard, allowing a divisive discourse around violence and abuse, and leaving male victims outside our compassion and caring concern. Eventually, all victims, male and female, and all Canadians will see our hypocrisy. If we do not speak for all children, all victims, male or female, then we ultimately speak for none.

---

## Resources and Bibliography

- Adams-Tucker, C. A. (1981). Sociological overview of 28 abused children, *Child Abuse and Neglect*, 5, 361-367.
- Allen, C.M. (1990). Women as perpetrators of child sexual abuse: Recognition barriers. In A. Horton, B. Johnson, L. Roundy and D. Williams, (Eds.), *The Incest Perpetrator: A Family Member No One Wants to Treat*. Newbury Park, CA: Sage.
- Allers, C.T. and Benjack, K.J. (1991). Connections between child abuse and HIV infection. *Journal of Counseling and Development*, 70, 309-313.
- Allers, C.T., Benjack, K.J., White, J. and Rousey, J.T. (1993). HIV vulnerability and the adult survivor of childhood sexual abuse. *Child Abuse and Neglect*, 17(2) Mar.-Apr., 291-298.
- American Association for Protecting Children. (1985). *Highlights of official child neglect and abuse reporting 1983*. Denver, CO: American Humane Association.
- Ammerman, R.T., Hersen, M., Van Hasselt, V.B., Lubetsky, M.J. and Sieck, W.R. (1994). Maltreatment in Psychiatrically Hospitalized Children and Adolescents with Developmental Disabilities: Prevalence and Correlates. *Journal of the American Academy of Child and Adolescent Psychiatry*, 33(4) May, 567-576.
- Anderson, L.S. (1981). Notes on the linkage between the sexually abused child and the suicidal adolescent. *Journal of Adolescence*, 4(2), 157-162.
- Arroyo, Wm., Eth, S. and Pynoos, R. (1984). Sexual assault of a mother by her pre-adolescent son. *American Journal of Psychiatry*, 141(9), 1107-1108.
- Awad, G.A. (1976). Father-son incest: A case report. *The Journal of Nervous and Mental Disease*, 162(2), 135-139.
- Badgley, R. (1984). *Sexual Offenses Against Children and Youth*. Ottawa: Minister of Supply and Services Canada.
- Bagley, C. (1969). Incest behavior and incest taboo. *Social Problems*, 16(4), 505-579.
- Baker, A.W. and Duncan, S.P. (1985). Child sexual abuse: A study of prevalence in Great Britain. *Child Abuse and Neglect*, 9(4), 457-467.
- Bandura, A. and Walters, R.H. (1959). *Adolescent Aggression: A Study of the Influence of Child Training Practices and Family Interrelationships*. New York: Ronald Press.
- Banning, A. (1989). Mother-son incest: Confronting a prejudice. *Child Abuse and Neglect*, 13, 563-570.
- Barton, B.R. and Marshall, A.S. (1986). Pivotal partings: Forced termination with a sexually abused boy. *Clinical Social Work Journal*, 14(2), 139-149.
- Becker, J.V. (1988). The effects of child abuse on adolescent sexual offenders. In G.E. Wyatt and G.J. Powell (Eds.), *Lasting effects of child abuse*. Newbury Park, CA: Sage, 193-207.
- Bell, A.P., Weinburg, M.S. and Hammersmith, S.K. (1981). *Sexual preference: Its development in men and women*. Bloomington: Indiana University Press.
- Bender, L. and Blau, A. (1937). The reaction of children to sexual relations with adults. *American Journal of Orthopsychiatry*, 7 (Oct.), 500-518.
- Bender, L. and Grugett, A.E. (1952). A follow-up report on children who had atypical sexual experience. *American Journal of Orthopsychiatry*, 22 (Oct.), 825-837.

- Bentovim, A. (1987). Physical and Sexual Abuse of Children: The Role of the Family Therapist. *Journal of Family Therapy*, 9(4), 383-388.
- Bixler, R.H. (1981). The incest controversy. *Psychological Reports*, 49(1), 267-283.
- Blanchard, G. (1986). Male victims of child sexual abuse: A portent of things to come. *Journal of Independent Social Work*, 1(1), 19-27.
- Blount, H.R. and Chandler, T.A. (1979). Relationship between childhood abuse and assaultive behavior in adolescent male psychiatric patients. *Psychological Reports*, 44(3), 1126.
- Bolton, F.G. (1989). *Males at Risk: The Other Side of Child Sexual Abuse*. London, England: Sage.
- Brandt, R.S.T. and Tisza, V.B. (1977). The sexually misused child. *American Journal of Orthopsychiatry*, 47(1), 80-90.
- Brassard, M.R., Germain, R., and Hart, S.N. (1987). *Psychological Maltreatment of Children and Youth*. New York: Pergamon Press.
- Breiner, S.J. (1990). *Slaughter of the Innocents: Child Abuse through the Ages and Today*. New York: Plenum Press.
- Brière, J. (1989). *Therapy for Adults Molested as Children: Beyond Survival*. New York: Springer Publishing.
- Brière, J. and Runtz, M. (1986). Suicidal thoughts and behaviours in former sexual abuse victims. *Canadian Journal of Behavioural Sciences*, 18(4), 413-423.
- Brière, J. and Smiljanich, K. (1993). *Childhood Sexual Abuse and Subsequent Sexual Aggression Against Adult Women*. Paper presented at the 101st annual convention of the American Psychological Association, Toronto, Ontario.
- Brière, J., Evans, D., Runtz, M. and Wall, T. (1988). Symptomatology in men who were molested as children: A comparison study. *American Journal of Orthopsychiatry*, 58, 457-461.
- Broussard, S.D. and Wagner, W. G. (1988). Child sexual abuse: Who is to blame? *Child Abuse and Neglect*, 12(4), 563-569.
- Brown, A. and Finkelhor, D. (1986). Impact of child sexual abuse: A review of the research. *Psychological Bulletin*, 99, 66-77.
- Bruckner, D.F. and Johnson, P.E. (1987). Treatment for adult male victims of childhood sexual abuse. *Social Casework*, 68(2), 81-87.
- Bryan, J.W. and Freed, F.W. (1982). Corporal punishment: Normative data and sociological and psychological correlates in a community population. *Journal of Youth and Adolescence*, 11, 77-87.
- Bugental, D.B., Mantyla, S.M. and Lewis, J. (1989). Parental attributions as moderators of affective communication to children at risk for physical abuse. In D. Cicchetti and V. Carlson (Eds.), *Child Maltreatment: Theory and Research on the Causes and Consequences of Child Abuse and Neglect*. Cambridge: Cambridge University Press, 254-279.
- Burgess, A.W. (1985). Dangerous sexual offenders: Commentary. *Medical Aspects of Human Sexuality*, 19, 119-123.
- Burgess, A.W., Groth, A.N. and McCausland, M.P. (1981). Child sex initiation rings. *American Journal of Orthopsychiatry*, 51, 110-118.
- Burgess, A.W., Hartman, C.R., McCausland, M.P. and Powers, P. (1984). Response patterns in children and adolescents exploited through sex rings and pornography. *American Journal of Psychiatry*, 141(5), 656-662.
- Cameron, P., Proctor, K., Coburn, W.J., Forde, N., Larson, H. and Cameron, K. (1986). Child molestation and homosexuality. *Psychological Reports*, 58, 327-337.

- Carmen, E.H., Rieker, P.P. and Mills, T. (1984). Victims of violence and psychiatric illness. *American Journal of Psychiatry*, 141(3), 378-383.
- Cavaiola, A. and Schiff, M. (1988). Behavioral sequelae of physical and/or sexual abuse in adolescents. *Child Abuse and Neglect*, 12(2), 181-188.
- Chasnoff, I.J., Burns, W.J., Schnoll, S.H., Burns, K., Chisum, G. and Jyle-Spore, L. (1986). Maternal-neonatal incest. *American Journal of Orthopsychiatry*, 56(4), 577-580.
- Condy, S.R., Templer, D.I., Brown, R. and Veaco, L. (1987). Parameters of sexual contact of boys with women. *Archives of Sexual Behavior*, 16(5), 379-394.
- Conte, J.R. and Schuerman, J.R. (1987). Factors associated with an increased impact of child sexual abuse. *Child Abuse and Neglect*, 11, 201-211.
- Coombs, N.R. (1974). Male prostitution: A psychosocial view of behaviour. *American Journal of Orthopsychiatry*, 44, 782-789.
- Cotton, D.J. and Groth, A.N. (1982). Inmate rape: Prevention and intervention. *Journal of Prison and Jail Health*, 2(1), 47-57.
- Crowder, A. (1993). *Opening the Door: A Treatment Model for Therapy with Males Survivors of Sexual Abuse*. Kitchener, ON: Family and Children's Services of the Waterloo Region; Distributed by National Clearinghouse on Family Violence, 9.
- De Jong, A.R. (1985). Response to the article "The sexually abused child: A comparison of male and female victims," by Pierce, R. and Pierce, L. *Child Abuse and Neglect*, 9(4), 575-576.
- De Jong, A.R., Emmett, G.A. and Hervada, A.R. (1982). Sexual abuse of children: Sex-, race-, and age-dependent variations. *American Journal of Diseases of Children*, 136(2), 129-134.
- De Jong, A.R., Hervada, A.R. and Emmett, M.D. (1983). Epidemiologic variations in childhood sexual abuse. *Child Abuse and Neglect*, 7(2), 155-162.
- De Mause, L. (1988). *The History of Childhood: The Untold Story of Child Abuse*. New York: Peter Bedrick Books.
- Deisher, R.W., Eisner, V. and Sulzbacher, S.I. (1969). The young male prostitute. *Pediatrics*, 43(6), 936-941.
- Dibble, U. and Straus, M.A. (1990). Some social structure determinants of inconsistency between attitudes and behaviour: The case of family violence. In M. Straus and R.J. Gelles (Eds.), *Physical Violence in American Families: Risk Factors and Adaptations to Violence in 8,145 Families*. New Brunswick, NJ: Transaction. 167-180.
- Dietrich, D., Berkowitz, L., Kadushin, A. and McGloin, J. (1990). Some factors influencing abusers' justification of their child abuse. *Child Abuse and Neglect*, 14, 337-345.
- Dietz, C.A. and Craft, J.L. (1980). Family dynamics of incest: A new perspective. *Social Casework*, 61(10), 602-609.
- Dimmock, P.T. (1988). Adult males sexually abused as children. *Journal of Interpersonal Violence*, 3, 203-221.
- Dix, T.H. and Grusec, J.E. (1985). Parent attribution processes in the socialization of children. In I.E. Siegel (Ed.), *Parental Belief Systems: The Psychological Consequences for Children*. Hillsdale, NJ: Erlbaum. 201-233.
- Dixon, K.E., Arnold, E. and Calestro, K. (1978). Father-son incest: Underreported psychiatric problem? *American Journal of Orthopsychiatry*, 137(7), 835-838.
- Drake, D., Gilroy-Nelson, A. and Roane, T. (1986). *Working Together*. Gainesville, Florida: Child Care Publications. (Booklet for Sexually Abused Boys).

- Dube, R. and Hebert, M. (1988). Sexual Abuse of Children under 12 Years of Age: A Review of 511 Cases. *Child Abuse and Neglect*, 12(3), 321-330.
- Egelund, B., Jacobitz, D. and Sroufe, L.A. (1988). Breaking the cycle of abuse. *Child Development*, 59, 1080-1088.
- Ellerstein, N.S. and Canavan, J.W. (1980). Sexual abuse of boys. *American Journal of Diseases of Children*, 134 (March), 255-257.
- Elliott, M. (Ed.) (1994). *Female Sexual Abuse of Children*. New York: Guilford Press.
- Eron, L. (1982). Parent-child interaction, television violence, and aggression of children. *American Psychologist*, 37, 197-211.
- Faller, K.C. (1989). Characteristics of a clinical sample of sexually abused children: How boy and girl victims differ. *Child Abuse and Neglect*, 13, 281-291.
- Faller, K. (1987). Women who sexually abuse children. *Violence and Victims*, 2, 263-276.
- Farber, E.D. and Joseph, J.A. (1985). The maltreated adolescent: Patterns of physical abuse. *Child Abuse and Neglect*, 9(2), 201-206.
- Farber, E.D., Showers, J., Johnson, C.F., Joseph, J.A. and Oshins, L. (1984). The sexual abuse of children: A comparison of male and female victims. *Journal of Clinical Child Psychology*, 13(3), 294-297.
- Finch, S.M. (1973). Sexual abuse by mothers. *Medical Aspects of Human Sexuality*, 7(1), 191.
- Finkelhor, D. (1990). Early and long-term effects of child sexual abuse: An update. *Professional Psychology: Research and Practice*, 21(5), 325-330.
- Finkelhor, D. (Ed.). (1984). *Child Sexual Abuse: New Theory and Research* (pp. 150-170). New York: Free Press.
- Finkelhor, D. (1986). Designing new studies. *A Sourcebook on Child Sexual Abuse*, edited by D. Finkelhor. Beverly Hills, CA: Sage, p. 199-223.
- Finkelhor, D. (1980). Sex among siblings: A survey of the prevalence, variety, and effects. *Archives of Sexual Behaviour*, 9, 171-194.
- Finkelhor, D. (1979). *Sexually victimized children*. New York: Free Press.
- Finkelhor, D. and Hotaling, G.T. (1984). Sexual abuse in the national incidence study of child abuse and neglect: An appraisal. *Child Abuse and Neglect*, 8(1), 23-33.
- Finkelhor, D., Hotaling, G., Lewis, I.A. and Smith, C. (1990). Sexual abuse in a national survey of adult men and women: Prevalence, characteristics, and risk factors. *Child Abuse and Neglect*, 14(1), 19-28.
- Finkelhor, D., Williams, L.M., Burns, N. and Kalinowski, M. (1988). *Sexual abuse in day care: A national study*. Durham, NH: University of New Hampshire, Family Research Laboratory.
- Forman, B.D. (1982). Reported male rape. *Victimology: An International Journal*, 7(1-4), 235-236.
- Freedman, A.M., Kaplan, H.I. and Sodock, B. (Eds.). (1975). *Comprehensive textbook of psychiatry* (2nd ed.). Baltimore: Williams and Wilkins.
- Freeman-Longo, R.E. (1986). The impact of sexual victimization on males. *Child Abuse and Neglect*, 10, 411-414.
- Friedrich, W.N. and Reams, R.A. (1987). Course of psychological symptoms in sexually abused young children. *Psychotherapy*, 24(Summer), 160-170.
- Friedrich, W.N., Beilke, R.L. and Urquiza, A.J. (1988). Behavior Problems in Young Sexually Abused Boys. *Journal of Interpersonal Violence*, 3(1), 21-28.

- Friedrich, W.N., Beilke, R.L., and Urquiza, A.J. (1988). Behavior problems in young sexually abused boys: A comparison study. *Journal of Interpersonal Violence*, 3, 21-28.
- Friedrich, W.N., Einbender, A.J. and Luecke, W.J. (1983). Cognitive and behavioral characteristics of physically abused children. *Journal of Consulting and Clinical Psychology*, 51(2), 313-314.
- Friedrich, W.N., Urquiza, A.J. and Beilke, R.L. (1986). Behavior problems in sexually abused young children. *Journal of Pediatric Psychology*, 11(1), 47-57.
- Fritz, G.S., Stoll, K. and Wagner, N.N. (1981). A comparison of males and females who were sexually molested as children. *Journal of Sex and Marital Therapy*, 7(1), 54-59.
- Fromuth, M.E. and Burkhart, B.R. (1989). Long-term psychological correlates of childhood sexual abuse in two samples of college men. *Child Abuse and Neglect*, 13(4), 533-542.
- Fromuth, M.E. and Burkhart, B.R. (1987). Childhood sexual victimization among college men: Definitional and methodological issues. *Violence and Victims*, 2, 241-253.
- Fry, D.P. (1993). The intergenerational transmission of disciplinary practices and approaches to conflict. *Human Organization*, 52, 176-735.
- Galdston, R. (1965). Observations on children who have been physically abused and their parents. *American Journal of Psychiatry*, 22(4), 440-443.
- Garbarino, J., Guttman, E. and Seeley, J.W. (1986). *The Psychologically Battered Child*. San Francisco: Jossey-Bass.
- Garbarino, J., Schellenbach, C.J. and Sebes, J.M. (1986). *Troubled Youths, Troubled Families*. Hawthorne, NY: Adine de Gruyter.
- Gelles, R.J. (1989). Child abuse and violence in single-parent families: Parent absence and economic deprivation. *American Journal of Orthopsychiatry*, 59, 492-501.
- Gelles, R.J. (1978). Violence toward children in the United States. *American Journal of Orthopsychiatry*, 43, 611-621.
- Gil, D.G. (1971). Violence against children. *Journal of Marriage and the Family*, 33(4), 637-648.
- Gil, D.G. (1970). *Violence against children: Physical child abuse in the United States*. Cambridge, MA: Harvard University Press.
- Gilmartin, B.G. (1979). The case against spanking. *Human Behaviour*, February. 18-23.
- Globe & Mail*. (1995). 10% of boys victims of genital assault. December 6, 1995.
- Globe & Mail*. (1993). Social studies. October 4, 1993.
- Gordon, M. (1990). Males and females as victims of childhood sexual abuse: An examination of the gender effect. *Journal of Family Violence*, 5(4), 321-333.
- Graham, L. (1993). *Sexual Abuse and Young People with Disabilities Project: Results and Recommendations*. Vancouver, BC: The McCreary Centre Society.
- Grayson, J. (Ed.) (1989). Sexually victimized boys. *Virginia Child Protection Newsletter*, (31) Fall. Harrisonburg, VA: James Madison University.
- Graziano, A.M. and Namaste, K.A. (1990). Parental use of physical force in child discipline: A survey of 679 college students. *Journal of Interpersonal Violence*, 5(4), 449-463.
- Green, A.H. (1983). Child abuse: Dimension of psychological trauma in abused children. *Journal of the American Academy of Child Psychiatry*, 22(3), 231-237.
- Greenland, C. (1987). *Preventing child abuse and neglect deaths: An international study of deaths due to child abuse and neglect*. London: Tavistock.

- Groth, A.N. (1979). Sexual trauma in the life histories of rapists and child molesters. *Victimology: An International Journal*, 4(1), 10-16.
- Groth, A.N. and Burgess, A.W. (1980). Male rape: Offenders and victims. *American Journal of Psychiatry*, 137(7), 806-810.
- Groth, A.N., and Lored, C. (1981). Juvenile sex offenders: Guidelines for assessment. *International Journal of Offender Therapy and Comparative Criminology*, 25, 265-272.
- Grubman-Black, S.D. (1990). *Broken Boys/Mending Men: Recovery from Childhood Sexual Abuse*. New York: Ivy Books.
- Health Canada. (1994). *Suicide in Canada: Update of the Report of the Task Force on Suicide in Canada*. Ottawa: Health Canada.
- Herman, J.L. (1981). *Father-Daughter Incest*. Cambridge, MA: Harvard University Press.
- Herrenkohl, E.C., Herrenkohl, R.C. and Toedter, L.J. (1983). Perspectives on the intergeneration transmission of violence. In D. Finkelhor, R.J. Gelles, G.T. Hotaling and M. Straus (Eds.), *The Dark Side of Families: Current Family Violence Research*. Beverly Hills, CA: Sage. 305-316.
- Hewitt, S. (1990). The treatment of sexually abused preschool boys. In M. Hunter (Ed.), *The Sexually Abused Male, Volume 2: Application of Treatment Strategies*. Lexington, MA: Lexington Books.
- Hirschi, T. (1969). *The Causes of Delinquency*. Berkeley, CA: University of California Press.
- Howard, J.A. (1984). Societal influences on attribution: Blaming some victims more than others. *Journal of Personality and Social Psychology*, 47(3), 494-505.
- Hunter, M. (1990). *Abused Boys: The Neglected Victims of Sexual Abuse*. New York: Fawcett.
- Hunter, J.A., Lexier, L.J., Goodwin, D.W., Browne, P.A. and Dennis, C. (1993). Psychosexual, attitudinal, and developmental characteristics of juvenile female sexual perpetrators in a residential treatment setting. *Journal of Child and Family Studies*, 2(4), 317-326.
- Hunter, R.S., Kilstrom, N. and Loda, F. (1985). Sexually abused children: Identifying masked presentations in a medical setting. *Child Abuse and Neglect*, 9(1), 17-25.
- Hyde, C. A Feminist model for macro-practice: promises and problems. *Administration in Social Work*, 13(3-4), 145-181.
- Jaffee, P.G., Wolfe, D.A. and Wilson, S.K. (1990). *Children of Battered Women*. Newbury Park, CA: Sage.
- Jameson, P.A. and Schellenbach, C.J. (1977). Sociological and psychological factors in the backgrounds of male and female perpetrators of child abuse. *Child Abuse and Neglect*, 1(1), 77-83.
- Janus, M.D., Archambault, F.X. and Brown, S.W. (1995). Physical abuse in Canadian runaway adolescents. *Child Abuse and Neglect*, 19(4), 433-447.
- Janus, M.D., Burgess, A.W. and McCormack, A. (1987). Histories of sexual abuse in adolescent male runaways. *Adolescence*, 22(86), 405-417.
- Jason, J. and Andereck, N. (1983). Fatal child abuse in Georgia: The epidemiology of severe physical child abuse. *Child Abuse and Neglect*, 7(1), 1-10.
- Jayarante, S. (1977). Child abusers and children: A review. *Social Work*, 22, 5-9.
- Johnson, C. and Showers, J. (1985). Injury variables in child abuse. *Child Abuse and Neglect*, 9(2), 207-216.
- Johnson, R.L. and Shrier, D. (1987). Past sexual victimization by females of male patients in an adolescent medicine clinic population. *American Journal of Psychiatry*, 144(5), 650-652.
- Johnson, R.L. and Shrier, D. (1985). Sexual victimization of boys: Experience at an adolescent medicine clinic. *Journal of Adolescent Health Care*, 6(5), 372-376.

- Johnson, T.C. (1989). Female child perpetrators: Children who molest other children. *Child Abuse and Neglect*, 13, 571-585.
- Johnson, T.C. (1988). Child perpetrators - Children who molest other children: Preliminary findings. *Child Abuse and Neglect*, 12, 219-229.
- Kaufman, A., Divasto, P., Jackson, R., Voorhees, D. and Christy, J. (1980). Male rape victims: Noninstitutional assault. *American Journal of Psychiatry*, 137(2), 221-223.
- Kaufman, K.L., Wallace, A.M., Johnson, C.F. and Reeder, M.L. (1995). Comparing female and male perpetrators' modus operandi: Victims' reports of sexual abuse. *Journal of Interpersonal Violence*, 10(3), 322-333.
- Kendall-Tackett, K.A. and Simon, A.F. (1987). Perpetrators and their acts: Data from 365 adults molested as children. *Child Abuse and Neglect*, 11(2), 237-245.
- Khan, M. and Sexton, M. (1983). Sexual abuse of young children. *Clinical Pediatrics*, 22(5), 369-372.
- Kimbrell, A. (1995). *The Masculine Mystique: The Politics of Masculinity*. New York: Ballantine Books.
- Knopp, F.F. and Lackey, L.B. (1987). *Female sexual abusers: A summary of data from 44 treatment providers*. Orwell, VT: Safer Society Press.
- Knutson, J.F. and Selner, M.B. (1994). Punitive childhood experiences reported by young adults over a 10 year period. *Child Abuse and Neglect*, 18, 155-166.
- Kohan, M.J., Pothier, P. and Norbeck, J.S. (1987). Hospitalized children with history of sexual abuse: Incidence and care issues. *American Journal of Orthopsychiatry*, 57, 258-264.
- Krentz Johnston, M.S. (1979). The sexually mistreated child: Diagnostic evaluation. *Child Abuse and Neglect*, 3(3/4), 943-951.
- Krieger, M.J., Rosenfeld, A.A., Gordon, A. and Bennett, M. (1980). Problems in the psychotherapy of children with histories of incest. *American Journal of Psychotherapy*, 34(1), 81-88.
- Krug, R.S. (1989). Adult male report of childhood sexual abuse by mothers: Case descriptions, motivations and long-term consequences. *Child Abuse and Neglect*, 13(1), 111-119.
- Landis, J.T. (1956). Experiences of 500 children with adult sexual deviation. *Psychiatric Quarterly Supplement*, 30(1), 90-109.
- Langsley, D.G., Schwartz, M.N. and Fairbairn, R.H. (1968). Father-son incest. *Comprehensive Psychiatry*, 9(3), 218-226.
- Lew, M. (1986). *Victims No Longer: Men Recovering from Incest and Other Sexual Child Abuse*. New York: Harper and Row.
- Lewis, M. and Sarrel, P.M. (1969). Some psychological aspects of seduction, incest, and rape in childhood. *American Academy of Child Psychiatry*, 8, 606-619.
- Libbey, P. and Bybee, R. (1979). The physical abuse of adolescents: A case for a developmental specific model of child abuse. *Child Abuse and Neglect*, 3, 967-974.
- Longo, R.E. (1982). Sexual learning and experience among adolescent sexual offenders. *International Journal of Offender Therapy and Comparative Criminology*, 26(3), 235-241.
- Longo, R. and Groth, N. (1983). Juvenile sexual offenses in the histories of adult rapists and child molesters. *International Journal of Offender Therapy and Comparative Criminology*, 27, 155-157.
- Lourie, I. (1979). Family dynamics and the abuse of adolescents: A case for a developmental specific model of child abuse. *Child Abuse and Neglect*, 3, 967-974.
- Lukianowicz, N. (1972). Incest I: Paternal incest; Incest II: Other types of incest. *British Journal of Psychiatry*, 120, 301-313.



- Maccoby, E.E. and Jacklin, C.N. (1974). *The psychology of sex differences*. Stanford, CA: Stanford University Press.
- Margolis, M. (1984). A case of mother-adolescent son incest: A follow-up study. *Psychoanalytic Quarterly*, 53(3), 355-385.
- Martin, H.L. (1970). Antecedents of burns and scalds in children. *British Journal of Medical Psychology*, 43, 39-47.
- Mathews, F. (1995). *Combining Voices: Supporting Paths of Healing in Adult Female and Male Survivors of Child Sexual Abuse*. Ottawa: National Clearinghouse on Family Violence.
- Mathews, F. (1995a). *The Badge and the Book: Building More Effective Police/School Partnerships to Combat Youth Violence*. Ottawa: Solicitor General Canada.
- Mathews, F. (1994). What's So Funny about the Abuse of Boys and Young Men? *Journal of Emotional and Behavioural Problems*. (3)1. Spring.
- Mathews, F. (1989). *Familiar Strangers: A Study of Adolescent Prostitution*. Toronto: Central Toronto Youth Services.
- Mathews, R., Matthews, J.K. and Speltz, K. (1989). *Female sexual offenders: An exploratory study*. Orwell, VT: Safer Society Press.
- Mayer, A. (1992). *Women Sex Offenders: Treatment and Dynamics*. Holmes Beach, FL: Learning Publications, Inc.
- McCarty, L.M. (1986). Mother-child incest: Characteristics of the offender. *Child Welfare*, 65(5), 447-458.
- McCreary Centre Society. (1993). *Sexual Abuse and Young People with Disabilities*. Vancouver, BC: McCreary Centre Society.
- McCormack, A., Janus, M.D. and Burgess, A.W. (1986). Runaway youths and sexual victimization: Gender differences in an adolescent runaway population. *Child Abuse and Neglect*, 10(3), 387-395.
- Metcalfe, M., Oppenheimer, R., Dignon, A. and Palmer, R.L. (1990). Childhood sexual experiences reported by male psychiatric patients. *Psychological Medicine*, 20, 925-929.
- Moore, D.W. and Straus, M.A. (1987). *Violence of parents toward their children: New Hampshire*. Durham, NH: Family Research Laboratory, University of New Hampshire.
- Morgan, P.K. and Gaier, E.L. (1956). The direction of aggression in the mother-child punishment situation. *Child Development*, 27(4), 447-457.
- Napier-Hemy, J. (1991). *When Teenage Boys Have Been Sexually Abused*. Vancouver, BC: Family Services of Greater Vancouver.
- Napier-Hemy, J. (1990). *When Boys Have Been Sexually Abused*. Vancouver, BC: Family Services of Greater Vancouver.
- Nasjleti, M. (1980). Suffering in silence: The male incest victim. *Child Welfare*, 59(5), 269-275.
- NCCAN, National Centre on Child Abuse and Neglect. (1994). *Child Maltreatment 1992: Reports from the States to the National Centre on Child Abuse and Neglect*. Washington, DC: U.S. Department of Health and Human Services.
- Neilsen, T. (1983). Sexual abuse of boys: Current perspectives. *The Personnel and Guidance Journal*, 62, 139-142.
- Newson, J. and Newson, E. (1990). *The extent of physical punishment in the U.K.* London: Approach.
- Newton, D.E. (1978). Homosexual behavior and child molestation: A review of the evidence. *Adolescence*, 13(49), 29-43.

- O'Brien, M.J. (1989). *Characteristics of Male Adolescent Sibling Incest Offenders*. Orwell, VT: Safer Society Press.
- O'Connor, A.A. (1987). Female sex offenders. *British Journal of Psychiatry*, 150, 615-620.
- Office of Juvenile Justice and Delinquency Prevention, OJJDP (1995). *Juvenile Offenders and Victims: A National Report*. Washington, DC: U.S. Department of Justice.
- Pelcovitz, D., Kaplan, S., Samit, C., Krieger, R. and Cornelius, P. (1984). Adolescent abuse: Family structure and implications for treatment. *Journal of Child Psychiatry*, 23, 85-90.
- Peters, J.J. (1976). Children who are victims of sexual assault and the psychology of offenders. *American Journal of Psychotherapy*, 30(3), 398-421.
- Petrovich, M. and Templer, D.I. (1984). Heterosexual molestation of children who later become rapists. *Psychological Reports*, 54(3), 810.
- Pettis, K.W. and Hughes, R.D. (1985). Sexual victimization of children: A current perspective. *Behavioral Disorders*, 10(2), 136-143.
- Pierce, R. and Pierce, L.H. (1985). The sexually abused child: A comparison of male and female victims. *Child Abuse and Neglect*, 9(2), 191-199.
- Pierce, R. and Pierce, L.H. (1985a). Analysis of sexual abuse hotline reports. *Child Abuse and Neglect*, 9, 37-45.
- Porter, E. (1986). *Treating the Young Male Victim of Sexual Assault*. Syracuse, NY: Safer Society Press.
- Powers, J. and Eckenrode, J. (1988). The maltreatment of adolescents. *Child Abuse and Neglect*, 12(2), 189-200.
- Powers, J. and Eckenrode, J. (1987). *The Maltreatment of Runaway and Homeless Youth*. Paper presented at the Third National Family Violence Research Conference, Durham, New Hampshire.
- Ramsay-Klawnsnik, H. (1990a). Sexually abused boys: Indicators, abusers, and impact of trauma. Paper presented at the Third National Conference on the Male Survivor, Tuscon, Arizona.
- Raybin, J.B. (1969). Homosexual incest. *The Journal of Nervous and Mental Disease*, 148(2), 105-110.
- Reinhart, M.A. (1987). Sexually abused boys. *Child Abuse and Neglect*, 11(2), 229-235.
- Renzetti, C.M. (1992). *Violent betrayal: partner abuse in lesbian relationships*, Newbury Park, California: Sage, 202.
- Risin, L.I. and Koss, M.P. (1987). The sexual abuse of boys: Prevalence and descriptive characteristics of childhood victimizations. *Journal of Interpersonal Violence*, 2(3), 309-323.
- Roeher Institute. (1995). *Harm's way: The many faces of violence and abuse against persons with disabilities*. North York, ON: Roeher Institute
- Rogers, C.M. and Terry, T. (1984). Clinical interventions with boy victims of sexual abuse. In I. Stewart and J. Greer (Eds.), *Victims of Sexual Aggression* (pp. 91-104). New York: Van Nostrand Reinhold.
- Rosenthal, J.A. (1988). Patterns of reported child abuse and neglect. *Child Abuse and Neglect*, 12(2), 263-271.
- Russell, D.E.H. (Ed.) (1983). The incidence and prevalence of intrafamilial and extrafamilial sexual abuse of female children. *Child Abuse and Neglect*, 7, 133-146.
- Russell, D.H. and Finkelhor, D. (1984). The gender gap among perpetrators of sexual abuse. In D.H. Russell (Ed.), *Sexual Exploitation: Rape, Child Sexual Abuse, and Workplace Harassment*. Beverly Hills, CA: Sage, 215-231.
- Ryan, C., Mathews, F. and Banner, J. (1993). *Student Perceptions of Violence: Summary of Preliminary Findings*. Toronto: Central Toronto Youth Services.

- Sandfort, T.G.M. (1984). Sex in pedophilic relationships: An empirical investigation among a nonrepresentative group of boys. *The Journal of Sex Research*, 20(2), 123-142.
- Sarrel, P.M. and Masters, W.H. (1982). Sexual molestation of men by women. *Archives of Sexual Behaviour*, 11, 117-131.
- Satullo, J., Russell, R. and Bradway, P. (1987). *It Happens to Boys Too*. Pittsfield, MA: Rape Crisis Center of the Berkshires Press.
- Scherzer, L.N. and Lala, P. (1980). Sexual offenses committed against children: Analysis of 73 cases of child sexual abuse. *Clinical Pediatrics*, 19(10), 679-685.
- Schiff, A.F. (1980). Examination and treatment of the male rape victim. *Southern Medical Journal*, 73(11), 1498-1502.
- Schultz, L.G. and Jones, P. (1983). Sexual Abuse of Children: Issues for Social Service and Health Professionals. *Child Welfare*, 62(2), 99-108.
- Sears, R.R., Maccoby, E.C. and Levin, H. (1957). *Patterns of Child Rearing*. Evanston, IL: Row Peterson and Co.
- Sebold, J. (1987). Indicators of child sexual abuse in males. *Social Casework*, 68(2), 75-80.
- Seidner, A.L. and Calhoun, K.S. (1984). *Childhood sexual abuse: Factors related to differential adult adjustment*. Paper presented at the Second National Conference for Family Violence Researchers, Durham, New Hampshire.
- Sepler, F. (1990). Victim advocacy and young male victims of sexual abuse: An evolutionary model. In M. Hunter (Ed.), *The Sexually Abused Male: Vol. 1. Prevalence, Impact, and Treatment* (pp. 73-85). Lexington, MA: Lexington.
- Shengold, L. (1980). Some reflections on a case of mother/adolescent son incest. *International Journal of Psychoanalysis*, 61, 461-476.
- Shoor, M., Speed, M. and Bartlet, C. (1966). Syndrome of the adolescent child molester. *American Journal of Psychiatry*, 122, 783-789.
- Showers, J., Farber, E.D., Joseph, J.A., Oshins, L. and Johnson, C.F. (1983). The sexual victimization of boys: A three-year survey. *Health Values: Achieving High Level Wellness*, 7(4), 15-18.
- Simari, C.G. and Baskin, D. (1982). Incestuous experiences within homosexual populations: A preliminary study. *Archives of Sexual Behavior*, 11(4), 329-344.
- Smith, R.B., Bertrand, L.D., Arnold, B.L. and Hornick, J.P. (1995). *A Study of the Level and Nature of Youth Crime and Violence in Calgary*. Calgary: Calgary Police Service.
- Sobsey, D. and Varnhagen, C. (1988). *Sexual Abuse and Exploitation of People with Disabilities: A Study of Victims*. Ottawa: Health and Welfare Canada.
- Spencer, M.J. and Dunklee, P. (1986). Sexual abuse of boys. *Pediatrics*, 78, 133-137.
- Sroufe, L.A. and Ward, M.J. (1980). Seductive behavior of mothers of toddlers: Occurrence, correlates, and family origins. *Child Development*, 51, 1222-1229.
- Stark, R. and McEvoy, J. (1970). Middle Class Violence. *Psychology Today*, 4 November, 52-54, 110-112.
- Statistics Canada. (1991). *Children as Victims of Violent Crime*. Ottawa: Supply and Services Canada.
- Steele, B. and Alexander, H. (1981). Long-term effects of sexual abuse in childhood. In P.B. Mrazek and C.K. Kempe (Eds.), *Sexually Abused Children and Their Families*. Oxford: Pergamon Press. 223-234.
- Stein, S.M., De Miranda, S. and Stein A. (1988). Birth Order, Substance Abuse and Criminality. *Individual Psychology*, 44(4) Dec., 500-506.

- Steinmetz, S.K. (1977-78). The battered husband syndrome. *Victimology: An International Journal*, 2(3/4), 499-509.
- Straus, M.A. (1994). *Beating the Devil Out of Them: Corporal Punishment in American Families*, New York: Lexington Books.
- Straus, M.A. (1983). Ordinary violence, child abuse, and wife-beating: What do they have in common? In D. Finkelhor, R.J. Gelles, G.T. Hotaling and M.A. Straus (Eds.), *The Dark Side of Families*. Beverly Hills, CA: Sage.
- Straus, M.A. (1991). Discipline and deviance: Physical punishment of children and violence and other crime in adulthood. *Social Problems*, 38, 133-154.
- Straus, M.A., Gelles, R.J. and Steinmetz, S.K. (1980). *Behind Closed Doors: Violence in the American Family*. Garden City, NJ: Anchor Books.
- Summit, R. (1983). The child sexual abuse accommodation syndrome. *Child Abuse and Neglect*, 7, 177-193.
- Swift, C. (1979). The prevention of sexual child abuse: Focus on the perpetrator. *Journal of Clinical Child Psychology*, 8(1), 133-136.
- Thomas, J. and Rogers, C. (1983). A treatment program for intrafamily juvenile sexual offenders. In J. Greer and I. Stuart (Eds.), *The Sexual Aggressor: Current Perspectives on Treatment*, 127-143. New York: Van Nostrand Reinhold.
- Trocme, N. (1994). *Ontario Incidence Study of Reported Child Abuse and Neglect*. Toronto: Institute for the Prevention of Child Abuse.
- Tong, L., Oates, K. and McDowell, M. (1987). Personality development following sexual abuse. *Child Abuse and Neglect*, 11(3), 371-383.
- Tsai, M., Feldman-Summers, S. and Edgar, M. (1979). Childhood molestation: Variables related to differential functioning in adult women. *Journal of Abnormal Psychology*, 88, 407-417.
- Urquiza, A.J. (1993). *Adult Male Survivors of Child Sexual Abuse: Issues in Intimacy*. Paper presented at the 101st annual convention of the American Psychological Association, Toronto, ON.
- Urquiza, A.J. (1988). *The Effects of Childhood Sexual Abuse in an Adult Male Population*. Unpublished doctoral dissertation, Washington University, Seattle.
- Vander Mey, B.J. (1988). The sexual victimization of male children: A review of previous research. *Child Abuse and Neglect*, 12(1), 61-72.
- Vissing, Y.M. Straus, M.A., Gelles, R.J. and Harrop, J.W. (1991). Verbal aggression by parents and psychosocial problems of children. *Child Abuse and Neglect*, 15, 223-238.
- Wahl, C. W. (1960). The psychodynamics of consummated maternal incest. *Archives of General Psychiatry*, 3(August), 188-193.
- Wald, E.R., Woodward, C.L., Marston, G. and Gilbert, L.M. (1980). Gonorrheal disease among children in a university hospital. *Sexually Transmitted Diseases*, 7(2), 41-43.
- Walker, C.E., Bonner, B. and Kautman, K. (1988). *The Physically and Sexually Abused Child: Evaluation and Treatment*. New York: Pergamon Press.
- Walters, G. (1991). *Psychological Determinants of Corporal Punishment*. Paper presented at the Annual Conference of the Institute for the Prevention of Child Abuse, Toronto, ON.
- Wasserman, J. and Kappel, S. (1985). *Adolescent Sex Offenders in Vermont*. Burlington, VT: Vermont Department of Health.
- Waterman, C.K., Dawson, L.J. and Bologna, M.J. (1989). Sexual Coercion in Gay Male and Lesbian Relationships: Predictors and Implications for Support Services. *Journal of Sex Research*, 26(1), Feb., 118-124.

- Watkins, B. and Bentovim, A. (1992). The sexual abuse of male children and adolescents: A review of current research. *Journal of Child Psychology and Psychiatry*, 33, 197-248.
- Wauchope, B. and Straus, M.A. (1990). Physical punishment and physical abuse of American children: Incidence rates by age, gender, and occupational class. In M.A. Straus and R.J. Gelles (Eds.), *Physical Violence in American Families: Risk Factors and Adaptations to Violence in 8,145 Families*. New Brunswick, NJ: Transaction Books.
- Welsh, R.S. (1978). Delinquency, corporal punishment, and the schools. *Crime and Delinquency*, 24, 336-354.
- Whatley, M.A. and Riggio, R.E. (1993). Gender differences in attributions of blame for male rape victims. *Journal of Interpersonal Violence*, 8(4), 502-511.
- Widom, C.S. (1989). Child abuse, neglect, and adult behavior: Research design and findings on criminality, violence, and child abuse. *American Journal of Orthopsychiatry*, 59(3), July, 363.
- Widom, C.S. (1989). The cycle of violence. *Science*, 244, 160-166.
- World Health Organization. (1995). *Street Children, Substance Abuse and Health: Training for Street Educators* (draft curriculum). Geneva, Switzerland: WHO.
- Yates, A. (1982). Children eroticized by incest. *American Journal of Psychiatry*, 139(4), 482-485.