

Review of *Betrayed as Boys: Meanings, Consequences, and Treatment of Sexually Abused Men*, presented by **Richard B. Gartner, PhD** *Reviewed by Wendy Forbush, LICSW*



On October 31, 2009, Dr. Richard Gartner, PhD, presented a half-day program entitled: “Betrayed as Boys: Meanings, Consequences, and Treatment of Sexually Abused Men”. Superbly qualified by 20 years of specialization in the individual and group treatment of traumatized men, Dr. Gartner presented insights he believes are essential for therapists to keep in mind when working with male clients. He focused on the relational impact of boyhood sexual abuse and its transference and countertransference implications.

Dr. Gartner first addressed classic myths about the sexual abuse of boys and men. While noting the difficulty of obtaining accurate statistics, he referenced journal articles concluding that up to one in six men report having had unwanted direct sexual contact with an older person by the age of sixteen. If non-contact sexual behavior (such as someone exposing him- or herself to a child) is included, the frequency of victimization becomes one in four. Dr. Gartner commented that many therapists fail to assess for sexual trauma history of males unless a client cites childhood abuse as the presenting problem. Given the numbers of boys who are affected, we should become as comfortable inquiring about this topic with males as we are with females.

Dr. Gartner further challenged common assumptions when he reported that 60% of men reporting childhood sexual abuse had male abusers, 29% had female abusers, and 11 % had both male and female abusers. Using cartoons from different publications as well as movie references, Dr. Gartner demonstrated pop culture’s reinforcement of the myth that boys seek or enjoy sexual activity with older women. He alerted us to be aware of our own potential for culturally-driven minimization of the damaging effects

of sexual abuse on boys of all ages. An abuser uses a power relationship to satisfy his or her own needs. As we have learned to decry assertions that “she asked for it”, so too we need to be mindful that teenage boys are in the same relationship to authority figures as adolescent girls.

Debunking another myth, Dr. Gartner reported there is no compelling evidence that sexual abuse fundamentally changes a boy’s sexual orientation. While a history of same sex molestation can be a convenient answer for boys who are trying to explain their homosexual orientation, this belief can make it impossible to develop a positive gay identity. Childhood sexual abuse frequently leads to confusion about sexual identity for both gay and straight men, and affects how they relate in intimate situations. As with female survivors, male survivors often confound sex, love, nurturance, affection, and abuse.

Dr. Gartner described the multiple impacts of abuse on sexuality and relationships, stating that men “have learned to use sexuality as interpersonal currency.” Male survivors may be asexual, ambivalent about being sexual, or hyper-sexual. Dr. Gartner described sexually compulsive behaviors as a means of managing interpersonal anxiety, primarily serving the function of self-soothing. He noted that men may repeat their abuse in exploitative adult relationships, either taking the role of the abuser or the person being abused. Dr. Gartner reviewed findings that while a majority of incarcerated sexual offenders (up to 80%) were themselves abused, the vast majority (over 80%) of sexually abused boys never become adult perpetrators.

Among the troubling dynamics common to male survivors is the conflict between their typical American male gender socialization and their experiences of victimization. In a society in which maleness is equated with staying in control, having been sexually abused means “not being a man”. Claiming a positive male identity becomes

problematic. Lacking an acceptable definition of maleness that includes being vulnerable, men often re-interpret abuse as an event in which they were in charge. Therefore, many encode and describe the abuse as a positive sexual initiation, particularly if the abuser had the same sexual orientation as the boy’s later orientation, e.g. heterosexual youth with a female abuser; gay male with a male abuser.

Dr. Gartner described how this misattribution interferes with boys or men identifying abuse for what it was, and therefore neither reporting it initially nor bringing it to therapy. Since boys are socialized to “be strong” and to not need help, male survivors of sexual trauma often come to treatment for issues that seem unrelated to a sexual abuse history. Frequently they come years after abuse, when they are struggling with an addiction or have recently given up an addiction, or have had a child, or realize they have recurring problems with authorities or cannot establish intimate relationships.

It is Dr. Gartner’s opinion that therapists should help their male clients question societal gender stereotypes as part of their processing of their boyhood abuse. Male survivors need to find a definition of masculinity that includes a “me” that is neither victim nor victimizer. Masculine gender norms support the expression of anger, but not other emotions, so men’s reactions to abuse often start with rage. Male survivors need to learn a definition of maleness that includes strength without abusing power, and vulnerability without being abused.

Therapy itself is a minefield for male

survivors. Many are phobic about emotional attachment. They are keenly aware of the power differential in relationships and have developed a distrust of authority. “Depending” on a therapist runs counter to male gender socialization and therefore elicits shame. Traditionally boys have been more likely to receive encouragement for action responses than for using language to process emotions. Psychotherapy relies on verbalization for the development of self-reflective capacity.

As a prelude to his didactic on transference and countertransference phenomena, Dr. Gartner showed the film, Little Man. An extremely well-done portrayal of the impact of childhood sexual abuse on boys, Little Man had a powerful effect on the audience. Dr. Gartner elicited reactions from many attendees, who described a wide range of intense affective

responses. Mirroring reactions therapists might experience when working with male survivors, those present reported rage, fear, shame, disgust, arousal, excitement, sadness, despair, rescue fantasies, impotence, and the desire to flee the room.

The rest of Dr. Gartner’s talk outlined numerous relational dynamics that are reenacted in therapy with childhood sexual abuse survivors. He presented the four transference/ countertransference paradigms posited by Jody Davies and Mary Frawley in their classic book, Treating the Adult Survivor of Childhood Sexual Abuse: A Psychoanalytic Perspective. Dr. Gartner used clinical examples to clarify these enactments that inevitably occur in some form between therapists and clients. The four relational paradigms are described as follows: the sadistic abuser and the helpless, impotently engaged victim; the idealized omnipotent rescuer and the

entitled child who demands to be rescued; the seducer and the seduced; the uninvolved nonabusing parent and the neglected child.

Space here does not permit, but Dr. Gartner elaborated extensively on this and other important topics in his handouts. Based on the quality of his presentation, it is likely that therapists will find his books, Betrayed as Boys: Psychodynamic Treatment of Sexually Abused Men and Beyond Betrayal: Taking Charge of Your Life after Childhood Sexual Abuse, helpful. His website (www.richardgartner.com) has a wealth of information. Dr. Gartner encouraged all to go to the website of Male Survivor: the National Organization against Male Victimization (www.malesurvivor.org). ♦