

## Seeing Past the "L": Addressing Anti-Male Bias in Sexual Assault Services for the "LGBT" Community

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*"Who did you say you are? A rapist?" -- Response of a rape hotline staffer to a male survivor seeking services.*

*"We don't have statistics on male rape victims. Men don't report because they think that'll label them gay." -- Statement by a sexual assault center staff person at a public presentation.*

*"Yes, we need to raise awareness about battered women." -- Reframe of a statement about Domestic Violence Awareness Month made by a female member of a LGBT SV/DV Council. Half of the meeting participants were male.*

It has become "de rigueur" for coalitions and programs to say they are addressing "LGBT" (lesbian, gay, bisexual and transgender) issues when they seek to address survivors of violence who belong to sexual orientation or gender identity minorities. Unfortunately, many such efforts are really only addressing female survivors. The male members of the second and third categories (gay and bisexual) and all members of the fourth (transgender) are, in practice, made invisible or (much worse) seen as perpetrators.

The relative silence of "LGBT" advocates about services for men is a great irony. Many "LGBT" advocates conduct trainings and/or assist agencies in moving beyond the cultural assumption that all clients are heterosexual, teaching them that it is important to visibly, audibly, and consistently acknowledge the existence of non-straight clients to reassure such clients that they, too, are welcome. Yet this practice of acknowledging the existence of (sexual orientation) minority clients seems to break down when it comes to acknowledging male victims; we've heard even "LGBT" advocates argue that since **most** sexual and domestic violence (DV) victims are women, it's ok to use language and examples that suggest ALL victims are female.

It is our opinion that the needs of "LGBT" victims of sexual violence (SV) cannot be effectively addressed without confronting head-on the anti-male bias that permeates most programs for sexual assault survivors. This bias, which in part stems from the rape crisis movement's roots in women-only consciousness-raising groups and in part simply reflects widespread cultural gender stereotypes, is expressed in a myriad of ways. But blatant or subtle, the biases definitely send the message, "men are not welcome here." To help staff begin to effectively address the needs of ALL members of our "LGBT" constituency, we have developed self-assessment questions and suggestions to help programs think through the ways in which they may or may not be putting out the welcome mat to male victims. Our first set of suggestions addresses relatively simple-to-make changes derived from general cultural competency advice most agencies have already adopted concerning racial and ethnic minorities (and, in some cases, lesbian women).

- Does the name or motto of your agency or program say it's for women? Is it named after a woman? Just as Caucasians generally won't seek services from the "Asian American Center," men will often not approach an agency for women. This cultural imperative to respect other demographic groups' "space" ends up reinforcing an anti-male bias, because there seems to be no demand for services from male victims. But if men aren't seeking services at a program for women, then who IS hearing from these victims? We suspect that rather than there being a lack of male victims wanting services, these victims are not being counted anywhere because they can't figure out who to call to ASK for services.

Note that sometimes the name bias is subtle. To get to one Wisconsin sexual assault center with a gender-neutral name, survivors had to enter through a door prominently labeled, "Women's Health Services."

- Does your website include statistics on male survivors of sexual assault? A surprising number of "FAQ" sections do not admit that sexual assault of men exists. This omission contributes to male survivors' perceptions that what happened to them is literally unspeakable.
- Are all your pictures – except those clearly labeled 'supporter' or 'perpetrator' – of women? As providers, we long ago learned the importance of welcoming women of many ethnicities by making sure our pictures, brochures, and other materials show women of various colors. However, many agencies have not considered the need to literally show the existence of male victims. Here, too, the bias can be subtle: one center displays survivors' artwork labeled with their first name; all of the displayed names are unequivocally "female."
- Do your case studies include victims with male names? (On a related note, do any of the case studies include female perpetrators? If not, does that signal to lesbians with abusive female partners that their story isn't welcome there, either?)
- Are your gender-segregated services accurately advertised? It's very common to see services given a gender-neutral name such as "Services for African-Americans," but then read further on that the group is for women. Sometimes publicity uses gender-neutral language throughout, but the program is still designed only for women and staffers are shocked and unprepared when men try to attend. Once a male victim approaches a group that looks like it would include him only to find that it doesn't, he is unlikely to ask for services again.
- Do the resources you display include materials clearly labeled for male victims? If so, have these materials been pointed out to staff? Staff at one sexual assault center told a visitor the program had no books on male victims even though their resource library took up a full wall.
- Does language used in written materials and public presentations refer to victims as "she?" The simple addition of four letters – "or he" – when referring to victim/survivors is powerfully effective at changing the myth that all sexual assault victims are female.
- If you refer clients to outside providers such as therapists, pre-screen those providers for their attitudes toward male victims. One agency referred a highly-traumatized male victim to a well-respected therapist who they said specialized in treating sexual assault survivors. Unfortunately, she took the referral and met with the man only to conclude their initial hour by noting that his responses were normal and there was



nothing she could offer him. This response added to his feeling that he was irreparably broken and that his assaults had doomed him to a life of isolation.

The above suggestions for making sure men feel welcome at your agency or service are cosmetic efforts. They are simple additions that literally or figuratively say, “male victims exist and we serve you, too.” However, just as having African-American clients does not mean an agency is actively anti-racist, serving men does not make an agency actively anti-sexist. Actively countering bias requires a very high and courageous level of self-reflection and self-honesty, and active efforts to recognize and confront even subtle assumptions and omissions.

Anti-male sentiments within agencies that address sexual assault are deeply woven into these agencies’ fabric. The rape crisis system grew out of women’s consciousness-raising groups, in which women began to give voice to previously unspoken experiences and thereby began to recognize the pervasiveness of problems like domestic violence and sexual assault. The “problem” with these groups is that they were all women. This led to the presumption that the uncovered commonalities were based not on experience (being an assault survivor), but on the other characteristic everyone shared: being female. This type of mistake is both logical and widespread. To give another example, many discussions about police misbehavior take place in single-demographic groups such as Black civil rights groups, disability organizations, or coalitions of sexual assault providers. Unsurprisingly, these groups often conclude that the “police problem” is, respectively, racism, ableism, and sexism. Were more diverse groups to compare their experiences with police, they might come to very different conclusions about the root of the problem. The original analysis of the sexual assault problem – that it’s male violence against women rather than, say, a cultural tendency toward violence or the result of rampant untreated trauma – is then reinforced every time we provide women-only services or have all-female staff. By only discussing rape among women, we never learn that what we are presuming are common “female” experiences are, in fact, experiences shared with humans of both (all) genders who have been sexually assaulted.

The women’s-consciousness-raising-groups’ analysis of sexual assault and domestic violence has been further institutionalized by law, policy, mass media, and funding streams. A major source of funding for anti-DV and anti-SV programs is, of course, “The Violence Against Women Act (VAWA).” Until this past year, DV programs funded under VAWA were not required to serve men, and many did not even keep statistics on the male victims who called them to request services. This, in turn, has led to many DV and SV advocates claiming that men do not WANT services. This presumption is sometimes elaborated upon with the conclusion that somehow men are inherently better positioned to cope with (or repress) the effects of violent assault than are women, or are not as harmed in the first place. (Indeed, many DV advocates who are willing to admit men can be abused by female partners nevertheless maintain there is a difference between the two types of DV, citing statistics that female victims are more likely to report to emergency rooms with more serious physical injuries.)

It also must be said that SV and DV advocates are by far not alone in their stereotyping of men as violent. American culture as a whole continually defines men as violent and women as their victims. For instance, the belief that it is normal for female rape victims to fear “men” is widespread. And, indeed, it is a fairly normal trauma response to take one or more salient characteristics of an abuser and begin to attribute abusive behavior (or at least potential) to everyone who shares that characteristic. Yet you seldom hear people say all blue-eyed people are rapists, or all people who are 5’6” tall, or all people who are 34 years of age. Our society far more frequently characterizes people by their gender and race than by other characteristics such as eye color, height, or age. Yet even here, there are double standards. Does it seem as “normal” to us for a lesbian assaulted by her female lover to avoid all women as a result? What would our response be to a white woman raped by a black man if she concluded, “African-



Americans are savages.” But female victims of male perpetrators? It is so “normal” for them to want to avoid all men that agencies creating “safe space” for victims routinely define that in practice to mean “a place in which men are not allowed.” Interestingly, few LGBT advocates seem to question whether these “safe spaces” also meet the needs of lesbians abused by other women. The question of what a “safe space” would look like for male victims of violence is not even on the table yet.

So becoming actively anti-sexist is a very tall order for any agency, let alone one enmeshed in a system built specifically around gender categories. But for those willing to consider making such a commitment, here are some suggestions.

- Observe whether men are being immediately confronted when they visit your agency. Staff may not even be aware that they are intercepting men the moment they step through the door, whereas they’re giving female visitors time to gain their composure and control the timing of their request for assistance. If you think staff are treating male and female visitors the same, observe again, paying special attention to the tone of voice, body language, and exact words used. We have found that sometimes male survivors can’t quite put their finger on *why* they felt they weren’t welcome at services for sexual assault survivors, the message is conveyed so subtly.
- If you do have case studies of male victims, make sure you aren’t reinforcing gender stereotypes by testing how the case “reads” when it’s about a female victim. If you’d never present a female victim that way, consider taking an existing case study you’re happy with and simply switching the victim’s gender. Both men and women have a range of responses to being sexually assaulted; presume that if you wouldn’t treat a female victim in a particular way, it’s not appropriate to treat a male victim that way, either.
- See how the agencies or professionals you refer to are ACTUALLY responding to male victims by having male confederates call and request services. Women who work with male survivors often report that their colleagues tell them they do serve men, but their male referrals report that when they actually call and ask for services, staff say those services are not available. (Remember that in cases of race-based housing discrimination, some types of applicants are told services are full whereas other types of applicants are given different information. Discrimination doesn’t have to be overt to still be discrimination.)
- Speak of victims as “she or he” even when you are addressing a group of survivors who are (by design or accident) all women. This simple reminder that men can also be victims may help counter the tendency of female victims of male abusers to see all men as different and/or dangerous. If you would confront a racially denigrating remark made by a client, then consider developing similar responses for when female victims denigrate all men in group or individual therapy sessions. Remember, however, that anti-male sexism is so pervasive in our culture that many statements are seen not as stereotypes, but facts: “men never ask for help.” Language that uses superlatives – all, never, always – is usually prejudiced, or at least inaccurate.
- Consider developing group or individual therapy exercises designed to help counter the tendency of abuse survivors to associate danger with demographic categories rather than patterns of behavior. Help them focus on developing discernment skills that will help them avoid getting close to abusers rather than making them fear major segments of their communities and workplaces.



- Acknowledge the pervasiveness of anti-male bias by screening potential staff and interns for their attitudes about men in general and male victims in particular. Regularly train staff and volunteers specifically on recognizing and countering anti-male statements and assumptions.
- Create a Client Bill of Rights that clients sign at intake (and that is displayed prominently on your agency's walls and website) that explicitly addresses the existence and rights of male clients.
- Consider other options when you are invited to participate in women-only events. One survivors' program creative arts volunteer facilitator was asked to have his group prepare materials to be displayed in the "women only" section of a Take Back the Night Rally. Such requests clearly tell both male and female participants, "Even if we sometimes acknowledge male survivors, they are still essentially alien, different, and/or dangerous to female survivors."
- Actively recruit male volunteers and staff. Encourage and support them in pointing out sexism when they hear it, so that everyone can become more sensitive to the ways in which they limit other people's options based on gender. If you have a speakers' bureau, recruit male survivors to be on it.
- Be careful not to automatically label men associated with your program as "supporters." That language suggests they couldn't possibly be clients.
- Do not talk about men only in terms of being the ones responsible for stopping violence. These kinds of statements and programs have an underlying implication that men cause all of the violence and are therefore solely responsible for stopping it. It discounts the fact that women can be perpetrators and that men can be victims. It reinforces women's tendency to feel powerlessness to effect social change. Finally, it also serves to effectively cut down on the number of people available to provide services and/or do prevention work.

And in the end, isn't that what we all have in common: the desire to help survivors and to avoid creating any more of them?

