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BOOK REVIEWS

NEW MALE STUDIES: AN INTERNATIONAL JOURNAL ~ ISSN 1839-7816 ~ VOL. 2, ISSUE 1, 2013, PP. 1-84

Male Victims of Domestic Violence

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Intimate partner violence (IPV) or domestic violence (DV) is often framed as a "woman's issue" or "violence against women" generating the perception of males involved in violent relationships as the aggressor and more capable of inflicting injury or causing harm to their partner. Due to this set of beliefs called the "gender paradigm", male victims are often met with disbelief or suspicion when they attempt to gain protection from a female partner, or access services. Male victims may also report difficulty in locating services specific to their needs, as help lines or shelters are targeted exclusively towards female victims. These issues and the implications for male victims will be discussed.

Key Words: domestic violence, male victims, intimate partner violence, gender paradigm

> The child who I saw being hit by his mother is three times more likely to become violent in intimate relationships than a child who was not hit. The moment that he hits a woman, it is legislated that he be taken out of the context of his biography and into an automatic legal process in which he will be held absolutely accountable for any violence he committed. He will be defined as a product of patriarchy, and his masculine privilege will account for the sole source of his aggression.
>
> Linda Mills, Insult to Injury (2003, p. 3)

The stereotype invoked when one mentions "domestic violence" is of a bullying, domineering man who is hyper-reactive to jealousy and has a drinking problem. He threatens, assaults and verbally intimidates a non-violent woman-victim. If you ask college students for examples of domestic violence perpetrators, you likely get OJ Simpson or Chris Brown as an answer. Although we may like to believe that such simplistic stereotypes are held only by the uninformed, alas, it is not true. Academics who would bristle at any stereotyping of women or minorities adhere to the "gender paradigm"; that all domestic violence is male perpetrated against hapless female victims, in order to preserve "patriarchy" -male dominance of women. For examples of such thinking see any work by Russell or Emerson Dobash (Dobash & Dobash, 1979; 1988), Walter Dekeseredy (Dekeseredy, 2011; DeKeseredy & Schwartz, 2003) or Mollie Dragiewicz (Dragiewicz, 2008; Dragiewicz & Lindgren, 2009), amongst others. The theory driving this view is a Marxist-feminism perspective developed by Catherine Mackinnon (MacKinnon, 1989) and posits that "sexuality is to feminism what work is to marxism (sic)" (p. 3), hence domestic violence in which a man hits a woman is defined as "violence against women"– plural– a political act. There is no such term for when a woman hits a man and it is rarely used when a woman hits a woman (e.g., Lie, Schilit, Bush, Montague, & Reyes, 1991). The latter examples are more likely to be seen as psychologically driven actions. When data began to surface about female intimate partner violence (IPV) from the national survey data of professor Murray Straus (Straus, 1980), it was quickly dismissed as inconsequential violence, in Michael Johnson's term, "common couple violence" (Johnson, 1995) that was bilateral and where the woman was acting in self-defence (Saunders, 1986; 1988; 2002). Now we know that women assault non-violent male partners more frequently than men assault non-violent female partners.

This "gender paradigm" was consistently reinforced by numerous studies on "male perpetrators" and "female victims", the former drawn from court-mandated treatment groups (e.g., Dutton, 1995b; Gondolf, 1999; Saunders, 1992) and the latter from women's shelters (e.g., Johnson, 2008). In short, samples selected on the basis of their own perpetration or victimization and not representative of the community (Straus, 1992b). True believers operating within the gender paradigm do not question the generalizability of such samples; selected by a system that was already operating on the assumption that men were sole perpetrators and women were victims. Johnson, for example, concluded that men were the only perpetrators of what he called "intimate terrorism" (Johnson & Leone, 2005), that is, the use of intimate partner violence (IPV) for instrumental purposes. He came to that conclusion by interviewing women in shelters, taking their descriptions of violence against them as veridical and not asking them about their own use of violence. As Johnson put it "I chose one question to determine whether the husband and/or wife had been violent, as reported by the wife" (Johnson, 2008, p. 20). The implication of this research choice was that Johnson trusted only women's versions of events and based his entire analysis of IPV on this version. Johnson made no assessment of whether the reports he obtained under these conditions were veridical or self-serving

inflations of victimization or enhanced with stories overheard from other shelter clients. He could not know. His methodology reinforced the view that women were the sole and passive victims of domestic violence. Is it any wonder then that "intimate terrorism (IT)" depicted by this sample appears to be solely male perpetrated, and that female IPV involves "violent resistance" (i.e., self defence) in women. Women in shelters are a sample that has been selected because of extreme IPV generated towards them (Straus, 1992b). If you change the sample, however, the conclusion changes. For example, a study by Graham-Kevan and Archer (2003) found that as the authors put it "...the "maleness" of intimate terrorism may well be an artifact of the sampling procedure used. Indeed, if the shelter data is omitted IT shows sexual symmetry" (p. 1261). Eighty percent of the male intimate terrorists found were reported by the shelter sample, even though it constituted only 17% of the their entire sample, (i.e., it was not found in other samples). LaRoche (2005) assessed "intimate terrorism" in the data from the 2004 Canadian National Social Survey, that assessed power dynamics as well as IPV. In those national data, 4.2% of women and 2.6% of men reported being victimized by intimate terrorism. A study of men seeking help from IPV victimization (Hines & Douglas, 2010) found IT patterns were gender reversed for this group compared with a women's shelter group (more about this below). Any study that assesses gender prevalence of IT with a non-shelter sample produces very different results from Johnson. Should it come as a surprise that if you ask only questions about victimization from a pre-selected victim group, you obtain very skewed and misleading results? As far back as 1992 Murray Straus had reported (Straus, 1992b) that shelter samples had 11 times the violence perpetrated against them as did community samples of women.

It is not only a sampling issue however, it is also an issue of not inquiring about women's violence. By way of comparison with Johnson's one sided approach, Renee McDonald and her colleagues asked about violence both toward and by women in shelters (McDonald, Jouriles, Tart, & Minze, 2009). When asked about their own use of violence 67% of these women reported using an act of severe violence themselves against their partner. The women's own violence was an important determinant of child behavior problems. As the authors put it "men's severe IPV seldom occurs in the absence of other forms of family violence" (p. 94), these other forms included both partner-child aggression and mother-child aggression. This finding runs counter to the stereotype of wife assault of a non-violent women because it was a rare study that avoided the "one sided question" issue. We will return to it below.

The mother's use of aggression (i.e., physical child abuse) contributed to the child's externalizing (i.e.,acting-out) problems, especially if the child was a boy. Furthermore, in a community sample of 1,615 dual parent households, children were 2.5 times more likely to be exposed to IPV by their mother than by their father (McDonald, Jouriles, Tart, & Minze, 2009). Also, in the huge U.S. National Survey on Child Maltreatment (718, 948 investigations of child abuse), the more frequent perpetrators were biological mothers (58%: Gaudioisi, 2006). Boys are most at risk for physical violence from their mothers. To paraphrase Linda Mills opening quote, this mother-generated externalizing heightens the chance of later use of IPV, at which point, the man is now a "batterer" and a product of patriarchy.

The Reporting Issue

One reason that intimate partner violence toward men is underestimated is that men are less likely to view the IPV as a crime or to report it to police. Men have been asked in surveys if they had been assaulted and if so, had they reported it to police. In a 1985 survey, less than 1% of men who had been assaulted by their wife had called police (Stets & Straus, 1992). In that same survey men as-

saulted by their wife were less likely to hit back than were wives assaulted by their husband. Men were also far less likely to call a friend or relative for help (only 2%). As we shall see below, it is not the case that these assaults were inconsequential. Male socialization diminishes the likelihood of reaching out for help (Goldberg, 1979). Historically, men who were victims of assault by their wives were made into objects of social derision (Davidson, 1977), a practice in medieval Europe called charivari that involved riding the victim around town, seated backwards on a donkey and punching his genitals (Dutton, 1995a). Men are socialized to bury problems under a private veil (Goldberg, 1979), including being the object of abuse from female partners. It is of note that men's reports on surveys of victimization by IPV is less than female reports of perpetration (Desmarais, Reeves, Nicholls, Telford, & Fiebert, 2012a; 2012b). Either the women are bragging or the men are in denial, or both.

The One Sided Question Issue

We showed above how Johnson's use of a one-sided type of question (i.e., asking women in shelters only about violence done to them) led to his erroneous conclusions about "intimate terrorism". This problem has also afflicted surveys of IPV that inquire only about victimization. The National Survey of Violence Against Women (Tjaden & Thoennes, 2000) asked a representative US sample about "crime victimization." Of course, the use of that filter suppresses reporting because it assumes respondents will define the abuse as a crime. Straus (1999) has shown that removing this filter by asking about specific behaviors used in response to conflict increases reporting rates of abuse by a factor of 16, because it asks respondents to simply endorse a specific act (in terms of whether the individual did it or had it done to them) rather than define the act depicted as abuse. However, it also produces gender rates of IPV that are identical, leading to criticism of the scale by those who wish to screen out evidence contradicting the gender paradigm (Straus, 1992a). Apart from filters, there is another serious problem, with asking one-sided questions about IPV; bilateral IPV is missed.

Bilateral IPV is where both members of the couple use violence. Five large scale surveys that asked about both victimization and perpetration found that the most common form of IPV was bilateral (two way IPV), matched for level of severity (see Table 1). Of the remaining unilateral cases, 70% were perpetrated by women, only 30% by men (Stets & Straus, 1989; Whitaker, Haileyesus, Swahn, & Saltzman, 2007). This finding has the following implication for one sided victimization surveys; about 75% of the women reporting victimization were also perpetrators. This is easily derived by taking the number of women who report victimization on a survey as a denominator (i.e., those who would have reported victimization to a one-sided survey) and those who report bilateral perpetration as the numerator (i.e., those who reported perpetration as well as victimization). The actual results produced are 84% for cohabiting couples and 73% for married couples (Stets & Straus, 1989). That is the percentage of victimized women who were also perpetrators. In the Whittaker et al. survey (2007), this percentage was 77%. For men in the Stets and Straus study, the corresponding percentages were 58.5% (married) and 59.6% (co-habiting). It's less relevant for men because no surveys have ever solely focused on IPV victimization in men. This recalculation also shows how bilaterality of IPV was missed by one sided inquiries.

Table 1
Incidence of Intimate Partner Violence in Surveys

		IPV Reports[1] (%)	Male[2] (%)	Female[3] (%)	Bilateral (%)
Stets & Straus, 1989 National FV Survey (N=5,242)	Married	15	15.6	35.6	38.8
	Cohabiting	35	12	32.9	45.2
Whittaker, et al. 2007 National Longitudinal Study on Adolescent (18-28) Health (N=11,370)		23.9	28.7	71.3	49.2
Williams & Frieze, 2005 National Comorbidity Study (N=3,519)		18.4	21.6	28.7	49
Caetano, et al., 2008 National Survey of Couples (N=1,635)		13	14.6	25.6	59.7
Morse, 1995 National Youth Survey 1992 (N=1,340)		32.4	16	30	47.4

[1] The percentage of IPV reports from the total population examined in the survey. Remaining data are expressed as a percentage of this initial IPV group.
[2] Males engaged in more severe acts of violence (e.g., male minor, female none; male severe, female none; male severe, female minor)
[3] Females engaged in more severe acts of violence (e.g., female minor, male none; female severe, male none; female severe, male minor)

Effects on Male Victims

The gender paradigm stereotype also holds that female violence is less serious, only what Johnson calls "common couple violence" (Johnson, 1995). In fact, the data again say something else. It was simply that earlier research was driven by a paradigm that avoided asking the right questions of men. When these questions are asked, the results are surprising. An emergency clinic in Philadelphia found that 12.6 percent of all male patients over a thirteen-week period (N=866) were victims of domestic violence (Mechem, Shofer, Reinhard, Horing, & Datner, 1999). These patients reported having been kicked, bitten, punched, or choked by female intimate partners in 47 percent of cases, and in

37 percent of cases reported a weapon being used against them. The authors observe that the numbers would have been higher except they had to stop counting after midnight and screened out "major trauma" cases, which could have upped the proportion injured by female partners. Note that many emergency clinics ask women but not men about potential domestic violence origins for injuries. An emergency clinic study in Ohio found that 72 percent of men admitted with injuries from spousal violence had been stabbed (Vasquez & Falcone, 1997). The authors report that burns obtained in intimate violence were as frequent for male victims as for female victims.

Coker et al. (2002) reanalyzed data from the NVAW survey (N=6,790 women and 7,122 men) to assess associations between physical, sexual, and psychological abuse and current and long-term physical and psychological effects in men and women. Results indicated that psychological and physical abuse were associated with much the same outcomes and had similar effects for men and women. The authors cautioned that it is possible that male victims were also perpetrators and their mental health status resulted from inflicting abuse rather than from being victimized. Interestingly, they did not present this hypothesis for women.

The reanalysis of the Canadian General Social Survey data by Laroche (2005), based on a sample of 25,876, also strongly refutes the idea that males do not suffer ill effects from intimate partner violence. It is of interest that, though not all "victim" data in that survey were available for men, what was available indicated great similarity in male and female victimization. Laroche (2005) reported that 83% of men who "feared for their life" did so because they were unilaterally terrorized by their female partner compared to the 77% of women who were unilaterally terrorized. Of the terrorized men, 80% reported having their everyday activities disrupted (compared to 74% for terrorized women), 84% received medical care (the same rate as for terrorized women), and 62% sought psychological counseling (63% for women: see Table 8, p. 16). Hence, in an immense nationally representative sample, victim reactions for abused men were virtually identical to those of abused women. It was simply that earlier research was driven by a paradigm that avoided asking the right questions of men.

Men who are victims of IPV exhibit negative psychological symptoms, in addition to possible physical injury (although, on average men are less likely to sustain injury compared to women: Archer, 2000). In a multi-site study of 3,461 male university students, IPV victimization was associated with Posttraumatic Stress (PTS) symptoms. With more severe IPV victimization associated with a greater severity of PTS symptoms (Hines, 2007). Additional support of this finding was reported in a clinical sample of men. Men who had sustained common couple violence were more likely to meet the clinical cut-off for PTSD compared to men who had not sustained IPV (8.2%; 2.1%), but the group with the highest rates of PTSD were men who sustained intimate terrorism (57.9%: Hines & Douglas, 2011)

After years of studies of battered women drawn from transition houses for women, a set of studies were finally done on men seeking help for IPV victimization. Using a sample of men contacting the New Hampshire domestic violence hotline, the only one in North American for men, Denise Hines (Hines, Brown, & Dunning, 2007) finally provided a view of male victims of IPV. Hines and Douglas (2010) reported that in this male victim sample, 20% had experienced extreme violence (e.g., choking, using a knife, burning with scalding water, targeting of their genitals) during attacks, and that 95% of the female perpetrators used controlling acts consistent with Intimate Terrorism

(e.g., death threats, threats to the family pet, display of weapons, smashing things, threats of using the criminal justice system–calling the police and lodging a domestic violence complaint, using the court system to obtain sole custody, etc.). Seventy eight percent of the men were injured (Hines), 2007 sustaining on average eleven injuries. Hines and Douglas (2011) used a community sample as controls. In the community sample they found that CCV was the most common form of IPV. However, with the sample of help-seeking men, "a very different picture emerged" (p. 51). Female partners of these men used 5-6 times the frequency of physical and severe psychological aggression of the men themselves (by the men's reports) and 5-6 times the controlling behaviors. Rates of their own use of IPV by the help seeking men were similar to those reported by shelter women in the few studies that reported these data (e.g., McDonald et al., 2009; Hines & Douglas, 2010,). They constituted a virtual mirror image (i.e., gender reversal) of the female victim samples reported by Johnson. When they sought help from a local DV program, 64% of these abused men were told that they were the ''real batterer." The gender paradigm never acknowledges the existence of male victims, in part, because shelters for men (and therefore, samples of male victims) have never existed.

The Criminal Justice Solution

Criminal justice practice requires a perpetrator and a victim, that's how the world is divided, so it is no surprise that bilaterally violent couples will be divided in this manner by police intervention. Deborah Capaldi and her colleagues performed the essential study on this matter (Capaldi et al., 2009). As part of the ongoing Oregon Youth Survey, Capaldi et al. assessed 150 couples in late adolescence and early adulthood. Bilaterally violent couples whose level of IPV rose during one event, called the police who then arrested the man (in 85% of cases). It should be pointed out that the man's level of aggression was higher on that incident, but the IPV pattern preceding that event had been mutual and matched for severity. Brown (2004) found that men were more likely than women to be arrested and prosecuted for IPV. For example, in cases where neither partner sustained injury, men were over 15 times more likely than females to be charged (61% vs. 3.8%). Henning and Renauer (2005) found that men were more likely to be arrest compared to women, even when other factors were controlled (e.g., prior arrests). Men also faced harsher legal ramifications post-arrest, in this sample 85% of men, but only 53.5% of women who were arrested were prosecuted (Henning & Renauer, 2005).

Men that were suspected of being perpetrators of violence are treated more harshly by the criminal justice system, but so are men who reach out for protection. In reviewing current research, Russell (2012) found that men were less likely to receive a protection order from their female partner. This supports the claim that male victimization is not taken as seriously in courts, as these men were not seen as requiring protection at the same rate as women. Police and criminal justice professionals are steeped in the gender paradigm, it is part of police training. When these biases are added to the male reluctance to report IPV, it is easy to see why any research based on criminal justice statistics is misleading; it underestimates both bilaterality and female perpetration.

Perceptions of Domestic Violence

Studies of lay persons (Sorenson & Taylor, 2005) and psychologists (Follingstad, DeHart, & Green,

2004) reveal that the stereotype created by the gender paradigm is pervasive; both groups view an identical action when committed by a man as more abusive and more likely to require police intervention. Male victimization is not viewed to be as serious as female victimization. Regardless of injuries sustained, or other negative outcomes, society views IPV perpetrated by a women towards a man as less dangerous and less potentially harmful to the victim (see, White & Dutton, 2013).

Gender stereotypes profoundly affect our perceptions of the seriousness and preferred outcomes of domestic violence. A random-digit dialed survey of 3, 679 residents of Los Angeles (Sorenson & Taylor, 2005) found that actions are more likely to be considered abusive by the general public if performed by males. This was true across all sociodemographic groups and includes what we normally would call "psychological abuse", not just physical abuse. Furthermore, respondents deemed the same action when performed by a man as actionable (i.e., "should be illegal"). This included acts such as "punch" and "pressure for sex."

Of perhaps greater concern is that Follingstad et al. (2004) found that this gender bias was also true of psychologists. Two scenarios describing the context and psychologically abusive behaviors with the genders reversed were given to 449 clinicians (56% male), with a median age of 52. Psychologists rated male perpetrated behaviors as more abusive and severe than a female's use of the same actions. Contextual factors (e.g., frequency/intent/perception of recipient) did not affect this tendency. The items rated as significantly more abusive if performed by a man included "made to account for whereabouts at all times", "would not allow to look at members of same sex", "threatened to have committed to an institution" and "made derogatory comments." The significance on these items was independent of the sex of the psychologist. In both the Sorenson and Follingstad studies, identical behaviors were more likely to be judged as abusive when done by a male to a female.

As Follingstad et al. concluded, "the stereotypical association between physical aggression and males appears to extend to an association of psychological abuse and males" (p. 447). Unfortunately this sometimes leads to serious problems. Coontz, Lidz and Mulvey (1994) found that clinical predictions of dangerousness made in psychiatric emergency rooms consistently underestimated female dangerousness. Predictions that a male would not be violent were correct 70% of the time, but for females, they were correct only 55% of the time. Skeem and his colleagues (2005) had 147 clinicians assess 680 patients in a psychiatric emergency room for risk of future violence. Mental health professionals of both genders were "particularly limited in their ability to assess female patients' risk of future violence" (p. 173). In fact the false negative rate for female patients (i.e., the rate at which one was judged to be low risk but subsequently re-offended) was double that of male patients. The criterion for violence was physical violence: the patient had to have been reported to have "laid hands on another person with the intent to harm him or her, or had threatened someone with a weapon in hand" (p. 178). This finding was true across all professional groups and was unrelated to type of violence. That is, the finding occurred for general violence and for severe violence. In the MacArthur Risk Assessment study of psychiatric patients released into the public, Robins et al. (1987) found that women were just as likely as men to be violent during the first year after discharge. Robins and her colleagues attributed the underestimation of women's violence to it being less visible "since it occurs disproportionately in the home with family members" (p. 182).

Changes towards societal acceptance of male- and female-perpetrated IPV have moved at a discrepant rate. Over a 26-year period (from 1968 to 1994) the approval of male-perpetrated violence towards a female partner decreases significantly, from 20% to 10%, whereas rates of approval of female-perpetrated IPV remained consistent (at 22%) over this same period of time (Straus, Kaufman Kantor & Moore, 1997). The authors state that efforts condemning female-perpetrated violence did not exist to a similar degree as efforts to reduce male-perpetrated violence.

The Custody Issue

The gender paradigm has simply played havoc with fairness in custody decisions. In books designed for custody assessors, men have been portrayed as the only parent requiring assessment for violence potential to their children, that abusers (who are only men) will lie during these assessments and that abusive men will be especially litigious in court (Bancroft & Silverman, 2002; Jaffe, Johnston, Crooks, & Bala, 2008; Jaffe, Lemon, & Poisson, 2003). Jaffe et al. (2003) claim "30-60% of children whose mothers had experienced abuse were themselves likely to be abuse" (p. 30). The actual overlap is about 4-6% and that is only when spanking is counted as physical child abuse (Appel & Holden, 1998). Jaffe et al. generalized his conclusions from a women's shelter sample, Bancroft from a court mandated group of male perpetrators. Evaluators reading these books will be primed to suspect only the male and to expect that male to lie. It's a blueprint for a witch hunt and is not supported by the data. The present senior author has strongly critiqued these specific papers (Dutton, 2005; 2006; Dutton, Hamel, & Aaronson, 2010; Dutton & Nicholls, 2005). It is appalling that such a wrongheaded view should impact on custody decisions. In view of the fact that there is not a shred of scientific evidence to support the gender paradigm misinformation, these writers should be exhorted to recant and set the record straight.

A study of 135,573 child maltreatment investigations conducted by Health Canada, and published by the National Clearing House on Family Violence (Trocme et al., 2001) examined physical abuse, sexual abuse, neglect, emotional maltreatment and "multiple categories" within the general population. Cases of alleged abuse were further divided into substantiated, suspected, and unsubstantiated categories. Substantiation rates did not, in general, vary by gender of perpetrator and ranged from 52 to 58%. Compared to biological fathers, biological mothers were found more likely to perpetrate child physical abuse (47% vs. 42%), neglect their children (86% vs. 33%), engage in emotional maltreatment (61% vs. 55%), and contribute to multiple categories (66% vs. 36%). Biological fathers are more likely perpetrators of child sexual abuse (15% vs. 5%).

A second study, using an even larger sample of 718,948 reported cases of child abuse, was conducted by the United States Administration for Children and Families (Gaudioisi, 2006) and reported that, in 2005, women (58% of the child abuse perpetrators) were upwards of 1.3 times more likely to abuse their children than were men. When acting alone, biological mothers were twice as likely to abuse their children as were biological fathers, and biological mothers were the main perpetrators of child homicide. Also, as described above, McDonald et al. (2006) found that risks of child exposure to violence were 2.5 times higher for female- (mother-)perpetrated violence than male- (father-)perpetrated violence. Thus, again, the best research data, from the largest and most rigorous studies tell a very different story from that related by Jaffe et al. and Bancroft.

Conclusion

Both male victims and male perpetrators have a more difficult experience in the aftermath of IPV. Male perpetrators receive harsher legal penalties, and are judged as more capable of inflicting injury or instilling fear in their female partner. This is true even when they have been part of a bilateral IPV pattern. Male victims also fare worse when attempting to access services, as males are more likely to

be labelled the aggressor and to be treated with suspicion and injuries they have sustained are likely to be minimized. Custody assessments are misdirected, focusing on the male as the sole source of threat to children for physical abuse. A major revision of our thinking is required, one that is empirically based and can to alter an emotionally tinged stereotype.

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The Completely Unregulated Practice of Male Circumcision:
Human Rights' Abuse Enshrined in Law?

John V. Geisheker

We are witnessing a disturbing tend to "enshrine" male circumcision into law, shielding the practice from health and safety regulation of any kind. This trend precedes any honest attempt to assess "morbidity," the unavoidable complications of any surgery, especially poignant for this unregulated and pre-germ-theory practice. Without a thorough assessment of morbidity, all bioethical discussions are, logically, premature. The author details a "permissive and incautious" milieu, including a lack of qualifications for circumcisers, rudimentary training, septic non-clinical settings, withheld anesthesia and analgesia, sub-optimal surgical protocols, a lack of back-up resources, minimal post-operative obser-

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vation, minimal legal remedies, and other shortcomings. It is argued that serious inquiry must ethically precede blanket legal protections accommodating atavistic adult urges.

Key Words: circumcision, male, infant, boys, morbidity, mortality, botch, injury, resident, obstetrician, urologist, micro-surgery, proxy consent, ritual, religion, mohel, imam, assault, Europe, human rights, bioethics, anesthesia, antisepsis, analgesia, law, legal

> In one Aesop's fable, a young fox escapes from a hunter's trap but loses his long bushy tail, leaving him only a stump. He slinks back to his den feeling humiliated. After a time he summons his entire pack to announce that without his tail he now feels less encumbered. 'It got in the way,' he argues. He recommends all the others lose their tails, too.
>
> After a few moments of silence, one old fox speaks up: "Young one, you would not be urging us to be rid of our most distinguishing feature if you had not lost yours."

I began this article over a year ago, after a citizens' initiative in San Francisco proposed a law to restrict male circumcision to consenting adults, or to minors upon medical need. A firestorm followed, led by a coalition of religious groups including, curiously, fundamentalist Christians. Soon afterwards, medical stakeholders joined the lawsuit, but, likely for tactical reasons, they gave the religious coalition the reins. There was no mention of what little boys might want for themselves, nor any discussion of the bioethics involved or a mention of the human rights of the boy.

The initiative was soon quashed by a local judge on the narrow grounds that in California only the State may regulate medical practice.[1] Ironically, religious opponents were exclusively concerned to preserve their private rituals held in non-clinical settings – venues where medical regulation is irrelevant (and where legal safeguards to protect the child are non-existent).

Since then, world events have overtaken the San Francisco *imbroglio*, and each occasion has changed the complexion and growing intensity of the controversy.

In June, 2012, a court in Cologne, Germany, declared that the circumcision of a healthy four-year-old Muslim boy was an illegal assault which, in addition, infringed upon the child's own right to religious freedom.[2] Religious minorities in Germany, like their co-religionists in San Francisco, were soon up in arms, and petitioned the Merkel government for special protection. On December 12, 2012, the German parliament, the *Bundestag*, on a vote of 433 to 100, passed a law 'enshrining' male circumcision as an adult right that may be imposed on children freely. The law provided negligible precautions for the child, even stripping him of legal recourse no matter the physical result.[3] A compromise proposal, which would have postponed circumcision until the child could consent at

age 14, failed by a similar vote.[4]

Meanwhile, experiencing an influx of Eastern European and Middle Eastern migrants importing traditions which include mass circumcisions, without anesthesia or antisepsis, of pre-teen boys in public squares,[5] authorities in various Scandinavian countries have explored imposing limitations on what were previously unfamiliar, infrequent, and secretive rituals well below their radar.

The Royal Dutch Medical Association, the KNMG, an umbrella organization encompassing numerous medical specialties in the Netherlands, and under similar migrant pressure, has released a declaration dismissing medical claims made for circumcision, and condemning, outright, non-therapeutic cutting of minors.[6]

Jurists at the Tasmanian Law Reform Institute have debated, in depth, the legality of non-therapeutic, medically unnecessary genital reduction surgeries for boys in Tasmania. In August, 2012, they issued recommendations which, if adopted country-wide, would significantly restrict the practice in Australia.[7]

Consequently, those of us who have been monitoring this issue for decades were caught off-guard, when in September, 2012, an eight-member "Task Force" of the American Academy of Pediatrics, moving in precisely the opposite direction from human rights' advocates and medical authorities overseas, proclaimed that the adult sexual hygiene benefits of infant circumcision "outweigh the risks."[8]

It is against this backdrop of competing interests – the rights of the boy to bodily integrity and security of his person, and even his own religious choice, vs. the rights of adults to indulge their deeply imbedded religious urges, and, in the U.S., the secular freedom to freely "sculpt" a healthy child – that we confront two uncomfortable facts:

> While genital cutting of female minors, for any reason, whether with pious intentions or not, has been fully proscribed in most Western countries, *nowhere* is medically unnecessary male genital cutting of minors illegal.[9] In fact the practice is completely unregulated, even in the U.S. and the latest trend is to prevent, by law, any possible safety regulation
>
> AND
>
> secondly, as the American Academy of Pediatrics itself acknowledges, very little is known about the ultimate morbidity (medical complications) of circumcision in clinical settings, let alone in non-clinical, ritual, and domestic settings.

The latest AAP statement, for instance, in an unusual moment of candor which fully undermined their prior 18-page recitation, states: "The true incidence of complications after newborn circumcision is unknown…," and they freely admit: "There are no adequate analytic studies of late complications in boys undergoing circumcision in the post-newborn period."[10]

Thus we focus here on what we might call "cultural morbidity," the permissive and incautious medical, cultural, and legal milieu which sustains and even "enshrines" the practice, rather than on the dubious medical claims, exculpatory bioethics, or human rights' challenges posed by male circumcision, about which much has been written. Morbidity is not entirely separable from these other concerns, of course, and assertions that male circumcision is benign and healthy – if totally unnecessary – undergirds the medical claims (though not the religious, where such notions would be gratuitous).

Circumcision morbidity has largely escaped consideration due to a common assumption that the risks are so minimal and benefits so obvious, that legal constraints and regulation are barely required. Such notions are "memes," of course, units of common understanding that segments of the Anglophone medical community – especially those profiting from the practice – invented and consciously fine-tune year-after-year, memes which religious communities "borrow" when challenged.

Europeans may be the first to be troubled by the fact that any person who wishes to do so may legally circumcise a male child, in any setting, with any available tool, for any imagined reason, holy or not. The only apparent caveat is that the procedure must not create a medical emergency. That is the ostensible threshold whereupon legal authorities, (in the U.S. anyway) might be embarrassed enough to investigate, or stirred enough to impose sanctions, if only to defend the monopoly of medical and ritual practitioners.

Only "9-1-1" cases, where inept adults are ultimately obliged to call for help, have attracted the weight of the law, and, as will see, prior to the Cologne case, that weight has been rather light.[11] There are historic and cultural reasons why this is the case.

State Pre-emption: A False Promise of Protection for Boys

The California statute used to quash the San Francisco initiative provides a useful place to begin. Many U.S. states have similar pre-emption statutes, which reserve the regulation of medical practice to the state:

> Business and Professions Code, Sec. 460: (b) No city, county, or city and county shall prohibit a *healing arts professional* licensed with the state ... from engaging in any act or performing any procedure that falls within the *professionally recognized scope of practice* of that licensee.

As regards circumcision, this statute raises some challenging questions of its own that do not require legal expertise to appreciate, and have little to do with religious notions:

> * Do lay circumcisers, like the traditional village barber of Islam, an East African 'midwife,' (those who perform female genital mutilations), or a non-medically trained religious circumciser, qualify as 'healing arts professionals'?
>
> * Is a duly licensed medical professional within his or her 'professionally recognized scope

of practice' when amputating healthy tissue from a healthy boy for merely cultural reasons? Is this the proper role for one trained in the 'healing arts?'

* Is a licensed 'healing arts' professional within a 'professionally recognized scope of practice' when operating in a septic, non-clinical setting, or one devoid of professional backup – i.e., post-op observation, follow-up nursing care, a hospital crash cart, or the ability to signal a 'code blue' or summon a resuscitation team?[12]

* Is a parent acting as a 'healing arts professional' while circumcising a healthy child in the bathtub or on a kitchen table, when no state law requires a clinical setting nor the slightest medical training or licensure for a circumciser?

* Are cultural, unnecessary, non-therapeutic, genital reduction surgeries imposed on children, male or female, even a legitimate constituent of the 'healing arts'? [13]

Even in the most modern medical setting, male circumcision presents predictable, inarguable, and well-documented health and safety risks not counter-balanced by urgency or necessity.[14,15,16] No medical society in the world recommends male circumcision as necessary. Countries like New Zealand and England, with healthy pediatric populations, fully abandoned Victorian non-therapeutic infant circumcision – an Anglophone invention – decades ago.[17] Europeans never adopted the practice, to no discernible loss of child health. Countries in Western Europe now struggle, however, with pressure from immigrant populations demanding cultural circumcisions at public expense, and forcing their host country to bear the cost of rescuing boys injured in septic home circumcisions gone awry.[18,19]

Both the "medicalized" and the ritual practice of male circumcision, are, however, as we will see, completely unregulated, suggesting that, in the U.S. at least, state pre-emption of local medical regulation is a false promise of protection for boys.

And because "ritual" circumcision, and the 19th-century, Anglophone, "medicalized" variety, both predate germ theory and medical ethics (and for that matter, the human rights of children, a recent invention), both suffer from a legacy of neglect and even outright cruelty that virtually guarantees exposure of the child to injury. One might suppose that in the age of bans on over-sized, sugary beverages and denunciation of unhealthy school lunches, amputation of *any* portion of a child's genitals would summon scrupulous oversight, even over – or *especially* over – those occurring in non-clinical settings.

But one would be wrong . . .

Even in the clinical setting, where one might expect a standard of care far exceeding any other venue, there are astonishing lapses.[20]

No Training Is Required

There is no training required of the lay *or* medical circumciser beyond folklore. Apprenticeship or

training would be generous descriptions, as the 'training' even for a recent medical graduate might consist of a few minutes of observation in the tradition of "See one, do one, teach one." In American medical education, there is no requirement to study the anatomy, histopathology, neurology, function, or importance of the amputated tissue to the organ or its owner.[21] No genuine consideration is given to bioethical concerns about the boy's lifetime preference, the lack of urgency or necessity, the absence of his consent, or the limits of assent proffered by proxy.[22] Obstetricians with no training in male urology may proceed unimpeded, an irony even they, who specialize in female anatomy, have noted.[23] Basically, it's an historic turf battle which, in the U.S., OBs easily win: they get to the newborn first.[24]

The task is often delegated to the least experienced members of the medical team and will likely be the very first procedure these trainees are allowed to perform unsupervised.[25] R-1's (recent MD grads and first-year medical residents) typically have a quota to meet, a bioethical lapse encouraging hasty or coercive consents. Residents are also famously overworked, as more than one study has demonstrated, increasing the risk of error.[26] In U.S. hospitals, circumcisions are practice, experimentation, barely considered actual surgery.[27]

No Consideration Is Given to Anatomic Variations

Boys facing circumcision are treated as if all males are anatomically equivalent, each able to withstand a degree of genital reduction. Yet it is patently obvious that variations in lifetime genital development – organ size, nerve supply, hormone production, endocrine robustness – must occur randomly. In 2007 a California study, using an objective neurological testing device, showed that circumcision deprives the typical male of 75% of the fine-touch sensation provided by Meissner's corpuscles, the unique mechanoreceptors that make the finger tips, palms, lips, and genitalia so acutely alert. The authors concluded without equivocation, "The transitional region from the external to the internal prepuce is the most sensitive region of the uncircumcised penis and more sensitive than the most sensitive region of the circumcised penis. Circumcision ablates the most sensitive parts of the penis."[28]

Likely males — usually — have more sensation than they need to function (or most North Americans would not exist). But this cannot be ascertained in advance nor be guaranteed for any particular child. A male might be born who needs, especially as he ages, every nerve receptor he can retain.

Nor can the boy be guaranteed, in advance, even to survive the trauma of circumcision however carefully administered. Indeed, some do not. [29]

Rarely Is there a "Procedural Pause"

For this procedure there is rarely a proper "procedural pause," or "time-out,"[30] the safety check of all modern surgery, akin to the pre-flight checklist of an airline pilot. Nor are there any universal, tested, or agreed protocols for infant safety, including checklists for patient suitability such as detection of vascular, enzyme, or genito-urinary disorders, nor even mandatory provision of antisepsis, anesthesia, and post-op analgesia. There is no mandatory, institutional, inspection or sun-setting of worn-down, warped, obsolete, or mismatched surgical devices.[31] There is no monitoring of the child's vital

signs to detect excessive stress as might accompany an adult surgery; nor, on occasion, even the proper identification of the patient.[32]

"Window-dressing" Anesthesia Is Used (or Most Likely None at All)

U.S. Federal law, 7 United States Code 54, Sec. 2131, requires effective anesthesia and analgesia for veterinary and laboratory animals undergoing painful procedures. Failure to provide it is a criminal offense. No such law exists to protect infants or children in the U.S. For human children there are no state or federal requirements which mandate appropriate anesthesia or analgesia whatsoever. A 1997 study showed that a circumcised boy, denied anesthesia, is easily identified by his overly dramatic reaction to immunizations a full six months later. The authors called the boy's reaction, "an infant analogue of Post-Traumatic Stress Disorder (PTSD)."[33] Recent studies suggest that premature infants in neonatal intensive care units (the 'NICU') who are subject to multiple heel lancing, scalp IVs, urinary catheters, and other intrusive procedures, may have been 'primed' to be overly sensitive to pain in adulthood, suggesting permanent neurological changes.[34] And, unfortunately, vulnerable "preemies" get pulled out of the NICU for circumcision, though this is ill-advised, unethical, contraindicated, – but commonplace and not illegal.

Only 14% of U.S. neonates enduring circumcision received any anesthesia, in one survey[35] (raw material cost per child: under $10.00). Many of the 14% got a topical ointment, ineffective on highly nerve-supplied and complex, folded, tissue, rarely given its proper 'soak time' in any case, and contra-indicated for neonates or when applied to mucosal issue.

In ritual settings, effective anesthesia is almost never provided (theatrical efforts like a sugar or wine-soaked pacifier are sometimes touted to placate squeamish parents) as that would contravene the intended, ancient, sacrificial element.[36] In some circumcision traditions – African, Polynesian, South Korean, Indonesian, Filipino, Muslim, and others – toddlers and older children are forced by conformity to be brave and to not cry out or risk being punished or ostracized if they do. Thus effective pain control measures for the boy are vanishingly rare in *both* medical and ritual circumcision settings, worldwide, for a variety of reasons.

There Is Zero Tracking of Botches

There is no U.S. authority which keeps a registry, tracking children injured by circumcision – medical or ritual – shepherding them, arranging recuperative or restorative care, or identifying the responsible "operator." Indeed, while the attending physician may be identified on the chart, the actual circumciser delegated the task is often anonymous. Barring civil suit for medical malpractice (unlikely, difficult, expensive, and tediously slow), no one restrains, or retrains, those inept operators who leave a legacy of injured infants and toddlers.[37]

There are no restraints on circumcision "hotspots," where high rates of circumcision suggest aggressive marketing and coercive consents.[38] There is no legal requirement obliging a pediatrician or urologist to report a botch he or she sees months or years later, as suspected sexual or physical abuse cases require. Death or serious injury cases are often discovered only when an insider leaks the details.[39] When challenged, hospitals typically invoke the privacy provisions of HIPAA, the U.S.

federal law protecting patient records, which has evolved into a convenient way to evade public scrutiny and unwanted publicity.[40]

There are also numerous systemic reasons why the male child is at risk, whether in the clinical or ritual setting – or even in the courtroom.

The Standard of Care for Male Circumcision Is Crudely Cosmetic

If the child's internal glans is permanently externalized by any means, that is sufficient proof of success. Cosmetic – or worse, collateral damage to adjoining neurologic, vascular, lymph, muscle, limbic, and other body structures – is rarely considered. Circumcision was historically designed, after all, in both the religious[41] and the medical setting, to diminish the male's genital sensation, allegedly to protect him from anticipated sexual excesses, thought in 19th-century medicine to be both the source of all disease as well as indicating failure of "moral hygiene."[42] Thus early circumcision methods developed as a form of "semi-controlled damage," a sort-of punishment-in-advance cum moral warning.[43] A history, in other words, where one could hardly expect an ethical, humane, well-constructed, surgical protocol to develop.

Infant circumcision is essentially micro-surgery, on thin, elastic, highly vascularized, delicate tissue –densely nerve supplied and erogenous, on a structure barely more than an inch and a half (38 mm) long. Tiny surgical mistakes and unavoidable scarring, including skin bridges, stitch tunnels, keloids, skin flaps, urethral ulcer, urethral stenosis, iatrogenic fistulae, etc., aggravated by failure to employ anesthesia for the writhing infant, will loom large when the adult organ has grown to over 20 times its infant volume.[44] When a naked newborn, strapped-down to a hard plastic tray, is cold and fearful, his glans will naturally withdraw proximal to his body, thus presenting additional tissue for amputation. The overhanging portion is described in medical terms as "redundant," regardless of the coverage needed by that child's internal structures when erect.[45] In addition, the slightest inadvertent or asymmetric tug on that tissue by the hemostat, and thus into the surgical clamp, will make a lifetime of difference to the owner of the organ potentially creating skin tension, torsion anomalies, and unusual curvature the male must endure and confront, multiple times each day, for his lifetime. Premature infants with smaller organs are, of course, at even higher risk of injury.

It is common for a child to lose nearly all the sheath of skin covering his tiny penis – termed "denudation" – as this tissue is uncontrollably elastic, easily drawn into the clamp, and difficult to exclude once trapped. Clamp designs prevent the operator from seeing what tissue will likely be amputated before the clamp is tightened down and the tissue crushed.

Nocturnal penile tumescence (NPT), the three to five unbidden and unavoidable non-sexual erections all healthy males, for their lifetime, experience during REM sleep, will exert unnatural and disturbing tension on his scrotum and pubis for that male's lifetime.[46] Unfortunately, circumcisers are inclined to amputate the maximum possible tissue since any visible slack or "overhang" may result in surgical adhesions. Parents might also demand a "re-do" for wholly cosmetic reasons, which encourages maximum tissue amputation at the first attempt. So common are circumcision revisions, euphemistically called "tidy-ups," estimated at between 1% to 9.5% of all circumcisions, [47] that they have their own billing code, CPT-54163. One urology group in central Virginia claims to have done

1,600 revisions in only three years,[48] and it is common for pediatric urology clinics nationwide to devote a day each week to circumcision revision surgeries.

One pediatric urologist notes:[49]

> Currently, the American College of OB-GYN (ACOG) have no parameters for training (learning and performing neonatal circumcision, managing complications) of residents, who then go out and continue this practice.
>
> In my practice, as a pediatric urologist, I manage the complications of neonatal circumcision. For example, in a two-year period, I was referred 275 newborns and toddlers with complications of neonatal circumcision. None of these were "revisions" because of appearance, which I do not do. 45% required corrective surgery (minor as well as major, especially for amputative injury), whereupon some could be treated locally without surgery. Complications of this unnecessary procedure are often not reported, but of 300 pediatric urologists in this country who have practices similar to mine ... well, one can do the math, to understand the scope of this problem ...

The total loss to the adult male of this double fold of densely nerve supplied and complex tissue is generally reckoned at 96 sq cms, or 15 square inches, the size of an index card, half the entire skin of the natural adult organ, and most of its erogenous tissue supply. The glans, often assumed to be the seat of male erogenous sensation, is, by contrast, relatively insensate, barely able to distinguish hot or cold or detect light touch, comparable in acuity to an earlobe, and supplied mostly with scattered, primitive, "protopathic" nerve endings.[50]

Classically, the resident, obstetrician, or lay circumciser hands the child off to the parents soon after the procedure and never sees the final result of his or her handiwork (and, as we'll see, has little to fear). One pediatric urologist has commented on this disconnect in the medical setting, where one might conceivably expect more caution: "A principle of surgery is that the surgeon is responsible for the post-operative care....When obstetricians perform the procedure, generally they do not see the child at follow-up to assess healing, and they assume the primary care provider will manage the post-operative care...typically the obstetrician is unaware of the complications."[51]

A lack of professional interchange among the original circumciser, and those who see his or her handiwork months or years later –the pediatrician and, eventually, the urologist. There exists a natural incentive for the repairing urologist to be grateful for referrals, and to be indulgent about the skills, or lack thereof, of his or her referring colleagues. Thus one can easily find OBs who claim never to have made a single misstep in an entire career.

Young parents, especially those with a first son, have no idea what outcome to expect and are unlikely to recognize a botch. Even if they suspect a problem, parents are usually too embarrassed to seek assistance, and will be understandably reluctant to be candid with their child when he is

older. A 1997 study showed that parents were remarkably ill-informed about penile injuries from circumcision.[52]

The growing boy himself is left to assume that what he sees as he looks down is no less than what every male is heir to at birth. Only at adulthood, perhaps via an impolitic comment by a sexual partner, or some furtive, locker room comparison, will he figure out he was diminished. I counsel these young men, invariably deeply distressed, on a regular basis.

Most pediatricians will be reluctant, months or years later, to tell parents their son's circumcision was sub-standard. There are understandable professional barriers against 'outing' inept colleagues, and no legally mandated reporting requirement. The injury, especially if critical tissue was amputated and discarded, or critical structures damaged, is, of course, a *fait accompli*. My pediatrician acquaintances report seeing circumcision anomalies on a near-weekly basis, but they agree these are awkward encounters. There's a strong temptation to say nothing to the parents – let alone distress the older child or teen – if little can be done.

Large, longitudinal (decades or more) studies of both cosmetic and functional morbidity for circumcision are non-existent; rare, smaller-scale studies have been mostly sidelined or ignored. Almost all studies of circumcision morbidity have been perinatal or immediate post-op. These studies, conducted using data from circumcisers themselves, are subject to predictable optimism if not prevarication. This is, after all, a simple – albeit significant for the patient – amputation, the easiest of surgeries. Admitting to sub-par work is embarrassing; thus errors are carefully shrouded or smothered with euphemism and reassurances of the "He'll-grow-out-of-it" variety. Since WWII when it first 'ramped up,' male circumcision is one of the largest epidemiological experiments on children, now in their 60's, ever run without the consent of the patients concerned or any inquiry into long-term morbidity. Millions of Anglophone men unwittingly carry, for life, the sorry experimental handiwork of some 26-year-old's first, unsupervised, 'beta' surgery, and its sexual sequelae in their lives.[53]

It would be the rare or foolhardy attorney who is willing to file a medical malpractice case in any except the most catastrophic circumcision case. The likely compensation available to injured infants and toddlers is too paltry to overbalance the start-up costs and financial risk. The child's sexual losses –years in the future– are speculative. Courts (especially including juries composed of circumcised men in Anglophone cultures) cannot be depended upon to be sympathetic, and 'med-mal' cases are always hard-fought. Courts have been known to rule that parents should have anticipated a less-than-optimum result, and indeed, agreed to that possibility in the signed consent. In a lawsuit my physicians' organization pursued in Washington State on behalf of a seriously botched child, the judge declared from the bench that "the parents took their chances"(thus effectively ending the case before it began.)[54] Claiming pain and suffering compensation for a mere toddler who has undergone multiple repair procedures is completely risible.

Medical malpractice defense lawyers understand and exploit the plaintiff's plight, and so for any instance of a justiciable botch they are likely to circle their clients' wagons and make a quick, low-ball offer. The parents, embarrassed by what was likely a whimsical, coin-toss choice to begin with, and fearing public scrutiny, are of course tempted to accept. Such settlements are always sealed, so nothing is learned and no reforms, medical or otherwise, flow from this secretive process.

Outpatient "medicalized" circumcisions, outside the hospital setting, albeit performed by a licensed clinician, are the most dangerous of the medical variety, and are even less regulated than the hospital version – if that's possible. The procedure is not lucrative enough to encourage an extended period of post-operative observation, the major value-added of a hospital surgery. As in the ritual setting, the child is immediately handed back to the parents. At best, parents are 'deputized' as nurses, and briefly instructed to watch for bleeding and infection.[55] Without medical training, young parents cannot possibly determine the miniscule amount of bleeding that will kill their newborn, or detect the onset of serious (and epidemic) infections like Fournier's gangrene, flesh-eating MRSA or VRSA (methicilin or vancomycin-resistant staph aureus) – until it is too late.

Even a large, 4,000 gram, (8.8 pound) infant has only around 12 ounces of total blood volume.[56] The amount of blood loss that will kill a newborn by hypovolemic shock and exsanguination is 20% of the total, or 2.4 ounces, an amount easily hidden, without visible exterior stain, in a modern chemically treated diaper. A tiny but steady 'ooze,' barely detectable to a parent in the wee hours, might easily amount to fatal ounces by morning. Bleeding to death is stealthy and painless. The child grows weary, and just slips away without a sound, in apparent deep sleep.[57]

One researcher has estimated U.S. circumcision deaths at 117 per year. But because this conservative number was extrapolated from available mortality statistics, unable to account for deaths outside the hospital setting or beyond the neonatal period, it is likely a conservative guess. The claimed 117 is fully *115 infants more* than the rankly dishonest, mere *two* statistical deaths per annum to which American medical authorities will freely admit.

There is a simple explanation for this discrepancy. Circumcision deaths are invariably coded without the word 'circumcision' appearing on the death record. The child is said to have died of systemic infection, septicemia, hemorrhage, idiopathic reaction to anesthesia, cardiac failure, sudden infant death syndrome (SIDS), shock, parental negligence, etc. Slight or no mention is made that these secondary causes of death were triggered or aggravated by an unnecessary and non-therapeutic first cause.[58]

Limitations of the Civil Law

Most U.S. states have a short statute of limitations for medical malpractice, two or three years typically, though some allow suit by the child in his own name at age 18 during a brief window of a year or so. Many states foreclose even that limited right with a "statute of repose," which forbids suit for any reason, even including provable fraud, after age seven or eight.

Thus – and because many of the effects of circumcision injuries will not appear until late adolescence or sexual debut – the adult victim of a circumcision botch will almost certainly have no remedy at law whatsoever in most U.S. states. Thus his circumciser had little to fear – a fact well appreciated in medical circles.

Home Circumcisions

It should be obvious – especially as to health and safety issues – that furtive, homemade, kitchen table, or bathtub circumcisions – employing tools at hand – are totally unregulated, full stop. These are an apparently rising trend among religious fundamentalists who, despite Christian affiliation, a faith tradition which discouraged the practice nearly two millennia ago according to the New Testament, are driven by eccentric Old Testament interpretations.[59] It has to be said – the notion of circumcision of any kind would hardly occur to such parents without the assistance of religious texts and the bizarre superstitions of pre-germ-theory 19th-century medical practitioners.

The home setting – a front parlor, a kitchen, or even a bathtub– is, of course, inarguably septic. Encouragement to proceed, though, is available on the Internet and YouTube, and the surgical clamps are available on eBay for under $10. Indeed, the U.S. has seen several recent cases of homemade circumcisions, which usually draw attention only because the parents, typically claiming religious motives when cornered, made a messy job of it and were ultimately obliged to call 9-1-1.

Parents do not know that foreskins are never 'cut off.' They are crushed, burned, or rendered necrotic (dead) by strangulation. Cutting highly vascularized foreskin tissue without a plan for hemostasis (control of bleeding) is ill-advised, and will result in immediate and persistent hemorrhage.

The actual incidence of children, male or female, circumcised at home by parents or by hired proxies is completely unknown, but certainly orders of magnitude higher than the few salacious cases which make the local papers or the docket of a state court.

In one such Washington state case, of a male child injured in a bathtub with a hunting knife by a parental circumciser, the Court noted:

> Congress and several states have passed legislation outlawing female circumcision, also known as female genital mutilation. Cutting a child's genitalia is also disfavored in public policy.[60]

But this legal conjoining and disapproval of male and female non-therapeutic genital cutting of minors is unusually candid and thus uncommon, since most courts treat male circumcision – by whomever imposed – as normative, and the female version as horrific.[61]

Recently the Supreme Court of Canada, in a case which upheld a criminal conviction in British Columbia, all but warned the general public where it might venture next, albeit in *dicta* (a non-determinative aside to the main holding):

> Nor do we need, on the specific facts of this case, to rule definitively on whether a circumcision performed by a person without medical training can ever be considered reasonable and in the child's best interest.[62]

And because punishing the parents, whether financially or with incarceration, indirectly punishes

a dependent child, courts are regularly indulgent with custodial parents, preferring probation to incarceration. This sends an odd message. Cases of physically harmless (if psychologically devastating) child genital tampering for adult sexual gratification are horrific and call for prison time and registration as a sex offender. Meanwhile, home-grown genital amputations (posing psychological challenges as well, of course) are, well, trivial. Adult motives, whether benign or malign, are of course, of no use or consolation to the child-victim.

Ritual Circumcision and the Free Exercise of Religion in the United States

In the San Francisco case, where the court derailed a citizen attempt to restrict non-therapeutic, medically unnecessary circumcision of minors, the judge added that any restriction on circumcision would also be a violation of the First Amendment free exercise of religion, impermissibly affecting minority religious communities. At first blush this notion seems even more obdurate than the dearth of bioethical rigor in the typical U.S. hospital nursery - but there is a potential reply.

The notion that parents may themselves perform, or submit their children by proxy to genital cutting for claimed religious reasons, is at odds with the holding, never overturned, in two related U.S. Supreme Court cases. In 1878, in Reynolds v. U.S., the Supreme Court held that "laws are made for the government of actions, and while they cannot interfere with mere religious belief and opinions, they may with practices."

And in *Prince v. Massachusetts,* 1944, the Court provided an oft- quoted and unequivocal opinion about the limits of parental authority in religious matters:

> *Parents may be free to become martyrs themselves. But it does not follow they are free, in identical circumstances, to make martyrs of their children before they have reached the age of full and legal discretion when they can make that choice for themselves.*[63]

Which is to say that in the long history of the United States Supreme Court's protection of religious *belief,* there is no room to assume permission exists for any religious *practice* which might create a risk of harm to a child. The commonest cases, of course, include religious opposition to blood transfusions, reliance on faith healing, and other inadequate substitutes for appropriate, *necessary,* medical care. The underlying principal – forbidding even the *risk* of harm to a minor no matter how pious the adult motivation – surely applies *a fortiori* to cases where the child has been subject to non-therapeutic, *unnecessary*, merely cultural, genital cutting in the name of religion.

Added to which, there is no state in the U.S. which requires a medical license nor any medical training, even so much as a first-aid course, for the operator at a ritual circumcision, whether by traditional practitioners of Muslim, Jewish, Coptic Christian, or Animist affiliation, or anyone who cares to claim a religious motive (easy to assert, of course, and difficult to disprove.)

Ritual circumcisers are not necessarily medically trained, though some are, but they are certainly not required to be so by law. And it is not clear whether the "certification" any individual claims involves a sufficient level of medical training to ensure minimal risk to the child. There are,

for instance, lay circumcisers who advertise coyly on the Internet that they will circumcise *any* child, apparently using religious cover to avoid being charged with practicing medicine without a license. A recent promotional article proudly touted, as a growth industry, the circumcision of non-Jewish boys by *mohelim.*[64]

In three U.S. states,[65] laws forbidding "ritual abuse" (simulated mock execution or torture, animal sacrifice, forced ingestion of noxious substances, etc., all staged to intimidate children) specifically exempt circumcision. About this oddity one legal scholar has noted:

> The need to mention circumcision and circumcisers in such statutes is certainly intriguing, to say the least. If there were no potential for male circumcision to be considered ritual abuse, these laws would be utterly superfluous. They suggest that the legislators tacitly recognized the reasonableness – in the absence of the statutory loophole — of classifying circumcision as abusive, unethical, and/or inhuman.[66]

And in four states,[67] ritual circumcisers are given specific exemptions to practice medicine without a license. Whether the traditional village barber of Islam would also qualify is an interesting question. The wording of the Minnesota law, for instance, which exempts "a person who practices ritual circumcision pursuant to the requirements or tenets of any established religion" would seem to permit it, leaving religious elders to set the surgical standards as low as they like. And what does 'established' mean, and for how long?

Whether these permissive laws would –or should– survive a *Prince vs. Mass.* challenge would, of course, make an interesting law school exam question.[68]

The temptation to avoid the medical system and employ a ritual or lay circumciser is particularly attractive to recent immigrants, assured circumcision "is the American way" or even "required by law." *Medicaid* recipients, who cannot afford a procedure eighteen U.S. state providers no longer subsidize, are particularly susceptible to such appeals.[69]

And of course, even in an "organized" ritual setting, well beyond a medical clinic, there is still no opportunity for the operator, whether an M.D. or not, to signal a "code blue" to assist a child in deep distress, and no hospital "crash-cart" nearby with the tools for resuscitation. Competent clinicians able to staunch a hemorrhage from a severed frenular artery are unlikely to be close at hand, while an infant can bleed to death in minutes.

The simple example below tests the limits of parental authority[70] to risk children's health or safety for putative religious reasons, and is instructive, if only because it is an unfamiliar fact setting, thus avoiding imbedded beliefs and assumptions and providing a novel intellectual puzzle.

In some strains of Shiite Muslim belief, a child's forehead must be slashed three times, from temple to temple, to commemorate the beheading of the saint Imam ibn Ali Hussein, the grandson of Mohammad, in the year 680CE, by rival Sunnis. Shiite children, even infants and toddlers, are subject to this annual religious tradition, which causes profuse facial bleeding, intended to create

symbolic participation in the suffering of Imam Hussein. Go to Google "Images" and enter "*Ashura* celebration" for an eyeful of bleeding toddlers. Unlike circumcision, no tissue is lost, but there will be lifetime, visible, scarring, both physical – and possibly – psychological.

Query: would the laws of any U.S. state shield this practice when performed by pious Shiite parents in the septic setting of a private dwelling? Might a licensed physician, using sterile technique, accommodate the request of Shiite parents to perform this ritual on their child in a clinical setting? In the absence of state regulation, could San Francisco citizens forbid the cutting of children on the feast of *Ashura* within their municipal borders? Or is *Ashura* cutting a protected religious ritual and, additionally, if performed by an M.D., within the ambit of the 'healing arts'? Are *any* such occasions protected by the Free Exercise clause?

All these are interesting questions for which *Prince v Mass.* – maybe – provides an answer, except the unequivocal *Prince* standard is rarely invoked. We could imagine that the operator and the parent would simply claim an ever-rising level of piety as the heat came on, hoping the law would prove as impotent as ever to protect the child when claimed (adult) religious sentiment is invoked.

Soon after the San Francisco effort (which in the mainstream media mostly provided jejune fodder for late night talk show hosts), and apparently not satisfied that the matter was settled, the California legislature passed AB768, termed, oddly, an 'urgency statute,' as if they anticipated a tidal wave of opposition to circumcision to spread across the state. AB768 forbids municipalities from restricting male circumcision in any way. Gratuitously, and in stunning disregard of international human rights' law, AB768 enshrined parents' 'authority' to cut their child's genitalia for any claimed reason. The law as passed reads:

> "(a) The Legislature finds and declares as follows:
>
> (1) Male circumcision has a wide array of health and affiliative benefits.
> ...
> (b) No city, county, or city and county ordinance, regulation, or administrative action shall prohibit or restrict the practice of male circumcision, or the exercise of a parent's authority to have a child circumcised. ...[71]

The governor signed AB768 into law over minimal objection. Though the law would not specifically forbid a study of morbidity, it would certainly make it near impossible to enforce any reform which such a study might recommend. Moreover, AB768 serves to protect parents from any restriction on their 'right' to circumcise their child. A competent defense attorney could easily use this statute to successfully defend a parent who performed a septic home circumcision, even if the outcome were serious injury or death of the child.

More such laws enshrining "traditional practices prejudicial to the health of children"[72] can be anticipated if the human rights of boys are ignored in favor of adult cultural whims or claimed piety. Indeed the "enshrining" law that authorizes ritual circumcision, passed by the German Bundestag in December, 2012, – though it forbids circumcision after age six months – eliminates any civil or criminal liability for the child's injury, no matter what the result might be. This is worse than

no protection whatsoever for boys under 6 months of age as it "locks in" ritual circumcision as a protected practice, without any scrutiny of morbidity – exactly as does California law AB768. Ironically, though it was occasioned by the travails of a Muslim boy, the six-month limitation on the age for circumcision fails to accommodate varying Muslim traditions, which demand that boys be circumcised at any age from 8 days to 12 years.

Conclusion

The sheer antiquity of "ritual" circumcision (and now after 140 years, Anglophone *medicalized*, male circumcision) has allowed it to escape legal scrutiny, though there is much musing in the academic literature. Without legal incentive or bioethical rigor, medical authorities have created - indeed, established by conscious omission – a regulatory vacuum which suits their needs.

Some readers will no doubt reply that circumcision practitioners are surely not all as heartless and cavalier as might be inferred here. But the point is that whatever precautions a particular individual may take is wholly out of the goodness of his or her heart, and is thus discretionary. To the extent that medicine – and even aspects of religion, for instance - are businesses, random, unofficial acts of kindness are not sufficient to protect all boys.

And for its part, Anglo-American law and bioethics has simply failed to consider the human rights of infant boys. Little attention has been paid to the lifetime physical effects imposed by a religion the boy hasn't yet chosen– or the losses incurred to humor an adult, secular, cosmetic, whim born of anti-sexual instincts, one which fee-for-service medical practitioners have nurtured for decades.

By contrast, the U.S. federal law forbidding even the mildest, even merely symbolic, female genital cutting, expressly disavowed any exception for ritual motivation or "custom." This restriction fully ignored those Ethiopian Jews, Muslims, and Animist parents who claimed ancient religious mandates to cut their daughters.[73,74] A gender-neutral law, forbidding the genital cutting of minors, could equally have noted that male circumcision is also a "custom," especially in the U.S. There has been no successful challenge, however, to the U.S. federal anti-FGM law on either Free Exercise or Equal Protection grounds, nor, I suspect, is there likely to be one any time soon.

Hundreds of years of cutting the genitals of boys is not easy to challenge – or even to question, it seems – despite glaring, minimal, institutional protections for the boy's safety, or observance of his fundamental human right to bodily integrity. Recent laws that "enshrine" male circumcision, and forbid inquiry into safety regulation, are worse – a huge step backwards for the historical rights of boys.

Footnotes

[1] Jewish Community Relations Council of San Francisco, et al., vs. John Arntz and the City and County of San Francisco, Superior Court of San Francisco, Case No. CPF-11-511370, heard July 15, 2011.

[2] Landgericht Kōln, (7 May 2012) Urteil 151 Ns 169/11.

[3] Circumcision remains legal in Germany. Deutsche Welle, 12 December, 2012.

[4] Eddy, Melissa. German Lawmakers Vote to Protect Right to Circumcision. *New York Times*, 12 December 2012.

[5] Özdemir E. Significantly increased complication risk with mass circumcisions. BJU, Volume 80, Pages 136-139, August 1997.

[6] Royal Dutch Medical Association. Non-therapeutic circumcision of male minors. KNMG; May 2010.http://knmg.artsennet.nl/Publicaties/KNMGpublicatie/Nontherapeutic-circumcision-of-male-minors-2010.htm

[7] Tasmania Law Reform Institute. Non-therapeutic Male Circumcision. Issues Paper No. 14. University of Tasmania, 2009. http://theconversation.edu.au/tasmanian-report-calls-for-ground-breaking-reform-of-circumcision-law-9105

[8] The AAP has for decades acted as the self-appointed 'cultural broker' of medical procedures to infants, and their influence extends well beyond U.S. borders. The AAP, however, is a trade association, unelected and answerable only to its members, with an inarguable financial interest in pediatric fee-for-service transactions. In 1971 The AAP declared that male circumcision, then nearly universal in the US, though in steep decline elsewhere, was 'not medically indicated.' But after internal pressure from members losing trade, the AAP—in 1975, 1977, 1989, and 1999—has issued more nuanced pronouncements. Each wavered, declaring at intervals that the benefits and risks are evenly balanced, compromising the bioethics, claiming respect for a 'tradition' physicians themselves invented, and leaving the choice – or the blame – to young parents, the only amputation procedure ever to have been accorded that discretion.

[9] (South Africa has a comprehensive law forbidding male circumcision below age 16, intended to prevent deaths from septic tribal initiation rites which kill dozens of boys each year there. But the law is widely ignored in the medical setting and contains religious exemptions.) Children's Act Number 38 of 2005:

"12(1) every child has the right not to be subjected to social, cultural and religious practices which are detrimental to his or her well-being. ...
(8)Circumcision of male children under the age of 16 is prohibited, except when—
(a) performed for religious reasons in accordance with the practices of the religion concerned and in the manner prescribed; or,
(b) circumcision is performed for medical reason on the recommendation of a medical practitioner.
(9) circumcision of male children older than 16 may only be performed—
(a) if the child has given consent ..."
(10) ... every male child has the right to refuse circumcision.

[10] http://pediatrics.aappublications.org/content/130/3/e756.full

[11] In one recent case in New York, two infants died from the practice of *metzitzah b'peh* or suction by mouth of the bleeding penis, an uncommon practice usually confined to ultra-Orthodox Jews. The *mohel* continued this practice despite the fact he had active herpes. This affliction is chronic though manageable for adults, but is deadly for infants who have under-developed immune systems. The New York health authorities refused to apply existing law, and instead referred the case,

which might have called for a manslaughter indictment, to rabbinical authorities, who promptly tabled it. A compromise proposal by NY health authorities to require parents to acknowledge the risks involved, has been proposed —of no protection whatsoever to the thousands of boys at risk.

[12] One of the members of the AAP's 2012 circumcision task force was quoted in print as having circumcised his own son on his parent's kitchen table, despite ethical canons that forbid MDs from operating on members of their own family, let alone in such a septic setting. http://www.thejewishweek.com/features/new-york-minute/fleshing-out-change-circumcision Query: May one shed one's professional responsibilities, once acquired, by claiming to have stepped out of the healer's role momentarily?

[13] The American Academy of Pediatrics, a physicians' trade organization, would like to think such customs are theirs to 'broker.' In 2010, for example, officials of the AAP recommended a 'clitoral nick' for East African girls, to please their parents, despite the fact that such interventions are patently illegal under U.S. federal law, and that of many U.S. states and foreign countries. The AAP were rapidly forced to withdraw this suggestion.
http://www.psychologytoday.com/blog/about-fathers/201005/aap-sputters-then-retracts-policy-female-genital-cutting

Brusa M, Barilan YM. Cultural circumcision in EU public hospitals — an ethical discussion. Bioethics 2008; 23: 470-82.

[14] Williams N, Kapila L. Complications of circumcision. *Brit J Surg* 1993;80:1231-6.
http://www.cirp.org/library/complications/williams-kapila/

[15] Hill G. The case against circumcision. *J Mens Health Gend* 2007;4(3):318-23.

[16] Dalton J. Male circumcision – see the harm to get a balanced picture. *J Mens Health Gend* 2007;4(3):312-17.

[17] Wallerstein E. Circumcision: the uniquely American medical enigma. *Urol Clin North Am* 1985;12(1):123-132.

[18] Paranthaman K, Bagaria, O'Moore É. The need for commissioning circumcision services for non-therapeutic indications in the NHS: lessons from an incident investigation in Oxford. J Public Health (2011) 33 (2): 280-283. doi: 10.1093/pubmed/fdq053 First published online: July 14, 2010 "*Results*: Thirty-two children were circumcised over a 3 day period in the library of an Islamic faith school [Oxford, England] by a single, medically qualified individual. Among the 29 children with follow-up information, 13 (44.8%) developed complications requiring medical intervention. Information obtained from interviews and the field visit confirmed the lack of implementation of standard infection control practices." http://jpubhealth.oxfordjournals.org/content/33/2/280.abstract

[19] The Guardian, December 17, 2012, "Male circumcision: Let there be no more tragedies like baby Goodluck." http://www.guardian.co.uk/commentisfree/2012/dec/17/male-circumcision-baby-goodluck

[20] The AAP claims that the complication rate of circumcision is 0.2%-0.6%. This means that if a single practitioner performed the procedure 1,000 times in a row, he or she would have a problem result, at most, 6 times; or, among 1,000 practitioners, only 2 to 6 of them would experience a 'sub-standard' event. Since as we will see, the procedure has minimal guidelines and is often per-

formed by medical trainees, these figures strain credulity and are risible. Even circumcision revisions amount to 1%-9.5% of all cases. See footnote 46.

[21] One medical textbook sums this ignorance up candidly: "Because circumcision is so common in the United States, the natural history of the preputial development has been lost, and one must depend on observations made in countries in which circumcision is usually not practiced." *Avery's Neonatology*: *Pathophysiology and Management of the Newborn*, MacDonald (ed.) Lippincott, (2005:1088)

[22] Ironically, the American Academy of Pediatrics, which has singlehandedly marketed and nurtured U.S. cultural circumcision for decades, suggest these limits on proxy consent, which seem not to encompass non-therapeutic infant circumcision, male or female: "...[P]roviders have legal and ethical duties to their child patients to render competent medical care based on what the patient needs, not what someone else expresses. ...The pediatrician's responsibilities to his or her patient exist independent of parental desires or proxy consent." American Academy of Pediatrics Committee on Bioethics. Informed consent, parental permission, and assent in pediatric practice. *Pediatrics* 1995;95(2):314-7. Abstract at: http://www.ncbi.nlm.nih.gov/pubmed/7838658

[23] Smith, JF, Am J Perinatol 2011;28:125–128 "To excel in women's reproductive health, we should no longer passively accept or actively maintain this procedure in our specialty. Steps are suggested to remove the residual and improper inclusion of circumcision from the scope of practice of obstetrics and gynecology." Abstract at: https://www.thieme-connect.de/ejournals/pdf/10.1055/s-0030-1263294.pdf

[24] Johnson TR, Pituch K, Brackbill EL, et al. Why and how a department of obstetrics and gynecology stopped doing routine newborn male circumcision. *Obstet Gynecol* 2007;109:750–2.

[25] Notable example: in one Louisiana case, two residents, an R-1 being instructed by an R-3, both experimenting with a new electrocautery device neither had been trained to use, burned the penis off a two-year-old boy whose only likely physical problem was the normal membrane of youth, the *balano-preputial lamina*, which needed no medical attention whatsoever. The appellate court noted this about the child-victim: "Sexual pleasure, procreativity, marriage in any normal sense, these things will never exist for him. The suffering of deprivation, both physical and mental, that will accompany him throughout his life can be only vaguely imagined. What will his puberty be like? Where will he go to escape the cruel and ribald jokes of his comrades? For that matter who will be his comrades? Into what corner of his dark cell will he seek refuge when the natural urgings of his body wage battle?" *Terry W. Felice, Sr. v. Valleylab, Inc.*, 520 SO.2d 920, (1987).
http://www.leagle.com/xmlResult.aspx?xmldoc=19871440520So2d920_11201.xml&docbase=CSLWAR2-1986-2006

[26] McCormick F, Kadzielski J, Landrigan CP, et al. Surgeon fatigue: : A prospective analysis of the incidence, risk, and intervals of predicted fatigue-related impairment in residents. *Arch Surg.* 2012;147(5):430-435.
doi:10.1001/archsurg.2012.84.
http://archsurg.jamanetwork.com/article.aspx?articleid=1157932#Abstract
"Results: Residents were fatigued during 48% and impaired during 27% of their time awake. Among all residents, the mean amount of daily sleep was 5.3 hours. Overall, residents' fatigue lev-

els were predicted to increase the risk of medical error by 22% compared with well-rested historical control subjects. Night-float residents were more impaired (P = .02), with an increased risk of medical error (P = .045)."

[27] A conscientious clinician, wishing to avoid practicing on a live patient, might want to purchase a circumcisable doll kit, the "Life/Form, only $194, available at http://www.enasco.com/product/LF00908U.

[28] Sorrells ML, Snyder JL, Reiss MD, et al. (2007): Fine-touch pressure thresholds in the adult penis. British International Journal of Urology, 99:864-69.

[29] Mor A, Eshel G, Aladjem M, Mundel G. Tachycardia and heart failure after ritual circumcision. *Arch Dis Child* 1987;62:1 80-81 doi:10.1136/adc.62.1.80.

[30] JCAHCO, formerly the Joint Commission on Accreditation of Healthcare Organizations (now TJC, the Joint Commission) which accredits hospitals, requires a 'time out' before all procedures, including circumcisions, performed in hospitals wanting TJC accreditation. But for circumcision, this protocol is widely flouted.

[31] The FDA has issued recalls and periodic warnings about counterfeit and damaged circumcision devices: Potential for Injury from Circumcision Clamps, 29 August 2000, but there is a dynamic market in used clamps and South Asian knock-offs.

[32] Florida: child pulled from the NICU without the mother's consent. http://www.dailymail.co.uk/news/article-1312767/Vera-Delgado-sues-Florida-hospital-doctors-circumcise-newborn-son.html

[33] Anna Taddio, Joel Katz, A. Lane Ilersich & Gideon Koren. *Effect of neonatal circumcision on pain response during subsequent routine vaccination*. 349 Lancet 599-603 (1997). http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(05)62456-7/fulltext

[34] Beggs S, Currie G, Salter MW, et al. Priming of adult pain responses by neonatal pain experience: maintenance by central neuroimmune activity. *Brain* 2012 Feb;135(Pt 2):404-17. Epub 2011 Nov 18.

[35] Garry T. Circumcision: a survey of fees and practices. *OBG Management* (October) 1994: 34-6.

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[37] Neonatal Herpes Simplex Virus infection Following Jewish ritual circumcisions that Included direct orogenital suction — New York City, 2000–2011. *MMWR* 2012; 61(22);405-409.

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[39] The 2012 AAP Task Force report dismissed serious botch cases in a single sentence: "The majority of severe or even catastrophic injuries are so infrequent as to be reported as case reports (and were therefore excluded from this literature review.)" Yet it is the rare case of any kind that makes a published case history, and assuming all circumcision tragedies may be found in case histories is remarkably cavalier if not outright dishonest. http://pediatrics.aappublications.org/con-

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[40] Title 45, Public Welfare, titles 1-2555, October 1, 2007; http://www.gpo.gov/fdsys/pkg/CFR-2007-title45-vol1/content-detail.html accessed December 4, 2012.

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[53] A gallery of the typical botches, not for the squeamish, (caution—adult material, and not safe for work places)—may be seen at: http://www.circumstitions.com/Restric/Botched1sb.html

[54] The judge failed to note of course, that it was not the parents who took the chance as they had

little to lose; it was the boy himself who was put at risk. *CM, a minor child, vs. Beidel,* Superior Court of Washington State in and for Jefferson County, cause No. 03-2-00329-7.

[55] Our physicians' group has provided medical testimony or technical advice in three recent cases where the child bled to death or in one case, had his bladder so distended by a blocked urethra that it compromised his vascular system causing an agonizingly slow death.

[56] Nathan and Orkin's *Hematology of Infancy and Childhood*, Saunders, 1998.

[57] *Forrest Keefe et al., vs. United States Department of Interior,* United States District Ct, Central District of South Dakota, CIV 09-03023 RAL.

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[60]Oregon mother gets probation in home circumcision. http://www.king5.com/news/local/Oregon-mother-gets-probation-in-home-circumcision-127831283.html accessed December 15, 2012. "PORTLAND, Ore. — An Oregon woman who tried to circumcise her 3-month-old son at home after reading the Old Testament and watching YouTube videos has been sentenced to five years of probation."

[61] *State of Washington v. Baxter*. 134 Wn. App. 587; 141 P.3d 92 (2006).

[62] In a California case, where a father circumcised his child at home, the judge declared: "I do not want in anyway to imply that it is OK to do that or that people should go out and circumcise their children themselves," [Judge] Soto said, "but it is only illegal if one mutilates a female — there is nothing in the penal code about a male child." Inland Valley News, Ontario, California, Monday, 14 February 2005.

[63] *D.J.W. v. Her Majesty the Queen*, SCC 64623.

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Perceptions of Sex and Sexual Health Among College Men:

Implications of Maladaptive Habits in Physical and Social Relationship Formation

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Fear, vulnerability, stigma, and masculinity are important concepts to consider when promoting health among males. However, most health education efforts targeted towards males, particularly college-aged males, do not fully grasp the influence of these variables upon men to assist with them adopting healthier romantic and sexual relationships.

This discussion presents trends from a university-based seminar during the 2011-2012 academic year conducted with college students on maladaptive sexual habits, including promiscuity, subjective norms of sex and relationships, alcohol abuse, and inconsistent STD protection, as they pertain to physical and social relationships. Approximately 225 college-aged men and women attended the seminar. A particular emphasis was placed on perceived masculinity and gender roles within the social environment and how they influence physical and social relationship formation.

The seminar was a first step for future effectiveness testing of message-delivery systems in relationship and sexual health behavioral modification research among college men. This paper presents lessons learned from this exploratory approach in community health outreach efforts. We advocate that such seminars can be an efficient and effective way to raise awareness and promote wellness among male college students.

Keywords: sexual health, college men, relationships, gender, risk perception

Men's Health Disparity and Barriers to Services

Studies show that men are living sicker and dying younger than females at every stage of life (Leone, 2012; NCHS, 2009; Jeanfreau, 2011; Centers for Disease Control and Prevention, 2010; Singh-Manoux et al., 2008). This trend is perhaps most evident in college-aged individuals (ages 18-25), where 3 out of 4 deaths are men (APHA, 2011; CDCP, 2007).

It is commonly accepted that men generally seek health care less often and later in a disease process than women (Jeanfreau, 2011; APHA, 2011; Gottlieb & Green, 1984). Men face several barriers to health service utilization. For example, low-income and less-educated men face systemic challenges that serve to disengage them from health care access. These include a lack of affordable health care coverage as well as infrequent, perhaps even inadequate, medical counsel from primary care providers (The Commonwealth Fund, 2000). Further, a man's need to stay in control, take risks, and deny the severity of physical ailments leads him to avoid seeking healthcare until it is completely necessary (Jeanfreau, 2011).

Men are also less likely than women to have a holistic perspective of health, viewing their bodies mechanistically, underreporting to their medical providers the total range of symptoms they may be experiencing (Furman, 2010). In an effort to prove their masculinity, men often behave in ways that greatly increase their risk of disease, injury, and death (Courtenay, 2011). Torres et al. (2002) suggests that masculinity may be protective in some regards to healthy lifestyles, but for the most part acknowledges the negative affect it has upon certain cultures of men and how

they perceive societal gender roles. For example, machismo may assist in repressing emotions, failing to report symptoms of disease, suppressing the desire to seek help from others, increasing the hypersensitivity of men in feeling 'unmanly', and thus possibly lending to the trend of rising morbidity and mortality rates. (Nicholas, 2000; MacNaughton, 2008)

College-aged men may be particularly at risk for underutilization of health services. Jeanfreau (2011) suggests that this may be due to the fact that men are not likely to seek health care after their mothers and/or fathers stop scheduling appointments for them. Health services are generally free at the university level, but young men often display a lack of perceived vulnerability which keeps them from seeking these services (Davies et al., 2000). When asking men in college about their barriers to seeking health services, Davies et al. (2000) found that most males have a great need to be independent and conceal any weakness or possible susceptibility. Several young men revealed that because of their fear of being judged by their peers, they would not seek help for medical or emotional problems unless they were in extreme emotional or physical pain (Davies et al., 2000; Jeanfreau, 2011). Other reported barriers to health services include lack of time (efficacy), lack of knowledge/awareness, and lack of trust in healthcare providers (Jeanfreau, 2011).

Davies et al. (2000) also asked college men in focus groups to make suggestions about what would make it easier and make them feel more inclined to seek help. Several men said that graphic pictures and stories from peers who had experienced major health issues would increase their awareness of health risks, lending credence to components of the Fear-Drive Model. Gibbons and Gerrard (1995) illustrate how men were more likely to demonstrate a correlation between how they perceived negative images and change in risky behavior. They further demonstrated that the images of negative results related to risky sexual behavior have an effect in reducing these behaviors.

Sexual Health of College Students

Several studies show that college students do not consistently practice safe sex (Smith et al., 2009; ACHA, 2006; Holland et al., 2012). The American College Health Association (2006) reported that 82% of students did not consistently use condoms during intercourse and 33% of those students never used condoms. Experts estimate that about 50% of reported cases of sexually transmitted diseases (STDs) are from college-aged individuals (Weinstock et al., 2000). These rates might be higher due to the fact that college students frequently have sex while under the influence of drugs and alcohol, have casual sex with multiple partners, and inconsistently use condoms and other types of birth control (Turchik & Gidycz, 2012; de Visser, 2007; Laska et al., 2009; Ravert et al., 2009).

While rates of STDs are steadily climbing among college students (CDC, 2007), 66% of young adults between the ages of 18 to 24 have never been tested for STDs (Johnson et al., 2010). This may be because college students misjudge their risk of contracting STDs, underutilize services, and/or associate a negative stigma with being tested. Sandfort and Pleasant (2009) asked over 1,500 students to rate their risk of contracting an STD. The mean score based on a 5-point scale was 1.65, indicating that students are underestimating their risk of contracting an STD (Sandfort & Pleasant, 2009).

Men may be particularly at risk for contracting STDs because they engage in intercourse at an earlier age, have more partners, are more likely to have sex while under the influence of drugs or alcohol, are more likely to engage in anal sex, and are more permissive to casual sex and sex outside of marriage (Petersen & Hyde, 2011; Ahrold & Meston, 2010; Davies et al., 2000). These traits may place college-aged men at an increased risk compared to their female counterparts.

Lack of knowledge may play a role in a students' choice to engage in risky behaviors. Carrera et al. (2000) gave a sexual knowledge quiz to a sample of college students and found that the average student only got 44% of the questions correct. Further, Jeanfreau (2011) and Sandfort and Pleasant (2009) suggest that men may have considerably less knowledge than their female peers about health in general, and specifically about sexual health, which can have a significant influence upon their decision-making skills regarding sexual behaviors.

Sexual Health Education for College Students

Sexual health discussion can be fascinating to young adults, but it can also be a very sensitive subject to discuss with family, peers, partners, or healthcare providers (Buhi et al., 2009; Hutchinson & Montgomery, 2007). Duly, there is a difference between where students prefer to get information on sexual health and where students actually get information on sexual health. When asked about their primary sources of information regarding sexual health, only 4% of college students listed their physician. Students more commonly listed television commercials, friends and relatives, and the internet as their primary source, not a physician nor any other health professional (Corbett et al., 2005; Sandfort & Pleasant, 2009). When asked where they would prefer to obtain information about sexual health, students overwhelming listed family physicians and gynecologists (Sandfort & Pleasant, 2009; Corbett et al., 2005). Therefore, there is a need to bridge this gap in where our students get their information on healthy sex and relationships.

The problem with getting information from informal sources such as friends, the internet, television and other media is that they can be biased, inaccurate, or incomplete and may portray risky behaviors such as unprotected sex, physical aggression, smoking, and drinking as thrilling and risk free (Corbett et al., 2009; Brown & Witherspoon, 2002). In addition, negative media messages may contribute to risky behaviors such as the decreased use of emergency contraception among college students who are at the highest risk of experiencing an unplanned pregnancy (Corbett et al., 2009).

However, formal sources of sexual health information are not perfect either. Some health care providers don't possess adequate knowledge about sexual health. One study found that only 56% of health care providers in a university medical department could correctly identify the mode of action of different types of contraception (Wallace et al., 2004). How are college students going to become educated if it is so difficult to find dependable information?

Several approaches have been attempted to disseminate information on sexual health to college students. Peer health education (PHE) is a method used to promote healthy behaviors at colleges all over the United States. PHE programs are designed to train students to teach health information, lead discussions, share values and opinions, and encourage reflection on health topics

with their same aged peers. A recent program evaluation study at the University of California, Santa Barbara found that PHE was an effective way of improving nutrition and drug use, but not an effective way of improving sexual health behaviors among students (White et al., 2009).

Another type of sexual health intervention was implemented at the University of Missouri, Kansas City. The intervention known as F.O.R.E.play (or F = Facts, O = Open Communication, R = Responsibility, and E = Enjoyment) was based on an Information-Motivation-Behavior Skills Model. Researchers evaluated three manners of information dissemination. Group one watched a video with a couple discussing sex and relationships, participated in a guided class discussion, and observed a demonstration about condoms. Group two listened to a lecture with a PowerPoint and watched a condom demonstration. Group three was instructed to visit at least 3 of a list of 10 sexual health websites. Groups one and two showed statistically significant improvement in sexual health knowledge, whereas group three did not. This suggests that the most effective way to disseminate sexual health information to college students is an in-person intervention with an instructor guiding the learning process (Moore et al., 2012).

Lastly, Lawrence and Fortenberry (2007) indicate that the Fear-Drive Model assists in educating, redesign behaviors and attitudes, to help modify what is considered to be the social norms, and to promote healthy sexual behavior by generating a discomfort that will motivate the reduction of this unpleasant feeling. These previous studies helped shape the message design of this presented outreach program.

The Men's Health Initiative's Sexual and Relationship Health Outreach to College-Age Students

The Men's Health Initiative (MHI) was founded in 2010 to promote healthy behaviors through three primary approaches: informing men about health and wellness, identifying risks unique to men, and implementing behavioral interventions. By offering men's health advocacy information and promotional services regionally and nationally, MHI aims to reduce the health disparity between the sexes and promote awareness and action among males.

As part of its community-based, grassroots effort, MHI has implemented initiatives to reach out to the college male population to promote men's health issues and bring about a general discussion on healthy lifestyles and overall wellness, including sexual health and relationship vitality. MHI's university outreach efforts center upon relaxed, formal seminars forged with elements of the Fear-Drive Model and the Theory of Planned Behavior to serve as a message medium to both men and women. This project's goal was to learn lessons from a tailored message on sexual and relationship health.

The main idea of the forum was to provide sexual and relationship health information in innovative ways to assist informing men of risks involved with sex and relationships. As opposed to a "fact and myth" point of view with an overload of statistics, gory pictures, and overview of what you should and should not be doing, the seminar was given from a relationship perspective in hopes of using scenarios and stories that the students could personally relate to while communicating sexual health information.

The following topics were discussed: what men's health is, what are some major sexual health issues affecting male populations today, what can be done to help increase a healthy lifestyle among men as it pertains to relationship-building and safe sex, and the importance of discussion among men with their physician, family, friends, and sexual partners on health and wellness topics (condom use and objectification of sexual partners, in particular). The goal was to facilitate discussion among the college male population on the influence of stigmatized gender roles and its role on sexuality, courting, relationship building, and ultimately, sexual health.

Approximately 225 university students were in attendance. Men and women attendees were encouraged to speak freely on what sexual health, relationships, and wellness meant to them, how they approach relationships, the role of being a man in society, and how men may contribute to a healthy relationship. A multimedia presentation designed with Fear Drive Model and Theory of Planned Behavior elements, including a slideshow of designed messages, helped steer the flow of communication and provided the audience with information and graphics on the given topic. We aimed to determine participant student reception of sexual health and relationship information delivered with 'fear' and 'subjective norms' as the communication conduit. In other words, we set out to determine how receptive college men would be to a sex and relationship conversation in a public forum that was rooted in a message portraying maladaptive behaviors as high risk both physically and emotionally.

Finally, we aimed to determine the effectiveness of fostering a rich discussion with both men and women in the audience by highlighting peer narratives on maladaptive behaviors and the damage caused by potential reckless behaviors. We wanted to highlight the fact that when college students hear other students of both sexes discuss their status and thoughts on sex and relationships, adverse sexual behaviors and opinions of sexual expectations of partners could be addressed, and possibly assuaged. In other words, possible maladaptive normative beliefs of college students surrounding sexual and relationship health could be transformed to adaptive when exposed to peer testimony on fears, pleasures, experiences, and items of concern.

Lessons Learned

A voluntary response form was available for students to fill out before and after the seminar to give their opinions on sex/relationships and the session itself. Out of the 130 students who completed the response forms, 43 were men (33%) and 87 were women (67%). The age range of participants was from 18 to 50 years old. Three-fourths of the students fell between the ages of 20 and 23, with the average age being 22. Eighty-five percent of the participants had either a junior or senior class standing. In terms of race, 47.7% were Caucasian, 18.5% were Hispanic, 17.7% were African American, 6.9% were Asian, 3.1% were biracial or multiracial, and the remaining 6.1% reported being another race that was not listed.

The pre-seminar response forms suggested that approximately 80% of attendees were sexually active with nearly 41% never tested for STDs (50% of males and 30% of females) and 45% reporting that they engage in risky sexual behavior (56% of males and 40% of females). Risky sexual behavior was defined as having sex without protection or sleeping with multiple partners simultaneously. When asked about condoms, 69% of students reported inconsistent use of condoms with

26% of those students never using condoms. These percentages are more positive than what has previously been reported by the American College Health Association (ACHA) in 2006 who found that 82% of students inconsistently use condoms and 33% percent never use condoms. Only 5% of males and 8% of females reported having contracted an STD at least once in their lifetime. This statistic is comparable to and possibly better than a similar finding by the ACHA (2009) that 3.3% of males and 5.7% of females had contracted an STD in the last year alone.

When it comes to questions on perceived risk and sexual health knowledge, our students seemed to score better than what has previously been reported (Stanford & Pleasant, 2009; Carrera et. al, 2000). Surprisingly, 61% of males and 53% of females overestimated the number of cases of Chlamydia per 100,000 people in Florida, indicating that students' perceived risk of contracting an STD might be higher than previously assumed (Sandfort & Pleasant, 2009).

The post-seminar response forms showed that approximately 71% of the respondents (67% of males and 72% of females) have been in an unhealthy relationship (self-defined). A majority of those students (56% of males and 77% of females) claimed that the unhealthy relationship was more their partner's fault than their own. The post-seminar response forms also suggested that as a result of the seminar, students' views about sexual health had changed and they were willing to change their sexual behavior for the better. Almost 100% of students believed it was necessary to be tested for STDs when sexually active with multiple partners. Additionally, students overwhelmingly (93% of males and 100% of females) indicated that they will be more vigilant about wearing a condom while engaging in sexual activities when under the influence of alcohol. Additionally, 95% reported they will be more judicious when selecting sexual partners (91% of males and 97% of females) and more apt to pursue STD testing (95% of both males and females).

Response forms also suggested that a seminar-style of health information delivery is acceptable and maybe even be preferred by both male and female college students. Approximately 72% of the attendees(68% of males and 75% of females) stated that they will absolutely attend similar seminars in the future and if we add those who stated they might attend similar seminars in the future, the statistic rises to 97% (95% of males and 98% of females). This lends credence to the theoretical design of the messages delivered, both in the slideshow and the oral expression of thought.

After the seminar was over, students were given a chance to individually reflect on the topics covered. A total of 88 students (22 males and 66 females) shared their thoughts and several trends were discovered aloud amongst the audience. Students were not directly asked questions or otherwise prompted on what to say during their reflection. If they wanted to continue sharing, they were encouraged.

Out of the 88 students who participated in reflection, approximately 83% brought up the overall success of the seminar. Above all, the students enjoyed the interactive nature of the discussion as it gave them an opportunity to freely voice their opinions and personal experiences as opposed to the hierarchical, top-down, lecture-style approach, which may discourage experience-sharing. Many mentioned that it was nice to hear other students' perspectives. A few male members of the audience mentioned that even though the lecture was geared toward men,

they were glad that women were in attendance because they added a different viewpoint to the discussion.

Students appreciated that the tone was light-hearted and humorous at some points and serious and enlightening at other points. Many students indicated that they appreciated how the presenter was vulnerable and admitted that he had made mistakes in his past relationships. They also liked that the talk was not just about STDs, but that it also covered a wide range of topics that are considered taboo in an educational environment.

Just over 65% of the students admitted that they had learned something new during the seminar (77% of males and 65% of females). Many confessed that they did not know how prevalent STDs were in Central Florida. Students also mentioned that they were astounded by how many unplanned pregnancies happened while women were under the influence alcohol. They were also shocked about the costs associated with having a baby. Others were surprised at how many men and women in monogamous relationships cheat on their partner. Many students also mentioned a change in their perceptions about the opposite sex. A few students mentioned that most of what they heard during the seminar confirmed their previous assumptions. Even those who claimed that they already knew everything covered in the discussion had good things to say about it. They said it was good to hear again at an older age when the information was more relevant and when they were mature enough to take it seriously, which is important for education where repetition may reinforce the learning process.

A little over two-thirds of the students (68%) discussed relationships and how they realized that media had given them unrealistic expectations about how their partners should act. They stated that these misperceptions were probably the root of their relationship problems. Women revealed that the discussion about idealized, romanticized notions of men and women opened their eyes to the fact that they should not be using fairy tale- or 'chick flick'- stereotyped men to set their criteria for a good man. Men mentioned that the discussion on pornography brought them to the realization that it was not reasonable to expect their woman to look act in a sexually-suggestive, permissive role as idealized in popular media.

About 13% of students (5% of males and 15% of females) who participated in the reflection said they would share the information they learned with their friends and family members. Twenty-seven percent of males and 15% of females mentioned that they would immediately change their behaviors in regards to relationships and sexual health. Roughly 40% of students (41% of males and 38% of females) said they were curious to know the results of the pre and post-seminar response forms and that they enjoyed themselves so much that they were looking forward to future seminars.

Discussion

MHI's seminar and its health relationship perspective was used as an attempt to explore the culture of sexual health and how sexuality and gender conformity has normalized among the college population. We aimed to support sexuality as opposed to criminalizing it. The seminar gave students the opportunity to not only share personal experiences but also to hear and learn

about what really their peers are doing and what sex meant to others. This gave students a better perspective on the issue around them, especially for those who overestimated and/or underestimated what their peers were doing. The power of peer perception allowed students to reflect on their individual expectations in themselves and their relationships.

The medium we used allowed students to reflect on their own experiences (the power of autonomy) and examine their own relationship and sexual values in hopes of making connections with what they ideally want. The use of scenarios on subjective norms of sex and relationships (The Notebook and Maxim/Playboy magazine) to create alternative realities for sexual health (beyond the expectations from these movies and magazines), was discussed as creating false expectations about intimacy. The sense of ownership of their current state of sexual health and relationships, when defined in the light of the aforementioned mediums, was evident in terms of their claimed responsibility in possibly adopting maladaptive behaviors and/or contributing to failed relationships. In fact, one of the most receptive pieces of the seminar was the advice given towards keeping a happy and healthy relationship: It takes two people who genuinely want to be with each other to "make it work" as opposed to advice on having safe sex and what not do to, which is what they are previously accustomed to. The norm has been to lecture on safe sex as opposed to a focus on the relationship aspect of courtship. Perhaps that is what is causing the breakdown of adaptive sexual health behaviors? Perhaps the objectification of sexual health into specific anatomy lessons is undergirding the problem? As seen by the feedback on this seminar, we believe discussions on relationship-building are essential for true success.

The style of an unorthodox, non-lecture format raised the attention of the audience. This style requires a certain "facilitator" to actively engage the audience. However, we acknowledge that this may be a problem too where engaging the speaker to talk about some of their experiences might be embarrassing and have the opposite effect of what we are trying to achieve. However, we only chose those volunteers to share their experiences aloud. We were sure to preserve the tone of the discussion where the audience was free to voice opinions or experiences without the sense of feeling judged by integrating personal and related stories.

It is clear from MHI's relationship and sexual health seminar that there is a need for more forums where college-aged men can comfortably engage in topics that can help increase their awareness of risky sexual practices and improve their overall sexual hygiene. The discussions we had clearly supported previous research on knowledge and awareness of sex and relationship health among this population.

College male students should be specifically targeted by health professionals to promote healthy sexual and romantic relationships. The issue is not that we need to do more, but that we need to try something new. This approach should make it more personable and much more relatable. So why not use relationships and expectations? The qualitative lessons learned demonstrated are sufficient and necessary to lay the foundations for larger, more in-depth analyses on the use of such seminars to promote sexual and relationship health and wellness issues among college students populations. As we think of developing interventions for college men, and men in general, consideration needs to be given to the systemic issues that serve as barriers for men to access health services. Social and behavioral explanations alone only serves to pathologize and

stereotype men while disregarding the multilevel forces that contribute to gendered health disparities. In addition to providing education to promote healthy sexual practices, future research should explore the ways in which the health care system, including campus health centers, can better engage males in order to close the gap in gender-based health inequalities.

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The Primordial Man

Jan H. Andersen

The work of commercial artist Jan H. Andersen, who is well known for his stock images of boys and men, is discussed in this biographical essay that reveals much more than his work as an artist. He describes his journey from doing social work with children to being a leading observer of the inner lives of boys as revealed in the portraits he creates. The emotional life of boys is not a mystery to them, as their participation in the staging of pictures reveals. The author suggests that we are on the verge of a "small revolution" in the way we will see boys that will be carried out by boys themselves. The importance of social media for boys as an outlet for previously hidden feelings is emphasized.

Keywords: boyhood, gender, emotions, masculinity, cultural expectations, fear, archetypes, emotional life of boys

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Editor's Introduction

New Male Studies includes among its offerings the contributions of individuals who work outside of academe and do not cleave to the by now standard format for presenting research. In fact, we consider their reflections to be essential to realizing the mission of the *new* study of boys and men, one that avoids the ideological commitments of many who write and teach in our colleges and universities. Each issue to date of *New Male Studies* has included one such contribution. The following essay by Jan H. Andersen is one of two in this issue. Because of its remarkable perspective and insights, a somewhat more extended introduction is warranted.

One of the spectres that from the beginning has haunted the study of young males' experience and lives is that of the presumed motives for such an interest. Apart from the fact that in recent years the presence of men other than the father and male members of the immediate family in the lives of boys has diminished, moral panic surrounding the issue of pedophilia has reached an unaccountable pitch. Until two world wars drew men away from the schools where they had traditionally taught boys (and girls) as schoolmasters, a boy would likely have had a male teacher throughout his then limited academic career (if he was lucky enough to be able to attend school) from primary through grammar school and on to the end of secondary education (again, if he was fortunate enough to have this option). More recently, traditional settings in which older males mentored boys and young men were part of most boys' experience. These included scouting and sports. Now only sports remains as a social space in which boys have a socially sanctioned opportunity to come into contact with older men. Often, however, sports serve the interests of the coaches more than the needs of boys. Elementary schools rarely have male teachers on their staff. Secondary schools employ men, but the teaching profession (like, say, nursing) is still considered to be more appropriate for women. There are signs that this is changing, but the experience of most boys will see them taught primarily by women until they reach the secondary level. As a child in elementary school in the States during the 1950s, I was taught only by women. Only the circulating penmanship inspector and a science teacher were men. They visited the school twice a year. My first full-time male teachers were in junior high school.

This bit of history is important, since the net result of systematic changes since 1940 and then again during the period since feminism began to dominate academe after 1970 in schools and elsewhere has been a gradual but steady disappearance of men from boys' lives. Add to this the trend in divorce and resulting one-parent home arrangements featuring a single mother and the story of Jan H. Andersen's journey to increasing involvement in the lives of boys, first as a social worker and later as an artist, becomes compelling. It is a story of a remarkable man who ignored convention and tradition and was drawn instinctively on the basis of an awareness of the importance of his own boyhood to illuminating the hidden lives of boys in our time.

The fear that grips people when men express an interest in children was something unknown until the past few decades. The reasons for this are not clear and will turn out to be complex. In the meantime, however, it is crucial that everyone interested in boyhood and the well-being of boys and

young men talk openly about the issues surrounding pedophilia and their relation to the broader topic of male studies in general. Fear of the word itself is palpable in academe, and in the popular media the mention of interest in children generates a default response: this must be about a vicious male who has sexual designs on small children. The obvious response is not even made given the taboo against even mentioning the topic, but it is this: While there are a few men and women who take advantage of their size and power (physical and political) to force children into frightening and physically painful acts that the adult constures as sexual but which for the child are simply violent, overpowering assaults on his body, the relationship between nearly all men and young males is based, as it has always been, on the man's heartfelt care for the reincarnations of his own boyhood with whom he associates. Men in every culture (historical, Western and currently West-exotic) have played the role of example, guide and source of information based on experience of what it is like to be a male of the human species. Modeled on the father but extended in significance and meaning beyond the dynamics of the family of birth and upbringing, men have always found in boys an opportunity to pass along their wisdom and skills, as friends, as grandfathers, as coaches, scoutmasters, teachers, and mentors in general. In turn, boys have always looked to men other than their father for a range of examples of lives embodied by the male with his unique anatomy and way of navigating space. That in our time these relationships have been demonized and are fraught with suspicion (for both the men and the boys) has created an empty place of experience for all males. And as fewer fathers remain on the scene in the disappearing nuclear family, the losses for both young and older males have been substantial. These losses will very likely come to be seen in the background of the acts of violence by adolescent males that we are all too familiar with especially in the States.

It is no secret that there is an aesthetic dimension as well in the relationships between boys and men. Here the distinction between aesthetic fascination and sexual (for the older male) desire must be made. Older males see in boys and young men examples of the rare moment when they were in their prime of physical strength and most enthralled by their energy and imagination, and able to perform feats of athletic prowess that they are no longer able to execute. There is an aesthetic beauty in the young male that has been recognized since the ancient Greeks and was reaffirmed in the Renaissance. Conversely, young boys are impressed by the size and capabilities of older males, whom they emulate often and especially when their own father is not avalaible to them. Stature, strength and skill as well as physical features that are found only in males (body and facial hair, large hands and feet, well-developed muscles in some men) are aesthetically attractive to young males just as much the older man's wisdom, skill, intelligence and power. Why pretend these interests are missing when every male can attest to having experienced aesthetic interest in other males as well as in age mates during adolescence when physical development is a central theme.

Jan H. Andersen understands this mutual interest and describes the response of boys to his presence when he served as an elementary school teacher. He did not disavow a fascination with the face and physique and manner of comportment of the young males he served and has since moving on from that work spent the bulk of his life recording representations of the physical features unique to boys that reveal so much about their inner lives. He is not ashamed to admit this fascination while so many men pretend to deny it. This is an honest man who not only celebrates a certain kind of beauty that has been written and spoken about since antiquity and in every culture. His honesty is especially compelling at a time when the climate of opinion is dominated by the suspicion of

unacknowledged motives when a responsible man speaks of his interest in the well-being of boys.

It would be enough if Andersen had captured moments of aesthetic beauty, but he has also explored the very world in which boys and men have been alienated from each other and what the consequences of that are turning out to be for boys. His photographic essays explore the dark side of boys unable to speak their experience, especially the full range of their emotions and not only anger. Some images are so stark and frightening that one cannot linger over them. But we must. We must acknowledge the sadness as well as the rage of so many boys as well as the ludic, wild *thymos* they sport in their games and flights of eccentric exploration. There is no substituting for examining and living with his images, but it is important to read what Andersen says about the need for our culture to listen to boys as well as look at how they appear and what they do. He believes that there is perhaps a saving grace in the boy, whom he designates as the "primordial man," which I understand to mean not only the source of the man to come but in a certain sense also of the kind of human being that is still evolving. So there is beauty, something ominous that we must attend to, but also a powerful sense of promise in Andersen's images as well as in his very personal observations about the fascinating creatures he portrays in his photographs. We thank him for sharing both with our readers.

What can a visual artist bring to an academic journal on male studies? I can't even tell if I'm a man with an artist inside or an artist with a man inside. I don't even like being called an artist — I prefer to be a photographer — a man in control of the camera, in control of the elements. Being a photographer I'm not limited by facts and figures like doctors and professors. I'm only limited by what my mind can grasp, what my eyes can see and my camera can capture. Maybe I'm actually just the comic strip of this issue. But now that the space has been allocated and I have already wasted some of your time, let me try to explain what brought me here.

I do a kind of photography for which I have never found a suitable name. I dare not call it male photography because this will either be interpreted as classical erotica and nude art — photos of naked women in tasteful manner or not — or the opposite, the homoeroticism of photographers like Robert Mapplethorpe. Neither of them are even close to what I try to achieve. Even less dare I call it by its true name: boy photography. Doing so will most likely brand me as unwanted socially among people who don't know me very well, as it could be interpreted even worse than the first name. And far more wrong.

I am a photographer, living in Denmark, 38 years old and the proud and happy parent of a teenage boy. As a photographer, I work primarily with stock photos, secondarily with portraits. Stock photos are photos that are made with the intention to be used as illustrations in all possible contexts. When you see a photo in a magazine, a brochure, a newspaper or on a website, it is very often a photo that was not made specifically for the publication, but purchased as a relatively inexpensive illustra-

tion from a stock photo agency. There are lots of photographers who make stock photos. We almost all have our different specialties — either in photographic expression or favorite motifs. My specialty is children and young people — in all situations and moments of life. Obviously I make many stock photos depicting ordinary, boring everyday events. Trivial photographs showing everything from brushing teeth, eating breakfast, going to school, doing homework and sleeping.

Last year I delivered a six-digit number of images to all kinds of publications, and my client list ranges from small newspapers and independent directors to large companies and international humanitarian organizations. This is not so much because of the many images of trivial daily events. This is to a larger extent due to my real passion: to portray the darker sides of children's and young people's lives. Their feelings, their inner struggles, their fantasy, terror, joy and fascination of big and small things in life. And especially the border areas where we find the social and mental disorders, and the damages caused by bullying, neglect and abuse, and when it leads to insanity, destruction, suicide and death.

It is often mentioned that my style and my stories have resemblances with the works of Norman Rockwell. I must honestly — ashamed — admit that I initially had no idea who he was. Later, after studying his work, I must also admit that there are many similarities, without however in any way claiming that I possess his creativity and great skills. When I humorously describe myself, I call myself Norman Rockwell's evil twin, because my work is often far more dark and dramatic than his.

When I some time ago was asked to write an article about my photographic work for this journal, I was of course very honored. I also immediately began to write. At first I wrote about art, masculinity in art and masculinity in a matriarchal society, but I realized that this was not the truth. At least not the whole truth. It was not the whole truth about who I really am and why I do what I do. I had to start over — not just once, but twice, until the text actually told the whole truth about why I do what I do and why boys take up the majority of my photographic production.

Most photographers can start the story of their photographic career with the first camera they got when they were 12 years old. I am no exception to that, but that's really not very interesting. To tell the truth about me as a photographer, why I ended up in this niche doing what I do, I also have to tell you how I became who I am. I'll stick to the short version, so I won't bore you to death along the way.

As a child I was an ordinary boy from an ordinary middle class family. I grew up with two older brothers and both my parents worked for the government. I was dutiful, I never flunked school, I was never late, I did my homework every day and I never made any trouble. I earned my pocket money by delivering newspapers, I used them wisely, I did not smoke, I did not drink and I only had friends whom my parents also accepted. This was expected of me, and I delivered. I was hardly the best looking boy in the class nor a great seducer of girls. Even less was I the best on the football field. I was, however, one of the smart kids. I spent my time at the library and not on the football field, if I didn't spend my time in the rather big laboratory that I'd made in the basement.

Eventually even geeky boys forget about being boys and grow into men. It was clear very early that I should continue to university in pursuit of an academic career in chemistry and computer sci-

ence. Everything turned out as expected until one day I wanted to attend another university. Because of the break in my studies, and a government policy that young people under 25 should not be unemployed and not studying, I was sent to work temporarily in a kindergarten. I had the opportunity to say no, but I've never been afraid of challenges, although the idea of having to work with children actually scared me.

It scared me because it was completely unknown territory. I had never dealt with small children. As the youngest child in my own family I had not had any experiences of caring for younger siblings, and I had never had occasion to see children as anything other than disgusting and annoying. Not unlike how many other boys feel about small children. It was not cool to work with children — this was something women do. Men are supposed to invent, explore and conquer the world.

I was 19 years old when I had my first day in the kindergarten — for the second time of my life. It's actually half my life ago, and yet I remember that day as one of the most important days of my life. Not so much what happened in the kindergarten that day, but how I felt when I got home. I was unspeakably tired, but when I went to take a nap, it was with a sense of joy, a sense of importance that I had never experienced in my life. I had a day in the kindergarten where I was not only a rarity as a man, but also by far the youngest of the adults, and I immediately became a big hit among the kids, and the one who could both push the swings, fight for fun, play a little ball and sit on the couch and read stories, while a handful of children were fighting about who could be most popular with me. Already at that moment I knew something that would take months before I told others. I knew I was sold. I had found a part that was missing in my life. I knew that children were going to take up a large part of my future.

To tell the world as a man that you actually like to work with children is not easy. It is not very masculine. In a world where it is easy to be suspected of being a pedophile, it's even harder to tell. However, there are fortunately still many men who choose this path, despite the obvious risks.

Thus my life took an unexpected turn. I continued to work in the kindergarten for over a year, I became a passionate scout leader, which gave me the opportunity to work with older kids too, and I began to participate in various types of social work for children. I continued along the path and got a degree in child care and was especially interested in psychology, and psychological and social problems have been my primary interest and focus since then.

As a man in an environment dominated by women you meet a certain indulgence. It is not expected that we live up to their standards of what the rules should be and how children should be treated. We can use this to the children's benefit, however, and it gives us an opportunity in many cases to raise the bar slightly when it comes to noise and the amount of chaos that will be accepted and how wild the games can be. For "boys will be boys" and it is generally accepted with a shrug by female colleagues. It also allows men employed in institutions to give the necessary space for the children — especially boys — who naturally are much more physically oriented in their activities and where both the activity and noise levels are often much higher.

Men — boys — are generally not very patient. I discovered that I'm naturally gifted with a very great patience and great perseverance when it comes to working with children. I soon found

out that these skills gave me a great advantage when working with children with issues such as ADHD. I also discovered that these children, especially boys with deeper problems and difficulties, were the ones I had a special weakness for. I could read them. I could see the small changes in their face when trouble was coming. I understood them into their deepest feelings. I could talk to them without being judgmental, could be silent when necessary, tirelessly and persistently waiting, and could be a safe zone when they would open up to what was inside them. Over the years it became evident to me that this was going to be the true goal of my life, and it has since given me the opportunity to work with boys with all kinds of problems from trivial speaking problems, inferiority complexes, eating disorders and ADHD to much harder problems such as schizophrenia, autism and suicidal thoughts.

During the process I photographed. Only for fun, but experienced often to get high praise from the children's parents for my ability to catch small and big moments in everyday life, which of course was an encouragement. This was not what launched my more professional work in photography though. That part was initiated when I was working on a website for a social project I was involved with. On this website I needed stock photos of children who looked abandoned, lonely and sad, but I discovered that the range of such images was small and the quality poor. It has never been difficult for me to spot opportunities, and it was soon a goal for me to fill this gap in the photo agencies' archives. I actually soon considered it my duty to fill this gap. This was the start of my work as a producer of stock photos and it quickly turned into a larger production since the first models had signed up.

I am a man — a boy. I am fascinated by the things that boys have always been fascinated by. I like war movies, action heroes, weapons, zombies, aliens and Batman. I can laugh at boyish jokes, read comics and I like to play with fire. I compared penises with the other boys when I was a kid, built hidden places for our secret club, fantasized about strange events and expeditions in the nearby woods and ran around in a Superman costume. Just like most other boys. I've also been through all puberty problems and looked at muscles — or what was supposed to be muscles — in the mirror, wondering if other people thought that I smelled bad, discovered too late that I had something that looked like a mustache, and in silence worried about proportions of every limb. Like most other boys. I've also been afraid without daring to tell anyone, I've missed my parents at a summer camp without daring to cry and was afraid they would die without having someone to share this absurd fear with. I have also had secrets, like writing stories and novels, without daring to tell anyone, because it is not very masculine, when you're only 14 years old and a boy, to admit that you have something going on inside. There are not many guys who will reveal that they actually like to be creative in different ways. Women will never be able to fully understand these things. They will never completely understand why boys' tacit interaction can be just as close and important as their own less tacit interaction. They will never understand that boys fighting for fun, socializing around violent computer games and apparent superficiality about things important to girls is compensation for something that is actually as intimate as the girls' intimate relationships. Intimacy in a manner that is legitimate for boys so they can still see themselves as masculine in a world that expects them to be masculine.

Women will never truly understand why we don't care about washing hands, why we have the urge to climb the tallest trees and why we constantly confront death. To master it — and some-

times fail to do so. They will never fully understand why pure strength means so much to us and why we are afraid that there will be cracks in our carefully constructed facade. Just as we men will never fully understand the challenges and experiences that women go through on their journey from girl to woman. We can relate to them, we can acknowledge their existence and accept them, but we will never know how they feel and look from the inside.

I make photos of both girls and boys of all sizes and ages for my stock photo archive. My own experience as a boy and my professional work with boys, is undoubtedly why the boys' world — their daily lives, imagination, feelings and problems — take up the vast majority of my photographic production. I know how they feel, I know how they look when they feel and I know how they try to hide the fact that they feel. It has somehow grown beyond pure commercial interest. It has become a mission in search of myself, looking for what being a male is all about.

One of my favorite quotes is the famous one from Plato: "Of all the animals, the boy is the most unmanageable." That is true in so many ways, even though it's an understatement. I think they are not only the most unmanageable of all the animals, but also by far the most complex one.

One of the exciting features of boys is their undeniable over-representation in almost all disorders related to the mind. How and why may remain a mystery to science, just making the minds and emotions of boys and men so much more interesting for me to deal with, as it has been for many artists over the years. With an interest in the psyche of men and boys, and several projects trying to illustrate various mental and social disorders, boys' brains are indeed a pure treasure trove of mysteries. From lively and colorful fantasy and imagination, untamed genius, ingenuity and excessive omnipotence. From instinctive forces and denial of death to short circuits and the darkest madness. An uninterrupted source of inspiration for artists and philosophers, and often a part of their own inevitable fate.

To know how boys look when they feel has certainly become my most important skill over time. Both when it comes to my actual work with children, but especially when browsing and selecting photos among hundreds of thousands of candidates over the years.

Most of my photos are based on facial expressions. Obviously exaggerated, silly expressions, but my real fascination with facial expressions is the subtle expressions. The small details in the eyes, mouth and eyebrows that can - -with more impact than any other tool — determine the message of a photo. Tiny nuances that determine whether a photo works or not. My models are selected not only for their looks. Our aesthetic ideals are different for children than for adults. The younger children are involved, the larger a portion of them are candidates to serve as models, as freckles, prominent ears and other wrong proportions are seen more as charming traits than as an aesthetic error. I have, however, mostly selected my models specifically for their ability to produce the expressions I'm looking for. The intense, deep expressions that make a big impact on the viewer, where the meaning and the feeling from looking at it is unambiguous and simultaneously true and from the heart. Most of my models I work with for years. I act as their instructor and have known many of them since they were quite young. Thus I know both their different skills in expression, but over time I also get an insight into their own psyche and the conceptual world they understand, can familiarize themselves with and can express through their facial expressions and gestures. This is a great help when

I need to select images. Any scene can be photographed dozens of times. My task is subsequently among other things to find exactly the right image. The photo that tells the story best. Here my own experience as a boy is priceless. When I feel the same inside as the boy you see I have found the right photo. And I'm rarely in doubt.

I don't just work with children. I also work a lot with their parents. My work involves much communication with parents, so there is never any doubt about what I'm doing and why. Everything must be based on trust and full insight into what is going on. This means of course that they browse through all the photos I take. I have seen countless times that parents — especially mothers — are deeply amazed and fascinated by what expressions I can produce with their boys and what feelings I can get them to show. Expressions they have never seen before. I ask them if they've looked thoroughly.

For it is that which is true. The emotions and expressions should not be invented with the boys. Although they may never show them openly at home or to friends, they know them very well. All boys can play-act and make expressions and mimics. The only requirement is that they are given a safe zone where it is safe to do and an opportunity where it is allowed, and a little expert guidance in making it to perfection. This I can never achieve fully the first hour or the first time I make photos of them. It's hard to stand in the spotlight in front of a camera and have to express deep feelings. It is easier to start with silly expressions — to be clown is a secure base for a boy. It gets better the second time and third time. As they slowly get used to being able to stand in front of a camera and express emotions and live through situations that might be embarrassing to show to friends and family. It is my experience that when they first see themselves on a book cover, a CD album or in an article, then it all of a sudden is much more legitimate, something they can share with others, boast about — which ultimately makes them more confident and genuine in front of the camera.

Sometimes I devote hours to practice expressions. Then I set up a mirror where they can see themselves while we try to orchestrate different emotions. My experience is that though the boys might know all emotions by themselves, they have a much harder time detecting the signals and symbolism in small variations of their facial expressions. It is probably part of the reason that boys tend to be violent towards each other and easily get in trouble — that they find it difficult to read the danger signals in each other's facial expressions because they have not learned how different emotions look at themselves. Ask a boy to look angry or be sad, and he will first give you an exaggerated or silly expression that is far from reality and closer to comedy. It also happens in front of the mirror before we slowly practice how it actually looks in real life. Then we give some of the expressions names, so it's easier later to describe what expression I want them to do. It takes practice to make expressions that look genuine, that show a true emotion with impact. Some have natural talent. Most others can learn it.

But why is it so hard for boys to show the feelings they obviously have? Because they have grown up in a world where the masculine ideal is that you don't. You don't expose yourself to your peers, tell your deepest secrets or show that you are afraid or sad. You show only the feelings associated with masculinity — anger, rage, superiority and dominance. This has been the cultural ideal since the first humans. Thus for many boys these are the only emotions they know how to express and thus are the only ones being expressed, even when completely different feelings are there. Many

boys grow up in a world dominated by women. Single mothers and female teachers, and maybe some men who have been emotionally destroyed by the same cultural expectations as they are themselves being consumed by. They don't necessarily meet men who can show them that it's okay for men to show emotion. Who can tell them that men share many characteristics with women, but that they also have many features that their female-dominated world prefer to suppress.

Boys lack male role models who can show them alternatives to culturally accepted masculinity. We must not deny the culturally accepted masculine feelings, we should not try to suppress who we are, and make anger and domination and other classic masculine feelings forbidden feelings. If we do so we will betray ourselves, betray our own biology and try to overrule the forces that actually brought humanity to the stage where it is today. We will not succeed in such betrayals. We should not try to turn boys into women, but be good role models to show that it is also not just okay and acceptable, but actually expected, that we show other sides as well.

Even though boys will continue to grow up in a world of ideals rooted in culture and will continue to grow up among other boys, where they are brutally forced to suppress parts of their personality, I also see hope for major changes ahead. In fact, I believe that we are on the edge of a small revolution that will change the opinion and ideals of what defines the sexes. Paradoxically, not initiated by adults or by a belief that there is a need for a radical shift. No, initiated by the children themselves. The technological revolution, which obviously is the natural habitat for boys, has over the past decade given children and young people a voice they never had before. Where children's culture for centuries has been interpreted and reproduced through adult eyes — in the media, in literature, film and visual arts — the new generations suddenly have access to tools that enable them to tell their own story themselves. And they master these tools so well that they actually have long taken over the real domination of the Internet and the social media. Think of Internet memes, phenomena like rage comics, strange acronyms, viral videos and the like spreading across the Internet like a firestorm. They are created by young people, and affects adults' use of the Internet and social media much more than we actually want to admit. Social media have become the young people's media.

Through my contacts in different social media, I have had the opportunity over the years to study young people's use of the media, how they communicate, what they communicate and how they interact with each other. And this is where I see the great changes that give me hope that especially boys are discovering that boys are allowed to have in them much more than was previously accepted. I don't just see lots of boys who tell trivial oneliners about what they do, share photos from their everyday lives and write smart remarks to each other. I also see guys who slowly — in one small part at a time — show what they are really passionate about, how they feel, that they are sad about losing a girlfriend, daring to show that they have written a poem, have been creative with a pencil and reveal that they don't just listen to hard techno music. And they take the risk, one small piece at a time, to put videos on Youtube, where they play and sing to the world, inspired by the many others who have done this successfully. Undoubtedly social media is also about pretending, but even though not everything comes from the heart, try to observe what happens the next time you're on Facebook and see a kid — a boy — upload a new profile photo. I can't recall that I or others in my childhood got so many kind comments and heart icons from my friends at any time. Facebook is not the entire world and other conditions still dominate outside the safe environment of a screen

and a keyboard. Yet it will make an impression on these young people, it will make a difference over time — and I am quite sure that it is a difference that will be reflected in future generations' views of themselves and each other.

I did not grow up in a time where I got such opportunities to tell the secrets. Even at the age of 38 years, I still do not want to show or tell others that I'm actually crying at the end of *Titanic*. Because it is not masculine. It's not acceptable. We rather like to end the film by criticizing Leonardo DiCaprio. Just as boys often do with Justin Bieber when they hear his music. It's not cool and macho to admit that you can actually see that he looks good or that you would like to be able to sing like that. Because if you do, you just give the other boys an opportunity to call you gay. And that is in fact the greatest threat to one's masculinity. The fear that others may find a reason to call you gay. The fear that your father will suspect you of being gay. There is hardly anything a boy fears more than that. It has been the ultimate threat to our masculinity, and it remains that. Thus we learn quickly in our childhood, to have a facade. A poker face, that reveals nothing about what is going on inside. This probably explains why most poker players are men. We have practiced the expressionless poker face without any revelations our entire life.

This has been part of my goal with my photos. At first my photos are probably considered harsh, brutal and often morbid, but I try to get them to tell you more than just that. To show the full spectrum of emotions in boys and men. Show that there is much more in play than just the classic masculine ideals. That men and boys can be afraid, loving, sad, vulnerable and anxious and that behind a nearly expressionless and aloof face invisible struggles are taking place and deep thoughts are being thought, that only other men and boys understand, but never tell about. I try to show that emotions exist even inside the warrior, the bully and the school killer, a nearly invisible brushstroke across the face that reveals a frightened, crying and sensitive boy who just can't manage to tell it otherwise.

Even today, enlightened and confident about what I do, it's hard for me to describe what I do as art. Although I do not reject it, it touches something inside me if I use that term. Something I don't like. Art is feminine. Even though every artistic discipline has been dominated by males since the dawn of mankind, art is still not considered to be among the culturally accepted masculine ideals. Stereotypes admittedly, but since it expresses a connection with your emotions, it associates you with the classic characteristics of what women do. It is much easier as a man to say that I "make pictures." This constitutes a mastery of a technical discipline, being the commander of light, freezing the world for a moment. We feel much better with this. Controlling the elements is masculine.

I am often in doubt about as to whether my pictures are more a search for my own identity than just a deliberate exploration of life. About whether the artistic aspect, the technical aspect and the commercial aspect is just an excuse for actually searching for my own nature. I can't deny that it is. I would even go so far as to say that it is actually most likely. Not just a search for my own identity, but an opportunity, wrapped up as small technical achievements with a camera that I use to reveal thin slices of myself. Slowly telling the world who I am. Telling that I actually have emotions without ever revealing them directly.

There may be moments where I'm not sure if I really have something to tell others — if there

is anything in my photos they can possibly use. And then it happens that I fall into conversation with old friends I meet in town or at a party, people I might only have had brief contact with through social media. And during the smalltalk, where we remember old days, they start talking about some of my photos they have seen, and let me know that there were indeed some that made an impression on them. Not just the fun, quirky or technically beautiful images, but also that they have been fascinated and touched by some of the stories — by the emotions. There are also days each week where I receive emails — mostly from men — who want to tell me that they see a part of their own childhood in my photos. It is most often childhoods full of insecurity, violence and broken families. The emails that have made the biggest impression on me are the ones where they tell how it has given them courage to start sharing their stories and their feelings with others. These are the moments when I am again convinced that my photos are not just navel-gazing introspection of my own twisted soul.

In recent years, showcasing my photos has given me a lot of positive feedback from people. Of course, much is negative. I find it interesting that the most "violent" attacks on me always come from men. It can, of course, be caused by women being more likely to simply ignore images they do not like with a shrug, while men are quicker to get off and use big words. Nevertheless I consider the frequency and intensity of this as a sign that I might have touched something that they do not want to be touched. When I confront them, it is never possible for them to tell me what my crime exactly was.

It is probably here that my own masculinity, my own boyishness, is most evident in my photos: I'm not afraid to provoke. Not just for the sake of provocation. If that were the case I could just say stupid things regardless of whether they were true or not. No, more like provocation to challenge some people's somewhat staid opinion of what is right and wrong — because I think that is interesting to explore.

The photo above is a really good example of this. Everywhere this has been exhibited it has led to vigorous comment. The great majority positive and appreciative, but also much that is negative. And it is the negative that interests me most, because I think it's intriguing to explore the kind of mechanisms that cause people to react so strongly to such a photo. For that is exactly what it is: A photo — no more, no less. And it is patently obvious that it is staged and not taken a split second before a troubled kid left this world. This has produced reactions like being told that I am "sick in the head" and "should be thrown in jail" and that I "make a mockery of death." Often followed by words not suitable for this journal. Pretty serious inferences when all I did was illustrate something that actually happens all too often. In reality.

There could be many reasons to reactions like these. People might be reminded of tragic experiences in the family. Perhaps it is rooted in religion. It might also be that they belong to the type of people who believe that graphic depiction of violence and death drives certain people to carry out such deeds, and therefore their protests are misguided concern. Whatever the reason, I find it very strange when people react negatively. Do they not read newspapers? Or is it simply that they're tired of reading these reports in newspapers? But why do they not address the problem instead of attacking the photographer who depicts it?

I have wondered for years and I can't claim to have uncovered the full explanation. I guess I'm just showing them a dark and probably almost forgotten corner of their own mind. All those who over the years have reacted negatively to any of my pictures have, where possible, received a personal response from me. A reply where I am probably surprisingly friendly and grateful for their time and opinions, and which probably takes the wind out of their sails. Then I ask whether their reaction is due to what the photo depicts, or the fact that I've created the photo. The answer is almost always the former, but then I have not yet received any sensible response when I ask why I should not be able to create an image of something which is part of our reality, like birds in trees or cows in a meadow.

After years of work with depicting the mind of boys and men, it is difficult to admit that you were wrong. That I have been looking in the wrong direction to find what I was really looking for. My photos have changed over the years, as I have had the opportunity to reflect on what it really is that I want to portray. The first years, my work focused on the suffering boy. Boys who are victims of inner demons that are suffered by them from the brutal treatment and cultural expectations of the outside world. Boys who can't show emotions, boys who are trapped by drugs, boys trying to scream, but who do it in a disgusting way. But it's not really the suffering boy who is interesting, although this is the most obvious thing to study. The suffering boy is only a symptom that something is suffering, that something has been locked up and can't appear in its proper form and shape. It is what is hidden behind the suffering that is actually interesting. My focus have shifted toward this, as it has slowly become more clear to me.

Let me describe an episode from a photoshoot this summer, where I one night brought one of the models to the beach to do some photos. The final photos should be of him standing fully dressed kneedeep in the water looking towards the sky. I asked him to go into the water, and his response was promptly: "Can I? Really? How far?" It made me laugh instantly. I think no one will argue that this is the true response of pure boyishness. Not worrying about anything, just living the moment.

You can see it in the boy's face — in the clarity of his eyes — when the opportunity is given. The sudden rush of excitement, the exploration of what can be done and achieved, the expectation of new experiences by entering the unknown, not by logical reasoning, but brought to the surface instantly by pure instinct.

Although we can probably quickly agree on a wide range of features that characterizes boys' behavior, it is still difficult to boil down into a single word we all understand the same way. It's probably wrong to expect that something as complex as a living being and the human mind can be described in a single word. How many pages does it take to describe love? And yet it will hardly be adequate. If even a single emotion defies description, it is of course human hubris to believe that a single word could describe the pure and unspoiled man. It is said that photos say more than a thousand words, and I am also strongly convinced that photographs will be a very useful tool to tell what defies description. To carry on with the worn out metaphors, the process for me is like peeling an onion. The man's — boy's — essence is to be found under many layers. Layers of emotional disabilities caused by cultural expectations, pent-up emotions, anger and hatred and as each layer is peeled off it becomes increasingly harder to see, stay focused and get deeper. In there is the archetypical man. Not the suffering boy, not the culturally defined archetypes, as we have already peeled off and thrown in the bin. No, here we find the archetypes that come to us in dreams, show their face in our inspiration, art, creativity and in the quest to understand who we really are — as men. Here we find the forces that drives boys' passion, curiosity and true belief in themselves as superior human beings. The forces that make them pursue goals that at first look foolish but will later be seen as true genius. The unadulterated spirit that enables them to live the moment. I have only managed to peel off the outer layers for the course of several years and it will take me years to get through the next. However, I am fully convinced that one day I will reach the core. That I will be able to depict the spiritedness, the pure energy of life, that is the true core of boys and men. The archetype above archetypes. You could call it libido, thymos, mortido and orgone. I call it the primordial man.

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St. Francis House:
Mentoring Young Men in a Fatherless Society

Joseph Campo

The centrality of a father or male mentor in the life of a young man is discussed by the director of St. Francis House, in Greenpoint, Brooklyn, New York. A brief description of this home for boys 18 years and older who have come from extremely difficult situations is followed by reflections on the importance of men's personal commitment to boys, in particular the combination of a male model for young men's spiritual life.

Key Words: mentoring, boys, men, fathers, male adolescence, spirituality in males

Editor's Introduction: In 1967 Father Benedict Groeschel, of the Franciscan Friars of the Renewal, founded the St. Francis House in Greenpoint, Brooklyn, New York City, in order to provide a safe haven and highly structured home environment designed to meet the needs of young men, ages 18 and up, who having run out of alternatives and are looking for a new start in life. Life in St. Francis House breaks the cycle of poverty that traps youth into thinking they have no hope for the future. The goal of the St. Francis House is to provide a loving environment to build the self-confidence, social and working skills young men can take into the world to become productive, caring and responsible adults.

Every young man is required to go to work, school, or both, and to maintain responsible attitudes and behavior and share in the maintenance of the house, rotating chores on a monthly basis. Domestic skills, including cooking and cleaning for themselves and the house are learned and performed by each resident. Many members of the St. Francis House now help to run an emerging independent film company known as Grassroots Films. These young men learn valuable business, artistic, and organizational skills that have propelled the company towards high profile projects including a recent film commissioned by the United States Conference of Catholic Bishops.

Several young men have written about their experience at St. Francis House. One young man explained: "an oasis in Brooklyn, New York exists! The St. Francis House and the St. Joseph Residence in Greenpoint, Brooklyn are places of safety, comfort, values, discipline and faith, places where you can find refuge in a dark world, and shelter in a time of need. Many young men have come and gone here over the years and I was fortunate to have spent two years of my life there from 1996-1998. In those years I had a lot of ideas about life, opinions about how I fit in and questions about my purpose. Like many others, I could always stand to learn a thing or two, and it was at the St. Francis House where I really saw God's hand at work every day in my life and in the lives of my roommates, young men working hard to move in a direction of healing, success, purpose, and redemption. The relationships I made back then are still valid today and even more meaningful. As the years have gone by, as we grow older, I have seen these men growing in their faith. I have seen a maturity, a solid grounding for them that could only come from one source. I am truly grateful to Father Benedict, Joe Campo, the Franciscans, my old roommates whom I call brothers and all the generous people who help this oasis continue to thrive. It has never been more relevant and in need. It provides a home to the homeless and ultimately hope to the hopeless."

Another resident had an unmanageable life, was addicted to drugs and alcohol. When he was twenty he had just gotten out of rehab. Basically, his options were to go to jail or die. But he found another option. He moved into the St. Francis House eight years ago. He started working with computers and web design with the Friars and even went to college. His life made a complete turnaround. Motivated to build his future, he enrolled in a four-year college. After he earned his B.A. in social work, he became a substance abuse counselor for youth struggling with the same problems he had overcome. During his time at the house, he fell in love with a wonderful young woman and they were married. Quite possibly voted 'least likely to succeed' by the world, he took complete control of his life. He and his wife now live in Rhode Island where they have bought their second home and are expecting their third child. His devotion to God, his wife and his children makes him a perfect

example of what life is really about and what the St. Francis House has to offer."

Yet another young man recalled: "Growing up, I came from a very poor ghetto area." He was born in 1986 in Jackson Heights, Queens, New York. His mother was a medical assistant but his father was unemployed and often wasted scarce family money on gambling. He has been connected to the St. Francis House for many years because his older brother also lives here. Over the years, Jeff became a member of the house and eventually moved in. He now has a life of consistency. He said: "I don't always have to worry about whether or not my brothers and I would be physically abused that night." Feeling safe and much more confident, he has finished high school, excelling in the math and the sciences. "It's the first time in my life I've had my own room." He is a member of the Youth 2000 NY crew and works as a production management assistant for Grassroots Films. Jeff has been developing his computer skills and also enjoys acting.

The middle child from a family of three, another resident came from a home with a father suffering from alcoholism, and a devout mother. By the age of thirteen he was skipping school, in and out of jail, and doing drugs. After a brief sentence in Riker's Island prison, he was introduced to Joe Campo and agreed to stay at the St. Francis House. In the two years he lived at the house, he matured enormously. He has since received his GED, moved into his own apartment, and will be starting college studying criminal justice. "This house has given me a lot opportunities in life, and given me both boundaries and freedom," he says. "It offered me a second chance in life; if it wasn't for this house I'd probably be in and out of prison for the rest of my life."

Important thoughts about experiences at this remarkable "oasis" in the heart of New York City! Recently, Joseph Campo, Director of St. Francis House, joined the Communities Advisory Board of *New Male Studies*. We asked him to comment briefly on his experience as a mentor to young men, about the importance of older men in the lives of boys and young men. What follows are his observations. We thank Joe for taking time from a very busy schedule to put together the following reflections.

Reflections on Working with Young Men

The St. Francis House, in Brooklyn, New York, is a home for young men who have run out of other alternatives in their lives. It was founded in 1967 by Fr. Benedict Groeschel, who was chaplain at the Children's Village in Dobbs Ferry, New York. In the 1960's, a youth who was awarded to the state would stay at the Village but was then released on his 17th birthday. Bobby and Jimmy, two brothers whom Fr. Benedict ministered to, were about to be released. They were from Greenpoint, Brooklyn, a Polish neighborhood, and their first language was Polish. Fr. Benedict immediately began to scope out the neighborhood looking for a place for these two boys when he came across a dilapidated house that had a sign outside that read "The St. Francis Club." It was obvious by the condition of the building that no one had lived there for some time. Fr. Benedict went to the rectory, spoke with the local priest, and it wasn't too long after that the sign outside now read "The St. Francis House for Boys." The club members were generous and donated the home. The house ran for over 20 years helping out hundreds of young teens.

I arrived on the scene in 1992, since Fr. Benedict was thinking of closing down the home. He was extremely busy with the friars, writing books, preaching all over the world and doing everything a priest has to do on a daily basis. He couldn't find anyone to take on the responsibility to run the house. Another friar suggested to Fr. Benedict that he speak to me about the possibility of taking charge of the house. For me, it was a dream-come-true. It had been my heart's desire to work and help the poor for most of my life and after experiencing a spiritual awakening in 1988, I knew that I was now going to be fulfilled.

I moved to Brooklyn from the suburbs where I had lived comfortably for most of my life. I never grew up poor, but from my earliest memories, I had a soft spot in my heart for the underprivileged. I was even thinking of moving to a less-developed country to fulfill my dreams there. I would teach people to become independent by growing their own crops and whatever else I could do to help and of course get a chance to learn a new language. I realized this move was going to be a shock, going from comfort into cramped city life.

My vision was to change it from just simply a house to a "home." The day I moved to The St. Francis House it became my home. I've been mentoring the young men there for well over 20 years. I never took a penny from the government for myself or for the home. It has all run from private donations. Most important, I think, the reason for the home's success is because it is Christ-centered and nothing less. Grace is said before every meal and before every group meeting. Everyone attends church and we go together as a family.

I must admit I feel that I received more than I have given. Working with the young men who have lived here has offered me a life that I never expected. I'm the father of two sons of my own. I always wanted to have ten children; God gave me 15! That may not sound fashionable, but to be frank, I've never been fashionable. I believe that all children are a blessing.

I've often heard that you can't love someone until you love yourself first. I think that is one of the most ridiculous statements I've ever heard about the human condition. You don't learn anything through just yourself; you learn from experiences through others, especially about loving. A rule at the St. Francis House is to live the second commandment. If you can live the second commandment, you will find happiness and joy because you are living and sacrificing for others. It is an unselfish way of life. Men have been living and sacrificing for others (wives, children, and family) since the beginning of time. It is through love that a man understands what it is to be a true man.

There are many reasons why a young man would come to the home and not everyone who comes to the home comes for only one reason. Some come for economic reasons, others have been involved with drugs and alcohol, while others are homeless. But the one thing that each one of them has in common is that there was no father in his life. Either his father left when the boy was very young or the boy has no memories of his father.

Some have nothing but negative memories, suffered abuse, and want to forget their fathers. Still others have never met their fathers. In any case, they all went through abandonment. This abandonment produces confusion, loneliness, and an identity crisis to name just a few issues. I am not a

psychologist or psychiatrist, but I've spent enough time with these young men and they have told me of these issues themselves.

While a single mother can be a great parent, she can't take on the role of a father. It's not uncommon for a mother to tell me she is both the father and mother in her son's life. Big mistake! A mother is the most important person in the child's life and she most likely does the work of both parents, so I can understand why some mothers would say that. But when it comes to masculinity, self-awareness, identity and self-worth, a young boy needs a father as an example. He needs someone to identify with and emulate and act as a guide to help him mature into manhood. Masculinity is best taught by the masculine.

While taking a class about counseling many years ago, it was taught by a woman who also stated that men and women are equal in every way. I politely raised my hand to disagree. She asked me to explain what my thoughts were. I used the example of young children playing together. I observed that while girls communicate, boys compete. We were made different and thank God for that; we complete each other. As an example, I also mentioned that although she was naturally taller and weighed more than me, I was physically stronger than her and if she was up to it I would be happy to have a contest to see who could bench press more weight! The contest never took place but I did get a very positive reaction from the class.

Unfortunately, we live in a fatherless society. Often boys who come into St. Francis House learned what it means to be a man from a woman. Because of this, they lack courage. In order for a boy to transition naturally into manhood, he needs a positive male role model. Going through adolescence is difficult enough and even more confusing for a young man who does not have a man as his mentor or teacher. Anyone knows that boys become men by naturally looking to their fathers as examples. The father has feelings and full knowledge of what the boy is going through, since he went through adolescence himself. Boys need guidance to understanding how to think and feel like a man and how to problem solve like a man.

I find that everyone is searching for an identity, a positive example to follow, and when they don't get the answers they need, boys and young men can become desperate. They will try things without guidance and sometimes they spiral into a state of confusion. They are searching for their identity, a sense of belonging, safety, and mostly, they want to be heard. Most of the boys who show up at St. Francis House have no idea of what family life is all about and, already broken, feel unloved and are depressed.

I have the ability and desire to listen and work on understanding each boy's situation on a personal basis. I do not judge. The responsibility of the father or male role model is to be a guide, except with a certain amount of discipline. Balance is the key. A single-parent home leaves little room for that balance. The greatest lesson I learned is that boys want to be treated like boys. They don't mind a gentle slap on the back of the head (an Italian love tap) when they need to be corrected. I have had more young people thank me for that than society would want you to believe! Boys like to climb on the furniture and they don't mind running through the bushes to reach their destination. The young men who come here are adventurous. If they don't have an adventure they will create one.

I've witnessed this hundreds of times over a 20-year period.

I recently had a young man come to me seeking advice. I asked him if he would like to take a walk to the store while talking. This young man never had a relationship with his father. He grew up in the projects in Brooklyn, New York, and still lives there with his mother and sister. Everything he learned about manhood (or didn't learn) he got from them. I noticed out of the corner of my eye he was watching how I walked. He then imitated my style of walking. My heart dropped because I realized he was starving for an example of manhood in his life. He wanted to walk like a man. So the best he could do that day to feel like a man was to walk like me. He is a good person with a good heart but with no direction into manhood, and at the moment I'm the only positive male role model in his life.

It's only natural for a young man to be taught by his dad. Men learn to be men by being around men. The natural way for a young man to grow is to imitate his father. The young imitate what they see. The St. Francis House provides a mentoring program that helps to build confidence so that young men to not to be afraid to grow into maturity. The setting is no different than the way I grew up. There were rules and everyone knew what they were. There were also responsibilities, chores, love, a sense of belonging to the family, and everyone was important.

Above all, the young man has a responsibility and that should be made clear to him. It is for them to know what is expected of them and to have a willingness to learn, trust, and a desire to change into what is expected of him. And when those responsibilities are placed in front of him, with a positive example to follow, he will more often than not step up to the plate.

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Book Reviews

James Houghton, Larry Bean, and Tom Matlack (eds.), *The Good Men Project: Real Stories From the Frontline of Manhood*. Boston, Massachusetts: The Good Men Foundation, 2009.

For more, see the website for The Good Men Project at: http://goodmenproject.com/

David Gilmore in his expertly crafted study of masculinity, *Manhood in the Making: Cultural Concepts of Masculinity* (1992), points out that manhood is nearly ubiquitous in the cultures of the world. Very early on in his book, Gilmore introduces us to the Fox Indians, one of the aboriginal peoples of North America, whose word for manhood translates into English as "the Big Impossible." Anyone involved in discussions of manhood would do well to remember this fact. With this in mind I undertook a reading of *The Good Men Project*, a collection of thirty-one essays written by "a broad range of men – rich, poor, black, white, gay, straight, urban, rural, famous, [and] ordinary" (from the back cover).

If anyone has had the displeasure of sitting through a gender studies course in contemporary academe, he may be familiar with a kind of class that is run as a sort of self-help group, where mostly young women trade stories of victimhood at the hands of the patriarchy amid rage and tears, while the two or three silent young men in class sweat profusely in their chairs. Luckily for us *The Good Men Project* is not like one of these classes. While a few of the stories delve into that weepy emotionalism, for the most part these essays have, as another reviewer put quite succinctly, "balls." The

men who wrote these essays are not trying to burden us with their problems or to saturate us with their emotions, but to give us snapshots from the stories of their lives, some of which are able to deliver a devastating emotional payload precisely because of their reserve and dignity. These stories break the great male silence and allow us to start our own analysis.

The book is divided into four sections that attempt to establish a common theme among the essays. The four sections are "Fathers," "Sons," "Husbands," and "Workers." Before the essays, a poem by Robert Pinsky, *Samurai Song*, sets the mood and hints at what is to come. In English samurai translates to "those who serve in close attendance to the nobility." It is fitting that we think of modern men in service, for despite the gender liberation of his female counterparts, men still take the historical burden of culture on their back, each an Atlas who cannot, or will not, shrug. Pinsky's poem, *The Knight's Prayer*, flanks the essays, showing us another misunderstood historical figure. The knight and his code of chivalry, now incorrectly analyzed as oppressive of women instead of as the genesis of man's service to her, served as the iron and steel clad bulwark against culture's enemies.

"Fathers" is a tour through the stories of men as they come to grips with fatherhood, whether they are married or alone. The stories cover the triumph of single fathers successfully raising daughters to the despair of losing children both young and grown. These are not the idiot fathers of television commercials. Their stories are of suffering and joy, brief gasps of authenticity from caricature-driven depictions of masculinity and fathers. Themes of pride in their young daughters and ambivalence between father and son become apparent. In one of the more unnerving stories a new father reflects on how terrible it is to be a male, an evolutionary curse, while looking upon his baby son. I found myself wishing that, more for his son's sake, this father had not been exposed to so much negativity towards his maleness. The collection of essays on fatherhood drives home the notion that as opposed to the naturalness of motherhood, fatherhood is a cultural creation, and thus a part of the process of manhood.

"Sons" is a collection of essays mainly focusing on the relationship between fathers and sons, with the exception of one man looking back on his relationship with his mother. This section captures a breadth of experiences of sons. Especially captivating was a story about inheriting a family company, a modern tale of dynastic succession that also gives one insight into the human side of the business world. Reading of the importance of fathers in these men's lives makes one fear for the generations of children growing up without fathers, but also reinforces the importance of a father in the lives of sons both young and old. These relationships all have their own sort of ambivalence. During the latter essays of the section, which focus on sons dealing with dying fathers, I was reminded of Dylan Thomas' *Do Not Go Gentle Into that Good Night*: "And you, my father, there on the sad height / Curse, bless me now with your fierce tears, I pray." Any father or son stands to benefit from reading these sections. They have a sincerity and honesty that is empowering.

"Husbands" is a look at men in relationship to their significant other. All are about men relating to women but one, which tells the story of one gay man's search for love in New York City where the landscape of homosexual relationships has changed drastically in the past fifty years. One playful story relates one man's quest for manhood in a psychedelic haze of marijuana and sex. Rather than appearing as a cad, I got the feeling this man was inching towards a kind of Vedantic self-realization. Sandwiched between two essays of the virtues of being able to talk with one's spouse are

two devastating stories about death and divorce. One man faces the prospect of losing his young wife to cancer and deals with the guilt of living without her, while another learns to handle the feeling of shame among his coworkers whilst going through a divorce. Besides the devastating essay about one man's dying wife, this section was the weakest. When I had finished it, I could not help wondering about the lack of stories about men who had lost their families and wealth through divorce.

"Workers" tries to capture the different ways in which men now work in a changing economic landscape. Interestingly, the first story recounts the tale of a former news correspondent who becomes a stay-at-home dad and learns that domestic life may be a harsher world than most men realize as well as reporting back on the "nanny culture" of the cities. Another chooses his work as an embedded journalist in some of the worst situations on Earth rather than family life, trying to discover the secret of the silence of his grandfather and father after returning from war. One young man decides to turn his life around after prison, deciding not to fall into the morass of recidivism. The American National Football League hall of famer Andre Tippett gives the book a bit of star power by contributing a charming story of how the discipline of martial arts contributed to his life and his excellent football career. These "workers" present a different picture of work than as alienated labor. Whether in Bengazi or on the football field these men's stories tell of a world of achievement and meaning.

The Good Men Project is an outstanding collection of essays offering men the chance to deepen their understanding of what it is to be a man as well as offering women a chance to understand her compliment. For both it is an insight into the lived male experience, a silent world seeming to find its voice with books like this. What is it to be a good man, to achieve "the Big Impossible"? It is perhaps impossible to achieve manhood; it must always be striven for. As one of the men in the book proclaims after some tribulation: "I was a man that day and would be for the next week. But then after that, I'd have to prove myself again, and again, and again in ways that I couldn't – and still can't – anticipate. To be a man is to be part of an ongoing process" (p. 220).

This process of manhood sustains and drives civilization, and with a better understanding of it than what has been afforded by gender studies literature we may begin to hear more voices such as those in this book. What I took away from it, what it helped confirm, is that I will never achieve that elusive manhood, but all men are united in this with me. The most important theme of the book is that men don't have to apologize for who they are, or who they are trying to be. Our striving is what makes us strong. As one author says: "I'd found a useful role in this world, a way to give evidence that has value. I had nothing to apologize for, nothing I needed to be diagnosed for. Some things in this world just are, and that's all right. They don't need to be satisfactorily resolved" (p. 201).

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Book Reviews

Paul Nathanson and Katherine K. Young, *Legalizing Misandry: From Public Shame to Systemic Discrimination Against* Men. Montreal: McGill-Queens University Press, 2006. 650 pages

This book is, in a word, courageous, in one sense in particular: it exposes how ideologies, "isms" based on an assumed superiority in which one group feels entitled to power over another, have no place in the quest for social justice, equality among human beings, because a state of inequality is inherently undermining of human well being. The example presented by Paul Nathanson and Katherine K. Young of McGill University, in their book *Legalizing Misandry*, is that of ideological feminism. This is the second book in their trilogy, *Spreading Misandry* being the first and *Transcending Misandry* the forthcoming concluding volume.

Legalizing Misandry: From Public Shame to Systemic Discrimination Against Men, despite its breadth, may have only skimmed the surface of the topic of institutionalized hatred against men in North American society, a "top-down" phenomenon with ideological third wave feminism as its source. Yet the book brings the full range of the current anti-male discourse in US and Canadian academic and legal circles into the spotlight, examining, among other issues, sexual abuse, violence against women, workplace harassment, child custody, prostitution and pornography, and human rights as entitlements.

Each of these topics is dealt with in an remarkably detailed and thoroughly-referenced man-

ner. The book presents a bleak outlook. In the years since its publication, however, there is mounting evidence of a recognition of the flaws of ideological feminism, of the inherent misandry and undermining of gender equality that Nathanson and Young expose, and policy shifts away from an ideological feminist position: examples include the rise of equal shared parenting legislation in numerous US states and abroad; the recognition of the centrality of both parents in children's lives in discussions about the need for universal child care benefits; and beginning attempts at inclusion of men's studies in university curricula, all hopeful signs of the decline of "superiority feminism" in favor of a more egalitarian orientation in the realm of gender relations.

Despite the significant contribution made by this volume in the field of gender relations, the work of Nathanson and Young has largely been discounted by and excluded from the curricula of departments of women's studies and gender relations in North American universities. Yet in regard to challenging dominant assumptions in these fields, their book is without parallel. In the chapter on child custody, for example, the authors expose the false assumption that fathers' legal claims are unwarranted because most have been largely uninvolved in the routine daily care of their children; the book details fathers' valiant efforts to share parental responsibility despite the many constraints to their active involvement. The outcome is bleak for many responsible fathers, however, as they are relieved from their parenting duties by misguided sole custody decisions made by judges, in the absence of abuse, based on the belief that children are better off with only one "primary" parent when parents disagree on post-separation parenting arrangements. The authors are clear about the injustice of removing loving parents from their children's lives in such cases, and as in other chapters, present a viable social policy alternative, in this case in the form of a legal presumption of joint custody or equal shared parenting after parentalseparation.

The equally contentious issue of family violence is dealt with squarely as a phenomenon that implicates both women and men, as both are capable of abuse, which is manifested in different ways. The separation of violence against women from other forms of violence is ill-advised, according to the authors; as Don Dutton and others have shown, men are represented as primary perpetrators of physical abuse in intimate relationships although data from meta-analytic studies show otherwise, and indirect aggression is scarcely mentioned in the literature, although prevalent in research on aggression. Physical violence directed towards children is actually more likely to be mother-perpetrated. The authors discuss the issue of legal abuse as a particularly injurious yet common example of abuse of men in our society.

In regard to the many instances of gynocentrism, the "self-centred counterpart of androcentrism," discussed in the book, and institutionalized misandry in the form of discrimination in favor of women in a variety of social and legal institutional contexts, one suspects that *Legalizing Misandry* is only partially exposing the "emperor with no clothes." Although the authors note that misandry co-exists with misogyny, in fact the two feed off and reinforce each other, resulting in a hostile climate between women and men in North American society. The alternative of formal, not substantive, equality between men and women, is explicitly ruled out by ideological feminism, with its emphasis on "unequal treatment of (assumed) unequals," expressed by groups such as the (Canadian) National Association of Women and the Law. The lack of recognition that only the equal treatment (of "unequals") can lead to equality, which is equal respect for the basic needs of all, reinforces the existing polarization between the genders and the current "gender wars."

Ideological feminism, as distinguished from egalitarian feminism, the book argues, continues to dominate US and Canadian academic circles, resulting in a conformist and censorious atmosphere intolerant of diverse perspectives, and making a sham of "academic freedom." *Legalizing Misandry* scrutinizes the research cited by academic proponents of ideological third wave feminism and finds much of it seriously flawed and lacking in credibility. The authors identify biological determinism as the "received wisdom" underpinning such a world view, nested within a rights-based discourse that pits women and men against each other. Most alarming, however, are the ways in which judges and legislators are basing their decisions and policies on such misguided ideological principles, supported by groups such as the Legal Education Action Fund, National Action Committee on the Status of Women, and the Canadian Advisory Council on the Status of Women, political advocacy groups within government itself, on the assumption that women constitute a "victim" class (and thereby devalued as inherently weak), and therefore need and deserve special protection, including infringing on the rights of other citizens. In fact, although "officially" a victim class, as men are the "oppressor" class, few segments of North American society currently have more political clout than women.

The book's most important contribution is its discussion of the price we have paid for our passivity in the spread of ideological third wave feminism, an ideology that has become firmly entrenched and institutionalized, undermining the quest for equal and respectful gender relations and resulting, the authors argue, in moral damage to society as a whole. We live in a society characterized by an increasing gulf and conflict between women and men. There are many whose interests are furthered by perpetuating and exacerbating the conflict, including those whose academic and professional careers are dependent on continuing polarization. Most men and women, however, including those subscribing to the ideals of equality feminism, are seeking egalitarian relations and mutual respect between the genders. Misandry has not replaced misogyny, as the authors claim. The two feed off and exacerbate each other. To the degree that men and women are mindful, respectful and responsible vis-à-vis the essential needs of each other, the gender-based wars may be brought under control. A responsibility-to-needs, as opposed to a rights-based, framework is fundamental in this regard.

In sum, the book is clear in its ethical bottom line: the good end *never* justifies the evil means; that is, sacrificing the needs, interests and rights of some people to serve the interests of other people. All of the worst human catastrophes have been done in the name of some greater good, in the cause of one or another ideology which we believe to be good and right. What is rarely discussed is the interrelationship of means and ends, and the fact that unequal treatment can never lead to equality, but only to disregard of the needs of certain groups and individuals, a "power-over" mentality, and an ideology based on a sense of entitlement—and ultimately hatred of the other.

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