Senate Select Committee on Men's Health 2009
Submission 13th February 2009 by Dr. Elizabeth Celi, PhD, MAPS.
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A. Introduction

Men's health is wrapped up in men's identity.

If we ignore this simple fact, we'll be hard pressed in assisting men to move forward productively with regard to their health. At any time, my reference to 'health' holistically encapsulates men's physical, psychological, spiritual and social health and how it interacts within their social, familial and cultural environments.

Three main umbrella's cover the issues I will raise in this submission

1. The perceptual bias that has developed in the last 2-3 decades that is now misguiding social paradigms toward men as a gender and therefore affecting service provision and ultimately their health.
2. The flawed concept of "Gender Equity". An alternative philosophy and practical approach for the 21st Century can be discussed.
3. Re-value, overtly and respectfully, the contribution of genuine and respectful masculinity to our sons, daughters and social relationships. That is,
    a. masculine strengths in collaboration with feminine strengths, minus the oppression and power imbalances reflective of the pre-Feminist Movement.
    b. The significant need for masculine mentoring to growing boys and developing girls, within families, community structure and importantly our education system.

B. Background

It seems that the pendulum of the Feminist Movement has swung too far in the opposite direction by misguided Feminists. The necessity of the Feminist Movement re-established a power balance and restored the basic human right for women to enjoy the same choices as men without restraint/oppression. The Feminist Movement was about getting women into the game, not knocking men out of it. While a world run by all men is no fun, a world run by all women would be even less enjoyable.

As a society, we've been so programmed by the significant social campaigns of the Feminist Movement that it continues to influence us at a time when it has actually achieved a fair proportion of its objectives. It may no longer need to be so vehemently defended or enforced *at the expense of men's basic dignity*. Proponents of a misguided Feminism introduce a level of insidious oppression that is now not only discriminatory, but counterproductive to the quality of life of men and children.

As a psychologist, I am fascinated and disturbed by the fact that this oppression happens daily and regularly, in front of everyone's eyes, yet it is so easily missed or doesn't instigate the same kind of reaction and response that would occur if women were the recipient. Let me reiterate the obvious, any oppression and abuse toward another human being, male or female, is unacceptable. It is frightening to observe that the subtle and covert oppression that has developed toward men in the current social climate is being normalized.

It is my intention to raise awareness of this inconspicuous perceptual bias and productively educate the Australian community of the psychosocial factors affecting men's health. You can't miss the demonstration of this through the consistent Australian statistics of men suiciding four times more than women, specifically five a day. Section C of this submission will outline four specific proposals toward productively assisting men's health, with reference to detailed examples in Section D.

C. Proposals for advancing the status of Australian Men's Health

1. **Establish an Office for the Status of Men's Health and Masculinity,** engaging *experienced* authorities and experts from the men's health advocacy circles and other non-government professionals, with the ability to legitimately engage with Australian men and collaboratively liaise with Government.

   To be responsible for, but not limited to:
   a. the strategic development of Australia's first National Men's Health Policy (NMHP), before it's finalization, to ensure as comprehensive and strategic an approach as possible, on the many facets of men's health.
   b. the strategic planning of social awareness and education campaigns, outlined in point 3.
   c. key liaison point regarding the distribution of Government funding toward men's health services and research. Table 1 summarizes a framework adopted for Australia's first National Women's Health Policy (NWHP) 20 years ago that can guide the development of the NMHP in as comprehensive and appropriately funded manner.
   d. review of men's health programs and services, including research protocols addressing the methodological limitations of gender studies to date, as detailed in Section **D 2.2**
   e. Proactively and strategically assist health services and other relevant programs to practically implement men-friendly approaches and procedures.
   f. Incorporate simple and relevant education within the training curriculum of health services, e.g. domestic violence shelters, helplines and future health service providers, including medical and psychology students.

Table 1. Synopsis of Australia's first National Women's Health Policy developments.

1985	Discussions on a NWHP began
1987	Special advisor in women's health appointed
1989	**NWHP launched, $34mill** toward 7 priority health issues for women; 5 key action areas
1992	Evaluation of the program developed, further $60 million funding until 1997 = $94mill so far
1996/7	Awareness campaign led to second phase of the program being published → provision in 1997/8 budget for two years funding → 3rd Agreement pooling funds from 8 commonwealth program areas – covering 5 years 2004/5 to 2008/9
1997	Summary report by the Standing Committee on Family and Community Affairs in Govt. on Men's Health – *where did this progress to?*
2001	Official Hansard – House of Representatives Standing Committee on Employment, Education and Workplace Relations – Education of boys – *Where did this progress to? It is now a significant concern within our education system for young boys and Australia's future.*
2004	Submission to the House of Representatives – Standing Committee on Ageing – The Wellbeing of older men. *Suicide statistics, every year for the last 10 years, for this sector of society speak for themselves. The risk factors need legitimate attention.*
Sept 2007	Australian Women's Health Network developed a discussion paper in Canberra "Women's Health: The *New* National Agenda"
Nov 2007	Minister for Health media release highlighting a ***second/new*** NWHP and *proposal* for a NMHP

Why are resources being expended toward the second NWHP ***before*** *Australia's* ***first National Men's Health Policy*** *is given the same comprehensive approach and due diligence afforded to the development of Australia's first NWHP 20 years ago?*

2. Appoint a special advisor/s in Men's Health

a. Ideally, co-advisors already active in professional arenas that contribute *positively* to a strengths-based model of men's health and manhood. Specifically, medical, psychological, family systems, family law and research. Specific specialists for these roles can be recommended.
b. The unforeseen 'side effects' of the Feminist Movement, while required in it's time, has created psychological and societal damage to the current generation of men. Their ability to be effective masculine mentors for our Generation Y and children is significantly affected.
c. Subsequently, the proactive balance of the specific individuals/advisors and their ability to engage the trust and loyalty of Australian men is imperative. Their *interactive* liaison will ensure strategic and holistic implementation of men's health and masculinity objectives in the 21st Century.

3. Social awareness and education campaigns

a. Challenge the perceptual bias that has developed in the social psychology of our community toward men and negatively affecting their identity and health status. ***If this social psychology phenomenon is ignored, money/ resources toward men's health and manhood projects will be ill spent and currently effective services/programs for men devalued and underutilized.***
b. Address the bias in the many and current representations of domestic violence, including the current "Enough" family violence campaign. Examples detailed in Sections **D1.3 & D2.1**
c. Proactively encourage the role and strengths of men in many facets of society, including the now more active role of fatherhood, beyond the main role of 'provider' in generations gone by.
d. Present accurate and fair representation of gender research. Example detailed in Section **D 2.2 and D2.3**
e. Productive education for women who lack an understanding of male psychology and motivations and subsequently insult masculinity, deliberately and innocently. Ultimately, creating a lose/lose situation. Example detailed in Section **D 3.1.**

4. Public men's health forums and events

a. Men friendly, no blame, no judgement. It's unfortunate this even needs to be stated.
b. Supportive of normal manhood and masculinity factors – refer to the attached flyer as an example of a recent men's mental health forum conducted on the Mornington Peninsula of Melbourne. This Forum was booked out with 304 attendees, ~70% male of all generations. Their engagement during, and feedback following, the Forum indicated it was successful in educating all attendees and in boosting men's self worth. The strategic marketing approach can be further outlined in discussion.
c. Address the flawed concept of "Gender Equity". A suggestion toward a more accurate concept encapsulating the forward movement of men's health principles is available.
d. Direct the public to current services and programs that are known to address the many factors supporting and enhancing men's health through men's identity. For example, Men's Sheds.
e. Make the most of key dates to promote and publicize the above suggestions, for example, Fathers Day amongst others that can strategically address many key messages over a calendar year. Please refer to my website for TV segments and interviews during International Men's Health Week 2008 – www.qualityliving.com.au

D. Detailed examples of gender equity issues

In demonstrating the flawed concept of gender equity and the inherent perceptual bias that has developed toward men in the post-Feminism era, the following areas will be detailed

1. domestic violence/emotional violence toward men by women
2. inaccurate/biased reporting of scientific literature and research
3. non-clinical examples of derogatory treatment toward men and masculinity

D 1.1

A significant social campaign of an era gone by rightly brought the violent tendencies of men toward their female partners to light. The past apprehensiveness of women to report these incidences was challenged with ongoing social and education campaigns to inform society of this unacceptable behaviour. Additionally, providing services and channels to help women report the occurrence and obtain targeted assistance for their safety.

Men are now in the same position. Only physical violence is not the only form of violence men face. Perhaps not even the primary form of violence men face. When it comes to women perpetrating domestic abuse/violence toward their male partners, the form it takes is congruent with how women may find it most amenable, mentally, emotionally, sexually and using the children as bargaining tools. A survey on callers to a domestic abuse helpline for men highlighted that 64.5% of the males surveyed reported their wives used their children to control them, while 67.3% reported their wives threatened to remove the children from the home (Hines, Brown & Dunning, 2007).

The more insidious form of emotional abuse, manipulation and emotional violence is harder to pick up on and/or comment on later as 'proof' of abuse. Beyond fingernails and domestic utensils being used as weapons and projectiles alongside slaps/fists being thrown in a dangerous frenzy, women resort to threats to the children, intervene in the father-child relationship alongside demeaning comments often insulting a man's identity and masculinity. Such comments as "the child isn't yours anyway", "…and you think you're a man", "you think you're good in bed", "you're an idiot" or "you're a hopeless father" etc. These kinds of statements are one of many manifestations demonstrating either a distinct lack of affect regulation, unsatisfactory emotional management and/or dysfunctional communication by women. *Importantly, demonstrations of the 21st century form of domestic violence toward men.*

D 1.2

Having just completed the process of publishing my book in men's mental health early 2008, I was reviewing its content in preparation for publicity and media relations. I had quite seriously just finished reading the sentence "Men need support not slamming" that the gleeful atmosphere of the beach and children's park where I sat, was abruptly broken with the shrill screech of a woman behind me. Her verbal barrage of at least 5 minutes included, "What the hell is this? What is this crap?" and more.

An initial glance behind me revealed the woman was shouting at her husband while they both walked into the park with their son, approximately four years of age. I observed that her husband's assertive responses and communication was in distinct contrast to her intense emotionality. I wondered if he knew not to let it negatively rouse him or if he had simply grown accustomed to such outbursts. I found the latter possibility worrying if not simply sad that he would continue to allow this kind of treatment to occur by his spouse. I questioned the possibility of a battered husband and feelings of learned helplessness in him, an element of, and/or risk factor, toward clinical depression. Not to mention the impact of all this on a four year old child.

A few metres away from me, the woman then yanked her four year old son's arm to sit him next to her and with a very strong and forceful tone said "Your father's an idiot". This is simply unacceptable behaviour. Firstly, there was the physically abusive behaviour toward a child. Secondly, the emotional abuse toward her husband as a person in his own right. Third, the additional abuse of demeaning his important role as a father and last but not least, using their son as a weapon in an adult disagreement.

An often neglected/undermined component of the fatherhood role is its important place in the mentoring and masculine influence for sons. Subsequently I was distressed at the possibility that the psychological abuse of the four year old child now included a skewed perception of his father before he gets to know him as a man in his own right. Assuming this was the first time such a statement had been made by the mother. The long term repercussions affecting this young boy's development into his own potential role as a father also raced through my mind.

A key consideration that crossed my mind was "What if that scenario occurred the other way around?" Would people have stepped in sooner? If the husband had yanked his son's arm, would that have elicited other responses from people? Would the police have made a presence and if so, then what? This scenario is but one example of what men often face, particularly in private and in loyal intimate relationships.

D 1.3

Issues compounding the experience of abuse by/toward men include;

a) the intense social education campaigns of domestic violence with the key message that "women are victims – men are perpetrators". While there is no denying this element of domestic violence, the bias that it is "women are victims – men are perpetrators- ***always***" is perpetuated through subtle techniques.
    i. In my role as an Educator, student counsellors demonstrated this bias in their social, legal, ethical analysis of a gender neutral description of a domestic violence case study. All the students automatically assumed the victim was female and the perpetrator was the male partner.

b) The self perception and the societal perception of the 'strong and tough' male that 'could never be hit by, or a victim of abuse *by a woman'* works against men.

c) The threshold that men would call 'abuse' is far higher than a woman's threshold. That is, he'll "accept" more unacceptable treatment before realizing it's abusive, speaking against it or defending himself.
    i. Being slapped, scratched or the target of a domestic object as a projectile, wouldn't necessarily be considered abusive by a male. Yet it is still unacceptable physical harm from one person to another which is unfortunately being normalized and inadvertently endorsed. Similarly, the insulting or demeaning of men, their masculinity or basic role within various contexts has unfortunately become so commonplace and simply not questioned let alone defended against. Yet a woman defending her sense of self, femininity and various roles is naturally accepted and accommodated. Refer to Section **D 3.1.**
    ii. Not to mention the repercussions and ongoing abuse, the cold shoulder etc that he would potentially face, and men often anxiously anticipate, as 'punishment' or in retaliation.

d) Emotional abuse and emotional violence is harder to detect and defend oneself against. Recall that men's health is wrapped up in men's identity, subsequently the psychological damage to the identity of men from this abuse is a significant risk factor for mental health problems including clinical depression or substance use disorder.

As a gender, it appears that men are now being devalued and demeaned and having their masculine traits, skills and abilities *perceived* as *absolute* limitations or weaknesses. This is an unjust and inaccurate perceptual bias. With depression a significant risk factor toward suicide, the mentioned suicide statistics for men highlight the potential result.

D 2.1

When it comes to domestic violence, many argue that the "research clearly shows" the "women are victims, males are perpetrators – *always*" paradigm. The current "Enough" family violence campaign perpetuates this absolute paradigm with

a) visual images of women and children only. This is a powerful conscious and subconscious tactic.
b) Exacerbated by information clearly stating "Women's crisis line" while men get a "Men's referral line" which verbally compounds the inaccurate perception of "women are victims, males are perpetrators – *always*".
c) Last but not least, radio ads that again, only speak of the female victim being abused by her male partner.

Strategic planning and considered implementation of campaigns that rectify this perceptual bias/imbalance and minimize the perpetuation of sexual discrimination toward male victims will begin to re-educate the community. Incorporating it in the current "Enough" campaign may be a cost effective and efficient approach. Direct and specific discussions with the Senate Committee would highlight key factors and considerations toward the implementation of this important community education.

Within written research, methodological limitations and biased reporting perpetuate the above paradigm. A myriad of domestic violence literature and advertising campaigns have so far reported data on the impact of domestic violence on female victims only. While there is no denial of this, the fact that there are protective shelters for female victims and not for male victims, the population of female victims is much more easily accessible and therefore more easily researched and discussed.

Beyond this accessibility issue, the internal identity conflict men face (i.e. men being hit by a woman is a *perceived* weakness) in being victims of domestic violence/abuse results in less reporting by men. This is not to be used against them. This is further compounded by the distinct lack of male friendly support services. Instead, having to approach services developed primarily to protect women as victims and automatically direct men to anger management classes as assumed "perpetrators". Do a Google search for services helping male victims by female partners and you'll find they hit the "invisible wall" of the "women are victims, males are perpetrators – always" paradigm too often. My clinical experience has highlighted the impact of all these factors on men's mental health. If the supportive service isn't there for men to report their experience of abuse, they won't be accessible to assist nor gauge empirical data to inform service provision.

Gathering data from other sources, such as population based studies or anonymous helplines specifically developed to support male victims and not re-blame them (Hines, et. al, 2007) will begin to rectify the imbalance in *data collection*, *data reporting and service provision of* support for male victims of domestic violence/abuse. Appropriate services for male victims need to attend to

- psychological symptoms of being battered,
- the threat of retaliation by women directly and through the legal system,
- children being used as negotiating tools
- interference in the father-child relationship, influencing the child's development and the father's mental health and
- further victimization from biased services at the expense of men genuinely needing support

D 2.2

A simple illustration of biased literature reporting can be seen in the following review paper to be used as an example (U.S Department of Justice, 2002). Specifically, within the body of the article, the authors state *"Women are likely to be victimized by a nonstranger, which includes a friend, family member or intimate partner, while men were more likely to be victimized by a stranger"*. They refer to Table 3 of data in the *appendix*, which upon review highlights a very different story.

Had we taken the report at face value and not checked the specific numbers, we'd have not been informed of key data indicating that men actually experience violent victimizations at a near equal rate to women. That is, a rate of 22.9 for men compared to 26.2 for females. Neither would we have been informed that men are ALSO victims of violence from strangers at a far higher rate of 31.8 compared to women at 12.9. Therefore, men experience violent victimizations at a rate of 54.7 compared to women at 39.1. Importantly, just as much by "non-strangers" like women do (U.S Department of Justice, 2002).

In modern day society for various reasons, men are often the target of violence and/or victimization from *more* sources than women. Yet the body of the article made a point of only highlighting that women are victims of *non-strangers* while men are victims of violence by a stranger. This connotes an implicit bias against the men in women's personal lives as perpetrators whilst strangers, presumably random occurrences, are the main source for men's experiences of victimization. Scrutiny of the actual numbers highlighted the inaccuracy of such information which is clinically evident to many health workers. I wonder if the fact that the authors were female influenced the reporting of this data? Or if they themselves are also unconsciously influenced by the "women are victims, men are perpetrators-always" paradigm. This paradigm needs the door widely opened on it and seriously questioned.

D 2.3

A recent newspaper article in my local area (copy below) finally demonstrates how easy it is to perpetuate this now redundant paradigm. Please note the underlined sections that continue to include comments that only refer to boys as future perpetrators and girls as victims. Their mention of "Depression and self harm" is also experienced by boys, not just girls as they indicate. The overt acknowledgement that "When you lose the gender approach you dilute the message" alongside the "Men have a choice in their behaviour, women have a right to personal safety" clearly implies that as long as men are blamed in the "gender approach/message", then domestic violence will get attention. This is an unfortunate reality for many reasons.

Mornington & Southern Peninsula - the M...
Wed oct 15th 2008.

Move to stamp out domestic violence

COMMUNITY groups are being urged to help stamp out domestic violence.

Health promotion officer Christine Burrows is running a series of meetings to explain the Family Violence Prevention Project developed by the Frankston-Mornington Peninsula Primary Care Partnership.

The project follows a survey last year that showed high levels of violence in the region, particularly at Hastings, Frankston North and Rosebud.

Ms Burrows made the first of three presentations to the Neighbourhood Renewal community safety committee in Hastings last week.

''The aim was to make the community groups aware of the project so they can decide whether to become part of it,'' she said.

The project will involve schools, to encourage prevention through teaching respect.

''Boys at risk of becoming perpetrators through family violence at home may begin by bullying at school and experiencing power over other children,'' Ms Burrows said.

''Violence at home can cause mental health issues among girls, leading to depression and self harm.

''Women can be violent but the vast majority of violence is perpetrated by men against women.

''When you lose the gender approach you dilute the message. Men have a choice in their behaviour; women have a right to personal safety.''

Violence in the three high-risk areas had resulted in police call-outs, but people in wealthier areas were more likely to find private solutions.

'Men have a choice in their behaviour; women have a right to personal safety.'
Christine Burrows

Family violence placed a heavy financial burden on the health sector. Mental health issues were harder to resolve and went on longer, Ms Burrows said.

Workers in education, community, children and family, youth and health will next month attend the first of a series of forums looking at the latest evidence and policy responses aimed at preventing family violence.

Guests at the forum include former premier Joan Kirner, Professor Helen Keleher of Monash University, Dee Basinski of VicHealth, and representatives of the Domestic Violence Resource Centre Victoria, Victoria Police and local program providers.

Just because women may not physically punch in as strong and damaging a way as men's natural masculinity allows them to (a male strength that unfortunately becomes their weakness in the case of domestic violence), doesn't mean that women's verbal, emotional and/or sexually demeaning abuse isn't as violent and damaging to the psyche and the health of men. The articles token effort to acknowledge that "women can be violent…" is promptly followed by "vast majority of violence perpetrated by men", relying on skewed observations of police reports that do not consider the broader social paradigm silencing male victims. Subsequently, I would strongly argue that "*Women* have a choice in their behaviour and *men* have a right to personal safety".

D 3.1

More importantly, it's the daily, unchallenged examples of female abuse toward men that unfortunately slip under the radar. Not all emotional abuse and emotional violence is as obvious as the scenarios described above. A professional situation I was invited into, unbeknown to me, ended up becoming another demonstration of how women abuse men.

At a "Women in Leadership" lunch with a panel of three women in senior manager positions speaking to an audience of approximately 500 people, near 80% women, I highlighted in conversation with another attendee an observation in my reading of men's health literature. That is, every time men's health needs are addressed, there is more often than not a caveat or clause acknowledging women's health to the effect of "…in no way does this mean that the efforts on women's health are any less important or do not require funding…" etc. I didn't realize we needed to apologize or justify the logical fact that men's health has gender specific needs and deserves just as much attention and funding as women's health does. Again the incorrect *assumption* and anxieties that it's at the expense of women's health is unwarranted and unnecessary. It's not an "either/or" situation.

What further disappointed the both of us was how two of the female panellists took it upon themselves to more than once insult men and the skills they demonstrate. Unfortunately, many of the women in the audience laughed. Just because men do things differently to how women do it, doesn't mean it's wrong or bad or deserving of insults, particularly at such a public forum. Would it therefore be acceptable if I organized a panel of male senior managers to speak of their leadership journey and endorse their potential insults on how women do things? Basic human respect and courtesy flew out the window in a professional forum that had me learning more about my men's health advocacy processes than women in leadership.

E. Summary

While the Feminist Movement was a necessary social campaign to rectify a gender imbalance that had developed, it is now time to re-evaluate the need and the vehemence of this campaigns process. Misguided feminism has overlooked that women have more choices that now require logistical organization and negotiation in the modern day lifestyle.

The unfortunate side effects of a misguided feminism have created multiple levels of discrimination against men and masculinity. The significant consequences on men's identity and therefore health are evident in Australian health statistics. In particular, men dieing by suicide four times more than women, equating to five men a day dying. The partner and children they leave behind carry the burden of this loss. Men's health has a ripple effect on social, family and community health in many ways.

Rectifying this imbalance requires further education of the Australian public through effective social awareness campaigns and appropriately developed/marketed men's health services/programs. Current men's health services and programs may be able to meet the needs of many men's health requirements, broadly the risk and protective factors affecting their health. Yet they require appropriate funding to ensure their resources meet the demand effectively. Utilizing existing services can economically curtail the social epidemic negatively affecting men's health.

An Office for the Status of Men's Health and Masculinity would officially and legitimately acknowledge the importance and significance of the gender specific approach men's health requires. This clearly reasonable fact is heeded and wholeheartedly supported for the health needs of women yet, grossly overlooked and simply ignored for men's health and masculinity. Considered selection and appointment of co-advisers within the Office will ensure co-ordinated efforts between the psychosocial factors and varied health and legal systems known to impact on men's health. Acknowledging that men's health is wrapped up in men's identity will stream line implementation of men friendly, strengths based services and keep men in the game.

Hines, D.A., Brown, J., Dunning, E. (2007). Characteristics of callers to the Domestic Abuse Helpline for Men. *Journal of Family Violence, 22*, 63-72

U.S Department of Justice, (2002). Office of Justice Programs, Bureau of Justice Statistics, *Intimate partner violence*, by Callie Marie Rennison & Sarah Welchans.