

The Tricky Part

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Anchor Books, New York (2005)

Paperback, 304 pp

ISBN 9780307276537

It's a legitimate question why a medical scientific journal should include a review of a book by an author who isn't a clinician, a research worker or a scientist. In fact he's an actor. Although the subject of his book is a very apposite topic for sexual health professionals – childhood sexual abuse (CSA), the fact that the author was a person abused as a child does not of itself guarantee the book a place on our book shelves. In fact, professionals tend to shy away from people's first-hand accounts of illness, disease, accident or near-death experience. Such stories are mostly too emotional and subjective for us to feel we can learn much from them. However, when I read this book a year ago in the United States it made a deep impression on me. I would like to try to share with you why I think every sexual health professional should read it.

Childhood and adolescent sexual abuse is difficult to think about calmly and rationally. The very welcome, but scandalously belated, recognition of the harmful effects of CSA has had a down side. Populist opinion (fanned by sensationalist media reporting) sees the issue in stark black-and-white terms. Professionals, with some exceptions, are no strangers to society's general alarmist response to the problem. There are victims and perpetrators, guilty parties and innocent parties and professionals who, faced with a client with past CSA, act appropriately and professionals who most certainly don't. Victims must be urged to disclose and those who disclose must be treated and perpetrators must be charged and punished. Health departments have pushed through guidelines for employees decreeing how they will act when faced with any hint of sexual abuse – sadly these are mostly designed to protect the department and only secondarily the victim. It's assumed that treatment will be effective and beneficial. Nowadays it almost amounts to professional negligence *not* to ask routine questions of all sexual health clients about past and present sexual abuse. Although there is truth and good sense in all these beliefs and measures, there is an almost universal reluctance to actually think through issues involved in CSA. When faced with the problem, we tend to give an entirely reflex and knee-jerk response. In fact the topic is so confronting, so painful and so scary we are happy to beat a retreat and hide behind hard and fast rules and guidelines. Any attempt to truly come to grips with and understand the problem is far too difficult a proposal.

'The Tricky Part' is told by a man now in his early forties who looks back and tells his own story. At the age of twelve, and for three years afterwards, he had a sexually abusive relationship with a man twenty years his senior. The boy was a young Catholic schoolboy at the time – a high achiever at his school (Christ the King) and in his local community in Denver, Colorado. His abuser was a Vietnam vet, a counsellor at a church camp who subsequently founded a camp of his own for boys from disturbed backgrounds. Despite his tragic story, Marty, the boy, 'came out' when at University, settled

into a long-term caring gay relationship, became a successful actor and is now well on the way to becoming an acclaimed writer as well. Bob, the perpetrator, a serial abuser of many boys over the years, was eventually accused by one (not the author). He was charged, found guilty and punished with a 10-year prison term. He became chronically unwell and the last we hear of him is as a patient in a Veterans Hospital suffering serious complications of diabetes. On the face of it, the book has a satisfactory outcome – the boy becomes a successful man and the villain gets his come-uppance. It sounds all very black and white – except it isn't.

Why do I think it's worth reading? First, because it's extraordinarily well written. The writer has a wonderful recall of the events that have so seared his memory and he paints a vivid word picture of those early months of his abuse. You can believe you are there with him. You can feel the atmosphere and almost smell the encounters. You get some inkling how it felt for a 12 year old. You get some insight into the perpetrator. You understand the silence, the compulsion, the confusion and secrecy of it all. The story is dreadful, yet there's nothing sensational in the telling. The sex is described in detail, but it's not coarse or pornographic. The enormity of the harm done hits you right between the eyes, but the writer shows no self pity or special pleading. If you want to know what child sex abuse is like, read this account, because it won't be described anywhere else better than here. This is just how it is – sexual abuse of a child is very terrible.

It's worth reading too because this abused child grows into a special man. Bob, his abusive counsellor always told him he was – he repeated it when Martin phoned him years later:

"I always knew you were special. Such a talented kid."

"You say that to all the boys?"

I can't believe I've said this. That I've made this stab at something real and dangerous and I can feel us both waiting now to see where this is headed. The pause continues and then he simply says,

"No."

Although special, Marty is seriously damaged. He doesn't realise this fully for a long time. He attempts suicide twice and thinks seriously about it many more times. Even when he settles down with his lover, he goes through periods of compulsive sexual behaviour at beats, in parks, at the beach. Over the years he tries counselling – several times, a 12-step program for sex addiction and a men's group for survivors of child sexual abuse. Outwardly successful, his inner life is in turmoil much of the time. While recovering from a knee injury from the stage, he undergoes an enforced period of rest in his old family home in Denver rather than return to his lover in Manhattan. While there with time on his

hands, he begins writing down some of his thoughts, his secret journal:

"I'm in mourning here. For what happened, I think. Every smell, every site in Colorado reminds me of him. Of our bodies together. It was the force of flesh, I guess, muscle scooping up a naïve altar boy, wasn't it? What happened was dishonorable. Evil? But wasn't there something honorable too? Holy? An awakening? Pleasure. It was unbelievably erotic. Or am I just remembering it that way? Wasn't it awful? How much happened to me? How much did I let it happen? The questions are like purgatory. . . ."

He's special because he's gutsy. It's a memorable scene where one Friday evening at the age of 15, Marty takes his mother's car and without a licence drives for an hour and a half from Denver up into a canyon beyond Boulder where Bob is then living with his wife and new baby. He feels he must tell him how he's feeling, even though it's almost a year since the abuse stopped:

"I wanted to see you. . . ."
"How are you doing with the Jesuits?" Bob asked.
"Oh, not too bad. Not great."
"You'll always do great."
"I wish we'd never met. I wish I'd never met you."
"I'm sorry you feel that way," he said, tuning his baritone toward patience.
"I'm ashamed of every single thing that ever happened between us. I'm ashamed. That's what I wanted to say."
"Ok."
"I'm not that way."

He's special too because, despite of everything, he thinks he's lucky. He says it several times throughout the book – 'lucky'. He's lucky in his long-term partner who accepts him

as he is and provides home, love and security; lucky in his singing voice and his acting ability; lucky in his appreciation of life and its good things. This man could have been so bitter – his life could have been soured at every turn. He could have grown vindictive; he could have demanded restitution and more punishment for his perpetrator. He could have been resentful and developed a life-long hatred for the church that spawned the crime that damaged him and so many others like him, while its hierarchy turned a blind eye. He did none of those things. Instead he tried to understand it all and to write about it. In doing so he has succeeded in casting light in dark places. No doubt in the long run, setting it down on paper helped him, but now it can help all of us too.

Finally, this book is worth reading because it's about healing. One thing I learned from its pages is that treatment for child sex abuse doesn't come easy. It entails more than just a quick referral to the local friendly and competent psychologist. It takes time and effort and pain.

I can't write well enough to do justice to this book. It touches one on so many levels. It's the rare sort of book you remember phrases and stories from and want to go back to time and time again. I can only commend it to you and guarantee that after you've read it you will not only understand more about CSA than you ever did before, but you will have learned more about the human condition. This is no depressing read – it's uplifting and positive. The pain is shot through with hope, joy and that old fashioned word – grace. The writer knows what that word means – he learned it the hard way.

Why is the book called *The Tricky Part*? I'll only tell you that it has something to do with the face of God and a Mars bar. Maybe then you'll read the book just to find out.

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Sexuality in Adolescence: Current Trends. Second Edition

Susan Moore and Doreen Rosenthal
 Routledge (2006)
 Paperback 304 pages, including index
 ISBN 9780415344968

This fully revised and updated second edition discusses the latest trends and research in adolescent sexuality, with the aim of raising the profile of adolescent studies and stressing the importance of sexuality as a fundamental part of healthy development. This edition also addresses the issues of sexual minority groups, the social determinants of adolescent sexuality, and sexual health as opposed to sexual illness.

The opening chapter discusses the sexual behaviour of young people, the context in which their sexuality is developing and the influences on their behaviour. It provides a comprehensive summary of the sexual behaviour of today's adolescents. While the authors warn against making generalisations, it is important for those working with young people to have a general understanding of adolescent sexual behaviour.

The second chapter provides a useful overview of theoretical approaches to adolescent sexuality, and discusses why theories are important as a guide to research and practice. The authors note the importance of understanding theory to help explain similarities and differences between individuals, groups and cultures, and across time.

The remaining chapters review research under several topic headings, including biological factors, the impact of parents and peers, gender sexuality and romance, issues for gay and lesbian adolescents, sexually transmissible infections and pregnancy.

The book examines the effects of social influences on how young people think about sex and their sexual behaviour. Parental and peer influences are discussed, as well as aspects of the broader

context in which young people live. The influence of the media, social institutions and the increasingly influential global youth culture is also explored.

The authors acknowledge the limitations of research done within a biological framework, and stress the importance of recognising research that examines sexuality in the socio-cultural context. Biological changes are discussed within a social context and the latest research is presented, including changes in teenage sexual behaviours and beliefs, sexual risk taking, body dissatisfaction, sex education, teen pregnancy and abortion.

The book also discusses other factors that impact on adolescent sexuality, such as gender socialisation, religion, the law and globalisation. The changes in adolescent sexual behaviour and ways that adolescents receive their information about sexuality are also explored.

Topical issues, such as the role of the Internet, mobile phones and text messages, as well as the pros and cons of abstinence-only programs versus harm-minimisation programs are discussed. Issues, such as whether there are male-female differences in desire, the reasons people have sex and beliefs about romance are explored, and there is discussion of whether a sexual double standard regarding female and male sexuality still exists in society today.

The final chapter looks at the maladaptive aspects of sexual development, including unwanted sex, coercion and rape.

The research reviewed in this book has been published over the past 12 or so years, and while most is from western countries, there is some from developing countries to provide a more global perspective. The book is useful as it brings together a range of research findings, and summarises them under specific topics.

The research is put into a logical sequence looking at biological factors, attitudes and beliefs of young people, influences of others, gender context, marginalised groups and the negative outcomes of sexual risk.

The authors also give adolescents a voice to express their attitudes and feelings, with several quotes from young people who participated in research. This provides a more personal view, gives a more meaningful flavour to the research, and also makes the book more readable. The authors stress the importance of listening to young people and using research methods that allow them to be heard.

This is valuable reading for students in social and behavioural sciences and anyone who works with, or is interested in young people. It brings together a relatively large amount of recent research and discusses it in the broader context of adolescent development. The authors also suggest important areas for future research including sex education for boys, cross-cultural perspectives and more longitudinal studies.

The writing style is straightforward, complex issues are explained well and the book offers a comprehensive review of the most recent research. It, potentially, saves the reader a lot of searching through a large number of sometimes hard-to access journals.

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Social Epidemiology. Strategies for Public Health Activism

Julie Cwikel

Columbia University Press 2006

Hard cover, 597 pp, including index

ISBN 0231100485

Do not be put off by the picture on the cover of this book! It appears to be the four members of a nuclear family reaching stiffly to catch a ball that has been conveniently dropped from above. Despite this picture's questionable relevance to the book's contents, and the somewhat boring title, I found this an interesting and useful book to read in part, and to dip into in others.

It begins with a lengthy and detailed explanation of what social epidemiology is and how it incorporates many of the features of other disciplines. In the preface, social epidemiology is described as a way of looking at health and social problems 'without losing sight of the meaning of numbers', which is certainly an attractive concept given the media's apparently unlimited control over stretching the truth whenever there is a public health threat. The explanation of social epidemiology is repeated at various stages throughout the book, which, initially, I found irritating until I realised that probably no-one else but a book reviewer would ever read and examine the book in such detail from cover to cover.

At the beginning, social epidemiology is loosely defined in relation to traditional concepts of epidemiology and public health. Later it is described as conceptualising problems or conditions within social, behavioural, medical, psychological and environmental settings. And then you come to the real definition of social epidemiology, as the 'systematic and comprehensive study of health, well being, social conditions or problems, and diseases and their determinants, using epidemiology and social science methods to develop interventions, programs, policies and institutions that may reduce the extent, adverse impact, or incidence of a health or social problem and promote health' (p. 4). This then explains the substantial size of the book; a lot of background, as well as information on the tools of the trade, is provided on each of the disciplines that feed into social epidemiology. For example, all the basic concepts and techniques used in measuring health and illness are described.

The first five chapters, are devoted to explaining how social epidemiology fits in to the picture of public health more

generally. In particular, I found Section 2 on the history of public health and medicine and the development of modern social epidemiology to be a very interesting read.

Section 3 describes methods, including descriptive epidemiology, identification of risk factors and program evaluation. In Chapter 6, unexcitingly labelled 'Concepts and Theories', the useful three-stage SOCEPID model is described. (This is a mnemonic, which I think I will find to be a helpful tool for teaching students how to conduct good public health research). The chapter on program evaluation provides a brief but comprehensive tour of major theories of behaviour change, which are often poorly covered in epidemiology texts.

Perhaps the most interesting part for many readers will be Section 4, which offers the applications of social epidemiology to a range of conditions, including chronic disease, injury control and violence prevention, sexually transmissible infections (STI), environmental hazards and occupational health and immigrants, migrants and special populations. Although I felt peeved by the lack of detail in the chapter on STI (e.g. the absence of the asymptomatic nature of chlamydia in the table of major STI and their symptoms), in truth the chapter gives a reasonable introduction to many of the issues involved in measuring and

managing STI for the novice reader, so I imagine this to be the case for the other topics too.

I learned something from reading this book. While I intuitively understood what social epidemiology is, I don't really think I have ever read such a comprehensive definition as that which appears in these pages. Now I realise (quite proudly) that I and very many of my colleagues who work in sexual health research have been doing social epidemiology all along. Indeed, given that the author of the book argues that social epidemiology is an essential tool in public health activism, it is a heartening reminder that our work in sexual health may well benefit the common good.

This book will be a valuable addition to your public health library. It is a clearly written book, which touches on a useful array of topics. It is a big and serious looking textbook with 100 pages of references, a thorough index – and an apparently unrelated photo on the front. But do not be deterred by this. . . keep your focus firmly on the contents and not the cover.

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